

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

Date and Time of Meeting:	24 October 2023, 09:30 – 12:30
Venue:	Boardroom/MS Teams

Present:	<p>Mr Winston Weir, Independent Member, Committee Chair (VC)</p> <p>Mr Maynard Davies, Independent Member, Committee Vice Chair (VC)</p> <p>Mrs Delyth Raynsford, Independent Member (VC)</p> <p>Cllr. Rhodri Evans, Independent Member (VC) (part)</p> <p>Mrs Judith Hardisty, Vice Chair, HDdUHB (VC)</p> <p>Mr Michael Imperato, Independent Member (VC) (part)</p>
In Attendance:	<p>Professor Philip Kloer, Medical Director/Deputy CEO (VC)</p> <p>Mr Huw Thomas, Director of Finance (VC)</p> <p>Mr Andrew Carruthers, Director of Operations (VC)</p> <p>Mrs Lisa Gostling, Director of Workforce and Occupational Development (VC)</p> <p>Mr Lee Davies, Director of Strategy and Planning (VC) (part)</p> <p>Ms Jill Paterson, Director of Primary Care, Community and Long Term Care (part)</p> <p>Ms Charlotte Wilmshurst, Assistant Director of Assurance and Risk, deputising for Ms Joanna Wilson, Director of Corporate Governance/Board Secretary (VC)</p> <p>Mr Anthony Tracey, Digital Director (VC) (part)</p> <p>Mr Shaun Ayres, Assistant Director of Value Based Contracting (VC)</p> <p>Mr Andrew Spratt, Deputy Director of Finance (VC)</p> <p>Ms Sharon Daniel, Deputy Director of Nursing, Quality and Patient Experience, deputising for Mrs Mandy Rayani Director of Nursing, Quality and Patient Experience (VC) (part)</p> <p>Ms Jennifer Thomas, Senior Finance Business Partner (VC)</p> <p>Mr Robert Chadwick, Strategic Advisor - Finance (VC)</p> <p>Ms Haidee Jepson, Assurance and Risk Office [as an observer] (VC)</p> <p>Ms Karen Richardson, Corporate & Partnership Governance Officer (Secretariat)</p> <p>Mr John Jenkins, Committee Services Officer (Secretariat)</p>

AGENDA ITEM	ITEM	
SRC(23)126	WELCOME AND APOLOGIES FOR ABSENCE	Action
	<p>The Chair, Mr Winston Weir, welcomed all to the meeting.</p> <p>The Chair referred to the recent conflict in Israel and Gaza and invited the meeting to observe a minute silence for all those affected by the conflict.</p> <p>Apologies for absence were received from:</p> <ul style="list-style-type: none"> • Miss Maria Battle, HDdUHB Chair • Mrs Joanna Wilson, Director of Corporate Governance/Board Secretary 	

	<ul style="list-style-type: none"> Mrs Mandy Rayani, Director of Nursing, Quality and Patient Experience 	
SRC(23)127	DECLARATIONS OF INTERESTS	
	There were no declarations of interest.	
SRC(23)128	MINUTES OF PREVIOUS MEETING HELD ON 29 AUGUST 2023	
	The minutes of the Sustainable Resources Committee meeting held on 29 August 2023 were reviewed and approved as an accurate record.	
	RESOLVED – that the minutes of the Sustainable Resources Committee meeting held on 29 August 2023 be APPROVED as an accurate record.	
SRC(23)129	MATTERS ARISING AND TABLE OF ACTIONS FROM THE MEETING HELD ON 29 AUGUST 2023	
	The Table of Actions from the meeting held on 29 August 2023 was reviewed, and confirmation received that all outstanding actions had been completed, were being progressed, or were forward planned for a future Committee meeting.	
SRC(23)130	SUSTAINABLE RESOURCES COMMITTEE SELF-ASSESSMENT OF PERFORMANCE PROCESS 2023/24	
	The Committee noted the timescales and the process around the self-assessment of the Committee's effectiveness, as required by Standing Orders. Members of the Committee and Attendees will receive a digital feedback form w/c 15 January 2024, which they are asked to complete within 2 weeks. An in-person workshop has also been arranged on the 23 February 2024 to discuss the self-assessment feedback and develop the workplan.	
	The Committee NOTED the Sustainable Resources Committee Self-Assessment Performance Process 2023/24.	
SRC(23)131	FINANCIAL PROCEDURES	
	The Committee considered the planned annual review of Hywel Dda University Health Board's financial procedures.	
	Mr Huw Thomas presented the updated Losses and Special Payments Procedure and advised that the amended levels contained within the	CSO

	<p>procedure have been approved by the Audit and Risk Committee (ARAC) and are now presented to the Sustainable Resources Committee for approval.</p>	
	<p>The Committee:</p> <ul style="list-style-type: none"> • NOTED the Financial Procedures review. • APPROVED the updated Losses and Special Payments Procedure. 	

SRC(23)132	DIGITAL OVERSIGHT GROUP TERMS OF REFERENCE	
	<p>The Committee received a report proposing the disestablishment of the Agile Digital Business Group and the establishment of the Digital Oversight Group and to approve its Terms of Reference.</p> <p>Mr Thomas noted that the changes reflected a change of focus from digital agility during the COVID-19 pandemic to a new focus under the Digital Oversight Group, which will provide a more robust oversight arrangements being put in place to ensure that the approval process is sufficiently scrutinised, delivery overseen, and clarity of benefits being realised.</p> <p>It was reported that the Agile Digital Business Group was more focussed on decision-making whereas the Digital Oversight Group would oversee the full pathway of digital projects.</p> <p>Mr Thomas advised that following a discussion with the Director of Corporate Governance/Board Secretary that there would only be one Independent Member (IM) on the Digital Oversight Group with confirmation of which IM would sit on the Digital Oversight Group to be confirmed at a later date and the Group's Terms of Reference to be updated to reflect this change.</p>	<p>HT</p> <p>AT</p>
	<p>The Committee:</p> <ul style="list-style-type: none"> • APPROVED the disestablishment of the Agile Digital Business Group • NOTED the establishment of the Digital Oversight Group and • APPROVED the Digital Oversight Group Terms of Reference 	

SRC(23)133	NSL(W)A REPORT	
	<p>The consideration of this report was deferred to the 19 December 2023 SRC meeting with a request that the report before SRC should focus on financial considerations relating to the nurse staffing levels, as opposed to the quality issues.</p>	MR

CORE DELIVERY GROUP AND FINANCIAL CONTROL GROUP UPDATE

The Committee received an update from the Core Delivery Group (CDG) and the Financial Control Group (FCG).

Mrs Lisa Gostling advised that the nurse staffing levels and its implementation on cost implications were being discussed at the CDG on 25 October 2023 along with an update on the Delta “virtual beds” and a report on the Minor Injuries Unit (MIU) position update. There is also a report on the Performance Dashboard to oversee Quality Indicators.

The CDG has also received a presentation on the transformation of Urgent and Emergency Care and undertaken a Deep Dive into Radiology which revealed a success regarding recruitment into vacant posts, which in turn had led to a reduction in agency usage.

Mrs Gostling reported that there have been changes made to medical rotas in the Women and Children’s Directorate which has not had an impact on patient care, however, has delivered financial savings.

The CDG has a work schedule set up until January 2024 and will be arranging for attendees to present updates relating to the processes of the areas that they are responsible for.

One of the main pieces of work to be undertaken by the FCG is the establishment of a control total so that departments know what they have to reduce, this will require further discussion with the Executive Team.

Also proposed is an Administration Review, with a review of the different layers of administration, for example ward clerks and ward administrators with an analysis of the total administrators employed, what functions they are performing, where they are based and what are the gaps. This would also include corporate administration such as medical and junior medical secretaries, PA roles and Team Leaders. It was noted that the terms of reference of the Administration Review and the timescales will be presented to CDG in November 2023.

Mr Lee Davies commented that there was a piece of work being undertaken to explore options around MIU opening hours at Prince Philip Hospital which would be presented a future meeting of CDG.

Mrs Judith Hardisty asked for clarification around bed configuration and central support. Mrs Gostling explained that the changes to bed configuration related to changing particular wards from a 25A classification to a 25B classification, which would assist external recruitment and reduce reliance on agency usage and stated that an update is due to CDG on 25 October 2023.

In response to a query relating to central support, Mrs Gostling advised that the Team are assessing whether the Pembrokeshire model could be

used in Carmarthenshire and that meetings have taken place to develop a work plan relating to Carmarthenshire.

Mr Shaun Ayres added that bed configuration was about the need to match capacity to patient need. He noted that currently wards were configured to have both ready-to-leave and medically optimised patients on the same ward as acutely unwell patients and explained that the plan for Carmarthenshire will use the learning from the Pembrokeshire model and any approaches that have worked well.

Mrs Hardisty enquired whether Bronglais Hospital will be included in the assessment and Mr Ayres explained that while there was a Bronglais model, a pan-Health Board approach would be created that recognised local differences between each local authority to allow for local delivery, while recognising that we are one Health Board.

Mrs Hardisty queried whether we were continuing with some expenditure on the value-based healthcare project, which has been recently presented to ARAC, which resulted in saving which could change models of care. Mr Thomas replied that there were two streams of value work being carried forward at present: firstly, normal value work focused around productivity gains and translating those gains into cashable savings and, secondly, related to rapid value where there is a direct route to cash, however, as it is in support to the Directorates it may not be explicitly referred to as a value-based healthcare gain because it is a support function to some of our Directorates.

Mrs Delyth Raynsford requested clarification of the following:

- whether the administration review considered the overall impact on staffing,
- whether the Health Board's radiology service is working to the same level in all of the Health Board's hospitals,
- whether the changes to Women and Children's Services in Ceredigion affects the rest of mid Wales and is quality and safe.

In response to the first query, Mrs Gostling advised that the agency review was not about cutting posts and emphasised that clinical staff should not be performing administrative tasks. In terms of the changes to Women and Children's Services this will require a full Equality Impact Assessment.

Cllr. Rhodri Evans joined the Committee meeting.

Referring to the query for radiology Mr Andrew Carruthers stated that there were known aspects of the service configuration and delivery model that are potentially causing quality, safety and outcomes risks which would be addressed through a financial recovery plan with the service before being presented to CDG.

In response to a query from Mr Robert Chadwick regarding timescale for each project Mrs Gostling advised that timelines have been agreed for the reduction of agency work and the recruitment in radiology and will commence during November 2023. In terms of the other projects, each service will be required to include timescales when presented to CDG. Mr Ayres added that while these projects were a financial opportunity, they were mostly about patient quality and safety and whilst primarily driven by cost, it is about creating a more sustainable, safe service. There will need to be clarity on what stage each project is at, to demonstrate to the Board the value at each stage.

Mrs Raynsford enquired whether staff have been supportive of the process. In response Mrs Gostling believed that most staff supported the approach, however being mindful not to place an extra burden on staff. It should be recognised that services agreed to the process in the first instance, however several areas of duplication have been identified, which are being worked through. Professor Philip Kloer observed that there were difficult choices that needed to be made and not everyone will agree to these choices and whilst challenging, we need to support teams through the process.

In response to a query from Mr Chadwick, Mr Carruthers noted that during the next 18 months there will be several challenging conversations and the Health Board should expect a challenge from staff and the public.

The Committee **DISCUSSED** and **NOTED** the Core Delivery Group and Financial Control Group Update.

SRC(23)135 FINANCE REPORT

Mr Thomas presented the Finance Report, outlining the Health Board's current financial position as of Month 6 of 2023/24.

Mr Lee Davies left the Committee meeting.

The Committee was updated on developments that have occurred within the last week, referencing the work of the CDG particularly around nurse staffing levels and the impact of the reduction of 39 beds within the system in Pembrokeshire, resulting in a £1.6m delivery and the stopping of paying travel and subsistence to agency nurses delivering £1.2m and the stopping of use of Thornbury Nursing Services has delivered £3m benefits.

Ms Sharon Daniel joined the Committee meeting.

These were all reported as contributory factors from the £145m forecast deficit to £128m, on which was the basis of the Accountable Officer letter that was submitted to Welsh Government.

Mr Thomas also referenced the work that had been done in Women and Children's Services, where it was reported that a focus on job planning with reference to rotas delivering £600k just in Obstetrics and Gynaecology. Mr Thomas said that there was scope to learn from the experience of Obstetrics and Gynaecology to deliver benefits within other service areas.

Mr Thomas presented the latest additional funding update. From a starting position of a planned deficit for 2023/24 of £112.9m, the Health Board has been awarded £19.2m for underlying costs and COVID-19 legacy and £23.8m for inflationary pressures. Both awards are conditionally recurrent, conditional on the Health Board reaching its control total of £44.8m to be of benefit in future years.

The Health Board has also received £9.6m of additional inflationary pressure funding, £4.2m for energy support costs above baseline.

The Health Board has been asked to improve on its planned deficit by 10%, the impact of which would be £11.3m for the Health Board.

Mr Thomas stated that it was important to emphasise what 'conditionally recurrent' meant, explaining that they were conditional on the Health Board reaching its control total.

It was stated that other additional elements of funding have been secured, such as the Pay Award funding and 'Further Faster' funding.

Reference was made to the Accountable Officer letter submitted to Welsh Government on 20 October 2023 following a meeting of the Board, included a forecast of an annual deficit of £128m.

Taking into account £56.8m of additional funding received and £1m of assumed Further Faster funding, however, with £1.5m of COVID-19 funding gain added back, this leaves the Health Board with a gap of £26.9m to achieve the Target Control Total of £44.8m.

Mr Weir enquired whether the £43m of additional funding was conditional funding, which Mr Thomas confirmed was the case.

In response to a query from Mr Maynard Davies regarding the possibility of additional social care funding which could assist with ready-to-leave and medically optimised patients, Mr Thomas advised that he was not aware of any details and observed that the Health Board's three local authorities all invested far less than the national average in social care, and the impact of that was felt by the Health Board.

Ms Jill Patterson joined the Committee meeting.

Mrs Hardisty enquired whether better job planning in other service areas could result in the same gains which have been achieved in Women and Children's Services, given that this is a key part of the clinical role. In response, Prof Kloer advised that this had been a focus in the

Directorate's Improving Together Team meeting and stated that there was a plan in place, which will be supported by Mr Carruthers' team, however, Prof Kloer believed that until there was better completeness on job planning then it was going to be difficult to realise the same gains as seen in Women and Children's Services in other areas.

Noting that a contributing factor to implement a new model in Pembrokeshire was predicated on the emergence of reinforced autoclaved aerated concrete (RAAC) at Withybush Hospital, Mrs Hardisty enquired:

- whether moving to the new model sooner would have resulted in further savings being made.
- how the Further Faster funding would be used to make savings.

Mr Thomas advised that the changes that have been made to the Pembrokeshire model have been a long time in the planning, with the enabling work taking time. Regarding the Further Faster funding, Mr Thomas advised that £8m was made available across Wales with about £1m being made available to the Health Board and how this is used will require discussions by the Executive Team, before going through the governance process.

Mr Carruthers stated that the Pembrokeshire changes were at least a year in the making and has been a very organic and service-led in its development.

Mr Weir stated that he wanted to seek assurance on how the Health Board manages its budgets and the underlying causes of operational variation costs and the plans to rectify them. Mr Carruthers advised that CDG were working on this, however, if the Committee wished to go through each directorate in detail, then time would be needed to prepare the information. Mr Weir suggested that it could be expedient to choose a couple of areas for a deep dive. Mr Carruthers and Mr Andrew Spratt both stated that there had been a lot of activity by CDG since the Month 6 report and the subsequent report would assist in identifying specific areas for further investigation.

Mr Weir suggested that the Committee could deep dive one of three areas, either Mental Health and Learning Disability services, Continuing Care packages or Oncology, and that the Committee would decide on what area to progress following sight of the Month 7 update.

Mrs Raynsford enquired whether there was any flexibility around utilising the COVID-19 legacy money. In response, Mr Thomas advised that there are choices about how the funding is allocated, however, he did not propose allocating any recurrent funding at this stage until there had been robust conversations around which areas the Health Board wants to protect.

HT/AC

	The Committee NOTED and DISCUSSED the M6 2023/24 financial position.	
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SRC(23)136	<p>FINANCE TARGETED INTERVENTION ACTIONS</p> <p>Members received the Finance Targeted Interventions (TI) Actions report.</p> <p>Mr Thomas advised that there was more work needed on the cycle of opportunities and the process-orientated framework, with the focus moving into delivery with a conversation required in relation to the level of governance needed going forward.</p> <p>Mr Maynard Davies enquired to the changes made following a review of the financial management arrangement. Mr Thomas stated that the majority of actions in the review were already in process and any changes related to ensuring that the rationale for the financial management arrangements and processes were robustly documented.</p> <p>Mr Spratt advised that the NHS Wales Executive were content with the management and governance arrangements that the Health Board had in place. Whilst not recommending any significant changes in the way that we were working, in terms of the Opportunities Framework, this needs to move from planning to delivery.</p> <p>Cllr. Rhodri Evans enquired whether other health boards in Wales are being monitored from a financial perspective and whether there is a risk that the Health Board's escalation status could increase. In response Mr Thomas believed that there could be a risk of further escalation if we were the only Health Board not to achieve its control total.</p> <p><i>Mr Michael Imperato left the Committee meeting.</i></p>	
	The Committee RECEIVED ASSURANCE on the progress to date, and forward plans, to enable completion of all finance function specific TI deliverables.	

SRC(23)137	<p>HEALTHCARE CONTRACTING AND COMMISSIONING UPDATE</p> <p><i>Mr Anthony Tracey joined the Committee meeting.</i></p> <p>Mr Ayres provided an update on Healthcare Contracting and Commissioning regarding the Long-Term Arrangements (LTAs) that HDdUHB hold with other Health Boards within Wales.</p> <p>Mr Ayres drew the Committee's attention to the movement of £300k around High-Cost Drugs (HCD), predominantly driven within the field of multiple sclerosis. Mr Ayres also noted the challenges experienced around ITU bed days, complexities around neurology patients and around the discharge and repatriation of patients back into the Health Board which are all contributing factors for an increase in bed days.</p>	
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Mr Ayres highlighted an issue with the Allergy (Non-Drug) Recommissioning Pathway, with Cardiff and Vale university Health Board (CVUHB) serving notice of the secession of the LTA to provide an allergy service.

The Health Board has since been working with the University Hospital of Birmingham to formalise an alternative pathway. However, due to the University Hospital of Birmingham losing capacity, this has resulted in them being unable to accept the Health Board's patients with the exception of the most complicated and serious patients. Work has been undertaken with Swansea Bay University Health Board (SBUHB) to look at a potential second service and, following conversations with primary care, there is an interest in delivering a local service within the Health Board.

Ms Helen Humphries joined the Committee meeting.

Mr Ayres reported concerns about Paediatric Services relating to paediatric orthopaedic services, highlighting that a visiting paediatric orthopaedic consultant from SBUHB has until recently been running a bimonthly clinic at Withybush Hospital. However, there has been a reduction in the number of sessions, so while the service will remain available for paediatric patients, it would require attendance at Morriston Hospital.

The Commissioning Team has contacted The Robert Jones and Agnes Hunt Orthopaedic Hospital (RJAH) to ascertain whether any of their consultants could provide sessions. Following positive feedback, a meeting has been scheduled with the paediatric clinical lead at RJAH to discuss.

It was also reported that Robotic Assisted Surgery, which is currently undertaken by CVUHB through a pass-through contract with SBUHB, but where SBUHB are now looking at providing the service themselves in some surgical specialities, including prostate cancer, which will lead to a reduction in patient travel time.

Ms Helen Humphries left the Committee meeting.

Mr Ayres drew attention to a deterioration on the position within Orthopaedics. However, a South Wales Regional Orthopaedic Programme has been established between the Health Boards to address those waiting the longest, maximising the use of Prince Philip, Morriston and Neath Port Talbot Hospitals, which may involve some short-term consequences, however, ultimately result in a more sustainable service.

Mr Weir queried the underspend of £1.1m by the Welsh Health Specialist Services Committee (WHSSC) and enquired whether this meant that the Health Board were not getting access to those services. Mr Ayres advised that they were non-recurrent gains and that there had been no impact upon the accessibility in terms of patient services.

Mr Thomas stated that the regional funding of £15.4m had been provided directly to SBUHB on a commissioner basis. Mr Thomas stated that this meant that HDdUHB had no commissioning levers within the SBUHB, limiting the Health Board's ability to exert influence and makes it difficult to have any assurance on how much of that funding is spent on patients. Further stating that the Health Board derives no benefit from any underspending in this area. Mr Thomas believed that this was an area that the Committee needed to recognise and could possibly be escalated to the Board's attention.

Cllr. Evans requested assurance that funding due for the Health Board is spent on the Health Board's patients. Mr Thomas believed further conversations are needed on how this is managed from a Health Board perspective with the Director of Strategy and Planning and the Chief Executive and also with Welsh Government around providing funding on a provider basis and not a commissioner basis and proposed that this issue be highlighted at Board level to gain greater exposure.

Mr Ayres advised that an imminent solution would be to ensure that no further payments are made within this Long-Term Arrangement relating to Orthopaedic services. Mr Ayres emphasised that this would not necessarily give the Health Board its fair share of the funding allocation, however, he would expect the Health Board not to incur and more costs directly within the Orthopaedic service area, which gives us a benefit. Mr Ayres advised that while not solving the issue, does give some assurance that we do receive some financial benefit, at least this year.

Ms Sharon Daniel left the Committee meeting.

Mr Maynard Davies enquired how can we ensure equity of access for the Health Board's patients within this arrangement. In response Mr Ayres advised that, except for the Dual Energy X-Ray Absorptiometry (DEXA) service, Members can be assured that patients are seen on patient acuity not locality.

Mr Robert Chadwick enquired why there was reference to the Cost Improvement Programme (CIP) financial savings target in the previous month's report, however, reference was not made in this report. Mr Ayres advised that it was covered in this report under the *Commission Intentions 2024/25* heading with a big opportunity for the CIP linked to oncology, with us having a provider partnership with both the South West Wales Cancer Centre and with Velindre. Mr Ayres advised that he had formally initiated discussions with both on the current situation. Mr Ayres advised that the intention was to reduce the Velindre contract to ensure that we were strategically and operationally aligned the South West Wales Cancer Centre.

Following a query from Mr Weir on which committee would discuss Commissioning arrangements, Mr Ayres confirmed that it would be

	presented to the Strategic Development and Operational Delivery Committee (SDODC) for discussion.	
	The Committee NOTED and DISCUSSED the Healthcare Contracting and Commissioning Update Report.	

SRC(23)138	CORPORATE RISK REPORT	
	<p>Ms Charlotte Wilmshurst presented the Corporate Risk Report and drew the Committee’s attention to a new corporate risk in terms of the Radiology Service. The new risk has been added due to the delayed implementation of the new Radiology Information Systems Procurement (RISP) system. The risk was previously scored as 20, however, it has been reduced to 10 to reflect the developments in contract negotiations.</p> <p>Ms Wilmshurst confirmed that all have been updated, with no changes to the risk scores.</p> <p>Mr Weir enquired whether Directorates were updating their reports on a regular basis and Ms Wilmshurst advised that they were and stated that there was an improving position, and all Directorates were updating their risks as requested.</p> <p>Mr Maynard Davies highlighted that within Appendix 1, risk no. 1335, <i>risk to the ability to access paper patient records in a timely manner due to existing records management infrastructure</i>, that within the mitigation it was stated that for the risk, that “Planning Objective 5M aligned to SDODC for reporting” although 5M related to an old planning objective. Ms Wilmshurst agreed to contact the risk owner and request that they update the risk to reflect the new digital strategy.</p> <p>In response to a query from Mr Maynard Davies relating to improving our implementation of case note tracking, Mr Tracey advised that the delay is related to adoption, which will be included in the Data Quality Plan and reported to the Information Governance Sub-Committee (IGSC).</p>	CW
	<p>The Committee:</p> <ul style="list-style-type: none"> • RECEIVED ASSURANCE that all identified controls were 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(23)139	OPERATIONAL RISK REPORT	
	Ms Wilmshurst presented the Operational Risk Report to the Committee and highlighted a new risk which is not contained within the report, relating to the Ceredigion financial position, which was not available at the	

	<p>time of reporting, and which will be added to future Operational Risk Reports.</p> <p>The report noted that there were four areas of risk in which there had been an increase in the risk scores, one area in which there had been a decrease in the risk score and no change in the other ten risks. It was noted that one area of risk had been closed with a new risk being drafted to replace the closed risk.</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(23)140	MINISTERIAL DIRECTIONS (QUARTERLY)	
	<p>The Committee was presented with the report of all the Ministerial Directions (MDs) relating to the NHS in Wales between 1 June 2023 and 30 September 2023, as well as MDs issued previously that were still in the process of being implemented.</p> <p>No questions were raised by the Committee.</p>	
	<p>The Committee RECEIVED ASSURANCE that HDdUHB were compliant with the Non-Statutory Instruments (NSIs) issued by WG between 1 June 2023 and 30 September 2023.</p>	

SRC(23)141	BALANCE SHEET REPORT	
	<p>Mr Thomas presented the Balance Sheet position as of the end of Quarter 2 2023/24 (Month 6) to the Committee and drew attention to the manner in which working capital is tracked with a focus on debtors and creditors.</p> <p>Mr Thomas advised that our non-NHS Public Sector Payments Policy (PSP) performance has dipped due to the Health Board applying a higher level of scrutiny on payments, which causes a small delay in payments being made.</p> <p>Mr Maynard Davies highlighted a discussion at a recent Board Seminar relating to the revaluation of Withybush Hospital in light of the RAAC. For assurance, Mr Thomas advised that there have been discussions with Audit Wales to discuss the impact of RAAC on next year's accounting.</p>	

	<p>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.</p>	
SRC(23)142	CONSULTANCY REVIEW	
	<p>The Committee received the Consultancy Review report. It was noted that consultancy contracts are reported to ARAC.</p> <p>No questions were raised by the Committee.</p>	
	<p>The Committee:</p> <ul style="list-style-type: none"> • NOTED and DISCUSSED the consultancy spend and usage. • RECEIVED ASSURANCE regarding the monitoring of consultancy usage and spend in HDdUHB. 	
SRC(23)143	PLANNING OBJECTIVES UPDATE REPORT	
	<p>The Planning Objectives Update Report was presented to the Committee.</p> <p>In light of the escalating operational pressures, the Health Board’s financial forecast has notably deteriorated. Given the gravity of the financial forecast, an exhaustive review has been initiated to scrutinise the feasibility of meeting the Health Board’s Planning Objectives (POs).</p> <p>The Committee were informed that the CDG has been mandated to implement substantial management actions aimed at financial rectification. It was reported that to facilitate this, a dedicated Recovery Team has been constituted, consisting of a diverse array of expertise, drawing from multiple directorates across the Health Board, to provide a multidisciplinary approach to the challenges.</p> <p>No questions were raised by the Committee.</p>	
	<p>The Committee RECEIVED ASSURANCE on the current position regarding the progress of the Planning Objectives aligned to the Sustainable Resources Committee.</p>	
SRC(23)144	DIGITAL AGENDA PLANNING OBJECTIVE DEEP DIVE (PO5C)	
	<p>Mr Tracey presented the Deep Dive on Planning Objective PO5C Digital Agenda to the Committee.</p> <p>Mr Tracey advised that work that had been undertaken as part of the Health Board’s 10-year transformation plan for digital and outlined the next steps, starting with the presentation of a revised Programme Business Case for the Digital Enablement Plan, which will be presented to the Board in November 2023 to seek conformation and approval around the Strategic and Management Case.</p>	

	<p>The Outline Business Case will then be presented to the Digital Oversight Group in December 2023 with recommendations being provided to SRC before a Full Business Case is presented to Board in January 2024 with a recommendation of the preferred approach to deliver the Digital Engagement Plan.</p> <p>Cllr. Evans queried whether the timelines outlined in the report were considered realistic, to which Mr Tracey advised that they were, given that the reports have already been drafted to be presented to the Board, following which the strategic and management case will be presented to the Digital Oversight Group and SRC. Mr Tracey stated that this process should provide assurance for the Board to support the recommendation to go out to market for a preferred supplier or approach.</p> <p>Mr Thomas advised that there was high national interest and stated that he was keen to have the flexibility for a route to market and, while it was believed that we would not have the funding in-house, it was thought that there was an appetite from Welsh Government to fund a proof of concept to examine how the Digital Agenda would work in the Health Board's geographical area.</p>	
	<p>The Committee NOTED the contents of the Deep Dive into Planning Objective 5C.</p>	

<p>SRC(23)145</p>	<p>INFORMATION GOVERNANCE SUB-COMMITTEE UPDATE REPORT</p> <p>The Information Governance Sub-Committee update report was presented to the Committee and a number of policy updates were also presented for approval.</p> <p>Mr Tracey advised that the changes to the extant policies, 281 Mobile Working Policy, 301 User Account Management Policy, 172 Confidentiality Policy and 238 Information Governance Framework were minor.</p> <p>Policy 224 Information Classification Policy has been removed as no longer fit for purpose, with a new policy due to be issued under the All-Wales Information Governance Policy.</p> <p>Policy 279 Third Party Supplier Security Policy was observed to be outside the review period; however, it was considered still fit for purpose while a full review is underway and will be considered by the IGSC in November 2023.</p> <p>No questions were raised by the Committee.</p>	<p>CSO</p>
	<p>The Committee NOTED the Information Governance Sub-Committee update report and</p> <ul style="list-style-type: none"> • APPROVED the update of the following policies: 281 – Mobile Working Policy 	

- 301 – User Account Management Policy
- 172 – Confidentiality Policy
- 238 – Information Governance Framework
- **APPROVED** the removal of the following policies:
 - 224 – Information Classification Policy
- **APPROVED** the continued use of the following policy out of its review period pending a full review:
 - 279 – Third Party Supplier Security Policy

SRC(23)146	BENEFITS REALISATION	
	<p>The Committee received the Benefits Realisation update report. Mr Tracey stated that it was a piece of work that the Digital Team had been progressing around digital benefits realisation and observed that realising benefits has been an historic organisational challenge.</p> <p>Mr Tracey highlighted the benefits that had been realised in the work around electronic test requesting within radiology, which had saved upwards of 392 hours by using electronic radiology requesting, which has yet to be fully rolled out across the Health Board, promising further efficiencies.</p> <p>Following a query from Mr Weir regarding whether the wider workforce have been invited to seminars and been informed about the changes and the benefits, Mr Tracey advised that the Digital Team had a programme of work which involved speaking to members of staff within a service where benefits had been realised.</p> <p>Mr Tracey gave an example of radiology requesting where the Digital Team has interacted with the service and its clinical teams and provided a detailed report with spotlights on where lessons have been learned, with a full process map as well as inviting members of the teams to training on benefit realisation.</p> <p>Prof Kloer advised that we have a Chief Clinical Information Officer, supported by Clinical Information Officers have a key role in disseminating information and engaging clinicians.</p> <p>Prof Kloer queried how we receive feedback from clinicians, who Prof Kloer believed were the 'clients' in the benefits realisation process. Mr Tracey advised that a class assessment had taken place to assess all the clinical systems and issued a survey to all clinicians around the satisfaction of the systems, the use of systems and the ease of use.</p> <p>Mr Tracey also advised of the intention to utilise the Chief Clinical Information Officer and their team to take forward clinical engagement.</p> <p>Mrs Raynsford enquired regarding radiology testing and request and the cancer timelines relating to positive patient impact outcomes believed that it was something that needed to be highlighted for both clinicians and the public. Mr Tracey confirmed the intention to present a report to QSEC into these and other speciality areas.</p> <p>Mr Thomas advised that at a recent directorate <i>Improving Together</i> meeting, where the single cancer pathway timelines, electronic test requesting, the use of Artificial Intelligence (AI) in pathology and the</p>	<p style="text-align: right;">AT</p> <p style="text-align: right;">HT</p>

	<p>sharing of images in pathology and radiology had been raised and believed that this was a good opportunity for a Board Seminar to explore these areas and suggested that the topic should be included in the SRC update report to Board.</p> <p><i>Mr Anthony Tracey left the Committee meeting.</i></p>	CSO
	<p>The Committee NOTED the Benefits Realisation report.</p>	

SRC(23)147	DECARBONISATION TASK FORCE GROUP (DTFG) UPDATE REPORT	
	<p>The Committee received an update on the work of the Decarbonisation Task Force Group.</p> <p>It was noted that the Group had undertaken a review of processes against 46 initiatives in the NHS Wales Strategic Decarbonisation Plan based on local initiatives delivered via the Hywel Dda Decarbonisation Delivery Plan.</p> <p>No questions were raised by the Committee.</p>	
	<p>The Committee NOTED the Decarbonisation Task Force Group Update Report.</p>	

SRC(23)148	PUBLIC SECTOR EMISSIONS REPORTING	
	<p>The Committee received the Public Sector Emissions report.</p> <p>Mr Thomas advised that the new assessment of anaesthetic gases for 2022/23 has been a significant contributor to the Health Board carbon emissions and there was now a focus on responding to that.</p> <p>Improvements to the Health Board's buildings and street lighting was noted as a positive improvement. It was noted that a reduction in the level of home working had had the consequence of an increase in travel and commuting carbon emissions although offset by a reduction in the Health Board's supply chain carbon emissions, where there has been a significant reduction in the supply chain carbon input, which Mr Thomas advised was a consequence of focus on decarbonising our supply chain and also as a reflection on our reduction of activity within capital expenditure.</p> <p>Mr Weir queried the dramatic reduction in the supply chain carbon emissions and asked if this was a consequence of the new procurement team, to which Mr Thomas advised that the information came from Shared Services and not the local procurement team and was much more a reflection in the reduction of capital activity going on at Health Board sites.</p> <p>Mr Weir queried the units used in the energy renewable figures and Mr Thomas advised that the units measured the tonnes of carbon produced. Mr Thomas advised that the previous year's electricity was wholly derived</p>	

	from solar and wind generated electricity, however, that source had become unaffordable this year so electricity generated from nuclear sources has been used as an additional source of carbon-free, albeit non-renewable, generated electricity.	
	The Committee NOTED the Public Sector Emissions report.	

SRC(23)149	INTEGRATED PERFORMANCE ASSURANCE REPORT (IPAR)	
	<p>The Committee received the Month 6 2023/24 Integrated Performance Assurance Report.</p> <p>The report summarised the progress of the Health Board against a range of national and local performance measures.</p> <p>No questions were raised by the Committee.</p>	
	The Committee NOTED the Integrated Performance Assurance Report.	

SRC(23)150	ALL-WALES CAPITAL PROGRAMME 2023/24 CAPITAL RESOURCE LIMIT AND CAPITAL FINANCIAL MANAGEMENT UPDATE	
	<p>Mr Thomas presented the update on the All-Wales Capital Programme 2023/24, Capital Resource Limit and the Capital Financial Management update report to the Committee.</p> <p>Mr Thomas advised that this report is presented to the Strategic Development and Operation Delivery Committee (SDODC) for scrutiny and reported to SRC for information.</p> <p>Mr Thomas advised that the risk of capital overspend has been reduced significantly since the allocation of finding to address the RAAC issues.</p> <p>Mr Maynard Davies drew the Committee's attention to the potential revenue consequence relating to Fire Enforcement costs of £40,000 around the construction of the decant ward at Wthybush Hospital.</p> <p>Mr Thomas advised that a greater revenue risk would be the temptation in winter to surge into the capacity of additional beds in the decant ward which would place the delivery of the £1.6m revenue savings discussed in SRC(23)135 at risk.</p> <p>Mr Weir enquired if any provision had been made for an increase in costs during the winter. Mr Thomas advised that winter pressures had been included in the operational teams' financial forecasting. Mr Weir requested that the anticipated impact of winter on our costs be included in the Finance Report at the next SRC meeting, to which Mr Thomas agreed to provide.</p> <p>Prof Kloer stated that the current trajectory does not allow the Health Board to flex capacity over the winter, to which Mr Weir believed that an estimated quantification of the risks would be helpful.</p>	HT

	The Committee NOTED the All-Wales Capital Programme 2023/34, Capital Resource Limit and the Capital Financial Management update report.	
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SRC(23)151	COMMITTEE WORK PROGRAMME 2023/24	
	<p>The current Committee Work Programme for 2023/24 was presented to the Committee.</p> <p>Mr Thomas stated that additional areas for deep dives would be worked through with Mr Carruthers and Mr Weir to determine which areas would be deep dived and the timescales for the Committee Work Programme.</p>	HT/AC/ WW/ CSO
	The Committee NOTED the content of the Sustainable Resources Committee Work Programme 2023/24,	

SRC(23)152	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"> • Summary of the work and activities undertaken by the CDG, around nurse staffing levels, opportunities through Delta, radiology and Women and Children’s Services, a deep dive assurance on job planning • Opportunities at Prince Philip Hospital • Administration Review • Concern around the operational delivery of financial drivers with reference to the funding settlement from Welsh Government and the implications of the control total of £45m • Concern around the regional funding arrangements regarding healthcare commissioning and contracting, specifically with SBUHB, how it is benefiting HDdUHB patients and providing equitable access to services and the financial consequences of an underspend • The approval of the Digital Oversight Group Terms of Reference • Benefits Realisation Report highlighting the digital impact on the Single Cancer Pathway and recommend to the Board a deep dive session into the impact of that as a Board Seminar • The Public Sector Carbon Emissions Report 	
	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(23)153	ANY OTHER BUSINESS	
	No other business was raised.	

SRC(23)154	DATE OF NEXT MEETING	
	19 December 2023	

UNAPPROVED