



SUSTAINABLE RESOURCES COMMITTEE

TERMS OF REFERENCE

Version	Issued To	Date	Comments
V0.1	Hywel Dda University Health Board	29.07.2021	For Approval
V0.2	Sustainable Resources Committee	28.06.2022	For Approval

SUSTAINABLE RESOURCES COMMITTEE

1. Constitution

- 1.1 The Sustainable Resources Committee (the Committee) has been established as a Committee of the Hywel Dda University Health Board (HDdUHB) and constituted from 1st August 2021.

2. Purpose

The purpose of the Sustainable Resources Committee is:

- 2.1 Provide assurance on financial performance and delivery against Health Board financial plans and objectives and, on financial control, give early warning of potential performance issues, making recommendations for action to continuously improve the financial position of the organisation, focusing in detail on specific issues where financial performance is showing deterioration or there are areas of concern.
- 2.2 To receive an assurance on delivery against all relevant Planning Objectives falling in the main under Strategic Objective 6 Sustainable Use of Resources (See Appendix 1), in accordance with the Board approved timescales, as set out in HDdUHB's Annual Plan.
- 2.3 To scrutinise and provide oversight of financial and revenue consequences of capital investment planning and significant business cases (both short term and in relation to longer term sustainability).
- 2.4 Review financial performance, review any areas of financial concern, and report to the Board.
- 2.5 Conduct detailed scrutiny of all aspects of financial performance, the financial implications of significant revenue (all those over £1million requiring Board approval), business cases, projects, and proposed investment decisions on behalf of the Board.
- 2.6 Regularly review contractual performance with significant commissioning partners (requiring Board approval as stated in the Scheme of Delegation).
- 2.7 Seek assurance on the management of principal risks within the Board Assurance Framework (BAF) and Corporate Risk Register (CRR) allocated to the Committee and provide assurance to the Board that risks are being managed effectively and report any areas of significant concern e.g. where risk tolerance is exceeded, lack of timely action.
- 2.8 Recommend acceptance of risks that cannot be brought within the UHBs risk appetite/tolerance to the Board through the Committee Update Report.
- 2.9 Receive assurance through Sub-Committee Update Reports and other management/task & finish group reports that risks relating to their areas are being

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effectively managed across the whole of the Health Board's activities (including for hosted services and through partnerships and Joint Committees as appropriate).

3. Key Responsibilities

The Sustainable Resources Committee shall:

- 3.1 Undertake detailed scrutiny of the organisation's overall:
 - Monthly, quarterly and year-to-date financial performance;
 - Performance against the Savings Delivery and the Cost Improvement Programme providing assurance on performance against the Capital Resource Limit and cash flow forecasts.
- 3.2 Seek assurance on delivery against all Planning Objectives aligned to the Committee, considering and scrutinising the plans, including the medium term financial plans, savings plans and decarbonisation plans, that are developed and implemented, supporting and endorsing these as appropriate (see Appendix 1).
- 3.3 Receive assurances in respect of Directorate performance against annual budgets, capital plans and the Cost Improvement Programme and innovation and productivity plans.
- 3.4 Maintain oversight of, and obtaining assurances on, the robustness of key income sources and contractual safeguards.
- 3.5 Review major procurements and tenders, such as outsourcing, in relation to achieving Referral to Treatment targets.
- 3.6 Commission regular reviews of key contracts, suppliers and partners to ensure they continue to deliver value for money.
- 3.7 Provide assurance to the Board that arrangements for information governance are robust.
- 3.8 Receive reports relating to the Health Board's Digital Programme to ensure benefits realisation from the investment made.
- 3.9 Review any investment/ disinvestment strategy, including Procurement and Contracting Strategy maintaining oversight of the investments and disinvestments, ensuring compliance with policies by:
 - Establishing the overall methodology, processes and controls which govern investments and disinvestments, including the prioritisation of decisions;
 - Ensuring that robust processes are followed; and
 - Evaluating, scrutinising and monitoring subsequent investments/ disinvestments.
- 3.10 Oversee the development and implementation of a financial management improvement agenda across the organisation.

- 3.11 Subject to the Board's direction and approval, develop and regularly review the financial performance management framework and reporting approach, ensuring that it includes meaningful, appropriate, integrated and timely performance data and clear commentary relating to the totality of the services for which the Board is responsible.
- 3.12 Seek assurances on the requirements arising from HDdUHB's regulators, WG and professional bodies (PO 3B).
- 3.13 Review and approve financial procedures on behalf of the Health Board.
- 3.14 Review and approve the annual work plans for any Sub-Committee which has delegated responsibility from the Sustainable Resources Committee and oversee delivery.
- 3.15 Approve policies within the scope of the Committee.
- 3.16 Agree issues to be escalated to the Board with recommendations for action.

4. Membership

4.1 Formal membership of the Committee shall comprise of the following:

Member
Independent Member (Chair)
Independent Member (Vice Chair)
3 x Independent Members

4.2 The following should attend Committee meetings:

In Attendance
Director of Finance
Director of Operations
Director of Primary Care, Community & Long Term Care
Other Lead Executives to be invited to attend for relevant Planning Objectives aligned to the Committee or relevant agenda items

4.3 Membership of the Committee will be reviewed on an annual basis.

5. Quorum and Attendance

- 5.1 A quorum shall consist of no less than three of the membership and must include as a minimum the Chair or Vice Chair of the Committee, and two other Independent Member(s), together with a third of the In Attendance members.
- 5.2 The membership of the Committee shall be determined by the Board, based on the recommendation of the UHB Chair, taking into account the balance of skills and expertise necessary to deliver the Committee's remit, and subject to any specific requirements or directions made by the Welsh Government.

- 5.3 Any senior officer of the UHB or partner organisation may, where appropriate, be invited to attend, for either all or part of a meeting to assist with discussions on a particular matter.
- 5.4 The Committee may also co-opt additional independent external 'experts' from outside the organisation to provide specialist skills.
- 5.5 Should any officer member be unavailable to attend, they may nominate a deputy with full voting rights to attend in their place, subject to the agreement of the Chair.
- 5.6 The Chair of the UHB reserves the right to attend any of the Committee's meetings as an ex officio member.
- 5.7 The Head of Internal Audit shall have unrestricted and confidential access to the Chair of the Sustainable Resources Committee.
- 5.8 The Committee can arrange to meet with Internal Audit and External Audit (and, as appropriate, nominated representatives of Healthcare Inspectorate Wales), without the presence of officers, as required.
- 5.9 The Chair of the Sustainable Resources Committee shall have reasonable access to Executive Directors and other relevant senior staff.
- 5.10 The Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

6. Agenda and Papers

- 6.1 The Committee Secretary is to hold an agenda setting meeting with the Chair and/or Vice Chair and the Lead Director (Director of Finance), at least **six** weeks before the meeting date.
- 6.2 The agenda will be based around the Committee work plan, identified risks, matters arising from previous meetings, issues emerging throughout the year, and requests from Committee members. Following approval, the agenda and timetable for request of papers will be circulated to all Committee members.
- 6.3 All papers must be approved by the Lead/relevant Director.
- 6.4 The agenda and papers will be distributed **seven** days in advance of the meeting.
- 6.5 The minutes and action log will be circulated to members within **ten** days to check the accuracy.
- 6.6 Members must forward amendments to the Committee Secretary within the next **seven** days. The Committee Secretary will then forward the final version to the Committee Chair for approval.

7. In Committee

- 7.1 The Committee can operate with an In Committee function to receive updates on the management of sensitive and/or confidential information.

8. Frequency of Meetings

- 8.1 The Committee will meet bi-monthly and shall agree an annual schedule of meetings. Any additional meetings will be arranged as determined by the Chair of the Committee in discussion with the Lead Executive.
- 8.2 The Chair of the Committee, in discussion with the Committee Secretary, shall determine the time and the place of meetings of the Committee and procedures of such meetings.

9. Accountability, Responsibility and Authority

- 9.1 Although, as set out within these terms of reference, the Board has delegated authority to the Committee for the exercise of certain functions, it retains overall responsibility and accountability for ensuring the quality and safety of healthcare for its citizens, through the effective governance of the organisation.
- 9.2 The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.
- 9.3 The Committee shall embed the UHB's vision, corporate standards, priorities and requirements, e.g. equality and human rights, through the conduct of its business.
- 9.4 The requirements for the conduct of business as set out in the UHB's Standing Orders are equally applicable to the operation of the Committee.

10. Reporting

- 10.1 The Committee, through its Chair and members, shall work closely with the Board's other Committees, including joint/sub committees and groups, to provide advice and assurance to the Board through the:
- 10.1.1 joint planning and co-ordination of Board and Committee business;
 - 10.1.2 sharing of information.
- 10.2 In doing so, the Committee shall contribute to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance framework.
- 10.3 The Committee may establish sub-committees or working/task and finish groups to carry out on its behalf specific aspects of Committee business. The Committee will receive an update following each sub-committee or working/task and finish group meeting detailing the business undertaken on its behalf. The Sub-Committee reporting to this Committee is the:
- 10.3.1 Information Governance Sub-Committee

Management/task & finish groups feeding into this Committee are the:

10.3.2 Agile Digital Business Group

10.3.3 Commissioning Group

10.3.4 Sustainability and Net Carbon Group

- 10.4 The Committee Chair, supported by the Committee Secretary, shall:
- 10.4.1 Report formally, regularly and on a timely basis to the Board on the Committee's activities. This includes the submission of a Committee update report, as well as the presentation of an annual report within six weeks of the end of the financial year.
 - 10.4.2 Bring to the Board's specific attention any significant matters under consideration by the Committee.
 - 10.4.3 Ensure appropriate escalation arrangements are in place to alert the UHB Chair, Chief Executive or Chairs of other relevant Committees, of any urgent/critical matters that may compromise patient care and affect the operation and/or reputation of the UHB.
- 10.5 The Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self assessment and evaluation of the Committee's performance and operation, including that of any sub committees established.

11. Secretarial Support

- 11.1 The Committee Secretary shall be determined by the Board Secretary.

12. Review Date

- 12.1 These terms of reference and operating arrangements shall be reviewed on at least an annual basis by the Committee for approval by the Board.

Planning Objectives Aligned to Sustainable Resources Committee

Revised PO Reference	Current PO for 2022/23	PO Tagline	Exec Lead
5R	In response to the recently signed Digital Inclusion Charter, by March 2023 develop a digital inclusion programme which will provide a coordinated approach to digital inclusion across the Health Board and its wider partners for the local population. The programme will recognise the continuously changing role digital technology plays in the lives of individuals and society as a whole	Digital Inclusion	Director of Finance
6B	<p>By June 2022 develop and roll-out an initial suite of financial sustainability plans for the whole organisation based on the target operation models the HB is seeking to implement through its planning objectives for the next 3 years. These plans should provide the detail underpinning the Health Board's roadmap to financial recovery and be introduced in such a way to allow budget holders to focus on the positive change being sought.</p> <p>In parallel with the above, develop an activity based condition and pathway costing programme for all major health conditions thereby providing a longitudinal analysis of Health Board spend to support the on-going roll out of PROMs and VBHC approaches to budgetary decision making and resource allocation.</p>	Value improvement and income opportunity	Director of Finance
6D	Implement the three objectives and associated actions contained within the VBHC plan (2021-24), including the routine capture of PROMs within the majority of our service areas, the delivery of an education programme, and a bespoke programme of research and innovation'	Value Based Healthcare and Patient Reported Outcome Programme	Medical Director / Deputy CEO

Planning Objectives Aligned to Sustainable Resources Committee

Revised PO Reference	Current PO for 2022/23	PO Tagline	Exec Lead
6G	<p>By first quarter 2022/23 develop and seek Board endorsement for a strategic roadmap to respond to the Welsh Government ambition for NHS Wales to contribute towards a public sector wide net zero target by 2030. The Health Board will set out a work programme and implement this plan to meet the targets established in the NHS Wales Decarbonisation Strategic Delivery Plan in the areas of carbon management, buildings, transport, procurement, estate planning and land use, and its approach to healthcare including promoting clinical sustainability. Where feasible through the opportunities presented via the Health Boards transformation journey it will look to exceed targets and establish best practice models and pilots, as exemplars for the NHS and wider public sector. The overall aim will be to reduce the Health Board's carbon footprint by at least 34% by 2030 to support the wider public sector ambition to address the climate emergency.</p>	Decarbonisation and green initiatives plan	Executive Director of Strategic Development & Operational Planning
6H	<p>By March 2023 develop a consistent measurement framework to assess the impact of Health Board spending in the following 4 domains:</p> <ol style="list-style-type: none"> 1. Social value 2. Economic Value 3. Environmental impact 4. Cultural benefit <p>This framework will provide new measures for the Board Assurance Framework in relation to Strategic Objective 6 and will identify opportunities for new Planning Objectives for delivery from April 2024</p>	Supply chain analysis	Director of Finance

Planning Objectives Aligned to Sustainable Resources Committee

Revised PO Reference	Current PO for 2022/23	PO Tagline	Exec Lead
6I	By March 2022 establish an interim budget for 2022/23 which supports the planning objectives contained in the Health Board's interim plan for 2022/23. This budget will include identification of the required savings requirements and opportunities to achieve the Health Boards agreed financial plan as well as their application to the relevant budgets for each director.	Interim Budget 2022/23	Director of Finance
6L	<p>Coordinate an ongoing balanced approach to how resources are used and invested and dis-invested in, to achieve workforce, clinical service and financial sustainability.</p> <ul style="list-style-type: none"> • Chair the Use of Resources leadership group to facilitate balanced decision making, providing a summary update into the Sustainable Use of Resources committee as appropriate. • Continually deliver effective executive partnering from the finance function to achieve clarity on resource utilisation, investment and dis-investment appraisals, including the shift of resources across services to achieve our strategic objectives. • Develop and implement a single revenue investment approach pan Health Board, and instil it within pre-existing governance forums and procedures, ensuring summary financial appraisals are consistently and clearly described, including the appropriate finance business partnering sign-off. • Implement a monthly management information suite to drive organisational financial discipline for across all revenue implications, namely, Savings and Opportunities realisation, investment and dis-investment schedules and funding streams. 	workforce, clinical service and financial sustainability	Director of Finance

Planning Objectives Aligned to Sustainable Resources Committee

Revised PO Reference	Current PO for 2022/23	PO Tagline	Exec Lead
6M	<p>Develop a refreshed Cyber Security Framework by March 2022 and supporting timelines and actions to protecting Health Board information, ensuring confidentiality, integrity of assets and data and availability. Key elements of this framework will be</p> <ul style="list-style-type: none"> • refreshing the information assets register and ensuring that business critical assets are kept secure at all times • identifying the threats and risks (Routine Cyber Security Penetration Testing); • identifying the safeguards that should be put into place to deal with these threats and risks; • monitoring the safeguards and assets to manage security breaches (Cyber Security Framework); • responding to cyber security issues as they occur, and; • updating and adjusting safeguards in response to changes in assets, threats and risks. 	Cyber Security Framework	Director of Finance
6N	<p>By March 2023 develop an initial intelligent automation plan which combines robotic process automation technology, AI and natural language processing to streamline data collection and integration.</p> <p>Whilst this plan is in development develop and implement a process to automate the Health Board's starters & leavers processes and design and implement an intelligent frailty identification robot. These two initial programmes will be implemented during 2022/24</p>	Intelligent Automation	Director of Finance