

UNAPPROVED MINUTES OF THE SUSTAINABLE RESOURCES COMMITTEE MEETING

DATE OF MEETING: 9:30 AM, Tuesday 25 February 2025
VENUE: Ystwyth Boardroom/Microsoft Teams Meeting

PRESENT: Winston Weir (Hywel Dda UHB - Independent Board Member) (Chair)
 Maynard Davies (Hywel Dda UHB - Independent Member) (Vice Chair)
 Michael Imperato (Hywel Dda UHB - Independent Board Member) (VC)
 Eleanor Marks (Hywel Dda UHB - HDUHB Vice Chair)
 Delyth Raynsford (Hywel Dda UHB - Independent Member) (VC)

IN ATTENDANCE: Bethan Andrews (Hywel Dda UHB - Service Delivery Manager) (VC) (part)
 Shaun Ayres (Hywel Dda UHB - Deputy Director of Operational Planning and Commissioning) (VC) (part)
 Andrew Carruthers (Hywel Dda UHB - Chief Operating Officer)
 Michelle Dunning (Hywel Dda UHB - Senior Project Manager - Value Based Health Care) (VC) (part)
 Sonia Hay (Hywel Dda UHB - General Manager Community & Primary Care - Pembrokeshire) (VC) (part)
 Mark Henwood (Hywel Dda UHB - Interim Medical Director)
 Sharon Hughes (Hywel Dda UHB - Principal Programme Manager Transformation) (VC) (part)
 Sian Jenkins (Hywel Dda UHB - Deputy Director of Finance)
 Jill Paterson (Hywel Dda Health Board - Director of Primary Care, Community and Long Term Care)
 Dana Scott (Hywel Dda UHB - Director of Midwifery & Professional Governance for Women & Children)
 Andrew Spratt (Hywel Dda UHB - Deputy Director of Finance)
 Jessica Svetz (Hywel Dda UHB - Service Delivery Manager Urgent and Intermediate Care) (VC) (part)
 Huw Thomas (Hywel Dda UHB - Director of Finance)
 Jennifer Thomas (Hywel Dda UHB - Senior Finance Business Partner (Accounting & Statutory and Reporting)) (VC)
 Anthony Tracey (Hywel Dda UHB - Digital Director) (VC) (part)
 Joanne Wilson (Hywel Dda UHB - Director of Corporate Governance/Board Secretary) (VC)
 John Jenkins (Hywel Dda UHB - Committee Services Officer) (Secretariat)

MINUTES REF.	ITEM	ACTION
SRC(25)1	WELCOME AND APOLOGIES	

Mr Winston Weir welcomed all to the Sustainable Resources Committee (SRC) meeting. Apologies had been received from:

- Mrs Sharon Daniel
- Mr James Severs

SRC(25)2 DECLARATION OF INTERESTS

There were no declarations of interest.

**SRC(25)3 MINUTES OF SUSTAINABLE RESOURCES COMMITTEE
HELD ON 17 DECEMBER 2024**

The minutes of the SRC held on 17 December 2024 were reviewed and agreed as an accurate record of proceedings.

Decision: The minutes of the Sustainable Resources Committee meeting held on the 17 December 2024 were **APPROVED** as a correct record of proceedings.

**SRC(25)4 TABLE OF ACTIONS FROM SUSTAINABLE RESOURCES
COMMITTEE HELD ON 17 DECEMBER 2024**

The Table of Actions from the SRC meeting held on 17 December 2024 was reviewed.

It was noted that the two actions relating to **SRC(24)154 ('Operational Risk Report')** were both outstanding and it was agreed that an update would be provided at the Finance and Performance Committee (FPC) meeting on 29 April 2025.

Decision: The Sustainable Resources Committee **REVIEWED, UPDATED** and **NOTED** the Table of Actions from the meeting held on 17 December 2024.

**SRC(25)5 SUSTAINABLE RESOURCES COMMITTEE SELF-
ASSESSMENT OF PERFORMANCE OUTCOME REPORT**

Mrs Joanne Wilson presented the SRC Self-Assessment of Performance Outcome Report to the Committee and advised that the report would be presented to the Board Meeting on 27 March 2025. Mrs Wilson advised that as a result of feedback requesting a greater focus on digital matters a new Digital, Data and Innovation Committee (DDIC) has been established from 1 April 2025 as part of the new Board Committee structure.

It was advised that as a result of feedback received from multiple Board Committees through the Committee Self-Assessment process that the revised Board Committee structure had been

developed with SRC and the Strategic Development and Operational Delivery Committee (SDODC) had been disestablished from 1 April 2025 and two new Board Committees had been established; the Finance and Performance Committee (FPC) and the Strategy and Planning Committee (SPC).

Decision: The Sustainable Resources Committee **CONSIDERED** the outputs from the Committee Self-Assessment process and **AGREED** the actions to be taken to improve its effectiveness.

SRC(25)6

FINANCE TARGETED INTERVENTION ACTIONS

Mr Shaun Ayres presented the Finance Targeted Intervention (TI) Actions update to SRC and advised that within the three TI criteria within the SRC remit provided overall assurance with the one alert previously raised relating to the Annual Plan demonstrating a substantial financial improvement trajectory to deliver as a minimum the Target Control Total (TCT) having been downgraded to an advise in recognition of material improvements in the 2024-25 financial trajectory, meeting the restated TCT for 2024/25 and the early identification of savings for 2025-26.

Mr Ayres believed that there were still questions over the recurrent savings and underspending directorates and advised that there were £19m of savings currently identified that were not classed as green or amber within the BRAG rating and believed that half of the identified savings were anticipated not to be fully realised. Mr Ayres believed that this was an improved position to the same stage at previous years.

There were no questions from members of the Committee.

Decision: The Sustainable Resources Committee **RECEIVED** and **NOTED** the Finance Targeted Intervention Actions report.

SRC(25)7

FINANCE REPORT

Mr Huw Thomas presented the Finance Report to the Committee and advised that the Health Board was reporting a surplus of £0.3m in Month 10 2024/25 which was a favourable variance of £2.9m against the restated planned deficit of £2.6m. Mr Thomas advised of an improvement in the end-of-year forecasted deficit, from the restated planned deficit of £31.5m to £24.0m, a £4.0m improvement from the Month 9 position.

Mr Thomas advised that the challenge for the Health Board was a recurrent savings shortfall of £14m that resulted in the underlying deficit significantly exceeding the 2024/25 forecasted outturn. Mr Thomas advised that the impact carried forward from 2024/25 into the underlying deficit starting point for the 2025/26 Financial Plan

would include the 2024/25 outturn of £24.0m currently, the recurrent savings gap that was currently £14.0m, the underspending directorates that were not currently signalling an ongoing underspend that amounted to £7.4m and new funding challenges over and above the Welsh Government (WG) allocation that were anticipated to be approximately £10.0m.

Mr Thomas advised of the significant number of directorates that were escalated to Level 3 for the domain of Finance, Strategy and Planning and advised that a review of the internal escalation framework was being undertaken in readiness for the start of the new financial year, with proposals being drafted for Executive Team consideration for appropriate ways to ensure timely corrective action is taken for those directorates that are in distress for a prolonged period of time.

Mr Thomas advised that there was significant risk relating to the Health Board underspending against its Capital Resource Limit (CRL) due to the significant number of capital schemes that needed to be completed before the end of March. Mr Thomas advised that a new corporate risk had been created to reflect the risk of the underspend and that it was considered the greatest risk during the current financial year with the underlying deficit being considered the greatest risk in 2025/26.

Mr Thomas advised the Committee that WG had confirmed that the Health Board would receive strategic cash in line with its forecast deficit and advised that there had been a linkage between the cash allocation to the Health Board's TCT that would require consideration as part of the formulation of the Financial Plan.

Mr Andrew Spratt highlighted the NHS Wales Planning Framework 2025/26 that outlined WG's expectations of the Health Board that would be monitored and tracked from April 2025 and advised of the changes to the changes to the Health Board's reporting structures as part of the organisational change process.

In response to a question from Mr Maynard Davies on whether the TCT was fixed or could potentially be revised by WG, Mr Thomas advised that there was the possibility that WG could revise the Health Board's TCT as it has done for other health organisations in Wales. Mr Thomas advised that the medium-term goal was to reach a break-even position and that was the aim of the Health Board.

In response to a question from Mrs Delyth Raynsford on the impact of escalation, Mr Thomas believed that there was a normalisation of escalation within directorates who had been escalated over a period of time and felt that escalation had had the effect of disempowering line management responsibility and advised that the 2025/26 escalation framework would seek to reinforce line management responsibility and accountability. Mr Thomas advised that he was meeting with Board Committee

Chairs whose committees were responsible for scrutiny of areas in escalation and relevant Executive Directors to prepare a report for presentation to Board on 27 March 2025 for approval.

In response to a question from Mrs Raynsford on the increasing cost of secondary care drugs, Mr Thomas advised that the Clinical Director of Pharmacy and Medicines Management had been asked to produce an addendum to the Finance Report for Board on 27 March 2025 and advised that the increased drug costs related primarily to oncology and also within gastrointestinal and rheumatology drugs with reference to the patient impact through increased activity.

Mr Shaun Ayres left the meeting

In response to a question from Mrs Eleanor Marks on the impact on patients within escalated operational areas, Mr Carruthers believed that given the operational functions cover a significant level of spend within the organisation that it would be incongruous not to have higher levels of escalation within those operational areas given the Health Board's deficit position and believed that there had been a cultural change within the operational areas on financial management and advised that there had been an underspend within the operational areas in the last two months, although Mr Carruthers cautioned that these were reliant on non-recurrent underspends and more work was required to examine if the underspends could be transacted recurrently.

In response to a question from Mrs Marks on how the interim period during the operational change process would be managed and how directorates were working together on systemic matters that were not specific to one directorate, Mr Mark Henwood advised that the key to success was to foster an environment where people could work together across directorates and believed that recruitment to the operational management structure and the new operational structure that had been created. Mr Henwood believed that there was significant engagement needed to be undertaken in relation to clinical and medical leadership. Miss Jill Paterson believed that there was a commitment to integrated working within the new operational structures for whole system working.

Decision: The Sustainable Resources Committee:

- **RECOGNISED** that following Welsh Government funding received, the Health Board's Deficit plan is now £31.5m, which is the new Target Control, and the reported financial position has further improved to £24.0m in Month 10.
- **GAINED ASSURANCE** that with a year-to-date delivery of £21.0m against a planned deficit of £26.3m, the Health Board is now on a trajectory to achieve the revised financial position of £24.0m.
- **SCRUTINISED** the progress of savings actions to bridge the recurrent savings gap, of the Executive Team

commitment to identify £20.0m of recurrent savings by the end of December 2024, £19.0m has been identified to date with £12.0m being ideas.

- **SCRUTINISED** the Executive Delegated Officer portfolios which are overspending against their delegated budgets.
- **ACKNOWLEDGED** that an underlying deficit assessment is ongoing as part of the 2025/26 planning cycle, and that it is likely to be significantly higher compared to the 2024/25 forecast outturn due to the reliance in-year on non-recurrent actions and the lack of progress made in converting the same to recurrent improvements.
- **RECEIVED ASSURANCE** from those directorates with a level 3 escalation for Finance, Strategy and Planning, that they have sufficient actions and milestones in place to de-escalate (full details provided within the IPAR report as well as directorates listed under the alert section for the finance domain).
- **RECEIVED ASSURANCE** that:
 - Plans are translated from opportunities to delivery through the three-delivery functions Value and Sustainability Group, IQFPD Group and the Healthier Mid and West Wales Group;
 - Mitigating actions are being developed to address areas of overspend;
 - Appropriate mechanisms are in place to review and monitor the emerging Capital Resource Limit risk.
- **ACKNOWLEDGED** the Ministerial Enablers: Annex 2 requirements for 2025/26 and **DISCUSSED** if any reporting changes are required to ensure assurance can be taken in future committees.
- **ACKNOWLEDGED** the changes that will be made to financial management reporting hierarchies and accountability arrangements for the 2025/26 financial year following Executive Director and Chief Operating Officer portfolio changes.

SRC(25)8

FINANCIAL PLAN AND STRATEGY

Mr Weir introduced the Financial Plan and Strategy and following the discussion of the financial plan at the Board Seminar on 20 February 2025 invited Independent Members (IMs) present to share their reflections from the Board Seminar and the next steps for the financial plan and strategy.

Ms Michelle Dunning joined the meeting

Mrs Marks believed that the challenge was the replicate the non-recurrent savings that have been made on a recurrent basis and that the Clinical Services Plan (CSP) was an important factor in realising the recurrent savings.

Mr Davies believed that the financial constraints could not be disentangled from the plan and a significant impact on the ability to implement the plan related to the ability to recruit staff or upskill existing staff. Mr Davies believed that there were three distinct areas, where the Health Board had control over, where the Health Board had partial control or influence over and where the Health Board had no control over.

Mrs Raynsford believed that regional working was of importance given the level of dependency on the regional footprint in a number of service areas and believed that it was important to undertake a full impact assessment on the effect of removing the underspends from service areas in future years.

Mr Imperato believed that it was important to capture a measurement of productivity into the plan and that the pace of change through regional working needed to be examined.

Mr Weir questioned whether maintaining the directorate underspends at 75% of 2024/25 levels in the next financial year carried a risk to performance and that there was sufficient provision within the financial plan for the CSP and quality and safety issues and whether there was capacity within the organisation to make further savings and to realise existing identified savings.

Mr Thomas believed that the financial allocation for 2025/26 was a concern and that there was no indication that expected UK Government comprehensive spending review would precipitate any significant growth in public spending that would consequently spur significant growth of public expenditure by WG and a higher allocation for the Health Board coupled with less scope for efficiency savings within the organisation.

Mr Thomas highlighted changes that had been made to the financial plan since the Board Seminar and advised that while there was nominal impact of the changes on the overall totals the individual changes were presented to SRC to provide a fully up-to-date record. Mr Thomas highlighted the Financial Communications Plan that following the Committee's approval would form part of an actionable plan.

Mr Thomas advised that following the Committee's consideration, Accountability Letters would be issued to Executive Directors and Clinical Care Groups or Executive function Leads by 12 March 2025 for signing by 31 March 2025. Mr Thomas advised that the allocation of funding and the delegation of core budgets was subject to Board approval on 27 March 2025.

In response to the observations of Mr Davies on the Health Board's influence over savings opportunities, Mr Thomas believed that the £19m of savings opportunities that were within the Health Board's direct control needed to be converted into operational

plans and had been developed by the Health Board's operational teams and owned locally and it was for the Board to consider whether it had to appetite to progress. In response to the observations of Mr Imperato in relation to the pace of change, Mr Thomas believed that some of the proposals would require consultation with the Health Board's communities and that would be considered as part of the process of converting opportunities into implementable plans.

In response to the observations of Mrs Raynsford on regional working, Mr Thomas advised of the workings of the Regional Joint Committee (RJC) that had been established in addition to existing operational engagement between the Chief Operating Officers of both Hywel Dda University Health Board (HDdUHB) and Swansea Bay University Health Board (SBUHB). Mr Thomas further advised that for any schemes where non-recurrent savings were being made recurrent a full integrated impact assessment would be undertaken.

In response to the observation of Mrs Raynsford on investment choices, Mr Thomas advised that there was a formal process in place to approve local investment choices that would need to be approved by the Board if they were over £1m or approved by the Executive Team if under £1m and included with the Finance Report that was presented to the Board with timelines led by the relevant Directors and Directorates. Mrs Wilson advised that in relation to any non-recurrent underspends being proposed to be maintained recurrently would be required to be fully articulated in any report to be considered by the Board to ensure full openness and transparency and that all local investment decisions whether above or below the £1m threshold would be scrutinised by the new FPC.

Decision: The Sustainable Resources Committee:

- **NOTED** that the Health Board is proposing to submit an Annual Plan, set within a three-year context, not an IMTP, and has submitted an Accountable Officer letter.
- **CONSIDERED** the appropriateness of the principles, assumptions, approach, and modelling in the construction of the financial plan.
- **ACKNOWLEDGED** that an underlying deficit assessment, as presented, is significantly higher compared to the 2024/25 forecast outturn due to the reliance in-year on non-recurrent actions and the lack of progress made in converting the same to recurrent improvements.
- **ENDORSED** the Health Board's proposal to submit a financial plan in-line with the Target Control Total of £31.55m, linked to the maximum deficit it can expect to receive strategic cash support from Welsh Government.
- **APPROVED** the delegation of core budgets (excluding the 'local investments not yet approved') from the Accountable Officer (CEO) to Executive Directors and Clinical Care Groups / Executive Function leads so that Accountability

Letters can be issued by 12 March 2025, for signing by 31 March 2025.

- **ACKNOWLEDGED** that 'Local Investments Not Yet Approved' will be held in Central Reserves, profiled in equal twelfths unless otherwise stated, until a time when the Business Case is approved by an appropriate decision-making forum. Each month that goes by where approval has not been achieved, a non-recurrent saving will be transacted centrally releasing the budget that had been profiled for that month. Should no approval be achieved during the year, the investment will be removed so not to impact the underlying deficit carried into 2026/27.
- **SCRUTINISED** the progress of savings actions to bridge the recurrent savings target and minimise any conversion loss from idea phase to robust deliverable plan.
- **CONSIDERED** the aspirations as set out are sufficient to gain Board approval in March 2025 when the final version of the financial plan is submitted for approval.
- **ACKNOWLEDGED** the Welsh Government expectations set out within the criteria associated with the conditional funding and de-escalation criteria for targeted intervention.
- **NOTED** the outstanding confirmations related to values for LTA's, SLA's, JCC and NWSSP. Any updates will be made and transacted as a planning adjustment prior to 31 March 2025.
- **NOTED** the Financial Communications Plan.

SRC(25)9

VALUE BASED HEALTH CARE

Ms Michelle Dunning presented the Value Based Health Care (VBHC) update to the Committee and advised that the national Value and Sustainability Board had identified five high-value, high-impact areas for prioritisation that would be progressed by the Health Board. Ms Dunning advised that the five areas were:

- Diabetes
- Bone Health
- Trauma and Orthopaedic, hips and knees
- Trauma and Orthopaedic, shoulders and elbows
- Cardiovascular Disease

Ms Dunning believed that The Health Board approach to VBHC focused the development of sustainable healthcare by focusing resources on the outcomes that matter most to patients through the collection of Patient Reported Outcome Measurements (PROMs) with the opportunity to embed higher value approaches within the priority areas at all stages of their pathways.

Ms Dunning presented the progress within the five national priority pathways in addition to the work undertaken by the HDdUHB VBHC Team to support projects within the Health Board and

believed that the level of PROM responses received provided the opportunity for the VBHC Team to understand how patients experience their conditions and to provide insight into how services improve outcomes and believed that PROM data had informed changes to the delivery of services with opportunities to engage in a more structured conversation with patients to use the data within the planning of service delivery.

Ms Dunning advised that in addition to the core VBHC programme, the Health Board had initiated a Rapid Value Programme to focus on identifying and eliminating waste within pathways that worked within a 90-day cycle that undertook 10 projects per cycle.

Ms Dunning advised that there was a requirement on the Health Board to share PROM data to enable the comparison and benchmarking of different populations throughout Wales that necessitated a standardised PROM operational model to be developed. Ms Dunning advised that HDdUHB were the first Health Board in Wales to implement the 'Promptly Health' platform for managing the collection and harmonisation of patient-centred outcomes data in Wales and undertook an implementation plan to transition all existing PROM data collections across to the new platform. Ms Dunning advised that further work was required by Digital Health Care Wales (DHCW) to ensure that the platform is fully integrated with the national system to enable PROM collections to be triggered at all points along pathways and for patient-level visualisations to be available in the Welsh Clinical Portal.

Ms Dunning advised that future plans included updating and refocussing the VBHC Strategy based on the routine use of PROM data at the patient cohort and population level with the strategy with the strategy reflecting the national objective of evidencing impact of preventative approaches through the use of health coaching and lifestyle medicine.

Ms Dunning believed that to support future plans of the VBHC Team that a collaborating arrangement with the Swansea University VBHC Academy.

In response to a question from Mr Weir on what the three main achievements of the VBHC Team were, Ms Dunning believed that they were the progress made against the national pathways, the integration of systems across primary and secondary care and the integration of the system to enable easy access by clinicians to drive patient engagement.

In response to a question from Mr Weir on what alternative approaches were being taken to discharge medically fit patients from hospital through the Flow VBHC project, Ms Dunning believed that the project was investigating the the ability to support stroke patients into rehabilitation and the provision of additional

MD

support at home and undertook to provide further information to the Committee.

In response to a question from Mr Imperato on whether it was quantified what the financial savings were through the productivity gains of VBHC, Ms Dunning advised that the financial implications of VBHC projects was considered and believed that the Rapid Value Programme measured both productivity gains and cash releasing savings from VBHC activity. Mr Henwood believed that the concept of 'value' was linked to 'value for money' and that the Rapid Value Programme had not been established to save money and deliver financial savings with the delivery of improvements to patient care being the stated aim of the programme, it was anticipated that improved productivity would result in financial savings.

Mr Bruce Bolam advised that work had been undertaken between the Public Health directorate and the VBHC Team to address questions of productivity related to the preventative agenda and digital innovation to increase the reach and depth of the provision of lifestyle coaching support in areas such as smoking cessation, nutrition, alcohol reduction and physical activity promotion with benefits for patient care with significant gains possible with short-term improvements such as smoking cessation for preoperative care and post-operative care.

In response to a question from Mrs Raynsford on the programmes supported for children and young people's healthcare screening, Mr Bolam advised that there were a number of formalised screening programmes for infants with a number of screening programmes promoted through primary care and community care in schools and other social settings and advised that the most significant area of work currently being undertaken was in the child healthy weight pathway.

Decision: The Sustainable Resources Committee **RECEIVED ASSURANCE** from this report on the work of the Value Based Health Care Programme and that this is responsive to the priorities of the organisation as well as the nationally agreed pathways.

SRC(25)10

BALANCE SHEET REPORT

The Balance Sheet Report was presented to the Committee for information.

There were no questions from members of the Committee.

Decision: The Sustainable Resources Committee **NOTED** the Balance Sheet as at the end of Quarter 3 2024/25.

Mr Thomas presented the Corporate Risk Report to the Committee and advised that Risk 1843 ('Risk that the cash consequences of the Health Board deficit cannot be covered due to significant deficit position') would be updated to reflect the change of focus to the next financial year and that the revised risk would be presented to the first meeting of the Finance and Performance Committee on 29 April 2025.

There were no questions from members of the Committee.

Ms Bethan Andrews, Ms Sonia Hay and Ms Jessica Svetz joined the meeting.

Decision: The Sustainable Resources Committee:

- **NOTED** the re-alignment of risks currently reportable to SRC in line with revised governance arrangements as approved by Board at its meeting in January 2025;
- **RECEIVED ASSURANCE** that all identified controls are in place and working effectively;
- **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; and
- **CHALLENGED** where assurances are inadequate.

Ms Sonia Hay introduced the Deep Dive into the Pembrokeshire Integrated System to the Committee and advised that the financial outturn position for the Pembrokeshire System was a predicted £345k underspend in 2024/25 consisting of the Pembrokeshire County predicted to show a £1.039m underspend with Worthybush Hospital (WGH) showing a predicted £694k overspend.

Ms Hay advised that the underspend within the Pembrokeshire County was mainly driven by nurse vacancies with a significant proportion of the Pembrokeshire County budget being on non-pay with continuing healthcare the greatest factor whereby care was purchased for patients within the community with a primary care health need.

Ms Hay advised that the WGH position also showed a level of vacancies however this was offset due to agency usage to balance the demand need.

Ms Bethan Andrews presented the WGH position of the Pembrokeshire Integrated System and where efforts had been made to reduce the variable spend with significant work undertaken to reduce the nursing variable spend element despite

a spike during winter due to a surge in activity within Accident and Emergency (A&E). Ms Andrews advised that there was a substantial saving within the medical agency spend and believed that this has enabled the provision of quality care despite a significant reduction in variable pay in 2024/25.

Ms Andrews advised that the Pembrokeshire System and WGH had undergone significant challenges in 2024/25 having reduced the in-patient bed occupancy by 25 influenced in part by the ongoing fire scheme works and reinforced autoclaved aerated concrete (RAAC) situation at WGH and planned enhancement of paediatric services in Pembrokeshire. This has enabled the ward models to be revisited to support more effective and efficient nursing and medical models. Ms Andrews advised that improvements to the frailty pathway had improved and would remain a focus in 2025/26.

Within the wider Pembrokeshire County, Ms Jessica Svetz advised that the Porth Preseli service providing a comprehensive service for adults who require support in the community through the provision of a single point of communication, coordination, and triage for all routine, intermediate, urgent and crisis referrals and requests with the Clinical Assessment to Care at Home (CATCH) multi-agency outreach team providing a 'Hospital@Home' approach to rural health care and a focus on increasing the Trusted Assessor capacity with local authorities to reduce assessment delays.

Ms Andrews advised that following challenging months in May and June 2024 there had been an improvement in the incidences of clostridium difficile (C.diff) at WGH through improved stewardship of antibiotic therapy with a Microbiologist and Antibiotic Pharmacist undertaking weekly rounds to review and discuss with clinicians. Ms Andrews advised that since WGH assumed responsibility for the management of Sunderland Ward at South Pembrokeshire Hospital (SPH) work had been undertaken in relation to continence products that had delivered significant improvements to the patient experience and produced a savings benefit. Ms Andrews believed that the Community Trial Without Catheters (TWOC) triage nurse post and community TWOC clinics had reduced the need for patients to stay in hospital for the removal of catheters and enabled quicker patient discharge.

Ms Hay advised of significant performance gains experienced within the Pembrokeshire System with the three areas measured by the Care Action Committee; the reduction of pathways of care delays, assessment delays and the number of bed days delayed by pathway of care delays, all being on an improved trajectory within the County.

Ms Hay advised that the next steps to be undertaken would be to maintain the current bed model at WGH through community developments, to undertake a deep dive into the capacity and

demand of the Emergency Department (ED) and reviewing the community capacity.

Ms Hay advised that the financial savings identified for 2025/26 was £1.998m of a £2.231m target with a further £386k identified as a run rate cash releasing savings indicating that the Pembrokeshire Integrated System was on target to deliver its savings in the next financial year.

In response to a question from Mr Weir on why the Pembrokeshire System was at Level 3 intervention for finance when it was delivering an underspend, Mr Thomas advised that the reason for the escalation was due to the recurrent savings not being delivered although there was assurance that that would be addressed in the next financial year and believed that the Pembrokeshire System could be deescalated next year as the recurrent savings were delivered.

In response to a question from Mrs Raynsford on what lessons could be learned in Pembrokeshire that could be shared with the other two counties within the Health Board, Ms Svetz believed that the Vanguard training conducted with the local authority, third sector and the Health Board enabled an integrated system approach.

Mrs Sharon Hughes and Mr Anthony Tracey joined the meeting.

In response to a question from Mrs Marks on what benefits had been experienced in ED, Ms Andrews believed that no improvement had been seen in ED with the same pressures being experienced within the ED with the Getting It Right First Time (GIRFT) report into the ED at WGH raising issues that were being addressed.

In response to a question from Mr Imperato on what progress had been seen in increasing the Trusted Assessor capacity with the local authority, Ms Svetz believed that there was a good foundation within the Trusted Assessor models and highlighted the mental capacity Trusted Assessor model in Pembrokeshire and the equipment Trusted Assessor scheme in Ceredigion and work was being undertaken to examine how the model could be replicated across the Hywel Dda region.

Ms Bethan Andrews, Ms Sonia Hay and Ms Jessica Svetz left the meeting.

Decision: The Sustainable Resources Committee **RECEIVED** and **NOTED** the Deep Dive into the Pembrokeshire Integrated System.

Mr Thomas presented the Procurement Update to the Committee and advised that there were two items for the Committee's consideration; to approve the award of the All-Wales Pulp Medical Products contract to Vernacare International Ltd., for the period 1 March 2025 to 28 February 2029, with an option to extend for a further twelve months and to approve the award of the external Maintenance Contract for two Combined Heat and Power Units (CHP), one located at Prince Philip Hospital (PPH) and one located at Withybush Hospital (WGH) for the period 1 April 2025 to 31 March 2033, with an option to extend for a further twelve months.

There were no questions from members of the Committee.

Decision: The Sustainable Resources Committee scrutinised and recommend for Board to:

- **APPROVED** the award of the All-Wales Pulp Medical Products contract to Vernacare International Ltd., for the period 1 March 2025 to 28 February 2029, with an option to extend for a further twelve months. This contract will have onwards submission to Velindre NHS Trust (as hosts of NHS Wales Shared Services Partnership) and Welsh Government for approval.
- **APPROVED** the award of the external Maintenance Contract for 2 x Combined Heat & Power Units (CHP), one located at PPH, Llanelli and one located at WGH, Haverfordwest, for the period 1 April 2025 to 31 March 2033, with an option to extend for a further twelve months. This contract will have onwards submission to Velindre NHS Trust (as hosts of NHS Wales Shared Services Partnership) and Welsh Government for approval.

SRC(25)14

DECARBONISATION UPDATE

Mrs Sharon Hughes presented the Decarbonisation Update to the Committee and advised that following the restructuring of the Strategic Property and Environment Governance Structure, climate change mitigation and decarbonisation activity was being embedded into the broader organisational 'business as usual' activity across the Health Board.

Mrs Hughes advised that the Health Board's existing energy performance contract (EPC) with Centrica was approaching the end of its contract period with the new EPC being delivered by Vital Energi from April 2025 and that a number of grant applications had been submitted to fund heat deficiency schemes with the Health Board successfully obtained grant funding from UK Government to deliver heat network optimisation studies at PPH.

Mrs Hughes advised that the work to develop the private wire solar farm project near PPH to exploit carbon and financial savings from 2026/27) is being progressed with a capital bid to the

Targeted Estates Fund (TEF) having been prepared to support the scheme in addition to other energy efficiency schemes such as a replacement window scheme and additional electric vehicle (EV) car charging infrastructure.

Mrs Hughes provided an update on the estates rationalisation project and the provision of a new corporate headquarters at Picton Terrace, Carmarthen, that had received Board approval on 26 September 2024 with the project team continuing to deliver to the agreed project plan and timeline with the project remaining on target with £1.15m having been received to purchase the 125-year lease from WG.

Mr Thomas advised that the recommendation to approve the Decarbonisation Internal Audit Report action could not be approved by the Committee as it was an assurance committee and advised that the recommendation should be amended to 'note' the audit action.

CSO

Mrs Sharon Hughes left the meeting.

Decision: The Sustainable Resources Committee:

- **RECEIVED ASSURANCE** from the actions/activity being progressed by the Decarbonisation Task Force Group as part of the Health Board Decarbonisation Delivery Plan.
- **ENDORSED** the revised structure in Appendix 1
- **NOTED** the audit action and agree to 'complete' the outstanding management action on AMAT.

SRC(25)15

PLANNING OBJECTIVES UPDATE REPORT

Mr Thomas presented the Planning Objectives (PO) update report to the Committee and advised that of the two POs that were aligned to SRC, PO2 Financial Recovery and Route Map and PO9 Digital Plan, PO2 was listed as being on-track with PO9 listed as complete.

Mr Thomas advised that following the UK Government's comprehensive spending review would provide an indication of the long-term funding allocation into WG would be with the Health Board being in a better position by September 2025 to have a route map that relates to the future income that it was likely to receive.

There were no questions from members of the Committee.

Decision: The Sustainable Resources Committee **RECEIVED ASSURANCE** on the progress of Planning Objectives PO2 (Financial Recovery and Route Map) and PO9 (Digital Plan) to assure the Board that the Planning Objectives are progressing and are on target, and to raise any concerns where a Planning

Objectives is identified as behind in its status and/or not achieving against its key deliverables.

SRC(25)16

WELSH HEALTH CIRCULARS

Mr Thomas presented the Welsh Health Circulars (WHCs) to provide an update on progress in relation to the implementation of WHCs which come under the remit of SRC.

There were no questions from members of the Committee.

Decision: The Sustainable Resources Committee:

- **NOTED** the re-alignment of WHCs currently reportable to SRC in line with revised governance arrangements as approved by Board at its meeting in January 2025.
- **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.

SRC(25)17

CONSULTANCY REVIEW

Mr Thomas presented the Consultancy Review monitoring the consultancy usage and spend at HDdUHB and advised that the Health Board had awarded two consultancy contracts between 1 November 2024 and 31 December 2024, to Opinion Research Services (ONS) for consultation and engagement consultancy services and the Huw Irwin Associates to provide quality assurance consultancy services.

There were no questions from members of the Committee.

Decision: The Sustainable Resources Committee:

- **NOTED** and **DISCUSSED** the consultancy spend and usage.
- **RECEIVED ASSURANCE** regarding the monitoring of consultancy usage and spend in HDdUHB.

SRC(25)18

MINISTERIAL DIRECTIONS

Mr Thomas presented the Ministerial Directions (MD) to provide the Committee with a status update and assurance that all NHS Non-Statutory Instruments (NSIs), otherwise known as MDs received from WG have been implemented and adopted by HDdUHB.

There were no questions from members of the Committee.

Decision: The Sustainable Resources Committee:

- **NOTED** the re-alignment of risks currently reportable to Strategic Delivery and Operational Delivery Committee (SDODC) in line with revised governance arrangements as approved by Board at its meeting in January 2025; and
- **RECEIVED ASSURANCE** that HDdUHB is compliant with the NSIs (MDs) issued by WG between 1 November 2024 and 31 January 2025.

SRC(25)19

DIGITAL MATERNITY CYMRU BUSINESS CASE

Mr Anthony Tracey presented the Digital Maternity Cymru Business Case to the Committee and advised that the process had been expedited due to the an unsuccessful all-Wales procurement exercise for a digital maternity system with Health Boards tasked with developing their own business cases for local digital maternity solutions and securing an appropriate solution with WG requesting that each Health Board in Wales undertake a local business case for the procurement of a digital maternity system for implementation in 2026.

Mr Tracey advised that the need for the new digital maternity service was to improve the quality and safety of maternity care and believed that the benefit of moving to a single supplier across Wales would enable patients to be seamlessly transferred between health organisations within Wales.

Mr Tracey advised that WG was providing £350k of revenue funding and £100k of capital funding to offset some of the costs outlined within the business case.

Mr Tracey advised that currently maternity services were still paper-based. Ms Dana Scott advised that two other Health Boards in Wales had already resolved to procure the same Digital Maternity Cymru System to enable wider integration with other Health Boards within Wales that would enable a real-time record of the care delivered negating the need for patients to have to carry their physical notes with the digital system enabling patients to have access through an app through which they can view their records and raise any questions that they have regarding any test results. Ms Scott believed that within a large, mainly rural Health Board such as HDdUHB this approach would reduce the amount of travel required for patients, enable early consultation and identify patients who need to be placed on specific pathways at an earlier stage. Ms Scott advised that the app enabled greater access to health promotion and health protection advice linked to the most up-to-date evidence-based advice that patients were able to access.

Ms Scott advised that WG had made a commitment to patients to have a digital maternity system in place by March 2026. In response to a question from Mr Weir on remote connectivity, Ms Scott advised that the advantage of the proposed system was it negated the need for face-to-face consultations and the physical location of the patient and consult was academic.

In response to a question from Mr Davies on compatibility with a comparable digital maternity system within SBUHB, Mr Tracey advised that the Health Board was seeking to undertake a joint procurement exercise with SBUHB with conversations with the Procurement Team at SBUHB already having been undertaken with the view to the HDdUHB Procurement Team running the joint procurement exercise, with the previous All-Wales specification being utilised.

In response to a question from Mr Davies on whether the Health Board had a necessary capital available above the WG funding provided for the new system, Mr Thomas advised that the Health Board had not currently identified the estimated £80k however it was necessary to progress the business case for Board approval on 27 March 2025 otherwise the Health Board would lose the WG funding. Mr Thomas expressed his dissatisfaction at the limited time that the Health Board had been given to develop the business case that had limited the opportunity to engage and fully develop the business case.

In response to a question from Mr Davies on whether there was any opportunity to work with the Health Board's Digital Strategic Partner, Mr Tracey advised that the the Health Board's Digital Strategic Partner would be used for the adoption and project management of the Digital Maternity Cymru system.

Mrs Wilson advised that following discussions at Executive Team, given the uncertainty over the source of the additional revenue capital would require the Chair of SRC to undertake a Chair's Action once Mr Thomas had had the opportunity to identify the source of the funding in response to the Executive Team not wishing to approve the business case with a funding gap. Mrs Wilson also advised that there was a need to map the use of CGI Ltd. as the Health Board's Digital Strategic Partner to ensure good governance procedures were adhered to as requested by the Board.

In response to a question from Mr Davies on integration with the NHS Wales app, Mr Tracey confirmed that the benefit of having a unified digital system in Wales was that the NHS Wales App Team only had one system within which it needed to integrate with.

Decision: The Sustainable Resources Committee:

- **NOTED** to the contents of the report.
- **PROVIDED** any comments on the business case.

- **SUPPORTED** the business case to be reviewed through the committee structure and subsequently presented to the Board for approval.
- **SUPPORTED** following approval the project team will be appointed to execute the DMC Programme for the 2025/2026 period.
- **SUPPORTED** the funding gap in Year 1 - 2025/2026 which is £48,359 in capital funding and £80,487 in revenue funding
- **SUPPORTED** regional discussions with Swansea Bay to ensure the seamless transition of patients between the organisations, by procuring a regional single instance.

SRC(25)20

INFORMATION GOVERNANCE SUB-COMMITTEE UPDATE

Mr Tracey presented the Information Governance Sub-Committee (IGSC) Update to the Committee and advised that the sub-committee had approved changes to the Unauthorised Access to Patient Records Procedure and the Written Control Documentation Policy for onward approval by SRC.

Mr Tracey provided an update on Clinical Coding and advised that the clinical coding was still below the national targets however was showing an improving trajectory due to the recruitment of new trainee coders coming to the end of their training programme that also enabled those providing the training to return to their full-time coding duties.

Mr Tracey advised that the sub-committee wished to assure SRC that work was continuing around corporate and medical records management storage with a number of records removed from an external source to an internal records facility to reduce the Health Board's reliance on external suppliers.

Decision: The Sustainable Resources Committee:

- **NOTED** the report and **RECEIVED ASSURANCE** from the actions and oversight of the Sub-Committee.
- **APPROVED** an update of Procedure 773 Unauthorised Access to Patient Records – Reporting and Escalation Procedure
- **APPROVED** an update of Policy 190 Written Control Documentation Policy.

SRC(25)21

DIGITAL OVERSIGHT GROUP UPDATE

Mr Tracey advised that there was no Digital Oversight Group Update as the Group had not met since the previous update provided to SRC and that the Board had approved the disestablishment of the Digital Oversight Group from 1 April 2025 with the remit of the group transferring to the new Digital, Data and Innovation Committee (DDIC).

Decision: The Sustainable Resources Committee **RECEIVED** and **NOTED** the verbal Digital Oversight Group Update.

SRC(25)22

DIGITAL INCLUSION

Mr Tracey presented the Digital Inclusion Update to the Committee to outline the work of the Digital Team in relation to digital skills and confidence improvement of Health Board staff. Mr Tracey advised that a number of projects had been implemented within the last 12 months with key programmes of work relating to patient flow, eObservations and electronic prescribing and medicines administration (EPMA) whose adoption was reliant on staff having the appropriate level of digital skills and confidence to use the systems.

Mr Tracey advised that a digital inclusion seminar had been held in January 2025 with Health Board staff and third sector partners on how improvements could be made in digital accessibility for Health Board patients and advised that the development of a new patient services centre to improve digital literacy and to improve accessibility for those using Health Board service such as sending letters to patients through the hybrid print and post system in braille or large font for visually impaired patients.

In response to a question from Mr Weir on the capacity of the Digital Inclusion Team, Mr Tracey advised that there were currently two members of staff employed within the Digital Inclusion Team supported by 100 digital inclusion champions across the Health Board with an additional member of staff currently on maternity leave.

In response to a question from Mr Weir on partnership working with the Health Board's constituent local authorities, Mr Tracey advised that work had been undertaken with Ceredigion County Council with work being undertaken with Carmarthenshire County Council around Delta Wellbeing with Pembrokeshire County Council having participated within the regional Digital Steering Group.

Decision: The Sustainable Resources Committee:

- **NOTED** progress made within the programme.
- **NOTED** the challenges and risks highlighted to the programme.
- **PROVIDED** any recommendations it sees appropriate to enrich the programme.

SRC(25)23

INTEGRATED PERFORMANCE ASSURANCE REPORT

Mr Thomas presented the Month 10 2024/25 Integrated Performance Assurance Report (IPAR) to the Committee.

There were no questions from members of the Committee.

Decision: The Sustainable Resources Committee **DISCUSSED** the SRC measures from the Integrated Performance Assurance Report and **ADVISED** of any issues that need to be escalated to the March 2025 Board meeting.

SRC(25)24

ALL-WALES CAPITAL PROGRAMME 2024/25 CAPITAL RESOURCE LIMIT AND CAPITAL FINANCIAL MANAGEMENT UPDATE

Mr Thomas presented the All-Wales Capital Programme, the 2024/25 Capital Resource Limit (CRL) and Capital Financial Management Update to the Committee and advised of the risk of underspending the Health Board's CRL with a significant increase in the Health Board's capital spend in Months 11 and 12 of 2024/25 to achieve the Health Board's CRL.

There were no questions from members of the Committee.

Decision: The Sustainable Resources Committee:

- NOTED the Capital Resource Limit for 2024/25
- NOTED the capital risks being managed
- NOTED the project updates.

SRC(25)25

NWSSP PERFORMANCE REPORT Q3 2024/25

Mr Thomas presented the NHS Wales Shared Services Partnership (NWSSP) Performance Report for Q3 2024/25.

There were no questions from members of the Committee.

Decision: The Sustainable Resources Committee:

- **RECEIVED ASSURANCE** from the content of the NWSSP Performance Report for Quarter 3 2024/25 that services provided are being delivered to expected standards.
- **NOTED** the work being developed regarding outcome measures reporting.

SRC(25)26

SUSTAINABLE RESOURCES COMMITTEE ANNUAL WORK PLAN

Mr Weir presented the SRC Annual Work Plan for 2024/25 to the Committee for review. There were no questions from members of the Committee.

Decision: The Sustainable Resources Committee **NOTED** the Committee Work Plan 2024/25.

SRC(25)27

ANY OTHER BUSINESS

Mr Weir paid tribute to Mrs Raynsford for her contribution to the Committee as this was Mrs Raynsford's last SRC meeting before the end of her term of office as an IM.

Mr Thomas noted that this was the last meeting of SRC before the revised Board Committee structure was implemented and thanked Mrs Raynsford for her service to the Committee and to Mr Weir on his last meeting as Chair of SRC.

SRC(25)28

DATE OF NEXT MEETING

The next meeting of the successor Committee to SRC, the Finance and Performance Committee will be held on Tuesday 29 April 2025.

UNAPPROVED