

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

<b>Date and Time of Meeting:</b>	21 <sup>st</sup> December 2021, 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 Cllr. Gareth John, Independent Member (VC)
<b>In Attendance:</b>	Mr Huw Thomas, Director of Finance (VC) Professor Philip Kloer, Medical Director and Deputy Chief Executive (VC) (part) Dr Leighton Phillips, Director for Research, Innovation and University Partnerships (VC) (part) Mr Michael Hearty, Strategic Adviser (VC) Ms Alison Gittins, Head of Corporate and Partnership Governance attending on behalf of Mrs Joanne Wilson, Board Secretary (VC) Mr Simon Mansfield, Head of Value Based Health Care (VC) (part) Mr Anthony Tracey, Digital Director (VC) (part) Mr Andrew Spratt, Assistant Director of Finance (VC) Mrs Sarah Bevan, Committee Services Officer (Secretariat)

AGENDA ITEM	ITEM	
<b>SRC(21)58</b>	<b>INTRODUCTIONS AND APOLOGIES FOR ABSENCE</b>	<b>Action</b>
	<p>The Chair, Mr Winston Weir, welcomed all to the meeting.</p> <p>Apologies for absence were received from:</p> <ul style="list-style-type: none"> <li>• Mr Steve Moore, Chief Executive</li> <li>• Mr Andrew Carruthers, Director of Operations</li> <li>• Ms Jill Paterson, Director of Primary Care, Community and Long Term Care</li> <li>• Mr Lee Davies, Director of Strategic Development and Operational Planning</li> <li>• Mrs Lisa Gostling, Director of Workforce and Organisational Development</li> <li>• Mrs Joanne Wilson, Board Secretary</li> <li>• Mr Shaun Ayres, Assistant Director of Commissioning</li> </ul>	

<b>SRC(21)59</b>	<b>DECLARATIONS OF INTERESTS</b>	
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	There were no declarations of interest.	
<b>SRC(21)60</b>	<b>MINUTES OF PREVIOUS MEETING HELD ON 28<sup>th</sup> OCTOBER 2021</b>  The minutes of the Sustainable Resources Committee meeting held on 28 <sup>th</sup> October 2021 were reviewed and approved as an accurate record.  <b>RESOLVED</b> – that the minutes of the Sustainable Resources Committee meeting held on 28 <sup>th</sup> October 2021 be <b>APPROVED</b> as an accurate record.	
<b>SRC(21)61</b>	<b>MATTERS ARISING AND TABLE OF ACTIONS FROM THE MEETING HELD ON 28<sup>th</sup> OCTOBER 2021</b>  The Table of Actions from the meeting held on 28 <sup>th</sup> October 2021 was reviewed, and confirmation received that all outstanding actions had been completed, were being progressed, or were forward-planned for a future Committee meeting.  <b>Matters Arising: SRC(21)44 Balance Sheet Analysis:</b> In relation to the action to provide Mr Paul Newman with details behind the high value cases of medical negligence claims, Mr Newman confirmed that having received a breakdown, over £100m worth of claims were related to Obstetrics and a further £20m related to Midwifery. Mr Newman suggested that this level of claims is unsustainable and that there must be a way of avoiding these claims arising. Mr Newman acknowledged the personal impact of these claims and informed Members that this concern had recently been raised at the Quality, Safety and Experience Committee (QSEC) with the outcome that a thematic review would be undertaken.  Mr Huw Thomas responded that the Health Board is liable for claims up to £25,000, with the remainder picked up by Welsh Risk Pool. However, the national fund for this is currently oversubscribed, based on the baseline figures from several years ago, resulting in a revoking of the risk share arrangement. Mr Andrew Spratt informed Members that the cost for 2021/22 is £1.5m and would continue to be an issue for 2022/23. Mr Newman highlighted that this cost relates to previous cases and that any investment into this area should consider the cost of new claims emerging. Mr Newman suggested that this could be discussed at a Board Seminar session to develop a strategic rather than a Committee response.  Mr Weir agreed with Mr Newman's suggestion, with the proviso that QSEC's thematic review is undertaken in the first instance. Mr Weir also acknowledged consideration of the emergence of any COVID-19 related claims. Mr Weir undertook to raise this issue at the forthcoming Joint Chairs meeting to ensure connectivity with other assurance Committees.	<b>WW</b>

<p><b>SRC(21)62</b></p>	<p><b>FINANCE REPORT AND FINANCIAL FORECAST MONTH 8, 2021/22</b></p> <p>The Committee received the Finance Report and Financial Forecast Month 8 (M8) 2021/22 report, outlining the Health Board's financial position to the end of the financial year 2021/22 against the Draft Interim Annual Plan, and providing an analysis of key drivers of the in-month position.</p> <p>Mr Thomas informed Members that Health Boards are required to formally notify the Chief Executive of NHS Wales of requests for repayable Strategic Cash assistance by 16<sup>th</sup> December 2021. HDdUHB is requesting strategic cash assistance for 2021/22 of £16m, which represents the current forecast deficit of £25m, reduced by £9m due to management of year end creditors.</p> <p>Mr Thomas further informed Members that Health Boards are anticipating a national programme to support costs associated with annual leave accruals. Mr Thomas added that that there will be a challenge to deliver the savings position, particularly the non-recurrent element of savings, in 2022/23 and advised that there would be a continued reliance on agency staff.</p> <p>Mr Spratt provided an overview of the forecast position at M8, including:</p> <ul style="list-style-type: none"> <li>• Following guidance from Welsh Government (WG) to recognise £32.4m of non-recurrent funding, the deficit for the year has been reduced from £57.4m to £25m.</li> <li>• Before recognising the COVID-19 WG funding in-month, the M8 variance to breakeven is £5.3m.</li> <li>• The additional costs incurred in M8 due to the impact of the COVID-19 pandemic is £4.9m (M7, £4.0m). The primary reason for the increase in COVID-19 expenditure from M7 is due to the acceleration in the delivery of the Health Board's Elective Recovery plans (£0.5m) and a step in Local Authority expenditure in respect of the Tracing programme (£0.2m).</li> <li>• The M8 Health Board financial position is an underspend of £0.1m against a deficit plan of £2.1m, after utilising £5.4m of WG funding for COVID-19, having offset £0.2m of cost reductions recognised due to reduced operational activity levels.</li> </ul> <p>Mr Spratt informed Members that the risk against delivery of financial balance is low, recognising that the Health Board has limited the risk of any significant increase in workforce expenditure given the restricted supply. Savings are also identified as low risk as savings this year have been achieved, largely on a non-recurrent basis.</p> <p>With regard to capital, Mr Spratt informed Members that the Capital Resource Limit (CRL) has now been fixed and is the responsibility of the Health Board to manage any over or under spend against this resource limit. Mr Spratt further informed Members that there are risks associated with issues in the supply chain, in particular for the supply of steel, glass, electrical components and medical and digital devices, which may impact upon the ability to fully utilise the CRL by the end of the financial year. There is a further risk in respect of the Demountable</p>	
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Theatre scheme, given the considerable timing risk and its significant value, both of which are being closely managed.

Mr Spratt advised Members of the assurance received from directorates regarding their financial projections, and as a result the Health Board is still on track to meet the planned £25m deficit. Mr Spratt confirmed that there is currently no cause for concern.

With regard to revenue, Mr Spratt advised there is no change to the year to date position and there is continued underspend in Mental Health and Learning Disabilities (MHL), and an overspend due to increased expenditure as part of the COVID-19 response, which has been offset by the non-recurrent funding received from WG.

Mr Michael Hearty observed that whilst the report provides assurance on the current position, this does not necessarily provide assurance for the longer term position. Mr Thomas responded that the nature of the report is to provide the Committee with assurance up to the end of March 2022. Mr Thomas suggested it would be useful for the Director of Operations and Director of Strategic Development and Operational Planning to attend the February 2022 Committee meeting to outline their process for providing assurance to the Committee that plans to deliver the medium term position are in place and that the Integrated Medium Term Plan (IMTP) is developing in alignment with the Health Board's long term plan. Mr Spratt drew Members' attention to the monitoring return, submitted on a monthly basis to WG, highlighting that the Health Board has an underlying deficit of 68.9m.

HT/LD/AC

Cllr. Gareth John queried the reasons for the continued underspend within MHL, to which Mr Spratt responded is as a result of challenges in recruiting Adult MH psychologists and consultants. Mr Spratt assured Members that the Health Board's recruitment team is actively looking to recruit staff into this area.

Mr Maynard Davies suggested that, should the Omicron variant of COVID-19 significantly affect staff absences, there will be an impact on the ability to deliver services and enquired whether there is any potential finance modelling for this. Mr Thomas responded that the impact on finance is not anticipated to be significant due to the current use of agency staff being maximised; consequently, staff absences would lead to low fill rates.

Mr Weir enquired whether the non-recurrent nature of the £32.4m funding allocation would pose a problem should further funds be required, to which Mr Spratt assured Members that this has been factored into the £68.9m underlying deficit figure.

In terms of the year to date figures, Mr Weir enquired whether the Health Board is able to spend the money at the anticipated rate, in light of the fact that winter pressures have not yet fully transpired and the Recovery waiting list has not yet reached its forecast target. Mr Spratt responded that all winter funding allocations and elective funding allocations have been factored into in month forecasts for the remainder

	<p>of the year. Mr Spratt confirmed that the all-Wales Pay Incentive scheme has been fully incorporated into the month on month profile for the end of year financial position. In terms of non-pay expenditure, Mr Spratt informed Members that the increase reflects the reinstatement of Elective services and the escalated Recovery activity delivered through outsourcing and strategic investments.</p> <p>In relation to the COVID-19 expenditure profile, Mr Spratt expressed confidence that the in year funding allocation is likely to remain the same and that WG funding has been profiled within the financial position to offset expenditure in full. When queried about the possibility of a further significant COVID-19 surge, Mr Spratt informed Members that work continues with operational and clinical teams regarding the impact of the pandemic on hospital admissions. In relation to Field Hospitals, Mr Spratt informed Members that Field Hospitals are in hibernation mode with no current plans to reopen these and there is a concerted effort to enable patients to return to their homes in the first instance.</p> <p>Mr Thomas informed Members that the target to reach the £25m deficit is not unobtainable due to the fact that the system is operating at full capacity and therefore the associated ability to spend is limited.</p> <p>In conclusion, Mr Weir thanked Mr Spratt for the assurance provided in achieving the £25m deficit by year end.</p>	
	<p>The Committee <b>NOTED</b> and <b>DISCUSSED</b> the M8 2021/22 financial position and end-of-year forecast.</p>	

<b>SRC(21)63</b>	<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 Thomas informed Members of the key messages, including:</p> <ul style="list-style-type: none"> <li>• Referral to Treatment Times (RTT) pressures in Oral Surgery. Mr Thomas assured Members that Swansea Bay University Health Board (SBUHB) has advised that part of the plan is to outsource some of this work to Parkway Clinic in Swansea on a facility only basis and that a regional scoping meeting is planned for December 2021, which will include A Regional Collaboration for Health (ARCH) and clinical colleagues.</li> <li>• RTT pressures in Trauma and Orthopaedics/Spinal Surgery. Mr Thomas assured Members that the option of redirecting the Spinal commissioned pathway away from Swansea to Werndale Hospital on a temporary basis is being explored.</li> </ul>	

	<ul style="list-style-type: none"> <li>• Significant increase in Neurology referrals. Mr Thomas assured Members that further work with SBUHB is being undertaken to understand the position and to track a number of patient pathways. Once the commissioning team identify the referring party or parties, a deep dive into why referrals have increased so substantially will commence.</li> <li>• HDdUHB continues to actively engage and understand the pressures on Cancer Services at Singleton Hospital to ensure that a full understanding of the challenges by tumour site can be collectively addressed. Mr Thomas assured Members that the position will be closely monitored in conjunction with SBUHB, with any significant changes and/or change to the proposed trajectory of the recovery plan to be prioritised and addressed urgently.</li> <li>• The majority of Hywel Dda University Health Board (HDdUHB) patients waiting for a new outpatient appointment at Cardiff and Vale University Health Board (CVUHB) are waiting for Clinical Immunology and Allergy, which has been increasing month on month. Mr Thomas informed Members that an alternative commissioned pathway proposal is being looked in to for Clinical Immunology and Allergy and that a working group has been established to identify pathway opportunities. Mr Thomas assured Members that, in the interim, the Health Board's Commissioning team is liaising with NHS providers in England to determine capacity to support the Health Board on a short-term basis.</li> <li>• The Year to Date (YTD) financial delivery is £1,066m relating to outsourced activity, with the majority of expenditure attributed to Ophthalmology Services under HDdUHB's previous contract with Werndale Hospital. Mr Thomas assured Members that daily meetings are being held between HDdUHB and the independent sector providers to understand the position and to increase the level of patient activity over the coming weeks and months.</li> </ul> <p>Mr Thomas informed Members that the availability of capacity has become extremely challenging, predominately due to limited overall Independent Sector capacity. This limited supply is being met with unprecedented demand from other Health Boards, Clinical Commissioning Groups (CCGs) and NHS Trusts. Consequently, a governance process has been developed which was ratified by the Board at its meeting on 25<sup>th</sup> November 2021.</p>	
	The Committee <b>NOTED</b> the content and mitigating actions detailed in the Healthcare Contracting, Commissioning and Outsourcing Update report.	

<b>SRC(21)64</b>	<b>CORPORATE RISK REPORT</b>	
	<p>Members received the Corporate Risk Report, highlighting the following four risks assigned to the Committee:</p> <ul style="list-style-type: none"> <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></li> <li>• 1297 <i>Risk that the Health Board's underlying deficit will increase to level not addressed by additional medium term funding.</i></li> <li>• 1307 <i>Risk to achieving the Capital Resource Limit 2021/22.</i></li> </ul>	



	<ul style="list-style-type: none"> <li>• 451 <i>Cyber Security Breach</i>: No change in current risk score.</li> </ul> <p>Members also noted the replacement of Risk 1163, <i>Risk to the delivery of the Health Board's draft interim Financial Plan for 2021/22 of a £25.0m deficit</i>, by Risks 1296 and 1297 as detailed above.</p> <p>In relation to Risk 1307, Mr Davies enquired whether any unspent capital could be carried over to the following year, to which Mr Thomas responded that this is not the case. Mr Thomas advised Members that any inability to spend the CRL could pose a reputational risk for the Health Board.</p> <p>Mr Hearty queried whether it would be possible to explore the rephrasing of corporate risks aligned to the Committee to place reliance on those Executive Directors responsible for delivery against their plans. Mr Thomas agreed that further clarity within the risk narrative regarding what is classed as a planning risk and what is classed as a delivery risk would be beneficial.</p>	
	The Committee <b>NOTED</b> and <b>DISCUSSED</b> content of the Corporate Risk Report.	

<b>SRC(21)65</b>	<b>OPERATIONAL RISK REPORT</b>	
	<p>Members received the Operational Risk Report, providing detail on the 10 risks scored against the Finance impact domain. Mr Thomas drew Members' attention to the changes made to the risk scores which were supported by the Committee.</p> <p>Mr Weir acknowledged that the report provides assurance in terms of good governance and transparency of where the risks lie by site, directorate, and county area and assured Members that the Audit and Risk Assurance Committee (ARAC) is sighted on all risks to ensure the effective triangulation of all risk areas.</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.	

<b>SRC(21)66</b>	<b>ASSURANCE ON PLANNING OBJECTIVES ALIGNED TO SRC</b>	
	<p>Members received the Assurance on Planning Objectives Aligned to SRC report, providing an update on progress against the 10 Planning Objectives aligned to the Committee.</p> <p>Mr Leighton Philips provided Members with an update on the 3 Planning Objectives that reflect the advancement of Value Based Health Care (VBHC) under the responsibility of the Medical Director, which include the following:</p>	

	<ul style="list-style-type: none"> <li>• <b>6D:</b> Develop the capability for the routine capture of Patient Reported Outcome Measures (PROMs) and implement in all clinical services within 3 years. Establish the required digital technology and clinical leadership and engagement to facilitate pathway redesign based on these insights and put in place impact measurement processes to evaluate changes at a pathway level.</li> <li>• <b>6E:</b> Design and implement a VBHC education programme to be implemented with academic institutions for managers and clinicians, which could also be offered to partners.</li> <li>• <b>6F:</b> Implement a VBHC pathway costing programme for all clinical services that is capable of being completed within 3 years, and prioritised based on the likelihood of generating change.</li> </ul> <p>Dr Phillips informed Members that the objectives focus on the alignment of resources to what really matters to the patient and assured Members of the progress made against their delivery.</p> <p><i>Mr Anthony Tracey joined the Committee meeting</i></p>	
	<p>The Committee <b>RECEIVED ASSURANCE</b> on the current position in regard to the progress of the Planning Objectives aligned to the Sustainable Resources Committee.</p>	

<b>SRC(21)67</b>	<b>VALUE BASED HEALTHCARE UPDATE</b>	
	<p>Members received the Value Based Healthcare (VBHC) Update report and presentation, outlining the Health Board's implementation of a VBHC programme and implementation of the tools and support to capture PROMs and Patient Reported Experience Measures (PREMs).</p> <p>Mr Simon Mansfield informed Members that the Health Board has adopted a 3 pronged approach to VBHC, which incorporates the education of staff, service transformation, and research and innovation.</p> <p>With regard to education, Mr Mansfield informed Members that the Health Board held two successful and unique case-based education programmes in partnership with Swansea University, representing the first VBHC courses undertaken by a health board. The education programme provided 100 staff with the knowledge and skills to understand the theory and practical application of VBHC. Mr Mansfield advised that an additional course will be held in Spring 2022 in partnership with Powys Teaching Health Board and Betsi Cadwaladr University Health Board (BCUHB) with a focus on diabetes care within a rural setting.</p> <p>Mr Mansfield further informed Members of the digital challenges regarding the investigation and collection of PROM and PREM data, recognising that the visualisation and analysis of the data is important to generate the insights to support the service review process. Mr Mansfield confirmed that the collection of PROMs is live in 11 areas of the Health Board and that the</p>	



VBHC team is working closely with operational and clinical teams to facilitate upcoming collections for major clinical areas/conditions.

With regard to research and innovation, Mr Mansfield informed Members of collaborations with Bangor and Aberystwyth Universities, in addition to the formation of the TriTech Institute.

Mr Mansfield drew Members' attention to the appended document, *Our Approach to Value Based Health Care*, which sets out the Health Board's plan for the next 3 years. Mr Mansfield informed Members of the challenges to the delivery of the plan, which include the effectiveness of digital platforms and data flow, the analytical capability of the data, challenging existing ways of thinking about innovative service remodelling, and workforce constraints in terms of appointing staff and the realignment of resources. Mr Mansfield further informed Members that the development of a national specification for PROM and PREM capture to feed into national data depositories is anticipated.

*Professor Philip Kloer joined the Committee meeting*

Mr Thomas added that VBHC binds all of the Health Board's strategic objectives and that further discussion regarding social value, which aligns with VBHC, will take place in the workshop session to follow on immediately from the Committee meeting.

Mr Thomas highlighted the regional work being undertaken on VBHC in rural Wales, most notably the collaboration with Aberystwyth University to establish an Institute of Rural Health Care Economics. Mr Thomas confirmed that the Health Board will receive £1.9m recurrent funding from WG, which could accelerate the work being undertaken.

Professor Kloer informed Members that resource mapping across pathways represents new territory which may require additional resources to accelerate the data visualisation and analysis.

Mr Newman enquired whether the work undertaken would be reflected in the submissions for the IMTP this year. Mr Mansfield responded that VBHC figures largely throughout every submission, which has been made possible through the programmes approach to education and changing mindsets.

Cllr. John queried where VBHC will have the greatest and most immediate impact and when real evidence of change can be expected. Mr Thomas responded that the Health Board's road map to financial balance is based on the principles of VBHC and advised that WG has recently appointed two Healthcare Economists who have been asked to work with the Health Board to assist with aligning the outcomes from PROMs with the allocation of costs.

Mr Mansfield informed Members that following clinical and operational engagement, the area of focus will be within Secondary Care, notably Heart Failure, Frailty, Chronic Obstructive Pulmonary Disease (COPD), and Diabetes.

	<p>Mr Davies suggested that there could be opportunities to work with partnered Universities on the development of a PhD or MSc in Data Visualisation.</p> <p>Mr Weir enquired whether the programme would enable the Health Board to close the gap within the deficit. Prof. Kloer responded that closing the deficit through routine PROMs capture may be challenging, however using the principles of VBHC throughout the financial plan will be the route to closing the deficit. Mr Thomas added that the programme would provide assurance on how resources are spent to deliver outcomes that matter to patients and reiterated the importance of cultural change and changing mindsets in order to put patient outcomes and goals at the fore.</p> <p>Prof. Kloer informed Members that engagement with clinicians has been impressive with education programmes well attended by multi-professional clinicians and managers.</p> <p>Mr Weir conveyed thanks to Dr Phillips, Mr Mansfield and Prof. Kloer for the engaging and interesting presentation.</p> <p><i>Mr Simon Mansfield, Dr Leighton Phillips and Professor Phillip Kloer left the Committee meeting</i></p>	
	<p>The Committee <b>NOTED</b> and <b>DISCUSSED</b> the progress made and the plans outlined in the Value Based Healthcare Update report, the accompanying presentation, and the VBHC Strategy and Approach document.</p>	

<b>SRC(21)68</b>	<b>FINANCIAL PLAN DEVELOPMENT UPDATE</b>	
	<p>Members received the Financial Plan Development Update report and presentation, outlining the Health Board's IMTP that is under construction, covering the three-year period 2022/25.</p> <p>Mr Thomas informed Members that a further presentation has been prepared to present to Executive Team on 22<sup>nd</sup> December 2021 and therefore requested a level of confidence from Members on the content at this stage. Members noted that the presentation reflected the financial overview of Year 1 of the IMTP, 2022/23, with a position of a £68.9m deficit.</p> <p>Mr Thomas informed Members of the funding challenge in terms of the funding on Recovery (21.7m) which represents Recovery <i>and</i> COVID-19, which is anticipated to be non-recurrent, taking the deficit to £88m; £4m of recurrent savings have been identified going into the following year. Mr Thomas advised Members that the allocation from WG had not been as much as anticipated.</p> <p>Mr Thomas further informed Members that the COVID-19 allocation does not include Mass Vaccination Centres, Personal Protective Equipment (PPE) and the Test and Trace Programme (TTP), all of which are funded separately by WG.</p> <p>Mr Thomas advised Members that the Health Board is heading towards a very challenging year. Mr Weir acknowledged that further WG funding would</p>	

	<p>be required, however the Health Board's savings ambition could be challenged.</p> <p>Mr Newman suggested that it would be beneficial to see the savings plan for the following year, particularly in relation to recurrent savings. Mr Thomas responded that savings had not been included at this stage as conversations need to be held with Executive Directors in the first instance.</p> <p>Mr Davies enquired about the impact of not being able to invest in the following year. Mr Thomas responded that whilst looking at shifting resources initially, a focus on the long term sustainability of services in addition to the short term delivery is required. Mr Thomas assured Members that work is ongoing to develop a sustainable option.</p> <p>Mrs Delyth Raynsford acknowledged the importance of ensuring that work continues on a regional partnership basis, i.e. Regional Partnership Board (RPB), with which Mr Weir agreed and highlighted the need to ensure equity between counties and services.</p> <p>Mr Hearty commented that a realistic IMTP would be preferable to non-delivery, and the requirement to retain a sense of what is the art of the possible for the Health Board. Mr Weir appreciated the transparency of the presentation provided to the Committee.</p> <p>Mr Thomas informed Members of the development of 5 tests for the Health Board for the submission of the IMTP, which would provide the basis for confirmation to WG by the 15<sup>th</sup> January 2022 deadline. Mr Thomas added that if the Health Board is able to pass these tests, he would be in a position to support the IMTP that is submitted to Board. Mr Weir added that he would also like ongoing assurance on how demand is managed and how the Health Board is responding to growing waiting lists.</p> <p>Mr Hearty suggested that Independent Members consider any questions that they would wish to pose to Executive Directors to seek assurance prior to submission of the IMTP in January 2022. Independent Members undertook to provide any questions to Mr Thomas for discussion at the Finance Touchpoint meeting in January 2022.</p> <p>Mr Thomas undertook to provide further detail on the IMTP 2022-25 to the Committee at its meeting on 23<sup>rd</sup> February 2022.</p>	<p><b>IMs</b></p> <p><b>HT</b></p>
	The Committee <b>NOTED</b> the current progress being made on the Health Board's Integrated Medium Term Plan (IMTP) 2022-25.	

<b>SRC(21)69</b>	<b>PROGRAMME BUSINESS CASE COSTINGS</b>	
	Mr Weir noted that this item had been covered as part of discussions held under item <b>SRC(21)68 FINANCIAL PLAN DEVELOPMENT UPDATE</b> .	

SRC(21)70	<p><b>INTEGRATED PERFORMANCE ASSURANCE REPORT (IPAR)</b></p> <p>Members received the Integrated Performance Assurance Report (IPAR), detailing all measures relating to the <i>Safe, Sustainable, Accessible and Kind Care</i> strategic objective. For the SRC, these include measures relating to Finance, Individual Patient Funding Requests and Continuing Health Care.</p> <p>Mr Thomas advised Members that the two metrics within the IPAR relating to agency spend and variable pay had been covered as part of discussions held under item <b>SRC(21)62 FINANCE REPORT AND FINANCIAL FORECAST MONTH 8 (M8) 2021/22</b>.</p>	
	<p>The Committee <b>CONSIDERED</b> the measures from the Integrated Performance Assurance Report.</p>	

SRC(21)71	<p><b>NHS WALES SHARED SERVICES PARTNERSHIP (NWSSP) PERFORMANCE REPORT Q2 2021/22</b></p> <p>Members received the NWSSP Performance Report for Quarter 2, 2021/22 with no comments made.</p> <p>The Committee <b>RECEIVED ASSURANCE</b> from the content of the NWSSP Performance Report for Quarter 2 2021/22.</p>	
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SRC(21)72	<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 3<sup>rd</sup> December 2021. Mr Anthony Tracey highlighted the following key points:</p> <ul style="list-style-type: none"> <li>• Clinical Coding performance has exceeded the 95% WG target requirement and, as at 21<sup>st</sup> December 2021, stands at 96.7%. Mr Tracey informed Members that meeting this target had not previously been achieved for the past 3 years.</li> <li>• Corporate and Records Management Storage Assurance – a review is currently being undertaken with external providers which has identified issues including policies not being implemented. Mr Tracey assured Members that this will continue to be reported to Committee via the IGSC Update Report. Mr Davies acknowledged the significant improvement made in terms of storage, which is key to cyber security, and had been reported to ARAC at its meeting on 14<sup>th</sup> December 2021.</li> <li>• Cyber Security and Network and Information Systems (NIS) Directive - Mr Tracey informed Members that a group of the Sub-Committee will be established to address the recommendations following the Network and Information Systems Regulation Cyber Assessment Framework. Additional funding has been received from WG and internally for external resource to support this work. A new risk has been created to encompass Cyber Security and will be presented to the Committee once developed. Mr Tracey also took</li> </ul>	AT
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	<p>the opportunity to assure Members that the Health Board is secure against the recent cyber-attack on the NHS.</p> <p>With regard to Information Governance, Mr Weir enquired about MHL D's compliance with the Information Governance Toolkit, in light of limited confidence received at ARAC on 14<sup>th</sup> December 2021 regarding implementation of the Patient Administration System (PAS). Mr Tracey responded that implementation of the PAS only affects clinic appointment and outcome data rather than the security of patient data. Mr Tracey informed Members that the issue relates to the entry of basic demographic data and outpatient data into the PAS.</p> <p>Mr Weir enquired about possible cultural challenges regarding the use of the system, to which Mr Tracey assured Members that work is ongoing to assist with any resistance to change and commended MHL D on their engagement, adding that they had been the first directorate within the Health Board to submit their Information Asset Register.</p> <p>Members were in agreement to ratify the Freedom of Information and Environmental Information Regulation Policy approved by the Sub-Committee.</p>	
	<p>The Committee <b>NOTED</b> the content of the Information Governance Sub-Committee Update Report and <b>RATIFIED</b> the Freedom of Information and Environmental Information Regulation Policy approved by the Sub-Committee.</p>	

<b>SRC(21)73</b>	<b>UPDATE FROM AGILE DIGITAL BUSINESS GROUP</b>	
	<p>Members received a verbal update from the Agile Digital Business Group meeting held on 20<sup>th</sup> December 2021, including the following:</p> <ul style="list-style-type: none"> <li>• The extended roll out of the Welsh Community Care Information Solution (WCCIS) to all counties was considered by the Group and further work will be undertaken in light of a national ongoing review to assess WCCIS's fitness for purpose. Mr Tracey informed Members that alternative options are being explored, including seeking a new supplier, or the preferred option of adopting a homogenised approach which would involve extracting data from the Local Authority system and matching against data from the Health Board system. Mr Tracey assured Members that the move to an electronic system would be ongoing with any further developments reported to the Committee.</li> <li>• The development of a data repository to amalgamate social care data, primary care data, WAST information, and NHS information for a Frailty identification insight solution to drive forward innovation through intelligence was discussed by the Group. There are also plans to develop a dashboard for connected intelligence. In terms of social profiling, Mr Tracey informed Members that the Group will be seeking support from the Health Board's Ethics Panel on how best to progress.</li> </ul>	

	<ul style="list-style-type: none"> <li>The Group discussed the use of ORCHA, a company that provides safe, accredited, compliant, and trusted digital health libraries for health and care professionals to accurately prescribe to patients. Mr Tracey assured Members that this work will provide reassurance on the health applications that are available for patients to use, with the aim of developing a Hywel Dda Health Applications Library in conjunction with clinical teams.</li> </ul>	
	The Committee <b>NOTED</b> the content of the verbal update from the Agile Digital Business Group meeting held on 20 <sup>th</sup> December 2021.	

<b>SRC(21)74</b>	<b>FINANCIAL PROCEDURES</b>	
	<p>Members received the following financial procedures for approval:</p> <ul style="list-style-type: none"> <li>06/01 Purchase to Pay Procedures, attached at Appendix 1</li> <li>06/05 Construction Industry Scheme, attached at Appendix 2</li> <li>10/05 Identification and Charging for Overseas Visitors for NHS Treatment, attached at Appendix 3</li> <li>10/06 Treatment of Private Patients, Control of Admission and Collection of Income, attached at Appendix 4</li> <li>11/05 Property Found on Hywel Dda Premises, attached at Appendix 5</li> <li>16/02 Provision of Hospitality, attached at Appendix 6</li> <li>699 Single Tender Action, attached at Appendix 7</li> </ul> <p>Mr Thomas informed Members that a review had also been undertaken to identify all financial procedures that have either imminent expiry dates or exceeded their original review date and require an extension in order to allow time for a full review to be undertaken. A six month extension to the review dates of the following financial procedures is requested:</p> <ul style="list-style-type: none"> <li>095 Sponsorship by the Private Sector</li> <li>068 Payment of Pharmacy Invoices</li> <li>070 Hospital Travel Cost Scheme</li> <li>072 Submission of Information to Payroll</li> </ul> <p>Members received assurance that the documents remain fit for purpose during the extension period.</p> <p>With regard to Financial Procedure 10/06, <i>Treatment of Private Patients, Control of Admission and Collection of Income</i>, Mr Newman noted that the sentence on page 4, “Are required to disclose any outside business or professional interests that may give rise to an actual or perceived conflict of interest if they wish to treat private patients within the <b>Trust</b>”, should read, “Are required to disclose any outside business or professional interests that may give rise to an actual or perceived conflict of interest if they wish to treat private patients within the <b>Health Board</b>”.</p>	



	Mr Newman sought assurance that, as responsibility for the approval of the charging structure for private patients lies under the remit of the Committee, it should feature in the Committee's annual work programme. Mr Thomas responded that this would feature on an annual basis and would be incorporated into the Committee's work programme.	HT/SB
	<p>The Committee:</p> <ul style="list-style-type: none"> <li>• <b>APPROVED</b> the above financial procedures, subject to the amendments discussed in relation to Financial Procedure 10/06 <i>Treatment of Private Patients, Control of Admission and Collection of Income</i>.</li> <li>• <b>APPROVED</b> the six month extension to the review dates of the above financial procedures, whilst a review is undertaken.</li> </ul>	

<b>SRC(21)75</b>	<b>STRATEGIC CASH ASSISTANCE</b>	
	<p>Members received the Strategic Cash Assistance report, setting out the process for requesting Strategic Cash Support for 2021/22. HDdUHB is requesting strategic cash assistance for 2021/22 of £16m, which represents the current forecast deficit of £25m, reduced by £9m due to management of year end creditors.</p> <p>Mr Weir confirmed that WG approved the request for strategic cash assistance by letter on 20<sup>th</sup> December 2021.</p>	
	The Committee <b>APPROVED</b> the request for Strategic Cash Support for 2021/22 prior to onward ratification by the Board in January 2022.	

<b>SRC(21)76</b>	<b>NOTES FROM FINANCE TOUCHPOINT MEETING HELD ON 23<sup>rd</sup> NOVEMBER 2021</b>	
	Members received the Notes from the Finance Touchpoint Meeting held on 23 <sup>rd</sup> November 2021.	
	The Committee <b>NOTED</b> the content of the Notes from the Finance Touchpoint Meeting held on 28 <sup>th</sup> September 2021.	

<b>SRC(21)77</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.	

	<p>Mr Weir reminded Members that the report is presented to Committee for information purposes as it is more appropriately aligned to the Strategic Development and Operational Delivery Committee (SDODC). Mr Davies, as Chair of SDODC, informed Members that the Committee recognised the high number of elements of risk in managing the CRL, some of which fall largely out of the control of the Health Board, and assured Members that these would be reported via the SDODC Update Report to Board in January 2022.</p> <p>Mr Weir expressed concern regarding the anticipated year end CRL standing at £32.7m, noting that current expenditure to date is £11.3m, which would require the Health Board to spend a further £21.4m by year end. Given the scale of spend required before the end of March 2022, any slippage in programme would likely represent a significant financial value.</p> <p>Mr Davies informed Members that the majority of the £32.7m value is apportioned to the Demountable Theatre work at Prince Philip Hospital (PPH).</p> <p>With regard to the Women and Childrens Phase 2 scheme, Mr Newman raised a concern regarding the continuing delays to the completion date and enquired whether the completion date is realistic. Mr Thomas undertook to provide a comprehensive response to the above two concerns to be circulated via e-mail to Members following the meeting.</p>	HT
	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(21)78</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 30 <sup>th</sup> July and 30 <sup>th</sup> November 2021 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 30 <sup>th</sup> July 2021 and 30 <sup>th</sup> November 2021 have been implemented/adopted by HDdUHB or are in the process of being implemented.	

<b>SRC(21)79</b>	<b>PROCUREMENT INITIATIVES</b>	
	Members received the Procurement Initiatives report for information purposes.	
	Mr Weir noted the total forecast out turn for cash releasing savings currently stands at £1.2m for M8 against the target of £2m in year, and	

	<p>suggested that this target could be more ambitious in future years, given the context of the Health Board's savings plans.</p> <p>Mr Thomas responded that procurement services are currently under-invested, however an additional £200,000 has been secured from NWSSP to assist with further opportunities for the next IMTP round.</p> <p>Mr Weir welcomed the positive reporting with regard to the Foundational Economy and Decarbonisation initiatives, including the awarding of contracts for solar panels, electric vehicles, and air heat source pumps, which contribute to the Health Board's decarbonisation strategies.</p>	
	The Committee <b>NOTED</b> the content of the Procurement Initiatives report.	

<b>SRC(21)80</b>	<b>SUSTAINABLE RESOURCES COMMITTEE WORK PROGRAMME 201/22</b>	
	The Sustainable Resources Committee Work Programme 2021/22 was presented to Members for information.	
	The Committee <b>NOTED</b> the content of the Sustainable Resources Committee Work Programme 2021/22, subject to inclusion of the approval of the charging structure for private patients, as discussed under item <b>SRC(21)74 FINANCIAL PROCEDURES</b> .	

<b>SRC(21)81</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 scale of the challenge going into the next IMTP round and the significant change required, necessitating the Committee's confidence in the Health Board's ability to plan and deliver this change. This would be the subject of broader discussion at the February 2022 Committee meeting.</li> <li>• Positive assurance received by the Committee from the presentation on Value Based Health Care.</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(21)82</b>	<b>ANY OTHER BUSINESS</b>	
	No other business was raised.	

<b>SRC(21)83</b>	<b>DATE OF NEXT MEETING</b>	
	23 <sup>rd</sup> February 2022, 9.30am-12.30pm	

