

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

<b>Date and Time of Meeting:</b>	28 February 2023, 09:30-12.30
<b>Venue:</b>	Boardroom/MS Teams

<b>Present:</b>	Mr Winston Weir, Independent Member, Committee Chair Mr Maynard Davies, Independent Member, Committee Vice Chair Mr Paul Newman, Independent Member (VC) Ms Delyth Raynsford, Independent Member (VC) Mr Rhodri Evans, Independent Member (VC)
<b>In Attendance:</b>	Miss Maria Battle, HDdUHB Chair (VC) Mr Steve Moore, HDdUHB Chief Executive (VC) Mr Huw Thomas, Director of Finance Ms Jill Paterson, Director of Primary Care, Community and Long Term Care (part) Mr Andrew Spratt, Assistant Director of Finance Mrs Joanne Wilson, Director of Corporate Governance/Board Secretary (VC) Ms Rhian Matthews, Integrated System Director Carmarthenshire (VC) (part) Ms Liz Carroll, Director of Mental Health and Learning Disabilities (VC) (part) Mr Matthew Richards, Head of Commissioning MHLA (VC) (part) Mr Anthony Tracey, Digital Director (VC) Ms Katherine Fletcher, Deputy Head of Procurement (VC) Ms Alison Ramsey, Director of Planning, Performance and Informatics – NWSSP (VC) (part) Mr Simon Mansfield, Head of Value Based Health Care (VC) (part) Professor Leighton Phillips, Director for Research, Innovation and University Partnerships (VC) (part) Ms Sophie Corbett, Deputy Head of Internal Audit, NWSSP Internal Audit (VC) Mrs Sarah Bevan, Committee Services Officer (Secretariat)

<b>AGENDA ITEM</b>	<b>ITEM</b>	
<b>SRC(23)01</b>	<b>INTRODUCTIONS AND APOLOGIES FOR ABSENCE</b>	<b>Action</b>
	<p>The Chair, Mr Winston Weir, welcomed all to the meeting. Mr Weir noted that this would be Mr Paul Newman’s final SRC meeting in his role as Independent Member of the Health Board and thanked him for his contribution to the work of the Committee.</p> <p>Apologies for absence were received from:</p> <ul style="list-style-type: none"> <li>• Mrs Lisa Gostling, Director of Workforce and Organisational Development</li> <li>• Professor Philip Kloer, Medical Director/Deputy CEO</li> <li>• Mr Lee Davies, Executive Director of Strategic and Planning</li> </ul>	

	<ul style="list-style-type: none"> <li>• Mr Andrew Carruthers, Director of Operations</li> </ul>	
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<b>SRC(23)02</b>	<b>DECLARATIONS OF INTERESTS</b>	
	<p>Miss Maria Battle declared an interest in agenda item 2.4. NWSSP Procurement Services Energy Contract Ratification Report.</p> <p>Mr Maynard Davies declared an interest in agenda item 3.1.2. Deep Dive: PO5R Digital Inclusion.</p>	

<b>SRC(23)03</b>	<b>MINUTES OF PREVIOUS MEETING HELD ON 20 DECEMBER 2022</b>	
	<p>The minutes of the Sustainable Resources Committee (SRC) meeting held on 20 December 2022 were reviewed and approved as an accurate record.</p>	
	<p><b>RESOLVED</b> – that the minutes of the Sustainable Resources Committee meeting held on 20 December 2022 be <b>APPROVED</b> as an accurate record.</p>	

<b>SRC(23)04</b>	<b>MATTERS ARISING AND TABLE OF ACTIONS FROM THE MEETING HELD ON 20 DECEMBER 2022</b>	
	<p>The Table of Actions from the meeting held on 20 December 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"> <li>• <b>SRC(22)154 REGIONAL INTEGRATION FUND (RIF) PLANS:</b> <i>To provide an update on queries raised in relation to the Investment Proposal document at the next Committee meeting, following a meeting with Mr Kelvin Barlow, Regional Partnership Programme Manager, West Wales Care Partnership.</i> Mr Paul Neman advised Members that he will meet with Mr Barlow shortly and will provide an update to Mr Weir and Mr Huw Thomas following the meeting.</li> </ul> <p><b>Matters Arising:</b></p> <ul style="list-style-type: none"> <li>• <b>SRC(22)158 KPMG RETROSPECTIVE:</b> <i>To discuss the reporting of the Targeted Intervention (TI) tracking into future Committee meetings with Mrs Joanne Wilson.</i> In relation to oversight of the Targeted Intervention (TI) reporting being through ARAC and the Board, Mr Weir commented that there are items within the report which may need to be brought back to SRC for further attention. Mr Thomas advised Members that the remaining issues from the KPMG report are being tracked through the TI tracker. Mr Thomas further advised that assurance has been provided to the Finance Delivery Unit (FDU) on elements that can be closed down, and that anything</li> </ul>	<b>PN</b>

	<p>outstanding will be brought back to SRC if relevant. Otherwise, oversight will continue to be monitored via the Audit and Risk Assurance Committee (ARAC). In response to Mr Newman’s query whether Internal Audit will be including KPMG’s work as part of their review of the TI workstreams, Mr Thomas assured Members that there will be an internal audit process, which will provide a response to ARAC. Mr Steve Moore noted that it would be helpful to submit a Closure Report to Board later in the year. Mr Thomas provided assurance that the Planning Objectives for 2023-24, particularly with regard to the Plan and Financial Plan, clearly link with delivering on the relevant requirements and recommendations from TI.</p>	<b>HT</b>
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<b>SRC(23)05</b>	<p><b>ASSURANCE OVER DELIVERY OF THE STRATEGIC PROGRAMMES OF CHANGE</b></p> <p>Members received the Assurance over Delivery of the Strategic Programmes of Change report, providing a status report of where each of the key programmes of work currently are, for the delivery of the Health Board’s strategic programmes of change.</p> <p>The programmes are intended to address a multitude of pressures across the system. Consequently, each programme has been incepted to remedy specific challenges facing the Health Board. It has been well highlighted that the current financial challenges require targeted approaches across the following domains:</p> <ul style="list-style-type: none"> <li>• Transforming Urgent and Emergency Care</li> <li>• Building Community Care Capacity</li> <li>• Long Term Care - Mental Health and Learning Disabilities (MHLD)</li> <li>• Nursing Agency</li> <li>• Medical Agency</li> <li>• Alternative Care Unit</li> <li>• Family Liaison Officer (FLO)</li> </ul> <p><i>Mrs Delyth Raynsford joined the Committee meeting</i></p> <p>Ms Liz Carroll introduced an overview of Community Health Care (CHC) commissioning, illustrating comparisons with other Health Boards on areas of spend. Ms Carroll advised Members that the Clinical Director for Collaborative Commissioning at the National Collaborative Commissioning Unit (NCCU), spent two days with the MHLD team on 16/17 February 2023 to undertake a review of current MHLD commissioning arrangements and review the deliverable opportunity for next year. Ms Carroll assured Members that the formal report will be submitted to the Director of Operations shortly.</p> <p>Mr Matthew Richards took Members through the slide set, which illustrates increasing client numbers and increasing spend as a result of significant inflationary pressures and COVID-19, advising that significant increases</p>	
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are also expected next year. In addition to the targeted commissioning reviews undertaken, the team carried out a validation exercise to update the current position in conjunction with the Local Authorities (LA). Ms Carroll assured Members that the overall spend compares favourably with other health boards however, the Health Board is an outlier in terms of client numbers, which was the basis for the CHC review to identify efficiencies. Ms Carroll advised Members that the Health Board is also an outlier in terms of 100% funded packages and advised that the focus is to step down from secure units to joint funded placements with LAs.

Mr Richards advised Members of a new approach with the Finance team to pilot an outcome based monitoring framework and that Finance Business Partners will be finalising a new monitoring and reporting dashboard to track package changes and growth/inflation and provide improved performance data in 2023/24.

Ms Jill Paterson advised Members of an historical issue with Section 117, however there has been significant work undertaken by the team to explore opportunities. Ms Paterson assured Members that discussions will be held with LAs regarding Section 117 packages of care.

Mr Weir reminded Members of the focus of the Committee to determine where savings opportunities lie to create better value for money and to maintain sustainable services.

Ms Delyth Raynsford enquired whether there are any differences for patients across the three localities and whether there is concern that 50/50 funded placements can be sustained, particularly in light of the potential increased demand for MHLD services. Ms Carroll responded that Ceredigion has less range of options, which often results in the placement of people from Ceredigion within other LA areas. Ms Carroll assured Members that the team is keen to work with provider markets to increase the number of placements with a focus on review and moving clients towards the maximum level of independence and supported living opportunities.

Mr Moore enquired whether any patient reported outcome measures (PROMs) had been developed for MHLD. Mr Moore noted that the identification of savings is not intended to worsen the service and that opportunities must be reviewed in terms of creating a financial benefit as well as sustaining service quality.

Ms Carroll advised Members that the CHC review findings were not fully accepted by the Directorate on the basis that the tool used was not evidence based and did not adequately consider risk. The efficiency identified was significant and relied on a change to the funding apportionment with the LAs, rather than reductions in placement costs. Potentially, the approach suggested would have a wider impact on established relationships with LAs or adverse effect on operational capacity and delayed transfers of care. Mr Maynard Davies queried the

reliability of the review in light of this, to which Mr Richards advised that there is currently no consistent tool available.

Mr Thomas concluded that savings have not been delivered this year, however the approach to commission an external review was appropriate. Mr Thomas reminded Members that the expenditure is forecast to be in excess of the ringfence by £13.7m for the year. Mr Weir welcomed an update to a future Committee meeting following receipt of the formal report from the NCCU.

In response to Miss Maria Battle's enquiry whether targets and opportunity frameworks are set with the agreement of the directorate, Mr Thomas confirmed that these are established in conjunction with directorates. However, Mr Thomas advised that not all services are easily benchmarked, particularly MHL, and therefore there is a challenge to establish a comparison across Wales.

*Ms Liz Carroll and Mr Matthew Richards left the Committee meeting*

With regard to the Transforming Urgent and Emergency Care programme, Ms Rhian Matthews advised Members that the key performance indicators (KPIs) include conveyance, convergence and complexity. Ms Matthews advised that conveyance rates demonstrate a reducing trend, however self-presentations are increasing, and conversion rates broadly continue to reduce across all populations. Ms Matthews advised Members that complexity management remains the greatest challenge and is contributing to increasing lengths of stay (LoS) and bed occupancy. Furthermore, bed occupancy rates mirror the increasing demand for social care requirement on discharge. Ms Matthews advised Members that although conversion rates are reducing, 0-1 day LoS/discharges within 72 hours are not optimal, particularly in the over 75 frail and elderly population, which consequently contributes to LoS over 21 days and the demand for social care that is not available at the pace or volume required to reduce handover delays and Emergency Department (ED) pressures. Referring to the urgent and emergency care fund received from Welsh Government (WG), which has been match funded by the Health Board, Ms Matthews noted that this forms only a small proportion of the investment into urgent and emergency care.

In terms of moving care into the community, Ms Matthews advised Members that, where there are efficiencies to be delivered, this will be difficult to forecast. Ms Paterson reiterated that the focus at this stage is on efficiencies rather than cashing out, and there is further work to be undertaken with Welsh Ambulance Services NHS Trust (WAST) in terms of conveyance rates. Ms Paterson assured Members that work is ongoing to enhance community clinics.

In terms of efficiency, Mr Thomas advised that there are opportunities within EDs that are heavily reliant on agency and in releasing bed capacity.

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Capacity and cash could then be released to invest in Planned Care activity.

Referring to the Building Community Care Capacity programme, Ms Matthews advised Members that the current position demonstrates an improvement in community beds across the three LA areas. Similarly, there have been improvements in the availability of domiciliary care. However, recruitment remains the main debilitating factor. Additionally, the signing of legal agreements with LAs has been slow. Ms Matthews reminded Members that the programme is a ministerial priority and concludes at the end of March 2023. WG will be meeting with health boards in April 2023 to provide learning opportunity from the final report.

*Ms Rhian Matthews left the Committee meeting*

Referring to the Programme Progress Status slide, Mr Thomas noted that limited assurance of financial delivery can be received for this year and that the outcome for 2023/24 will be discussed in detail at the Board Seminar meeting on 01 March 2023. Mr Weir raised concern regarding programme manager support for each of the programmes to ensure engagement outside of this Committee.

In terms of the Target Operating Model, Mr Weir enquired whether this would be refreshed in light of the current demand in the system, recognising that there is a requirement to consider long term opportunities. Mr Thomas advised that this can be reviewed following the Board Seminar meeting on 01 March 2023.

Mr Moore reminded Members that benchmarking is limited and is based upon Welsh averages, therefore there is a need to develop a more comprehensive view of the value of what we do, in conjunction with the VBHC work, to assist with the roadmap to financial recovery.

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(23)06 DEEP DIVE: VALUE BASED HEALTH CARE**

Members received the deep dive report, providing an update on progress made against PO 6D.

By way of an introduction, Mr Simon Mansfield noted that the Health Board's approach to VBHC focuses the development of sustainable healthcare by focusing resources on the outcomes that matter most to the population, and by identifying and reducing investment in those things that are of limited or no value when considering patient outcomes.



As previously reported to the Committee, a clear plan for delivering VBHC for 2022-2025 has been developed, which places the population at the heart of service development. Focussing on the first goal of the plan, to work with operational teams to enable them to routinely use PROMs and resource utilisation data in planning, organising and delivering healthcare, Mr Mansfield assured Members that the VBHC programme has increased in scope and pace over the past 12 months, providing routine PROM collection in a large range of service areas. Mr Mansfield advised that the Health Board is the single biggest collector of PROM data across the UK and provides a huge dataset to analyse, in conjunction with the resources being consumed and clinical outcome data, to undertake a service review.

In addition to the collection of PROM data, Mr Mansfield advised Members that comprehensive data analytic reports have been developed for eight service areas to provide a cohort level summary of PROM data and to illustrate generalised trends and inequities in service delivery through the lens of patient reported outcomes.

The VBHC Programme Plan describes the completion of nine Service Reviews by the end of March 2023 in the following areas to inform the 2023/24 Planning Cycle:

- Heart Failure
- Trauma and Orthopaedics (T&O), Hips and Knees
- T&O, Shoulders and Elbows
- Diabetes
- Colorectal Cancer
- Lung Cancer
- Chronic Pain
- Lymphoedema
- Cellulitis Improvement Programme

Members received assurance that progress against the plan has been positive with six of the nine Service Reviews having already been completed and the remaining three to be completed before the end of the financial year. Mr Mansfield advised Members that the Service Review plan has been delivered as anticipated with the exception of the Service Review process in T&O (Hips and Knees), which has not yet resulted in an actionable plan and requires further engagement to develop this, and in Lung Cancer, which has been delayed until March 2023 due to a change in key service personnel.

Mr Mansfield assured Members that, although there have been technical challenges that have delayed the development of some visualisation dashboards, these issues have now been largely resolved and a revised schedule of dashboard rollouts has been developed. Mr Mansfield noted that the delay in dashboard rollout does not impact the completion of Service Reviews.

To illustrate the impact of changes from the Service Reviews, Mr Mansfield advised Members that the work on Heart Failure has led to a 50% reduction in heart failure admissions, a 51% reduction in readmission, and a 92% reduction in time from diagnosis to treatment. Mr Mansfield advised Members that service reviews have also been undertaken for Diabetes, Colorectal Cancer, and within T&O, to develop programmes of work, resulting in 32 workstreams.

Mr Mansfield advised Members that the Health Board is submitting two entries for the international VBHC prize 2023 for the Heart Failure work and the digitisation within T&O (Hips & Knees).

Looking forward, Mr Mansfield advised Members that there remains a realisable ambition to further expand the reach of VBHC routinely into Primary, Community and Social Care.

Referring to Rapid Value Sprints, Mr Mansfield advised Members that sufficient data can also be gleaned from 90 day cycle reviews to assess areas of waste to illustrate the short to medium term impact of VBHC in addition to the long term impacts.

Mr Newman enquired whether the application of the primary prevention principle highlighted in the T&O work would present the same issue with diabetes, where this is often lifestyle related. Mr Mansfield advised that prevention of type 2 diabetes is key and involves a significant amount of work in terms of health literacy, education, patient activation measures and understanding behavioural insights.

Mr Davies enquired whether the 34% PROM completion figure in the report is sufficient to enable service transformation. Mr Mansfield responded that, although higher completion rates are favourable, it is comparable with completion rates across NHS Wales. However, there is some concern that there may be a cohort of patients, who may be statistically different, that are not responding. Subsequently, there is an exercise being undertaken in diabetes to improve completion rates to identify any statistical difference.

In relation to the financial impact of the VBHC programme, Mr Davies noted the reduction in acute failure conditions and whether there is any cash releasing benefit from this. Mr Thomas advised that although activity has reduced, length of stay has increased and therefore cash out is a challenge.

Mr Mansfield assured Members that partnerships with universities has encompassed the link with PhD students in Bangor University, who are connecting their work through supervision arrangements to the delivery of VBHC within HDdUHB. While the research questions are still being refined, they are likely to focus on workforce sustainability and the challenge of investing in early intervention and prevention.

Referring to Risk 1496, the digital capacity to develop PROM dashboards, Mr Davies enquired whether universities could assist with the development



	<p>of these. In response, Mr Thomas confirmed that links with universities are being pursued in order to bolster the digital support.</p> <p>In conclusion, Mr Thomas noted that the Service Reviews, which following some investment to allow the change to be made, illustrates a clear benefit in resources consumed and patient outcomes. Mr Thomas further noted that the Health Board is becoming the most advanced organisation in embedding and delivering VBHC across Wales and thanked Mr Mansfield, Professor Leighton Phillips and the VBHC team for their hard work.</p>	
	<p>The Committee:</p> <ul style="list-style-type: none"> <li>• <b>NOTED</b> the progress of the VBHC Programme, the key risks to programme delivery and the scores assigned to them.</li> <li>• <b>RECEIVED ASSURANCE</b> from the plan to deliver the goals contained with the document 'Our Approach to Value Based Health Care'.</li> </ul>	

<p><b>SRC(23)07</b></p>	<p><b>NHS WALES SHARED SERVICES PARTNERSHIP (NWSSP) PLAN BRIEFING AND FEEDBACK</b></p> <p>Members received the NWSSP Plan Briefing and Feedback report and presentation. Drawing out the key points of the presentation, Ms Alison Ramsey advised Members that the NWSSP Integrated Medium Term Plan 2023-26 demonstrates how NWSSP supports Health Boards' delivery of local plans.</p> <p>The Ministerial priorities are targeted primarily at clinical services delivered by Health Boards. NWSSP is required to align their plan with the national strategy from WG to support Health Boards to deliver these priorities in addition to the priorities of partners and customers. Ms Ramsey advised Members of the overhaul of the strategy map to provide more focus to key objectives and to develop a more outcome based approach to measuring the impact of the work the NWSSP provides to the NHS.</p> <p>Ms Ramsey advised Members that the outcomes consider the medium and long term, whereas traditionally the focus was on key operational deliveries. Ms Ramsey advised Members of the key operational priorities, which include Decarbonisation and Climate Change, implementation of a new Digital Strategy, financial sustainability and good governance, and employee wellbeing.</p> <p>Referring to the Workforce Plan, Ms Ramsey highlighted the development of apprenticeship opportunities and the adoption of agile working in light of COVID-19.</p> <p>Referring to the implementation of the Digital Strategy, Ms Ramsey highlighted the three common themes within operational plans: automation, digitisation, and a more effective use of data.</p>	
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Referring to the Finance Plan, Ms Ramsey acknowledged the challenging outlook. Ms Ramsey advised Members that robust conversations have been held with the FDU and the Directors of Finance forum. Ms Ramsey noted that NWSSP had previously been able to deliver a certain level of non-recurrent savings, which was distributed back to health boards. However, over the next 12 months, a first call may be required on any non-recurrent savings to support the delivery of the NWSSP plan. One of the biggest challenges for the NWSSP is the volatility relating to the energy crisis.

With regard to KPIs, Ms Ramsey assured Members that an internal Performance and Outcomes Group has been established to develop more outcome focussed measures. Furthermore, NWSSP is required to adhere to the Duty of Quality to demonstrate how NWSSP is improving services. Ms Ramsey further assured Members that an internal service improvement team to support innovation and benchmarking. Regarding the approach to performance, two further development sessions will be held in June and November 2023.

In conclusion, Ms Ramsey commended the collaborative approach of HDdUHB to enable NWSSP to take forward initiatives that can influence the thinking of other Health Boards.

In response to Mr Weir's enquiry as to the Health Board's share of NWSSP's financial challenge going into the next financial year, Ms Ramsey advised that, with the exception of the Welsh Risk Pool, a share of the risk has not yet been allocated to health boards as the efficiencies are currently internal.

In terms of transactional services, where there are savings opportunities, Ms Ramsey advised Members that there has been a significant increase in the volume of activity via Recruitment and Accounts Payable, and that work is ongoing with the Finance Academy and Purchase to Pay (P2P) to identify efficiencies.

Referring to the quarterly reports submitted to the Committee, Mr Newman enquired whether there are any plans to refresh the dashboard as the vast majority of indicators are green, and whether the targets are challenging enough to prompt higher levels of success. Ms Ramsey responded that there are elements of performance that need to be short term and immediate in terms of results that can be delivered to health boards and to ensure that processes are effective and efficient.

*Ms Alison Ramsey left the Committee meeting*

The Committee **RECEIVED ASSURANCE** from the content of the NWSSP Plan Briefing and Feedback.

SRC(23)08	<b>NWSSP PERFORMANCE REPORT QUARTER 3 2022/23</b>	
	Members received the NWSSP Performance Report Quarter 3 2022/23 report.	
	The Committee <b>RECEIVED ASSURANCE</b> from the content of the NWSSP Performance Report for Quarter 3 2022/23.	

SRC(23)09	<p><b>FINANCE REPORT AND FORECAST MONTH 10, 2022/23</b></p> <p>Members received the Finance Report Month 10 (M10) 2022/23, 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, combined with an operational variation due to system pressures and continuation of COVID-19 activities within HDdUHB’s core services.</p> <p>Mr Thomas advised Members that the forecast deficit is £59.0m, after recognising a further £5.0m of operational variation offset by £8.0m Accountancy Gains.</p> <p>The M10 financial position is an overspend of £6.4m, which is made up of £4.1m operational variance and an original deficit plan of £2.1m; this is after recognising £0.3m of assumed WG transitional funding for COVID-19. Mr Thomas advised that £1.4m of savings schemes were delivered in line with identified plans.</p> <p>Mr Thomas advised Members that, of the £4.1m overspend in-month, £1.1m relates to undelivered savings plans against the original target and £3.0m relates to operational pressures. These pressures are mainly being experienced within Unscheduled Care teams, and in Medicines Management in relation to Primary Care Prescribing, and in Oncology due to increased activity.</p> <p>Mr Thomas advised Members that many of the issue have been discussed via the Assurance over Delivery of Strategic Programmes of Change agenda item. However, Mr Thomas highlighted the risk relating to the underlying trend of expenditure, which is being offset non-recurrently within the year, which elevates the risk going into 2023/24. Additionally, there is currently a cash shortfall to be managed tactically and Mr Thomas assured Members that the team is proactively identifying how to deliver on the cash position by year end. Mr Thomas assured Members that the mitigation of the cash position will be discussed further at the Board Seminar meeting on 01 March 2023.</p> <p>Referring to the recurrent and non-recurrent savings delivery within the slides, Mr Weir enquired whether these figures could be broken down to</p>	
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	<p>community and acute level, to which Mr Thomas responded that although a breakdown by Directorate is not possible, a breakdown could be provided by theme for future reporting.</p> <p>Mr Weir concluded that the M10 position is expecting to achieve the £59m deficit.</p>	<b>HT/AS</b>
	<p>The Committee <b>NOTED</b> and <b>DISCUSSED</b> the M10 2022/23 financial position and end-of-year forecast.</p>	

<b>SRC(23)10</b>	<p><b>CORPORATE RISK REPORT</b></p> <p>Members received the Corporate Risk Report, highlighting the following three risks assigned to the Committee:</p> <ul style="list-style-type: none"> <li>• 1432 <i>Risk to the delivery of the Health Board's draft interim Financial Plan for 2022/23: No change to Risk Score.</i></li> <li>• 1352 <i>Risk of business disruption and delays in patient care due to a cyber-attack: No change to Risk Score.</i></li> <li>• 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></li> </ul>	
	<p>The Committee <b>SCRUTINISED</b> the content of the Corporate Risk Report and <b>RECEIVED ASSURANCE</b> 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>	

<b>SRC(23)11</b>	<p><b>OPERATIONAL RISK REPORT</b></p> <p>Members received the Operational Risk Report, providing detail on the following eight risks scored against the Finance impact domain:</p> <ul style="list-style-type: none"> <li>• 975: <i>Failure to remain within allocated budget over the medium term (Estates &amp; Facilities).</i></li> <li>• 979: <i>Failure to remain within allocated budget over the medium term - Glangwili General Hospital (GGH).</i></li> <li>• 980: <i>Failure to remain within allocated budget over the medium term - Withybush General Hospital (WGH).</i></li> <li>• 983: <i>Failure to remain within allocated budget over the medium term – Bronglais General Hospital (BGH).</i></li> <li>• 968: <i>Failure to remain within allocated budget over the medium term (Pembrokeshire).</i></li> <li>• 964: <i>Failure to remain within allocated budget over the medium term (Carmarthenshire).</i></li> </ul>	
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	<ul style="list-style-type: none"> <li>• 966: Failure to remain within allocated budget over the medium term (Medicines Management).</li> <li>• 971: Failure to remain within allocated budget over the medium term (MH&amp;LD).</li> </ul> <p>Mr Thomas assured Members that the risks have been reviewed by the relevant directorates and escalated. Acknowledging that these operational risks are contributing to the overall corporate risk to the delivery of the Health Board's draft interim Financial Plan, Members recognised that the programmes of change will address these risks.</p> <p>Mr Weir queried if there is anything further the Committee could do to receive further assurance. Mr Thomas advised that there would be an opportunity for discussion of the role of each assurance committee in support of delivering the plan.</p> <p>Mr Newman enquired whether the risks identified as having no change to the risk score are covered under the Improving Together work. Mrs Joanne Wilson responded that these are reviewed at the Improving Together meetings and the longstanding risks are reviewed by the Risk and Assurance Officers to challenge teams on their risks. Mrs Wilson further assured Members that the Director of Operations reviews these risks with the relevant Executive Lead prior to submission to Committees. Mrs Wilson highlighted the need to determine the Board's risk appetite and tolerance for managing risks.</p>	
	<p>The Committee <b>SCRUTINISED</b> the content of the Operational Risk Report and <b>RECEIVED ASSURANCE</b> that all relevant controls and mitigating actions are in place.</p>	

<p><b>SRC(23)12</b></p>	<p><b>PLAN DEVELOPMENT (INCORPORATING DEEP DIVE: PLANNING OBJECTIVE 6) INTERIM BUDGET 2022/23)</b></p>	
	<p>Members received the Plan Development report, which was taken as read. Mr Thomas advised Members that the Plan will be discussed in depth at the Board Seminar meeting on 01 March 2023.</p>	
	<p>The Committee <b>NOTED</b> the content of the Plan Development report and <b>RECEIVED ASSURANCE</b> that further discussions would be the focus of Board Seminar on 01 March 2023.</p>	

<p><b>SRC(23)13</b></p>	<p><b>LONG TERM AGREEMENT (LTA) VALUES AND PROCESS FOR 2023/24</b></p>	
	<p>Members received the report summarising the impact of the overall 1.5% uplift plus Investments contained within the LTAs. Mr Thomas advised</p>	

	<p>Members that the report is for the Committee to scrutinise the contract values ahead of signature by the Board at its meeting on 30 March 2023.</p> <p>Mr Thomas assured Members that a robust process has been undertaken with each provider.</p> <p>Referring to the forecast underspend this year for Welsh Health Specialised Services Committee (WHSSC), Mr Weir queried the rationale behind the expectation to invest more. Mr Thomas responded that the underspend is driven by delays in the uptake of expected activity. Mr Thomas advised that an exercise has been undertaken to review disinvestment and decommissioning, however the net impact uplift is largely a full year effect recognition of these. Mr Thomas assured Members that there is a national scrutiny process in place. Mrs Wilson further assured Members that a full debate has been held by WHSSC and an extraordinary meeting will be held due to the significant challenge received.</p> <p>Mr Thomas advised Members that, as a significant percentage of spend is ringfenced, the scale of the challenge the Health Board is facing is significant and this has been pushed back to WG. Mr Moore advised Members that national conversations with Chairs and Chief Executive groups and WG highlights the need to carefully review the ringfencing arrangements in Wales, which often creates inefficiencies.</p>	
	<p>The Committee:</p> <ul style="list-style-type: none"> <li>• <b>NOTED</b> and <b>SCRUTINISED</b> the contract values ahead of signature by the Board at its meeting on 30 March 2023.</li> <li>• <b>NOTED</b> the consequences of either option presented to DoFs to LTAs in 2023/24. If there are material changes to the LTAs, these will be updated ahead of the Board report being presented.</li> </ul>	
<p><b>SRC(23)14</b></p>	<p><b>NWSSP PROCUREMENT SERVICES ENERGY CONTRACT RATIFICATION REPORT</b></p> <p>Members received the NWSSP Procurement Services Energy Contract Ratification Report to discuss and consider the proposed approach to Energy procurement governance arrangements, prior to approval at a Chair’s Action meeting on 28 February 2023 and ratification by the Board at its meeting on 30 March 2023. Recognising this, Miss Battle declared an interest in the item and did not participate in this discussion.</p> <p>Mr Thomas advised Members that, given the exceptional energy price increases and volatility experienced during 2022/23, a review was undertaken by the All Wales Director of Finance to consider current arrangements and how they may be strengthened and made more sustainable for the future.</p>	



	<p>The Committee considered the proposed new Energy procurement contractual arrangements with Crown Commercial Services. Mr Newman enquired whether there will be an exit clause in place, should the proposal be adopted, and Mr Thomas undertook to discuss this with Mr Newman outside of the meeting.</p>	<b>HT</b>
	<p>The Committee <b>DISCUSSED</b> and <b>CONSIDERED</b> the proposed approach to Energy procurement governance arrangements, prior to approval at a Chair's Action meeting on 28 February 2023 and ratification by the Board at its meeting scheduled to be held on 30 March 2023, including:</p> <ul style="list-style-type: none"> <li>• The revised governance group arrangements, and</li> <li>• The proposed new Energy procurement contractual arrangements with Crown Commercial Services.</li> </ul>	

<b>SRC(23)15</b>	<b>PLANNING OBJECTIVES UPDATE REPORT</b>	
	<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 <b>NOTED</b> the content of the Planning Objectives Update report and <b>RECEIVED ASSURANCE</b> 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>	

<b>SRC(23)16</b>	<b>PLANNING OBJECTIVES DEEP DIVE: 5R DIGITAL INCLUSION</b>	
	<p>Members received the deep dive report, providing an update on progress with the delivery of Planning Objective 5R, to develop a digital inclusion programme by March 2023, which will provide a coordinated approach to digital inclusion across the Health Board and its wider partners for the local population. The programme will recognise the continuously changing role digital technology plays in the lives of individuals and society as a whole.</p> <p>Mr Anthony Tracey advised Members that the Health Board has signed the Digital Inclusion Charter for Wales and was accredited in September 2022 having successfully demonstrated its commitment to implementing the Digital Inclusion Charter principles. Mr Tracey assured Members that the</p>	

Health Board will continue to work with communities co-produce digital services with patients, ensuring that all patient, service users, and carer voices help shape the work to ensure it delivers the maximum possible value to the community. The Health Board has also been accepted onto the Digital Inclusion Alliance for Wales.

Mr Tracey advised Members that the official launch for Digital Inclusion took place on 14 February 2023, which included attendees across all health board areas, and was positively received with good learning gleaned from the event. Additionally, SMART Partnership Funding Application for regional digital divide research has been completed and submitted to WG.

Mr Tracey advised Members that the Health Board has joined the Online Centres Network, which is made up of thousands of organisations across the UK who are all working to tackle digital and social exclusion by providing people with the skills and confidence they need to access digital technology. This provides staff with access to online training and courses, free of charge.

Mr Tracey advised Members that the Health Board is now a member of the National Data Bank, whereby telecom companies have donated mobile data to distribute via registered Online Centres. Data is distributed to centres and available for distribution to staff who are living in financial crisis, who struggle to pay for internet access or who do not have access to the internet at home for whatever reason.

Mr Tracey advised Members that the Health Board has also developed an internal Kit Loaning Scheme, offering surplus devices from within the Health Board to loan out to staff members who do not have the access to devices personally, or who are unable to afford the costs associated with purchasing such devices to develop skills or access the everyday essentials or services that being online offers. Mr Tracey advised Members that this will be coordinated and managed through the library service and will be accessed in the same way as if staff were loaning a book.

Mr Tracey provided an overview of the progress of the Digital Inclusion programme, which consists of eight pillars of work, and includes the development of the regional Digital Inclusion Steering Group. This will determine the level of digital health literacy of the population through engagement with key stakeholders and services already in place to engage the population with digital health literacy development. Mr Tracey advised Members of the development of a research project with Trinity St David's and partners will open the opportunity to better understand levels of digital health literacy and offer the opening required to develop on this pillar further to ensure that there is an improvement in digital health literacy within the population. Another key development is the implementation of digital health hubs, which will offer access to devices, connectivity and support for patients and the public to access and to develop their skills and confidence around the digital health support available. Mr Tracey advised

	<p>Members that conversations have already taken place with the planning of the new Integrated Centre in Cross Hands, and the digital inclusion team will continue to explore further avenues to develop digital health hubs in existing community assets to ensure parity of opportunity for all.</p> <p>Mr Thomas acknowledged that the strategy is ambitious and requires stakeholder involvement and the sharing of data from Primary Care and Social Care. Mr Thomas assured Members that the response from the Chief Digital Officer for Wales, the Chief Executive of DHCW and Delta has been positive and supportive of the direction of travel. Mr Tracey assured Members that, although there is some scepticism, there is an appetite nationally to progress Digital Inclusion at pace and that the work undertaken by CGI has been revolutionary in providing a blueprint to take Digital Inclusion forward.</p> <p>In response to a query regarding staff engagement with the schemes, Mr Tracey advised Members that staff within the lower pay bands have been targeted for the initiatives such as the kit loaning scheme.</p>	
	<p>The Committee <b>NOTED</b> the content of the Deep Dive into Digital Inclusion and <b>RECEIVED ASSURANCE</b> regarding delivery of Planning Objective 5R to develop a digital inclusion programme.</p>	

<p><b>SRC(23)17</b></p>	<p><b>PLANNING OBJECTIVES DEEP DIVE: 6H SUPPLY CHAIN ANALYSIS</b></p> <p><i>Item deferred to April 2023 Committee meeting</i></p>	
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<p><b>SRC(23)18</b></p>	<p><b>INTEGRATED PERFORMANCE ASSURANCE REPORT (IPAR)</b></p> <p>Members received the Integrated Performance Assurance Report (IPAR), relating to Month 10 2022/23.</p>	
	<p>The Committee <b>CONSIDERED</b> the measures from the Integrated Performance Assurance Report.</p>	

<p><b>SRC(23)19</b></p>	<p><b>INFORMATION GOVERNANCE SUB-COMMITTEE UPDATE REPORT</b></p> <p>Members received the Information Governance Sub-Committee (IGSC) Update Report from the meeting held on 31 January 2023.</p> <p>Mr Tracey provided an update on the clinical coding position for the Health Board, advising Members that performance has achieved the 95% target for the past thirteen months, with the latest performance for November 2022 provisionally at 97.6%. The current backlog position for 2022/23 activity shows that the Health Board has 98.5% of episodes from April to</p>	
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	<p>November 2022 coded and is therefore on track to achieve the 98% for the end of the financial year by continuing on this trajectory.</p> <p>Mr Tracey further assured Members that work is commencing on reviewing the quality of coding, in addition to the quantitative values. Future work will also enable the clinical coding of Emergency Department information.</p> <p>Mr Tracey advised Members that the Sub-Committee considered the following, prior to presentation to the Committee for approval:</p> <ul style="list-style-type: none"> <li>- 275 Secure Transfer of Personal Information Policy</li> <li>- 193 Retention and Destruction of Records Policy</li> <li>- 174 Reuse of Public sector Information Procedure</li> <li>- 282 Network Security Policy</li> <li>- 319 Disposal of Digital Equipment Policy</li> <li>- 422 Consumer Device Policy</li> </ul>	
	<p>The Committee:</p> <ul style="list-style-type: none"> <li>• <b>RECEIVED ASSURANCE</b> from the content of the Information Governance Sub-Committee Update Report.</li> <li>• <b>APPROVED</b> the following policies: <ul style="list-style-type: none"> <li>- 275 Secure Transfer of Personal Information Policy</li> <li>- 193 Retention and Destruction of Records Policy</li> <li>- 174 Reuse of Public sector Information Procedure</li> <li>- 282 Network Security Policy</li> <li>- 319 Disposal of Digital Equipment Policy</li> <li>- 422 Consumer Device Policy</li> </ul> </li> </ul>	

<b>SRC(23)20</b>	<b>HYBRID PRINT AND POST PROCUREMENT EXERCISE</b>	
	<p>Mr Tracey advised Members that the Hybrid Print and Post Procurement Exercise report will be presented to the next Committee meeting due to initial delays to selecting a supplier.</p>	<b>AT</b>

<b>SRC(23)21</b>	<b>DECARBONISATION OF INHALERS</b>	
	<p>Members received the Decarbonisation of Inhalers report, advising Members of the NHS Wales Decarbonisation Strategic Delivery Plan, which has an aim of achieving net zero carbon emissions by 2030. Ms Jenny Pugh-Jones advised Members that targeting the use of Metered Dose Inhalers (MDI) is a key element of achieving this target and that the Health Board currently has one of the highest percentages of Dry-Powder Inhalers (DPIs) and Soft-Mist Inhalers (SMIs) as a percentage of all</p>	

inhalers prescribed compared to other Health Boards. Despite this, significant improvement is required to meet the 80% target set by WG.

Ms Pugh-Jones advised Members that, due to the higher unit cost price of the preferred choice of inhalers, concerns have been raised with regards to the ability of the Health Board to progress this target due to current financial pressures.

Ms Pugh-Jones provided an overview of the key areas of work, including support to GPs to review and switch over to low carbon inhalers. Members were advised that Medicines Management teams across primary and secondary care have identified targeted work programmes, aligned to VBHC, to support practices to work towards achieving the targets. Ms Pugh-Jones provided assurance that learning from other Health Boards across Wales is shared frequently through networks to ensure that the Health Board maximises opportunities as appropriate.

Ms Pugh-Jones advised Members that an important factor within the decarbonisation of inhalers agenda is to ensure that all inhalers are recycled and disposed of in the most environmentally friendly process. Within primary care, all patients are promoted to return their inhalers to their community pharmacy for destruction, and Medicines Management team have produced communication resources to GP practices and Community Pharmacies to share with patients to promote this process. Although these inhalers are incinerated as part of the standard pharmaceutical waste disposal route, this is still a more environmentally friendly process than ending up in a landfill as part of normal household waste, as the high temperature in the process destroys any residual propellant gases resulting in safer disposal. Within acute hospital sites, all four Pharmacy sites have been included in a submission to WG's Climate Change team to be included in a wider secondary care inhaler recycling scheme, which will work with a specialised third party waste company to collect inhalers and to recycle all components of the inhaler.

Ms Pugh-Jones concluded by advising Members of the current difficulty to truly understand the financial impact of the decarbonisation of inhalers work. It is accepted that, whilst making a reduction on the carbon footprint, and aligning with local and national targets, changing patients from MDIs to DPIs, may come at an additional cost for the Health Board. On an inhaler-to-inhaler level switch, DPIs are often at a higher cost to MDIs. However, Ms Pugh-Jones assured that the wider benefit from the focus on patient's overall disease management through patient-level education, and improved inhaler technique and compliance, is expected to lead to reduction in potential exacerbations, in addition to improving overall symptom control and reducing the volume of inhalers prescribed. This is aligned to VBHC and the effective utilisation of resources.

The Committee **DISCUSSED** the content of the Decarbonisation of Inhalers report and **RECEIVED ASSURANCE** from the current position of

	the Health Board in achieving the NPI target of 80% and the approach in place to balance the clinical and financial challenges.	
<b>SRC(23)22</b>	<b>PROCUREMENT UPDATE</b>	
	<i>Item deferred to April 2023 Committee meeting</i>	
<b>SRC(23)23</b>	<b>WELSH HEALTH CIRCULARS</b>	
	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.	
	The Committee <b>NOTED</b> the content of the Welsh Health Circulars report and <b>RECEIVED ASSURANCE</b> 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.	
<b>SRC(23)24</b>	<b>MINISTERIAL DIRECTIONS</b>	
	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 01 August 2022 and 31 January 2023, as well as MDs issued previously, which are still in the process of being implemented.	
	The Committee <b>NOTED</b> the content of the Ministerial Directions report and <b>RECEIVED ASSURANCE</b> that all Ministerial Directions issued by WG between 01 August 2022 and 31 January 2023 have been implemented/adopted by HDdUHB or are in the process of being implemented.	
<b>SRC(23)25</b>	<b>FINANCIAL PROCEDURES</b>	
	Members received the Financial Procedures report, advising that no financial procedures were revised or created during the period covered by this report.	



SRC(23)26	<b>UPDATE FROM FINANCE TOUCHPOINT MEETING HELD ON 24 JANUARY 2023</b>	
	Members received a verbal update on the Finance Touchpoint Meeting held on 24 January 2023.	
	The Committee <b>NOTED</b> the content of the update from the Finance Touchpoint meeting held on 24 January 2023.	

SRC(23)27	<b>HEALTHCARE CONTRACTING, COMMISSIONING AND OUTSOURCING UPDATE</b>	
	Members received the Healthcare Contracting, Commissioning and Outsourcing Update report.	
	The Committee <b>NOTED</b> the content of the Healthcare Contracting, Commissioning and Outsourcing Update report and <b>RECEIVED ASSURANCE</b> from the mitigating actions detailed in the report.	

SRC(23)28	<b>DECARBONISATION TASK FORCE GROUP UPDATE REPORT</b>	
	Members received the Decarbonisation Task Force Group Update Report from the meeting held on 19 January 2023. Due to time constraints, the report was taken as read and Mr Weir conveyed thanks to Mr Paul Williams for the comprehensive update provided.	
	The Committee <b>RECEIVED ASSURANCE</b> from the content of the Decarbonisation Task Force Group Update Report.	

SRC(23)29	<b>AGILE DIGITAL BUSINESS GROUP UPDATE REPORT</b>	
	<i>Deferred to April SRC meeting due to ADBG meeting not taking place until 3 March 2023</i>	

SRC(23)30	<b>BALANCE SHEET</b>	
	Members received the Balance Sheet report, outlining the position as at the end of Quarter 3 2022/23 (M9) and to provide an explanation for any key movements.	
	The Committee <b>NOTED</b> the content of the Balance Sheet as at the end of Quarter 3 2022/23 (M9) and the developments to improve scrutiny of the Balance Sheet.	

SRC(23)31	<b>UPDATE ON ALL-WALES CAPITAL PROGRAMME – 2022/23 CAPITAL RESOURCE LIMIT AND CAPITAL FINANCIAL MANAGEMENT</b>	
	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 <b>NOTED</b> the Capital Resource Limit for 2022/23, the risks being managed and the project updates.	

SRC(23)32	<b>ALL WALES IM DIGITAL NETWORK HIGHLIGHT REPORT</b>	
	Members received the All Wales IM Digital Network Highlight Report for information.	
	The Committee <b>NOTED</b> the content of the All Wales IM Digital Network Highlight Report.	

SRC(23)33	<b>SUSTAINABLE RESOURCES COMMITTEE WORK PROGRAMME 2022/23</b>	
	The Sustainable Resources Committee Work Programme 2022/23 was presented to Members for information. Mr Weir undertook to provide comments on the workplan to the Committee Services Officer.	<b>WW/SB</b>
	The Committee <b>NOTED</b> the content of the Sustainable Resources Committee Work Programme 2022/23.	

SRC(23)34	<b>MATTERS FOR ESCALATION TO BOARD</b>	
	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: <ul style="list-style-type: none"> <li>Limited 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 challenge to translating any improvements into financial gains and contribution to corporate risk 1432 <i>Risk to the delivery of the Health Board's draft interim Financial Plan for 2022/23.</i></li> </ul>	

	<ul style="list-style-type: none"> <li>• The Month 10 financial position, and risk to delivery of the forecast financial outturn position of £59.0m which provides a challenging starting point for financial delivery for 2023/24.</li> <li>• NWSSP Procurement Services Energy Contract Ratification Report – Committee consideration of the proposed approach to Energy procurement governance arrangements, prior to approval at a Chair’s Action meeting on 28 February 2023 and ratification by the Board at its meeting on 30 March 2023.</li> </ul>	
	The Committee <b>NOTED</b> the key topics discussed during the meeting for inclusion in the Sustainable Resources Committee Update Report to the next Public Board meeting.	

<b>SRC(23)35</b>	<b>ANY OTHER BUSINESS</b>	
	No other business was raised.	

<b>SRC(23)36</b>	<b>DATE OF NEXT MEETING</b>	
	25 April 2023	