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Bwrdd Iechyd Prifysgol
Abertawe Bro Morgannwg
University Health Board



Meeting Date	15 November 2018	Agenda Item	7a
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
	✓		
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 May 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 May 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 MAY AT 9AM
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
Hamish Laing, Medical Director, ABMU Health Board
Pete Hopgood, Unit Finance and Business Partner
Mark Winter, Service Manager, EMRTS
David Lockey, National Director, EMRTS
Stephen HARRY, Chief Ambulance Service Commissioner
Hazel Robinson, Director of Workforce and Organisational Development (OD) ABMU Health Board

In Attendance

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

Actions

14/18 Apologies

Tom Crick welcomed everyone, in particular Hazel Robinson, who was attending her first meeting.

Apologies were received from Lynne Hamilton, Director of Finance, ABMU Health Board, Jackie Davies, Independent Board Member.

15/18 Minutes of the Previous Meeting

The minutes of the meeting held on 14th February 2018 were **received** and **confirmed** as a true and accurate record.

16/18 Matters Arising

There were no matters arising.

17/18 Action Log

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

(i) Action Point One

David Lockey undertook to raise the issue of acceptance of blood samples taken prior to arrival with the relevant hospital's clinical director for trauma services to determine

DL

what action needed to be taken to resolve it. An update would be provided at the next meeting.

(ii) Action Point Two

Stephen Harrhy advised that the Emergency Ambulance Services Committee (EASC) had submitted its integrated medium term plan (IMTP) to Welsh Government and feedback was awaited. He undertook to share the chapter relating to EMRTS. Pete Hopgood added that during the drafting stage, the chapter had been shared with colleagues within the health board to be taken into consideration for ABMU's IMTP.

SH

18/18

Work Plan

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

In discussing the work plan, Hamish Laing suggested that the draft EASC IMTP chapter for EMRTS for 2019-20 be included on the work plan for February 2019 for the committee to consider prior to submission. This was agreed. Stephen Harrhy added that the EASC commissioning intentions could also be shared with the committee as and when they became available to provide clarity as to future plans.

LS

- The work plan be **noted**.
- The EMRTS chapter for the EASC IMTP be included on the work plan.

LS

19/18

Director's Report

The director's report for quarter four which covered January to March 2018 was **received**.

In introducing the report, David Lockey highlighted the following points:

- The establishment of a major trauma network would require consideration of a 24-hour provision of EMRTS;
- The clinical observer programme was progressing well but was to be reviewed to ensure it was providing equal opportunities for all health boards;
- A significant amount of professional development events had been undertaken within the quarter, which was important in order to embed the service within other organisations;
- Governance for paediatric or neonatal transfer was overseen by the relevant charities however EMRTS did have an input and a recent course aimed to familiarise non-EMRTS doctors with EMRTS transport, equipment and staff for patient transfers;

In discussing the report, the following points were raised:

David Lockey advised that the governance arrangements for EMRTS were among the best he had seen.

Stephen Harrhy advised that a 24-hour provision of EMRTS would require a commissioning decision, but it would not necessarily be a 'one-size fits all' service, as some areas may require greater provision than others. He added that until the major trauma network process had concluded, a decision could not be made as to whether to extend the operating hours for EMRTS.

Maggie Berry commented that providing a 24-hour service would require significant resources and queried as to whether extended hours had been included within the original business plan. Mark Winter advised that they had been. David Lockey added that should the service hours be extended, the timeline to implement would be considered carefully to take into account a number of challenges, including funding and workforce. Hamish Laing stated that while extending the service may present some challenges, it could also provide opportunities, as it would attract doctors to work in Wales as part of joint contracts between a health board and EMRTS.

Tom Crick queried the timelines for the establishment of the major trauma network and any subsequent extension of the EMRTS operating hours. Stephen Harrhy advised the EASC IMTP had included scoping to extend operating hours but not the implementation, and it was unlikely this would occur within 2018.

Maggie Berry queried the relationship between EMRTS and the Welsh Ambulance Service NHS Trust (WAST). Mark Winter advised that it was a positive one and that the majority of the critical care practitioners came from that organisation. He added that a WAST representative was also part of the delivery assurance group for EMRTS and meetings had taken place between David Lockey and the medical director for WAST.

Maggie Berry sought clarity as to who employed EMRTS staff. Hamish Laing advised that the core staff, paramedics and critical care practitioners were employed by EMRTS (and as such, ABMU) but the doctors were employed by a health board substantially and EMRTS as and when they undertook sessions.

Maggie Berry sought an explanation as to the 'PHEM' car. David Lockey advised that this was the pre-hospital emergency medicine car which was managed by doctors during the second stage of a specialist qualification, prior to reaching consultant level, and responded to some of the calls received by EMRTS. Hamish Laing commented it was

important to note that the service had a number of road and air vehicles at its disposal.

Tom Crick noted the need to develop a be-spoke university course. Mark Winter advised that two members of the team were about to complete a course at Cardiff University while a number of others were undertaking an enhanced qualification at Swansea University. He added that discussions had now commenced with Bangor University as to a course for those based in north Wales but the ideal scenario would be to develop a Masters degree programme tailored to the service.

Hamish Laing advised that concern had been raised by the committee's previous membership in relation to alternative pre-hospital emergency medicine services. He queried the status of a review commissioned by Welsh Government. Stephen Harrhy responded that a review of the governance arrangements had been completed and had highlighted areas requiring action, which would result in the way in which some of the services were provided changing.

Maggie Berry sought clarity as to the governance concerns raised in relation to the other pre-hospital emergency medicine services. Hamish Laing advised that they related to one service in particular as EMRTS had received several complaints relating to patient care meant for the other service due to the fact that the uniform and cars were similar. He added that as a result, there were reputational risks to EMRTS.

Hazel Robinson queried as to how other pre-hospital emergency medicine services worked. Stephen Harrhy advised that there were four such services in Wales and used a car to respond to some of the emergency calls received by EMRTS. He added that previously the services were able to see the calls being received and make a decision to attend however this had now changed and instead, calls were allocated by EMRTS. David Lockey advised that the need for such services may need to be reconsidered should the operating hours of EMRTS be extended.

Resolved: The report be **noted**.

20/18 Clinical Governance Report

The quarter four clinical governance report, which included the pre-hospital anaesthesia, blood product and mortality and morbidity updates, was **received**.

In discussing the report, the following points were raised:

Mark Winter advised that since the establishment of the service in 2016, few complaints had been received, and of those that had been submitted, the majority related to a

misunderstanding of a clinical decision by a patient or relative, such as the choice of hospital to which to transfer a patient. He added that all of the decisions made by EMRTS staff had justifiable reasons and once these were explained to patients and/or families, the complaints were resolved.

Hamish Laing stated that the clinical governance report was also received by the EMRTS delivery assurance group as well as the health board's Quality and Safety Committee, which was a request of Welsh Government as the health board oversaw clinical governance on behalf of all health boards.

Hamish Laing referenced the rapid sequence intubation (RSI) audit figures in relation to the time taken to leave the scene and queried as to whether the committee should be concerned that only 15% of cases left within 30 minutes. He asked whether there was a standard to which to work. David Lockey responded that the scene times were long and consideration needed to be given as to measuring performance in-line with what the crew had control over. For example, the evacuation time was classed as when the aircraft or vehicle left the scene but in some cases it may be more appropriate to mark it from when the crew started the patient's conveyance to the vehicle or aircraft as this could take some time depending on where had been safest to land or stop. Hamish Laing suggested that more detail be included in future iterations as to RSI performance. This was agreed.

DL

Hamish Laing noted the potential use of 'body cams' for staff, stating that consideration needed to be given to patients without the capacity to consent. Mark Winter advised that the service was not yet using the equipment but was discussing the possibility with the health board's information governance team. In addition, doctors were seeking assurance from the General Medical Council. He added that patients were at the heart of everything that EMRTS did and it was yet to receive a complaint that information had been used in the wrong way. Hamish Laing commented that it would be important for the health board's information governance board to receive a report before a decision was made to implement 'body cams'.

Maggie Berry raised concerns as to the level of detail included within the report, adding that it could be possible to identify the patients within the examples and case studies. She added that specific details such as age or location should not be included unless relevant. Hamish Laing concurred, adding that Welsh Government had encouraged the full clinical governance report to be shared with the Quality and Safety Committee which put its papers in the public domain. He added that this level of detail made the report unsuitable for publishing and as such, a summary report was provided to the Quality and Safety Committee. David Lockey stated that the

report content would be reviewed going forward to include themes, actions and learning rather than specifics.

Maggie Berry queried as to whether the infection rates and immunological effects referenced in the blood report were included within the service's risk register. Mark Winter stated that a blood meeting took place on a monthly basis and the group should have included it on its register but if this was not the case, it would be added to the EMRTS register.

- Resolved:**
- The report be **noted**.
 - More detail be included in future iterations as to RSI performance.

DL

21/18 Financial Position

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

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

- EMRTS declared an end-of-year position of an underspend of £59k, which the health board would make available to the service to reinvest;
- The budget plan for 2018-19 had been discussed and agreed by the EMRTS operational board;
- Discussions were ongoing with EASC as to the resource plan for WAST provisions.

In discussing the report, the following points were raised:

Maggie Berry queried the end-of-year financial position for the previous year. Pete Hopgood advised that this had been an underspend of £140k which had been used to establish the north Wales base.

Tom Crick queried as to when the service may 'catch-up' to its underspend. Pete Hopgood advised that there had been a number of reasons as to why the full budget had not been spent in previous years but he expected the service to reach balance the following year. Hamish Laing added that the service's patients were so varied it was difficult to determine what consumables would be required as each case would differ. As such, it was beneficial to have some monies in the pot in case of particularly complex situations.

Maggie Berry commented that usually an underspend was returned to the allocating body or the service given a limited time in which to spend it. Pete Hopgood advised that normal practice would have been for the health board to give the monies to EASC to split between the seven health boards but given it was such a small amount, the decision was made to reinvest it. Mark Winter added that as the service was new, it

was continually adding new aspects and its full affect was yet to be realised.

Stephen Harrhy advised that the budget was not reflective of the total costs to run the EMRTS service as the Wales Air Ambulance charity contributed significantly. Therefore assurance could be taken that NHS Wales was receiving value for its money. He added that as the commissioner for EMRTS, he was grateful for the hosting support provided by ABMU.

Resolved: The report be **noted**.

22/18 Risk Register

The risk register was **received**.

In introducing the report, Mark Winter highlighted the following points:

- There were 45 accepted risks on the risk register;
- Discussions had been undertaken with Pam Wenger as to how to develop the register further;
- Two new risks had been added; one was an amalgamation of the risks relating to the alternative pre-hospital emergency medicine services pending the outcome of the governance review and the other recognised the introduction of the new general data protection regulations (GDPR);
- 12 risks had been discussed with the EMRTS operational board and closed;
- A full review of the register was to be undertaken at the next EMRTS operational board.

In discussing the report, the following points were raised:

Tom Crick stated that it was pleasing to see the service's approach to GDPR as it was everyone's responsibility to comply with the regulations.

Maggie Berry sought confirmation that the risk associated with honorary contracts had been addressed. Mark Winter advised that this was in a much better position now as it not only related to contracts but also occupational health requirements.

Maggie Berry queried as to whether some risks should be 'closed' as they may need to be reconsidered in the near future should the issue arise again. David Lockey advised that in that case, they would be logged as a new risk. Mark Winter advised that some moderate risks were left on the register if there was a potential for them to recur but those which were

removed were archived for future reference.

Hazel Robinson commented that there were several workforce related risks and queried if these were managed corporately by the health board or by the service itself. Mark Winter advised that the service had strong links with workforce staff within the health board to address issues. Hamish Laing added that as part of the hosting costs, the health board provided human resources support to the service, however on a national level, the responsibility sat with the Director of Workforce and OD.

Pam Wenger stated that the risk register had improved significantly compared with the iteration received at the previous meeting but could be developed further and she would be happy to work with EMRTS to support this. Maggie Berry concurred, adding that she needed more detail and assurance on a number of the risks, stating that she would share these with Pam Wenger.

PW

- Resolved:**
- The report be **noted**.
 - Pam Wenger to meet with EMRTS colleagues to discuss further developing the risk register.

PW

23/18 Single Tender and Quotation Actions

A report detailing an approved single quotation action to purchase blood boxes **received**.

In introducing the report, Mark Winter advised that the single quotation action had been for boxes to store blood at the right temperature within the vehicles and it had since become apparent that there was a potential UK supplier who could provide the products. As such, discussions were to be undertaken to determine suitability.

In discussing the report, Pam Wenger noted that Velindre NHS Trust was referenced within the documentation. Mark Winter advised that this had been in error and would be corrected for further requests.

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

24/18 Any Other Business

(i) Research

Hamish Laing advised that there were a number of research opportunities open to EMRTS, adding that it would be useful to include this as a section within the director's report going forward. Tom Crick concurred, stating that it would be beneficial for the committee to have sight of the opportunities as they could have an impact on health and social care.

DL

(ii) Departure of Committee Members

Hamish Laing stated that this was his last meeting prior to taking up his new post with Swansea University. He added that some of his most positive moments as Medical Director had been with EMRTS and he was proud to have been a part of it. David Lockey commented that it was rare for such a service to have a champion in the Medical Director and this was testament to Hamish Laing's commitment and hard work.

Tom Crick noted that it was also Pete Hopgood's last meeting, adding that both he and Hamish Laing had been instrumental in the establishment of EMRTS. He added it was an achievement to be proud of and thanked both, on behalf of the committee and the board, for their contributions.

There was no further business and the meeting was closed.

25/18

Date of Next Meeting

The date of the next meeting was to be confirmed.