

ABM University Health Board	
Date of Meeting: 23rd January 2018 Name of Meeting: Audit Committee Agenda item: 2g	
Subject	<i>Hosted Agencies Governance Sub-Committees Minutes and Terms of References</i>
Prepared by	Liz Stauber, Committee Services Manager
Approved by	Wendy Penrhyn-Jones, Head of Corporate Administration
Presented by	Pamela Wenger, Director of Corporate Governance

1.0 Situation

This report sets out the recent minutes and updated terms of reference for the Delivery Unit and Emergency Medical Retrieval and Transfer Service (EMRTS) governance sub-committees.

2.0 Background

To observe good governance, sub-committees were established to provide assurance to the board, through the Audit Committee, of any services hosted by ABMU. There are currently two hosted agency governance sub-committees; the Delivery Unit and EMRTS.

3.0 Assessment

3.1 Minutes

As sub-committees to the Audit Committee, minutes are presented to the committee for assurance on a regular basis and those for the recent meetings are at **appendix one** (Delivery Unit – 14th August 2017) and **appendix two** (EMRTS – 5th September 2017).

3.2 Terms of Reference

During these recent meetings, the terms of reference for both sub-committees were considered as part of an annual review. The changes made are outlined in **appendix three** (Delivery Unit) and **appendix four** (EMRTS) for approval.

4.0 Recommendations

The Audit Committee is asked to **note** the minutes of the Delivery Unit and EMRTS governance sub-committees and **approve** both sets of revised terms of references.

Appendix 1

ABMU HEALTH BOARD
UNCONFIRMED
MINUTES OF THE DELIVERY UNIT
GOVERNANCE SUB-COMMITTEE
HELD ON 14TH AUGUST 2017 AT 11AM
IN THE COMMITTEE ROOM, HEALTH BOARD HQ, BAGLAN

Present

Charles Janczewski, Non-Officer Member, ABMU Health Board (in the chair)

Martin Sollis, Non-Officer Member, ABMU Health Board

Andrew Sallows, Interim Director of the NHS Wales Delivery Unit

In Attendance

Paul Gilchrist, Assistant Director of Finance, ABMU Health Board

Sharon Vickery, Head of Human Resources (delivery units and medical staffing)
(from minute 21/17)

Liz Stauber, Committee Services Manager, ABMU Health Board

Actions

18/17 Welcome and Apologies

Charles Janczewski welcomed everyone to the meeting, in particular Martin Sollis who was attending his first meeting.

Apologies for absence were received from Kate Lorenti, Acting Director of Human Resources, ABMU Health Board and Lynne Hamilton, Director of Finance, ABMU Health Board.

19/17 Minutes of the Previous Meeting

The minutes of the meeting held on 22nd May 2017 were **received** and **confirmed** as a true and accurate record.

20/17 Matters Arising

There were no matters arising.

21/17 Action Log

The action log was **received** and **noted** with the following update:

Action Point 1 Action Log – Director's Report

Charles Janczewski confirmed that he and Andrew Sallows had discussed the care and partnership approach for children and adolescent mental health services. He added that other health boards had started to adopt the process and therefore there were opportunities for learning.

Action Point Three Director's Report

Andrew Sallows advised that he had discussed the service level agreement with Paul Gilchrist and had agreed to

increase the contribution to ABMU Health Board by £5,000 to reflect the larger staffing establishment. Charles Janczewski queried if a review had been undertaken to calculate the uplift. Andrew Sallows responded that it was an estimated figure but suggested that a review could be undertaken to determine value for money for both parties. This was agreed.

AS

22/17 Committee's Work Programme

The committee's work programme was **received** and **noted**.

23/17 Director's Report

The director's report was **received**.

In introducing the report, Andrew Sallows highlighted the following points:

- Since the last meeting, Welsh Government's Delivery Programme Director had taken up a new position;
- The pilot to enable health boards to deliver recommendations through on-site support from the Delivery Unit was continuing;
- The lease for the unit's current accommodation had been extended until the end of September 2017 to enable the refit of the new premises. It would be co-located with the 111 service and the finance delivery unit due to be established by Welsh Government;
- The increase in staffing and the refurbishment of the new office accommodation had impacted on the financial position but an underspend was still forecast;
- The sickness rate currently stood at 4.21% which was as a result of two longterm sicknesses;
- The service level agreement with Welsh Government had been signed;
- The reviews of mental health and learning disabilities facilities were ongoing and discussions had been undertaken with Healthcare Inspectorate Wales (HIW) so as to not overlap with its current review;
- The report following the cardiac review commissioned by the Welsh Health Specialised Services Committee was due imminently;
- The simulation software to identify modelling scenarios for service planning was successfully rolling out across Wales and the challenge now was to test health boards' abilities to capacity and demand plan for unscheduled care through workshops;
- Minor changes had been made to the risk register and consideration was being given to including a recent

AS

- issue regarding travellers;
- There had been no hospitality or single tender action entries.

In discussing the report, the following points were raised:

Charles Janczewski queried if the on-site support pilot was to extend to other health boards. Andrew Sallows responded that it was being undertaken with two for the moment to provide comparison. He added both organisations had brought different learning and undertook to provide an update to the next meeting.

Charles Janczewski queried the 111 team members to be based with the Delivery Unit in its new accommodation.

Andrew Sallows advised it was a team of 10 currently based at the Welsh Blood Service.

Martin Sollis noted that the unit had a number of vacancies contributing to the underspend and queried the ability to deliver the programme of work. Andrew Sallows advised that the unit experienced high number of staff turnovers, which was positive as it meant staff had the opportunities to use their skills and experience within services. He added that the unit continued to be successful in recruiting to the vacancies and it was confident in its ability to deliver its programme.

Charles Janczewski stated that the health board had recently had several unannounced mental health and learning disabilities visits by HIW and queried how this impacted upon the work planned by the Delivery Unit. Andrew Sallows responded that discussions had taken place between the two organisations to ensure they were not undertaking similar work at the same time and they were reviewing different sites.

Charles Janczewski queried whether the capacity and demand planning support could be extended to referral to treatment time targets. Andrew Sallows advised that the general principles would apply and discussions were ongoing with colleagues within finance and planning at Welsh Government with regard to planned care workshops to better support integrated medium term plans (IMTPs).

Martin Sollis sought clarity as to level of confidence in relation to modelling for unscheduled care. Andrew Sallows responded that there was evidence that data was available but engagement was required for analysts and frontline staff to work together to develop methodologies. He added the data should assist with the IMTP planning process. Martin Sollis commented that it was important that organisations planned several years in advance to manage demands.

Charles Janczewski stated that while tier one unscheduled care targets were important, focus should not be lost with regard to primary care in order to prevent avoidable admissions. Andrew Sallows clarified that primary care had

not been included in the unit's remit originally however a request had been made for a primary care dashboard to be established to improve demands on secondary care.

Charles Janczewski complimented the way in which risks were managed but he felt the score for the underspend was too high. Andrew Sallows undertook to review this.

Charles Janczewski noted the use of the term 'scope creep' and suggested this be clarified in the next iteration. This was agreed.

Charles Janczewski sought further details in relation to the risk of lone working. Andrew Sallows advised that due to the nature of the work, staff often worked or travelled alone and as such, a lone workers policy had been established.

Resolved:

- The report be **noted**.
- An update on the pilot with two health boards be provided to the next meeting;
- Clarification of the term 'scope creep' be included in the next iteration;
- Risk score in relation to the underspend be reviewed.

24/17 Any Other Business

There was no other business and the meeting was closed.

25/17 Date of Next Meeting

The next meeting would be held on 13th November 2017 at 11am in the Committee Room, ABMU Headquarters

AS

AS

AS

AS

AS

**ABMU HEALTH BOARD
UNCONFIRMED**

**MINUTES OF THE EMERGENCY MEDICAL RETRIEVAL AND TRANSFER SERVICE
(EMRTS)
GOVERNANCE SUB-COMMITTEE
HELD ON 5TH SEPTEMBER 2017 AT 9AM
IN THE COMMITTEE ROOM, HEALTH BOARD HQ, BAGLAN**

Present

Charles Janczewski, Vice-Chairman, ABMU Health Board (in the chair)

Chantal Patel, Non-Officer Member, ABMU Health Board

Hamish Laing, Medical Director, ABMU Health Board

Ami Jones, Interim National Director, EMRTS

In Attendance

Stephen Harrhy, Chief Ambulance Service Commissioner (via videoconference for minute 33/17)

Sharon Vickery, Head of Workforce

Mark Winter, Service Manager, EMRTS

Pete Hopgood, Unit Finance and Business Partner

Liz Stauber, Committee Services Manager, ABMU Health Board

Actions

30/17 Apologies

Charles Janczewski welcomed everyone to the meeting.

Apologies were received from Kate Lorenti, Acting Director of Human Resources (HR), ABMU Health Board and Lynne Hamilton, Director of Finance, ABMU Health Board.

31/17 Minutes of the Previous Meeting

The minutes of the meeting held on 22nd May 2017 were **received** and **confirmed** as a true and accurate record, except to amend Stephen Harrhy's title to Chief Ambulance Service Commissioner.

32/17 CHANGE IN AGENDA ORDER

Resolved: The agenda be changed and item six be taken next and nothing else.

33/17 Gateway Review

A report outlining the findings of the gateway review was **received**.

In introducing the report, Stephen Harrhy highlighted the following points:

- As EMRTS was a commissioned service, its governance structure was agreed with the health board as its host;

- A quality framework was in development;
- When commissioning of the service transferred from the Welsh Health Specialised Services Committee (WHSSC) to the Emergency Ambulance Service Committee (EASC), the main priorities were to review the hosting arrangements and to establish a north Wales base. Both of which had been achieved;
- The gateway review had received a green/amber rating and the feedback had been pleasing;
- The potential impact of the major trauma centre decision for EMRTS needed to be considered;
- A long-term vision was to be developed;
- Consideration was being given to the structure of the service if it became available 24/7;
- The strategic visions of EMRTS and the Wales Air Ambulance needed to align;
- Robust clinical governance arrangements were in place.

In discussing the report, the following points were raised:

Charles Janczewski noted that an underspend within the budget had enabled the expansion into Caernarfon and sought assurance as to the sustainability of the service.

Stephen Harrhy responded that the hosting costs had recently been reviewed and agreed, and the Wales Air Ambulance charity provided a significant amount of monies to support the service as well. Any additional financial requirements would be for EASC to consider.

Hamish Laing queried whether further evaluation work was to be undertaken by Swansea University. Stephen Harrhy advised that work was ongoing to identify resources to support this work but Swansea University was continuing to undertake some evaluations. He suggested that at the next meeting, he gave details of the scope and timescales. This was agreed.

Pete Hopgood advised that he had sent Stephen Harrhy the final hosting costs proposal and queried if any further work was required. Stephen Harrhy confirmed that he was satisfied with the proposal and would communicate this in writing.

Hamish Laing commended the service for its green/amber rating, adding that it was an exceptional achievement.

SH

Resolved:

- The report be **noted**.
- Details of the scope and timescales of Swansea University's evaluation be provided at the next meeting.

SH

There were no matters arising.

35/17 Action Log

The action log was **received** and **noted**.

36/17 Work Plan

The committee's work plan was **received** and **noted**.

37/17 Financial Position

A report setting out the financial position was **received**.

In introducing the report, Pete Hopgood highlighted the following points:

- Month four had an underspend of £12,000;
- The hosting costs had been agreed at £139k;
- Work was ongoing with the commissioner to determine if the monies to be received from Welsh Ambulance Service NHS Trust were to be direct or invoiced.

In discussing the report, the following points were raised:

Hamish Laing queried the previous hosting costs. Pete Hopgood advised that the previous total was £205k.

Charles Janczewski stated that as the hosting costs had reduced, the committee needed assurance that they covered all that was required. Pete Hopgood advised that he had worked with the service to identify the level of support it received and then aligned this with the various executive budgets to determine the right figure. Hamish Laing added that additional or unforeseen costs, such as legal fees, would sit outside of the hosting costs.

Resolved: The report be **noted**.

38/17 Director's Report

The director's report for quarter one which covered April to June 2017 was **received**.

In introducing the report, Ami Jones and Mark Winter highlighted the following points:

- No concerns had been escalated to the external clinical advisory group (ECAG) for review;
- Structured educational interventions took place at more than 20 events during the quarter;
- A new set of audit standards for inter-hospital transfers were to be established which would be reported quarterly. This would also include an element of external peer review with the Wales Critical Care

Network;

- The pre-hospital emergency medicine training car proved successful during the quarter and the trainee had achieved postgraduate qualifications and completed the sub-speciality training programme. They were due to publish some of the work undertaken;
- A lessons learned bulletin was circulated following mortality and morbidity sessions;
- Five critical care practitioners (CCPs) and four helicopter transfer practitioners (HTPs) had been recruited and trained;
- It was hoped that the observer system would soon commence;
- Datix reporting was continuing to improve;
- Initial data produced by Swansea University was demonstrating the economic benefits of the service, including an £800k saving from discharging patients or pronouncing life extinct at the scene.

In discussing the report, the following points were raised:

Charles Janczewski stated that the health board had been criticised in external reviews for not learning lessons from issues and queried how such learning was shared within EMRTS. Ami Jones advised that if the issue or incident was significant, the relevant standard operating procedure (SOP) was revised. It was also shared with the ECAG and health boards as part of the quarterly report. Hamish Laing added that EMRTS was driven by SOPs so it was able to learn lessons and make adjustments easily.

Charles Janczewski queried how the service continued if an aircraft required unscheduled maintenance. Mark Winter responded that the service had an agreement with Wales Air Ambulance that its fourth aircraft could be used in such circumstances and an example of this had occurred the previous week. He added that negotiations had just been completed to fund a fifth aircraft as a back-up however the engineering support on site was exceptional and as such, the service was rarely offline.

Sharon Vickery queried the consistency of 'top level' cover. Ami Jones advised that 16 consultants undertook two top level covers per month. She added that if the overall number of doctors increased from 23 to 30, they could undertake one EMRTS session per week as opposed to two. Hamish Laing stated that there were opportunities to advertise health board vacancies with EMRTS sessions as an incentive.

Chantal Patel queried how the doctors' skills were kept up-to-date. Ami Jones responded that the short-listing process for the service was rigorous and new recruits worked alongside experienced colleagues in the first instance. Chantal Patel

queried if the training element was included in the budget. Pete Hopgood confirmed that it was.

Hamish Laing sought details as to the number of applicants for the north Wales posts. Mark Winter stated that between 80 and 90 people applied for five CCPs roles and more than 100 for the HTP posts. Ami Jones added that when the service expanded into Caernarfon, it took on a local hospital's middle grade fellow scheme which enabled such staff to work once a month on an aircraft at paramedic level. This was proving so successful that other health boards had approached EMRTS to establish something similar to attract doctors of this level. Hamish Laing advised that he would circulate the quarterly report to the all-Wales medical directors' group.

Resolved: The report be **noted**.

39/17 EMRTS Annual Report 2016-17

The EMRTS annual report for 2016-17 was **received**.

In introducing the report, Ami Jones highlighted the following points:

- The governance structure of EMRTS was complex;
- The majority of the work undertaken by the service was by air but the rapid response car was used more in inclement weather;
- ABMU Health Board was the biggest user of the service;
- The workload was evenly split between medical and trauma;
- The number of transfers was reducing as more patients were now being taken directly to definitive care;
- During 2016-17, EMRTS was awarded the National Air Ambulance Award for 'best case';
- The next iteration would include the findings of Swansea University's evaluation.

In discussing the report, the following points were raised:

Charles Janczewski complimented the annual report. Hamish Laing concurred, adding that it was beautifully presented.

Hamish Laing noted that three cases had originated in England for which the rapid response car was sent. He queried whether the air ambulance would have been timelier. Mark Winter responded that the car had been at the Welshpool base which was at the border.

Hamish Laing stated that work was ongoing in relation to a business case for inter neuro-radiology transfers and queried if they met the EMRTS criteria. Ami Jones confirmed that they did and some cases had been undertaken by the service.

Resolved: The report be **noted**.

40/17 Internal Audit Report

An internal audit report reviewing the governance of EMRTS was **received and noted**.

41/17 Appointment to National Director

A report providing an update regarding the appointment to national director was **received**.

In introducing the report, Sharon Vickery highlighted the following points:

- The job advert was to close imminently;
- The recruitment agency was confident that there would be a reasonable number of applicants to shortlist;
- It was hoped that the selection process would take place in early October 2017.

In discussing the report, the following points were raised:

Hamish Laing noted that if the shortlisted applicants intended to work within the EMRTS service if appointed, they would need to demonstrate that they met the requirements before the final selection process took place.

Chantal Patel asked who would undertake the short-listing. Sharon Vickery advised that it would be Hamish Laing and Stephen Harrhy, with potentially a third panel member. Hamish Laing stated that there should be an external panel member, for example from a similar organisation to EMRTS.

Resolved: The report be **noted**.

42/17 DATIX REPORT

A report outlining incidents logged on the Datix system was **received and noted**.

43/17 Risk Register

The risk register was **received and noted**.

44/17 Hospitality Register

A report highlighting that no new entries had been made to the hospitality register was **received and noted**.

45/17 Single Tender Actions

A report highlighting that no new single tender actions had been approved was **received and noted**.

46/17 Any Other Business

There was no further business and the meeting was closed.

47/17 Date of Next Meeting

The next meeting will be held on 13th November 2017 at 9am
in the Committee Room, ABMU Headquarters

**DELIVERY UNIT
GOVERNANCE SUB-COMMITTEE
Terms of Reference**

1.0 Constitution

The Delivery Unit (DU) Governance Committee shall be a sub-committee of the Abertawe Bro Morgannwg University Health Board (ABM)

2.0 Membership

Membership of the Delivery Unit Governance Sub-Committee is as follows:

Abertawe Bro Morgannwg University Health Board

2 x Non-Officer Members

Director of Finance (or representative)

Director of Human Resources (or representative)

Delivery and Support Unit

Director of the Delivery Unit

An Assistant Director of the Delivery Unit

3.0 Quorum

A quorum shall be three members, including at least one non-officer member and the Director or Assistant Director of the Delivery Unit.

4.0 Frequency of Meetings

Meetings shall be held as required but at least three times per year.

5.0 Authority

The committee is authorised to investigate any activity within the Committee's Terms of Reference.

The committee is authorised to obtain legal or other independent professional advice and to secure the attendance of persons with relevant experience and expertise if it considers this necessary.

6.0 Role

The committee will oversee the governance arrangements for DU operating within Abertawe Bro Morgannwg University Health Board and will undertake a strategic role in this task. It will:

- Ensure DU operates within the accountability agreement and governance framework agreed between Abertawe Bro Morgannwg University Health Board and the Welsh Government;

- Ensure that DU operates within health board policies and procedures including standing orders, standing financial instructions and financial control procedures;;
- Ensure value for money principles and health board protocols are followed in relation to DU expenditure and procurement processes on behalf of the health board;
- Ensure DU operates in compliance with applicable welsh risk management standards;
- Receive the annual operational and financial plans for DU and consider the implications of any risks;
- Receive any risk management plans for DU;
- Advise the health board on the implications of any expansion, contraction or change in scope of DU's activities.
- Ensure that the health board and DU operate within the set framework agreed between the two organisations.

7.0 Access to Information

The committee has full access to information contained within its terms of reference. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the committee.

8.0 Function

The functions of the committee shall be:

- Responsible for ensuring value for money principles and health board protocols are followed by the DU;
- To receive the DU's work programme;
- To ensure the work programme is in line with actual and anticipated funding available;
- To receive any risk management plans associated with delivering the work programme;
- To approve and monitor performance for all service level agreements between the health board and DU;
- It will be the responsibility of the committee to agree any amendments, additions or deletions to the accountability agreement with the Welsh Government;
- To receive financial management reports from the Director of the DU;
- To ensure that the financial arrangements including accounting arrangements do not effect the reported position of the health board within its annual accounts and report;
- To receive audit recommendations as appropriate for DU and ensure achievement of agreed action plans. For the purpose of clarity, the Audit Committee will be the primary committee receiving all audit reports.
- Where health board procedures conflict with DU and its operational requirements, the committee will advise the Audit Committee on variations as appropriate.
- Responsibility for ensuring compliance with all health policies and procedures remains with the Abertawe Bro Morgannwg University Health Board.

9.0 Reporting Procedures

- The secretary of the Committee shall be appointed by the Director of Corporate Governance.
- The Committee shall report to the Audit Committee.
- The minutes of meetings of the committee shall be submitted to the Audit Committee.

10.0 Review

These terms of reference shall be reviewed at least annually.

Date of last review: November 2017

Appendix 4

Emergency Medical Retrieval Transfer Service (EMRTS) Governance Sub-Committee Terms of Reference

1. Constitution

The Emergency Medical Retrieval Transfer Service (EMRTS) Governance Committee shall be a sub-committee of the Abertawe Bro Morgannwg University Health Board (ABMU)

2. Membership

Membership of the Emergency Medical Retrieval Transfer Service Governance Committee is as follows:

Abertawe Bro Morgannwg University Health Board

Two non-officer members

Director of Finance (or representative)

Medical Director (or representative)

~~Representative from the department of human resources~~ Director of Human Resources (or representative)

Emergency Medical Retrieval Transfer Service

EMRTS National Director (or representative)

EMRTS Service Manager

Chief Ambulance Service Commissioner

3. Quorum

A quorum shall be three members, including at least one non-officer member, which can be the chair of the committee, and either the national director for EMRTS or representative.

4. Frequency of Meetings

Meetings shall be held as required but at least three times per year.

5. Authority

The committee is authorised to investigate any activity within the terms of reference.

The committee is authorised to obtain legal or other independent professional advice and to secure the attendance of persons with relevant experience and expertise if it considers this necessary.

6. Access to Information

The committee has full access to information contained within its terms of reference. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the committee.

7. Function

The functions of the committee shall be:

- Responsible for ensuring value for money principles and health board protocols are followed by the EMRTS;
- To receive the annual operational and financial plan for EMRTS;
- To ensure operational and financial plans are likely to be in line with actual and anticipated funding available, approved by commissioners;
- To receive any risk management plans associated with delivering the annual operational and financial plans;
- To approve and monitor performance for all service level agreements between the health board and EMRTS;
- It will be the responsibility of the committee to agree any amendments, additions or deletions to the ‘accountability agreements’ with Emergency Ambulance Services Committee (EASC) and any other relevant bodies;
- To receive financial management reports from the Director of Finance;
- To ensure the financial arrangements including accounting arrangements do not affect the reported position of the health board within its annual accounts and report;
- To receive audit recommendations as appropriate for EMRTS and ensure achievement of agreed action plans. For the purpose of clarity, the Audit Committee will be the primary committee receiving all audit reports.
- Where health board procedures conflict with EMRTS and its operational requirements, the committee will advise the Audit Committee on variations as appropriate.
- Responsibility for ensuring compliance with all health policies and procedures remains with Abertawe Bro Morgannwg University Health Board;
- To be notified of the clinical governance arrangements and monitoring arrangements;
- To routinely receive a briefing from the Medical Director as to the appropriateness of the policies, procedures and operating practice in the context of ensuring satisfactory clinical governance arrangements.

8. Reporting Procedures

- The secretary of the committee shall be appointed by the Director of Corporate Governance.
- The committee shall report to the Audit Committee.
- The minutes of meetings shall be submitted to the Audit Committee.

9. Review

These terms of reference shall be reviewed at least annually.

Date of last review: November 2017