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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	15 July 2019		Agenda Item	2e.
Report Title	Hosted Agencies Governance Arrangements			
Report Author	Liz Stauber, Corporate Governance 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 proposed future governance arrangements for the health board's hosted agencies; Emergency Medicine and Retrieval Transfer Service (EMRTS) and NHS Wales Delivery Unit.			
Key Issues	Following a review of the governance structure, consideration has been given as to whether the health board requires specific sub-committees for hosted agencies or if the reports could be incorporated into the core business of other board committees. Following discussions with the chairs of the sub-committee, Director of Corporate Governance, Medical Director and directors of the hosted agencies, it was felt that the governance arrangements for the services could be scrutinised as part of the main board committee structures. Therefore it would be practical to stand-down the hosted agencies governance sub-committees.			
Specific Action Required (please choose one only)	Information	Discussion	Assurance	Approval
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Recommendations	Members are asked to: <ul style="list-style-type: none"> NOTE the report and APPROVE the proposed governance arrangements 			

HOSTED AGENCIES GOVERNANCE ARRANGEMENTS

1. INTRODUCTION

The purpose of the report is to set out the proposed future governance arrangements for the health board's hosted agencies; Emergency Medicine and Retrieval Transfer Service (EMRTS) and NHS Wales Delivery Unit.

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 Swansea Bay University Health Board. There are currently two hosted agency governance sub-committees; NHS Wales Delivery Unit and EMRTS.

3. GOVERNANCE AND RISK ISSUES

Following a review of the governance structure, consideration has been given as to whether the health board requires specific sub-committees for hosted agencies or if the reports could be incorporated into the core business of other board committees. Following discussions with the chairs of the sub-committee, Director of Corporate Governance, Medical Director and directors of the hosted agencies, it was felt that the governance arrangements for the services could be scrutinised as part of the main board committee structures. Therefore it would be practical to stand-down the hosted agencies governance sub-committees.

The EMRTS governance sub-committee has the following as standing agenda items:

- Director's quarterly report;
- Quarterly clinical governance report;
- Financial position;
- Hospitality register;
- Single tender actions/quotations;
- Risk register.

Whereas the NHS Wales Delivery Unit governance sub-committee has:

- Director's quarterly report;
- Financial position;
- Hospitality register;
- Single tender actions/quotations;
- Risk register.

The hospitality register, single tender action/quotations and risk register are already reported to the Audit Committee as part of the health board's regular updates, so there is no requirement for a standalone report from the hosted agencies, as any issues could be raised in the same way as other health board entries.

The hosting agreement with the commissioner (Emergency Ambulance Services Committee [EASC]) requires that matters of clinical governance are considered by the health board's Medical Director on behalf of the Chief Executive and shared with the all-Wales Medical Directors' Group and the delivery assurance group. This is in place.

However, following correspondence with Welsh Government, it was agreed that clinical governance updates would also be provided to the health board's Quality and Safety Committee. This currently discharged by a summary report provided by the corporate governance team outlining the discussions at the sub-committee.

It is proposed that the hospitality register, single tender action/quotations and risk register for both hosted agencies continue to be incorporated into the health board's regular updates to the Audit Committee, with each also providing an annual report. In addition, a quarterly clinical governance report be integrated into the work programme for the Quality and Safety Committee, written and presented by EMRTS.

Both hosted agencies have considered and approved the proposal.

4. FINANCIAL IMPLICATIONS

There are no financial implications for the committee to be aware.

5. RECOMMENDATION

Members are asked to:

- **NOTE** the report and **APPROVE** the proposed governance arrangements

Governance and Assurance		
Link to Enabling Objectives <i>(please choose)</i>	Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities	
	Partnerships for Improving Health and Wellbeing	<input checked="" type="checkbox"/>
	Co-Production and Health Literacy	<input type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input type="checkbox"/>
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	<input checked="" type="checkbox"/>
	Partnerships for Care	<input checked="" type="checkbox"/>
	Excellent Staff	<input type="checkbox"/>
	Digitally Enabled Care	<input type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input checked="" type="checkbox"/>
Health and Care Standards		
<i>(please choose)</i>	Staying Healthy	<input type="checkbox"/>
	Safe Care	<input checked="" type="checkbox"/>
	Effective Care	<input checked="" type="checkbox"/>
	Dignified Care	<input type="checkbox"/>
	Timely Care	<input checked="" type="checkbox"/>
	Individual Care	<input type="checkbox"/>
	Staff and Resources	<input checked="" type="checkbox"/>
Quality, Safety and Patient Experience		
Good governance plays an integral part in ensuring the quality and safety of services along with patient experience.		
Financial Implications		
There are no financial implications for the committee to be aware of.		
Legal Implications (including equality and diversity assessment)		
There are no legal implications for the committee to be aware of.		
Staffing Implications		
There are 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)		
The Well-being of Future Generations Act requires public bodies in Wales 'to think about the long-term impact of their decisions, to work better with people, communities and each other, and to prevent persistent problems such as poverty, health inequalities and climate change'. By having a robust governance structure, the health board can take assurance that it is addressing this requirement.		
Report History	First report to the committee.	
Appendices	Appendix 1 – Minutes of the Delivery Unit Governance Sub Committee , 10 th May 2019 Appendix 2 - Minutes of the EMRTS Governance Sub Committee, 24 th April 2019	

SWANSEA BAY UNIVERSITY HEALTH BOARD
UNCONFIRMED
MINUTES OF THE DELIVERY UNIT GOVERNANCE SUB-COMMITTEE
HELD ON 10TH MAY 2019 AT 11.30-12.30
IN THE MILLENNIUM ROOM, HEALTH BOARD HQ, BAGLAN

Present

Tom Crick, Independent Member, Swansea Bay University Health Board (in the chair)

Jeremy Griffith, Director, Delivery Unit

Philip Barry, Assistant Director, Delivery Unit

Julian Rhys Quirk, Head of Workforce Localities and Systems, Swansea Bay University Health Board

Sam Moss, Finance Business Partner, Swansea Bay University Health Board

Elizabeth Stauber, Corporate Governance Manager, Swansea Bay University Health Board

In Attendance

Claire Mulcahy, Corporate Governance Officer, Swansea Bay University Health Board

		<u>Actions</u>
01/19	WELCOME AND APOLOGIES	
	Tom Crick welcomed everyone to the meeting. Apologies for absence were received from Lynne Hamilton, Director of Finance, Pam Wenger, Director of Corporate Governance, Hazel Robinson, Director of Workforce and OD and Reena Owen, Independent Member, Swansea Bay Health Board.	
02/19	MINUTES OF PREVIOUS MEETING	
	The minutes of the meeting held on 18 th December 2018 were received and confirmed as a true and accurate record.	
03/19	MATTERS ARISING	
	There were none.	
04/19	ACTION LOG	
	The action log was received and noted	
05/19	COMMITTEE'S WORK PROGRAMME	
	The committee's work programme was received and noted .	

06/19	DIRECTOR'S REPORT	
	<p>The director's report was received.</p> <p>In introducing the report, Jeremy Griffith highlighted the following points:</p> <ul style="list-style-type: none"> - The year-end financial position as at 31st March 2019 stood at an underspend of £59k. Of which, the majority was generated by not backfilling maternity leave and a secondment; - Sickness absence rate for the period April 2018 – March 2019 stood at 2.21% and this contained both short and long term sickness; - There were no new entries on the hospitality Register for the period December 2018 to March 2019; - There were three new entries on the Single Tender Actions report for the period October 2018 to March 2019; - The work programme for 2019/2022 was currently in draft and would be signed off at the end of month by Welsh Government; - The design principles within 'A healthier Wales' had been the focus in the content and approach of the work-programme and to ensure the delivery unit was fit for the future; - There was internal and external programme of governance arrangements in place to monitor the progress against the programme. <p>In discussing the report, the following points were raised.</p> <p><u>Financial Position</u></p> <p>With regards to the year-end surplus, Tom Crick queried whether there would be an aim to utilise this sum more strategically. Jeremy Griffith informed that going forward they would be ensuring that resource was allocated throughout the year. For the remaining surplus for 2018/19, there was plan to invest into the national programme and Sam Moss added that this sum would sit on bottom line therefore the delivery unit would be able to draw on it when required.</p> <p><u>Single Tender Action Report</u></p> <p>Concerning the single tender action report, Tom Crick highlighted that renewal of the SIMUL8 annual maintenance. He queried whether the contract could have been part of an all-wales negotiation as several health boards in Wales use the system and this could have offered a better value for</p>	

	<p>money opportunity. Jeremy Griffith undertook to make enquiries with the Wales Modelling Collaborative.</p> <p><u>Work Programme</u></p> <p>Discussion ensued surrounding the work programme for 2019-22. Jeremy Griffith informed that they had moved from an annual programme as it was felt this was quite restrictive. He also added the unit had ensured there was an alignment in terms of work priorities of other organisations such as Wales Audit Office and Health Inspectorate Wales as in order ensure there was not a duplication of work.</p> <p>Reference was made to the work of the Major Conditions team; Jeremy Griffith advised that there would be a focus on the three key national areas: single cancer pathway, stroke and hip fracture performance.</p> <p>Regarding the Mental Health and Learning Disabilities element of the programme, Jeremy Griffith informed that further work was required within older people’s mental health, care and treatment planning and a of child and adolescent mental health services (CAMHS) in primary care.</p> <p>Jeremy Griffith referred to the escalation status of Cwm Taf in relation to Maternity services review. He advised that the delivery unit had been working with the corporate team for the first two quarters of the year - ensuring there was robust arrangements in place for the effective review of serious incidents and to ensure lessons learned were shared across the health boards.</p> <p>Philip Barry made reference to the scheduled care element of the work programme. He advised that they were taking a different approach, they were taking value based healthcare approach where there would be outcome-focussed activity and a key driver for testing value would be the patients perspective on outcomes and this would in turn help with service re-configuration.</p> <p>Tom Crick queried what governance arrangements were in place with regards to the progress of work-programme. Members were informed that there was a monthly review through Business Management Group; key deliverables would be reported through to the Welsh Government Quality and Delivery Board, there were quarterly meetings between Deputy Chief Executive of NHS Wales. In addition, an Annual Report would be published on programme deliverables and forward planning and this would be shared with the health board as the host organisation.</p> <p><u>Risk Register</u></p>	
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	In relation to item 9 and the use of PADR's, Phillip Barry advised that delivery unit currently used a paper-based system and do not record compliance online. Julian Quirk added that NHS Wales would only accept compliance figures from the ESR system, so unless the system is used, the unit would always appear non-compliant. In due course, there would be link between PADR compliance and pay increments and therefore it would be advisable for the unit to use the ESR system to record figures. Jeremy undertook to make enquiries at the next delivery unit's business management group.	
Resolved:	- The report be noted .	
07/19	FUTURE GOVERNANCE ARRANGEMENTS FOR THE DELIVERY UNIT SUB-COMMITTEE	
	<p>A report was received setting out the proposed the future governance arrangement for the NHS Wales Delivery Unit.</p> <p>In introducing the report, Liz Stauber highlighted the following points:</p> <ul style="list-style-type: none"> - Following a review of the governance structure , consideration had been given as to whether the health board required specific sub-committees for hosted agencies or whether report could be incorporated into the core business of other board committees; - It was felt that as the governance arrangements could be scrutinized as part of the main board committee structures and it would be practical to stand down the sub-committee - As the hospitality register, single tender action/quotations and risk register were already reported to audit committee as part of the health board's regular updates, there would be no requirement for a standalone report; - For the director's report, it was proposed that the audit committee receive an annual report; <p>Members concurred that they were happy with the proposed governance arrangements.</p> <p>Tom Crick took the opportunity to thank Delivery Unit colleagues.</p>	
Resolved:	- The report was noted and the proposed governance arrangements were approved for consideration at the Audit Committee in July.	
08/19	Any Other Business	

	There was no other business and the meeting was closed.	
09/19	Date of Next Meeting	
	The next meeting date to be confirmed.	

SWANSEA BAY UNIVERSITY HEALTH BOARD

UNCONFIRMED

**MINUTES OF THE EMERGENCY MEDICAL RETRIEVAL AND TRANSFER SERVICE
(EMRTS) GOVERNANCE SUB-COMMITTEE
HELD ON 24TH APRIL 2019
IN THE COMMITTEE ROOM, SBU HEADQUARTERS**

Present

Tom Crick, Independent Member, SBU Health Board (in the chair)
 Pam Wenger, Director of Corporate Governance
 Richard Evans, Medical Director, SBU Health Board
 Sharon Vickery, Assistant Director of Workforce, SBU Health Board
 Mark Winter, Service Manager, EMRTS
 David Lockey, National Director, EMRTS

In Attendance

Claire Mulcahy, Corporate Governance Officer, SBU Health Board

		<u>Actions</u>
14/19	APOLOGIES	
	Apologies were received from Lynne Hamilton, Director of Finance; Hazel Robinson, Director of Workforce and OD; Stephen Harray, Chief Ambulance Service Commissioner, Sam Moss, Finance Business Partner and Reena Owen, Independent Member.	
15/19	MINUTES OF THE PREVIOUS MEETING	
	The minutes of the meeting held on 7 th January were received and confirmed as a true and accurate record.	
16/19	MATTERS ARISING	
	There were no matters arising.	
17/19	ACTION LOG	
	The action log was received and noted .	
18/19	EMRTS GOVERNANCE SUB COMMITTEE WORK PROGRAMME	
	The committee's work programme was received and noted .	

19/19	DIRECTOR'S REPORT AND CLINICAL GOVERNANCE REPORT	
	<p>The director's report for quarters three and four, which covered October 2018 to March 2019 was received.</p> <p>In introducing the report, David Lockey highlighted the following points:</p> <ul style="list-style-type: none"> - The report provided an operational summary and the CAREMORE matrix (appendix) was provided as clinical governance assurance to the health board; - The air support desk had answered 8094 calls, interrogated 14,516 emergency calls and tasked teams to 1653 incidents; - Over the winter , the service had delivered 36 additional 'twilight' rapid response shifts, which were very busy and highlighted the unmet demand in the night hours; - Thirty-six offers had been made for clinical attendant places and two trainees had completed training in pre-hospital emergency medicine with which one had been appointed to an EMRTS consultant post; - The service had delivered 27 CPD events during the period for hospital staff, WAST, neonatal and paediatric teams; - Approval for the service expansion from EASC had been received and they were awaiting approval of the phase one costs; - Risks had been identified with the extended hours expansion and these included; potential recruitment or infrastructure issues, night and non-aviation night working and potential problems with consultant recruitment. - EASC had sourced the funding for the expansion of working hours therefore they did not anticipate any financial issues for the health board. <p>In discussing the report, the following points were raised:</p> <p>Concerning the 24-hour expansion, Pam Wenger raised concern regarding the increased risks to the health board as the host body. The increase in patients and staff members could pose potential implications. The health board would need assurance on any governance and risk issues and requested that David Lockey provided a report from a governance and risk assurance perspective.</p> <p>Discussion ensued surrounding the potential pressure on core services within the health board that the service expansion</p>	DL

	<p>could bring. Sharon Vickery added there would be pressure on functions such as Workforce, IT and Finance which were currently under capacity. Pamela Wenger added that it was important that there was recognition of this for the health board as the host body.</p> <p>With regards to the consultant recruitment risk, David Lockey highlighted the potential issue of the well reported problems of tax and pension penalties for working extra shifts, which would make extra sessions less attractive to consultants.</p> <p>Pamela Wenger made reference to the PDR compliance of the EMRTS service being at 10%. Mark Winter assured that PDR's were taking place but there had been a number of issues recording compliance via ESR. Sharon Vickery advised NHS Wales would only accept figures from ESR therefore it would be advisable to ensure PDR's are recorded on the system. Mark Winter advised he would be working with workforce colleagues to ensure this was resolved.</p> <p>Regarding the attached 'Caremore' draft annual report, Tom Crick commented that this was a clear presentation of the activity data for the EMRTs service. Mark Winter advised that this was an extensive piece of work done by a member of the EMRTs team.</p> <p>Pam Wenger queried whether there was a benchmark for comparative purposes, as it would be helpful for the health board, as the commissioner, to understand how the service was doing across the metrics.</p> <p>Tom Crick queried whether anything had arisen from compiling the data, David Lockey informed that it had shown that a high proportion of critical care cases had been recorded for the night service and therefore the service has been expanding in the areas it had set out to.</p>	
Resolved:	<ul style="list-style-type: none"> - David Lockey to provide a report from a governance and risk assurance perspective on the 24-service expansion. - The report be noted. 	DL
20/19	FINANCIAL POSITION	
	<p>A report setting out the financial position was received.</p> <p>On behalf of finance colleagues, Tom Crick highlighted the following points:</p> <ul style="list-style-type: none"> - As at the end of March (Month 12) the EMRTS financial position was an underspend of £76k against funding as allocated. 	

	<ul style="list-style-type: none"> - The service budget had been realigned to account for the resource transfer between WAST and the health board. - At the end of the financial year some English organisations had been slow in payment, which had with resulted in a number of estimates being built into the position for medical staffing, totalling £127k. <p>In discussing the report, the following points were raised:</p> <p>Mark Winter informed that around £44k of the underspend had been allocated to specific strategic projects within the service, therefore the underspend stood at around £30k rather than the £76k stipulated within the report.</p>	
Resolved:	<ul style="list-style-type: none"> - The report be noted. 	
21/19	EMRTS RISK REGISTER	
	<p>A report providing an update on the EMRTS risk register was received.</p> <p>In introducing the report, Mark Winter highlighted the following points:</p> <ul style="list-style-type: none"> - The EMRTS risk register is held on the health board's Datix system and includes clinical, operational, workforce and strategic risks; - The number of risk on the register had reduced to 19. Of the current risks there was 1 high risk and 7 significant risks; - The risks continue to be reviewed at the EMRTS clinical and operational board meetings. <p>In discussing the report the following points were raised:</p> <p>Pam Wenger raised her concern, from a health and safety perspective, to the risk surrounding the weight of Kit Bags. She felt it should be listed higher than 'low risk' due to the risk of injury to staff. The committee were informed that during the selection process for EMRTS clinical staff, a fitness test which included carrying the kit bag, was undertaken and formed part of the recruitment decision. Mark Winter informed that work was underway to reduce the weight of kit bags to 15kg.</p> <p>David Lockey informed the committee about a national project, which was underway (Royal Foundation First Responders Programme) which was focusing on the mental health and wellbeing of first responders. Sharon Vickery added that concerns had been raised surrounding this during the implementation of the service with regards to the EMRTS staff wellbeing.</p>	

Resolved:	- The report be noted .	
22/19	EMRTS OUTLINE BUSINESS PLAN 2019/20	
	<p>A verbal update on the EMRTS outline business plan for 2019/20 was received.</p> <p>Mark Winter highlighted the following points:</p> <ul style="list-style-type: none"> - The key area of focus for 2019/20 is the expansion to the 24 hour service; - EASC had approved the service expansion proposal and discussions were underway with regards to the funding of phase one; - It was anticipated that it would take a period of one year to recruit and train the necessary clinical and support staff for the operational infrastructure, with an aim for completion by April 2020; - The next step would be a recruitment drive and ensuring that the Cardiff base and facilities were fit for purpose. The procurement element for specialist equipment would follow through in due course; 	
Resolved:	- The report be noted .	
24/19	FUTURE GOVERNANCE ARRANGEMENTS	
	<p>A report setting out the proposed future governance arrangements for EMRTS was received.</p> <p>In introducing the report, Pam Wenger highlighted the following points;</p> <ul style="list-style-type: none"> - Following a review of the governance structure, consideration had been given as to whether the health board requires specific sub –committees for hosted agencies. - It was felt the reports could be incorporated into the core business of other committees and therefore it was felt that it would be practical to stand down the EMRTS governance sub-committee; - It was proposed that a quarterly clinical governance report be integrated in the work programme for the Quality and Safety Committee, with the Audit Committee receiving an annual report; 	

	<ul style="list-style-type: none"> - Single tender actions and risk register would be continue to be incorporated in the health board's regular updates to the audit committee. <p>In discussing the report, the following points were made:</p> <p>David Lockey added that the service was in a very different place in comparison to where it was in the initial set up. The service would look to the sub-committee and health board groups for support and high levels links within the board.</p> <p>Richard Evans stated the service had established 'good roots' and there was escalation processes now in place within a number of areas, for example for any medical recruitment matters these would be escalated through the Medical Workforce Board.</p> <p>Pamela Wenger added that be helpful to have a regular update on the progress of the 24hr service but this could be done outside of the committee meeting.</p> <p>David Lockey took the opportunity to thank the committee and the health board for the support that EMRTS had received over the last year.</p>	
Resolved:	<ul style="list-style-type: none"> - Members approved the proposed governance arrangements for consideration at the Audit Committee in July. 	
25/19	SINGLE TENDER ACTIONS AND QUOTATIONS	
	The committee noted the single tender actions and quotations for the period.	
26/19	HOSPITALITY REGISTER	
Resolved:	Nothing to note.	
27/19	ANY OTHER BUSINESS	
	There was no further business and the meeting was closed.	