

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

Date and Time of Meeting:	27 February 2024, 09:30 – 12:30
Venue:	Boardroom/MS Teams

Present:	Mr Winston Weir, Independent Member, Committee Chair Cllr Rhodri Evans, Independent Member (VC) (part) Mrs Delyth Raynsford, Independent Member (VC) Mrs Judith Hardisty, HDdUHB Interim Chair Mrs Eleanor Marks, HDdUHB Vice Chair
In Attendance:	Mr Huw Thomas, Director of Finance Mr Andrew Carruthers, Director of Operations (VC) Ms Jill Paterson, Director of Primary Care, Community and Long Term Care (VC) (part) Mrs Joanne Wilson, Director of Corporate Governance/Board Secretary (VC) Mr Lee Davies, Director of Strategy and Planning (part) Mrs Sharon Daniel, Interim Director Nursing, Quality & Patient Experience (VC) (part) Mr Anthony Tracey, Digital Director (VC) (part) Mr Andrew Spratt, Deputy Director of Finance Mr Shaun Ayres, Deputy Director of Operational Planning and Commissioning (VC) Ms Sarah Perry, General Manager Unscheduled Care (VC) (part) Mr Nick Hogben, Senior Finance Business Partner (VC) (part) Ms Sharon Hughes, Principal Programme Manager Transformation (VC) (part) Ms Karen Richardson, Corporate and Partnership Governance Officer (Secretariat)

AGENDA ITEM	ITEM	Action
SRC(23)1	INTRODUCTIONS AND APOLOGIES FOR ABSENCE	
	The Chair, Mr Winston Weir, welcomed all to the meeting. Apologies for absence were received from: <ul style="list-style-type: none"> Mr Maynard Davies, Independent Member, Committee Vice Chair Mr Michael Imperato, Independent Member 	
SRC(24)2	DECLARATIONS OF INTERESTS	
	There were no declarations of interest.	
SRC(24)3	DEEP DIVE: THE CARMARTHENSHIRE MODEL	

The Committee received a presentation on the Carmarthenshire Model of healthcare delivery.

Ms Sarah Perry explained the current position and advised that the position was considered challenging with a crowded Emergency Department (ED) in Glangwili Hospital (GGH) and overnight patients in the Minor Injuries Unit (MIU) at Prince Philip Hospital (PPH) and an increase in medical admissions at both sites. Adding that there was a heightened challenge with older and frail medical admissions and the number of patients with a length of stay of over 21 days as being higher than expected that has a detrimental impact on capacity and patient flow.

Ms Perry also advised that challenges with Orthopaedic services effecting elective and emergency surgical pathways and length of stays within community hospitals were considered too high.

Mr Nick Hogben presented the financial position as of Month 10 2023/24 showing a year-to-date overspend of £8m with a forecasted year-end overspend of £10m, predominantly driven by an overspend at GGH and, to a lesser extent, PPH, compared to the overall County overspend with the overspend being predominantly attributed to spending on pay attributed to spending on nursing agency staff.

Ms Perry advised that there were plans to reduce nursing agency usage in ED in GGH and the Acute Medical Assessment Unit (AMAU) at PPH by utilising substantive whole time equivalent (WTE) staff which will also result in a quality improvement for patient care. Ms Perry advised that medical locum usage is a challenge, especially within ED and that a mapping exercise for junior doctor provision ahead of August however it was felt by consultants that the junior doctors coming through were not as skilled as previously and do not have prescribing skills and that the Health Board will use learning from previous rotations to reduce reliance on agency usage.

Ms Perry advised that pathways of care delays were the highest in Carmarthenshire of the three counties within the Hywel Dda University Health Board (HDdUHB) area with a need to examine the number of patients with a length of stay longer than 72 hours, especially elderly and frail patients who need more support upon discharge.

Ms Perry advised that there was a drive to modernise and repurpose community hospitals to provide better value for money and improve patient outcomes and identified Llandovery Hospital as having notably high costs per bed, emphasising the need to establish value in each of the areas given that Amman Valley Hospital costs £200,000 more than Llandovery Hospital and provides 28 beds compared to the 15 provided at Llandovery.

Ms Perry presented the data for the lengths of stay for medical in-patients at GGH and PPH and advised that the information did not include current patient length of stays on the length of stays of discharged patients with 53 patients at GGH having an average length of stay of 56 days, equating to 2,966 bed days with PPH higher with 67 patients having an average length of stay 56.8 days, equating to 3,805 bed days.

Ms Perry advised that medical admissions, excluding Same Day Emergency Care (SDEC) were significantly higher in GGH in 2023

compared to 2022 and in PPH were lower in February 2023 compared to February 2022, remained the same until May 2023 and then increased compared to the previous year after June 2023. Ms Perry advised that the aim was to try and prevent particularly the old and frail patients from attending hospital when the patient would be better attended to in their own home as opposed to attending hospital whereby unless they can be discharged quickly become complex patients with a high length of stay despite being medically fit whereas in their own home have access to Delta Wellbeing and integrated re-enablement.

Ms Perry advised that it was the community-based support which is the building blocks for the Carmarthenshire system with Home First services, based at Eastgate in Llanelli, where a team of GPs and practitioners manage patients in the community with an Advanced Paramedic Practitioner who can intervene in ambulance calls and prevent up to 10 patients a day from attending hospital. SDEC also has Advanced Nurse Practitioners working with the Team to identify patients who are better managed within the community as opposed to becoming a hospital admission to help reduce the length of stay delays.

Ms Perry advised that a significant challenge at GGH treating patients from all three counties with only 75% of GGH patients coming from Carmarthenshire and organisations not designed to manage the number or complexity of older and frail patients and that the services available in the community need to be translated to assist acute services. Ms Perry commented that community capacity has not grown relative to the population growth and noted the financial constraints on the Health Board and Local Authorities which now necessitates a root and branch look at current infrastructure and where best to deploy available resources.

Ms Perry suggested that Community Hospitals may need to be repurposed due to the length of stays within them being significantly far too high necessitating a change to the Home First model to allow for step-up or to step-down as 80% of patients do not need on-going care and that the Home First triage working with SDEC at GGH will be replicated at PPH.

Ms Perry advised that the introduction of Advanced Nurse Practitioners into GP out-of-hours services and further opportunities to integrate with Delta Wellbeing to ensure that more patients can be cared for more appropriately within their own home. This is currently the focus at GGH to support medical care in the community before discharging patients to Primary Care. An orthopaedic pathway is also being developed so that patients can receive appropriate therapy and rehabilitation support at Amman Valley Hospital.

Ms Perry advised that a plan to manage front door support for frail and elderly patients at PPH and GGH with significant improvement expected through the work of an Advanced Nurse Practitioner at PPH working with the Consultant Geriatricians at GGH and the recruitment of a GP with an interest in frailty and a pathways coordinator to work with Consultants and improved public messaging that acute hospitals are not the best place to treat elderly and frail patients and to ensure that more appropriate support measures are in place to support patients away from an acute setting.

Ms Perry advised that a review of SDEC was looking at how to improve pathways, especially at GGH, to ensure that pathways avoid the Emergency Department (ED) and to check assessment units to ensure that they are fit-for-purpose.

Cllr Rhodri Evans and Ms Sharon Daniel joined the meeting.

In response to a question from Mr Weir, Ms Perry advised that the costings provided were for comparison between the costs for acute beds and the costs for the community hospital beds and the surge areas. Mr Hogben also confirmed that the costs for primary care prescribing is not included in secondary care comparative costs.

Ms Jill Paterson cautioned against any knee-jerk reaction and stressed the need to be ensure effective use of beds in the appropriate location when remodelling the system and to ensure that domiciliary care is considered given that the acuity of patients in each of the beds is different both within acute and community settings. Ms Paterson believed that the challenge at discharge was greater than the front door challenge and that discharge after a patient has had a length of stay greater than 21 days due to more patients attending hospital with more complex needs and this places a greater challenge of social care colleagues due to these patients having a higher level of acuity at the point of discharge.

Ms Patterson also advised that there were currently a significant number of patients who were under the management of the Court of Protection and that extensive and protracted processes involving the Court of Protection were needed to manage these patients.

Ms Paterson explained that staff needed support to hold the difficult conversations with patients around discharge options and to ensure that the Health Board optimises its capacity to ensure efficient bed modelling is realised.

In response to a question from Mrs Judith Hardisty around the savings plan, Ms Perry advised that a savings plan had been produced and savings from closing Y Lolfa and reducing the surge beds however these savings had been negated by pressures at the front door.

Ms Perry believed that any savings would be as a result of changes to the system which relied upon acute and community services working together and that further savings would be realised by making the community hospitals more efficient as reducing the elderly and frail lengths of stay was key to reducing costs.

Following a question relating to the skill set of junior doctors, Mr Huw Thomas advised that the Health Board had gathered together a series of anecdotal evidence it was apparent at a meeting with Health Education and Improvement Wales (HEIW) that the evidence was not strong enough. Mr Thomas believed that there was a need for the Health Board to reflect on its systems for managing its medics and rostering system and work on getting together a robust body of evidence.

Following a question about from Ms Hardisty regarding why savings realised in Worthybush Hospital (WGH) had not been realised in Carmarthenshire, Ms Perry accepted that there was a need to coordinate

	<p>the multi-pathways better at GGH and that savings plans were being developed for this year however there was a need for further discussions with stakeholders before they could be shared wider.</p> <p>Ms Perry advised that reducing nursing agency is a significant cost and the use of substantive staff should see a reduction in costs and work was being done with the Finance Team to achieve this.</p> <p>Ms Perry also advised that the placement of an Advanced Nurse Practitioner into SDEC was a pilot scheme and the placement of an Advanced Medical Practitioner who had previously worked in a community setting and had subsequently returned to the acute setting was able to advise on what actions were needed in the acute setting to allow a patient to be better and more readily treated in a community setting and it was this change in culture would allow for a safe discharge into the community given their strong network with GPs.</p> <p>Following a question from Ms Delyth Raynsford regarding quality and if there had been any feedback from patients, Ms Perry advised that the Health Board had worked closely with the Local Authority in Carmarthenshire to ensure a joint message was delivered.</p> <p>With reference to a question regarding sickness management within the workforce, Ms Perry advised that the Health Board was coordinating who staff needed to contact and how the Human Resources function operated. In response to a question about research around discharge, Ms Perry advised that a multi-disciplinary view was worked through and agreed that early intervention was key, especially the first 72 hours for older and frail patients and that this was a key focus.</p> <p><i>Ms Jill Paterson left the meeting.</i></p> <p>Mr Weir thanked Ms Perry and Mr Hogben for their presentation and looked forward to welcoming them back to the Committee later this year and stated there was a need to examine the financial position as a whole to look at what had been spent and what had been saved to help the public understand what was being done to reduce costs and what a reduction in the lengths of stay would have on primary and secondary care and to include prescribing in these costs. It was agreed that the Finance Team would be able to assist provide this information.</p> <p><i>Ms Sarah Perry and Mr Nick Hogben left the meeting.</i></p>	HT
	<p>The Committee NOTED the Deep Dive into the Carmarthenshire Model.</p>	

<p>SRC(24)4</p>	<p>MINUTES OF PREVIOUS MEETING HELD ON 19 DECEMBER 2023</p> <p>The minutes of the Sustainable Resources Committee meeting held on 19 December 2023 were reviewed and approved as an accurate record.</p> <p>It was agreed that following on from minute SRC(23)159, a discussion on the Pembrokeshire Model, that the item needs to be added to the 2024/25 Committee Work Plan for the issue to be revisited with a more financial focus and to advise on the potential savings.</p>	<p>CSO</p>
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RESOLVED – that the minutes of the Sustainable Resources Committee meeting held on 19 December be **APPROVED** as an accurate record.

SRC(24)5 MATTERS ARISING AND TABLE OF ACTIONS FROM THE MEETING HELD ON 24 OCTOBER 2023

The Table of Actions from the meeting held on 19 December 2023 was reviewed.

There was one outstanding action, SRC(23)163. Mr Thomas advised that discussions would be held ahead of the April cycle of Committee meetings to determine which Committee that Healthcare Contracting and Commissioning would be considered by from April 2024.

JW/LD

SRC(24)6 INTEGRATED MEDIUM TERM PLAN DEVELOPMENT 2024/25

Mr Thomas gave a verbal update on the Integrated Medium Term Development Plan 2024/25 and advised that this was following on from discussions held at recent Board Seminars and another meeting was planned in the coming weeks.

Mr Thomas advised that the discussions around cost pressures was well-rehearsed and subject to national peer review and scrutiny through the Directors of Finance Forum and the Deputy Directors of Finance Forum to give the Health Board a degree of assurance.

Mr Thomas explained that the main challenge is to understand the Health Board's savings, delivery and trajectory and this is a work in progress. There has been some understanding of what other Health Boards in Wales are proposing, which are savings plans which range between 1.8% and 4.6% with HDdUHB having a 4.1% planned saving in order to meet the Health Board's Control Total of £44.8m savings however there was not currently a line of sight to that savings in-year with a 2.5% a more realistic savings level.

Mr Thomas advised that there was an internal review of the planning arrangements being discussed by the Finance Team next Monday (4 March) to scrutinise the plan in detail before presenting to Board for further scrutiny and that the Carmarthenshire Model and Mental Health Services are two areas of particular concern that will be discussed.

In response to a question from Mr Weir on timescales, Mr Thomas advised that he wished to move away from an annual cycle of planning and that any plan proposing less than the £44.8m of savings to meet the control total was not a plan that Mr Thomas could recommend to the Board or Welsh Government (WG).

Mr Thomas advised that he had asked the Finance Team to work out a 24-month projection so that the Health Board has a forecast of the financial position not only at the end of March 2024 and also the end of March 2025 so that there is clarity on the actions being taken in real-time and also the impact on the trajectory over the medium-term. Mr Thomas also noted that

	<p>regular dialogue was needed with Directorates that is driving any element of the overspend to ensure that the responses were not paused.</p> <p>In response to a question from Mrs Hardisty about how support can be given to teams given the importance of Carmarthenshire to the Health Board, Mr Thomas advised that a cultural shift was needed and recognised the fact that 60% of the Health Board's patients flow through Carmarthenshire and that modelling support has been provided and support redirected.</p> <p>Mrs Sharon Daniel advised that the Health Board were in a much better position in the last 3-4 months following the stabilisation of GGH to recruit substantive nursing posts than 12 months ago.</p> <p><i>Mr Lee Davies joined the meeting.</i></p>	
	<p>The Committee NOTED the Integrated Medium Term Plan Development 2024/25 update.</p>	

<p>SRC(24)7</p>	<p>CORE DELIVERY GROUP AND FINANCIAL CONTROL GROUP UPDATE</p>	
	<p>Mr Lee Davies provided a verbal on the Core Delivery Group and Financial Control Group and advised that the Core Delivery Group has had three meetings in January 2024</p> <p>The Core Delivery Group had discussed the digitalisation of switchboards which operate across the four acute sites on a 24/7 basis and efficiency opportunities supported savings of £200,000 a year.</p> <p>The Group also examined the 25A ward areas, outside of the Nurse Staffing (Wales) Act, and looked at reducing agency and bank usage, initially in GGH and PPH, with funding in place to support substantive posts however the positions are not yet established with further work planned in the forthcoming weeks with savings included in next year's plan.</p> <p>The Group has also examined the Transforming Urgent and Emergency Care (TUEC) Programme and noted an improvement in efficiency and a reduction in bed occupancy, with a saving of £278,000 made at PPH and noted the removal of travel and accommodation payments for agency staff with eradicating the use of agency being the aim, which the Health Board is near to at PPH and GGH through recruitment.</p> <p>The Group has also received an update on the nurse staffing levels at GGH and noted the fragility at consultant level resulting in the need to use agency workers in the ED at GGH due to not being able to recruit substantive posts however work was being done to address this.</p> <p>Mr Davies provided a further update on Minor Injuries Unit (MIU) at PPH where 5 options had been considered of this service in relation to the Healthcare Inspectorate Wales report and the sustainability of the service, which is being considered by the Operational Planning, Governance and Performance (OPGP) Group and the long-term plan for the MIU at PPH with both questions being considered in parallel with each other.</p>	

	<p>The Core Delivery Group has also had a discussion on BGH paediatric nursing with an envisaged challenge to sustain the services with the operational teams looking at how best to respond to these challenges.</p> <p>The Group also examined Women and Children’s Services medical staffing where there has been a significant improvement with only one vacancy which has assisted the on-call modelling particularly at GGH and realised approximately £70,000 of savings in this financial year.</p> <p>In response to a question from Mrs Hardisty regarding Out of Hours at MIU at PPH, Mr Davies confirmed that Out of Hours are involved with the Task and Finish Group and that measures have been put in place at the MIU in response to the HIW report and that there will now be a process to check if the response has been sufficient to respond to the concerns through a quality and safety perspective and to see what more can be done. Ms Joanne Wilson suggested clarifying with HIW that they are satisfied with the measures taken by the Health Board in response of their recommendations.</p> <p>In response to a question from Mrs Hardisty regarding the ED at GGH, Mr Davies confirmed that the ED at GGH was a difficult area to recruit into due to competition from other Health Boards and that HDdUHB may need to rethink how we can recruit into ED.</p>	
	<p>The Committee NOTED Core Delivery Group and Financial Control Group update.</p>	

<p>SRC(24)8</p>	<p>HEALTHCARE CONTRACTING AND COMMISSIONING FINANCIAL UPDATE</p> <p>Mr Shaun Ayres presented the Healthcare Contracting and Commissioning Update.</p> <p>Mr Ayres advised that there had been an increase in the level of Intensive Therapy Unit (ITU) bed days utilised with Swansea Bay University Health Board (SBUHB) with a 49.9% increase compared to the baseline in the contract, predominantly driven in elective surgery with 181 elective patients in 2022/23 compared to 101 elective patients in 2021/22 with a combined length of stay of 553 days in 2022/23, having been only 250 days in 2021/22.</p> <p>Mr Ayres advised that he has asked the Commissioning Team to consider five key actions:</p> <ul style="list-style-type: none"> • To review the specialities and to work with SBUHB • To seek to understand the patient complexities • To review the treatment protocols • To review the discharge planning • To investigate what the delay is in repatriating patients to HDdUHB <p>Mr Ayres noted that between 30 and 35 patients had a length of stay of greater than 10 days which was considered a relatively long time for elective patients. Mr Ayres advised that more data was needed to</p>	
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understand the treatment provided and then to engage staff to examine the change of patient flows.

My Ayres also highlighted the change in ED patients whereby the number of patients has remained stable, with 92 patients in 2021/22 and 99 expected in 2022/23, there has been an increase in the average length of stay from 5.25 days on average in 2021/22 to 7.3 in 2022/23 and that appropriate repatriation of patients could save HDdUHB between £100,000 and £150,000 in the next financial year.

In response to a question from Mrs Raynsford as to whether this was a national trend, Mr Ayres advised that this was what he was hoping the Commissioning Team's investigations would ascertain in order to understand if there were any national trends and whether these trends would continue.

Mr Ayres also highlighted the situation with regional orthopaedics and reported a recent discussion with SBUHB to remove orthopaedics from the Long-Term Arrangements (LTA). Mr Ayres advised that there were 321 day cases and 307 in-patients costed into the LTA, giving to total elective activity of 628 patients. However, the current expectation is that HDdUHB will only utilise 159 day cases and 200 in-patients.

Mr Ayres advised that there was an extant regional business case for 1,900 HDdUHB patients and that a move to a single orthopaedic pathway makes the LTA an inefficient means of treating patients and that between £2m and £2.5m could be saved by withdrawing Orthopaedics from the LTA with no risk to patient care.

My Ayres advised that the utilisation of the Venlindre Cancer Centre LTA currently stood at 0.4% whereas the contract signed in 2019/20 was for 1.49% which was a difference of £900,000 in cost although the opportunity to realign the contract was about the principle of the agreement and not primarily over the cost.

The Committee:

- **NOTED FOR ASSURANCE** - the content of the Healthcare Contracting and Commissioning Update and **NOTED** the mitigating actions detailed in the Healthcare Commissioning Update Report

SRC(24)9

DECARBONISATION TASK FORCE GROUP UPDATE REPORT

Ms Sharon Hughes joined the meeting.

Ms Sharon Hughes presented the Q3 2023/24 Decarbonisation Delivery Plan and advised that a different methodology had been used in the report as the Welsh Government (WG) reporting mechanism was felt to be too subjective, so discussions had been held with other Health Boards in Wales to share best practice.

Ms Hughes advised that decarbonisation plans and initiatives which were not considered deliverable by the March 2025 target date were reported to WG.

Ms Hughes advised that the full Decarbonisation Audit Report was not included as it was not received from the auditor however this has now been received. Ms Hughes added that only limited assurance was given by the audit due to the omission of several dates on the risk register. This action has now been reviewed and further work undertaken to integrate what actions can be delivered and which are not currently achievable.

Following a question from Mr Weir on whether it was possible to defer the spending of funding received from WG for electric vehicle (EV) charging pods to the next financial year, Mr Davies advised that the capital funding had to spend within the current financial year or returned to WG although it may be possible to revisit the plans at a later date.

In response to a question from Mr Weir on the ongoing commitment to decarbonisation and the need to acknowledge working with groups within the Health Board and working groups on each Health Board site, Mr Thomas advised that we need to examine how we align our savings with decarbonisation and gave the example of the solar farm as an example of how a financial saving had been realised in addition to contributing to the Health Board's decarbonisation and also how digitalisation programmes could achieve similar outcomes.

Ms Daniel advised that the Chief Nurse had commissioned a piece of work around sustainability on an all-Wales basis and the outcomes needed to be captured by the Decarbonisation Task Force Group. Ms Hughes advised that work had been done with Rhys Roberts, a former Lead Nurse who had been seconded into WG and the proposal was not to produce a toolkit with rules, however, to ensure that there was a practical response to embed the decarbonisation and net-zero agenda into the wider working practices, especially nursing and clinical areas.

Mr Davies advised that HDdUHB was leading the way in Wales on the decarbonisation agenda and gave the example of the work that HDdUHB had carried out on switching patients away from high-carbon asthma inhalers despite constraints on capital availability being a fundamental issue for the Health Board.

In response to a question from Mrs Hardisty regarding how realistic many of the targets on the risk register were, Ms Hughes advised that the Health Board and other public sector organisations are experiencing the same challenges and had highlighted the concerns about the ongoing expenditure costs and the practicality of achieving many of the targets. Ms Hughes advised that the Health Board did not necessarily have any ability to control the risks which were rated as red, for example, where the Health Board was operating within constraints of the National Grid making the provision of EV charging pods untenable and that the risk was rated as red despite not being able to be affected by the Health Board. Ms Hughes believed that the next round of the NHS Wales Decarbonisation Delivery Plan would take these concerns into account.

Mr Lee Davies and Ms Sharon Hughes left the meeting.

LD/SH

The Committee:

- **NOTED** the contents of the report
- **ENDORSED** the Q3 2023/24 Welsh Government return

Mr Andrew Spratt presented the Month 10 2023/24 Finance Report.

Mr Spratt advised that the report formally changed the revenue deficit with WG from a £72.7m deficit in Month 7 and that the Health Board had not been able to fully offset the cost pressures experienced in-year, however, through the work of the Core Delivery Group and the Financial Control Group efforts to address this have been realised and improvements have been seen between Month 7 and Month 10 enabling the Health Board to confirm a revenue deficit of £66m to WG, although still in excess of the £44.8m control total set by WG.

Mr Spratt highlighted the executive summary which identified the areas of change within the last three months which has resulted in the improvements to the revenue deficit position through management actions taken internally that has resulted in underspends and gains from external factors, the two most significant external benefits were derived from primary care prescribing through national negotiations by the Department of Health and Social Care and improvements to energy costs negotiated by NHS Wales Shared Services Partnership (NWSSP). Mr Spratt also highlighted a £1.3m gain realised by the reduction in the risk share from the Welsh Health Specialist Services Committee (WHSSC).

Mr Spratt advised that the Health Board has received a formal response to the Health Board's strategic cash request which confirmed that HDdUHB would receive funding up to the level of the Health Board's £72.7m deficit, which was short by £9.9m with the letter from the Chief Executive of NHS Wales stating that the Health Board was expected to manage the challenge of the shortfall. Since the receipt of that letter, HDdUHB revised its forecast deficit down to £66m and WG revised its level of cash support downwards to that level, however following dialogue WG has agreed to increase the level of working capital by the difference in the deficit movement.

Mr Spratt advised that despite the shortfall, he was confident that the Health Board would be able to manage the shortfall through the Cash Management Strategy whereby some payments could be deferred into the start of the next financial year.

Mr Spratt advised that the Health Board was taking a holistic view of nurse and healthcare support worker agency and bank worker usage levels had shown a positive improvement within the last four months through the Nurse Stabilisation Programme with an increase of the substantive workforce by 110 whole-time equivalent (WTE) staff leading to a reduction of overtime by 62 WTE and agency usage by 58 WTE resulting in an improved patient experience and a stable workforce.

Mr Spratt also highlighted that these improvements had been made at a time when sickness levels had been increasing however there would be risk to the stabilisation of the workforce if the sickness level continued on its current trajectory and increased further with the risk of increased agency usage.

Following a question from Mr Weir on whether that been any indication that conditional funding received this year would be recurrent in the next financial year, Mr Spratt advised that it had been made clear at the January all-Wales meeting of the Directors of Finance that any organisation that achieved its control total in this financial year and had a plan to meet its control total in the next financial year could assume that they will receive the conditional funding. Mr Spratt advised that the Health Board was not going to achieve its control total for this financial year and will assume that the conditional funding will be forthcoming and have an alternative forecast available to show the impact of the funding not being received.

Following a question from Mrs Hardisty regarding the trends of the fill rates and why the rates for planned care were high and where were the controls on this, Mr Thomas advised that these rates had not formed part of the financial discussion to date however it would be examined. Ms Daniel advised that it was an opportunity for the new Head of Nursing, Quality and Patient Experience to scrutinise.

In response to a question from Mr Weir around examining continuing healthcare (CHC) in more detail, Mr Thomas advised that CHC could be added to the Committee Work Plan to examine how contracts and inflationary pressures have been managed.

In response to a question from Mr Weir on what the current savings plan was, Mr Spratt advised that of the target savings, £19.5 was the target with £19.6 savings identified in the delivery plan although adjusted for risk this was forecast to be £14.8m, a shortfall of £4.7m, which Mr Thomas advised most of which was in Carmarthenshire and that the escalation framework would be looked to be used to challenge teams why these savings have not been realised.

Mr Spratt advised that as part of Targeted Interventions, there are a number of outstanding actions against HDdUHB on financial and service areas throughout the organisation so that programmes will now be subject to both internal and external monitoring.

CSO

The Committee:

- **NOTED** and **DISCUSSED** the financial position as at Month 10 2023/24
- **SCRUTINISED** the areas that are exceeding their financial responsibilities and **AGREED** any work schedules for further meetings to provide deep dives
- **NOTED** the cash management update
- **NOTED** and **DISCUSSED** the nursing and Healthcare Support Worker analysis and **SCRUTINISED** those areas that are exceeding budgeted fill rates

	<p>Mr Thomas presented the Planning Objectives update report to the Committee and noted the areas in which the Health Board were falling behind in, such as Decarbonisation and the Roadmap to Financial Sustainability, the latter due to short term recovery actions and less so the long-term planning.</p> <p>There were no questions from members of the Committee.</p>	
	<p>The Committee:</p> <ul style="list-style-type: none"> • RECEIVED ASSURANCE on the current position in regard to the progress of the Planning Objectives aligned to the Sustainable Resources Committee, in order to assure the Board where Planning Objectives are progressing and are on target, and to raise any concerns where Planning Objectives are identified as behind in their status and/or not achieving against their key deliverables 	

SRC(24)12	CORPORATE RISK REPORT	
	<p>Mr Thomas presented the Corporate Risk Report to the Committee.</p> <p>Mr Thomas noted that no risks had increased and all had remained stable with Risk 1355 (“Risk to the ability to access paper patient records in a timely manner due to existing records management infrastructure”) that significant work had been progressed in this area with the scanning of paper records expected to see this risk reduced.</p> <p>There were no questions from members of the Committee.</p>	
	<p>The Committee:</p> <ul style="list-style-type: none"> • RECEIVED ASSURANCE that all identified controls are in place and working effectively • RECEIVED ASSURANCE that all planned actions will be implemented within stated timescales and will reduce the risk further and/ or mitigate the impact, if the risk materialises 	

SRC(24)13	OPERATIONAL RISK REPORT	
	<p>Mr Thomas presented the Operational Risk Report to the Committee and noted the inclusion of two new risks:</p> <ul style="list-style-type: none"> • Risk 1610 (“Risk of being unable to meet the increasing demand for data and analytics within the health board due to limited capacity”) • Risk 1719 (“Risk of loss of Radiology services across the Health Board from 31 March 2025 due to delayed implementation of RISP”) <p>Mr Thomas advised that the demands for data and analytics were currently being managed and that Risk 1719, Mr Thomas advised that the risk has now been de-escalated from a corporate risk level due to the establishment of a permanent location for the service and a business case</p>	

	<p>has been approved and the impact of those changes would be assessed to inform the risk.</p> <p>Mr Thomas advised that a discussion was needed with the Director of Corporate Governance/Board Secretary with how the risks feed into the escalation framework and drive the conversation.</p> <p>Following a question from Mr Weir on whether there was confidence that risk was covered in the Directorates Improving Together (DITs), Mr Thomas confirmed that risk was included as part of a comprehensive assessment at DITs meetings and offered to share an example pack with Members.</p> <p>Ms Wilson referred to the risk report that was presented to the Audit and Risk Committee (ARAC) on the 20 February 2024 and advised that risk needed to be managed more proactively at the beginning of the process and not just at the end-point as the organisation was currently carrying significant risks.</p>	<p>HT</p> <p>HT</p>
	<p>The Committee:</p> <ul style="list-style-type: none"> • REVIEWED and SCRUTINISED the risks included within this report to receive assurance that all relevant controls and mitigating actions are in place • DISCUSSED 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 	

SRC(24)14	DIGITAL OVERSIGHT GROUP UPDATE REPORT	
	<p>Mr Thomas presented the Digital Oversight Group update report to the Committee and advised that the Electronic Prescribing and Medicines Administration (ePMA) needed further discussion within the Executive Team and subsequently WG regarding funding ePMA.</p> <p>Mr Thomas requested that Members send any queries to Mr Anthony Tracey for consideration and that the recommendation of the Committee be amended accordingly.</p>	<p>AT</p> <p>CSO</p>
	<p>The Committee:</p> <ul style="list-style-type: none"> • NOTED the contents of the Digital Oversight Group Update Report • NOTED the development of the Electronic Prescribing and Medicines Administration scheme 	

SRC(24)15	INFORMATION GOVERNANCE SUB-COMMITTEE UPDATE REPORT	
	<p>Mr Anthony Tracey presented the Information Governance Sub-Committee update report to the Committee.</p>	

	<p>Mr Tracey highlighted that the Clinical Coding Team had not met its clinical coding target for the first time in 20 months due to sickness and retirement within the Team.</p> <p>The Committee was asked to approve the extension of four all-Wales policies pending receipt of guidance from Digital Health and Care Wales (DHCW).</p> <p>Mr Tracey advised that the embargo on the destruction of patient records has been lifted allowing for the destruction of patient records to occur which has relieved the pressure around the Health Board’s record storage facilities.</p> <p>Following a question from Ms Hardisty regarding the destruction of records relating to patients who had been infused with infected blood, Mr Tracey confirmed that all the requested information has been supplied and that the Inquiry into infected blood was content that the Health Board could destroy patient records.</p> <p>Mr Tracey also confirmed that the Information Governance Sub-Committee had reviewed its Terms of Reference and were presented to the Committee for ratification subject to the alternation of the Terms of Reference to conform to the standard HDdUHB Terms of Reference format.</p>	AT
	<p>The Committee:</p> <ul style="list-style-type: none"> • APPROVED the Information Governance Sub-Committee Terms of Reference • APPROVED the following policies: <ul style="list-style-type: none"> ○ 249 – Access to Health Records Policy • APPROVED a 6-month extension for the following all-Wales policies: <ul style="list-style-type: none"> ○ 836 - All Wales Information Governance Policy (27/04/2024) ○ 837 - All Wales Information Security Policy (27/04/2024) ○ 495 - All Wales Internet Usage Policy (27/04/2024) ○ 494 - All Wales Email Use Policy • APPROVED the additional text to the Workforce Privacy Notice • NOTED that the health records service will be reverting to normal destruction protocols with immediate effect 	
SRC(24)16	DIGITAL MEDICINES TRANSFORMATION PORTFOLIO ANNUAL REVIEW 2023	
	<p>The Digital Medicines Transformation Portfolio Annual Review 2023 was presented to the Committee for information.</p> <p>There were no questions from members of the Committee.</p>	

	<p>The Committee:</p> <ul style="list-style-type: none"> • NOTED the Digital Medicines Transformation Portfolio Annual Review 2023 	
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SRC(24)17	WELSH HEALTH CIRCULARS	
	<p>Mr Thomas presented the Welsh Health Circulars (WHC) report to the Committee and noted that regarding WHC 005-22 that the procurement of a new supplier and the transition process had caused a delay in the Health Board's implementation of the WHC however this was a recognised national issue.</p> <p>There were no questions from members of the Committee.</p>	
	<p>The Committee:</p> <ul style="list-style-type: none"> • RECEIVED ASSURANCE on the management of Welsh Health Circulars within their area of responsibility, particularly in respect of understanding when the Welsh Health Circular will be delivered, any barriers to delivery, impacts of non/late delivery and assurance that the risks associated with these are being managed effectively 	

SRC(24)18	MINISTERIAL DIRECTIONS	
	<p>Mr Thomas presented the Ministerial Directions report to the Committee.</p> <p>Ms Wilson advised that there were several Ministerial Directions that were listed with a HDdUHB implementation date as "not known" which prevented their implementation from being tracked. Mr Thomas advised that future reports would be amended to include an implementation date for all Ministerial Directions.</p>	HT
	<p>The Committee:</p> <ul style="list-style-type: none"> • RECEIVED ASSURANCE that HDdUHB is compliant with the Non-Statutory Instruments (Ministerial Directions) issued by Welsh Government between 1 October 2023 and 31 January 2024; and • NOTED the increased frequency of reporting on Ministerial Directions to three times a year to ensure appropriate oversight and monitoring of the progress of their implementation 	

SRC(24)19	BALANCE SHEET	
	<p>Mr Thomas presented the Balance Sheet report to the Committee and noted that stock is rising as a value with a risk of being material from an audit perspective. Mr Thomas noted that these were normal trends and any delays would be reported to the Audit and Risk Committee.</p> <p>Mr Thomas advised that the Health Board's Public Sector Payment Policy (PSPP) target of paying its suppliers within 50 days of receipt of the invoice</p>	

	<p>could be at risk if the Health Board resolves to delay payments in the new financial year.</p> <p>Following a question from Mr Weir regarding the change in provisions for the medical negligence and personal injury payments, which had risen by £2.1m in 2022/23, Mr Thomas advised that this was attributed to the long-term nature of such liabilities and that any claims made against the Health Board were claimed back from the Welsh Risk Pool and advised that a report would be presented to a future meeting as part of the year-end cycle. Mr Thomas also advised on the changing nature of long-term and short-term provisions and agreed to include consideration of this matter in a future report to the Committee.</p>	<p>HT</p> <p>HT</p>
	<p>The Committee NOTED the Balance Sheet as at the end of Quarter 3 2023/24.</p>	

SRC(24)20	FINANCIAL PROCEDURES	
	<p>Mr Thomas presented the Financial Procedures report to the Committee and advised that the financial procedure relating to the tax status of workers to ensure compliance with Inland Revenue regulations was particularly relevant to payments to agency workers.</p> <p>There were no questions from members of the Committee.</p>	
	<p>The Committee:</p> <ul style="list-style-type: none"> • APPROVED the following updated financial procedure: <ul style="list-style-type: none"> ○ FP 1030 06-06 Tax Status of Workers • APPROVED an extension to the review date of the following procedure: <ul style="list-style-type: none"> ○ FP 65 Budgetary Control 	

SRC(24)21	PROCUREMENT UPDATE	
	<p>Mr Thomas presented the Procurement Update to the Committee to give an indication of procurement work that had been carried out nationally and locally for procurement work on behalf of HDdUHB.</p> <p>Mr Thomas advised that the approval of the Children’s Continuing Care contract was approved by Chair’s Actions due to the urgency in appointing the framework for the provider.</p> <p>In response to a question from Mrs Hardisty regarding the small savings made on the Orthotics Products contract and whether there were any alternatives that could provide a better product or more cost effective, Mr Thomas advised that clinical procurement were examining this possibility and advised that the contracts were coming to an end that were signed when prices were much lower compared to the higher inflation at present so the savings were effectively presented as cost avoidance through this process and that costs could have been a lot higher than they are.</p>	

	<p>The Committee:</p> <ul style="list-style-type: none"> • APPROVED the award of contracts for the Provision of Dental Services for Cross Hands, Llandeilo, North Pembrokeshire and South Ceredigion to the Providers listed above to provide services from 1 June 2024 for up to 31 May 2029 or with Extension to 31 May 2034 for onwards ratification by Board • SUPPORTED the award of the All-Wales Sourcing Framework Contracts for Orthotics Products 1 April 2024 to 31 March 2028 and Skin and Wound Closure for 1 March 2024 to 30 November 2027. These contracts will have onwards submission to Velindre NHS Trust (as hosts of NHS Wales Shared Services Partnership) Public Board and Welsh Government for approval • NOTED the approval of the Children’s Continuing Care contract by Chair’s Action 	
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SRC(24)22	INTEGRATED PERFORMANCE ASSURANCE REPORT	
	There were no questions from members of the Committee.	
	<p>The Committee:</p> <ul style="list-style-type: none"> • CONSIDERED the SRC measures from the Integrated Performance Assurance Report 	

SRC(24)23	ALL-WALES CAPITAL PROGRAMME 2023/24 CAPITAL RESOURCE LIMIT AND CAPITAL FINANCIAL MANAGEMENT UPDATE	
	There were no questions from members of the Committee.	
	<p>The Committee:</p> <ul style="list-style-type: none"> • NOTED the Capital Resource Limit (CRL) for 2023/24 • NOTED the risks being managed • NOTED the project updates 	

SRC(24)24	QUARTERLY NWSSP PERFORMANCE REPORT	
	There were no questions from members of the Committee.	
	<p>The Committee:</p> <ul style="list-style-type: none"> • RECEIVED ASSURANCE from the content of the NWSSP Performance Report for Quarter 2 2023/24 	

SRC(24)25	COMMITTEE WORK PROGRAMME 2023/24	
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	There were no questions from members of the Committee.	
	The Committee: <ul style="list-style-type: none"> • NOTED the Committee Work Plans for 2023/24 and 2024/25 	

SRC(24)26	MATTERS FOR ESCALATION TO BOARD	
	<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"> • The Carmarthenshire Model – the Committee heard the key unscheduled care challenges particularly for lengths of stays in an acute setting and community hospitals greater than 21 days driving a financial challenge experienced through nursing and medical pay. The Committee were concerned about the skill set of incoming junior doctors and their ability to prescribe and the double running costs arising from that situation. The lack of savings identification and the delivery of savings and the ability to remain within budget were highlighted as a concern. • The Pembrokeshire Model – the Committee resolved to revisit the review of the Pembrokeshire Model in light of the escalation framework. • The Committee received assurance through the Core Delivery Group and the shift to the 2024/25 plans, which has been the focus of the Core Delivery Group. • The Committee received assurance on the scrutiny that was being given to the Health Board’s contracts, recognised the opportunities to repatriate activity, particularly Intensive Therapy Unit patients and the regional orthopaedic arrangements with SBUHB and arrangements to utilise contract with Velindre Cancer Centre • To recognise the forecast improvement of the financial situation of a £66m driven by improvements to the nursing and medical staffing position and the improvement of external factors such as the pricing of medication, the improvement in utility costs and a reduction in CHC costs. • A positive cash position with a gap that can be managed from within the Finance Team and the ability to make recurrent savings. 	
	The Committee NOTED the key topics discussed during the meeting for inclusion in the Sustainable Resources Committee Update Report to the next Public Board meeting.	

SRC(24)27	ANY OTHER BUSINESS	
	No other business was raised.	

SRC(24)28	DATE OF NEXT MEETING	
	30 April 2024	