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Bwrdd Iechyd Prifysgol
Abertawe Bro Morgannwg
University Health Board



Meeting Date	31 July 2018		Agenda Item	6d
Report Title	Hosted Agencies Governance Sub-Committee Minutes			
Report Author	Liz Stauber, Committee Services Manager			
Report Sponsor	Pam Wenger, Director of Corporate Governance			
Presented by	Pam Wenger, Director of Corporate Governance			
Freedom of Information	Open			
Purpose of the Report	The purpose of the report is to set out the recent minutes for the Delivery Unit and Emergency Medical Retrieval and Transfer Service (EMRTS) governance sub-committees.			
Key Issues	There are no significant issues to bring to the committee's attention.			
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance	Approval
	✓			
Recommendations	Members are asked to : <ul style="list-style-type: none"> • Note the report and the appended minutes. 			

MINUTES OF THE HOSTED AGENCIES GOVERNANCE SUB-COMMITTEE

1. INTRODUCTION

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

2. 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. GOVERNANCE AND RISK ISSUES

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 – 12th February 2018) and **appendix two** (EMRTS – 14th February 2018).

4. FINANCIAL IMPLICATIONS

There are no financial implications for the committee to consider.

5. RECOMMENDATION

Members are asked to:

- **Note** the report and the appended minutes.

Governance and Assurance					
Link to corporate objectives (please ✓)	Promoting and enabling healthier communities	Delivering excellent patient outcomes, experience and access	Demonstrating value and sustainability	Securing a fully engaged skilled workforce	Embedding effective governance and partnerships
					✓
Quality, Safety and Patient Experience					
Ensuring the sub-committees carry out their business appropriately and aligned with standing orders is a key factor in the quality, safety and experience of patients receiving care.					
Financial Implications					
No financial implications for the committee to be aware of.					
Legal Implications (including equality and diversity assessment)					
It is essential that the sub-committees comply with its standing orders, for which its responsibilities are outlined in their terms of reference.					
Staffing Implications					
No staffing implications for the committee to be aware of.					
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)					
No implications for the committee to be aware of.					
Report History	The hosted agencies governance sub-committee minutes are received by the committee following each meeting for information.				
Appendices	Appendix one – minutes of the meeting of the Delivery Unit Governance Sub-Committee on 12 th February 2018. Appendix two - minutes of the meeting of the EMRTS Governance Sub-Committee on 14 th February 2018.				

ABMU HEALTH BOARD
UNCONFIRMED
MINUTES OF THE DELIVERY UNIT GOVERNANCE SUB-COMMITTEE
HELD ON 12TH FEBRUARY 2018 AT 11AM
IN THE COMMITTEE ROOM, HEALTH BOARD HQ, BAGLAN

Present

Tom Crick, Independent Member ABMU Health Board (in the chair)
Maggie Berry, Independent Member, ABMU Health Board (in the chair)
Philip Barry, Assistant Director – Scheduled Care, Delivery Unit
Sam Lewis, Assistant Director of Finance, ABMU Health Board
Julian Quirk, Head of Workforce (localities and systems) ABMU Health Board

In Attendance

Pam Wenger, Director of Corporate Governance
Liz Stauber, Committee Services Manager, ABMU Health Board

Actions**01/18 Welcome and Apologies**

Tom Crick welcomed everyone to the meeting and introduced himself as the new chair of the committee.

Apologies for absence were received from Kate Lorenti, Acting Director of Human Resources, ABMU Health Board; Lynne Hamilton, Director of Finance, ABMU Health Board; Jacqui Collins, Assistant Director – Unscheduled Care, Delivery Unit and Chantal Patel, Independent Member, ABMU Health Board.

02/18 Minutes of the Previous Meeting

The minutes of the meeting held on 13th November 2017 were **received** and **confirmed** as a true and accurate record.

03/18 Matters Arising**(i) Terms of Reference**

Pam Wenger stated that the committee's terms of reference had been approved by the Audit Committee however she was currently undertaking a review of the governance structure therefore the arrangements for the hosted agencies sub-committees may change.

04/18 Action Log

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

(i) Action Point Two – Action Log

Philip Barry advised that a 'value for money' review of the uplift to the service level agreement had been undertaken and the Delivery Unit was satisfied that it was reflective of the services and support provided by the health board. Pam Wenger queried whether the service level agreement was annually reviewed and if she would be able to see a copy. Philip Barry confirmed it was reviewed each year and undertook to send Pam Wenger the latest version.

PB

05/18 Committee's Work Programme

The committee's work programme was **received** and **noted** subject to a 2018/19 plan being received at the next meeting.

06/18 Director's Report

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

In introducing the report, Philip Barry highlighted the following points:

- An interim Director of the Delivery Unit had been appointed in response to the current postholder's secondment to Welsh Government and would take up post in February 2018;
- Recruitment was in progress for two performance improvement managers which would increase the capacity to meet the work plan and spend time 'on the ground' supporting health boards;
- Work was taking place with Welsh Government to recruit into the information function to provide analytical skills and support to both organisations via a two-year secondment;
- The current financial position stood at an underspend of £113k which was due to vacancies within senior positions but this was expected to reduce to as a result of various expenditure including IT equipment and a conference;
- £70k expenditure was expected to be incurred as the Delivery Unit covered the costs for national planned care leads but was yet to receive invoices from health boards;
- The programme management intensive support pilot had finished and the evaluation had identified that it had delivered its key outcome to develop the capacity and capability of an individual staff member;
- The evaluation of the risk-based escalation and patient safety huddles had shown early signs of success for staff and individual patients but more engagement work

was required with senior managers;

- The service level agreement for 2018-19 had now been signed and the intention for 2019-20 was to have it agreed earlier in the year;
- One single tender action had been approved since the last meeting for a bespoke analysis of planned care and outpatients national benchmarking projects.

In discussing the report, the following points were raised:

Maggie Berry queried whether the two performance improvement manager posts were new and/or permanent. Phil Barry responded that both were permanent and while one was a new post, the other was a result of a restructure following the retirement of an assistant director. He added that there were nine candidates shortlisted which were a mixture of internal and external to NHS Wales.

Tom Crick noted that health boards were yet to invoice for the national planned care costs despite the financial position of some. Sam Lewis advised that inter-organisational transactions often took place at year-end.

Tom Crick queried as to why the service level agreement had not been signed-off until January 2018. Sam Lewis advised that the content tended to be standard but a better process was required to gain agreement earlier within the financial year. Pam Wenger asked if there was an overarching hosting agreement between ABMU, Welsh Government and other health boards to provide a schedule of services. Sam Lewis advised that there was not and the service level agreement did not cover the services provided to health boards by the Delivery Unit, rather the services and support provided to it by ABMU Health Board. Pam Wenger suggested that she review the service level agreement to determine if there was a 'smarter' way of working. This was agreed.

PW

Pam Wenger noted the appended risk register and queried the calculations used to determine the scores as the ratings and colours appeared to differ from that of health boards. Phil Barry advised that as far as he was aware, the Delivery Unit used the same method but undertook to clarify.

PB

Maggie Berry sought an update in relation to the building dilapidations for the previous accommodation. Phil Barry stated that the original cost was £19k and a firm of surveyors had been engaged to challenge a number of additional costs raised post-vacation of the building. Maggie Berry queried the previous landlord. Phil Barry confirmed it had been a private arrangement.

Tom Crick queried whether if the underspend in relation to pay continued, this affect financial allocations going forward.

Phil Barry responded that the Delivery Unit had proposals in place to develop a new structure and the recruitment of the two performance improvement managers would have a significant impact on the underspend.

- Resolved:**
- The report be **noted**.
 - Pam Wenger to review the service level agreement.
 - Clarity be sought as to the method used to calculate scores within the risk register.

PW
PB

07/18 Service Level Agreement

The service level agreement was discussed as part of the director's report.

08/18 SEL Expenses

An oral report regarding SEL expenses was **received**.

In introducing the report, Philip Barry advised that part of the Delivery Unit's work entailed staff staying overnight but as the expenses system only allowed travel from home/base and a return on the same day, there was not a facility to document travel home a different day.

In discussing the report, Julian Quirk advised that he had discussed the issue with NHS Wales Shared Services Partnership (NWSSP) – payroll services and a 'workaround' had been established for the Delivery Unit to claim the expenses by entering the return journey date the same as the outgoing. He added that this was an issue which would affect others within NHS Wales and he undertook to seek a full report from NWSSP as to whether organisations had similar issues, as well as confirmation that the workaround was acceptable. Phil Barry commented that staff felt it was a disingenuous way in which to make claims and ensured the details were included within the 'notes' section for managers to verify.

JQ

- Resolved:**
- The report be **noted**.
 - Clarity be sought from NWSSP as to whether other NHS Wales organisations had experienced similar issues with the expenses system and confirmation that the workaround was acceptable.

JQ

09/18 Recruitment

Recruitment was discussed as part of the Director's Report.

10/18 Any Other Business

There was no other business and the meeting was closed.

11/18

Date of Next Meeting

The next meeting would be held on 12th June 2018 at 12pm in the Board Room, ABMU Headquarters

UNCONFIRMED

**MINUTES OF THE EMERGENCY MEDICAL RETRIEVAL AND TRANSFER SERVICE
(EMRTS) GOVERNANCE SUB-COMMITTEE
HELD ON 14TH FEBRUARY AT 1.30PM
IN THE BOARD ROOM, HEALTH BOARD HQ, BAGLAN**

Present

Tom Crick, Independent Member, ABMU Health Board (in the chair)
Jackie Davies, Independent Member, ABMU Health Board
Hamish Laing, Medical Director, ABMU Health Board
Stephen Harrhy, Chief Ambulance Service Commissioner
Ami Jones, Interim National Director, EMRTS
Pete Hopgood, Unit Finance and Business Partner (from minute 06/18)
Mark Winter, Service Manager, EMRTS
Guy Holt, Associate Head of Human Resources (HR)
David Lockey, National Director Designate, EMRTS

In Attendance

Pam Wenger, Director of Corporate Governance, ABMU Health Board
Liz Stauber, Committee Services Manager, ABMU Health Board

		<u>Actions</u>
01/18	<p>Apologies</p> <p>Tom Crick welcomed everyone to the meeting and introduced himself as the new chair of the committee.</p> <p>Apologies were received from Chantal Patel, Independent Member, ABMU Health Board; Kate Lorenti, Acting Director of Human Resources (HR), ABMU Health Board and Lynne Hamilton, Director of Finance, ABMU Health Board.</p>	
02/18	<p>Minutes of the Previous Meeting</p> <p>The minutes of the meeting held on 27th November 2017 were received and confirmed as a true and accurate record.</p>	
03/18	<p>Matters Arising</p> <p>There were no matters arising.</p>	
04/18	<p>Action Log</p> <p>The action log was received and noted.</p>	
05/18	<p>Work Plan</p>	

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

In discussing the work plan, the following points were made:

Tom Crick stated that a work plan for 2018/19 needed to be developed for the next meeting.

Stephen Harrhy advised that the recent gateway review of the service had recommended that a strategic statement for commissioning and delivering the service be developed and it would be useful for the committee to see this. He suggested that this be added to the work plan for August 2018. This was agreed.

LS

- Resolved:**
- The work plan be **noted**.
 - The 2018/19 work plan to incorporate the strategic statement for commissioning and delivering the service.

LS

06/18 Director's Report

The director's report for quarter three which covered October to December 2017 was **received**.

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

- The fourth aircraft, designated for transfer, was now fully operational;
- A number of training events had taken place during the period and delegates included Welsh Ambulance Service NHS Trust (WAST) staff as well as representatives from various health boards;
- Clinical fellow programmes had been advertised within ABMU and Cwm Taf University health boards in addition to the three successful programmes in Betsi Cadwaladr University Health Board. Three more health boards were due to advertise in the next six months;
- 57 cases were formally reviewed during the quarter via methods such as audit and clinical governance days;
- A clinical attendant programme was now in place which superseded the original EMRTS observer policy. This programme worked within the helicopter operator and Civil Aviation Authority guidelines as well as ensuring that participants had either a contract or an honorary contract with ABMU. The recruitment campaign had led to 23 shortlisted candidates and the successful individuals were to complete a short induction prior to undertaking shifts across three bases. Those unsuccessful were invited to a careers open day to learn how to improve their chances of success for the

future;

- The new helicopter transfer practitioners (HTPs) for the Children's Wales Air Ambulance (CWAA) went 'live' in September 2017 and facilitated 40 inter-hospital transfers during the quarter via the seven-day service;
- This aircraft was being used more frequently by the paediatric and neonatal transfer teams and also supported adult transfer;
- The HTPs on the CWAA worked under the governance of the transfer and retrieval group but any cases undertaken with CHANTS (Cymru inter-Hospital Acute Neonatal Transport Service) or WATCH (Wales and West Acute Transport for Children Service) would be managed by that service's governance process;
- EMRTS staff attended all the major trauma public consultation meetings to support health boards and answer any questions;
- A presentation had been given to the Delivery Assurance Group relating to the expansion of the service to a 24-hour model. Following discussions, it was agreed that EMRTS would explore further the strategic vision and direction of the service.

In discussing the report, the following points were raised:

Hamish Laing commented that it was hoped that the clinical fellow programme would enhance recruitment for health boards and WAST.

Tom Crick queried the rationale behind change in the Civil Aviation Authority guidelines. Mark Winter advised that the regulations had changed so that anyone on a helicopter flight must now contribute to clinical care. He added this was to ensure the safety of the aircraft, crew, patients and local community during an incident as all those present needed to remain calm and committed.

Hamish Laing asked whether an evaluation process for the clinical attendants programme had been developed. Ami Jones responded that while there was a process to collate significant data, the evaluation would be tailored to the individual as their feedback and experience would depend on their background and job role.

Resolved: The report be **noted**.

07/18 Clinical Governance Report

The quarter three clinical governance report, which included the quarterly pre-hospital anaesthesia and blood product

updates, was **received**.

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

- No concerns had been escalated to the external clinical advisory group (ECAG) for review and no clinical concerns had been raised with EMRTS for actions required;
- Regular clinical governance days had taken place with topics including morbidity and mortality, information governance and cardiac arrest;
- A lessons learned bulletin was currently being finalised prior to distribution to staff;
- Consideration needed to be given as to how to share learning from issues and incidents nationally as other organisations may benefit;
- The service had a customised DATIX form for ease of reporting by staff and incidents logged ranged in severity. Should incidents be relevant to a particular health board, the details were shared for it to review. A mobile phone application was also now available for DATIX;
- The DATIX entries for the quarter comprised:
 - 14 internally reported incidents;
 - One externally reported incident/concern;
 - 12 equipment defect reports;
 - One formal complaint;
 - 13 written compliments.

In discussing the report, the following points were raised:

Mark Winter advised that a clinical team leader was to spend time with Midlands Air Ambulance to share learning/experience when they take ownership of their new H145 helicopter.

Hamish Laing queried whether the issue relating to blood samples taken prior to hospital arrival from as yet unidentified patients had been resolved. Ami Jones responded that they had yet to be addressed but it was only one particular hospital within England to which it related. David Lockey commented that it was important that pre-transfusion samples were accepted as these would be the last 'original' samples of the patient's own blood for a period of time. Hamish Laing asked that Ami Jones provide him with the details and undertook to write to the hospital's Medical Director to determine what action needed to be taken to resolve the issue.

AJ/HL

- Resolved:**
- The report be **noted**.
 - Ami Jones to provide Hamish Laing with details of the issues relating to blood samples taken prior to hospital arrival from unidentified patients for a letter to be written the hospital's Medical Director.

AJ/HL

08/18 Presentation received by Delivery Assurance Group

A presentation which had outlined the future vision for the service to the Delivery Assurance Group was **received**.

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

- The presentation had outlined a number of options as to how the service planned to progress;
- It needed to include Wales Air Ambulance charity in future plans given its significant input to the service;
- Reflection was required as to the impact of potential changes to the major trauma service;
- Some services were more dependent on EMRTS than others so this needed to be taken into consideration during decision making as well as for funding, and some areas may need enhanced services;
- With regard to the hosting arrangements, it was important that ABMU did not bear additional risk as this needed to remain with the Emergency Ambulance Service Committee (EASC) as the commissioning organisation.

In discussing the report, Tom Crick queried as to whether some of these details would be included in the strategic vision due to be received by the committee in August 2018. Stephen Harrhy confirmed that they would, unless the pace of the decisions required dictated otherwise.

Resolved: The report be **noted**.

09/18 Financial Position

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

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

- Month 10 had a financial position of a £39k underspend;
- The end-of-year forecast was for the service to remain in-budget;
- The 2018-19 budget needed to consider the recurring

	costs for the north Wales base;	
	<ul style="list-style-type: none"> - Hosting costs had been agreed as £139k for 2018-19; <p>In discussing the report, the following points were raised:</p> <p>Tom Crick queried as to whether a £40k underspend would be the year-end position. Pete Hopgood advised that this was the current trajectory but a meeting was scheduled for later that week to review.</p> <p>Jackie Davies noted that Wales Air Ambulance charity paid the salaries of three members of staff and queried if they were employed by EMRTS. Mark Winter advised that they were three call handlers employed by WAST.</p> <p>Hamish Laing queried as to whether EMRTS had been included within the health board's integrated medium term plan (IMTP). Pete Hopgood advised that it had not. Stephen HARRY undertook to share the chapter included within the EASC IMTP which could be adapted.</p>	SH
Resolved:	<ul style="list-style-type: none"> - The report be noted. - EASC IMTP chapter regarding EMRTS be shared for adaption by ABMU Health Board. 	SH
10/18	<p>Risk Register</p> <p>The risk register was received.</p> <p>In introducing the report, Mark Winter highlighted the following points:</p> <ul style="list-style-type: none"> - Three low risks had been added to the register; blood product availability, HTP lone working and control systems risk of missing calls following an upgrade; - Two risks had been closed since the last update; staffing of the fourth aircraft and estates work at the Welshpool base. <p>In discussing the report, the following points were raised:</p> <p>Pam Wenger noted that there was a significant number of high risks included within the register without actions identified to reach the target. Mark Winter responded that the register was a précis of risks presented to the EMRTS clinical operational board, for which the submission was more comprehensive. He undertook to provide this for the next meeting.</p> <p>Hamish Laing sought clarity as to the risk relating to a lack of a night landing site within Aneurin Bevan University Health Board sites. Ami Jones advised that that currently the helicopter landed in the field next to the Royal Gwent Hospital which could not facilitate lights. She added that night</p>	MW

landing would not be possible until the completion of the Specialist and Critical Care Centre in Gwent. Mark Winter commented that arrangements for night landing at sites which were used regularly needed to be reviewed in order to use the night vision technology to the maximum.

- Resolved:**
- The report be **noted**.
 - The risk register submitted to the clinical operational group be received by the committee at its next meeting.

MW

11/18 Single Tender and Quotation Actions

A report detailing an approved single quotation action to purchase an upgrade of the patient monitoring system was **received**.

In discussing the report, the following points were raised.

Mark Winter advised that the product had not been available from any other supplier.

Hamish Laing informed the committee that he had signed another request that morning in relation to blood boxes which would be received by the committee at its next meeting.

Pam Wenger stated that all single tender and quotation actions would be reviewed by the Audit Committee.

- Resolved:** The report be **noted**.

12/18 Any Other Business

(i) Swansea Evaluation Report

Hamish Laing queried whether the report by Swansea University following its evaluation of the EMRTS should be received by the committee. Stephen Harrhy advised that it should and suggested it be added to the work plan for later in the year. This was agreed.

LS

(ii) General Data Protection Regulations

Hamish Laing advised that the new general data protection regulations would come into being in May 2018, adding that the health board would need sight on the EMRTS compliance. Mark Winter advised that there was now an EMRTS representative on the Information Governance Board and the service would be compliant by May 2018.

(iii) National Director for EMRTS

Hamish Laing noted that it was Ami Jones's last meeting as the interim National Director for EMRTS as David Lockety was to take up the substantive post in April 2018. He thanked Ami Jones on behalf of the committee and the health board for all

that she had done.

13/18

Date of Next Meeting

The date of the next meeting was scheduled for 14th May 2018 at 9am.