

**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>	25 <sup>th</sup> April 2022, 9.30am-12.30pm
<b>Venue:</b>	Boardroom/MS Teams

<b>Present:</b>	Mr Winston Weir, Independent Member, Committee Chair (VC) Mr Maynard Davies, Independent Member, Committee Vice Chair (VC) Mr Paul Newman, Independent Member (VC) Mrs Delyth Raynsford, Independent Member (VC)
<b>In Attendance:</b>	Mr Andrew Carruthers, Director of Operations (VC) (part) Ms Jill Paterson, Director of Primary Care, Community and Long Term Care (VC) (part) Mr Huw Thomas, Director of Finance (VC) Mrs Joanne Wilson, Board Secretary (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) Ms Anne Beegan, Audit Wales (VC) Mrs Sarah Bevan, Committee Services Officer (Secretariat) (VC)

AGENDA ITEM	ITEM	
SRC(22)29	<b>INTRODUCTIONS AND APOLOGIES FOR ABSENCE</b>	<b>Action</b>
	The Chair, Mr Winston Weir, welcomed all to the meeting and extended a warm welcome to Ms Anne Beegan, Audit Wales as an observer of the meeting.  No apologies for absence were received from Members or In Attendance Members.	

SRC(22)30	<b>DECLARATIONS OF INTERESTS</b>	
	There were no declarations of interest.	

SRC(22)31	<b>MINUTES OF PREVIOUS MEETING HELD ON 23<sup>rd</sup> FEBRUARY 2022</b>	
	The minutes of the Sustainable Resources Committee (SRC) meeting held on 23 <sup>rd</sup> February 2022 were reviewed and approved as an accurate record.	
	<b>RESOLVED</b> – that the minutes of the Sustainable Resources Committee meeting held on 23 <sup>rd</sup> February 2022 be <b>APPROVED</b> as an accurate record.	

SRC(22)32	<p><b>MATTERS ARISING AND TABLE OF ACTIONS FROM THE MEETING HELD ON 23<sup>rd</sup> FEBRUARY 2022</b></p> <p>The Table of Actions from the meeting held on 23<sup>rd</sup> February 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.</p> <p>Matters Arising: <b>SRC(22)13 Decarbonisation:</b> In relation to the action to include within the governance structure that the Sustainable Resources Committee is the responsible Committee for receiving assurance on progress of the Health Board’s Decarbonisation strategy, Mr Weir requested that Mr Lee Davies resend the presentation slides to close off the action.</p>	LD
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SRC(22)33	<p><b>DRAFT SUSTAINABLE RESOURCES COMMITTEE ANNUAL REPORT 2021/22</b></p> <p>Members received the Draft SRC Annual Report 2021/22 for endorsement, prior to onward submission to Board.</p> <p>Mr Weir commended the content of the report, which illustrates the level and scale of work accomplished over the past year to provide assurance to the Board in respect of the work that has been undertaken by the Committee during 2021/22, and demonstrates that the Terms of Reference, as set by the Board, are being appropriately discharged. In addition to thanking the Finance team, Mr Huw Thomas conveyed thanks to the Committee Services Officer for collating the report and to Committee Members for their constructive challenge and guidance throughout the past year.</p> <p>Mr Paul Newman commented that the report highlights how the work of the Committee reflects the Health Board’s wider agenda in addition to the finance agenda.</p> <p>Mr Weir informed Members of the upcoming Self-Assessment of Committee Effectiveness exercise, which will also provide valuable insight into the work of the Committee during 2021/22.</p> <p>The Committee <b>ENDORSED</b> the Draft Sustainable Resources Committee Annual Report to Board 2021/22, for onward submission to the Board</p>	
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SRC(22)34	<p><b>FINANCE REPORT MONTH 12, 2021/22</b></p> <p>Members received the Finance Report Month 12 (M12) 2021/22 report, outlining the Health Board’s financial position to the end of the financial year 2021/22 against the Annual Plan and providing an analysis of key drivers of the in-month position.</p>	
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Mr Thomas introduced the report by providing assurance against the following key targets:

- Revenue is on target to deliver a deficit of £25m
- Savings delivery is currently at £11.9m
- Capital expenditure is within the agreed limit at £61.6m
- HDdUHB has exceeded the Public Sector Payment Policy (PSPP) target to pay 95% of non-NHS invoices within 30 days of receipt of a valid invoice.

Mr Thomas informed Members that the figures above are currently in draft and subject to audit, the process of which is anticipated to be completed by June 2022.

Mr Andrew Spratt advised that the Finance team has now concluded the year end position for 2021/22. Mr Spratt assured Members that the predicted ramp up of elective recovery spend did occur and was predominantly linked to a continued Planned Care recovery within Optometry for cataracts and glaucoma in the last 3 months of 2021/22. Strategic investment into digital patient records had also been delivered as expected.

Mr Spratt informed Members that savings underdelivered by £1.4m. Mr Spratt assured Members that, with agreement from Welsh Government (WG), the Health Board could utilise underspends to reduce the savings target. Subsequently, the £16.1m target at the start of 2021/22 has been reduced to £11.9m. Mr Spratt advised Members that although this is a positive position, it does produce a residual gap going into 2022/23 and therefore poses a risk to delivery of the planned deficit.

In relation to the key drivers of the in-month position, Mr Maynard Davies enquired as to the composition of the £2.3m 'other' figure. Mr Spratt responded that this can be attributed to an underspend in Planned Care and an underspend in corporate functions due to a number of vacancies being carried.

Mr Davies enquired as to the reason behind the £210,000 mobile phone charges cost as a result of a backlog in invoicing. Mr Spratt responded that this had been due to supplier administrative issues. Mr Thomas assured the Committee that this will not recur.

Mr Thomas commented that expenditure on mobile phones reflects a continuing drive towards a mobile digital workforce, particularly in regard to the Community workforce.

Mr Spratt informed Members that the recurrent savings delivery on a full year effect is £4.6m, which consigns a residual gap of £11.5m being carried forward into 2022/23.

In relation to the £4m underspend in Mental Health and Learning Disabilities (MHL), Mr Newman requested further detail of the issues and any mitigating actions being taken. Mr Shaun Ayres responded that the Directorate has a projected underspend of £5.3m going into 2022/23, as a

	<p>consequence of being heavily dependent on external providers and a high vacancy rate for psychiatrist practitioners and nurses.</p> <p>Mrs Joanne Wilson informed Members that the scrutiny of this position sits with the SRC and is also discussed at the Use of Resources Group and through Finance Business Partners. Mrs Wilson assured Members that operational impact is considered by a newly established Operational Delivery Group, which reports into the weekly Executive Team meetings. Ms Jill Paterson further assured Members that monthly business and governance meetings are held with operational teams, which include deep dives to provide an in-depth examination or analysis of particular risks.</p> <p>In relation to annual leave provision, Mr Weir enquired as to how much had been deployed in 2021/22 and how much provision is to be assigned to 2022/23. Mr Spratt responded that it had not been possible to quantify this throughout the year and therefore a snapshot approach was taken at the end of M11, capturing the requests to carry over leave or sell back annual leave, to inform WG. Mr Spratt informed Members that an additional £500,000 has been requested in addition to the accrual for 2022/23, which is not attributed to any Directorate in particular. Mr Spratt further informed Members that Workforce completed the consolidation of all purchase leave requests at the end of March 2022 and undertook to provide an updated position within the report to the next Committee meeting.</p> <p>Mr Davies advised that improving the monitoring of annual leave is an Audit Wales recommendation. Whilst recognising that this is currently being monitored annually, Mr Thomas assured Members that a review of the systems and processes in place to monitor annual leave on a more frequent basis during 2022/23 will be discussed with the Director of Workforce and Organisational Development.</p> <p>Ms Paterson informed Members that the Primary Care Recovery Plan is currently being finalised with the Finance team and undertook to provide an update at the next Committee meeting.</p> <p>In relation to Capital, Mr Thomas informed Members that the level of vesting agreements with suppliers in 2021/22 was due to supply chain and delivery issues. Mr Thomas assured Members that, although this was not foreseen by the Finance team, this will continue to be closely monitored to ensure that there is no ongoing risk for the Health Board and that any vested equipment is brought into Health Board sites at the earliest opportunity.</p>	<p><b>AS</b></p> <p><b>HT</b></p> <p><b>JP</b></p>
	<p>The Committee <b>NOTED</b> and <b>DISCUSSED</b> the M12 2021/22 financial position and end-of-year forecast.</p>	
<p><b>SRC(22)35</b></p>	<p><b>DRAFT ANNUAL ACCOUNTS 2021/22</b></p> <p><i>Item deferred to June 2022 Committee meeting</i></p>	

Members received the Development of the Target Operating Model (TOM) report and presentation, setting out the Health Board's latest plan for the Integrated Medium Term Plan (IMTP) that is due for update and submission to WG by the end of Quarter 1, 2022/23, covering the three-year period 2022-25.

Mr Thomas informed Members that following the submission of the draft three-year narrative plan and one-year financial plan to the Board at its meeting on 31<sup>st</sup> March 2022, which breached its statutory financial duties with a draft deficit of £25m, a commitment was made that the Board would submit a revised and approvable IMTP by the end of Quarter 1 2022/23, having bridged the financial sustainability gap that existed in the initial plan.

Mr Thomas informed Members that a strategic overhaul of the Health Board's current operating model is required to facilitate the transformational shift in services that is required to deliver workforce and finance sustainability. Mr Thomas advised Members that the TOM should be shaped by the Health Board's strategy, "A Healthier Mid and West Wales", and align to the 10 Year Workforce Plan and Planned Care Recovery Plan.

Mr Thomas advised of the aim to have the TOM and delivery plan approved by the Board at the end of June 2022, which will identify savings opportunities through the following key themes:

- Urgent and Emergency Care; including bed configuration and Emergency front-door redesign
- Planned Care reconfiguration
- Review of long term packages of care; particularly MHLD and Community Health Care packages.

In relation to the review of long term packages of care, Ms Paterson welcomed the opportunity for review and the additional support from the Finance team to ensure that effective processes are in place. Ms Paterson advised that where packages of care are reviewed and found to be inappropriate for NHS funding, challenging conversations would need to be held with partners. Ms Paterson advised Members that internal opportunities will also be explored in addition to engagement with third sector providers.

*Mr Anthony Tracey joined the Committee meeting*

Mr Weir enquired whether the exceptional risk items detailed within the presentation slides would be match funded by WG. Mr Thomas responded that as yet no funding has been confirmed however, the Health Board is engaging with WG, particularly in regard to energy costs.

In relation to COVID-19 Planning costs, Mr Weir enquired whether the Health Board is anticipating a total of £44m funding. Mr Thomas confirmed this is the case, noting however that it is incumbent to manage these costs down via the implementation of orderly exit strategies or by mainstreaming services into the baseline position.

	<p><i>Mr Andrew Carruthers joined the Committee meeting</i></p> <p>Mr Weir enquired as to the level of engagement with clinical and operational leads regarding coproduction and joint ownership of delivery of the TOM. Ms Paterson assured Members that there has been active engagement with Community teams and with the Executive Team. Ms Paterson further assured Members that meetings are held with the Director of Operations and operational teams to understand the operational pressures and explore opportunities to recreate systems.</p> <p>Mr Andrew Carruthers assured Members that mechanisms are in place to foster these discussions and noted the encouraging degree of energy and enthusiasm from County Directors, General Managers, Hospital Managers and Clinical Directors.</p> <p><i>Mrs Joanne Wilson left the Committee meeting</i></p> <p>Mr Newman queried the level of inflation assumed for comparing the forecast and impact on ability to deliver the plan. Mr Thomas responded that the inflationary position is already out of date, which poses a challenge. In relation to the impact in utilities, Mr Thomas informed Members that this work will require a balance of spot purchasing and forward purchasing and that its volatility is significant on a daily level.</p> <p>Mr Spratt advised that the assumed level of inflation currently stands at 3.7%, excluding the cost of utilities, however there is an inherent risk of inflationary pressure, which varies each month. Mr Spratt assured Members that this is being assessed by the Finance team and undertook to provide updates to the Committee at future meetings via the Finance Reports.</p> <p>In relation to the total assumed savings delivery of £12m, assuming Green and Amber schemes are delivered as planned, Mr Spratt informed Members that £11.7m is attributed to Red schemes, noting that work is ongoing to increase the number of Green and Amber schemes.</p> <p>Mr Thomas acknowledged the current level of uncertainty and informed Members that he had requested increased frequency of the All Wales Director of Finance meetings to enable a collective understanding of the risks across Wales and the anticipated level of funding.</p>	AS
	<p>The Committee <b>DISCUSSED</b> the content of the Development of the Target Operating Model Report and <b>NOTED</b> the current progress being made and the assurances surrounding deliverability of the proposed options.</p>	

<b>SRC(22)37</b>	<b>PLANNING SUBMISSIONS TO WELSH GOVERNMENT</b>	
	<p>Members received the Planning Submissions to Welsh Government Report, setting out the governance process undertaken to communicate a breach of statutory financial duty to appropriate stakeholders.</p>	

	Mr Thomas informed Members that no response had been received from WG to date, however it is the duty of the Chief Executive Officer to inform WG of its actions, rather than requesting approval of the actions.	
	The Committee <b>DISCUSSED</b> the content of the Planning Submissions to Welsh Government Report and <b>NOTED</b> the decision-making process taken and the risks to be managed over the coming financial year.	

<b>SRC(22)38</b>	<b>CORPORATE RISK REPORT</b>	
	<p>Members received the Corporate Risk Report, highlighting the following risks assigned to the Committee:</p> <ul style="list-style-type: none"> <li>• 1352 <i>Risk of business disruption and delays in patient care due to a cyber-attack</i>: New risk.</li> <li>• 1371 <i>Risk to the delivery of UHB's Draft Interim Financial Plan for 2022/23</i>: New risk.</li> <li>• 1296 <i>Risk that the Health Board will not deliver a financial out-turn position in line with our original plan of £25m deficit</i>: Risk closed as it relates to the previous financial year 2021/22 and replaced by Risk 1371.</li> <li>• 1297 <i>Risk that the Health Board's underlying deficit will increase to level not addressed by additional medium term funding</i>: Risk closed as the new Risk 1371 will address this through the Target Operating Model.</li> <li>• 1307 <i>Risk to achieving the Capital Resource Limit 2021/22</i>: Risk closed as the Health Board has met its statutory duty to breakeven against the CRL for 2021/22.</li> <li>• 451 <i>Cyber Security Breach</i>: Risk closed and replaced with Risk 1352.</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</i>: No change to Risk Score.</li> </ul> <p>In relation to Risk 1352, Mr Davies noted that this risk is also being managed by the other health boards due to all health boards in Wales sharing a single network.</p>	
	The Committee <b>DISCUSSED</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.	

<b>SRC(22)39</b>	<b>OPERATIONAL RISK REPORT</b>	
	<p>Members received the Operational Risk Report, providing detail on the 6 risks scored against the Finance impact domain.</p> <p><i>Ms Jill Paterson left the Committee meeting</i></p>	

The Committee **SCRUTINISED** the content of the Operational Risk Report and **RECEIVED ASSURANCE** that all relevant controls and mitigating actions are in place.

<b>SRC(22)40</b>	<b>CYBER SECURITY AND RESILIENCE</b>	
	<p>Members received the Cyber Security and Resilience report, providing an update on the current heightened cyber security threat caused as a result of the conflict in Ukraine, and to provide a cyber-security update on vulnerabilities, alerts, incidents, and Security Architecture work.</p> <p>Mr Anthony Tracey informed Members that, following Russia’s attack against Ukraine, there is a heightened cyber security threat for all organisations, with the National Cyber Security Centre (NCSC) calling on all UK organisations to bolster their cyber security defences. Therefore, the Health Board’s Cyber Security team has been taking steps to improve the capability and resiliency to defend against and respond to a cyber-attack. Mitigating actions include the introduction of a new patch testing group to speed up the patching process and the roll out of Defender for Endpoint.</p> <p>Mr Tracey advised that the Cyber Resilience Unit has been tasked with coordinating an amnesty to provide assurance from the recent Network and Information Systems Regulations (NIS-R) audits to identify any weak links within health boards in Wales and to bring them up to the required level of security.</p> <p>In relation to cyber security for mobile phone devices, Mr Tracey informed Members that the majority of Primary Care and Community staff have access to smart phones and therefore have access to Microsoft 365. Mr Tracey assured Members that mobile phones have additional software to block certain unauthorised tasks on devices, which has recently been strengthened to prohibit the opening of any non-secure emails.</p> <p>In relation to the report’s recommendation that departments should test their business continuity plans in regard to a possible cyber-attack and any requirement to switch-off the Information and Communication Technology (ICT) infrastructure, Mr Weir enquired whether there was a formal programme of test checking in place. Mr Tracey responded that there is currently no programme in place and undertook to implement a programme of testing for all departments, including remote sites, and to identify how assurance can be collected centrally.</p> <p>Mr Thomas informed Members of an upcoming Board Seminar session to discuss the impact of the major cyber-attack on the Health Service Executive (HSE) in Ireland in 2021, which resulted in the disruption of ICT systems for four months and undertook to discuss further with Mr Tracey outside of the meeting.</p> <p><i>Mr Andrew Carruthers left the Committee meeting</i></p>	<p>AT</p> <p>HT/AT</p>
	The Committee	



- **NOTED** the contents of this report, and the fact that NCSC is not aware of any current specific threats against NHS Wales and HDdUHB.
- **NOTED** the heightened security currently within NHS Wales and the ongoing work that the Cyber Security team is undertaking locally.
- **AGREED** that departments formally test their business continuity plans in regard to a possible cyber-attack.

**SRC(22)41    PROCUREMENT STRATEGY 2022/23**

Members received the Procurement Strategy 2022/23 report, providing an update on the key themes for 2022/23 within HDdUHB’s procurement strategies, which have been developed and implemented by the Procurement department on behalf of the Director of Finance. They are complementary with HDdUHB Transformation strategies, WG sustainability and regeneration policies, and NHS Wales Shared Services Partnership (NWSSP) national procurement short and medium term strategies.

Mr Thomas informed Members that a focus for 2022/23 will be to develop the general relationship with suppliers to learn about the opportunities they are pursuing, in addition to the transactional relationship with suppliers. Mr Thomas further informed Members that assurance had been requested regarding supply chain resilience as a result of the situation in Russia and dependence on Russian suppliers.

Mr Thomas highlighted the increasing importance of engagement with the local economy, in terms of building Social Value and supporting the Foundational Economy into all procurement activity and contributing to the delivery of Health Board and NHS Wales decarbonisation strategic plans.

Mr Thomas advised of the following key points from a recent end of year report prepared by HDdUHB’s Head of Procurement to provide further assurance on HDdUHB’s procurement strategies:

- The number of contracts awarded through the Procurement team has increased, notably within Planned Care.
- The number of Single Tender Awards has reduced year on year and HDdUHB is in joint lowest position in Wales, illustrating significant performance improvement in comparison with other health boards.
- Catalogue coverage continues to be maximised and is consistently in excess of 85% (highest in NHS Wales) against a target of 80%. Mr Thomas informed Members that this is also integral to the Scan4Safety programme.
- Performance regarding the payment of invoices on time is exceeding the Wales target.
- The position regarding non-pay compliance is markedly improved in comparison with other health boards.
- Foundational Economy, Social Value and Decarbonisation continue to be at the forefront of HDdUHB’s procurement strategies.

Mr Weir suggested that it would be beneficial to have a 3 year plan and strategic approach in place and to include quantifiable data in terms of savings and benefits. Mr Thomas undertook to provide an update to the

**HT**

	<p>Committee in six months' time, following completion of the structural re-design of the HDdUHB Procurement team and integration with the NWSSP National Operating Model.</p> <p>Mrs Raynsford noted her support of the Scan4Safety initiative as a way to reduce waste, identify surgeon preference and quality issues, and identify trends that could improve the quality of care for patients. Regarding sign up to the use of Scan4Safety, Mr Thomas advised Members that although the rollout is not anticipated to generate a rapid change in practice, it will continue to be a focus for 2022/23.</p> <p>Regarding the Health Board's work in conjunction with Swansea Bay University Health Board's (SBUHB) Procurement team, Mr Davies enquired as to the expected savings and proposed savings targets. Mr Thomas responded that this work would enable valuable comparisons to generate learning.</p> <p>In relation to Foundational Economy and Social Value, Mr Newman enquired about the anticipated benefits for the local economy. Mr Thomas responded that it is imperative for the Health Board to adopt the correct approach to support local suppliers and anticipates an increase in the range and depth of local supply. Mr Thomas provided examples such as food procurement and the importance of agriculture to local communities, and Tri Tech as a mechanism to collaborate with local universities and businesses to create greater research and development opportunities.</p>	
	<p>The Committee <b>NOTED</b> the content of the Procurement Strategy 2022/23 report and <b>DISCUSSED</b> the approach of HDdUHB's Procurement Strategy for 2022/23.</p>	

<p><b>SRC(22)42</b></p>	<p><b>HEALTHCARE CONTRACTING, COMMISSIONING AND OUTSOURCING UPDATE</b></p>	
	<p>Members received the Healthcare Contracting, Commissioning and Outsourcing Update report, identifying the principles underpinning the All Wales Long Term Agreement (LTA) block arrangements, which have been drafted to provide financial and quality assurances to both Providers and Commissioners.</p> <p>Mr Shaun Ayres informed Members that the three main areas of focus will be on contractual delivery, waiting lists within the Health Board's main providers, and on the contracts that the Health Board has in place with the Independent Providers.</p> <p>Mr Ayres advised that the position remains a challenging one affecting all health boards in Wales; HDdUHB's position demonstrates an overall decrease in financial performance with a £3.7m underspend (excluding Welsh Health Specialised Services Committee (WHSCC)). Mr Ayres informed Members that there is no block value for WHSCC as per other Welsh health boards.</p>	

Mr Ayres informed Members that the majority of HDdUHB patients waiting for a new outpatient appointment at Cardiff and Vale University Health Board (CVUHB) are waiting for Clinical Immunology and Allergy and account for 29.4% of the February 2022 waiting list. With the exception of a slight decrease in December 2021, they have continued increasing month on month. Mr Ayres advised that an alternative commissioned pathway proposal is being undertaken for Clinical Immunology and Allergy, as a result of the Commissioning Team being notified of certain issues within the service. A working group has been established to identify pathway opportunities throughout HDdUHB for allergy care with a key focus on improving allergy provision for adolescents, developing an adult allergy service, and confirming the complex allergy pathways. Mr Ayres assured Members that whilst a number of meetings have been stood down due to pressures in the system, they will be rescheduled imminently. Mr Ayres provided further assurance that, in the interim, the Commissioning team contacted a number of NHS providers in England, to understand whether there is capacity to support the Health Board on a short-term basis. The University Hospital of Birmingham has confirmed that they should be able to support and treat approximately 100 patients and the Commissioning team is working with Birmingham to understand the feasibility and appropriateness in terms of the pathway and what this may look like.

In relation to Orthopaedic/Spinal Surgery, Mr Ayres informed Members that the Commissioning team is in the process of writing to all Spinal patients who have had their surgery during 2021/22 at SBUHB, requesting feedback by means of a patient questionnaire. The questions are based on Patient-Reported Outcome Measures (PROMs) and Patient-Reported Experience Measures (PREMs) and the Commissioning team will work with Quality and Value Based Healthcare colleagues to analyse the results.

Mr Ayres advised that a Regional Commissioning Group (RCG) has been established with SBUHB to provide support via collaborative and regional solutions to ensure that the multitude of challenges can be addressed collectively. The agreed priority areas include Oral Maxillofacial Surgery and Orthopaedics/Spinal Surgery.

In relation to Planned Care, Mr Ayres informed Members that the Planned Care Business Partners are working in conjunction with the Commissioning team to support the Planned Care Directorate around outsourcing to the independent sector, which is funded through WG Recovery monies.

Mr Ayres advised that, following unsubstantiated patient safety concerns regarding the service provided by Community Health and Eye Care (CHEC) at its premises in Bridgend, HDdUHB carried out an unannounced quality visit at the end of 2021. Whilst the visiting team identified areas for improvement, there were no significant patient safety concerns identified and therefore no requirement to immediately suspend the service. The team has consequently pulled together their findings in a report, which contains a number of recommendations. The report has been shared with CHEC, who responded with a quality report action plan, which is currently being reviewed by HDdUHB quality colleagues. Mr Ayres informed Members that, as a result of 3 recent patient complications that are

	<p>currently under investigation, it has therefore been agreed to temporarily suspend the service until further notice.</p> <p>Mr Newman queried how long the investigation into CHEC will take to reach a decision to resume the service or not. Mr Ayres responded that the investigation is due to conclude by 5<sup>th</sup> May 2022.</p>	
	<p>The Committee <b>NOTED</b> the content and <b>RECEIVED ASSURANCE</b> from the mitigating actions detailed in the Healthcare Contracting, Commissioning and Outsourcing Update report.</p>	

<b>SRC(22)43</b>	<b>INTEGRATED PERFORMANCE ASSURANCE REPORT (IPAR)</b>	
	<i>Item deferred due to data and narrative for the month 12 IPAR not available</i>	

<b>SRC(22)44</b>	<b>NHS WALES SHARED SERVICES PARTNERSHIP (NWSSP) PERFORMANCE REPORT Q3 2021/22</b>	
	<i>Item deferred to June 2022 meeting</i>	

<b>SRC(22)45</b>	<b>ASSURANCE ON PLANNING OBJECTIVES ALIGNED TO SRC</b>	
	<i>Item deferred to June 2022 meeting</i>	

<b>SRC(22)46</b>	<b>FINANCIAL PLANNING, MONITORING AND REPORTING FINAL INTERNAL AUDIT REPORT</b>	
	<p>Members received the Financial Planning, Monitoring and Reporting Final Internal Audit Report.</p> <p>Mr Thomas noted that the report was positive and provides a level of reasonable assurance relating to the effective processes surrounding the management, co-ordination, monitoring and reporting of budgets.</p> <p>Regarding the recommendation for the Health Board to ensure that all budget holders sign the Accountability Agreement letters, Mr Thomas assured Members that the letter for 2022/23 will be distributed shortly, and again once the TOP has been approved.</p> <p>Regarding the recommendation for budget holders to be reminded of their responsibility to monitor and manage their budgets, and for Health Board management to consider monitoring budget holder use of the BI Dashboards and QlikView systems, Mr Thomas informed Members that although dashboards and tools are available, their use has been sporadic.</p>	

	<p>With regard to budget holder sign off of budgets, Mr Weir enquired whether this is monitored via a register. Mr Thomas assured Members that, once the TOP has been issued, assurance will be required through the submission of a standard report to the Audit and Risk Assurance Committee (ARAC) to monitor compliance.</p>	
	<p>The Committee <b>NOTED</b> the content of the Financial Planning, Monitoring and Reporting Final Internal Audit Report and <b>RECEIVED ASSURANCE</b> of the effective processes surrounding the management, co-ordination, monitoring and reporting of budgets.</p>	

<p><b>SRC(22)47</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 1<sup>st</sup> April 2022. Mr Tracey highlighted the following key points:</p> <ul style="list-style-type: none"> <li>• Clinical coding activity continued to improve for December 2021 and surpassed the 95% target with 95.6%. The Sub-Committee approved the approach for the Clinical Coding team to continue with current month on month processes to strive for 95% compliance for each calendar month and not to concentrate on the backlog for 2021/22 during April and May 2022/23, to enable the team to maintain momentum and progress to date.</li> <li>• Information Governance Toolkit - The Sub-Committee received an update on the submission of the Information Governance Toolkit, which was based upon the information received from specific departments in the last quarter of 2021/22 (including a snapshot of the department's documents and processes, the training undertaken by specific individuals, guidance for staff, documents used to inform patients/clients of the Health Board's processes, and patients/clients' rights in respect of the Health Board's processes). Mr Tracey informed Members that the final toolkit will be approved via Chair's Action prior to the final submission in April 2022.</li> <li>• For the Committee to note the Sub-Committee's concern regarding the wider strategic issue of the storage of records and boxes within external storage companies.</li> </ul> <p>Mr Weir noted the reduction in the number of occurrences where a notification to the Information Commissioner's Office (ICO) had been required.</p> <p>With regard to the outsourcing of scanning patient records, Mr Thomas welcomed Member's thoughts regarding reverting back to the Health Board's previous practice or accelerating the outsourcing of scanning. Mr Davies noted that this would be dependent upon the effectiveness of external scanners, in terms of the ability for the metadata to be correctly assigned. Mr Thomas undertook to invite the Deputy Director of Operations to attend the June 2022 Committee meeting to provide assurance to the Committee in regard to the outsourcing of scanning.</p> <p>The Committee approved the Corporate Records Management Policy.</p>	<p><b>HT/SB</b></p>
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	The Committee <b>NOTED</b> the content of the Information Governance Sub-Committee Update Report and <b>APPROVED</b> the Corporate Records Management Policy.	
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<b>SRC(22)48</b>	<b>CONSULTANCY REVIEW</b>	
	Members received the Consultancy Review report, providing a summary of the consultancy contracts incurred during 2021/22. Mr Thomas assured Members that a benefits realisation assessment of the contracts will be presented to the Committee in six month's time.	<b>HT</b>
	Mr Newman noted the absence of the contract with Deloitte, which Mr Tracey undertook to include for future reporting.	<b>AT</b>
	Mr Weir suggested that it would also be useful to include an additional column to identify whether a consultancy is attached to a specific project or to business as usual. Mr Thomas responded that this would be included as part of the benefits realisation assessment. Mr Thomas undertook to also include a clear definition of what constitutes consultancy within future reporting.	<b>HT</b>
	The Committee <b>NOTED</b> the content of the Consultancy Review report and <b>RECEIVED ASSURANCE</b> regarding the monitoring of consultancy usage and spend in HDdUHB.	

<b>SRC(22)49</b>	<b>FINANCIAL PROCEDURES: CHARGING STRUCTURE FOR PRIVATE PATIENTS</b>	
	<i>Item deferred to June 2022 Committee meeting</i>	

<b>SRC(22)50</b>	<b>NOTES FROM FINANCE TOUCHPOINT MEETING HELD ON 22<sup>nd</sup> MARCH 2022</b>	
	Members received the notes from the Finance Touchpoint meeting held on 22 <sup>nd</sup> March 2022	
	The Committee <b>NOTED</b> the content of the notes from the Finance Touchpoint Meeting held on 22 <sup>nd</sup> March 2022.	

<b>SRC(22)51</b>	<b>UPDATE FROM AGILE DIGITAL BUSINESS GROUP</b>	
	Members received the Update from the Agile Digital Business Group (ADBG) from the meeting held on 1 <sup>st</sup> April 2022.	

	The Committee <b>NOTED</b> the content of the Update from the Agile Digital Business Group report.	
<b>SRC(22)52</b>	<b>UPDATE ON ALL-WALES CAPITAL PROGRAMME – 2021/22 CAPITAL RESOURCE LIMIT AND CAPITAL FINANCIAL MANAGEMENT</b>	
	The Committee received the Update on All-Wales Capital Programme – 2021/22 Capital Resource Limit and Capital Financial Management report, providing details of the Health Board’s Capital Expenditure Plan and Expenditure Profile Forecast for 2021/22, the CRL for 2021/22 and an update regarding capital projects and financial risks.  Members welcomed the inclusion of data in the report relating to the revenue implications of new capital allocations.	
	The Committee <b>NOTED</b> the content of the Update on All-Wales Capital Programme – 2021/22 Capital Resource Limit and Capital Financial Management report.	
<b>SRC(22)53</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 1 <sup>st</sup> December 2021 and 31 <sup>st</sup> March 2022 have been implemented/adopted by HDdUHB, or are 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 1 <sup>st</sup> December 2021 and 31 <sup>st</sup> March 2022 have been implemented/adopted by HDdUHB or are in the process of being implemented.	
<b>SRC(22)54</b>	<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 requested inclusion of the Regional Integrated Fund (RIF) plans into the Committee Work Programme for inclusion on the agenda for the June 2022 Committee meeting.	<b>SB</b>
	The Committee <b>NOTED</b> the content of the Sustainable Resources Committee Work Programme 2022/23.	
<b>SRC(22)55</b>	<b>MATTERS FOR ESCALATION TO BOARD</b>	

	<p>Mr Weir and Mr Thomas highlighted the key topics discussed during the meeting for inclusion in the Sustainable Resources Committee Update Report to the next Public Board meeting:</p> <ul style="list-style-type: none"> <li>• The position and handling strategy of the Integrated Medium Term Plan and the outturn for 2021/22.</li> <li>• Discussion of the Target Operating Model and sensitivity of the time and pace of delivery.</li> <li>• Submission of the Accountable Officer letter to Welsh Government.</li> <li>• Assurance received by the Committee from the Corporate Risk report 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.</li> <li>• Assurance received by the Committee regarding Cyber Security and Resilience.</li> </ul>	
	<p>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.</p>	

<b>SRC(22)56</b>	<b>ANY OTHER BUSINESS</b>	
	No other business was raised.	
<b>SRC(22)57</b>	<b>DATE OF NEXT MEETING</b>	
	28 <sup>th</sup> June 2022, 9.30am-12.30pm	