

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

<b>Date and Time of Meeting:</b>	20 <sup>th</sup> December 2022, 10.30am-12.30pm
<b>Venue:</b>	Boardroom/MS Teams

<b>Present:</b>	Mr Winston Weir, Independent Member, Committee Chair Mr Maynard Davies, Independent Member, Committee Vice Chair (VC) Mr Paul Newman, Independent Member (VC) Ms Delyth Raynsford, Independent Member (VC) Mr Rhodri Evans, Independent Member
<b>In Attendance:</b>	Mr Huw Thomas, Director of Finance Mr Andrew Carruthers, Director of Operations (part) Mrs Mandy Rayani, Director of Nursing, Quality and Patient Experience (VC) (part) Mr Lee Davies, Executive Director of Strategic Development & Operational Planning (VC) Ms Michelle Dunning, Senior Project Manager - Value Based Health Care (VC) Ms Alwena Hughes-Moakes, Communications Director (VC) Ms Jill Paterson, Director of Primary Care, Community and Long Term Care (part) Mr Andrew Spratt, Assistant Director of Finance Ms Rebecca Hayes, Senior Finance Business Partner (Corporate Reporting) (part) Ms Rhian Matthews, Integrated System Director Carmarthenshire (VC) (part) Ms Olwen Morgan, Hospital Head of Nursing (VC) (part) Ms Liz Carroll, Director of Mental Health and Learning Disabilities (VC) (part) Ms Sarah Thorne, Senior One Health Practitioner (VC) (part) Mr Anthony Tracey, Digital Director (VC) Ms Sarah Jenkins, Head of People and Organisational Effectiveness (VC) (part) Ms Sophie Corbett, Audit Wales (VC) Ms Mared Jones, Finance Graduate Trainee (Observer) (VC) Mrs Sarah Bevan, Committee Services Officer (Secretariat)

<b>AGENDA ITEM</b>	<b>ITEM</b>	
<b>SRC(22)151</b>	<b>INTRODUCTIONS AND APOLOGIES FOR ABSENCE</b>	<b>Action</b>
	<p>The Chair, Mr Winston Weir, welcomed all to the meeting and extended a warm welcome to Mr Rhodri Evans, as the new Independent Member on the Committee and Ms Mared Jones, Finance Graduate Trainee, as an observer of the meeting.</p> <p>Apologies for absence were received from:</p> <ul style="list-style-type: none"> <li>Miss Maria Battle, HDdUHB Chair</li> <li>Mr Steve Moore, HDdUHB Chief Executive</li> </ul>	

	<ul style="list-style-type: none"> <li>• Mrs Lisa Gostling, Director of Workforce and Organisational Development</li> <li>• Mrs Joanne Wilson, Board Secretary</li> <li>• Mr Shaun Ayres, Assistant Director of Commissioning</li> <li>• Professor Philip Kloer, Medical Director/Deputy CEO</li> </ul>	
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<b>SRC(22)152</b>	<b>DECLARATIONS OF INTERESTS</b>	
	There were no declarations of interest.	

<b>SRC(22)153</b>	<b>MINUTES OF PREVIOUS MEETING HELD ON 10<sup>th</sup> NOVEMBER 2022</b>	
	The minutes of the Sustainable Resources Committee (SRC) meeting held on 10 <sup>th</sup> November 2022 were reviewed and approved as an accurate record.	
	<b>RESOLVED</b> – that the minutes of the Sustainable Resources Committee meeting held on 10 <sup>th</sup> November 2022 be <b>APPROVED</b> as an accurate record.	

<b>SRC(22)154</b>	<b>MATTERS ARISING AND TABLE OF ACTIONS FROM THE MEETING HELD ON 10<sup>th</sup> NOVEMBER 2022</b>	
	<p>The Table of Actions from the meeting held on 10<sup>th</sup> November 2022 was reviewed, and confirmation received that all outstanding actions had been completed, were being progressed, or were forward-planned for a future Committee meeting, with the exception of the actions below:</p> <ul style="list-style-type: none"> <li>• <b>SRC(22)97 - Regional Integration Fund (RIF) Plans:</b> <i>To provide an update on queries raised in relation to the Investment Proposal document at the next Committee meeting.</i> Mr Paul Newman advised Members that he will be taking up the offer to meet with Mr Kelvin Barlow, Regional Partnership Programme Manager, West Wales Care Partnership and undertook to provide an update at the next Committee meeting.</li> <li>• <b>SRC(22)123 - Assurance over Delivery of the Strategic Programmes of Change:</b> <i>To discuss, outside of the meeting, the non-recurring benefit of £125,000 in relation to Continuing Health Care packages of care (0% Health packages).</i> Ms Liz Carroll confirmed that the benefit is recurring. Action complete.</li> </ul> <p>Mr Maynard Davies requested that the timescale section is updated for amber rated actions.</p>	<p><b>PN</b></p> <p><b>SB</b></p>

<b>SRC(22)155</b>	<b>COMMITTEE SELF-ASSESSMENT 2021/22 – REVIEW OF OUTCOMES</b>	
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	<p>Members received the Committee Self-Assessment 2021/22- Review of Outcomes report, to provide assurance that any actions from the SRC Self-Assessment 2021/22 are being progressed within the agreed timescales.</p> <p>Referencing the suggestion for improvement under question one, relating to reducing the duplication of information provided to each meeting, Mr Davies suggested that, where papers repeat baseline information, any new information being provided to the Committee is highlighted clearly.</p> <p>Referencing the response to the suggestion for improvement under question seven, that the responsibility for longstanding audit recommendations lies with the Audit and Risk Assurance Committee and is outside of the remit of SRC's Terms of Reference, Mr Newman queried whether SRC could play a role in reviewing these from a financial remit. Mr Weir agreed, and Mr Huw Thomas undertook to discuss with Mrs Joanne Wilson.</p>	<b>HT/JW</b>
	<p>The Committee <b>RECEIVED ASSURANCE</b> that any actions from the SRC Self-Assessment 2021/22 are being progressed within the agreed timescales.</p>	

<b>SRC(22)156</b>	<p><b>ASSURANCE OVER DELIVERY OF THE STRATEGIC PROGRAMMES OF CHANGE AND KEY RISKS TO DELIVERY</b></p> <p>Members received the Assurance over Delivery of the Strategic Programmes of Change report and accompanying presentation, providing a status report of where each of the key programmes of work currently are, for the delivery of the Health Board's strategic programmes of change.</p> <p>The programmes are intended to address a multitude of pressures across the system. Consequently, each programme has been incepted to remedy specific challenges facing the Health Board. It has been well highlighted that the current financial challenges require targeted approaches across the following domains:</p> <ul style="list-style-type: none"> <li>• Transforming Urgent and Emergency Care</li> <li>• Building Community Care Capacity</li> <li>• Long term care Mental Health and Learning Disabilities</li> <li>• Nursing Agency</li> <li>• Medical Agency</li> <li>• Alternative Care Unit</li> <li>• Family Liaison Officer (FLO)</li> </ul> <p>Mr Thomas advised Members that each programme will provide the platform and foundation to drive a number of improvements across performance, quality and finance. However, each programme of work is at a different stage of development and progress against meeting its own objective is varied.</p>	
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With regard to Transforming Urgent and Emergency Care (TUEC), Ms Rhian Matthews advised that the programme has been running for the past 14 months, following the receipt of funding of £2.8m. However, Ms Matthews advised Members that this investment should not be seen in isolation to the investment into core budgets for Urgent and Emergency Care and the investment from the RIF. Everything contributing to TUEC comes from these 3 areas. Ms Matthews reminded Members that the RIF allocation is fully committed.

Ms Matthews advised Members of the two largest areas to sustain and improve Urgent and Emergency Care; firstly, the elements related to complex care provided at home (RIF funded) and secondly, the three key areas for monitoring as part of the TUEC programme: reducing conveyance to hospital, reducing admission to hospital, and managing complexity of the inpatient cohort. Ms Matthews advised Members that initial data is illustrating an increase in the number of patients with high levels of acuity being managed in the community and a reduction in conveyance rates for the 65+ population.

Ms Matthews advised Members that front door turnaround rates are reducing. The Urgent and Emergency Care funding has allowed the enhancement of Same Day Emergency Care (SDEC) provision. TUEC is therefore progressing well and is fully resourced given the funding received and that this could be scaled up further dependent on funding being provided. However, Ms Matthews advised Members that workforce constraints pose a challenge.

Ms Matthews highlighted that the overarching outcome indicator for TUEC is for patients to spend more time at home, which is monitored via the proportion of beds occupied over 21 days. Ms Matthews assured Members that this indicator is starting to reduce. However, significant improvement is required for the numbers of people occupying beds over 21 days. Ms Matthews noted that the Frail and Older Adult population are contributing to bed occupancy rates and that for every week spent in hospital, patients lose 10% of their muscle mass, which in turn necessitates increased social care. Ms Matthews assured Members that a Programme Management Office has been established to develop work plans with clear deliverables and timelines.

Mr Weir enquired whether there are any clear key performance indicators (KPI) available and targets for these indicators. Ms Matthews responded that from a programme perspective a results based accountability approach is adopted, recognising that it is dependent on Local Authority partners contributing to an optimum position. Ms Matthews advised that there is a whole systems outturn framework, which all three Local Authorities have signed up to and have a responsibility for delivery of the six policy goals.

Mr Rhodri Evans queried the internal systems in place to mitigate the risk of patients being sent home who shouldn't be. Ms Matthews responded that readmissions are monitored, which are currently showing no increase in readmission rates. Additionally, quality and safety measures are tracked in terms of incidents relating to suboptimal discharges.

Mr Davies queried any learning and sharing of best practice from other organisations across Wales, specifically with regard to the turnaround of ambulance handovers. Ms Matthews responded that she attends a number of national meetings with other health board Programme Leads to share information across the six policy goals and embed learning. Ms Matthews assured Members that Hywel Dda is currently leading the way in areas such as Frailty and the management of inpatient complexity. With regard to ambulance handover delays, Ms Matthews advised Members that a recent meeting had been held to share learning, however infrastructure plays an important part in the reduction of handover delays in areas such as Cardiff and Vale University Health Board.

Mr Davies enquired whether the Health Board is experiencing delays where we are dependent on national programmes such as NHS 111 First. Ms Matthews responded that currently there is no indication that the Wales Ambulance Service NHS Trust is expected to roll out the 111 First premise.

Recognising the difficulty in translating this work into a financial trajectory of improvement, in light of any work being undertaken to prevent admissions and reduce conveyancing being consumed by the over 21 day length of stay, Mr Thomas reiterated the importance of capturing the productivity gains from this work.

Referring to the issues for escalation to Executives documented within the presentation, Ms Matthews advised Members that, in terms of recruitment and workforce, there are a number of initiatives in place and from a Local Authority perspective, assurance has been requested from Local Authorities regarding their recruitment campaigns. Regarding culture and mindset change, Ms Matthews advised that there are currently no all-Wales clinical standards for Frailty and provided assurance that the Health Board is leading on this nationally. Further assurance was provided that, by the end of March 2023, the Health Board will have a Quality Statement for Best Practice for Frail and Older People for sign off at a national level. A service specification will then be developed to assist health boards in implementing these standards.

*Mr Andrew Carruthers joined the Committee meeting*

Ms Delyth Raynsford queried the involvement of carers in the decision making process. Ms Matthews responded that the expectation for patients to be discharged into the community sooner will place more stress on families and carers. Ms Matthews further advised that the Health Board routinely offers direct payments to carers for personal assistance. Ms

Matthews assured Members that social care workers are aware of the psychological wellbeing of carers and are able to signpost to community groups for support. Respite is also offered to carers, depending on resources in terms of bed capacity in hospital, and dependent on domiciliary care availability for home respite care. Ms Matthews advised Members of the benefit of technology enabled care, particularly in providing support to families whose carers do not live with the patient. Work is ongoing with Delta Wellbeing from a transformation programme perspective to roll this out. Additionally, the Health Board has signed off the procurement of Dementia Wellbeing Connectors for each cluster area, specifically to provide support to carers.

In conclusion, Ms Matthews noted the request for KPI metrics to be reported to future Committee meetings to highlight progression against the KPIs.

**RM**

With regard to Building Community Care Capacity, Ms Jill Paterson advised Members that there has been no significant progress in terms of delivery of the programme since the report to the Committee at its previous meeting. Ms Paterson advised Members that the Health Board is awaiting the sign off of the legal agreement with two Local Authorities and therefore, the Health Board has not yet gone out for a further recruitment round. In terms of the extra beds in totality across the Local Authorities, Ms Paterson advised Members that there are approximately 80 beds. However, there is a challenge in that 100 beds have been lost' in terms of care home capacity. Mr Weir suggested that it would be useful to provide the number of beds opened and lost in future reporting to the Committee.

With regard to Long Term Care in Mental Health and Learning Disabilities (MHL), Ms Carroll advised Members that there has been limited progression since the last report to the Committee. However, assurance was provided by the ongoing work with the Clinical Director for Collaborative Commissioning, National Collaborative Commissioning Unit (NCCU) regarding the funding arrangements. Mr Andrew Carruthers assured Members that a review will be undertaken with support from the NCCU, which will provide clarity on what can be delivered. Acknowledging that there was no progress update on the programme within the report, Ms Carroll assured Members that the Head of Commissioning for MHL continues to work on the efficiencies to step down patients proactively into less restrictive environments.

In response to timescales for delivery of the programme, Mr Carruthers advised Members that there is no timescale as yet and undertook to liaise with the Clinical Director for Collaborative Commissioning to ascertain.

**AC**

*Ms Liz Carroll left the Committee meeting*

With regard to Medical Agency, Ms Sarah Jenkins advised Members that a baseline is yet to be established and that there are challenges to be resolved in terms of links with Payroll. Ms Jenkins advised Members that

work is being undertaken with Swansea Bay University Health Board to explore opportunities for a locum medical bank. Ms Jenkins advised Members that a pilot project has been established with the Women's and Children Directorate with regard to job planning reviews. Referring to the issues for escalation to Executives, notably confirmation on the scope of the programme, Mr Weir recommended that the scope is widened rather than being made more specific due to the scale of challenge for the Health Board. Members were advised that there is currently no financial data available as this is dependent on the baseline being confirmed.

With regard to the Alternative Care Unit (Y Lofa, Glangwili General Hospital (GGH)), Ms Olwen Morgan advised Members that the unit has been operational since 15<sup>th</sup> November 2022, with the aim to hold capacity for 15 beds. Ms Morgan assured Members that a Standard Operating Procedure has been produced outlining the criteria for admission to ensure that individuals are of a level of functionality that is suitable for reablement and discharge with a package of care or to a residential environment. Ms Morgan further advised that individuals within the unit are medically fit with no active medical treatment or registered therapy treatment. Ms Morgan advised Members that the unit is currently staffed partly by redeployed substantive staff and partly by agency and bank.

In terms of opportunities to accelerate the scalability across other sites, Ms Morgan advised Members that the large proportion of patients who are medically fit are not appropriate for the unit due to their dependence and needs being at a higher level. Recruitment is also a challenge in getting staff to sign up for shifts. Mrs Mandy Rayani assured Members of plans in place to improve patient experience and mitigate the risks regarding the reduction of agency spend. In terms of finance, Mrs Rayani advised that there is an anticipated £1.5million saving as a consequence of not having to utilise high cost agency elsewhere in the system.

Mrs Rayani advised that there are further discussions to be had regarding the Registered Nurse staffing input for the unit, which is essentially the equivalent of a social care facility. However, staffing is the biggest challenge in terms of continuity. Mrs Rayani highlighted that the programme is to run until March 2023 and dependent upon the evaluation of the programme at this point, it may be extended in which case additional recurring savings opportunities would be anticipated.

In terms of patient feedback, Ms Morgan assured Members that this is being captured and has so far been positive. Mrs Rayani advised Members that there is some anxiety around the unit being in an acute setting, however, the possibility of using facilities outside the acute hospital site is being explored.

With regard to the Family Liaison Officer domain, Mr Thomas advised Members that a project manager has yet to be identified. Mrs Rayani advised Members that she is currently managing the project, with support

	<p>from Ms Morgan and the team in GGH, due to limited capacity within the Programme Management Office. Mrs Rayani assured Members that this work is also being supported by the Quality Improvement Team. However, should the project be scaled up, it would require dedicated project management support.</p>	
	<p>The Committee <b>RECEIVED LIMITED ASSURANCE</b> relating to the Programmes of Work, however <b>RECEIVED ASSURANCE</b> relating to the platform and foundation developed to drive a number of improvements across performance, quality and finance.</p>	

<b>SRC(22)157</b>	<b>FINANCE REPORT AND FORECAST MONTH 8, 2022/23</b>	
	<p>Members received the Finance Report Month 8 (M8) 2022/23, outlining the Health Board's revised draft Financial Plan to deliver a deficit of £62.0m, after savings of £13.9m; this recognises the inadequate level of assurance around directorate overspend mitigation plans and the identification of a further £15.5m of savings schemes deliverable within the current financial year against the initial £25.0m deficit Plan, combined with an operational variation due to system pressures and continuation of COVID-19 activities within HDdUHB's core services</p> <p>Mr Thomas advised Members that the forecast deficit is £59.0m, after recognising a further £5.0m of operational variation offset by £8.0m Accountancy Gains.</p> <p>Referring to the M8 financial position, excluding Accountancy Gains of £8.0m, is an overspend of £6.4m, which is made up of £4.3m operational variance and an original deficit plan of £2.1m; this is after recognising £0.3m of assumed WG transitional funding for COVID-19. Mr Thomas advised that £1.1m of savings schemes were delivered in line with identified plans.</p> <p>Mr Thomas advised Members that, of the £4.3m overspend in-month, £1.3m relates to undelivered savings plans against the original target and £3.0m relates to operational pressures. These pressures are mainly being experienced within Unscheduled Care teams, and in Medicines Management in relation to Primary Care Prescribing.</p>	
	<p>The Committee <b>NOTED</b> and <b>DISCUSSED</b> the M8 2022/23 financial position and end-of-year forecast.</p>	

<b>SRC(22)158</b>	<b>KPMG RETROSPECTIVE</b>	
	<p>Members received the KPMG Retrospective report, outlining the current status on recommendations from the review of finances undertaken by KPMG in 2019 and planned future actions.</p>	

Mr Thomas advised Members that the KPMG reports reference the processes and governance structures in place at the time of the review, e.g. Holding to Account and Finance Committee. Whilst several changes have happened in the intervening period, some of the key themes from the recommendations remain relevant. Some areas have been fully implemented, although delivery may be challenging. Other areas are on-going or no longer relevant. Mr Thomas noted that the report covering the Assessment of the 2019/20 Financial Plan can be discounted as the items have been covered elsewhere.

Mr Newman enquired as to when the outcome of this work will be brought back to the Committee. Mr Thomas responded that this will be captured as part of the Targeted Intervention (TI) action plan process. Mr Weir and Mr Thomas undertook to discuss the reporting of the TI tracking into future Committee meetings with Mrs Joanne Wilson.

Mr Davies noted the significant number of red rated recommendations and enquired whether the actions are still relevant. Mr Thomas responded that following a cleanse of the information, areas that are deemed irrelevant could be closed.

Referring to the recommendation regarding a policy on nursing staff returning as agency, Mr Evans queried the next steps in terms of the All Wales agreement. Mrs Rayani undertook to provide an update to Mr Evans outside of the meeting.

Referring to the Delivery Framework in place within the Health Board and the expectation at the time of the KPMG report to set up a Turnaround Project Management Office, Mr Weir enquired whether this would be implemented. Mr Thomas responded that a Delivery Framework is currently in development with a view to align Finance, Performance, Quality and Safety, scrutiny and monitoring via focus meetings with each directorate, which will commence in January 2023. Mr Thomas recognised that there may be some further work to be done around the connectivity between corporate support for the operational directorates. Mr Lee Davies provided further assurance that the Planning team is supporting the major strategic programmes of change however, there are further discussions to be had around how further support can be provided to relatively small scale projects.

*Comfort Break*

*Ms Jill Paterson, Ms Sarah Jenkins and Ms Rebecca Hayes left the Committee meeting*

The Committee **DISCUSSED** the current status on recommendations from the KPMG review and planned future actions and **NOTED** that, as the outcome of this work will be captured as part of the TI action plan

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	process, a discussion will be had to determine the reporting of the TI tracking into future Sustainable Resources Committee meetings.	
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<b>SRC(22)159</b>	<b>DECARBONISATION TASK FORCE GROUP UPDATE REPORT</b>	
	<p>Members received the Decarbonisation Task Force Group Update Report from the meeting held on 17<sup>th</sup> November 2022.</p> <p>Ms Sarah Thorne advised Members that the Health Board was successful in securing funding to undertake the Green Teams competition, which is a mid-term programme from the Centre for Sustainable Healthcare. Ms Thorne advised Members that six projects were submitted and are being delivered with support from the development of a Communications plan.</p> <p>Ms Thorne provided an overview of the six projects, including:</p> <ul style="list-style-type: none"> <li>- Pathology project to improve routine transport by changing the location of their central hub.</li> <li>- Endoscopy project for the use of single use plastic sheets, reusable gowns, and reusable camera valves.</li> <li>- Medicines Optimisation team project with Borth Surgery to assist with transition from metered dose inhalers to dry powder inhalers.</li> <li>- Procurement team pilot for a local contract for door maintenance in GGH.</li> <li>- Bronglais General Hospital Pharmacy project for alternatives to the use of green plastic bags for patient medication.</li> <li>- Collaboration of the Environment team and the Special Care Baby Unit (SCBU) at GGH around diverting nappies/incontinence waste from landfill to recycling.</li> </ul> <p>Ms Thorne shared the link to the Green Teams Awards event and extended a welcome invite to Members.</p>	
	The Committee <b>RECEIVED ASSURANCE</b> from the content of the Decarbonisation Task Force Group Update Report.	

<b>SRC(22)160</b>	<b>INDICATIVE FINANCIAL MODELLING 2023/34</b>	
	Members received a verbal update on the Indicative Financial Modelling 2023/24, as discussed in detail at the preceding Committee seminar session. Mr Thomas assured Members that the impact of WG's response to the Strategic Cash Accountable Officer letter will enable the provision of actual numbers for future financial modelling for 2023/23.	

	<p>The Committee <b>NOTED</b> the verbal update on the Indicative Financial Modelling 2023/24, as discussed in detail at the preceding Committee seminar session.</p>	
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<b>SRC(22)161</b>	<b>TARGETED INTERVENTION UPDATE</b>	
	<p>Members received a verbal update on the Health Board’s TI status.</p> <p>Mr Thomas assured Members that a governance process has been implemented via the establishment of the Escalation Steering Group, which is fed into by the TI Working Group and the Enhanced Monitoring Working Group. Mr Thomas advised Members that the next meeting with WG to discuss the high level positioning, broad timelines and expectations is scheduled for March 2023.</p> <p>Mr Thomas also provided assurance that TI is being monitored via ARAC.</p> <p>Mr Newman enquired when the Health Board is expected to receive confirmation in relation to the £25.0m underlying deficit, to which Mr Thomas responded that once final figures have been determined for 2023/24 and following discussion with the Finance Delivery Unit (FDU), the Health Board will know the starting point as part of the long term trajectory for the Health Board.</p>	
	<p>The Committee <b>RECEIVED ASSURANCE</b> from the verbal update on Targeted Intervention.</p>	

<b>SRC(22)162</b>	<b>PLANNING OBJECTIVES DEEP DIVE: 3E ADVANCED ANALYTICS</b>	
	<p>Members received the deep dive report, providing an update on progress with the delivery of Planning Objective 3E, to develop an advanced analytical platform that is highly accessible to operational and corporate teams that will provide real-time, integrated data to support clinicians and managers providing the insight, foresight, and oversight to assist with day-to-day operational delivery as well as organisation wide strategic planning.</p> <p>Mr Anthony Tracey advised Members that the initial concept of a Data Science Platform arose from the idea of connecting the various advanced analytic techniques to tackle particular types of problems; Statistical Process Control (SPC), Time Series Analysis (TSA), Discrete Event Simulation (DES) and Geographic Information Systems (GIS). Mr Tracey advised Members that in 2021, the Data Science Team embarked on an ambitious workplan to deliver an innovative, interactive and interoperable Data Science Platform, with the intention to utilise a single truth of data,</p>	

perform complex analytics, and to present these in an easy to use and understandable interface.

Mr Tracey outlined the following benefits to the Health Board that the Data Science Platform could promote:

- Planning or deployment of workforce with greater accuracy and optimisation
- Financial and resource savings
- Increased chances of successful implementation of change
- Enhanced patient experience
- Better patient outcomes
- Increased clinician satisfaction/morale

Referencing the next phase to create an interactive artificial intelligence (AI) application where machine learning could be used on medical data to predict patient outcomes or disease prevalence, Mr Davies wished to flag that there are a number of ethical implications to be considered upon reaching this stage. Mr Tracey provided assurance that the Information Governance team will be undertaking a Data Ethics and AI course to ensure that training is as up to date as possible.

Mr Newman enquired whether the Health Board is anticipated to reach the March 2023 deadline and whether the September 2022 deadline for the risk stratification model was achieved. Mr Tracey responded that the Health Board is on target for March 2023.

In terms of the second part of PO3E to develop and implement a risk stratification model, Mr Tracey advised Members that work has been undertaken from a frailty perspective. However, progress has been delayed due to the complexities of the piece of work. Mr Tracey assured Members that a wealth of information received from the Health Board's Managed Practices will be explored to progress risk stratification of the population.

Mr Tracey advised Members that the Health Board is sponsoring a lecturer from Aberystwyth University to assist with the roadmap, and that two PhD students from Swansea University will be sponsored to accelerate the Data Science team's ability to advance the AI maturity of the Health Board to the next level, with a focus on the risk stratification model.

The Committee **NOTED** the content of the Deep Dive into Advanced Analytics and **RECEIVED ASSURANCE** regarding delivery of Planning Objective 3E and the ambition of the Health Board to create a Data Science Platform.

**SRC(22)163 PLANNING OBJECTIVES DEEP DIVE: 5M IMPLEMENTATION OF CLINICAL AND ALL WALES IT SYSTEMS**

Members received the deep dive report, providing an update on progress with the delivery of Planning Objective 5M, to implement the existing national requirements in relation to clinical and other all-Wales IT systems within expected national timescales, and to develop a plan to progress to Level 5 of the 7 levels of the Healthcare Information and Management Systems Society (HIMSS) maturity matrix.

Mr Tracey advised Members that in order to fully understand the journey towards digital maturity, the Health Board was required to establish a baseline, and undertook a self-assessment using the globally recognised HIMSS approach, which delivers a number of maturity models. Mr Tracey further advised that feedback from the HIMSS analysis will inform the Health Board's Digital Response and plans for 2023/2024 onwards. Mr Tracey drew Members' attention to the HIMSS Electronic Medical Record Adoption Model (EMRAM), which is used to assess Electronic Medical Record (EMR)/Single Patient Record implementation and adoption of the technology. Mr Tracey assured Members that whilst the Health Board is currently on Level 2 of the HIMSS maturity matrix, progress is on track to facilitate and reach Level 5 status by 2026.

To move towards Level 5, Mr Tracey advised Members of a number of key systems to be implemented, including replacement of the theatre system, the Patient Held Record, Patient Flow and Electronic Observations, and Electronic Prescribing and Medicines Administration. Mr Tracey assured Members that all the preparatory work is currently being undertaken.

In conclusion, Mr Tracey assured Members that the Health Board continues to work with Digital Health Care Wales (DHCW) on a convergence roadmap for the national programmes and will support the adoption and implementation of the national products. However, Mr Tracey advised Members that the Health Board is looking to adopt and implement digital transformation programmes that are currently not within the DHCW roadmap. The digital transformation and prioritisation approaches will be adopted for the delivery of the next iterations of the Digital Response, and Integrated Medium-Term Plan.

In terms of the overall HIMSS model, Mr Davies enquired whether the Health Board will get around to addressing other models such as consumer-enabled and connected health technologies. Mr Tracey responded that although the current focus has been on the EMRAM, he undertook to revisit the HIMSS to explore the other functions available.

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The Committee **NOTED** the content of the Deep Dive into the Implementation of Clinical and All Wales IT Systems and **RECEIVED ASSURANCE** regarding delivery of Planning Objective 5M.

SRC(22)164	<b>PLANNING OBJECTIVES DEEP DIVE: 6N INTELLIGENT AUTOMATION/ROBOTIC PROCESS AUTOMATION</b>	
	<p>Members received the deep dive report, providing an update on progress with the delivery of Planning Objective 6N, to develop an initial intelligent automation (IA) plan which combines Robotic Process Automation (RPA) technology, AI and Natural Language Processing to streamline data collection and integration.</p> <p>Mr Tracey advised Members that the emphasis for RPA within the Health Board is on how to reduce inefficiencies and waste. Mr Tracey noted that there are many opportunities to improve manual and duplicated processes in the Health Board, which crucially could free up time and reduce waste.</p> <p>Mr Tracey advised Members that the main benefit from IA/RPA will be the release of capacity. By allowing tasks to be completed by automation, the time spent undertaking these tasks can be repurposed. Employees are freed up to fully focus on high-value or high-priority activities, such as patient care, or face-to-face interactions, which require cognitive input. Mr Tracey advised Members that the quantifiable benefits will be identified with each automation and that, in order to provide measurable benefits, the teams are looking to release 50,000 hours of capacity back into the Health Board, per annum, by 2025. Mr Tracey assured Members that based on the work to date, this is considered to be a realistic target.</p> <p>Mr Tracey provided an overview of the three current proof of concepts being undertaken by the Health Board; Community Nursing Referrals, Workforce Automation, and Finance Automation (for processes such as the request to raise a bill and for pay recording).</p>	
	<p>The Committee:</p> <ul style="list-style-type: none"> <li>• <b>NOTED</b> the content of the Deep Dive into Intelligent Automation/Robotic Process Automation</li> <li>• <b>NOTED</b> the initial target capacity release of 50,000 hours by 2025</li> <li>• <b>RECEIVED ASSURANCE</b> regarding delivery of Planning Objective 6N and the ambition of the Health Board to fully integrate Robotic Process Automation, where required.</li> </ul>	

SRC(22)165	<b>INFORMATION GOVERNANCE SUB-COMMITTEE UPDATE REPORT</b>	
	<p>Members received the Information Governance Sub-Committee (IGSC) Update Report from the meeting held on 30<sup>th</sup> November 2022.</p> <p>Mr Tracey advised Members that the Sub-Committee considered the following, prior to presentation to the Committee for approval:</p> <ul style="list-style-type: none"> <li>- a revised set of IGSC Terms of Reference</li> </ul>	

	<ul style="list-style-type: none"> <li>- 250 -Information Assurance Policy</li> <li>- extension of the policies, appended to the IGSC Update Report, whilst they are under review. Members noted that the policies will be staggered and submitted to forthcoming Sub-Committee meetings, prior to seeking approval by the Committee.</li> </ul>	
	<p>The Committee:</p> <ul style="list-style-type: none"> <li>• <b>RECEIVED ASSURANCE</b> from the content of the Information Governance Sub-Committee Update Report.</li> <li>• <b>APPROVED</b> the IGSC Terms of Reference</li> <li>• <b>APPROVED</b> 250 -Information Assurance Policy</li> <li>• <b>APPROVED</b> the extension of the policies, attached at Appendix 3 of the IGSC Update Report, whilst they are under review.</li> </ul>	

<b>SRC(22)166</b>	<b>CORPORATE RISK REPORT</b>	
	<p>Members received the Corporate Risk Report, highlighting the following 3 risks assigned to the Committee:</p> <ul style="list-style-type: none"> <li>• 1432 <i>Risk to the delivery of the Health Board's draft interim Financial Plan for 2022/23: No change to Risk Score.</i></li> <li>• 1352 <i>Risk of business disruption and delays in patient care due to a cyber-attack: No change to Risk Score.</i></li> <li>• 1335 <i>Risk of being unable to access patient records, at the correct time and place in order to make the right clinical decisions: No change to Risk Score.</i></li> </ul>	
	<p>The Committee <b>SCRUTINISED</b> the content of the Corporate Risk Report and <b>RECEIVED ASSURANCE</b> that all planned actions will be implemented within stated timescales and will reduce the risk further and/or mitigate the impact, if the risk materialises.</p>	

<b>SRC(22)167</b>	<b>OPERATIONAL RISK REPORT</b>	
	<p>Members received the Operational Risk Report, providing detail on the following 8 risks scored against the Finance impact domain:</p> <ul style="list-style-type: none"> <li>• 975: <i>Failure to remain within allocated budget over the medium term (Estates &amp; Facilities).</i></li> <li>• 979: <i>Failure to remain within allocated budget over the medium term - Glangwili General Hospital (GGH).</i></li> <li>• 980: <i>Failure to remain within allocated budget over the medium term - Withybush General Hospital (WGH).</i></li> <li>• 983: <i>Failure to remain within allocated budget over the medium term – Bronglais General Hospital (BGH).</i></li> </ul>	

	<ul style="list-style-type: none"> <li>• 968: <i>Failure to remain within allocated budget over the medium term (Pembrokeshire).</i></li> <li>• 964: <i>Failure to remain within allocated budget over the medium term (Carmarthenshire).</i></li> <li>• 966: Failure to remain within allocated budget over the medium term (Medicines Management).</li> <li>• 971: Failure to remain within allocated budget over the medium term (MH&amp;LD).</li> </ul>	
	The Committee <b>SCRUTINISED</b> the content of the Operational Risk Report and <b>RECEIVED ASSURANCE</b> that all relevant controls and mitigating actions are in place.	

<b>SRC(22)168</b>	<b>INTEGRATED PERFORMANCE ASSURANCE REPORT (IPAR)</b>	
	Members received the Integrated Performance Assurance Report (IPAR), relating to Month 8 2022/23.	
	The Committee <b>CONSIDERED</b> the measures from the Integrated Performance Assurance Report.	

<b>SRC(22)169</b>	<b>NHS WALES SHARED SERVICES PARTNERSHIP (NWSSP) PERFORMANCE REPORT QUARTER 2 2022/23</b>	
	Members received the NHS Wales Shared Services Partnership (NWSSP) Performance Report for Quarter 2 2022/23.	
	Recognising that the majority of areas within the report are classed as green, Mr Thomas undertook to liaise with NWSSP on whether the targets are challenging enough to prompt higher levels of success.	<b>HT</b>
	The Committee <b>RECEIVED ASSURANCE</b> from the content of the NWSSP Performance Report for Quarter 2 2022/23.	

<b>SRC(22)170</b>	<b>BUSINESS CASE FOR PATIENT FLOW AND E-OBSERVATION</b>	
	Members received the Business Case for Patient Flow and e-Observation report requesting Committee scrutiny of the Outline Business Case for the investment in an Electronic Observations and a Patient Flow system and recommendation that this is considered by the Board as part of the planning cycle.	
	Mr Thomas advised Members that the business case requires significant investment and would require submission via the planning framework,	

	<p>Therefore, the business case is being presented for consideration rather than for approval by the Committee. Mr Thomas advised Members that the business case will be submitted to the Board at its meeting on 26<sup>th</sup> January 2023 for consideration and approval.</p> <p>Mr Thomas advised Members that current processes and digital solutions within the Health Board are not optimised for patient flow, with an over reliance on paper systems and that optimising patient flow management can help best utilise limited resources.</p> <p>Mr Thomas further advised that the adoption of an Electronic Observations and Patient Flow system aligns with the strategic direction of the Health Board, progresses the digital maturity towards the aim of HIMMS level 5, and progresses the TUEC agenda (supporting handover, patient flow and discharge management).</p> <p>Mr Thomas advised Members that the proposed process will most likely translate to productivity releasing benefits, as opposed to financial gain.</p> <p>Referring to the recommendation to procure the software solutions via an existing framework and the Health Board’s preferred option to procure a software-only solution, Mr Newman enquired whether there is a contingency plan in place should the preferred supplier not be able to provide what is needed. Mr Thomas responded that this would be considered during the procurement process and that the purpose of the Committee having sight of the proposal is to identify such questions.</p> <p>Mr Davies suggested that this proposal could be discussed further via a reconvened Agile Digital Business Group meeting.</p>	MD/AT
	<p>The Committee <b>SCRUTINISED</b> the Outline Business Case for the investment in an Electronic Observations (eObs) and a Patient Flow system and <b>RECOMMENDED</b> for Board consideration as part of the planning cycle at its meeting on 26<sup>th</sup> January 2023.</p>	

SRC(22)171	<b>HYBRID PRINT AND POST PROCUREMENT EXERCISE</b>	
	<i>Item deferred to February 2023 Committee meeting</i>	

SRC(22)172	<b>MENTAL HEALTH CONTRACT TENDER PROCESS</b>	
	<i>Item deferred to February 2023 Committee meeting</i>	

SRC(22)173	<b>FINANCIAL PROCEDURES</b>	
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	<p>Members received the report requesting Committee approval for the revised Use of Consultancy financial procedure.</p> <p>Mr Thomas advised Members that the aim of the procedure is to ensure that consultancy is only used in appropriate circumstances and that due diligence is undertaken before approval of any contracts. Mr Thomas further advised Members that, within the procedure's current definition of consultancy, more services are falling under the banner of consultancy; many of which should be classed as professional services.</p> <p>Therefore, the procedure has been reviewed and revised to provide a clearer definition to distinguish between consultancy and professional services, and includes a flowchart of the process to be followed if the proposed expenditure does meet the criteria for consultancy.</p>	
	The Committee <b>APPROVED</b> the Use of Consultancy financial procedure.	

<b>SRC(22)174</b>	<b>ALL WALES IM DIGITAL NETWORK HIGHLIGHT REPORT</b>	
	Members received the All Wales IM Digital Network Highlight Report for information.	
	The Committee <b>NOTED</b> the content of the All Wales IM Digital Network Highlight Report.	

<b>SRC(22)175</b>	<b>HEALTHCARE CONTRACTING, COMMISSIONING AND OUTSOURCING UPDATE</b>	
	<i>Item deferred to February 2023 Committee meeting</i>	

<b>SRC(22)176</b>	<b>BALANCE SHEET</b>	
	<i>Item deferred to February 2023 Committee meeting</i>	

<b>SRC(22)177</b>	<b>UPDATE ON ALL-WALES CAPITAL PROGRAMME – 2022/23 CAPITAL RESOURCE LIMIT AND CAPITAL FINANCIAL MANAGEMENT</b>	
	Members received the Update on All-Wales Capital Programme – 2022/23 Capital Resource Limit and Capital Financial Management report, providing details of the Health Board's Capital Expenditure Plan and Expenditure Profile Forecast for 2022/23, the Capital Resource Limit for 2022/23 and an update regarding capital projects and financial risks.	

	The Committee <b>NOTED</b> the Capital Resource Limit for 2022/23, the risks being managed and the project updates.	
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<b>SRC(22)178</b>	<b>SUSTAINABLE RESOURCES COMMITTEE WORK PROGRAMME 2022/23</b>	
	The Sustainable Resources Committee Work Programme 2022/23 was presented to Members for information. Mr Thomas assured Members that he has reviewed the work programme in light of the current work regarding TI.	
	The Committee <b>NOTED</b> the content of the Sustainable Resources Committee Work Programme 2022/23.	

<b>SRC(22)179</b>	<b>MATTERS FOR ESCALATION TO BOARD</b>	
	<p>Mr Weir and Mr Thomas highlighted the key topics discussed during the meeting for inclusion in the Sustainable Resources Committee Update Report to the next Public Board meeting:</p> <ul style="list-style-type: none"> <li>• The Month 8 financial position, and risk to delivery of the forecast financial outturn position of £59.0m which provides a challenging starting point for the planning framework for 2023/24.</li> <li>• Limited assurance received by the Committee regarding the processes implemented for the delivery of the strategic programmes of change, recognising uncertainties within this to receive assurance regarding the financial challenge to translating any improvements into financial gains. <ul style="list-style-type: none"> <li>○ Limited assurance received by the Committee regarding the progression of the Long Term Care in MHLD programme.</li> </ul> </li> <li>• KPMG Retrospective: Acknowledgment of the progress made to date, recognising that further work is to be done to provide onward assurance to the Board that all recommendations have been implemented.</li> <li>• Positive assurance received regarding delivery of Planning Objectives 3E Advance Analytics, 5M Implementation of Clinical and All Wales IT Systems, and 6N Intelligent Automation/Robotic Process Automation.</li> </ul>	
	The Committee <b>NOTED</b> the key topics discussed during the meeting for inclusion in the Sustainable Resources Committee Update Report to the next Public Board meeting.	

	<b>ANY OTHER BUSINESS</b>	
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<b>SRC(22)180</b>	No other business was raised.	
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<b>SRC(22)181</b>	<b>DATE OF NEXT MEETING</b>	
	28 <sup>th</sup> February 2023	

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

<b>Date and Time of Meeting:</b>	20 December 2022, 09.30-10.30
<b>Venue:</b>	Boardroom/MS Teams

<b>Present:</b>	Mr Winston Weir, Independent Member, Committee Chair Mr Maynard Davies, Independent Member, Committee Vice Chair (VC) Mr Paul Newman, Independent Member (VC) Mrs Delyth Raynsford, Independent Member (VC) Mr Rhodri Evans, Independent Member
<b>In Attendance:</b>	Mr Steve Moore, HDdUHB Chief Executive (VC) Mr Huw Thomas, Director of Finance Mr Andrew Carruthers, Director of Operations (VC) (part) Mrs Mandy Rayani, Director of Nursing, Quality and Patient Experience (VC) Mr Lee Davies, Executive Director of Strategic Development & Operational Planning (VC) Ms Jill Paterson, Director of Primary Care, Community and Long Term Care Mr Andrew Spratt, Assistant Director of Finance Ms Rebecca Hayes, Senior Finance Business Partner Mrs Sarah Bevan, Committee Services Officer (Secretariat)

AGENDA ITEM	ITEM	
<b>SRC SEMINAR (22)01</b>	<b>INTRODUCTIONS AND APOLOGIES FOR ABSENCE</b>	<b>Action</b>
	The Chair, Mr Winston Weir, welcomed all to the meeting. Apologies for absence were received from: <ul style="list-style-type: none"> <li>Miss Maria Battle, HDdUHB Chair</li> <li>Mrs Lisa Gostling, Director of Workforce and Organisational Development</li> <li>Mr Shaun Ayres, Assistant Director of Commissioning</li> <li>Mrs Joanne Wilson, Board Secretary</li> <li>Professor Philip Kloer, Medical Director/Deputy CEO</li> </ul>	

<b>SRC SEMINAR (22)02</b>	<b>DECLARATIONS OF INTERESTS</b>	
	There were no declarations of interest.	

<b>SRC SEMINAR</b>	<b>HYWEL DDA UNIVERSITY HEALTH BOARD'S FINANCIAL OUTLOOK 2023/24</b>	
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(22)03

Attendees received a presentation on Hywel Dda University Health Board's Financial Outlook 2023/24.

Mr Huw Thomas advised attendees that the recording of this seminar will be shared with a restricted distribution list at this stage, as the allocation from Welsh Government (WG) is yet to be confirmed. The information contained within the slides is therefore embargoed until the Minister releases the letter confirming the allocation for 2023/23.

Mr Thomas advised that there are national challenges in terms of funding arrangements and the deficit at the end of 2023/24 is expected to be £74million, provided the Health Board can deliver £24m savings. Should the savings not materialise, the Health Board will be heading towards a £100m deficit outturn.

Mr Thomas provided an overview of the principles of budget setting for 2023/24, the principles of the funding allocation, and next steps for choices for the Board to take.

Mr Andrew Spratt advised that the Health Board will be submitting an annual plan given the size of the financial deficit and the Targeted Intervention (TI) status. Outlining the key principles, Mr Spratt advised that local investments would require a corresponding saving to ensure that they pay for themselves. With regards to the ongoing work on variable pay for nurses and locums, this is to be centrally coordinated and allocated by the Workstream programmes.

Mr Spratt advised attendees that growth in the volume of items for Primary Care Prescribing and Community Health Care (CHC) packages is not included within this assessment.

Mr Spratt noted that there is currently no assurance on delivery of savings plans with the WG expectation of 2.5%, which is included within the modelling.

Mr Spratt advised that the Operational Resource Allocation Principles will be presented in greater detail to the Committee at its meeting on 28<sup>th</sup> February 2023.

Referring to the Key Funding Assumptions slide, Mr Spratt advised that the anticipated core uplift, as confirmed in the 2022/23 budget letter, is £12.6m and an additional core uplift of £12.5m. It is the assumption that WG will cover the entirety of the Pay Awards at a cost of £15m.

With regard to the exceptional costs for energy, inflation and Real Living Wage (RLW), Mr Spratt advised that only the RLW is expected to be funded by WG and therefore, exceptional costs for energy and inflation are expected to be built into the Health Board's core plan.

With regard to Mental Health and Learning Disabilities Service Improvement programmes, Mr Spratt advised that the Health Board is expected to receive £2.8m funding from WG.

Regarding Recovery, Mr Spratt advised that £170m has been allocated to Health Boards across Wales; £50m of which will be retained nationally for regional and national approaches. Consequently, this will have an adverse impact upon HDdUHB with a reduced funding stream of £6.3m.

Referring to COVID-19 funding assumptions, Mr Spratt advised attendees that the majority will be built into the core plan going forward. Mr Spratt further advised that a £150m pandemic consequence fund has been suggested to be allocated non-recurrently for Test, Trace, Protect (TTP) and Personal Protective Equipment (PPE) and mass vaccinations with view that this will be made available recurrently in due course.

Attendees were advised of the key forward actions required, including for the level of savings target to be cascaded to budget holders to be confirmed by the Executive Team.

Mr Spratt advised attendees of the key milestone deadline for a 31 March 2023 submission, which will include a high level update to Board in January, with a more detailed plan to be presented to SRC in February prior to Board approval in March 2023.

Mr Spratt advised attendees that the opening underlying deficit/WG's expectation is £25m however, the Health Board has been unable to deliver a £15.5m savings target. The continuing COVID-19 response within broader system pressures to maintain services has cost £16.1m, with further operational pressures amounting to £10.4m. Mr Spratt advised attendees of the £8m identified as a non-recurrent accountancy gain related to annual leave provision.

Mr Spratt confirmed that the whilst the funding and costs included in this update are based on the latest assumptions, there is still a high degree of variability due to the macroeconomic environment, and that future updates should be expected in the February SRC and then again in the Board signoff in March 2023.

Referring to the indicative Annual Plan FY2024, Mr Spratt advised attendees that, based on the indicative modelling, the starting point for the underlying deficit for FY24 is £80m. Mr Spratt further advised that a deficit of £74.2m is attainable, providing £24m savings delivery can be achieved and the significant risks can be managed.

Regarding the approach to savings, Mr Spratt advised that a savings plan is required, in line with WG definitions for green and amber schemes that are delivered across strategic, tactical and operational avenues.

Prior to Board sign off at its meeting on 30 March 2023, choices are to be made regarding COVID-19 transitional investments, COVID-19 programme

costs, investments made over the last two years and in this planning cycle, overspending areas, benchmarked outliers, recurrent opportunities, and non-recurrent opportunities.

Based on the indicative plan deficit of £91.2m, Mr Spratt presented five savings scenarios for consideration and for a collective view to be taken on what an achievable Financial Annual Plan could be for 2023/24. Mr Spratt added that the expectation from WG is a minimum of 2.5% of budget being £24m. These would then be cascaded from Executive Leads to their teams, with responses required in line with the Planning timeline. Mr Spratt advised attendees that, to achieve the £24m target, this would equate to 582WTE employees and 278 acute beds, which is a significant challenge to embark on in the Planning cycle over the next few months.

Mr Steve Moore highlighted the requirement to embed the expectations of Directorates into their budget setting process by the end of Q4, and to link into the Health Board's wider route map to recovery.

Mr Lee Davies queried the implication of the £6m reduction in funding for recovery on the reduction in costs for each budget area. Mr Thomas responded that there is a requirement to understand the funding of the demountable and advised that work is ongoing to determine the possibility of attracting back £6.3m in regional funding.

*Ms Jill Paterson joined the meeting*

With regard to commissioning, Mr Lee Davies queried how these financial pressures could be transferred to services provided by other organisations. Mr Thomas responded that, although figures have yet to be received, it is anticipated that providers would claim that the inflationary pressures are greater than 2% and therefore, a conversation is urgently needed with the Health Board's main providers to discuss opportunities to drive change.

Mr Weir noted that the scale of the challenge facing the Health Board requires a more radical, as opposed to a traditional, approach. Mr Lee Davies confirmed that the Planning Framework has been received, outlining the Minister's priorities. However, the priority areas are somewhat broad. Mr Thomas added that the Health Board has yet to receive confirmation regarding anticipated trajectories from WG.

With regard to communication to/with partners i.e. Local Authorities, Mr Thomas acknowledged the collective challenge facing the public sector and the need to consider the role of Public Service Boards and Regional Partnership Boards in terms of support available and the importance of maintaining an ongoing dialogue with partners.

Mr Moore advised attendees that the difficulties with demand and flow has required short term decisions to be made regarding funding and that Chief Executives of the Local Authorities have been advised of the need to conduct frank and rational discussions on the amount of money being spent effectively on the wrong part of the system. Acknowledging the

importance of preserving these partnerships, Mr Moore recognised the significant burden on the Health Board's patients, staff and financial situation.

Mr Thomas advised attendees that the Health Board is yet to maximise the opportunity of Value Based Health Care (VBHC) as a framework to work on, in addition to the Target Operational Model (TOM) discussions.

Mr Thomas presented slides, providing context from operational data and Lightfoot data to illustrate the challenges within unscheduled care (USC) and the difficulties in transacting improvements, particularly in Transforming Urgent and Emergency Care (TUEC), which is impacting on the broader system.

Mr Thomas noted that non elective care is the biggest financial challenge facing the Health Board and that estimates of the excess cost from non-elective care ranges from £44m to £52m, compared to the Welsh average. Mr Thomas presented charts on the number of beds devoted to care for people admitted non-electively, illustrating the increase in number of beds occupied over 21 days. This illustrates that although fewer patients are being admitted, patients are occupying beds for longer. This has increased across all acute sites and not in one particular site. Mr Thomas noted the variations across the Local Authority partners, drawing attention to the data showing that all three Local Authorities are substantially below the Welsh average in terms of nursing home expenditure, with all three at the lowest level in Wales.

In conclusion, Mr Thomas reiterated that the biggest challenge is in respect of non-elective care. However, the long length of stay is hindering the ability to capitalise, therefore reducing the ability to recover planned care activity. Nevertheless, it is clear that back door and social care delays are inextricably linked.

Mr Moore noted that an open discussion is needed with Local Authorities to provide a better service for everyone. Mr Rhodri Evans enquired whether there is a forum to initiate dialogue to develop a different way of working. Mr Moore suggested that Mr Evans meet with Miss Maria Battle and Mr Moore outside of the meeting to discuss.

Mr Weir thanked attendees for their contributions.

**SRC  
SEMINAR  
(22)04**

**SEMINAR REFLECTION**

In conclusion, Mr Weir recognised the need to consider the savings challenges as opportunities and to identify where these opportunities are to make some strategic changes, which will have a financial impact. The importance of working with partners, particularly in terms of governance arrangements, to solve some of the key issues in the underlying financial position such as the urgent care system.

In terms of next steps, Mr Weir noted the requirement to develop a one year plan and the need for further guidance from WG on the Planning Framework and the Minister's priorities.