

Finance Committee Meeting - Public

Wed 25 May 2022, 14:00 - 16:00

Agenda

14:00 - 14:00 **1. Standing Items**

0 min

1.1. Welcome and Introductions

Rhian Thomas

1.2. Apologies for Absence


Rhian Thomas

1.3. Declarations of Interest

Rhian Thomas

1.4. Minutes of the previous Committee meeting – 27 April 2022

Rhian Thomas

 1.4 Draft Public Finance Meeting Minutes 27.4.22 - AF.pdf (8 pages)

1.5. Action log following the meeting held on 27 April 2022

Rhian Thomas

 1.5 Action Log - Following Meeting on 27.4.22 - AF.pdf (2 pages)

1.6. Chair's Actions since previous meeting

Rhian Thomas

14:00 - 14:00 **2. Items for Review and Assurance**

0 min

2.1. Financial Report – Month 1

Robert Mahoney

2.2. NHS Long Term Agreements and Financial Approach 2022/23 Presentation

Christopher Markall

2.3. Committee Effectiveness Survey Results 2021-2022

Nicola Foreman

 2.3 Committee Self Effectiveness Surveys Finance.pdf (3 pages)

 2.3a Finance Committee Self Evaluation 2021-22.pdf (21 pages)

14:00 - 14:00 **3. Items for Approval / Ratification**

0 min

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3.1. Business cases over £500k

Robert Mahoney

3.2. Submissions for revenue and capital funding and service implications

Robert Mahoney

14:00 - 14:00 4. Items for Information and Noting 0 min

4.1. Financial Monitoring Return – Month 1

Hywel Pullen

4.2. Review of Financial Risk Register

Hywel Pullen

14:00 - 14:00 5. Agenda for Private Finance Committee Meeting 0 min

Rhian Thomas

5.1. Approval of Private Minutes

5.2. Update on the Financial Plan

5.3. Savings Plan Deep Dive Presentation

5.4. Microsoft Office 365 Contract Renewal

14:00 - 14:00 6. AOB 0 min

14:00 - 14:00 7. Review and Final Closure 0 min

Rhian Thomas

7.1. Items to be deferred to Board / Committee

7.2. Date, time and venue of the next Committee meeting:

Wednesday 29 June at 2pm Via MS Teams

14:00 - 14:00 8. Resolution 0 min

*Modified: Sarah
05/18/2022 11:43:26*

**Unconfirmed Minutes of the Public Finance Meeting
Held On 27 April 2022 at 2pm
Via MS Teams**

Chair:		
Rhian Thomas	RT	Independent Member - Capital and Estates
Present:		
John Union	JU	Independent Member – Finance
Catherine Phillips	CP	Executive Director of Finance
Nicola Foreman	NF	Director of Corporate Governance
Caroline Bird	CB	Interim Chief Operating Officer`
Suzanne Rankin	SR	Chief Executive Officer
Ruth Walker	RW	Executive Nurse Director
Robert Mahoney	RM	Interim Deputy Director of Finance (Operational)
Hywel Pullen	HP	Interim Deputy Director of Finance (Strategy)
Paul Emmerson	PE	Senior Finance Manager
Secretariat		
Sarah Mohamed	SM	Corporate Governance Officer
Apologies:		
David Edwards	DE	Independent Member – ICT
Charles Janczewski	CJ	UHB Chair

Item No	Agenda Item	Action
FC 27/4/001	Welcome & Introduction The Committee Chair (CC) welcomed everyone to the meeting.	
FC 27/4/002	Apologies for Absence The Finance Committee resolved that: a) Apologies were noted.	
FC 27/4/003	Declarations of Interest The Finance Committee resolved that: a) No Declarations of Interest were noted.	
FC 27/4/004	Action Log – Following the meeting held on 23 March 2022 The Finance Committee resolved that: a) There were no outstanding actions.	

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FC 27/4/005	<p>Chair's Actions since previous meeting</p> <p>There had been no Chairs action taken since the last meeting.</p>	
Items for Review and Assurance		
FC 27/4/006	<p>Financial Report – Month 12</p> <p>The Interim Deputy Director of Finance - Strategy (IDDFS) summarised the key points within the Month 12 Finance Report:</p> <ul style="list-style-type: none"> • There was a £232,000 underspend against the plan. • The Health Board (HB) had stayed within the resource limit by £40,000. • The creditor payment compliance was marginally below the 25% target. The IDDFS would make enquiries. • This was a draft position and accounts were not due to be submitted until the Friday following the meeting. The position was also subject to changes by Audit Wales. • The Health Board's financial target was expected to be hit unless something unexpected arose. <p>The HB provisional year end revenue outturn was a surplus of £0.232m which was broadly in line with the break-even position previously forecasted.</p> <p>Table 2 within the report illustrated that the provisional surplus demonstrated that the HB had broke even for the first time in a number of years and had met its 3-year statutory financial duty for the first time.</p> <p>It was noted that three areas of the HB's KPIs had remained red and that the delivery of the recurrent £12 million was added to the deficit position within the 22/23 plan.</p> <p>The HB had incurred £119 million on Covid costs. This had been fully funded by Welsh Government (WG). WG also funded the underlying deficit on a non-recurrent basis in 2021/22. This meant that a total of £140 million was received from WG for Covid funding.</p> <p>Table 7 within the report illustrated an underspend of £2.679m at month 12.</p> <p>Table 8 illustrated an operational pay underspend of £7.271 million. This had been offset by additional Covid expenditure on staffing.</p>	IDDFS

Table 9 illustrated the non-pay variable. There was an operational overspend of £9.718m on non-pay budgets. There was also an additional gross Covid 19 expenditure of £60.524m matched by £60.524m of Covid 19 funding.

Table 10 illustrated gross Covid 19 expenditure as £119.376m. Additional annual leave had also accrued due to Covid demands the cost of which had increased by £2.4 million by the end of the year. Additional Study Leave was also accrued at a cost of £0.6 million.

It was noted that the balance sheet had changed. The overall trade debt had increased by £63 million since the start of the year. This largely related to amounts due from the Welsh Risk Pool (circa £54m) in respect of clinical negligence.

The value of trade and other payables had increased by around £29m since the start of the year. This mainly related to the completion of the capital programme in March.

Table 15 illustrated progress made against the capital resource limit. The HB had successfully delivered its £70.989m Capital Programme in 2021/22 with a surplus of £0.041m against the allocation. This was commended as an exceptional achievement by the Procurement and Capital Team with the programme heavily weighted to the end of the year following the late availability of WG slippage funding.

It was noted that expenditure of £47m within the Capital Programme had been delivered in March. The Capital Programme was due to be audited in May /June and would be reported in detail at the July Capital Management Group (CMG).

The Chair (CC) congratulated the team on the break-even position and the clear effort made by the Capital team. The CC added that they would need to keep an eye out on the recurrent saving challenge and the payment compliance performance.

The Independent Member for Finance (IMF) queried what the finance committee could do in relation to the non-compliance within public sector performance.

The IDDFS responded that he would discuss this with the financial services team to understand which areas

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<p style="text-align: right; font-size: small; transform: rotate(-45deg);">Mohamed Sarah 05/18/2022 11:43:26</p>	<p>could be improved. He would also discuss the position with the Shared Services team.</p> <p>The CC requested that the IDDFS expand on this at the May finance meeting. The CC also queried whether there were issues that were leading to non-payment of invoices.</p> <p>The Executive Director of Finance (EDF) responded that the measure in front of them highlighted when invoices were paid. The issue with capital governance was that there were invoices which had not followed the procurement route and the effort people made at end of year matching invoices to previous commitments, may have caused the dip in spend. At the last Audit and Assurance Committee meeting all activity that did not follow correct procurement routes were considered. All procurement work undertaken was known in advance so that invoices could be paid in a prompt and efficient way. This work was continued to be undertaken within the organisation to ensure swift payment of invoices.</p> <p>The Chief Executive Officer (CEO) queried table 12 and the overspend of £8.6 million. The IDDFS responded that the overspend was a managed movement in collaboration with corporate finance. It was not an unexpected, unplanned position.</p> <p>The CEO suggested that there were challenges in generating improvement and queried where how the benefits arising would be tracked financially.</p> <p>The EDF responded that there a lot of connection had been made following the use of Covid response funds. She also added that there were base pressures and budgets remained an issue. It was noted that teams would need to be agile in response to Covid pressures where the benefits sat.</p> <p>The Interim Chief Operating Officer (ICOO) advised that teams would need to be cognisant of the impacts of doing something in one clinical board on another. She also confirmed that the HB were in a better position in terms of clinical board working and that the financial position would be shaped further through performance reviews and the operational delivery plan.</p> <p>The Finance Committee resolved that:</p>	<p style="text-align: center;">IDDFS</p>
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	<ul style="list-style-type: none"> • The provisional draft year end revenue surplus of £0.232m against the planned break-even position was noted. • The yearend capital position underspend of £0.041m against a CRL of £70.989m was noted. • The gross month 12 financial impact of COVID 19 assessed at £119.376m and matched with anticipated income was noted. • The Health Boards breakeven position, which was consistent with the financial plan submitted to Welsh Government on 30th June and included additional funding of £140.689m to manage the impact of COVID 19 in 2021/22 and also incorporated confirmed funding of £21.313m in respect of the 2020/21 recurrent savings shortfall, was noted. • The Covid 19 reductions in planned care expenditure which were used to mitigate financial risks in the financial plan and to support system resilience, were noted. • The fact that the UHB remained within its authorised cash limit was noted. • The revised forecast 2020/21 carry forward Underlying Deficit of £29.7m was noted. 	
<p>FC 27/4/007</p>	<p>2022/23 Savings and Tracker</p> <p>The IDDFS presented the Savings and Tracker report.</p> <p>It was noted that the HB's draft financial plan included a total savings requirement of £16m in 2022/23. This was split between a £12m recurrent savings target and a £4m non-recurrent savings target.</p> <p>The HB had made good progress with clinical board team to identify recurrent and non-recurrent schemes.</p> <p>The IDDFS advised that teams were looking to identify the full £16 million in savings by May 2022. Following that, teams would look to identify Covid response costs and how to reduce these.</p> <p>The ICOO advised that this work reflected the first cut of saving schemes for the clinical boards. A second cut of saving schemes was also due the following day.</p> <p>The CEO queried if the allocation was equitable across all the sectors described and whether it aligned with the Health Board's strategic positioning.</p>	

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	<p>The Interim Deputy Director of Finance – Operational (IDDFO) responded that the allocation had been set at 1 ½ per cent in an equal way across all budgets.</p> <p>The CC queried whether there would be repercussions for the HB not hitting its financial target the previous year.</p> <p>The IDDFO responded that the element of savings that had not been achieved have been left with default budgets for 2022/23 year which had been capped at 0.5 per cent.</p> <p>The EDF queried whether there was merit in putting a theme on the savings plan rather than looking at savings area by area. She advised that her team would also need to undertake a deep dive on what had been proposed to understand what was meant by the cost reductions proposed.</p> <p>The CC responded that it would be useful to get a more up to date understanding of the savings position and to contextualise savings with themes.</p> <p>The Finance Committee resolved that:</p> <p>a) The progress against the 2022/23 Savings Plan was noted.</p>	EDF
<p>FC 27/4/008</p>	<p>Escalation of Corporate Directorates and Clinical Boards</p> <p>The ICOO shared the following updates:</p> <ul style="list-style-type: none"> • Performance reviews would re-commence having been stood down during the Covid pandemic. • If the second cut of savings submitted by clinical boards was not acceptable specific escalation meetings would be put in place. • 10 operational reviews would take place on an annual basis. Each would cover finance as part of the agenda. The ICOO and the EDF would be the Executive Leads for this work. • From July 2022 onwards Clinical Boards would provide a finance update to be shared with the Committee. <p>The Finance Committee resolved that:</p> <p>a) The Escalation of Corporate Directorates and Clinical Board update was noted.</p>	

	Items for Information and Noting	
FC 27/4/009	<p>Financial Monitoring Returns – Month 12</p> <p>The Finance Committee resolved that:</p> <p>a) The Financial Monitoring Returns for Month 12 were noted.</p>	
FC 27/4/010	<p>Any Other Business</p> <p>The CC queried if there were any other agenda items that members would like to see and advised that she would like to bring back deep dives reviews of specific areas of work. This could include how the HB worked with local authorities on regional partnership and medium to long term capital planning.</p> <p>The CEO suggested that commissioning would be good topic to consider. There were significant financial allocations from WG that required a deeper understanding which a deep dive review could bring out.</p> <p>The EDF advised that that a high-level resource map would need to be shared with the Committee. This would include the detail of all the sources of funding, where they came from, what they were to be used for and how they would be allocated.</p> <p>The Finance Committee resolved that:</p> <p>a) Any Other Business was noted.</p>	EDF
FC 27/4/011	<p>Items to be deferred to Board / Committee</p> <p>There were no items to bring to the attention of the Board.</p>	
	<p>Date & time of next Meeting</p> <p>Wednesday 25 May 2022 at 2pm Via MS Teams</p>	

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Public Action Log

Following Finance Committee Meeting
27 April 2022

(For the Meeting 25 May 2022)

MINUTE	DATE	SUBJECT	AGREED ACTION	ACTIONED TO	STATUS/COMMENTS
Completed Actions					
FC 27/4/007	27/4/2022	Savings plan deep dive	A deep dive on the themes within savings would be discussed.	Caroline Bird/ Catherine Phillips	Complete On today's private agenda – item 2.2
Actions in progress					
MINUTE	DATE	SUBJECT	AGREED ACTION	ACTIONED TO	STATUS/COMMENTS
FC 27/4/006	27/4/2022	Financial Report – Month 12	To investigate why creditor payment compliance was below target.	Hywel Pullen	In progress
FC 27/4/006	27/4/2022	Financial Report – Month 12	To investigate non-compliance within public sector performance.	Hywel Pullen	In progress
FC 27/4/010	27/4/2022	High level resource map	A high-level resource map on funding sources to be shared with the Committee	Catherine Phillips	In progress

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Actions referred to Board/Committees

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Report Title:	Committee Self Effectiveness		Agenda Item no.	2.3
Meeting:	Finance Committee	Public	x	Meeting Date:
		Private		
Status <i>(please tick one only):</i>	Assurance	x	Approval	Information
Lead Executive:	Director of Corporate Governance			
Report Author (Title):	Director of Corporate Governance			

Main Report

Background and current situation:

Routine monitoring of the effectiveness of the Board and its Committees is a vital part of ensuring strong and effective governance within the Health's Board's governance structure. Under its Standing Orders (SO 10.2.1), the Board is required to introduce a process of regular and rigorous self-assessment and evaluation of its own operations and performance and that of its Committees and Advisory Groups. Further, and where appropriate, the Board may determine that such evaluation may be independently facilitated.

The Health Board undertook an annual review of the effectiveness of its Board and its Committees in April 2022 using survey questions derived from best practice guides, including the NHS Handbook, and using the following principles:

- the need for sub-Committees to strengthen the governance arrangements of the Health Board and support the Board in the achievement of the strategic objectives;
- the requirement for a Committee structure that strengthens the role of the Board in strategic decision making and supports the role of non-executive directors in challenging Executive management actions;
- maximising the value of the input from non-executive directors, given their limited time commitment; and
- supporting the Board in fulfilling its role, given the nature and magnitude of the Health Board's agenda.

For the 2021-2022 self-assessment, a survey was disseminated via Survey Monkey to all Board and Committee Members and Board and Committee attendees, enabling an efficient yet effective reflection on Board effectiveness and mirroring the method used for the Committees.

The purpose of this report is to present the findings of the Annual Board Effectiveness Survey 2021-2022, which relate to the Finance Committee (attached as **Appendix 1**). There were no areas identified for improvement.

Executive Director Opinion and Key Issues to bring to the attention of the Board/Committee:

- The survey questionnaires for the annual Board/Committee Effectiveness Surveys 2021-2022 were issued in early April 2021 and attained a positive response rate overall.

- The overall findings are positive which provides an assurance that the governance arrangements and Committee structure in place are effective, and that the Committees are effectively supporting the Board in fulfilling its role.

To ensure effective governance the Board Effectiveness Survey is undertaken on an annual basis, in accordance with the provisions of the Standing Orders for NHS Wales.

The next self-assessment will be undertaken in March/April 2023 to coincide with the end of financial year reporting requirements of the Annual Governance Statement 2022-2023.

Recommendation:

The Committee is requested to:

- a) **NOTE** the results of the Annual Board Effectiveness Survey 2021-2022, relating to the Finance Committee.

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

1. Reduce health inequalities		6. Have a planned care system where demand and capacity are in balance	
2. Deliver outcomes that matter to people	x	7. Be a great place to work and learn	x
3. All take responsibility for improving our health and wellbeing	x	8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	
4. Offer services that deliver the population health our citizens are entitled to expect		9. Reduce harm, waste and variation sustainably making best use of the resources available to us	
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

Prevention	x	Long term	x	Integration	x	Collaboration	x	Involvement	x
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Impact Assessment:

Please state yes or no for each category. If yes please provide further details.

Risk: No

Safety: No

Financial: No

Workforce: No

Legal: No

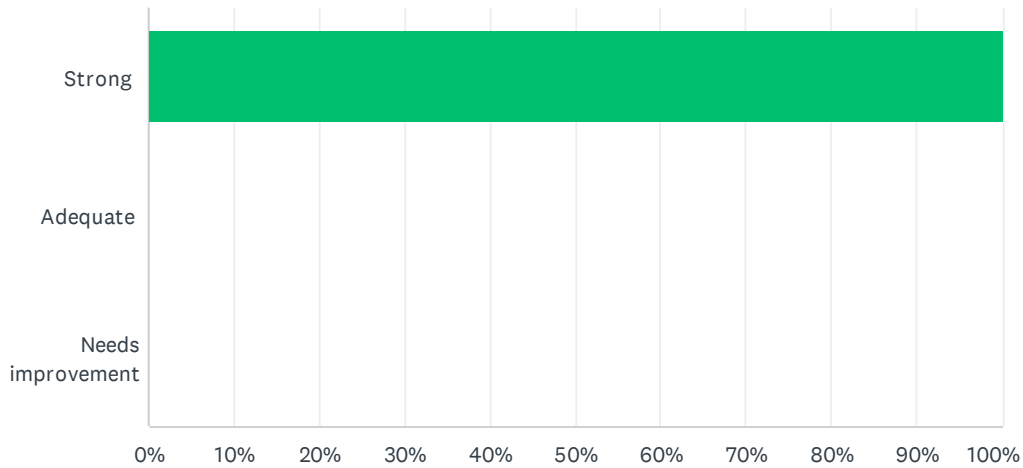
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Reputational: No	
Socio Economic: No	
Equality and Health: No	
Decarbonisation: No	
Approval/Scrutiny Route:	
Committee/Group/Exec	Date:
Audit Committee	12 th May 2022

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Q1 The Committee terms of reference clearly, adequately & realistically set out the Committee’s role and nature and scope of its responsibilities in accordance with guidance and have been approved by the committee and the full Board. NHS Handbook status: 1 - must do

Answered: 5 Skipped: 0

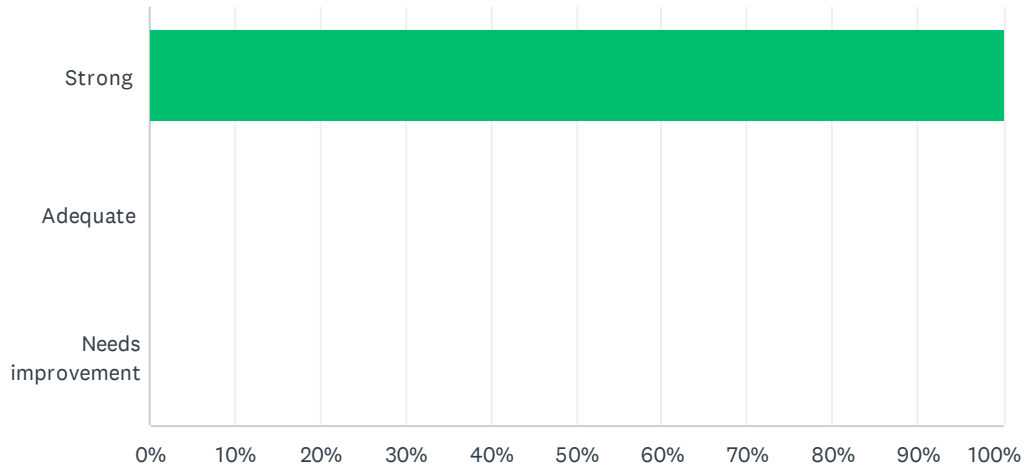


ANSWER CHOICES	RESPONSES	
Strong	100.00%	5
Adequate	0.00%	0
Needs improvement	0.00%	0
TOTAL		5

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Q2 The Board was active in its consideration of Committee composition.NHS Handbook status: 2 - should do

Answered: 5 Skipped: 0

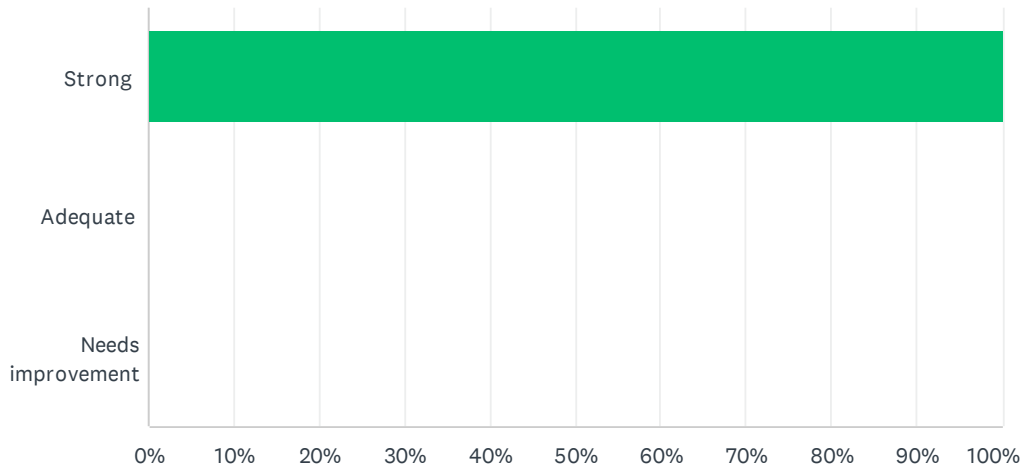


ANSWER CHOICES	RESPONSES	
Strong	100.00%	5
Adequate	0.00%	0
Needs improvement	0.00%	0
TOTAL		5

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Q3 The Committee actions reflect independence from management, ethical behaviour and the best interests of the Health Board and its stakeholders.

Answered: 5 Skipped: 0

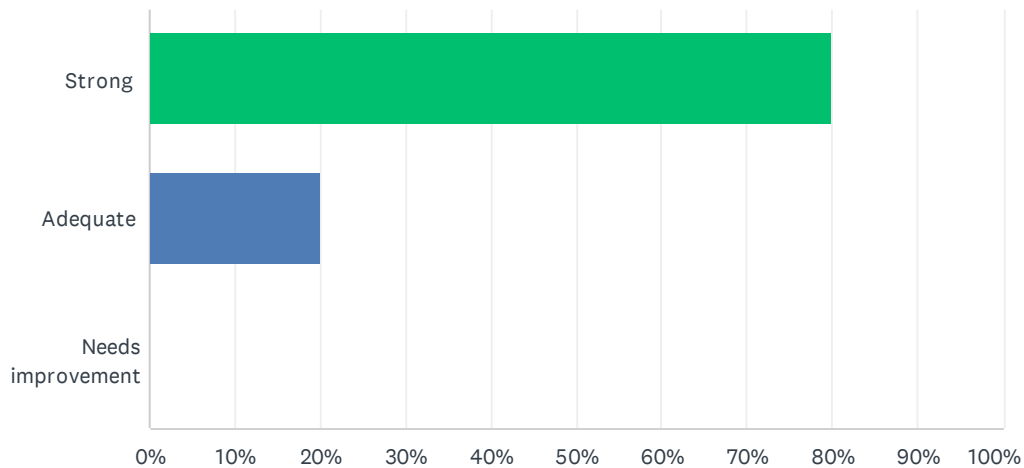


ANSWER CHOICES	RESPONSES	
Strong	100.00%	5
Adequate	0.00%	0
Needs improvement	0.00%	0
TOTAL		5

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Q4 The Committee meeting packages are complete, are received with enough lead time for members to give them due consideration and include the right information to allow meaningful discussion. Minutes are received as soon as possible after meetings. NHS Handbook status: 2 - should do

Answered: 5 Skipped: 0



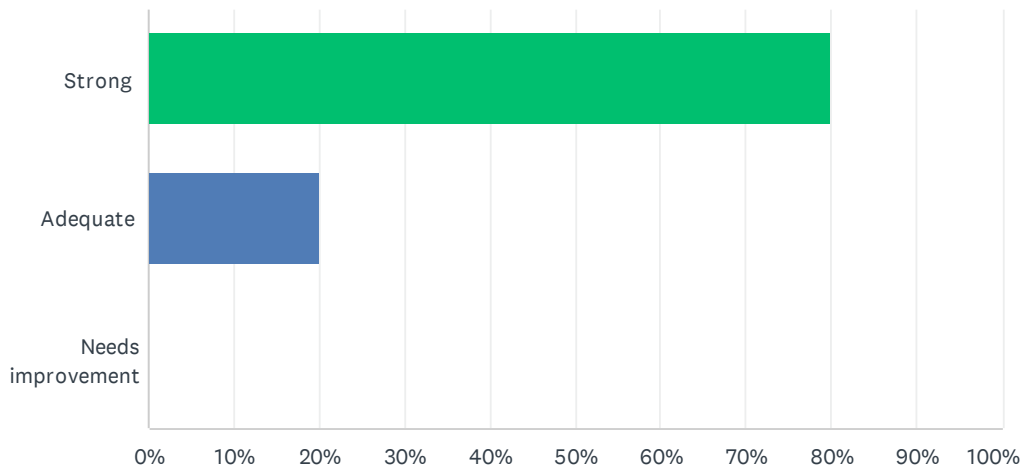
ANSWER CHOICES	RESPONSES	
Strong	80.00%	4
Adequate	20.00%	1
Needs improvement	0.00%	0
TOTAL		5

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Q5 Committee meetings are well organised, efficient, and effective, and they occur often enough and are of appropriate length to allow discussion of relevant issues consistent with the committee’s responsibilities.NHS

Handbook status: 2 - should do

Answered: 5 Skipped: 0

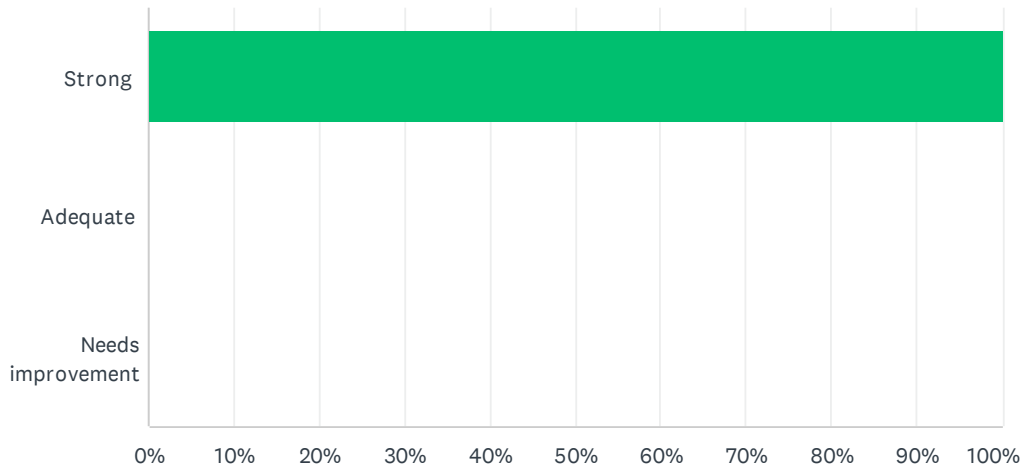


ANSWER CHOICES	RESPONSES	
Strong	80.00%	4
Adequate	20.00%	1
Needs improvement	0.00%	0
TOTAL		5

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Q6 Appropriate internal or external support and resources are available to the Committee and it has sufficient membership and authority to perform its role effectively. NHS Handbook status: 1 - must do

Answered: 5 Skipped: 0

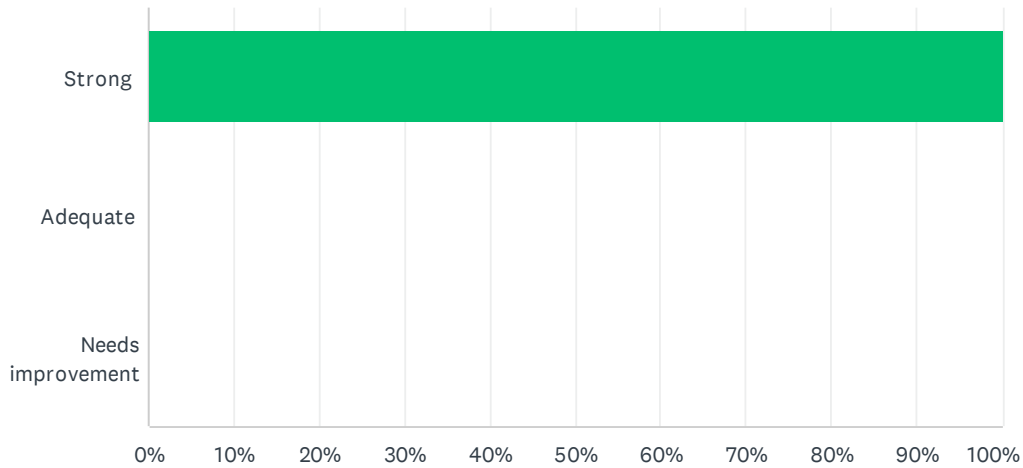


ANSWER CHOICES	RESPONSES	
Strong	100.00%	5
Adequate	0.00%	0
Needs improvement	0.00%	0
TOTAL		5

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Q7 The Committee informs the Board on its significant activities, actions, recommendations and on its performance through minutes and regular reports and has appropriate relationships with other committees.NHS Handbook status: 2 - should do

Answered: 5 Skipped: 0

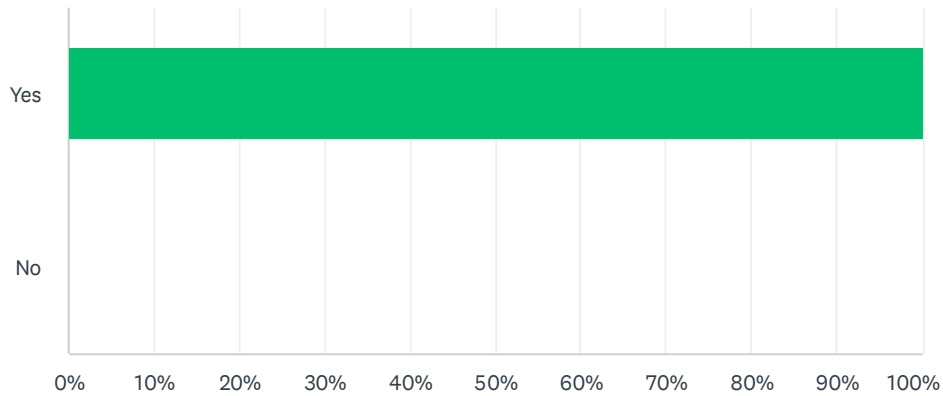


ANSWER CHOICES	RESPONSES	
Strong	100.00%	5
Adequate	0.00%	0
Needs improvement	0.00%	0
TOTAL		5

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Q8 Are the terms of reference reviewed annually to take into account governance developments and the remit of other committees within the organisation? NHS Handbook status: 2 - should do

Answered: 5 Skipped: 0

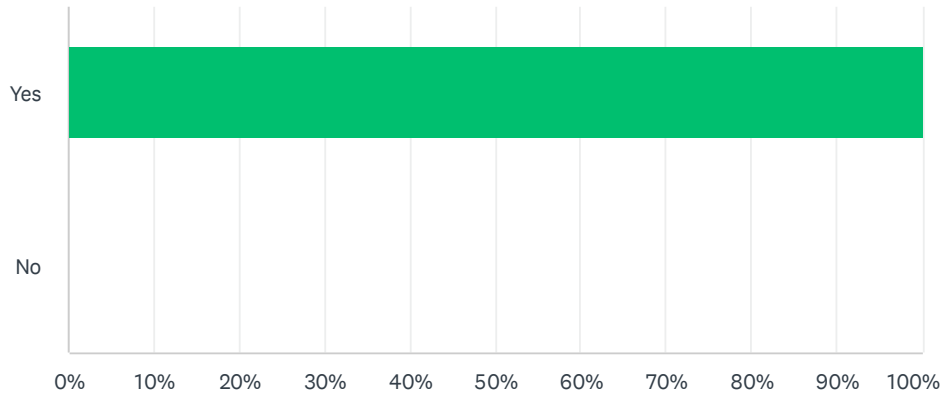


ANSWER CHOICES	RESPONSES
Yes	100.00% 5
No	0.00% 0
TOTAL	5

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Q9 Are changes to the committee’s current and future workload discussed and approved at Board level? NHS Handbook status: 2 - should do

Answered: 5 Skipped: 0

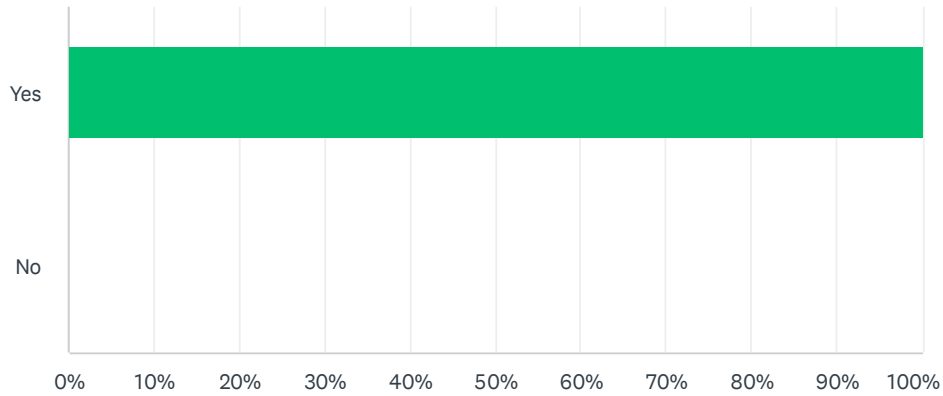


ANSWER CHOICES	RESPONSES	
Yes	100.00%	5
No	0.00%	0
TOTAL		5

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Q10 Are committee members independent of the management team?NHS Handbook status: 1 - must do

Answered: 5 Skipped: 0

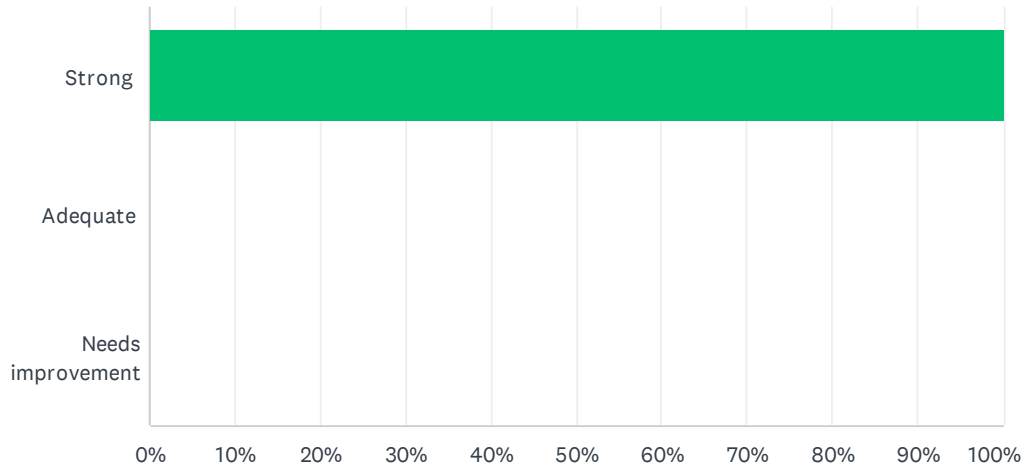


ANSWER CHOICES	RESPONSES	
Yes	100.00%	5
No	0.00%	0
TOTAL		5

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Q11 The Committee agenda-setting process is thorough and led by the Committee Chair.NHS Handbook status: 2 - should do

Answered: 5 Skipped: 0

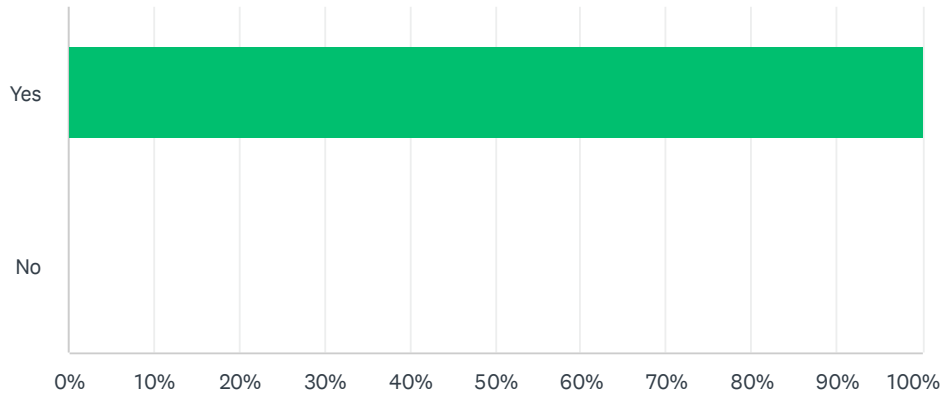


ANSWER CHOICES	RESPONSES	
Strong	100.00%	5
Adequate	0.00%	0
Needs improvement	0.00%	0
TOTAL		5

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Q12 Has the Committee established a plan for the conduct of its work across the year? NHS Handbook status: 2 - should do

Answered: 5 Skipped: 0

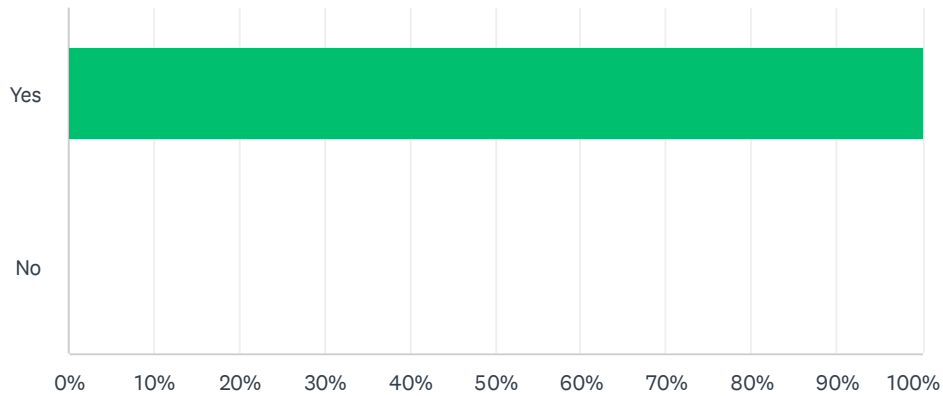


ANSWER CHOICES	RESPONSES	
Yes	100.00%	5
No	0.00%	0
TOTAL		5

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Q13 Has the committee formally considered how its work integrates with wider performance management and standards compliance?NHS Handbook status: 2 - should do

Answered: 5 Skipped: 0

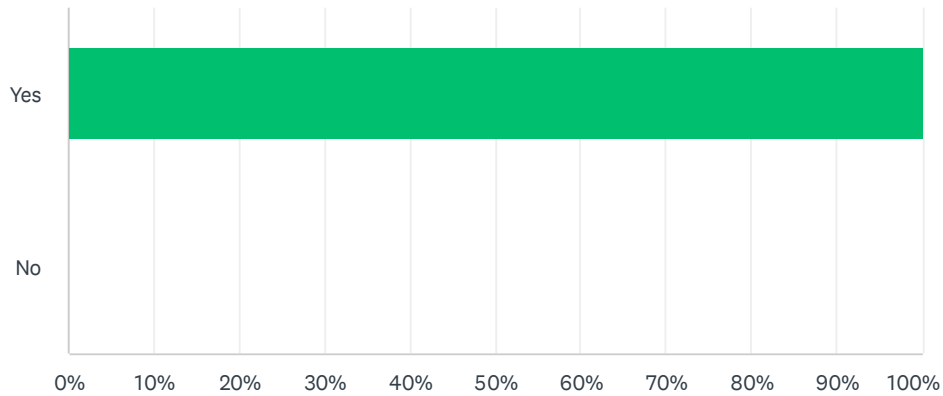


ANSWER CHOICES	RESPONSES	
Yes	100.00%	5
No	0.00%	0
TOTAL		5

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Q14 Has the committee reviewed whether the reports it receives are timely and have the right format and content to ensure its responsibilities are discharged? NHS Handbook status: 2 - should do

Answered: 5 Skipped: 0

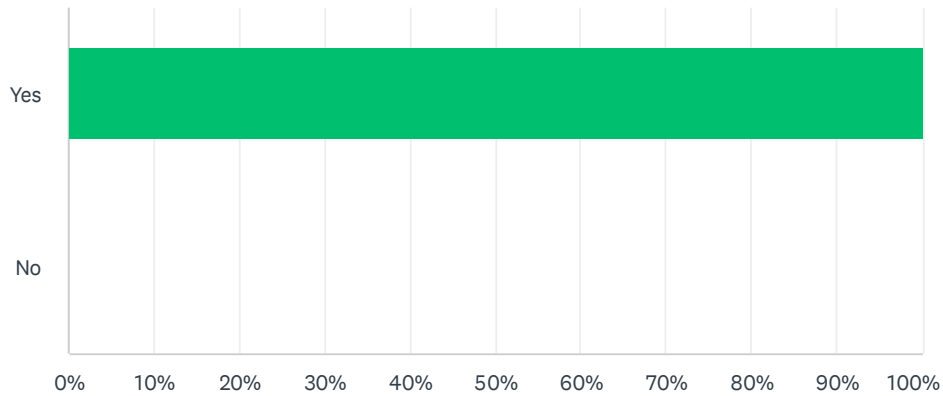


ANSWER CHOICES	RESPONSES	
Yes	100.00%	5
No	0.00%	0
TOTAL		5

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Q15 Does the Board ensure that Committee members have sufficient knowledge of the organisation to identify key risks and to challenge line management on critical and sensitive matters? NHS Handbook status: 2 - should do

Answered: 5 Skipped: 0

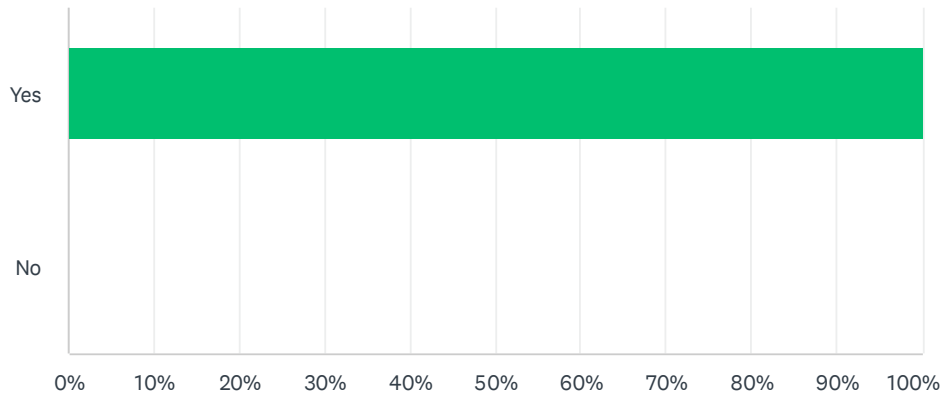


ANSWER CHOICES	RESPONSES
Yes	100.00% 5
No	0.00% 0
TOTAL	5

Mohamed Sarah
05/18/2022 11:43:26

Q16 Is the committee satisfied that the Board has been advised that assurance reporting is in place to encompass all the organisations responsibilities? NHS Handbook status: 2 - should do

Answered: 5 Skipped: 0

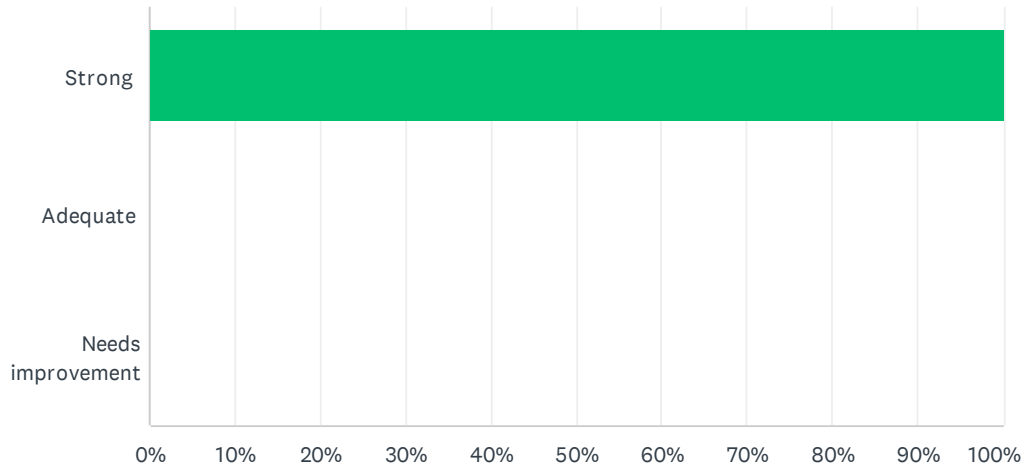


ANSWER CHOICES	RESPONSES	
Yes	100.00%	5
No	0.00%	0
TOTAL		5

Mohamed Sarah
05/18/2022 11:43:26

Q17 The committee’s self-evaluation process is in place and effective. NHS Handbook status: 2 - should do

Answered: 5 Skipped: 0

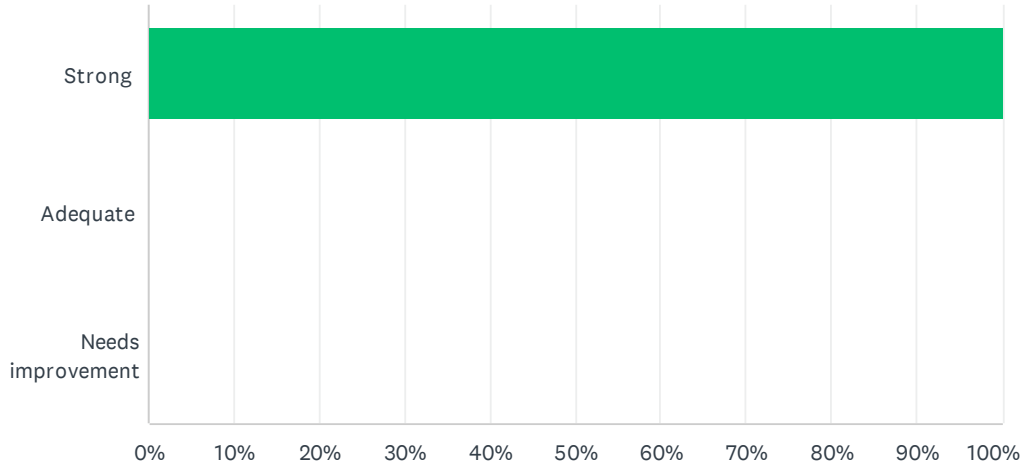


ANSWER CHOICES	RESPONSES	
Strong	100.00%	5
Adequate	0.00%	0
Needs improvement	0.00%	0
TOTAL		5

Mohamed Sarah
05/18/2022 11:43:26

Q18 What is your overall assessment of the performance of the Committee?

Answered: 5 Skipped: 0



ANSWER CHOICES	RESPONSES	
Strong	100.00%	5
Adequate	0.00%	0
Needs improvement	0.00%	0
TOTAL		5

Mohamed Sarah
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Q19 Additional Comments

Answered: 1 Skipped: 4

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Q20 Name

Answered: 3 Skipped: 2

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Q21 Position

Answered: 3 Skipped: 2

Mohamed Sarah
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