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| Enw'r Pwyllgor / Name of Committee | Sustainable Resources Committee |
| Cadeirydd y Pwyllgor/ Chair of Committee: | Mr Winston Weir, Independent Member |
| Cyfnod Adrodd/ Reporting Period: | Meeting held on 28 th June 2022 |
| Y Penderfyniadau a'r Materion a Ystyriodd y Pwyllgor / Key Decisions and Matters Considered by the Committee: | |
| <p>The Sustainable Resources Committee has a role to advise the Board on all aspects of Finance and the revenue implications of investment decisions. In addition, the Sustainable Resources Committee provides assurance on financial performance and delivery against Hywel Dda University Health Board (HDdUHB) financial plans and objectives, and receives assurance on progress against delivery of the Planning Objectives aligned to the Committee. With regard to financial control, the Committee provides early warning of potential financial performance issues and makes recommendations for action to improve the financial position of the organisation.</p> <p>This report summarises the work of the Sustainable Resources Committee at its meeting held on 28th June 2022.</p> <ul style="list-style-type: none"> • Annual Review of Committee Terms of Reference – the Committee approved the revised Committee Terms of Reference for Board approval. • Finance Report Month 2, 2022/23 – the Committee received the Month 2 (M2) 2022/23 Finance Report, outlining a financial outturn position of a £42m forecast, which is £17m higher than the planned deficit of £25m. This is due to there being an inadequate level of assurance at this stage around the identification of a further £17m of savings schemes deliverable within the current financial year. The Committee was advised of a further risk to the current forecast of £42m in relation to the operational pressures experienced in Month 1 and 2; as a minimum there is a need to recover the £1.5m operational variation during the remainder of the year, and there is the potential for a continuation of this trend without full mitigation, which at this stage is assessed as c.£11m (inclusive of savings delivery). The Committee was advised that the Health Board has received confirmation from Welsh Government (WG) of funding to match the costs of COVID-19 programmes (Tracing, Testing, Mass Vaccinations and Personal Protective Equipment), and that initial WG guidance has been received to assume funding provided to offset transitional costs of COVID-19 (£16.4m) and the Exceptional Energy, Health and Social Care Levy and Real Living Wage commissioned services costs of £12m. In relation to operational cost drivers, work is currently being undertaken to determine what are the real COVID-19 costs and what is essentially the unscheduled care (USC) system operating in a challenged space. There is a risk of the forecast deficit position deteriorating as a result of transferring costs originally badged as COVID-19 costs into the underlying cost base. Therefore, it is anticipated that the Health Board's COVID-19 costs will reduce, and the underlying USC pressures will increase. In terms of supply, the Committee was advised that the premium on agency costs is approximately £4.1m, in particular in Glangwili General Hospital (GGH) | |

and Withybush General Hospital (WGH) and undertook to provide a further analysis of this position to a future Committee meeting. The Committee was advised of an additional risk to the £42m forecast position of approximately £11m, which would result in a £53m deficit position. The Committee was further advised that, through the plan resubmission process being undertaken at the moment as part of the M3 financial return submission to WG, there is a significant piece of work around the continued COVID-19 responses and understanding whether these can be practically decommissioned or whether pressures will still require the Health Board to continue these within the core plan, which would impact further upon the deficit position.

- **Primary Care Recovery Plan Update** – the Committee received the Primary Care Recovery Plan Update report, setting out how the funding, secured to assist in clearing the backlog to enable a smoother transition into the resetting of contracted services, was used. The Committee was advised that a number of schemes have had to come to an end, which highlights the challenge for the Health Board to run schemes without the availability of immediate resource. The Committee was advised that one of the challenges to take forward certain schemes is due to the non-recurrent basis of the funding. Therefore, it is part of the Health Board's strategy to create opportunities within Primary Care by exploring how schemes can be sustained and the resource required to build in capacity for the longer term. The Committee was advised that there is currently a projected underspend within Primary Care and received assurance that the Director of Finance will work with the Director of Primary Care, Community and Long Term Care on the options available in this context, particularly where investment in Primary Care services can make a difference and reduce pressures elsewhere in the system.
- **Healthcare Contracting, Commissioning and Outsourcing Update** – the Committee received the Healthcare Contracting, Commissioning and Outsourcing Update report, advising that the block arrangements implemented at the beginning of the COVID-19 pandemic, and continued for the remainder of 2021/22, have been deemed inappropriate moving forward into 2022/23. This arrangement was to ensure that there was a collective focus on operational recovery. and, therefore, a hybrid approach was agreed and adopted by the Directors of Finance in March 2022. The Committee was informed that, in advance of the Long Term Agreements (LTAs) being signed at the end of June 2022, pending any outstanding queries, the total value of LTAs for 2022/23 is £45.850m, with Welsh Health Specialised Services Committee (WHSSC) being £115.952m. The Committee was informed that that the majority of HDdUHB patients waiting for a new outpatient appointment at Cardiff and Vale University Health Board (CVUHB) are waiting for Clinical Immunology and Allergy and that an alternative commissioned pathway proposal is being undertaken in this specialty. An Allergy Equality (AE) working group has been established to identify pathway opportunities throughout HDdUHB for allergy care, with the intention to have a service which works for all allergy anaphylaxis patients regardless of the allergen. The Committee was informed that, due to a number of recent patient complications, HDdUHB took the decision to suspend the Community Health Eye Care (CHEC) service at the beginning of April 2022 until these had been investigated. A number of meetings were convened both internally and externally with CHEC, which included clinical leads. It was deemed necessary to undertake

a review with regards to the emergency pathway and the post-operative follow up process, both of which have been actioned, and consequently the service was re-instated at the end of May 2022.

- **Plan Development** – the Committee received a verbal update on Plan Development, advising of the next steps to support the work to be done to be more targeted in the delivery of opportunities, which is currently being undertaken across all directorates via the Use of Resources Group. The Committee was advised of an area of concern raised by the Finance Delivery Unit (FDU) regarding a disconnect between workforce projections and financial projections and provided assurance that the Finance team has now aligned with workforce and operations to get a sense of the projections for the year, this concern has been mitigated to some extent and will remain a work in progress. The Committee received assurance that further work will be undertaken between workforce, finance and operational activity to understand the real underlying drivers for the deficit in addition to the consideration of outsourcing additional activity.
- **Planning Objectives Update Report** – the Committee received the Planning Objectives Update report, providing assurance that all Planning Objectives aligned to the Committee are on track to deliver against their key deliverables.
- **Deep Dive: Decarbonisation (Planning Objective 6G)** – the Committee received the deep dive, providing an update on progress on delivering the NHS Wales Decarbonisation Strategic Delivery Plan objectives and HDdUHB Planning Objective 6G, which describes a strategic roadmap in response to WG’s ambition for NHS Wales to contribute towards a Welsh public sector wide net zero target by 2030. The Committee received an overview of the phases of the Delivery Plan and was assured that feedback received, following submission to WG at the end of March 2022, was positive. However, the challenge in making significant progress within the first year of a 2 year plan was acknowledged and therefore, the plan has since been extended to a 3 year initial plan to reflect funding challenges in 2022/23 and alignment to the Health Board’s Integrated Medium Term Plan (IMTP). The Committee was advised that Procurement remains the biggest challenge to the Health Board’s carbon footprint and received assurance that further work to align the Health Board’s carbon reporting systems with WG, to establish an agreed footprint baseline, will be undertaken. The Committee was advised that a focused Decarbonisation Action Plan (DAP) will be developed for delivery across the organisation, assigning specific projects as required and that a review of resource and funding requirements will also be undertaken with funding bids to be submitted to WG where available. Assurance was received that this action plan will be monitored via the Decarbonisation Task and Finish Group. In relation to staff engagement, the Committee was informed that WG and Public Health Wales are looking to launch a package of initiatives across the NHS to support staff awareness and engagement, including the establishment of staff champions.
- **Deep Dive: Value Based Health Care (Planning Objective 6D)** – the Committee received the deep dive, providing an update on progress with the plan for delivering ‘Our Approach to Value Based Health Care’ for 2022/25, which has been developed in line with Planning Objective 6D. Planning Objective 6D

describes the routine capture of Patient Reported Outcome Measures (PROMs) within the majority of service areas, the delivery of an education programme and a bespoke programme of research and innovation. The Committee was advised of the ambitious delivery plan for 2022/23, including PROMs being routinely collected in 32 service areas and visualisation dashboards being created for 11 services areas and informing day to day clinical decisions. The Committee was advised of an underlying challenge facing Informatics as resource and capacity is currently scarce. However, the Committee received assurance that the dashboards are proving useful in developing a delivery plan to be managed and that reporting is provided by exception for areas not being delivered to plan. The Committee also received assurance that clinical engagement had been positive.

- **Progression of Digital Health Record (DHR) Programme** – the Committee received the Progression of Digital Health Record (DHR) Programme report, providing an update on the move to a digital health record and the benefits of the proposed acceleration of the programme. The Committee was advised that the pressure point in the default 10-12 year programme impacts in March 2026 when the bulk store at Llangennech comes to its agreed break clause milestone. Without any level of acceleration of the scanning programme, there will remain in all likelihood 600,000 records awaiting conversion. The Committee was advised that entering into a further 5 year lease period would be at a cost of approximately £200,000 per annum (including rates and energy costs). The Committee received a pipeline diagram of the DHR Programme, which illustrates the estimated points in time that cost improvements will emerge and was advised that the proposed acceleration of the programme would release these yields sooner than indicated. Acknowledging the phenomenal work undertaken by the team in a short timescale, the Committee recognised that the affordability of the revenue consequence at the upfront stage to deliver benefits at a later stage will be a challenge. The Committee was advised of the reality of accelerating delivery as and when the financial situation may or may not allow and noted that the direction of travel would require discussion by the Executive Team.
- **Finance Corporate Risks** – the Committee received the Finance Corporate Risks report, providing detail on the 3 risks scored against the Finance impact domain, and received assurance that all planned actions will be implemented within the stated timescales and will reduce the risk further and/or mitigate the impact, if the risk materialises.
- **Finance Operational Risks** – the Committee received the Finance Operational Risks report, providing detail on the 6 risks scored against the Finance impact domain. The Committee received assurance that all relevant controls and mitigating actions are in place.
- **Integrated Performance Assurance Report (IPAR)** – the Committee received the Integrated Performance Assurance Report (IPAR), relating to Month 2 2022/23, and noted the issues regarding variable pay in-month and agency spend.
- **NHS Wales Shared Services Partnership (NWSSP) Performance Report Q4 2021/22** - The Committee received assurance from the content of the NWSSP Performance Report for Q4, 2021/22.

- **Information Governance Sub-Committee Update Report** – the Committee received the Information Governance Sub-Committee (IGSC) Report, providing an update on items discussed at its meeting on 7th June 2022. The Committee was pleased to note that clinical coding activity continued to improve for February 2022 and surpassed the 95% target with 96.2%. HDdUHB is currently above the all Wales average for the first time in a number of years. An internal audit programme of work has been developed to provide further assurance regarding the accuracy of the information being coded. Additionally, Digital Health and Care Wales (DHCW) will be attending the Health Board in August/September 2022 to undertake their yearly national audit. In relation to corporate and medical records storage assurance and the recent audit undertaken at a garage located at Bronglais General Hospital (BGH), where Accident & Emergency records requiring scanning were placed, the Committee welcomed an update on whether these records had been transferred to DHCW for scanning prior to the next Committee meeting.
- **Consultancy Review** – the Committee received the Consultancy Review report, providing assurance to the Committee regarding the monitoring of consultancy usage and spend at HDdUHB, which includes WhiteSpider Enterprise Ltd for technical design and assurance services to assist in the implementation of Cisco SDA, and Deloitte LLP for business case development.
- **Financial Procedures** – the Committee approved the removal of financial procedure 16/01 *Sponsorship by the Private Sector*, as the contents of this procedure are now covered within the *Standards of Behaviour* corporate policy. The Committee approved the updated financial procedure, 1032 *Treatment of Private Patients, Control of Admission and Collection of Income* which was originally approved by the Committee at its meeting in December 2021, in respect of referencing the correct legislation applicable to NHS Wales organisations and the increasing of the tariff by 3.2% for the financial year 2022/23.
- **Notes from Finance Touchpoint Meeting held on 24th May 2022** - the Committee noted the content of the notes from the Finance Touchpoint Meeting held on 24th May 2022.
- **Update on All-Wales Capital Programme: 2022/23 Capital Resource Limit and Capital Financial Management** - The Committee received the Update on All-Wales Capital Programme: 2022/23 Capital Resource Limit and Capital Financial Management report, providing details of the Health Board's Capital Expenditure Plan and Expenditure Profile Forecast for 2022/23, the Capital Resource Limit for 2022/23 and an update regarding capital projects and financial risks.
- **Lessons Learnt from 2021/22** – the Committee received the Lessons Learnt From 2021/22 report, providing an overview of the actions being taken following the submission of the Audited Annual Accounts to WG on 15th June 2022. The Committee received assurance that, following the submission of the final Accounts to WG, the Finance Department will undertake post-audit reviews to follow up any issues and lessons learned to ensure improvements are in place in readiness for the following year's audit process.

- **Balance Sheet** – the Committee received the Balance Sheet report, outlining the position as at Quarter 4 2021/22 (M12) and received assurance that the Balance Sheet had been submitted to the Board as part of the Year end accounts.at its meeting on 26th May 2022. The Committee acknowledged the increase in provision being mainly due to clinical negligence claims and enquired with Audit Wales whether this could be scrutinised on an all Wales basis as the Welsh Risk Pool (WRP) review each case in detail and therefore, there is currently limited overarching intelligence available to identify what is driving this position across Wales.

Materion y mae angen Ystyriaeth neu Gymeradwyaeth Lefel y Bwrdd ar eu cyfer / Matters Requiring Board Level Consideration or Approval:

- Approval of the revised Sustainable Resources Committee Terms of Reference, appended.

Risgiau Allweddol a Materion Pryder / Key Risks and Issues/ Matters of Concern:

- The Month 2 financial position and financial outturn position of a £42m forecast, which is £17m higher than the planned deficit of £25m.
- Positive assurance received by the Committee regarding progress on Decarbonisation in line with Planning Objective 6G.
- Positive assurance received by the Committee regarding the progress on Value Based Health Care. and the plan to deliver the goals contained within the document 'Our Approach to Value Based Healthcare', in line with Planning Objective 6D.
- Positive assurance received by the Committee regarding the improvement in clinical coding performance, with HDdUHB surpassing the 95% target with 96.2% and performing above the all Wales average for the first time in a number of years.

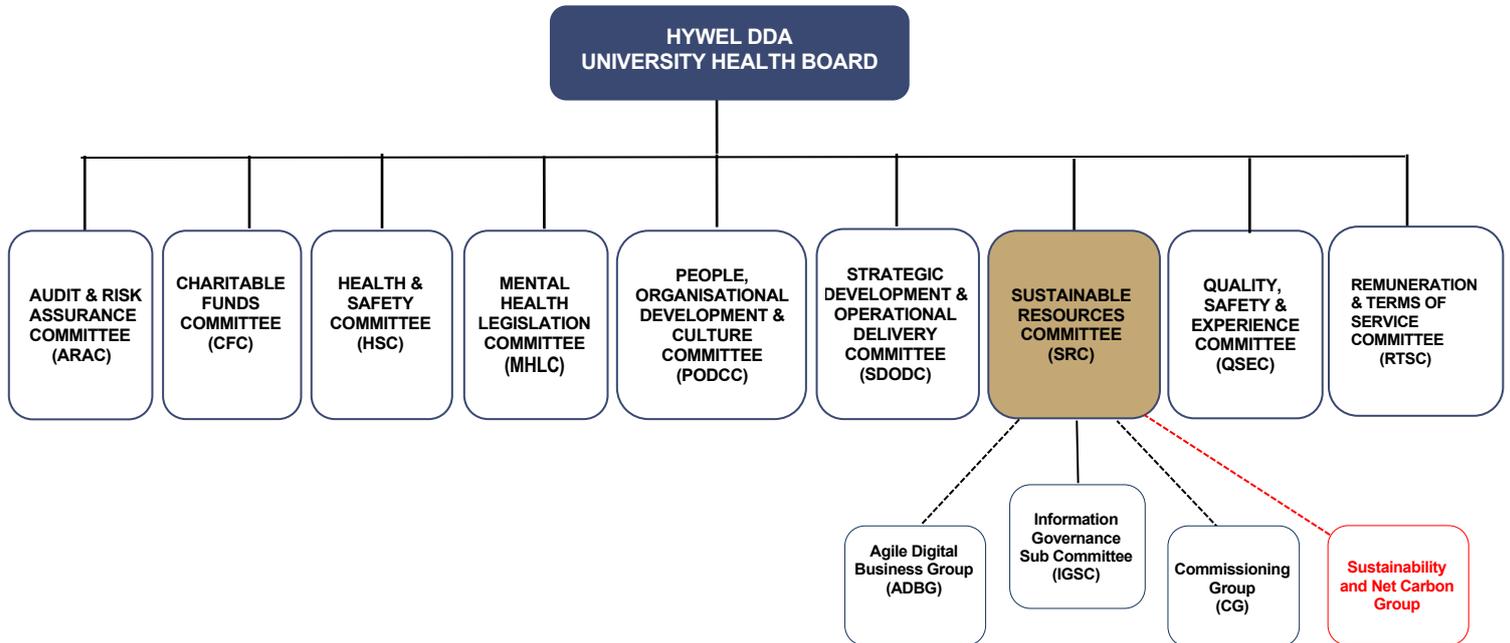
Busnes Cynlluniedig y Pwyllgor ar gyfer y Cyfnod Adrodd Nesaf / Planned Committee Business for the Next Reporting Period:

Adrodd yn y Dyfodol / Future Reporting:

In addition to the items scheduled to be reviewed as part of the Committee's work programme, following up progress of the various actions identified at the previous Committee meeting will be undertaken.

Dyddiad y Cyfarfod Nesaf / Date of Next Meeting:

22nd August 2022



SUSTAINABLE RESOURCES COMMITTEE

TERMS OF REFERENCE

| Version | Issued To | Date | Comments |
|---------|-----------------------------------|------------|--------------|
| V0.1 | Hywel Dda University Health Board | 29.07.2021 | Approved |
| V0.2 | Sustainable Resources Committee | 28.06.2022 | Approved |
| V0.2 | Hywel Dda University Health Board | 28.07.2022 | For Approval |
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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 **major 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 **key delivery partners 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 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 ~~3 and 5 year medium term~~ financial plans, savings plans and decarbonisation plans, that are developed and implemented, supporting and endorsing these as appropriate (~~PO 6A, 6C, 6G and 6J~~).
- ~~3.3 Scrutinise the roll out of Value Based Health Care (VBHC) through outcome capability and costing assessment (PO 6B, 6D, 6E, 6F).~~
- ~~3.4 Scrutinise the delivery of the Health Board's approach to community wealth building and foundational economy opportunities (PO 6H).~~
- ~~3.5 Oversee the Health Board's approach to the development of locality resource consumption models (PO 6I).~~
- 3.6 Receive assurances in respect of Directorate performance against annual budgets, capital plans and the Cost Improvement Programme and innovation and productivity plans.
- 3.7 Maintain oversight of, and obtaining assurances on, the robustness of key income sources and contractual safeguards.
- 3.8 Review major procurements and tenders, such as outsourcing, in relation to achieving Referral to Treatment targets.
- 3.9 Commission regular reviews of key contracts, suppliers and partners to ensure they continue to deliver value for money.
- 3.10 Provide assurance to the Board that arrangements for information governance are robust.
- 3.11 Receive reports relating to the Health Board's Digital Programme to ensure benefits realisation from the investment made.

- 3.12 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.
- 3.13 Oversee the development and implementation of a financial management improvement agenda across the organisation.
- 3.14 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.
- 3.15 Seek assurances on the requirements arising from HDdUHB's regulators, WG and professional bodies (PO 3B).
- 3.16 Review and approve financial procedures on behalf of the Health Board.
- 3.17 Review and approve the annual work plans for any Sub-Committee which has delegated responsibility from the Sustainable Resources Committee and oversee delivery.
- 3.18 Approve policies within the scope of the Committee.
- 3.19 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 i.e. Medical Director/Deputy CEO (for PO 6D, 6E, 6F), Director of Strategic Development & Operational Planning (for PO 6G) 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 | 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. 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. | 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 Board's 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 |