

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

<b>Date and Time of Meeting:</b>	19 December 2023, 09:30 – 12:30
<b>Venue:</b>	Boardroom/MS Teams

<b>Present:</b>	<p>Mr Winston Weir, Independent Member, Committee Chair (VC)</p> <p>Mr Maynard Davies, Independent Member, Committee Vice Chair (VC)</p> <p>Cllr Rhodri Evans, Independent Member (VC)</p> <p>Mr Michael Imperato, Independent Member (VC)</p> <p>Mrs Judith Hardisty, Vice Chair, HDdUHB (VC)</p>
<b>In Attendance:</b>	<p>Mr Huw Thomas, Director of Finance (VC)</p> <p>Mr Andrew Carruthers, Director of Operations (VC)</p> <p>Ms Jill Paterson, Director of Primary Care, Community and Long Term Care (VC) (part)</p> <p>Ms Joanne Wilson, Director of Corporate Governance/Board Secretary (VC)</p> <p>Mr Lee Davies, Director of Strategy and Planning (VC) (part)</p> <p>Mr Anthony Tracey, Digital Director (VC) (part)</p> <p>Mr Mark Bowling, Assistant Director of Finance (VC)</p> <p>Mr Andrew Spratt, Deputy Director of Finance (VC) (part)</p> <p>Ms Jennifer Thomas, Senior Finance Business Partner (VC)</p> <p>Mr Robert Chadwick, Strategic Advisor - Finance (VC)</p> <p>Mr John Evans, County Director - Pembrokeshire (Interim) (VC) (part)</p> <p>Ms Bethan Andrews, Service Delivery Manager (VC) (part)</p> <p>Ms Jessica Svetz, Service Delivery Manager – Urgent and Immediate Care (VC) (part)</p> <p>Mr Jeff Brown, Audit Wales (VC)</p> <p>Ms Karen Richardson, Corporate &amp; Partnership Governance Officer</p> <p>Mr John Jenkins, Committee Services Officer (Secretariat)</p>

AGENDA ITEM	ITEM	Action
<b>SRC(23)155</b>	<b>INTRODUCTIONS AND APOLOGIES FOR ABSENCE</b>	
	<p>The Chair, Mr Winston Weir, welcomed all to the meeting and introduced Mr Jeff Brown from Audit Wales who was present to observe the Committee proceedings as part of Audit Wales' Cost Savings Review.</p> <p>Apologies for absence were received from:</p> <ul style="list-style-type: none"> <li>• Mrs Delyth Raynsford, Independent Member</li> <li>• Mr Steve Moore, CEO</li> <li>• Professor Philip Kloer, Medical Director/Deputy CEO</li> <li>• Mrs Lisa Gostling, Director of Workforce and Occupational Development</li> </ul>	

	<ul style="list-style-type: none"> <li>• Mr Tim John, Senior Finance Business Partner</li> <li>• Mr Shaun Ayres, Deputy Director of Operational Planning and Commissioning</li> </ul>	
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<b>SRC(23)156</b>	<b>DECLARATIONS OF INTERESTS</b>	
	There were no declarations of interest.	

<b>SRC(23)157</b>	<b>MINUTES OF PREVIOUS MEETING HELD ON 24 OCTOBER 2023</b>	
	The minutes of the Sustainable Resources Committee meeting held on 24 October 2023 were reviewed and approved as an accurate record.	
	<b>RESOLVED</b> – that the minutes of the Sustainable Resources Committee meeting held on 24 October 2023 be <b>APPROVED</b> as an accurate record.	

<b>SRC(23)158</b>	<b>MATTERS ARISING AND TABLE OF ACTIONS FROM THE MEETING HELD ON 24 OCTOBER 2023</b>	
	<p>The Table of Actions from the meeting held on 24 October 2023 was reviewed.</p> <p>In response to a question from Mr Weir regarding the one outstanding action, SRC(23)146, Mr Huw Thomas confirmed that a report was due to be presented to the Quality, Safety and Experience Committee (QSEC) on 13 February 2024 and that Mr Anthony Tracey would present to the Committee a work plan of financial benefits realisation programmes for consideration by the Sustainable Resources Committee.</p> <p>In response to a question from Mr Maynard Davies regarding the timescale for a presentation on patient outcomes on the Single Cancer Pathway to be presented to a future Board Seminar, Ms Joanne Wilson advised that due to a full work programme, it would not be presented at the February 2024 Board Seminar. Ms Wilson advised that the presentation on patient outcomes on the Single Pathway would be considered at the next available Board Seminar when the work programme allowed and would advise the SRC of the date.</p>	<p><b>HT/AT</b></p> <p><b>JW</b></p>

<b>SRC(23)159</b>	<b>DEEP DIVE: THE PEMBROKESHIRE MODEL</b>	
	<p>Mr John Evans presented the Deep Dive into the Pembrokeshire Model with a focus on progress to date and the impact on patients, staff, and the resource implications both past and projected.</p> <p>Mr Evans advised that improvements made to the Frailty Pathway had led to benefits which pre-dated the reinforced autoclaved aerated concrete (RAAC) works at Worthybush Hospital (WH) and the development of an</p>	

acute Same-Day Emergency Care (SDEC) model has led to an improved financial position.

It was explained that the Deep Dive focussed on the lessons learned from the alternative provision of care and an alternative model of care in the community and provided an insight into a medical model outside of a District General Hospital aligned to the Transforming Clinical Services (TCS) programme.

Mr Evans explained that the whole process has been clinically-led and advised that even before the RAAC-instigated Internal Major Incident (IMI) improvements had been made to the medical and bed-flow position. Mr Evans explained that he attributed the improvements to the Frailty Unit and the Frailty Pathways to a focus on admission avoidance and early intervention to avoid long-term stays. Mr Evans believed that improvements to the acute SDEC model has alleviated pressures in the Emergency Department (ED) and investment in the Home First and Home Support Teams has facilitated discharge earlier and provided support to prevent readmission.

Mr Evans explained that the improvements were a result of a whole-system approach which bridged the gap between acute and community services and delivered improvements particularly in ambulance hand-over times, a reduction in surge capacity and a reduction in patients waiting for beds in ED.

Mr Evans advised that in August 2023, Hywel Dda University Health Board (HDdUHB) declared an IMI at WH as it sought to identify the scale and impact of the reinforced autoclaved aerated concrete (RAAC) found in the hospital building.

Ms Bethan Andrews provided an insight into the response to the RAAC situation at WH and reassured the Committee that a whole-system approach was being taken in the Pembrokeshire County and how the community sector, assisted with the support of the acute staffing team to ensure that the right patients were in the right place for their care during the RAAC-enforced changes and to ensure that even the frailest patients were medically optimised.

Mr Evans believed that despite the provision of a new medical model, the changes had been very successful with feedback being very positive, supported by Quality and Safety Indicators reflecting that assessment and the positive cultural changes of patients moving from an acute setting to a community setting.

Ms Andrews believed that a positive outcome due to changes made was to allow cardiologists to outreach into the ED to review patients in a timely manner to facilitate their discharge from the ED. In contrast a less successful outcome was the mixing of oncology, haematology and palliative care patients and non-medically optimised beds on Ward 12 at WH, due to the mix of patients and the inclusion of stroke rehabilitation patients on Sunderland Ward at South Pembrokeshire Hospital (SPH) and stretching the therapy team making it a challenge to provide care in a

timely manner. It was felt that the Stroke Unit needed to remain as one unit.

Mr Evans believed that there was an appetite to learn the lessons from what changes have worked and to hold onto the benefits that have been made during the process.

Ms Jessica Svetz explained how the establishment of a dedicated rehabilitation and reablement team in which the Health Board through WH held the budget however commissioned community delivery of services enabling healthcare support workers (HCSW) to reach into the Frailty and Orthopaedic Pathways to work on the wards and follow patients through discharge in order to provide a continuity of care.

The development of enhanced community virtual wards has identified the need for training and education for staff to manage patients and care homes.

Mr Evans gave an oversight of the end-of-year financial position and highlighted a forecast end-of-year overspend of £1.45m in Pembrokeshire County, compared to a £9.5m overspend in Carmarthenshire County and a £4.5m overspend in Ceredigion County, whereas pro-rata, an overspend of £7-8m would be expected in Pembrokeshire County, highlighting the resource benefit from the Pembrokeshire Model compared to the other two counties.

*Ms Jill Paterson joined the meeting.*

Following a question from Cllr Rhodri Evans regarding what was considered to be the most significant driver of cost benefits within the Pembrokeshire Model, Mr Evans advised that the changes to the staffing model and a change to an 8-hour a day medical model coupled with the savings through a concentration of nursing provision has been the main driver of cost benefits providing that the risk of reverting activity back to a mainly acute, 24-hour high-intensity, high-resource requirement model is resisted

Following a question from Mrs Judith Hardisty regarding how the financial benefits would be maintained Mr Evans advised that there was no anticipated risk to the financial position following the reopening of Wards 7 and 11 at WH, merely that the risk to the financial benefits came from pressures around the ED and that the intention was to not increase the capacity when Wards 7 and 11 are reopened.

Following a question from Mrs Hardisty regarding job planning, Ms Andrews advised that consultants and speciality and specialist (SAS) doctors were currently going through a process of job planning and that further job planning to eliminate inefficiencies was in progress.

Following a question from Mrs Hardisty regarding the risk to expenditure and the balancing of the budget should any winter surge incur any additional expenditure, Mr Evans advised that a surge in capacity was not built in to current bed modelling and financial forecasting for the current year and that staffing limitations meant any surge capacity was very finite.

	<p>Mr Andrew Carruthers believed that winter would be a significant risk to the financial position across the whole Health Board and advised that the capacity was very tight, and the forecast did not plan for any surge capacity during winter. Mr Carruthers also believed that the ED had not seen the benefit of the changes to the Pembrokeshire Model with patients still being held in the ED overnight as the team attempts to find the balance between capacity and need.</p> <p><i>Mr Andrew Spratt joined the meeting.</i></p> <p>Following a question from Mr Maynard Davies on how lessons learnt in Pembrokeshire can be applied in Carmarthenshire and Ceredigion, Mr Carruthers said that the lessons learnt in Pembrokeshire would give confidence in developing strategies in the other two counties for both patient and staffing matters however cautioned that the work in Pembrokeshire was 18 months in the making before any benefits were realised and it was important to stress that the changes were clinically-led and clinically-driven. Mr Carruthers advised that the start of the similar process in Carmarthenshire was being presented to the Core Delivery Group (CDG) in January 2024.</p> <p><i>Mr John Evans, Ms Bethan Andrews, Mr Andrew Lewis and Ms Jessica Svetz left the meeting.</i></p>	
	<p>The Sustainable Resources Committee <b>NOTED</b> the contents of the Deep Dive into the Pembrokeshire Model.</p>	

<b>SRC(23)160</b>	<b>FINANCE REPORT</b>	
	<p>Mr Thomas presented the Finance Report, outlining the Health Board's current financial position as of Month 8 of 2023/24.</p> <p>Mr Thomas advised that Month 8 had seen a general continuation of the Health Board's position highlighting that there had been an increase in the number of whole-time equivalent (WTE) hours worked. Although, this has been offset by a reduction in nurse agency hours. Mr Thomas advised that the level of medical locum usage was a concern, at approximately £3m a month, along with cost pressures of secondary care and primary care drugs.</p> <p>Mr Andrew Spratt advised that the end-of-year forecasted deficit was £72.7m, unchanged from last month and the figure contained in the Accountable Officer letter to Welsh Government (WG), who expect HDdUHB to reach a control total of £44.8m, resulting in a gap of £27.9m between the forecasted end-of-year deficit and the control total. Mr Spratt reassured the Committee that while there was no current line of sight to how we can reach the control total by the 31 March 2024 at present, a lot of work on-going which is hoped to show an impact towards the end of the financial year.</p>	

Mr Spratt advised that this month HDdUHB have achieved its monthly proportion of its annual savings target of £19.5m.

Mr Spratt reported that the recovery of VAT on the oxygen contract has been confirmed, resulting in a non-recurrent saving of £540k.

Mr Spratt advised that a cash request had been submitted to WG in November 2023 as the Health Board's cash position continued to be assessed as at significant risk. WG was currently in the process of confirming its budget for 2024/25 and a response to the Health Board's cash request is not anticipated until January 2024.

Mr Spratt advised that of the £19.5m savings delivery, currently £15m of savings had been identified, leaving the Health Board with a further £4.5m needing to be identified.

Regarding capital expenditure, Mr Spratt advised that this was considered a low risk following confirmation of WG funding in respect of the additional costs associated with the Worthybush Hospital (WH) Phase 1 Fire Scheme and works required at WH due to reinforced autoclaved aerated concrete (RAAC).

Mr Spratt advised that the starting deficit for 2024/25 was expected to be over £100m before considering inflationary pressures in the next financial year.

Mr Thomas advised that WG were due to announce its budget today whereby the overall funding for health and social care would be announced with the specific details of HDdUHB's allocation for 2024/25 being confirmed in an allocation letter which Mr Thomas anticipated would be received on 21 December 2023 and agreed to circulate a briefing on the allocation to Members.

Mr Thomas informed Members of six areas of work for 2024/25 which were identified at a recent session with Directors of Planning:

- Continuing progress on the reduction of high-cost agency staff
- Ensuring a strengthened 'Once for Wales' arrangement for key workforce and digital enablers
- Maximising opportunities for regional working
- Redistributing resources into community and primary care and maximising the opportunities offered by key policies such as 'Further Faster'
- Reducing unwarranted variations and no-barrier interventions
- Increasing administrative efficiency to enable a reduction in administration and management costs

Mr Thomas believed that all areas other than the review of administration were already in progress within the Health Board.

HT



	<p>In response to a question from Cllr Evans regarding whether the issue of high-cost agency staff and premium locum staff would be addressed in the short-term, Mr Thomas advised that it was already a current focus with nursing agency staff whereas work regarding medical agency staff was in the developmental stage at present.</p> <p>In response to a question from Cllr Evans regarding the risk to cash and what plans were in place Mr Thomas advised that there was no risk to payroll or local contractor payments, advising that managing the in-year cash position will be considered following receipt of a response from WG to the Health Board's request for cash.</p> <p>In response to a question from Mrs Hardisty regarding the use of medical locums and high-cost agency nursing staff and the use of bank staff, Mr Thomas advised that he would liaise with the Director of Workforce and Organisational Development to produce a paper on the specific fill rates and the use of agency and bank staff and sickness rates to give an accurate overall analysis of the workforce cost which would be reported to either the People, Organisational Development and Culture Committee (PODCC) or to SRC, proposing that both Committees have sight of the report.</p> <p>In response to a question from Mr Maynard Davies on whether digital costs were included within the management costs that would be reviewed for potential cost savings, Mr Thomas advised that cash investment was needed to realise any productivity gains with digital programmes and that it was for the Health Board to identify opportunities for digital investment so that benefits may be realised.</p> <p>In response to a question from Mr Michael Imperato regarding the pace of identifying the implementing savings given the proximity to Quarter 4 of 2023/24 and the start of the 2024/25 year, Mr Carruthers advised that there were issues relating to risk appetite to be considered and that services could not be closed on the sole basis of money and that the Health Board may need to consolidate services adding that there were risk mitigation procedures to follow before a service can be consolidated whilst considering issues such as the strategy and the geography of the organisation.</p>	HT/LG
	<p>The Sustainable Resources Committee <b>NOTED</b> the Financial Report and <b>DISCUSSED</b> the financial position as at Month 8.</p>	

SRC(23)161	<p><b>FINANCE TARGETED INTERVENTION ACTIONS</b></p> <p><i>Mr Lee Davies joined the meeting.</i></p> <p>Mr Mark Bowling presented the Finance Targeted Intervention Actions report.</p>	
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	<p>Mr Bowling advised that new processes had been put in place in 2020 as part of targeted interventions and in 2023 the Health Board strengthened its approach from exploration through to savings delivery. Mr Bowling advised that the Finance Team had identified several opportunities with a potential for the organisation to deliver savings. It was accepted that HDdUHB had more hospital sites than other Health Boards and that HDdUHB were likely spending more money servicing these sites but that there would be other unwarranted variations that could be targeted for savings.</p> <p>As an example, Mr Bowling advised that the data identified that HDdUHB's maternity services were significantly more expensive on average than other Health Boards in Wales and that the routes to transformation from enquiry to delivery provides an opportunity framework for this as a potential area to generate a savings plan.</p> <p>Mr Bowling explained the proposed 'pull' model of variation data as within the Health Board's accountability structure all budget holders are expected to operate within their resources and that each department or directorate would be expected to have two or three opportunities under consideration at any time to achieve or maintain a balanced budget, in exploring these they can engage with the Finance Team and with other clinical and operational data to identify what could be explored.</p> <p>Mr Robert Chadwick believed that while it was relatively easy to identify waste, removing waste from the system was difficult, however not impossible and that the problem with remotely interpreting benchmarking data is that HDdUHB executives and managers are best placed in knowing their own areas and reality of any opportunity.</p> <p>Mr Weir believed that while the collation of opportunities were a finance matter, the work was needed to be done by the Health Board's operational teams to identify where there were variations and potential solutions.</p> <p><i>Mr Mark Bowling left the meeting.</i></p>	
	<p>The Sustainable Resources Committee <b>RECEIVED ASSURANCE</b> that:</p> <ul style="list-style-type: none"> <li>• Appropriate processes and principles are in place to describe and govern the process from budget holder (accountable officer) idea of a potential improvement through to delivery of a proposal that seeks to either address growth or release operating costs. Ideas can, but are not restricted to, flow from the Opportunities Framework that will identify variation and other benchmarking information.</li> <li>• Appropriate governance is in place to consider and manage the progression or rejection of such cost improvement ideas.</li> </ul>	
SRC(23)162	<b>CORE DELIVERY GROUP AND FINANCIAL CONTROL GROUP UPDATE</b>	



Mr Lee Davies presented the Core Delivery Group and the Financial Control Group update report and advised that the focus of the Groups in the past month has been on eradicating high-cost locums and agency spend and aligning with the work done with the Values and Sustainability Board of WG.

Mr Lee Davies explained that the teams were connected to Targeted Intervention work that was reported to the Committee by Mr Bowling to identify opportunities to deliver savings.

Mr Lee Davies advised that not all opportunities resulted in in-year savings and referenced the proposed 100 virtual beds which have been identified as an opportunity for savings and answered the questions around how to manage patients to the point of their care where they do not need to be in a hospital bed, through admission avoidance or early discharge.

Mr Lee Davies advised that the Core Delivery Group (CDG) has developed Power BI reporting tools to demonstrate how the CDG are tracking all the data in line with the enquire, discover, design and delivery approach and explained that the next step was to evaluate where any changes made were reviewed to evaluate the extent of which any objectives have been achieved and not just through a finance lens.

Mr Lee Davies advised that the CDG received a presentation on the Pembrokeshire Model which had delivered not only a significant financial benefit also in addition to improved fill rates without negatively affecting performance.

In response to a question from Mr Weir on how lessons can be learned from where schemes that have been rejected as opposed to implemented, Mr Lee Davies advised that a detailed evaluation to give assurance that each individual savings scheme is evaluated and also revisit each area at different points in time as situations can change.

In response to a question from Mrs Hardisty regarding whether specific areas of one site are looked at individually first before examining the same area at a different site, giving the example of Theatre rostering at Bronglais Hospital (BH) however no reference to Glangwili Hospital (GH), Mr Lee Davies advised that where there were specific circumstances at an individual site then it would lead to a general conversation on how lessons learned at a specific site could be applied in other sites and counties.

In response to a question from Cllr Evans regarding VAT relief on the home oxygen contract Mr Spratt advised that the retrospective £540k rebate on the oxygen contract has been resolved however there were still conversations being held on the on-going oxygen contract although it is assumed that the same details as with the rebate would apply and confirmation is expected in January 2024.

In response to a question from Mr Maynard Davies regarding VAT reclamation on the Microsoft licencing fees, Mr Thomas advised that the

	Health Board were expected to receive approximately £1.5m in the next financial year.	
	The Sustainable Resources Committee <b>NOTED</b> the contents of the Core Delivery Group and Financial Control Group Update Report.	

SRC(23)163	<b>HEALTHCARE CONTRACTING AND COMMISSIONING UPDATE AND DISESTABLISHMENT OF THE COMMISSIONING GROUP</b>	
	<p>Mr Lee Davies presented the Healthcare Contracting and Commissioning Update Report to the Committee with the report on the key current commissioning areas with different providers and a draft report on commissioning intentions for 2024/25.</p> <p>Mr Lee Davies also advised that the SRC needed to formally approve the disestablishment of the Commissioning Group although there was a need to review the Health Board's commissioning arrangements and the partnership work carried out with A Regional Collaboration for Health (ARCH).</p> <p>Mr Lee Davies advised SRC of two updates, firstly regarding Outpatient Ante-Natal Care at Prince Philip Hospital (PPH) which had taken on additional importance given the Healthcare Inspectorate Wales (HIW) report into Maternity Services at Singleton Hospital, on which HDdUHB would have to consider its own position in relation to the HIW report.</p> <p>The second update was regarding the Dual-Energy X-Ray Absorptiometry (DEXA) scanning provided by Swansea Bay University Health Board (SBUHB) and that HDdUHB has received a letter from SBUHB regarding DEXA options which needed to be considered.</p> <p>In response to a question from Mr Imperato, whether the Healthcare Contracting and Commissioning Report was better suited to the Quality, Safety and Experience Committee (QSEC) or the Strategic Development and Operational Delivery Committee (SDODC), Mr Lee Davies advised that historically commissioning and contracting was within Mr Thomas' directorate so was reported to SRC although proposed that a discussion on the appropriate committee for presentation of the Healthcare Contracting and Commissioning Report will be undertaken. Mr Lee Davies advised that the Committee's Terms of Reference would need to be amended in April 2024 before the change could take effect.</p> <p>In response to a question from Mr Maynard Davies regarding the Strategic Programme Case (SPC) of the South West Wales Cancer Centre (SWWCC), Mr Lee Davies advised that WG had provided comments which HDdUHB were working through before considering the next phase which will be to develop a future business case in relation to the SWWCC.</p>	JW/ CSO
	<p>The Sustainable Resources Committee:</p> <ul style="list-style-type: none"> <li>• <b>DISCUSSED</b> the content and note the mitigating actions detailed in the Healthcare Contracting and Commissioning Update report.</li> </ul>	

	<ul style="list-style-type: none"> <li>• <b>APPROVED</b> the formal disestablishment of the Commissioning Group.</li> </ul>	
<b>SRC(23)164</b>	<b>DECARBONISATION TASK FORCE GROUP (DTFG) UPDATE REPORT</b> <p>Mr Lee Davies presented the Decarbonisation Task Force Group (DTFG) Update Report to the Committee.</p> <p>Mr Lee Davies advised that he had written to Ms Lisa Wise, Deputy Director of Environmental Public Health and Climate Change Division at WG to advise that HDdUHB do not presently have a line of sight to delivering the strategic decarbonisation targets due to constraints on the availability of capital expenditure.</p> <p>Mr Lee Davies also advised that the original plan was developed with the assumption that sites such as GH and WH would be redeveloped before the year 2030 target however advised that it was envisaged that GH would still be operational post-2030 and was considered a very environmentally inefficient site and WG has been advised of the situation.</p> <p>Mr Weir believed that the report was positive and noted that it was possible to make savings while progressing decarbonisation and gave the example of the Liquid Petroleum Gas (LPG) Project which had reduced oil consumption at GH by 70% and reduced carbon emissions by approximately 300 tonnes while providing a financial benefit of £200k.</p> <p>In response to a question regarding electric vehicle (EV) charging points at HDdUHB sites from Mr Maynard Davies, Mr Lee Davies advised that HDdUHB were still considering options following an examination of Health Board sites and advised that there was a capital and revenue cost implication due to some sites not having suitable infrastructure to support EV charging and advised that while it was possible to provide charging for the fleet of the Health Board's EVs, it did not necessarily follow that EV charging should be provided for staff or visitors to HDdUHB sites.</p> <p>Mr Lee Davies advised that discussions had been held with the Local Authority in Carmarthenshire to explore the possibility of partnership working to provide HDdUHB access to EV charging points away from HDdUHB sites, which would have the benefit of being accessible to community-based staff without them having to go on-site to charge their vehicles.</p> <p><i>Mr Lee Davies left the meeting.</i></p>	
	The Sustainable Resources Committee <b>NOTED</b> the Decarbonisation Task Force Group Update Report	
<b>SRC(23)165</b>	<b>CORPORATE RISK REPORT</b> <p>Mr Thomas presented the Corporate Risk Report to the Committee.</p>	

	<p>In response to a question from Mr Maynard Davies regarding the point at which a risk became a certainty and was no longer recorded on the risk register, Ms Wilson advised that it would be expected that, however certain a risk was, it would still be expected to be acknowledged on the risk register and gave the example of the Risk 1642 ('Risk of Health Board not meeting statutory requirement to break even 23/24 due to significant deficit position') which, while receiving the highest score risk and being considered certain to occur the risk needs to be owned and managed by the Health Board.</p> <p>In response to a question from Mr Maynard Davies regarding Risk 1719 ('Risk of loss of Radiology services across the Health Board from 31 March 2025 due to delayed implementation of Radiology Information Systems Procurement (RISP)' and the decreasing level of risk implying that the risk should be removed from the Committee's report, Ms Wilson advised that the removal of the risk from the report would need to be formally agreed by the Executive Group before being reported to SRC.</p> <p>In response to a question from Mr Imperato on Risk 1335 ('Risk to the ability to access paper patient records in a timely manner due to existing records management infrastructure') Mr Thomas advised that the target risk score was 6 and the risk was assessed and rated as 9 so was not a tolerable risk and advised that there were significant challenges around the management of paper records and whilst a scanning solution has been put in place for medical records, this is not the case for clinical records.</p>	
	<p>The Sustainable Resources Committee:</p> <ul style="list-style-type: none"> <li>• <b>RECEIVED ASSURANCE</b> that all identified controls are in place and working effectively.</li> <li>• <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.</li> </ul>	
<b>SRC(23)166</b>	<p><b>OPERATIONAL RISK REPORT</b></p> <p>Mr Thomas presented the Operational Risk Report to the Committee.</p> <p>In response to a question from Mr Weir regarding Risk 1636 ('Failure to remain within allocated budget (Pembrokeshire) due to expenditure'), Mr Thomas advised that the Counties were much closer to remaining within their allocated budget whereas the Deep Dive into the Pembrokeshire Model that was presented under SRC(23)159 considered the Pembrokeshire system where WH was reported to be driving the deficit.</p> <p>In response to a question from Mrs Hardisty regarding why only Ceredigion was listed on the risk register, Mr Thomas advised that the financial challenges were being driven by the four main hospital sites and the County deficits were not as bad as the individual hospital sites in comparison.</p>	

	<p>In response to a question from Mrs Hardisty regarding the risk score for Risk 1571 ('Risk of overspend against financial budget due to insufficient staff and resources (Radiology)'), Mr Carruthers advised that improvements have been made around the recruitment of radiologists and that a review of the risk score would not be made until after starting in post so an improvement to the risk score to match what was presented to the Committee through the CDG Update Report.</p> <p>In response to a question from Mr Weir around the subject matter of the next Deep Dive, Mr Carruthers advised that Mental Health and Learning Disabilities Directorate was a suggested area, and Mr Thomas advised that the associated risk of failure to remain within the allocated budget in this Directorate was highlighted on the Operational Risk Report. Ms Wilson advised presenting the Operational Risk Report at the next SRC agenda-setting meeting to identify areas for future Deep Dives.</p>	<b>CSO</b>
	<p>The Sustainable Resources Committee:</p> <ul style="list-style-type: none"> <li>• <b>REVIEWED</b> and <b>SCRUTINISED</b> the risks included within this report to receive assurance that all relevant controls and mitigating actions are in place.</li> <li>• <b>DISCUSSED</b> whether the planned action will be implemented within stated timescales and will reduce the risk further and/ or mitigate the impact, should the risk materialise.</li> </ul>	

<b>SRC(23)167</b>	<b>PROCUREMENT UPDATE: DEMENTIA WELL-BEING CONNECTOR TENDER</b>	
	<p>Mr Thomas presented the Dementia Well-being Connector Tender and advised Board approval will be required as the value in excess of £1m.</p> <p>In response to a question from Mrs Hardisty regarding the ring-fencing of the funding of the Dementia Well-being Connector Support Services, Mr Thomas advised to not being aware of any risk to the ring-fenced funding ceasing however if it did cease then consideration would need to be given to whether HDdUHB wished to retain the service.</p> <p>In response to a question from Mr Maynard Davies regarding the relative low weighting for financial criteria within the tender evaluation, Mr Thomas advised that quality was considered the key component in the evaluation of the tender bids.</p> <p>In response to a question from Cllr Evans regarding the security of the ring-fenced funding, Mr Thomas advised that the tender does not use the entirety of the ring-fenced allocation and that other services would be within the remit of the ring-fenced funding allocation.</p>	
	<p>The Sustainable Resources Committee <b>RECOMMENDED</b> and <b>APPROVED</b> the Dementia Well-being Connector Service for onward submission to Board for approval.</p>	

<b>SRC(23)168</b>	<b>PROCUREMENT UPDATE: PALLIATIVE AND END OF LIFE THIRD SECTOR COMMISSIONING AND PROCUREMENT PLANNING</b>	
	<p>Ms Jill Paterson presented the report to seek approval to extend the existing third-sector commissioning and procurement Service Level Agreements (SLAs) for Palliative and End of Life Care (PEOLC) for 6 months from 1 April 2024 until 1 September 2024 to enable the County Directorates to take forward the HDdUHB PEOLC Strategy through progressing delivery of a regional service which requires voluntary sector collaboration and clear integrated pathways with the statutory provision.</p> <p>In response to a question from Mr Weir regarding whether the extension would incur any additional costs, Ms Paterson believed no additional costs would be incurred.</p> <p>In response to a question from Mr Maynard Davies regarding the timescales for the new tenders and the need for an interim extension to the existing SLAs, Ms Paterson advised that discussions for new procurement had been on-going for a year between the Service and Procurement Teams. Ms Paterson advised that discussions were further complicated by some providers only operating within one of the three counties whereas others offer a three-county service.</p> <p>Mr Thomas believed that despite improvements to the Procurement Service that HDdUHB could improve its contract management processes and that work was needed to be progressed with operational managers to bring clarity on the responsibilities around ongoing contract management.</p> <p>In response to a question from Mr Maynard Davies regarding supporting smaller companies and organisations to tender with the NHS, Ms Paterson believed that there were issues with dealing with relatively small third-sector organisations who were nonetheless able to provide a quality service.</p>	
	<p>The Sustainable Resources Committee <b>AGREED</b> to extend the 6 SLAs until 1 September 2024 in line with the agreed commissioning and procurement timeline plan in line with achieving the Hywel Dda University Health Board Palliative and End of Life Care Strategy for onward submission to Board for approval.</p>	

<b>SRC(23)169</b>	<b>FINANCIAL PROCEDURES</b>	
	<p>Mr Thomas presented the Financial Procedures update to the Committee.</p> <p>Mr Thomas advised that regarding in Income Risk Stratification, it should be noted that TriTech works with a range of companies, some of which were of good credit standing in addition to new start-up companies and further noted that HDdUHB received a proportion of its income from these higher-risk companies.</p> <p>Mr Thomas advised that the risk needed to be recognised and managed in an appropriate and robust manner to ensure that any losses to HDdUHB were recoverable through legal means.</p>	



	<p>The Sustainable Resources Committee:</p> <ul style="list-style-type: none"> <li>• <b>APPROVED</b> the following updated financial procedure: <ul style="list-style-type: none"> <li>○ FP976 Project Bank Accounts</li> </ul> </li> <li>• <b>APPROVED</b> the following new financial procedure: <ul style="list-style-type: none"> <li>○ FP Income Risk Stratification</li> </ul> </li> </ul>	
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<b>SRC(23)170</b>	<b>DIGITAL OVERSIGHT GROUP UPDATE REPORT</b>	
	<p>Mr Tracey presented the Digital Oversight Group Update Report to the Committee.</p> <p>Mr Tracey advised that the Digital Oversight Group had considered two proposals, one around a managed print service and a second regarding a cyber security asset discovery solution.</p> <p>Mr Tracey advised that there are anticipated savings with management of HDdUHB's printing with the removal of stand-alone printers and their replacement with multi-functional devices that allow the Digital Team to manage the amount of printing that is undertaken throughout the Health Board.</p> <p>Mr Tracey advised that SRC would be presented with the formal business case following both items having gone out to tender.</p> <p>In response to a question from Cllr Evans enquiring if there was an estimate on the quantity of printing that was forecast to be undertaken following the changes Mr Tracey advised that this would be worked out as part of the exploratory work as part of the tender process.</p>	
	<p>The Sustainable Resources Committee <b>NOTED</b> the Digital Oversight Group Update Report</p>	

<b>SRC(23)171</b>	<b>INFORMATION GOVERNANCE SUB-COMMITTEE UPDATE REPORT</b>	
	<p>Mr Tracey presented the Information Governance Sub-Committee (IGSC) Update Report to the Committee.</p> <p>Mr Tracey advised that there was an issue with the corporate medical record storage, particularly relating to South Pembrokeshire Hospital and Tenby Cottage Hospital, that the IGSC were not assured that the external provider had suitable security measures in place. Mr Tracey advised that he had taken a Chair's Action to establish a Task and Finish Group to examine how to progress either the removal of the records from the external supplier and securing them at an in-house storage facility or to ensure that the external supplier put appropriate security in place to meet HDdUHB's storage security expectations.</p> <p>Mr Tracey advised that the Task and Finish Group were examining how the risk to the medical record storage can be removed or mitigated and further advised that the removal of the records from the external provider and the termination of the contract was considered.</p> <p><i>Mr Anthony Tracey left the meeting.</i></p>	

	The Sustainable Resources Committee <b>NOTED</b> the Information Governance Sub-Committee Update Report	
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<b>SRC(23)172</b>	<b>INTEGRATED PERFORMANCE ASSURANCE REPORT (IPAR)</b>	
	The Committee received the Integrated Performance Assurance Report. No questions were raised by the Committee.	
	The Sustainable Resources Committee <b>NOTED</b> the SRC measures from the Integrated Performance Assurance Report.	

<b>SRC(23)173</b>	<b>ALL-WALES CAPITAL PROGRAMME 2023/24 CAPITAL RESOURCE LIMIT AND CAPITAL FINANCIAL MANAGEMENT PLAN</b>	
	The Committee received the All-Wales Capital Programme 2023/24 Capital Resource Limit and Capital Financial Management Plan. No questions were raised by the Committee.	
	The Sustainable Resources Committee <b>NOTED</b> the All-Wales Capital Programme 2023/24 Capital Resource Limit and Capital Financial Management Plan.	

<b>SRC(23)174</b>	<b>NWSSP PERFORMANCE REPORT</b>	
	The Committee received the NHS Wales Shared Services Partnership (NWSSP) Performance Report. No questions were raised by the Committee.	
	The Sustainable Resources Committee <b>NOTED</b> the NWSSP Performance Report.	

<b>SRC(23)175</b>	<b>REVIEW OF BUSINESS PARTNERING ARRANGEMENTS</b>	
	The Committee received the Review of Business Partnering Arrangements Report. No questions were raised by the Committee.	
	The Sustainable Resources Committee <b>NOTED</b> the Review of Business Partnering Arrangements Report.	

<b>SRC(23)176</b>	<b>NSL(W)A REPORT</b>	
	The Committee received the Nurse Staffing Level (Wales) Act (NSL(W)A) Report. No questions were raised by the Committee.	

	The Sustainable Resources Committee <b>NOTED</b> the financial implications as a consequence of Hywel Dda University Health Board meeting its statutory duties to calculate and take all reasonable steps to maintain the nurse staffing levels in all wards where section 25B of the Act applies, be that through substantive appointments or the use of temporary staffing.	
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<b>SRC(23)177</b>	<b>COMMITTEE WORK PROGRAMME 2023/24</b>	
	The current Committee Work Programme for 2023/24 was presented to the Committee.	
	The Committee <b>NOTED</b> the content of the Sustainable Resources Committee Work Programme 2023/24,	

<b>SRC(23)178</b>	<b>MATTERS FOR ESCALATION TO BOARD</b>	
	<p>Mr Thomas summarised the key topics discussed during the meeting for inclusion in the Sustainable Resources Committee Update Report to Board.</p> <ul style="list-style-type: none"> <li>• The progress of the changes to the Pembrokeshire Model and recognition of the risk of winter pressures to the progress made in the County.</li> <li>• To recognise the assurance from the CDG and to note the work and activities undertaken by the CDG.</li> <li>• To raise concern on the cash position of HDdUHB as contained within the Finance Report and the challenges faced in financial delivery and the in-year savings delivery and operational cost pressures and the critical nature of Q4 of 2023/24 in addressing the underlying position ahead of the 2024/25 financial year.</li> <li>• Assurances received in the manner in which the Opportunities Framework is being transacted into a process that allows HDdUHB to respond accordingly to the challenges that derive from service delivery.</li> <li>• To note that the approval of the Dementia Well-being Connector Tender and approval to extend the existing third-sector commissioning and procurement Service Level Agreements for Palliative and End of Life Care for 6 months from 1 April 2024 until 1 September 2024 requires Board approval due to the value of the tender contracts exceeding the level required for Board approval.</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(23)179</b>	No other business was raised. Mr Weir wished all present his seasonal greetings and expressed thanks to all who have presented to the Sustainable Resources Committee in 2023 for all their hard work and diligence.	
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<b>SRC(23)180</b>	<b>DATE OF NEXT MEETING</b>	
	27 February 2024	