

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

Date and Time of Meeting:	23 rd February 2022, 9.00am-12.30pm
Venue:	Boardroom/MS Teams

Present:	<p>Mr Winston Weir, Independent Member, Committee Chair (VC)</p> <p>Mr Maynard Davies, Independent Member, Committee Vice Chair (VC)</p> <p>Mr Paul Newman, Independent Member (VC)</p> <p>Mrs Delyth Raynsford, Independent Member (VC)</p> <p>Cllr. Gareth John, Independent Member (VC)</p>
In Attendance:	<p>Mr Steve Moore, Chief Executive (VC) (part)</p> <p>Mr Andrew Carruthers, Director of Operations (VC) (part)</p> <p>Ms Jill Paterson, Director of Primary Care, Community and Long Term Care (part)</p> <p>Mr Huw Thomas, Director of Finance (VC) (part)</p> <p>Mr Michael Hearty, Strategic Adviser (VC)</p> <p>Mr Lee Davies, Director of Strategic Development and Operational Planning (VC) (part)</p> <p>Ms Alison Gittins, Head of Corporate and Partnership Governance attending on behalf of Mrs Joanne Wilson, Board Secretary (VC)</p> <p>Mr Anthony Tracey, Digital Director (VC) (part)</p> <p>Mr Andrew Spratt, Assistant Director of Finance (VC)</p> <p>Ms Rebecca Hayes, Senior Finance Business Partner (VC) (part)</p> <p>Mr Paul Williams, Head of Property Performance (VC) (part)</p> <p>Mr Shaun Ayres, Assistant Director of Commissioning (VC)</p> <p>Mr Neil Frow, Managing Director, NWSSP (VC) (part)</p> <p>Ms Tracy Myhill, Chair, NWSP (VC) (part)</p> <p>Mr Alexander Watts, Senior Business Analyst, Finance Delivery Unit (VC) (observer)</p> <p>Mrs Sarah Bevan, Committee Services Officer (Secretariat) (VC)</p>

AGENDA ITEM	ITEM	
SRC(22)01	INTRODUCTIONS AND APOLOGIES FOR ABSENCE	Action
	<p>The Chair, Mr Winston Weir, welcomed all to the meeting and extended a warm welcome to Ms Tracy Myhill and Mr Neil Frow from NHS Wales Shared Services Partnership (NWSSP) for the first item of the agenda. Mr Weir also welcomed Mr Alexander Watts, Senior Business Analyst, Finance Delivery Unit as an observer to the meeting.</p> <p>Apologies for absence were received from:</p> <ul style="list-style-type: none"> Miss Maria Battle, Health Board Chair Mrs Lisa Gostling, Director of Workforce and Organisational Development Mrs Joanne Wilson, Board Secretary 	

SRC(22)02	DECLARATIONS OF INTERESTS	
	There were no declarations of interest.	

SRC(22)03	NHS WALES SHARED SERVICES PARTNERSHIP (NWSSP) PLAN BRIEFING AND FEEDBACK	
	<p>Members received the NWSSP Plan Briefing and Feedback presentation. Ms Myhill provided Members with an overview of the role of NWSSP in supporting Welsh health boards and communities via the delivery of a wide range of professional, technical and administrative services to NHS Wales. Ms Myhill noted her appreciation of Mr Huw Thomas' commitment to working in partnership with NWSSP and informed Members of the delivery of a 3 year Integrated Medium Term Plan (IMTP) in partnership with health boards, communities and local government.</p> <p>Mr Frow highlighted the key points from the presentation, which included a summary of the services provided by NWSSP, the organisation's strategic objectives, the IMTP 2022-25 and its approach to social value.</p> <p>Mr Frow provided Members with examples of additional responsibilities taken on by NWSSP over the past year, including COVID-19 support in terms of vaccination supplies and the booster programme. Support has also been provided for the procurement of and campaign for international nurse recruitment, with 100 additional nurses identified for Hywel Dda University Health Board (HDdUHB).</p> <p>Mr Frow highlighted that during the pandemic, no NWSSP services had been stood down, with the exception of the Pneumococcal polysaccharide vaccine (PPV) in GP practices during the first wave. Mr Frow informed Members that the IMTP priorities for 2022-23 include continuation of the COVID-19 response in addition to a recruitment modernisation programme, a decarbonisation and sustainability action plan, support for primary care service developments and cluster development, foundational economy work, value based procurement work, and an Endoscopy recovery plan.</p> <p>Mr Frow informed Members of the organisations commitment to adding value through partnership and highlighted the continuation of collaborative working with Health Education and Improvement Wales (HEIW) and Digital Health and Care Wales (DHCW). Mr Frow informed Members that NWSSP is keen to continue to work with the Health Board regarding local links with universities and career fairs to increase local employability. In terms of foundational economy and decarbonisation, Members were advised of NWSSP's commitment to influencing the foundational economy within Wales and redirecting expenditure back into Wales</p> <p>Mr Weir enquired the number of apprentices and how their appointments contribute to the foundational economy of HDdUHB's geography in terms of its rurality and pockets of deprivation. Mr Frow responded that there are a number of routes into apprenticeships. Mr Frow informed Members that NWSSP continues to build on the success in supporting Network 75</p>	

	<p>students through to employment and are expanding their apprenticeship offering. NWSSP is employing the NHS Finance apprentices/ Legal and Risk team is looking at widening access via on-the-job learning and training. Mr Frow further informed Members of the Designed for Life Framework of contractors for NHS Wales, which requires participants to deliver new apprenticeships, whilst also engaging with local schools and local businesses.</p> <p>In relation to foundational economy/local suppliers, Cllr. Gareth John enquired where the work of NWSSP correlates with care closer to home. Mr Frow responded that as an all Wales organisation, work is ongoing to understand supply and where money is spent. Mr Frow advised that NWSSP is looking to reorganise procurement teams to provide further support for local suppliers, such as Castell Howell. Mr Frow acknowledged that there are certain barriers to procurement in light of Brexit.</p> <p>Mr Michael Hearty enquired about the balance between local, regional and national lenses regarding the work of the NHS and NWSSP, and how any tensions are managed. Ms Myhill reiterated the partnership approach in supporting the Health Board. Whilst acknowledging that NWSSP operates to a national lens, which is helpful to identify good practice, tensions in terms of financial constraints are inevitable. However, Ms Myhill assured Members that the intention is not to centralise contracts and that the aim is to create services and employment locally. Mr Hearty felt encouraged by this and believed NWSSP to be critical to success.</p> <p>Mr Weir conveyed thanks to NWSSP for their support to the Health Board during the pandemic, particularly their work in regard to field hospitals and PPV, and their support with the delivery of savings. Mr Weir noted the assurance received from NWSSP's desire to work in partnership with the Health Board and extended an invitation for them to attend a future Committee meeting to discuss this work further. Mr Weir and Mr Thomas undertook to forward plan this on to the Committee Work Programme for 2022/23.</p>	WW/HT
	<p>The Committee NOTED the content of the NWSSP Plan Briefing and Feedback presentation provided by NWSSP and welcomed the discussions generated.</p>	

SRC(22)04	MINUTES OF PREVIOUS MEETING HELD ON 21st DECEMBER 2021	
	The minutes of the Sustainable Resources Committee meeting held on 21 st December 2021 were reviewed and approved as an accurate record.	
	RESOLVED – that the minutes of the Sustainable Resources Committee meeting held on 21 st December 2021 be APPROVED as an accurate record.	

SRC(22)05	MATTERS ARISING AND TABLE OF ACTIONS FROM THE MEETING HELD ON 21st DECEMBER 2021	
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	The Table of Actions from the meeting held on 21 st December 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.	
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SRC(22)06	SUSTAINABLE RESOURCES COMMITTEE SELF-ASSESSMENT 2020/21 ACTION PLAN	
	<p>Members received the SRC Self-Assessment 2020/21 Action Plan report, providing progress against the SRC Self-Assessment 2020/21 Action Plan. The responses to the self-assessment exercise included a number of useful suggestions regarding ways in which the governance and operation of SRC might be improved. Following presentation of the responses and suggested improvements to the SRC meeting on 23rd August 2021, this report provides an update on the progress of actions.</p> <p>Mr Weir highlighted that the exceptional operational context arising from the COVID-19 pandemic, meant that direct operational attendance at SRC may not always be possible. Mr Weir commented that it would be more beneficial to invite directors/ managers to attend Committee meetings, as and when required, to enable learning/ continuous improvement as opposed to for inquiry and inquisition. Mr Maynard Davies expressed his support for this approach to facilitate a better understanding of service delivery challenges.</p> <p>Mr Paul Newman welcomed the reintroduction of deep dives onto the Committee's agenda and suggested that a template would be beneficial for both presenters and Members to better understand and meet with the Committee's requirement. Whilst Mr Hearty was in agreement with this approach, he emphasised that the focus needs to remain on overall financial balance.</p> <p>The Committee RECEIVED ASSURANCE that any actions from the SRC Self-Assessment 2020/21 are being progressed within the agreed timescales.</p>	

SRC(22)07	FINANCE REPORT AND FINANCIAL FORECAST MONTH 10, 2021/22	
	<p>Members received the Finance Report and Financial Forecast Month 10 (M10) 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> <p>Mr Andrew Spratt provided an overview of the forecast position at M10, including:</p> <ul style="list-style-type: none"> • 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. • Before recognising the COVID-19 WG funding in-month, the M10 variance to breakeven is £9.4m. 	

- The additional costs incurred in M8 due to the impact of the COVID-19 pandemic is £9.3m (Month 9, £6.8m). The primary reason for the increase in COVID-19 expenditure from Month 9 is due to the acceleration in the delivery of the Health Board's Elective Recovery Plans (£1.0m) and the purchase of infusion pumps as part of the Elective Recovery Plan strategic investments (£1.4m).
- The M10 Health Board financial position is an overspend of £0.1m against a deficit plan of £2.1m, after utilising £9.3m of WG funding for COVID-19, having offset cost reductions recognised due to reduced operational activity levels.

Mr Spratt assured Members that there is no change to the Health Board's deficit position and that there are no areas of significant concern.

Ms Rebecca Hayes informed Members of the acceleration of spend within month, which has provided confidence in the end of year position for recovery plans.

Ms Hayes drew Members' attention to the in-month movement in substantive pay cost, which is primarily driven by the 1% bonus payment made in-month to the Bands 1-5 cohort within Agenda for Change, and to F1 and F2 Doctors employed by the Health Board. The total cost of this bonus represents £1.7m, which has been fully funded by WG.

In relation to annual leave accrual, Mr Weir enquired as to the extent that this has been utilised financially and operationally. Mr Spratt responded that health boards have received direction from WG, who have instigated a national piece of work going into the year end. Mr Spratt further responded that the Health Board has been asked to calculate the annual leave accrual in M10 and report to WG the worst case scenario to enable calculation against the Electronic Staff Record (ESR). However, Mr Spratt advised Members that the ESR does not provide a true reflection for accounting purposes. Mr Spratt further advised Members that, based on a worst case scenario, the Health Board would require £3.2m in addition to the £12m in the balance sheet submitted to WG. Mr Spratt informed Members that health boards are now required to submit a return to WG as part of the M11 work and have indicated that funding would be made available, if required.

Mr Spratt further informed Members that a review is being undertaken across the Health Board to collate all requests to sell annual leave. Once completed, the Finance team will submit a financial appraisal to WG by the end of March 2022.

Mr Steve Moore and Mr Huw Thomas joined the Committee meeting

Mr Steve Moore informed Members of the discussion at the recent Board Seminar meeting regarding the challenges in meeting the underlying financial deficit following the allocation letter received from WG in December 2022. Mr Moore advised that the significant gap between expectation and the Health Board's ability to deliver financial sustainability will be highlighted to Board on 31st March 2022 in the public domain. Mr Moore linked the roadmap to financial sustainability with discussions on the Programme Business Case (PBC) for South West Wales.

In relation to the additional COVID-19 costs, Mr Weir noted that the funding would not be recurrent for 2022/23 and enquired how these additional

COVID-19 costs would be funded/ reduce going forward. Mr Thomas responded that WG recognise that COVID-19 and exceptional cost pressures in the system are likely to be risks beyond the £25million deficit. Therefore, there is a need to determine:

- what is necessary from COVID-19 recovery
- what could be removed
- and what costs are actually operational cost pressures of operating the Unscheduled Care (USC) system.

Mr Andrew Carruthers joined the Committee meeting

Mr Moore informed Members that discussion on what the Living with COVID-19 plan would look like had been held at the NHS Wales Leadership Board on 22nd February 2022, however the level of current uncertainty involved makes it difficult to plan in the current climate.

Mr Hearty raised queries regarding the financial pressures and delivering safe care in terms of addressing the waiting list backlog. Mr Andrew Carruthers responded that whilst COVID-19 incidences in the community remain high, there has been a recent improvement in sickness absence. Mr Carruthers advised of the significant tension between the issues driving the challenges for USC demand and flow and elective/planned care recovery. Mr Carruthers emphasised that staffing challenges and operational pressures are still present.

In relation to the return of recovery monies to WG, Mr Newman enquired whether other health boards had utilised their share of the funds in the same manner. Mr Carruthers informed Members that the use of resources had been maximised and every opportunity had been explored within the criteria and parameters attached to the monies made available.

In relation to the savings target of £16m, Mr Weir enquired about the identification of recurrent savings going into 2022/23. Mr Thomas responded that the Health Board will be carrying forward a challenge of £11m into 2022/23, with delivery of £4.3m recurrent savings for 2021/22.

Mr Weir enquired as to the feasibility of filling all of the current workforce vacancies in a single year and whether there are any possible short term savings identified in 2022/23. Mr Thomas responded that there remains a significant challenge relating to the Health Board's dependency on agency use especially in relation to maintaining safe nurse staffing levels. Mr Thomas informed Members that although the Mental Health and Learning Disabilities Directorate is currently underspent, their budget remains ringfenced.

Mr Weir asked about the development of a number of savings themes over a 2 to 5 year period, such as Procurement, sustainability, use of technology and service transformation.

Mr Thomas advised that there are potential procurement opportunities available, acknowledging that procurement has historically been underfunded in HDdUHB. Mr Thomas recognised that there is a danger of pricing out value from procurement contracts by solely pursuing cost savings and that it would be beneficial to use current relationships with key suppliers to improve sustainability.

	<p>Regarding sustainability initiatives and savings, Mr Thomas informed Members that this is largely a cost avoidance opportunity. Regarding payback from sustainability schemes, Mr Thomas advised that the payback from such schemes appears to be narrower than first anticipated.</p> <p>In conclusion, Mr Thomas reiterated the importance of service transformation in order to address the current issues involved. Mr Weir agreed and looked forward to understanding more of these initiatives in future committee meetings.</p>	
	<p>The Committee NOTED and DISCUSSED the M10 2021/22 financial position and end-of-year forecast.</p>	

SRC(22)08	CORPORATE RISK REPORT	
	<p>Members received the Corporate Risk Report, highlighting the following four risks assigned to the Committee:</p> <ul style="list-style-type: none"> • 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> New risk. • 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> No change in current risk score. • 1297 <i>Risk that the Health Board's underlying deficit will increase to level not addressed by additional medium term funding.</i> Increase in risk score. • 1307 <i>Risk to achieving the Capital Resource Limit 2021/22.</i> • 451 <i>Cyber Security Breach:</i> No change in current risk score. <p>Mr Hearty welcomed the identification of Risk 1335 as a new risk. Mr Hearty enquired whether there had been any further progression in regard to Risk 1297, to which Mr Thomas responded that although the mitigating actions had not changed, there may be an issue with the pace of change which will be addressed when required.</p> <p>Mr Hearty queried why the report classified Risk 1296 as Red, when the Finance Report M10 classified the risk as Green. Mr Thomas responded that the delivery of Planned Care has now accelerated and therefore the risk has been mitigated.</p> <p>In relation to Risk 1335, Mr Carruthers assured Members that mitigating actions had been implemented, including acceleration of the digitisation of the document management system and the outsourcing of scanning of inactive records. Mr Carruthers informed Members of processes in place for a new facility in Dafen, Llanelli to provide additional storage and the establishment of an in-house scanning bureau. Mr Carruthers advised that the challenge will be the scale of delivery as the digitisation and scanning process could take several years.</p> <p>Mr Weir noted that the Information Governance Sub-Committee is currently drafting a Corporate Records Management Policy for wider consultation. Mr Thomas assured Members that potential opportunities to accelerate the processes are under review to enable the realisation of benefits before year end.</p> <p>With regard to Risk 1307, Mr Newman acknowledged that the primary issue is attributable to the demountables in Prince Philip Hospital (PPH) and enquired whether this is still an issue. Mr Carruthers responded that, although the scheme remains on track for delivery, the risk is due to the associated tight delivery timeframes.</p> <p><i>Ms Jill Paterson left the Committee meeting</i></p>	
	<p>The Committee DISCUSSED the content of the Corporate Risk Report and RECEIVED ASSURANCE that all planned actions will be implemented within stated timescales and will reduce the risk further and/or mitigate the impact, if the risk materialises.</p>	

SRC(22)09	OPERATIONAL RISK REPORT	
	<p>Members received the Operational Risk Report, providing detail on the 10 risks scored against the Finance impact domain.</p> <p>In response to Mr Newman's query regarding those risks identified within the report where a review of the risk is overdue, Mr Thomas assured Members that these risks had been shared with colleagues to review ahead of the next Committee meeting.</p> <p>In relation to Risk 979 <i>Failure to remain within allocated budget over the medium term - Glangwili General Hospital (GGH)</i>, Cllr. John noted that GGH is the only site indicating staffing pressures. Mr Carruthers advised Members that all sites and services are experiencing staffing issues and that a review of all operational risks is underway to identify commonalities across the organisation to enable a consistent approach to the escalation of risks.</p>	
	<p>The Committee SCRUTINISED the content of the Operational Risk Report and RECEIVED ASSURANCE that all relevant controls and mitigating actions are in place.</p>	

SRC(22)10	EXTENSION OF LIGHTFOOT SOLUTIONS	
	<p>Members received the Extension of Lightfoot Solutions report, providing a summary position on the extension to contract arrangements with Lightfoot Ltd, following discussion at the Public Board meeting on 25th November 2021.</p> <p>Mr Anthony Tracey informed Members that the extension of the contract with Lightfoot for recovery planning and waiting list backlog reduction will be to 31st July 2022, after which the Health Board is committed to bringing the analytical capability in-house through the development of an alternative approach to the provision. Mr Tracey further informed Members that the in-house development of an Advanced Analytical Platform will contain specific areas, namely, Statistical Process Control (SPC); Time Series Analysis (TSA); Discrete Event Simulation (DES); and Geographic Information System (GIS)</p> <p>Mr Tracey informed Members that the Health Board's Digital team anticipates a beta demonstrable version will be available by the end of March 2022, prior to a formal launch in June 2022, in readiness for the exit from Lightfoot by 31st July 2022. Mr Tracey assured Members that learning will be taken from the work with Lightfoot and that the benefits of the arrangement will be replicated by the in-house platform.</p> <p>Mr Carruthers emphasised that the enhanced analytical knowledge available to the Health Board will enable the use of data to inform planning and decision making.</p> <p>Mr Maynard Davies enquired whether the value of data analysis will be reflected in the workforce resource. Mr Tracey responded that the recruitment process is currently underway for a health analytics team to be in</p>	

	<p>post by May 2022. Mr Tracey informed Members that the Health Board has 3 apprentices within the Digital team, with discussions also underway with Coleg Sir Gar, Swansea University and Aberystwyth University to attract Degree, Masters and PhD students to the Health Board.</p> <p>Mr Weir enquired how data analysis will benefit Finance and Procurement teams in terms of identifying value for money. Mr Tracey responded that opportunities will be identified, based on the operational data, and that the data will be critical to identifying bottlenecks within the system</p> <p>Mr Weir asked how data could be shared with partners, such as the Welsh Ambulance Service NHS Trust (WAST) and social care. Mr Thomas assured Members that discussions are already underway regarding links with social care performance data, which will be transformational. Mr Tracey responded that the Health Board is working closely with WAST for a national flow of WAST data to link in with the Health Board's platform.</p> <p>Mr Weir and Members conveyed their support for the work to scope the development of an Advanced Analytical Platform.</p>	
	<p>The Committee NOTED the content and future commitments outlined within the Extension of Lightfoot Solutions report and SUPPORTED the proposed exit strategy with the development of an in-house advanced analytical platform.</p>	

SRC(22)11	REPORT TO BOARD ON 27TH JANUARY 2022: USE OF CONSULTANCIES TO SUPPORT THE HEALTH BOARD APPROVALS	
	<p>Members received the Use of Consultancies to Support the Health Board Approvals report that had been presented to the Board at its meeting on 27th January 2022, and supported the proposals outlined in the report.</p> <p>Mr Newman suggested that it would be useful to ascertain the benefits gained from consultancies and Mr Thomas undertook to provide a response to Members outside of the Committee meeting.</p> <p><i>Mr Paul Williams joined the Committee meeting</i></p>	HT
	<p>The Committee NOTED and SUPPORTED the content of the Report to Board on 27th January 2022: Use of Consultancies to Support the Health Board Approvals.</p>	

SRC(22)12	FINANCIAL PLAN DEVELOPMENT UPDATE	
	<p>Members received the Financial Plan Development Update report and presentation, outlining the Health Board's current IMTP that is under construction, covering the three-year period 2022/25. Mr Thomas informed Members that, following the Health Board's internal processes led by the Planning team, all directorates submitted their second draft plans on 6th December 2021. The assessment of these plans was presented at the Board Seminar meeting on 17th February 2022 to determine the next steps</p>	

	<p>in preparation for confirmation to WG on 28th February 2022 regarding the Health Board's intention to submit an IMTP, Three Year Plan or Annual Plan.</p> <p>Mr Thomas explained that further discussion had been held with WG on 21st February 2022, with the first task for the Health Board to be the submission of an Accountable Officer letter to WG on 28th February 2022 setting out the Health Board's challenge in delivering an IMTP.</p> <p>Mr Lee Davies assured Members that the Health Board will submit an IMTP in due course, albeit not by 31st March 2022. The Health Board's second task will be to submit a draft Three Year Plan by 31st March 2022 and the third task will be to agree the critical steps to be able to submit the IMTP. Mr Lee Davies assured Members that discussions with WG had been helpful in determining the agreement of a Three Year Plan and that WG recognised the Health Board's desire to submit a deliverable IMTP.</p> <p>Mr Weir agreed with the approach taken. Mr Moore assured Members that the Health Board has been open and transparent with WG regarding what can be delivered within the timescales. Mr Moore informed Members that discussion would be held at the Executive Team meeting on 23rd February 2022 regarding the processes to be implemented by the end of Quarter 1 2022/23 to gain a clear sense of how the Health Board can get back to its agreed road map and link to the PBC.</p> <p>Mr Weir noted that the report presented two options and Mr Moore advised Members that, as negotiations with WG are ongoing, these may change.</p> <p>Noting that the IMTP is predicated on having specific levels of staff, and given the current staff challenges, Mr Newman enquired about the Health Board's current workforce plan. Mr Lee Davies informed Members that Mrs Lisa Gostling, Director of Workforce and Operational Development and her team are developing a 10 year workforce plan in support of the PBC. Mr Moore informed Members that work is also being undertaken with the Director of Nursing, Quality and Patient Experience regarding the Registered Nursing workforce. Mr Moore further informed Members that HEIW is looking to adopt the Health Board's approach as an all Wales version to enable national action to be taken in terms of commissioning numbers.</p>	
	The Committee NOTED the current progress being made on the Health Board's Integrated Medium Term Plan (IMTP) 2022-25.	

SRC(22)13	DECARBONISATION	
	<p>Members received the Decarbonisation presentation, outlining the Health Board's implementation of its decarbonisation agenda.</p> <p>Mr Lee Davies highlighted the following points from the presentation:</p> <ul style="list-style-type: none"> • Publication of the NHS Wales Decarbonisation Strategy in 2021, which provides an NHS Wales perspective, working in conjunction with the Carbon Trust, to reach a target NHS reduction of 34% by 2030. 	

- Work underway with the Carbon Trust to calculate the Health Board's carbon footprint. Assessment has identified that 100,000 tonnes of CO2 is produced by the Health Board, mainly through the procurement of goods and services rather than through direct carbon emissions from property and travel.
- Work underway to develop a Carbon Literacy Programme.
- Intention to submit a strategic plan to the Board in Q1 2022/23 to address the carbon challenges with links to sustainability and green initiatives.

Mr Paul Williams added that the engagement and awareness of staff going forward will be imperative.

Mr Maynard Davies enquired whether any monies are available from WG specifically for the decarbonisation agenda, considering the Health Board's current capital programme position. Mr Lee Davies responded that NHS Wales have not yet assessed the financial implications of its strategy, however significant investment will be required in capital for buildings. Mr Lee Davies informed Members that whilst the overall capital allocation for NHS Wales has markedly reduced for 2022/23, it is anticipated that more resources are to be directed towards the environmental and sustainability challenges.

Mr Weir enquired whether there are any partners involved, such as local government or other sectors, for opportunities to access funds outside of health. Mr Lee Davies responded that the Health Board has linked in with its 3 local authorities and other public sector organisations to identify opportunities to develop a collective solution in addition to accessing further funds. Mr Weir enquired about the extent of links with the third sector and charities, to which Mr Williams responded that there are examples from Trusts in England which could be considered going forward.

Mr Hearty requested that the governance structure within the presentation slides states that the Sustainable Resources Committee is the responsible Committee for receiving assurance on progress and Mr Lee Davies undertook to include this.

Mr Hearty enquired how the Health Board's strategy can permeate through external committees such as Public Services Boards (PSB) to gain visibility and monitor progress. Mr Lee Davies informed Members that climate groups sit within each PSB and there are also opportunities to connect with county level plans. Members recognised that there is no single public sector organisation that holds responsibility for the decarbonisation agenda for the whole geographical area.

Mr Weir noted the impact of the slide detailing carbon footprint by category and highlighted that two thirds of the Health Board's carbon footprint is attributed to procurement. Mr Weir reiterated the importance of staff engagement once the strategy is developed.

In conclusion, Mr Weir conveyed thanks to Mr Lee Davies and Mr Williams for the presentation and requested, when applicable, the development of a

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	set of reporting metrics to allow the Committee to receive assurance on progress of the strategy.	LD
	The Committee NOTED and DISCUSSED the Decarbonisation presentation, outlining the Health Board's implementation of the Health Board's decarbonisation agenda.	

SRC(22)14	INTEGRATED PERFORMANCE ASSURANCE REPORT (IPAR)	
	<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 highlighted the continuing increasing trend for agency premium and variable pay.</p> <p>Cllr. John enquired whether NWSSP have any input into agency provision and the possibility of a national contract for agencies. Mr Thomas responded that there are framework agency providers, however due to demand and the potential for risk, the use of non-framework agencies has increased.</p>	
	The Committee CONSIDERED the measures from the Integrated Performance Assurance Report.	

SRC(22)15	NHS WALES SHARED SERVICES PARTNERSHIP (NWSSP) PERFORMANCE REPORT Q3 2021/22	
	<p>Members received the NWSSP Performance Report for Quarter 3, 2021/22.</p> <p>In relation to employment services, Mr Maynard Davies noted that only 24% of conditional offer letters had been sent within the 4 working day target, routinely taking on average 5.1 days, and that these delays would have an adverse impact on recruitment. Mr Thomas responded that the Health Board is aware of the challenges in the system.</p> <p>Mr Weir informed Members that the issue of performance in relation to audit services would be discussed by the Audit and Risk Assurance Committee.</p>	
	The Committee RECEIVED ASSURANCE from the content of the NWSSP Performance Report for Quarter 3 2021/22.	

SRC(22)16	<p>ASSURANCE ON PLANNING OBJECTIVES ALIGNED TO SRC</p> <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 Thomas assured Members that progress is being made in areas such as Value Based Health Care (VBHC) and the capture of Patient Reported Outcome Measures (PROMs) across the system.</p> <p>The Committee RECEIVED ASSURANCE on the current position in regard to the progress of the Planning Objectives aligned to the Sustainable Resources Committee.</p>	
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SRC(22)17	<p>INFORMATION GOVERNANCE SUB-COMMITTEE UPDATE REPORT</p> <p>Members received the Information Governance Sub-Committee (IGSC) Update Report from the meeting held on 2nd February 2022. Mr Tracey highlighted the following key points:</p> <ul style="list-style-type: none"> • Clinical coding activity continued to improve for October 2021 and surpassed the 95% target with 96.7%. Over the past 2 months, the Health Board has been above the All-Wales average for the first time in a number of years and performance is continuing to improve. At the time of writing the report, provisional performance for November 2021 is anticipated to be 94.9%, however this is subject to confirmation. HDdUHB has ranked equal second place out of the 7 Welsh Health Boards for October 2021 performance, with only Powys Teaching Health Board and Betsi Cadwaladr University Health Board also achieving the 95% target for October 2021 activity. • Corporate and Records Management Storage Assurance – the Information Governance team continue to undertake audits of record storage facilities, both internally and externally to the Health Board. As part of this work, a risk assessment for each facility will be undertaken. • Cyber Security and Network and Information Systems (NIS) Directive - the Sub-Committee was informed of the recent Price Waterhouse Cooper (PWC) report regarding the Ireland Health Service Executive (HSE), which was victim to a ransomware attack on 14th May 2021 and was subsequently unable to provide healthcare, which highlights the importance of investigating alerts. It was acknowledged that lessons learned from the HSE experience should be applied to other organisations. As the Health Board continues to develop its monitoring and response capabilities, it is expected that the number of alerts received will significantly increase. • Information Commissioner Office (ICO) Notifications - since April 2021, there have been 12 occurrences when a notification to the ICO has been required. 	
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	<p>Mr Hearty enquired whether the escalating tensions with Russia will have an impact upon the prevalence of phishing emails and suggested it may be worth reminding staff about emails and cyber security. Mr Tracy responded that the recent ransomware attack in Ireland had been traced back to Russia and informed Members that the National Cyber Crime Unit (NCCU) are providing daily updates regarding notifications. Mr Tracey assured Members that staff are reminded via global emails and that a communications plan is under development.</p> <p>Members agreed to approve the Written Control Documentation Policy (190) approved by the Sub-Committee.</p>	
	<p>The Committee NOTED the content of the Information Governance Sub-Committee Update Report and APPROVED the Written Control Documentation Policy (190) approved by the Sub-Committee.</p>	

SRC(22)18	<p>HEALTHCARE CONTRACTING, COMMISSIONING AND OUTSOURCING UPDATE</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 of the key messages, including:</p> <ul style="list-style-type: none"> • An increase in outsourcing forecast for February and March 2022, which has been due to the success of improved cross directorate working between the Planned Care team, Finance Business Partners and the Head of Commissioning. Additionally, the independent sector has also been able to staff theatre lists, which had been an issue prior to the new year. • Both PROMs and Patient Reported Experience Measures (PREMs) are now attached to contracts. <p>Regarding LTAs for 2022/23, Mr Ayres informed Members that in the event that NHS Wales confirms a return to normality, subsequent LTAs should reflect this. Mr Ayres advised Members that a phased hybrid model may be an option going forward, however the Health Board cannot plan on the basis of returning to pre-pandemic levels if this is not reflected in the LTAs.</p> <p>In relation to the percentage changes in the Referral to Treatment Times (RTT), Mr Maynard Davies enquired whether this means, given the underspend involved, that preferential treatment is being offered to provider Health Board resident patients over HDdUHB patients. Mr Ayres responded that there is no indication to suggest that providers are not working through lists based upon the clinical priority of patients as opposed to their geography.</p>	
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	<p>Mr Thomas assured Members that the aim is to embed outcomes capture into a longer term contracting framework, with a possible hybrid arrangement to be implemented for 2022/23.</p> <p>Mr Weir requested that this item features higher up on the agenda for the next Committee meeting to enable a more detailed discussion.</p>	SB
	The Committee NOTED the content and mitigating actions detailed in the Healthcare Contracting, Commissioning and Outsourcing Update report.	

SRC(22)19	BALANCE SHEET	
	<p>Members received the Balance Sheet report, setting out the Health Board's Balance Sheet position as at Quarter 3 2021/22 (M9), and to provide an explanation for key movements.</p> <p>With regard to the movement of £13m from the opening position, Mr Weir requested an explanation for the reduction of £8m for fixed assets. Mr Thomas informed Members that this is related to depreciation and highlighted the significant expenditure on the PPH demountables over the past few months. Mr Thomas remained hopeful that there would be an additionality by the end of the financial year.</p> <p>Mr Weir noted that Blackline is now the platform used by Finance to prepare, approve and review the Balance Sheet reconciliations, and informed Members that Internal Audit would be reviewing this as part of their work programme for 2022/23. The Committee and Internal Audit would then be able to receive assurance from the change in procedure.</p>	
	The Committee NOTED the Balance Sheet as at the end of Quarter 3 2021-22 and the developments to improve scrutiny of the Balance Sheet.	

SRC(22)20	WELSH HEALTH CIRCULARS	
	<p>Members received the Welsh Health Circulars (WHC) report, providing an update on progress in relation to the implementation of the following WHCs, which fall under the remit of SRC and its Sub-Committee structure:</p> <ul style="list-style-type: none"> • 007-15 Update on the All Wales position of the Emergency Department Clinical Information Management System (EDCIMS) - No online link available • 049-15 Operational Standards for Use of the NHS Number • 003-20 Value Based Health Care Programme – Data Requirements • 024-21 NHS Wales's contribution towards a net-zero Public Sector by 2030 <p>Mr Maynard Davies enquired whether there had been any further progression to WHC 007-15. Mr Tracey responded that although the Health Board is engaging with DHCW, the timescale for implementation of the system has not yet been determined.</p>	

	The Committee NOTED the content of the Welsh Health Circulars report and RECEIVED ASSURANCE from the lead Executive/Director or Supporting Officer on the management of WHCs within their area of responsibility, particularly 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.	
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SRC(22)21	UPDATE ON ALL-WALES CAPITAL PROGRAMME – 2021/22 CAPITAL RESOURCE LIMIT AND CAPITAL FINANCIAL MANAGEMENT	
	<p>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> <p>Mr Thomas highlighted the financial risks associated with the PPH demountables and assured Members that measures are in place to mitigate the potential increased risk, including agreement with WG to utilise slippage to bond/vest a CT scanner and equipment for four Digital Radiography rooms.</p> <p>Mr Moore informed Members that discussions had been held with Chief Executives at the NHS Wales Leadership Board on 22nd February 2022 regarding the concerning position of capital across Wales, which may limit health boards' ability to recover, more so than the revenue position.</p> <p>Mr Weir enquired whether the revenue impact of the Capital Programme could be presented to the Committee in future reporting. Mr Maynard Davies noted that the report states that the revenue implications of new allocations are provided in detail at Appendix 1, however the table is unpopulated. Mr Thomas undertook to review the absence of data ahead of the next Committee meeting.</p>	HT
	The Committee NOTED the content of the Update on All-Wales Capital Programme – 2021/22 Capital Resource Limit and Capital Financial Management report.	

SRC(22)22	NOTES FROM FINANCE TOUCHPOINT MEETING HELD ON 24th JANUARY 2022	
	Members received the notes from the Finance Touchpoint meeting held on 24 th January 2022.	
	The Committee NOTED the content of the notes from the Finance Touchpoint Meeting held on 24 th January 2022.	

SRC(22)23	UPDATE FROM AGILE DIGITAL BUSINESS GROUP	
	Members received the Update from the Agile Digital Business Group (ADBG) from the meeting held on 20 th December 2021. Members acknowledged that a verbal update from the ADBG meeting had been presented to the Committee at its meeting on 21 st December 2021.	
	The Committee NOTED the content of the Update from the Agile Digital Business Group report.	

SRC(22)24	ALL WALES INDEPENDENT MEMBER DIGITAL NETWORK HIGHLIGHT REPORT	
	Members received the All Wales Independent Member Digital Network Highlight Report, for information.	
	The Committee NOTED the content of the All Wales Independent Member Digital Network Highlight Report.	

SRC(22)25	SUSTAINABLE RESOURCES COMMITTEE WORK PROGRAMME 2021/22	
	<p>The Sustainable Resources Committee Work Programme 2021/22 was presented to Members for information.</p> <p>Mr Weir and Mr Thomas undertook to develop a Committee Work Programme for 2022/23 for presentation to the Committee at its next meeting on 25th April 2022.</p>	HT/WW
	The Committee NOTED the content of the Sustainable Resources Committee Work Programme 2021/22.	

SRC(22)26	MATTERS FOR ESCALATION TO BOARD	
	<p>Mr Weir and Mr Thomas highlighted the key topics discussed during the meeting for inclusion in the Sustainable Resources Committee Update Report to the next Public Board meeting:</p> <ul style="list-style-type: none"> • The position and handling strategy of the Integrated Medium Term Plan (IMTP), subject to further discussions held at Board Seminar on 11th March 2022 and the Public Board meeting on 31st March 2022. • Positive assurance received by the Committee regarding the improvement in clinical coding performance, progress on decarbonisation, and arrangements for the Health Board's proposed exit strategy with Lightfoot Ltd with the development of an in-house advanced analytical platform. 	

	<ul style="list-style-type: none"> • The increased global risk regarding cyber security in light of the current escalating tensions with Russia. • Positive assurance received by the Committee from the presentation by NWSSP regarding partnership working, foundation economy opportunities to support the Health Board, and employment initiatives in South West Wales. 	
	The Committee NOTED the key topics discussed during the meeting for inclusion in the Sustainable Resources Committee Update Report to the next Public Board meeting.	

SRC(22)27	ANY OTHER BUSINESS	
	No other business was raised.	

SRC(22)28	DATE OF NEXT MEETING	
	25 th April 2022, 9.30am-12.30pm	