

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

Date and Time of Meeting:	29 August 2023, 09:30-12.30
Venue:	Boardroom/MS Teams

Present:	Mr Winston Weir, Independent Member, Committee Chair (VC) Mr Maynard Davies, Independent Member, Committee Vice Chair Ms Delyth Raynsford, Independent Member Cllr Rhodri Evans, Independent Member Miss Maria Battle, Health Board Chair (VC) part)
In Attendance:	Mr Huw Thomas, Director of Finance Mr Steve Moore, CEO (VC) (part) Prof Philip. Kloer, Medical Director/ Deputy CEO (part) Mrs Mandy Rayani, Director of Nursing, Quality and Patient Experience (part) Mr Lee Davies, Director of Strategy and Planning (VC) (part) Mr Robert Chadwick, Strategic Advisor - Finance (VC) Mr Andrew Spratt, Assistant Director of Finance Mr Shaun Ayres, Deputy Director of Operational Planning and Commissioning (VC) Mrs Joanne Wilson, Director of Corporate Governance/Board Secretary (VC) Mr Keith Jones, Director Secondary Care deputising for Mr Andrew Carruthers, Director of Operations (VC) Mr Anthony Tracey, Digital Director (VC) (part) Ms Meinir Jones, AMD Transformation and Value Based Healthcare (VBHC) and Clinical Lead (MIU) (VC) Mr Simon Mansfield, Head of Value Based Healthcare (VBHC) (VC) Ms Karen Richardson, Corporate & Partnership Governance Officer (Secretariat)

AGENDA ITEM	ITEM	
SRC(23)97	INTRODUCTIONS AND APOLOGIES FOR ABSENCE	Action
	<p>The Chair, Mr Winston Weir, welcomed all to the meeting, in particular Mr Robert Chadwick, who has recently been appointed as Strategic Advisor – Finance.</p> <p>Apologies for absence were received from:</p> <ul style="list-style-type: none"> Mr Andrew Carruthers, Director of Operations Ms Jill Paterson, Director of Primary Care, Community and Long Term Care 	
SRC(23)98	DECLARATIONS OF INTERESTS	

No declarations of interest were made.

SRC(23)99 FINANCE REPORT

Members received the Finance Report, outlining the Health Board's current financial position.

Mr Huw Thomas advised that the Month 4 financial position is an overspend of £12.0m, which represents a £2.6m overspend against the deficit plan of £9.4m. Whilst there is a slight improvement from Month 3, in part due to ceasing travel and subsistence payments for agency workers changes, the current gross forecast for year end is a deficit of £143.3m.

For assurance, actions to address savings gap and operational variation of £30.4m have taken place, including discussions with senior operational leads. On a positive note, Mr Thomas advised that a number of climate change schemes, have resulted in circa £500k savings.

In terms of the £6.1m referral to treatment time (RTT) recovery funding for planned care this has not been distributed at this stage and being held in reserve. In addition, funding of £0.9m for vaccinations and £0.2m for VBHC, should also improve the financial position.

Referring to non-recurrent measures, Members were advised that overseas nurse recruitment will be paused, which should equate to a £4.4m saving. Therefore, the forecast financial position has improved since the report was issued, resulting in a current forecast deficit of £134m. It should be emphasised that significant work has been undertaken by the corporate and operational teams, although to date this has not provided a financial benefit.

Mr Robert Chadwick believed there may be a risk relying on the RTT funding, given that there is a direct link to performance and retaining the funding. For clarity, Mr Thomas confirmed that RTT was included within the submission to WG on key areas of improvement and it is acknowledged that a 10% improvement will be required. However, discussions are required with WG on whether this funding can be included within our net funding. Mr Steve Moore advised that following discussions there is a likelihood that the Health Board will have to deliver this improvement, which will require further analysis. In terms of the forecast, during September 2023, the Core Delivery Group will review the agreed schemes, whilst taking into consideration any impacts related to Reinforced Autoclaved Aerated Concrete (RAAC).

Mr Shaun Ayres advised that the original schemes started with an estimated value of £3.5m for the remainder of the financial year, this has now reduced to £1.4m. In order to provide a level of assurance, the team will be actively working with directorates during the next few months and will continue during the next financial year. It is important that there is a

maximum balance between service continuity, patient safety and harm, with a number of themes around the sustainability and the level of risks due to the fragility of services, previously discussed at Board. During that process with the Directorates, the team has analysed opportunities to deliver savings while recognising the need to balance this against performance.

Mr Weir advised the need to demonstrate that the Board is adopting new approaches for the short and medium term, whilst ensuring that the threshold of foundational care remains paramount.

In response to a query regarding decisions at the CDG, Mr Thomas advised that the Group meet weekly to approve expenditure related to recruitment, training and new procurement activity.

Mr Ayres confirmed that for any proposed schemes, a process has been agreed with directorates which includes completion of an Equality Impact Assessment (EqIA) and a Quality Impact Assessments (QIA). The intention is to demonstrate a benefit by way of agency reduction and business continuity. Further that there is triangulation on how the finances are intrinsically linked to quality and service performance. It is important to acknowledge finance is a consequence of the service as opposed to the driver of the service in that sense. Members may recall that there was a management action, which formed phase two of the process.

Mrs Delyth Raynsford enquired to the level of staff engagement and contribution to the process, given that staff will be focused on quality and patient safety. Mr Thomas advised that this is included in discussions at CDG and is actively monitored alongside the performance dashboards to ensure there is no impact in this area. Mrs Mandy Rayani confirmed that links have been strengthened by reviewing the dashboards from a QIA lens. For assurance, a report on the outcome of the QIA will be presented to the Quality, Safety and Experience Committee (QSEC) in October 2023.

Referring to Mrs Raynsford query regarding staff engagement, Mr Maynard Davies understood that following discussions at a recent Board Seminar session it was agreed to develop a detailed communications plan. Whilst the Director of Communication and Engagement will progress this, Mr Thomas advised that in addition communication will be issued to staff, the public and stakeholders to outline the current financial challenge.

Councillor Rhodri Evans requested a timeline for when the plans are expected to deliver savings. Mr Thomas confirmed that £1.5m has been delivered, and whilst the teams are planning to deliver more, the consequence of RAAC and broader Secondary Care changes require further clarification. Mr Ayres added that the acute and community plans are expected this week.

Mr Keith Jones provided an update on RAAC advising that 6 wards areas are now closed in Withybush Hospital (WGH), with significant work

undertaken by the teams to mitigate the capacity in WGH and across other locations in Pembrokeshire, given that there are currently 40 fewer beds than in April 2023. Whilst staff have been transferred to alternative sites in Pembrokeshire, and capacity has been moved to other acute sites, it is too early to determine the full extent of the financial impact to these changes. The next stage will be to review the current model and overall impact on finances for the remainder of the year. In response to a query relating to impact and financial costs for this year and the next financial year from Mr Weir, Mr Jones advised that this will be prioritised to provide a forecast as soon as possible. It should be recognised that as a consequence of closing 6 wards and the mitigations in place, this has provided opportunities as to how to expedite and progress our broader strategic ambitions around a number of pathways of care and embed a longer-term benefit.

For clarity, Mr Moore advised that there is a Financial Control Group established to undertake vacancies and other types of controls to ensure there is triangulation from a financial perspective.

Mr Winston Weir left the Committee meeting, Mr Maynard Davies took over as Chair.

Referring to the reduction in beds, Professor Philip Kloer suggested a positive outcome could be that more patients are treated in their own homes, although accepted that close monitoring will be required on the impact of the unscheduled care services, ambulance waits and the primary care system.

Mr Thomas advised that the forecast is refreshed weekly and that a finance report is shared with Executive Directors (ED's) to ensure there is clarity on the actions taken.

In summary, Mr Thomas believed that there is insufficient assurance on the delivery of £112.9m. However, the forecast has improved since from £145m last month, to £143m and that whilst there is a plan, further work is required. It should be recognised that there has been an improvement in engagement across the organisation, with the activity during the last month demonstrating this. There is assurance to SRC relating to ED oversight from the CDG and FCG now in place and assurance that further work continues in a number of service areas. However, there is an expectation from WG that the Health Board will need to reduce the deficit further than the forecast £112.9m. In terms of the cash consequences to the challenges of the Board, at this point in time there is no assurance to the funding that WG will provide to mitigate the impact of deficit, therefore active discussions will take place with WG during the next few months. Finally, reflecting that this is 18-month programme, future reports will include both an "in year" forecast and an "18 month" forecast, in order to understand the long-term impact.

CSO

	The Committee NOTED and DISCUSSED the M4 2023/24 financial position.	
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SRC(23)100	FINANCE TARGETED INTERVENTION ACTIONS	
	<p>Members received the Finance Targeted Intervention (TI) Actions report. Mr Moore referred to recent correspondence from the Director General, stating that the situation remains as previously advised and confirmed that the next TI quarterly meeting takes place on 19 September 2023, and that a verbal update will be provided to Board in September 2023.</p> <p>In terms of the opportunities framework, Mr Thomas advised that one action remains outstanding. A standardised approach has been undertaken, in order to agree the areas of focus to ensure the best benefit. As referred to earlier, changes in agency staff remuneration has provided the greatest benefit. The Value, Allocation, Utilisation & Learning Toolkit (VAULT) is a product of Financial Planning & Delivery (NHS Wales Executive) on behalf of NHS Wales, which provides intelligence and for assurance is reviewed at Executive Team meetings.</p> <p>Mr Moore commented that a review of escalation arrangements across Wales is currently being undertaken.</p> <p>Prof. Kloer referred to interventions not normally undertaken and the latest national guidance and given that it varies from previous directions the teams will need to re-evaluate the opportunities currently being considered. Whilst welcoming the guidance, Mr Thomas expressed caution that these approaches may be productivity related as opposed to cash releasing.</p> <p>Mr Maynard Davies referred to the Healthcare Resource Groups (HRG) analysis and the comparisons across Wales and whilst recognising the impact of the Health Board's underlying structure, enquired whether best practice is being considered to improve the financial position. In response, Mr Thomas advised the data within the report relates to 2021/22, and as a consequence our recovery was lower than other Health Boards. A further factor is our reliance on locum and agency staff which is limiting our ability to reduce costs.</p>	
	The Committee NOTED and DISCUSSED the progress to date, and forward plans, to enable completion of all finance function specific TI deliverables.	

SRC(23)101	CORPORATE RISK REPORT	
	Mr Thomas presented the Corporate Risk Report, advising that risks have been updated since the report was issued, and whilst a number of risk scores have remained the same, drew attention to the increase for Risk	

	<p><i>1642 - Risk of Health Board not meeting statutory requirement to break even 23/24 due to significant deficit position.</i></p> <p>Due to the current risks, Mr Maynard commented that only limited assurance can be received by the Committee.</p>	
	<p>The Committee:</p> <ul style="list-style-type: none"> • RECEIVED LIMITED ASSURANCE that all identified controls are in place and working effectively; • RECEIVED LIMITED 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)102	OPERATIONAL RISK REPORT	
	<p>Mr Thomas presented the Operational Risk Report, and understood that significant work has been undertaken by the operational teams, which was not reflected in the report. In terms of <i>Risk 1677 – Impact on Out of Hours budget with the adoption of the National Salus system (Central Operations)</i>, assurance was received that the team are actively managing the risk ahead of the Salus system going live in November 2023.</p> <p>Referring to <i>Risk 1688 - Further overspend against the Medicine Management financial budget</i>, the Clinical Director is involved in national discussions to mitigate the external increases in drug costs.</p> <p>Mrs Joanne Wilson requested that the Director of Operations and the Director Secondary Care instruct operational teams to update their risks before the next SRC meeting.</p>	AC/KJ
	<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)103	TRANSFORMING URGENT AND EMERGENCY CARE	
	<p>Members received the Transforming Urgent and Emergency Care presentation.</p> <p>Mr Jones provided an update on the progress of the programme to date, noting the increase of admissions that each of our acute systems are continuing to experience, primarily as a consequence increased ED</p>	

	<p>presentation. Whilst out of hours admissions are increasing, on a positive note, the ability to discharge patients within 3 days, has improved. The overarching challenge is the high occupancy level across hospitals, driven by older patients with significant longer length of stay in hospital, in excess of 100 days. The challenge with hospital flow continues, due to the number of patients that require additional support post discharge, and the limited capacity available in our communities. In terms of the next stage there will be a continuation of focus on our optimal hospital flow work, particularly around safer approaches and board rounds. In addition, increasing utilisation of our community hospitals, reducing out of hours admissions, and targeted approaches with care homes to reduce admissions. As alluded to earlier, the changes in WGH following the identification of RAAC will have a bearing due to infrastructure system changes and the team will monitor the impact of this.</p> <p>Referring to the significant number of over 75 population in Glangwili Hospital (GGH) and Prince Philip Hospital (PPH), Mrs Raynsford enquired whether constructive conversations have taken place with Local Authority (LAs) to reduce admissions. In response, Mr Jones confirmed that this is included within the TUEC programme structure, however the benefit of these discussions is still to be realised.</p> <p>In response to a query from Mr Maynard Davies relating to IT systems including Black Pair, Mr Jones confirmed that IT are included and are reviewing options with procurement teams to source an appropriate IT solution. From an operational perspective there are no concerns relating to efficacy of the systems identified. In terms of Black Pair, Mr Anthony Tracey added that the system is part of a national programme and is currently being piloted in Cardiff and Vale University Health Board (C&VUHB) for review of lessons learnt prior to an all-Wales procurement.</p>	
	The Committee NOTED the Transforming Urgent and Emergency Carer presentation.	

SRC(23)104	PLANNED CARE CONFIGURATION	
	DEFERRED TO 24 OCTOBER 2023.	

SRC(23)105	ELECTRONIC PRESCRIBING AND MEDICINES ADMINISTRATION (EPMA) SYSTEM	
	<p>Members received the Electronic Prescribing and Medicines Administration (ePMA) System report.</p> <p>Mr Thomas confirmed that the team are working with operational colleagues and procurement to ensure the correct framework is in place.</p> <p>Mr Tracey outlined the process to date, advising that following an All-Wales procurement exercise, the Health Board is now required to undertake a procurement exercise to secure a supplier based upon the</p>	

agreed framework and a locally agreed specification. Once the specifications are finalised the full Business Case will be presented to the Committee. In terms of the financial commitment, whilst there will be some funding from WG, c £5.5m will be required for the lifetime of the project that will need to be funded by the Health Board. For assurance, no commitment will be made until formally approved by Board. With the exception of one site in Swansea Bay University Health Board (SBUHB), no other Health Board has EPMA and in this regard Wales is lacking behind NHS England. It should be recognised that having digitised prescriptions will have a significant impact on quality and patient safety.

Given the current financial pressures, Mr Thomas acknowledged this will be a significant investment, and whilst no commitment is required at this stage, investments of this nature would enable the Health Board to improve sustainability. Further digitised services are a ministerial commitment and in the longer term, this system will reduce waste. For assurance, a cost and benefits analysis will be undertaken.

For clarity, due to the financial commitment involved, Mrs Wilson confirmed that once finalised the Business Case will require Board approval. In terms governance, given that the full costs are awaited advised that the Committee will not be in a position to make a recommendation to Board, until this information is available.

In response to a query from Mrs Raynsford on whether the project should be funded nationally, Mr Thomas advised that discussions are taking place at a national basis to determine this. Although there may be challenges in progressing to the next stage without additional support, any benefits from the system would be realised by health boards.

Mr Tracey advised that WG funded the pre implementation to market stage of business case, however, no funding is available for the purchase and managing the system going forward. For assurance, ongoing discussions are taking place with WG due to financial impact of implementing the system. Further, health boards are working together to source a competitive tender.

Mr Moore alluded to similar projects where Board has approved with the caveat that approval is subject to WG financial support and believed this should be considered. From a governance perspective suggested that the Agile Business Group scrutinise, prior to the Full Business Case being presented to Board for approval.

In response to a query from Cllr. Evans, Mr Thomas and Mr Tracey confirmed that to be on the framework, each system was required to provide evidence on their ability to interact with each other to ensure interconnectivity across Wales.

Given that digital schemes do not follow normal processes, Mr Thomas suggested that a discussion on the approval process, including a review of

	<p>the membership of the Agile Digital Business Group should be undertaken with the Board Secretary.</p> <p>Mrs Maria Battle commented that whichever process is adopted internally, it should be reviewed through the lens of our current financial position, in order to receive assurance on the potential benefit.</p> <p>Mr Thomas suggested that the Full Business Case report to Board should capture essence of discussion in SRC.</p> <p>In summary, Members proposed a change to the recommendation, agreeing that the Agile Digital Business Group will scrutinise prior to submission to Board to proceed to a Full Business Case, with the identification of a preferred supplier.</p>	<p>HT</p> <p>AT</p> <p>AT</p> <p>CSO</p>
	<p>The Committee:</p> <ul style="list-style-type: none"> • NOTED the Outline Business Case, and the requirement to complete the Financial Case, and refine the benefits tracker. • AGREED that the Agile Digital Business Group will scrutinise prior submission to Board to proceed to a Full Business Case, with the identification of a preferred supplier. • AGREED that no commitment to a specific supplier will be made until a further review to confirm that the recommended investment decision is appropriate is conducted; before the contract is placed with a supplier or partner (or a work order placed with an existing supplier or other delivery partner) and 	

SRC(23)106	DIGITALLY ENABLED TRANSFORMATION PLAN	
	<p>Members received the Digitally Enabled Transformation Plan.</p> <p>Mr Thomas advised that the Digitally Enabled Transformation Plan has WG support which aligns to digital regional transformation, commenting that financial support may be available for a pilot. The challenge with the current operating system is acknowledged, however the Health Board will need to be clear on the full cashable benefits of a new system, before presenting for Board approval.</p> <p>Following the discussion on item SRC(23)105, Mr Maynard Davies suggested that the same recommendation should be applied to this item, including presenting the Full Business Case to the Agile Digital Business Group, before presenting to Board.</p> <p>In response to a query from Mrs Raynsford, Mr Thomas confirmed that discussions are taking place with LA colleagues to resolve the challenge of sharing patient data between stakeholders, whilst ensuring that all data is secure.</p>	<p>CSO</p> <p>AT</p>

	Mr Moore believed that to better understand the detail, a deep dive on the plan should be presented to Board Seminar before presenting to Board for approval in November 2023.	HT
	<p>The Committee:</p> <ul style="list-style-type: none"> • NOTED the Full Business Case, with the identification of a preferred supplier for a Digital Strategic Partner based on the Programme Business Case. • NOTED the framework that would be established with a no obligation/£0 minimum contract, providing Hywel Dda University Health Board with maximum flexibility. • AGREED that the Agile Digital Business Group will scrutinise prior submission to Board. • NOTED each value proposition will have its own business case and will be considered on a case-by-case basis by the Board for final approval due to the financial investment required. • NOTED that no commitment to a specific supplier will be made until a further review to confirm that the recommended investment decision is appropriate; before the contract is placed with a supplier or partner (or a work order placed with an existing supplier or other delivery partner). 	

SRC(23)107	HEALTHCARE CONTRACTING, COMMISSIONING AND OUTSOURCING UPDATE	
	<p>Mr Shaun Ayres provided an update on the Healthcare Contracting, Commissioning and Outsourcing, advising that this is currently within the allocated budget. In terms of performance, on a positive note, there has been an increase in appointments in SBUHB, however for Trauma and Orthopaedics (T&O), waiting times are increasing. Due to capacity challenges in the Allergies pathway, discussions have taken place with the University Hospital of Birmingham, to determine the level of support they can provide. The intention is to establish a complete pathway that encompasses support from both primary and secondary care, ensuring a comprehensive end to end longer term pathway solution. Given that this service has capacity challenges across Wales, other Health Boards are looking at similar approaches. Mr Ayres drew Members attention to ongoing discussions with SBUHB relating to the recovery funding for the DEXA service, and the inequity of service currently being provided by SBUHB for Hywel Dda patients. Members noted the outcomes linked to specialty (Spinal and Cardiology), which provides a baseline for further work. Finally, Mr Ayres advised that an approach around our commissioning strategy is being progressed to ensure that the Health Board is not commissioning services which are available in house.</p> <p>Members expressed concern regarding the DEXA service, with SRC offering support to the team if required.</p>	

	<p>Mrs Raynsford raised a couple of queries, enquiring whether the service provided by SBUHB is in breach of the Service Level Agreement and suggested that the inequity of service should be reviewed by QSEC. In response, Mr Ayres advised that this service forms part of a Long Term Agreement and as such, the Health Board only pays once a scan has been undertaken. In terms of the inequity, the team are exploring options to provide these scans internally in order to reduce delays.</p> <p><i>Mr Winston Weir re-joined the Committee meeting.</i></p> <p>Prof. Kloer stated that delays in DEXA scanning affects a number of services and specialities that are affected by delays and suggested that an alternative commissioning model may be required. Mr Ayres advised all mitigations are being considered where possible, including Hywel Dda staff reading the scans. In terms of good practice, Mr Ayres confirmed that discussions are ongoing with clinical teams to understand which patients require an urgent scan and are prioritised.</p> <p>Mr Weir enquired to a timescale for the commissioning strategy being presented to Board. For clarity, Mr Ayres advised that the strategy will be split by short medium- and long-term plans in order to align with the Clinical Services Plan. In terms of timescales, the team are working towards the end of this financial year.</p> <p>In response to a further query from Mr Weir relating to discussions with stakeholders including the LAs, Mr Lee Davies confirmed that this will be included as part of the longer-term strategic planning to understand which services can be provided internally. For ease of reference, Mr Lee Davies proposed splitting contracting and commissioning elements in future reports to SRC.</p> <p>For assurance, Mrs Mandy Rayani confirmed that a Quality Impact Assessment will be presented to QSEC in October 2023. Further the team are exploring how to better understand through the triangulation of key metrics whether the anticipated impact of any decisions made is being realised.</p> <p>In response to a query from Cllr. Evans, Mr Ayres confirmed that plans have been developed during the last few months with clear timelines and will be included within future reports to SRC. However, once the equality and quality impact assessments have been undertaken, the intention will be to deliver savings during this financial year.</p>	SA
	<p>The Committee DISCUSSED the content and NOTED the mitigating actions detailed in the Healthcare Contracting and Commissioning Update report.</p>	
SRC(23)108	PLANNING OBJECTIVES DEEP DIVE: 6B PATHWAYS AND VALUE BASED HEALTH CARE (VBHC)	

	<p>Prof. Kloer presented the Deep Dive on Planning Objective 6b Pathways and Value Based Health Care (VBHC).</p> <p>Mr Simon Mansfield advised that the presentation provided an overview of the work of the VBHC team during the last year and future plans. The next stage will involve consolidating including a focus of this work to improve the patient outcomes. Members noted that a new patient reported outcome solution provider will need to be sourced by March 2024 due to the current provider not being on the All-Wales Framework. However, this should be contained within the existing financial envelope provided by WG and should not adversely affect core Health Board funding. Mr Mansfield drew attention to focused work with clinical teams to realise cashable benefits in medications. Further plans include providing focused educational programmes, to support the development of business cases, through the lens of value and also working with university partners.</p> <p>Mr Thomas recognised the responsiveness of the VBHC Team and their work to align values and system wide productivity gains, which has resulted in a step change with cashable benefits.</p> <p>In response to a query from Mr Weir regarding a new patient reported outcome solution provider, Mr Mansfield confirmed that the Health Board need to select a provider from who is on the All-Wales Framework, therefore no tender is required.</p> <p><i>Mrs Maria Battle, Professor Philip Kloer, Mrs Mandy Rayani and Mr Simon Mansfield left the Committee meeting.</i></p>	
	<p>The Committee:</p> <ul style="list-style-type: none"> • NOTED the progress made by the VBHC Programme in 2022/23. • RECEIVED ASSURANCE from the more focused approach to the VBHC programme in 2023/24 designed to increase the impact on patient outcomes and resource utilisation through a focus on clusters of service areas and a consolidation of improvements. 	
SRC(23)109	INFORMATION GOVERNANCE SUB-COMMITTEE UPDATE REPORT	
	<p>Members received the Information Governance Sub-Committee (IGSC) Update Report from the meeting held on 8 August 2023.</p> <p>Mr Tracey advised that Policy 249 - Access to Health Records Policy, requires an extension due to work being undertaken nationally. Once this work is complete, the revised policy will be presented for approval.</p>	
	<p>The Committee:</p> <ul style="list-style-type: none"> • APPROVED the extension to the following policy: 249 – Access to Health Records Policy • NOTED the change to the Hywel Dda Health Board Privacy Notice 	

SRC(23)110	CONSULTANCY REVIEW	
	No report as no consultancy contracts were entered into during this reporting period.	
SRC(23)111	NWSSP QUARTER 1 PERFORMANCE REPORT	
	The NWSSP Quarter 1 Performance Report was presented to members.	
	Mr Thomas commented that the Health Board has the best recruitment performance in Wales.	
	The Committee RECEIVED ASSURANCE from the content of the NWSSP Performance Report for Quarter 1 2023/24.	
SRC(23)112	PUBLIC SECTOR EMISSIONS REPORTING	
	DEFERRED TO 24 OCTOBER 2023.	
SRC(23)113	WELSH HEALTH CIRCULARS	
	The Welsh Health Circulars Report was presented to Members in order to provide updates on progress in relation to the implementation of Welsh Health Circulars (WHCs), which come under the remit of SRC and its Sub-Committee structure.	
	No questions were raised by the Committee.	
	The Committee RECEIVED ASSURANCE , or otherwise, from the lead Executive/Director or Supporting Officer on the management of WHCs within their area of responsibility, particularly in respect of understanding when the WHC will be delivered, any barriers to delivery, impacts of non/late delivery and assurance that the risks associated with these are being managed effectively.	
SRC(23)114	RAAC UPDATE (PEMBROKESHIRE)	
	Members received an update on the financial implications of RAAC during the discussions on the Finance Report (SRC(23)99).	
SRC(23)115	DECARBONISATION TASK FORCE GROUP (DTFG) UPDATE REPORT (WITH TERMS OF REFERENCE)	
	The Decarbonisation Task Force Group (DTFG) Update Report and Terms of Reference was presented to members.	
	Mr Thomas confirmed that the updated DTFG ToRs have been through the correct governance process and are presented for SRC approval.	
	Mr Davies noted the key risks relating to transport and procurement.	

	The Committee NOTED Decarbonisation Task Force Group (DTFG) Update Report and RATIFIED the DTFG Terms of Reference.	
SRC(23)116	FINANCIAL PROCEDURES	
	Mr Thomas introduced an update on Financial Procedures.	
	Members approved the request for approval of the FP090 Retention of Financial Records and the request for the removal of FP1001 Injury Costs Recovery Scheme.	
	The Committee: <ul style="list-style-type: none"> • APPROVED the FP090 Retention of Financial Records, • APPROVED the removal of FP1001 Injury Costs Recovery Scheme. 	
SRC(23)117	INTEGRATED PERFORMANCE ASSURANCE REPORT (IPAR)	
	Members received the Integrated Performance Assurance Report (IPAR), relating to Month 4 2023/24.	
	Mr Thomas referenced the third-party spending by Hywel Dda suppliers stating that our spending has remained focused on awarding contracts to smaller suppliers within our geographical area, where appropriate.	
	The Committee: <ul style="list-style-type: none"> • CONSIDERED the SRC measures from the Integrated Performance Assurance Report and • ADVISED of any issues that need to be escalated to the September 2023 Public Board meeting. 	
SRC(23)118	AGILE DIGITAL BUSINESS GROUP UPDATE REPORT	
	<i>No report as no meeting held since previous report.</i>	
SRC(23)119	UPDATE ON ALL-WALES CAPITAL PROGRAMME 2023/24 CAPITAL RESOURCE LIMIT AND CAPITAL FINANCIAL MANAGEMENT	
	An update on the All-Wales Capital Programme 2023/24 was presented to members.	
	Mr Thomas highlighted the risk of overspend against the Capital Resource Limit (CRL) for 2023/24 without additional WG capital funding towards the cost of the Withybush Hospital (WGH) Phase 1 Fire Compliance works and funding to cover the Reinforced Autoclave Aerated Concrete (RAAC) remedial works at WGH.	
	In terms of funding for RAAC, Mr Thomas advised that the teams are assessing the work and funding required and confirmed that an update will be presented to Board in September 2023.	
	The Committee:	

	<ul style="list-style-type: none"> • NOTED the risk of overspend for 2023/24 and the other risks being managed • NOTED the CRL for 2023/24 • NOTED the risks being managed • NOTED the project updates 	
SRC(23)120	WELSH VALUE IN HEALTH CENTRE ANNUAL REPORT 2022-23	
	Members received the Welsh Value in Health Centre Annual Report 2022-23.	
	The Committee NOTED the Welsh Value in Health Centre Annual Report 2022-23.	
SRC(23)121	COMMITTEE WORK PROGRAMME 2023/24	
	<p>The Sustainable Resources Committee Work Programme 2023/24 was presented to Members for information.</p> <p>Members noted that a review of the workplan will take place, taking into the account the following:</p> <ul style="list-style-type: none"> • The emerging work of the CDG and the expectations of WG savings, given the need of the Committee to provide onward assurance to Board. • Only key financial driver challenges will be on future agendas. • Planning Objective Deep Dive Reports may be paused. 	HT/WW
	The Committee NOTED the content of the Sustainable Resources Committee Work Programme 2023/24.	
SRC(23)122	MINUTES OF PREVIOUS MEETING HELD ON 27 JUNE 2023	
	The minutes of the Sustainable Resources Committee (SRC) meeting held on 27 June 2023 were reviewed and approved as an accurate record.	
	RESOLVED – that the minutes of the Sustainable Resources Committee meeting held on 27 June 2023 be APPROVED as an accurate record.	
SRC(23)122	TABLE OF ACTIONS FROM THE MEETING HELD ON 27 JUNE 2023	
	The Table of Actions from the meeting held on 27 June 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)123	MATTERS FOR ESCALATION TO BOARD	
	<p>Mr Maynard Davies and Mr Thomas highlighted the key topics discussed during the meeting for inclusion in the Sustainable Resources Committee Update Report to the next Public Board meeting:</p> <ul style="list-style-type: none"> • To note that there is insufficient assurance on the delivery of £112.9m. However, recognising that there has been an improvement from last month, and that there is a line of sight to improving that further. • Improved engagement across the organisation, although quite late in the year and the impact on the financial position. • Assurance that there is Executive oversight to Board, with the CDG and the FCG. • Challenges due to urgent care admissions, lack of community capacity to improve discharges and RAAC. • To note the expectation from WG regarding cash consequences and moving to 18-month forecasting. • TI progress and that the process issues have been addressed, with the focus now on financial delivery. • Highlight the risk to all sites due to the current financial challenges. • Note the request that the Agile Business Group review digital business cases and also the recommendation to Board following a Board Seminar discussion. • Note the positive work of the VBHC. • Note that in future Commissioning reports contracting and commissioning elements will be split and that Quality Impact Assessments will be presented to QSEC. • Approval of the DTFG Terms of Reference ToRs. 	
	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)124	ANY OTHER BUSINESS	
	No other business was raised.	
SRC(23)125	DATE OF NEXT MEETING	
	Tuesday 24 October 2023	