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Bwrdd Iechyd Prifysgol
Abertawe Bro Morgannwg
University Health Board



Meeting Date	29th March 2018			Agenda Item 4iv.
Report Title	Committee Chairs' Report			
Report Author	Liz Stauber, Committee Services Manager			
Report Sponsor	Pam Wenger, Director of Corporate Governance			
Freedom of Information	Open			
Purpose of the Report	The purpose of the report is to outline discussions undertaken by board committees and other groups reporting to the board.			
Key Issues	This report focuses on all the board's corporate objectives but specifically relates to embedding effective governance and partnerships.			
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance	Approval
			✓	
Recommendations	The board is asked to note the report.			

COMMITTEE CHAIRS' REPORT

1. INTRODUCTION

The purpose of the report is to provide an update on matters considered by the board's committees. The board is asked to note a number of summary reports from the chairs of the sub-committees and where appropriate, ratify any approvals made.

2. BACKGROUND

The board will be aware that a number of committees have been established under the health board's standing orders and each committee will present reports to the board during the course of the year outlining key discussions, issues and risks discussed during meetings.

3. REPORTS FROM COMMITTEE CHAIRS

(i) Workforce and Organisational Development Committee (appendix 1)

The board is asked to **receive** and **note** the chair's summary of the meetings held on 17th January 2018 and 8th March 2018.

(ii) Audit Committee (appendix 2)

The board is asked to **receive** and **note** the chair's summary of the meeting held on 23rd January 2018 and 15th March 2018. It is also asked to approve the terms of reference.

(iii) Performance and Finance Committee (appendix 3)

The board is asked to **receive** and **note** the chair's summary of the meetings held on 24th January 2018 and 21st February 2018.

(iv) Quality and Safety Committee (appendix 4)

The board is asked to **receive** and **note** the chair's summary of the meeting held on 1st February 2018.

(v) Mental Health and Capacity Act Legislative Committee (appendix 5)

The board is asked to **receive** and **note** the chair's summary of the meeting held on 8th February 2018.

(vi) Charitable Funds Committee (appendix 6)

The board is asked to **receive** and **note** the chair's summary of the meeting held on 12th March 2018. It is also asked to approve the terms of reference.

(vii) Emergency Ambulance Services Joint Committee (EASC) (appendix 7)

The board is asked to **receive** and **note** the update of the meeting held on 29th January 2018.

(viii) Welsh Health Specialised Services Committee (WHSSC) (appendix 8)

The board is asked to **receive** a summary of the key issues of the meeting held on 28th November 2017 and 29th January 2018.

(ix) *Joint Regional Planning & Delivery Committee (appendix 9)*

The board is asked to **receive** and **note** the update of the meeting held on 1st February 2018.

(x) *NHS Wales Collaborative Leadership Forum (appendix 10)*

The board is asked to **receive** and **note** the update of the meeting held on 11th December 2017.

4. GOVERNANCE AND RISK ISSUES

Any governance risks and issues are managed via the committee meetings and exception reports will be provided to the board by the respective chairs.

5. FINANCIAL IMPLICATIONS

There are no financial implications for the board to consider/approve.

6. RECOMMENDATION

Members of the board are asked to:

- **NOTE** the content of the reports;
- **APPROVE** the terms of reference for the Audit Committee and Charitable Funds Committee.

Governance and Assurance					
Link to corporate objectives <i>(please ✓)</i>	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 board carries out its business appropriately through its sub-committees and aligned with its standing orders is a key factor in the quality, safety and experience of patients receiving care.					
Financial Implications					
No financial implications for the board to be aware of.					
Legal Implications (including equality and diversity assessment)					
It is essential that the board complies with its standing orders, which includes receiving updates from its sub-committees.					
Staffing Implications					
No staffing implications for the board to be aware of.					
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)					
The report outlines work undertaken by committees and joint committees to review the short term performance and finance position of the health board as well as focussing on the longer term sustainability. The governance structure aims to identify issues early to prevent escalations and the committees integrate into the overall board arrangements. In addition, the health board works collaboratively with partners as part the joint committees.					
Report History	This report is a standing item on the board's agenda.				
Appendices	<ul style="list-style-type: none"> • Appendix 1 – Chair's Summary – Workforce and Organisational Development Committee • Appendix 2 – Chair's Summary – Audit Committee • Appendix 3 – Chair's Summary – Performance and Finance Committee • Appendix 4 – Chair's Summary - Quality and Safety Committee • Appendix 5 – Chair's Summary – Mental Health and Capacity Act Legislative Committee • Appendix 6 – Chair's Summary - Charitable Funds Committee • Appendix 7 - EASC update • Appendix 8 – Minutes and Chairs Summary – WHSSC • Appendix 9 – Joint Regional Planning and Deliver Committee update • Appendix 10 - NHS Wales Collaborative Leadership Forum 				

ABM University
Health Board

29th March
Health Board Meeting
Agenda item:

Subject	Workforce and OD Committee: Summary of key decisions, issues considered and matters requiring board level consideration
Prepared by	Liz Stauber, Committee Services Manager
Approved and presented by	Ceri Phillips, Chair of the Workforce and OD Committee Committee/Non-Officer Member

A. PURPOSE

The purpose of this report is to provide the board with a summary of the matters discussed by the Workforce and Organisational Development (OD) Committee when it met on 17th January 2018. The full minutes of the meeting are available on request from the Director of Corporate Governance.

B. KEY ISSUES

1. Work Programme March 2018-April 2019

The committee's 2018-19 work programme was received. It was noted that a discussion was to take place at the February 2018 board development session following a review of board and committee arrangements and it was likely that this would have an impact on the committee's work programme. The committee also asked that consideration be given to the Medical Director's department having representation at the committee.

2. Workforce Metrics Report

A report outlining performance against workforce metrics was received. The sickness absence figure for November 2017 had increased to 6% and consideration needed to be given to the support required by the older workforce, as this was an area in which sickness absence was prevalent. Data was being used to identify 'hotspots' for sickness absences so that listening events could be undertaken.

Establishment figures for nursing, midwifery, dental and medicine remained a concern, as well as the gaps within the junior doctors' rotas, and work was ongoing to encourage managers to start the recruitment process as soon as a letter of resignation was received. Turnover remained static, with the highest proportion of leavers among employees with more than 30 years service and those with fewer than two, and thus a focus was needed to consider the reasons why. Performance in relation to personal appraisal and development reviews (PADR) remained an issue and an improvement was required in relation to compliance with mandatory training.

The committee raised concern with regard to the timeliness of the information it received and identified areas in which additional data was required in order for it to scrutinise and seek assurance adequately. It also agreed to receive a 'deep dive' in relation to the Nurse Staffing Levels (Wales) Act 2016 to understand the health board's position and any action required. A discussion took place as to the need to review medical vacancies before they were replaced to determine if the roles were required or could be re-allocated to other professional groups, as this could reduce the reliance on locums to cover vacancies, particularly in light of the medical agency cap.

3. Workforce Recovery And Sustainability Plan

An update on the workforce and OD workstreams was received. The workstreams focused on five areas; sickness absence reduction; improved rostering; reduced recruitment time; incentivising bank take-up and job controls/grading drift. Monthly meetings were held to review progress and reports provided to the Recovery and Sustainability Programme Board. An executive team workshop was taking place the following week at which workstream priorities would be agreed for 2018-19.

4. Staff Engagement Plan And Staff Experience Update

A report providing an update in relation to staff engagement and work to improve staff experience was received. It had been a year since the staff experience strategy had been launched and a focus had been given to implementing it in line with the health board's priorities. The Patient Choice Awards were going from strength to strength with 184 awards for 56 teams and the first of the long service awards events had taken place. Positive feedback was being received from the Footprints' leadership programme, as such it was hoped that it would be extended to more staff groups, and discussions were being undertaken to integrate it into the consultants' leadership programme.

The committee noted that if the metrics within this report were taken in isolation, then a 'positive outlook' could be taken in regard to staff experience, however the figures in areas such as sickness absence contradicted this. It felt it was important that all of the metrics were considered together rather than individually in order to provide the overall picture.

5. Coaching Strategy

A report setting out the draft coaching strategy was received. While coaching was not a new concept to the health board, the strategy aimed to formalise the process, and it was presented to the committee for an initial discussion prior to its submission to the executive team for consideration. The committee would then be asked to agree the final version.

6. Medical Engagement Scale

A report as to actions taken thus far as a result of the medical engagement scale and the opportunities for further development across the organisation was received. The medical engagement scale had not sought feedback from junior doctors and as such, an engagement group had been established by the health board. An action plan had been developed in response to the survey's results and a joint conference was to take place in March 2018 with the British Medical Association to take forward

some of the lessons learned. All six delivery units had integrated the engagement scale scores into the responses received as part of the staff survey and plans were ongoing to hold listening events. The committee noted that only two of the six units had provided an update in relation to the progress made since the scores had been issued and the comments within the report and action plan were generic, therefore not providing sufficient details for members to scrutinise.

7. Medical Agency Caps

A report providing an update regarding the cap to limit the pay of external and internal locum doctors was received. Lessons were to be learned in relation to agencies' willingness to adhere to the cap based on the units' standpoints and there was a strategy in place to address locums already working above the cap level. The units were to hold weekly scrutiny panels to review breaches with a monthly executive team panel established to seek additional assurance. Welsh Government had developed a reporting template and the health board's process would need to be changed to meet the requirements. It was agreed that a further report would be received at the next meeting to include compliance levels, action being taken in areas not adhering to the policy and the escalation process.

8. Workforce Strategy And Priorities From The Integrated Medium Term Plan

A report highlighting the workforce strategy and priorities from the integrated medium term plan (IMTP) was received. Recruitment and retention in relation to nursing, midwifery, medical and dental staff remained a concern as did sickness absence and both of these impacted on variable pay. A 'working longer' policy was under consideration to support more staff to retire and return and exit interviews were being undertaken to identify themes as to why people were leaving the organisation. Values-based recruitment and values-based leadership continued to be implemented and a number of developments in health and wellbeing were to be progressed to create a single point of access and a multi-disciplinary team approach to improve sickness absence rates. Workforce redesign was also under consideration.

The committee noted that an update in relation to the performance against the majority of the priorities had been received earlier in the agenda. As these areas would be the ones from which the committee would require assurance and consideration needed to be given to restructuring the agenda accordingly.

9. Nursing And Midwifery Board Update

A report providing an update from the Nursing and Midwifery Board was received. The committee agreed that as a new chair had joined the committee this was an opportunity to reflect on whether the report was required as the relevant data would be included within other agenda items.

10. Partnership Working – Work Plan

A report outlining the work plan for partnership working was received and noted.

11. Bi-Lingual Skills Update

A report summarising an update in relation to bi-lingual skills was received and noted.

12. Workforce Information Systems Board Update

A report providing an update in relation to the workforce information systems board was received and noted.

13. Workforce And OD Directorate Internal Risk Register

The internal risk register for the workforce was received and noted.

14. Workforce And OD Policy Update

A report was received setting out an update in relation to workforce and OD policies and the committee noted that the 'relationships at work' policy had now been approved.

15. Audit Reports

A report setting audit reports was received. As responsibility to monitor progress against internal audits sat with the Audit Committee, it would be duplicating work to have both committees received such reports therefore it was agreed for the updated to be removed from the work plan.

Matters for the board's attention:

- The suggestion to have representation from the Medical Director's department at the committee (point one);
- Low compliance with PADRs (point two);
- The need to review medical vacancies before recruitment to ensure posts were still required or whether alternatives should be considered (point two).

C. RECOMMENDATION

The board is asked to note the report.



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**Cover report to the health board meeting to be held on
Thursday, 29th March 2018 in the Waterfront Community Church, Swansea**

		Agenda Item
Freedom of Information Status		Open
Reporting Committee	Workforce and Organisational Development Committee	
Author	Liz Stauber, Committee Services Manager	
Chaired by	Ceri Phillips, Non-Officer Member	
Lead Executive Director (s)	Kate Lorenti, Interim Director of Human Resources	
Date of last meeting	08 March 2018	
Summary of key matters considered by the committee and any related decisions made.		
<ul style="list-style-type: none"> - Medical Engagement Scale – members received an update in relation to the work being undertaken in response to the medical engagement scale. It was noted that the job planning process was being used as the process to engage doctors and provide them with a forum in which to discuss ideas and initiatives. The importance of developing a learning and innovative organisation was discussed as this would not only support talented individuals to develop but would also serve as an attraction for recruitment for prospective candidates. It was agreed that the board should receive an update in due course. - Key Workforce Metrics – it was noted that the Performance and Finance Committee has discussed in depth the workforce performance metrics. Members heard that a recent nursing recruitment day in Swansea has seen 100% of the mental health and learning disabilities vacancies filled and the executive team was to receive a report later that month regarding pre-emptive beds. 		
Key risks and issues/matters of concern of which the board needs to be made aware:		
<ul style="list-style-type: none"> - Work Programme – the committee noted the ongoing review of governance arrangements and that consideration was being given to ‘standing down’ the committee. While it was acknowledged that the performance metrics would be received at the Performance and Finance Committee, the committee felt that assurance was required that the non-performance workforce and organisational development issues would be addressed at a significant governance level. - Limited Assurance Audits Progress Updates – members received a report outlining the progress made against recent limited assurance internal audits. The discussion focussed on mandatory training and the upcoming review of the framework which outlined the requirements of staff. It was noted that going forward, clinical managers needed to develop an annual strategy so that training could be undertaken outside of periods of high service pressure. Also, consideration needed to be given as to whether annual training was needed for staff who were competently carrying out such tasks on a day-to-day basis. The committee asked that its comments be considered as part of the development of the review’s terms of reference. 		

Delegated action by the committee:	
Members ratified the medical appraisal policy.	
Main sources of information received:	
<ul style="list-style-type: none"> - Stonewall Equality Index 2018 - the health board's ranking within the Stonewall Equality Index for 2018 had risen to 154 from 247 the previous year. - Workforce Policy Update – members noted the implementation of the special leave policy and procedure for NHS staff to raise concerns. 	
Highlights from sub-groups reporting into this committee:	
<ul style="list-style-type: none"> - Medical Workforce Board – members heard that the frequency of the medical workforce board had changed to bi-monthly, except in the months June to September when they would be monthly to support the new intake of junior doctors. The health board had been successful in gaining rotations for physician associates and could be in a position to offer all posts required by Swansea University. In addition, a peer review had been undertaken of the revalidation and appraisal process. While the official report was awaited, informal feedback had raised concern that the team responsible for the process was employed on a fixed-term basis and the units required revalidation leads. Work was ongoing to address these recommendations. 	
Matters referred to other committees	
None identified.	
Date of next meeting	03 May 2018



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Cover report to the health board meeting to be held on Thursday, 29th March 2018 in the Waterfront Community Church, Swansea

		Agenda Item	
Freedom of Information Status		Open	
Reporting Committee	Audit Committee		
Author	Liz Stauber, Committee Services Manager		
Chaired by	Martin Sollis, Non-Officer Member		
Lead Executive Director (s)	Pam Wenger, Director of Corporate Governance		
Date of last meeting	15 March 2018		
Summary of key matters considered by the committee and any related decisions made.			
<p>This meeting focuses substantially on the results of the recent governance stocktake undertaken by the Director of Corporate Governance and the improvement programme that was being developed. In particular:</p> <ul style="list-style-type: none"> - Governance stocktake and outline work programme – members received an integrated work programme which combined the recommendations and actions from a number of external governance reviews along with an update on progress. It was noted that this was a work in progress and required details to be added from the updated financial governance review and recent Wales Audit Office structured assessment. It was agreed that the action plan was to be received regularly by the committee; - Financial governance review – the action plan in response to the financial governance review was received and members discussed progress to date. Members were pleased to see that a number of actions had been marked as ‘completed’ but there was still work to be done on some before they could be closed; - Board assurance framework – members received a report outlining the approach being taken to develop the board assurance framework, which included a workshop later that month to discuss the principles and initial mapping. Part of the work would entail consideration of the committee structure as each one would have a role to play in providing assurance, while the Audit Committee would have overall responsibility for the process. It was agreed that an update would be received in July 2018 prior to the board receiving the draft framework. 			
Key risks and issues/matters of concern of which the board needs to be made aware:			
<ul style="list-style-type: none"> - Child and Adolescent Mental Health Services (CAMHS) - a new significant risk was added to the corporate risk register to reflect concerns over CAMHS services. This was being monitored by the Quality and Safety Committee; - Wales Audit Office structured assessment 2017 – the report outlined 18 recommendations to help the health board strengthen its arrangements and maximise its opportunities. All the recommendations had been accepted following changes to two at the health board’s request and the management response was being drafted. The board was to receive the report at its March 2018 meeting and the action plan would be addressed as part of the governance improvement plan outlined above. 			

Delegated action by the committee:

Members approved:

- The Audit Committee's terms of reference subject to the amendments discussed (**appendix 1**);
- Changes to the 2017-18 internal audit plan and the audit plan (and charter) for 2018-19, subject to timescales being agreed with the executive team;
- The information governance and fax policies.

Main sources of information received:

- Members received the corporate risk register for which a new significant entry was noted in relation to CAMHS;
- The report outlining outstanding audit recommendations was reviewed. It was agreed that the Directors of Finance and Corporate Governance review the report with the Chief Executive to determine which ones remained extant and needed to be addressed more urgently;
- Losses and special payments totalling £3,459,869 of which £2,799,230 will be recovered from the Welsh Risk Pool and £127,012 from Welsh Government, leaving an actual loss to the health board of £533,627 were noted as were the single tender and quotation actions taken;
- It was noted that the financial position continued to improve with a revised forecast deficit of £30m reported to Welsh Government;
- An update was received as to the timescales to complete the annual accounts for 2017-18 which included details of major estimates that will be made as part of year-end;
- The internal audit progress report was received and it was noted that the audit findings in relation to the Golau Cancer Foundation was being taken forward by the Charitable Funds Committee;
- Wales Audit Office outlined a progress update for financial and performance work and its annual report for 2017 was also received, along with the plan and fees for 2018;
- An update on the revision of the financial control procedures was received. While some delay was noted due to sickness the committee was assured that this was being managed appropriately.

Highlights from sub-groups reporting into this committee:

None received.

Matters referred to other committees

- The limited assurance health and safety internal audit to be received by the Health and Safety Committee and the chair to report back to the Audit Committee as to progress.
- Wales Audit Office discharge planning and follow-up outpatients reviews to be discussed and considered by the Performance and Finance Committee as they outlined key areas for performance improvement and efficiencies.

Date of next meeting

19 April 2018



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Cover report to the health board meeting to be held on Thursday, 29th March 2018 in the Waterfront Community Church, Swansea

		Agenda Item	
Freedom of Information Status		Open	
Reporting Committee	Audit Committee		
Author	Liz Stauber, Committee Services Manager		
Chaired by	Martin Sollis, Non-Officer Member		
Lead Executive Director (s)	Lynne Hamilton, Director of Finance		
Date of last meeting	23 January 2018		
Summary of key matters considered by the committee and any related decisions made.			
<ul style="list-style-type: none"> - General Data Protection Regulation (GDPR) – the committee received a detailed report on the challenges and risks in relation to the implementation of the regulations. Members raised concern that the severity of the risk in this area was only now being escalated on the corporate risk register and sought assurances as to what further action could be taken for the board to become compliant by May 2018; - Wales Audit Office (WAO) radiology services audit report – members noted the good progress being made to comply with the WAO review; - WAO audit report on Collaborative Arrangements for Managing Public Health Resources – members received the national audit report and discussed where public health issues were suitably covered within the board’s governance arrangements and where the national review should be reported to and monitored further; - Internal audit progress report - the lack of progress in response to the follow-up audit of fire safety – another follow-up was to take place before the end of 2017-18 and the leads were to be invited to the next committee to discuss; - Future Work of the Committee – members discussed the work of the committee throughout the meeting and it was agreed that the chair would work with the new Director of Corporate Governance to shape the next agenda to ensure the work focussed on areas of highest risk to the organisation. 			
Key risks and issues/matters of concern of which the board needs to be made aware:			
<ul style="list-style-type: none"> - GDPR – the board to seek regular updates on the position to ensure further action is taken to achieve appropriate compliance by May 2018; - WAO audit report on Collaborative Arrangements for Managing Public Health Resources - the Director of Corporate Governance to identify where public health issues were covered in terms of committees to ensure that the review is reported and monitored through suitable governance arrangements. 			

Delegated action by the committee:

Members approved:

- The new police disclosure policy;
- The extension of the health records policy;
- The terms of reference for the hosted agencies sub-committees, subject to the results of the upcoming governance review;
- Recommendation of the losses and special payments totalling £9,792,813, of which £9,446,009 will be recovered from the Welsh Risk Pool and £47,803 from Welsh Government, leaving an actual loss to the health board of £193,874, for the board's approval;
- Accounts timetable and plan;
- Changes to the internal audit plan.

Main sources of information received:

- The in-month financial position continued to improve at £1.75m which was better than the required £3m per month;
- An interim audit of the annual accounts had not identified any significant issues to date;
- The corporate risk register had been reviewed in detail by the executive team;
- The report outlining the status of recommendations against audit registers had been revised to give the committee assurance against those of the highest risk;
- The committee reviewed the recent NHS Wales Shared Services Partnership (NWSSP): single tender actions and quotations approvals;
- Members considered the NWSSP internal audit progress report and audit assignment summary report as well as the WAO progress report;
- Progress against the WAO 'District Nursing Checklist for Board Members' was outlined for the committee.

Highlights from sub-groups reporting into this committee:

- Information Governance Board update from December 2017 meeting. This showed further progress against the Information Commissioner's Office recommendations but concerns were still be raised regarding mandatory training;
- Minutes and terms of reference of the hosted agencies governance sub-committees were received and no significant issues were raised.

Matters referred to other committees

None identified.

Date of next meeting

15 March 2018



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Audit Committee Terms of Reference

1. Introduction/Constitution

The health board's standing orders provide that "*The Board may and, where directed by the Welsh Government must, appoint Committees of the LHB either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees*".

ABMU Health Board resolves to establish a committee to be known as the Audit Committee (the committee). It is a non-executive committee and has no executive powers, other than those specifically delegated in these terms of reference.

2. Purpose

The purpose of the committee is to advise and assure the board and the accountable officer on whether effective arrangements are in place - through the design and operation of the health board's assurance arrangements - to support them in their decision taking and in discharging their accountabilities for securing the achievement of the health board's objectives, in accordance with the standards of good governance determined for the NHS in Wales.

Where appropriate, the committee will advise the board and the accountable officer on where and how its assurance arrangements may be strengthened and developed further.

3. Delegated Powers and Authority (Responsibilities)

The committee's duties/responsibilities can be categorised as follows:

(a) Integrated Governance, Risk Management and Internal Control

The committee shall review the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the organisation's activities (clinical and non-clinical), that supports the achievement of the organisation's objectives.

In particular, the committee will review the adequacy and effectiveness of:

- All risk and control related disclosure statements (in particular the governance statement) together with any accompanying head of internal audit opinion, external audit opinion or other appropriate independent assurances, prior to submission to the health board;
- The underlying assurance processes that indicate the degree of achievement of the organisation's objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements;
- The efficiency effectiveness and economic use of resources;
- The extent to which the organisation safeguards and protects all its assets, including its people to ensure the provision of high quality, safe healthcare for its citizens;
- The organisation's annual report;
- The board's standing orders and standing financial instructions (including associated framework documents, as appropriate);

- The policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements and any related reporting and self-certifications;
- The policies and procedures for all work related to counter fraud as required by NHS Counter Fraud Authority;
- The arrangements in place to ensure the reliability, integrity, safety and security of the information collected and used by the organisation. This will be done through regular reports made by the Information Governance Board;
- The arrangements in place to secure active, ongoing assurance from management with regard to their responsibilities and accountabilities, whether directly to the board and the accountable officer or through the work of the board's committee;
- The work carried out by the whole range of external review bodies and ensure it is brought to the attention of the board, and that the organisation is aware of the need to comply with related standards and recommendations of these review bodies, and the risks of failing to comply.

In carrying out this work, the committee will primarily use the work of internal audit, external audit and other assurance functions, but it will not be limited to these sources. It will also seek reports and assurances from directors and managers as appropriate, concentrating on the over-arching systems of integrated governance, risk management and internal control, together with indicators of their effectiveness.

This will be evidenced through the committee's use of an effective assurance framework to guide its work and the audit and assurance functions that report to it.

As part of its integrated approach, the committee will have effective relationships with other key committees (for example Quality and Safety Committee) so that it understands processes and linkages. However these other committees must not usurp the Audit Committee's role.

(b) Internal Audit

The committee shall ensure that there is an effective internal audit function which provides appropriate independent assurance to the committee, accountable officer and health board. This will be achieved by:

- Considering the provision of the internal audit service and the costs involved;
- Reviewing and approving the annual internal audit plan and more detailed programme of work, ensuring that this is consistent with the audit needs of the organisation as identified in the assurance framework;
- Considering the major findings of internal audit work (management responses) and ensuring co-ordination between the internal and external auditors to optimise the use of audit resources;
- Ensuring that the internal audit function is adequately resourced and has appropriate standing within the organisation;
- Monitoring the effectiveness of internal audit and carrying out an annual review.

(c) External Audit

The committee will review the work and findings of the external auditors and

consider the implications and management's responses to their work. This will be achieved by:

- Discussing and agreeing with the external auditors, before the audit commences, the nature and scope of the audit as set out in the draft annual plan;
- Discussing with the external auditors their evaluation of audit risks and assessment of the organisation and the impact on the audit fee;
- Reviewing all external audit reports, including the report to those charged with governance (before its submission to the health board) and any work undertaken outside of the annual audit plan, together with the appropriateness of management responses;
- Ensuring that there is in place a clear policy for the engagement of external auditors which informs (but not replace) internal assurance activity.

(d) Other assurance functions

The committee shall review the findings of other significant assurance functions, both internal and external to the organisation, and consider the implications for the governance of the organisation.

These will include, but not be limited to, any reviews by Welsh Government's regulators or inspectors and professional bodies with responsibility for the performance of staff or functions.

In addition, the committee will review the work of other committees within the organisation, whose work can provide relevant assurance to the committee's own areas of responsibility. In particular, this will include any clinical governance, risk management or quality committees that are established.

In reviewing the work of a clinical governance committee, and issues around clinical risk management, the committee will wish to satisfy itself on the assurance that can be gained from the clinical audit function. It will do this through an annual review of the work of the Quality and Safety Committee.

(e) Counter Fraud

The committee shall satisfy itself that the organisation has adequate arrangements in place for counter fraud that meet NHS Counter Fraud Authority's standards and shall review the outcomes of work in these areas.

(f) Management

The committee shall request and review reports, evidence and assurance from directors and management on the overall arrangements for governance, risk management and internal control.

The committee may also request specific reports from individual functions within the organisation (for example, clinical audit).

(g) Financial Reporting

The committee shall monitor the integrity of the financial statements of the organisation and any formal announcements relating to its financial performance,

including the schedule of losses and compensation.

The committee should ensure that the systems for financial reporting to the governing body, including those of budgetary control, are subject to review as to the completeness and accuracy of the information provided.

The committee shall review the annual report and financial statements before submission to the health board, focussing particularly on:

- The wording in the annual governance statement and other disclosures relevant to the terms of reference of the committee;
- Changes in, and compliance with, accounting policies, practices and estimation techniques;
- Unadjusted mis-statements in the financial statements;
- Significant judgements in preparation of the financial statements;
- Significant adjustments resulting from the audit;
- Letter of representation;
- Explanations for significant variances.

(h) Whistle blowing

The committee shall review the effectiveness of the arrangements in place for allowing staff to raise (in confidence) concerns about possible improprieties in financial, clinical or safety matters and ensure that any such concerns are investigated proportionately and independently.

4. Sub-Committees

The committee may, subject to the approval of the board, establish sub-committees or task and finish groups to carry out on its behalf specific aspects of committee business. The following sub-committees have been established:

- **Hosted agencies governance sub-committee**

5. Membership

The committee shall comprise four independent members of the health board; two of whom will be appointed as chair and vice-chair. The chair of the organisation itself shall not be a member of the committee. The committee may also co-opt additional independent 'external' members from outside of the organisation to provide specialist skills, knowledge and expertise.

At least two members must be present to ensure the quorum of the committee, including either the committee's chair or vice-chair. To ensure the meeting is quorate, other independent members can be asked to attend by the chair.

The membership of the committee shall be determined by the board, based on the recommendation of the health board's chair - taking account of the balance of skills and expertise necessary to deliver the committee's remit and subject to any specific requirements or directions made by Welsh Government.

Members' terms of office will be reviewed annually by the health board's chair but a member may resign or be removed by the board.

Committee members' terms and conditions of appointment, (including any remuneration and reimbursement) are determined by the board, based upon the recommendation of the health board's chair (and on the basis of advice from the Workforce and Organisational Development Committee).

6. Attendance at Meetings

The Directors of Finance, Nursing and Patient Experience and Corporate Governance (Board Secretary), along with appropriate internal and external audit representatives, shall attend meetings. The counter fraud specialist will attend a minimum of two meetings a year.

The accountable officer (Chief Executive) should be invited to attend meetings and should discuss at least annually with the committee the process for assurance that supports the governance statement. He or she should also attend when the committee considers the draft annual governance statement as well as the annual report and accounts.

Other executive directors/managers should be invited to attend, particularly when the committee is discussing areas of risk or operation that are within their areas of responsibility. The chair of the committee may also invite any other health board officials and/or others from within or outside of the organisation to attend all or part of a meeting to assist with its discussions.

The organisation's Director of Corporate Governance (Board Secretary) shall determine secretariat support to attend to take minutes of the meeting and to provide appropriate support to the chair and committee members.

At least once a year, the committee shall meet privately with the external and internal auditors.

The committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

7. Frequency of Meetings

Meetings shall be held bi-monthly and otherwise as the chair, committee or health board deem necessary, consistent with the health board's annual plan of business.

8. Access

The head of internal audit, representative of external audit and counter fraud specialist have a right of direct access to the chair of the committee. In addition, the chair of the committee shall have reasonable access to executive directors and other senior staff.

9. Authority

The committee is authorised by the health board to investigate any activity 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. The committee is authorised by the health board to obtain outside legal or other independent professional advice and to secure the attendance of

outsiders with relevant experience and expertise if considered necessary.

10. Relationship and Accountabilities with the Board and its Committees and Groups

Although the board has delegated authority to the committee for the exercise of certain functions as set out within these terms of reference, it retains overall responsibility and accountability for ensuring the quality and safety of healthcare for its citizens through the effective governance of the organisation.

The committee is directly accountable to the board for its performance in exercising the functions set out in these terms of reference.

The committee, through its chair and members, shall work closely with the board's other committees, including joint (sub) committees and groups to provide advice and assurance to the board through the joint planning and co-ordination of board and committee business and sharing of information. In doing so, it will contribute to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the board's overall risk and assurance framework.

The committee will consider the assurance provided through the work of the board's other committees and sub-groups to meet its responsibilities for advising the board on the adequacy of the overall framework of assurance.

The committee shall embed the health board's corporate standards, priorities and requirements, for example equality and human rights, through the conduct of its business.

11. Reporting and Assurance Arrangements

The committee shall report to the health board on how it discharges its responsibilities and ensure appropriate escalation arrangements are in place to alert the Chair, Chief Executive (as accountable officer) or chairs of other relevant committees of any urgent/critical matters that may affect the operation and/or reputation of the health board.

The minutes of the committee meetings shall be formally recorded by the secretary and submitted to the health board. The chair of the committee shall draw to the attention of the health board any issues that require disclosure to the full governing body or require executive action.

The committee will report to the health board at least annually in its work in support of the annual governance statement, specifically commenting on:

- The fitness for purpose of the assurance framework;
- The completeness and 'embeddedness' of risk management in the organisation;
- The integration of governance arrangements;
- The appropriateness of the evidence that shows the organisation is fulfilling regulatory requirements relating to its existence as a functioning business;
- The robustness of the processes behind the quality accounts.

This annual report should also describe how the committee has fulfilled its terms of reference and give details of any significant issues that the committee considered in relation to the financial statements and how they were addressed.

12. Administrative Support

The committee shall be supported administratively by its secretary – his or her duties in this respect will include:

- Agreement of agendas with the chair and attendees;
- Preparation, collation and circulation of minutes;
- Ensuring that those invited to each meeting attend;
- Taking the minutes and helping the chair to prepare reports to the health board;
- Keeping a record of matters arising and issues to be carried forward;
- Arranging meetings for the chair, for example, with the internal/external auditors or local counter fraud specialists;
- Maintaining records of members' appointments and renewal dates;
- Advising the committee on pertinent issues/areas of interest/policy developments;
- Ensuring that action points are taken forward between meetings;
- Ensuring that committee members received the development and training they need.

The Director of Corporate Governance (Board Secretary), on behalf of the committee chair and/or board, shall:

- Arrange the provision of advice and support to committee members on any aspect related to the conduct of their role;
- Ensure the provision of a programme of organisational development for committee members as part of the overall organisational development programme;
- Oversee a process of regular and rigorous self-assessment and evaluation of the committee's performance and operation including that of any sub-committees established. In doing so, account will be taken of the requirements set out in the NHS Wales Audit Committee Handbook.

13. Applicability of Standing Orders to Committee Business

The requirements for the conduct of business as set out in the health board's standing orders are equally applicable to the operation of the committee, except in the following areas:

- Quorum
- Notice of meetings
- Notifying the public of meetings
- Admission of the public, the press and other observers

14. Review

These terms of reference and operating arrangements shall be reviewed annually by the committee with reference to the board.

ABM University
Health Board

29th March 2018
Health Board Meeting
Agenda item:

Subject	Performance and Finance Committee: Summary of key decisions, issues considered and matters requiring board level consideration
Prepared by	Liz Stauber, Committee Services Manager
Approved and presented by	Andrew Davies, ABMU Chairman

A. PURPOSE

The purpose of this report is to provide the board with a summary of the matters discussed and reviewed by the Performance and Finance Committee at its meeting on 24th January 2018. The full minutes of the meeting are available on request from the Director of Corporate Governance.

B. KEY ISSUES CONSIDERED BY THE COMMITTEE

1. Unscheduled Care Deep Dive

A report outlining a 'deep dive' into unscheduled care performance was received. Further detail as to how unscheduled performance would progress needed to be finalised and shared, and the lessons learned and current good practice identified as part of 'Breaking the Cycle' needed to be implemented to enable units to manage the four, eight and 12-hour ambulance targets. Morriston Hospital was pleased with the success of 'Breaking the Cycle' which saw 38 volunteers acting as ward liaison officers and clinical staff providing ideas for change but unscheduled care performance had deteriorated at Princess of Wales Hospital and as such, NHS Elect had been commissioned to review the process and improvement work was due to start.

More work was required to understand and improve patient flow and sustainable models of care, particularly for the frail elderly, to ensure people were cared for in the right place by the right teams. An integrated approach was being taken between primary and secondary care and guidelines were to be developed as to the most appropriate places in which to treat patients. Non-recurrent funding had been received which would be used to pilot and assess alternate models of care and the acute clinical team within primary and community care was being strengthened with an aim to having a seven-day model across the health board by summer 2018. The Neath Port Talbot team was already up and running and a review was to be undertaken as to how this could be replicated across the other localities. A focus was also being given to reablement teams and the support they were able to provide to patients ready for discharge.

Welsh Government had provided the health board with £1.7m winter planning monies which was in the process of being allocated to the units.

The committee expressed concern at the tone and lack of detail within the report which did not appear to convey the urgency needed to improve unscheduled performance and members felt they would benefit more from seeing a quality analysis of a small number of actions being taken. It was agreed that a brief, regular report would be added to the committee's agenda as a standing item. The committee also asked that a discussion take place as part of the Joint Regional Partnership and Delivery Group as to the pressures within the system as a result of regional services.

2. Financial Position Update

A report regarding the financial position was received. The financial position continued to improve with the cumulative spend below the £3m in-month required run rate. This was a significant achievement and a tribute to the hard work and controls in place across the units. Items from the reserves and balance sheet were continuing to be added to position as and when appropriate and the underlying financial position felt more 'in control' but this needed to be sustained through to quarter one of 2018-19. While the non-pay position was moving in the right direction, the referral to treatment time (RTT) position remained a concern and discussions were required as to the possible 'clawback' should the required performance not be achieved.

3. Action Plan to £36m

The action plan to achieve the £36m control target was received. The health board's formal declared position was £36m but there was potential for this to improve. While some financial risks had been resolved, some still required mitigating and as part of this, £1.5m additional monies had been allocated to winter planning but risks against this were diminishing, particularly as £1.7m had been received from Welsh Government. If the health board's financial position was to significantly improve this year, this could present a challenge for the following year to sustain, as most of the actions were non-recurrent.

4. Reserves Policy 2018-19

A report outlining a proposed amendment to the current definition and use of reserves within the health board was received and agreed.

5. Internal Investment Fund

A report outlining a proposal for an internal investment fund was received. The scheme was in response to a discussion by the board at its meeting in December 2018 and would establish an internal process to compliment the national 'Invest to Save' programme by allocating £1m to support improvement with a two-year 'pay back'. The committee supported the proposal.

6. Single Cancer Pathway Briefing

A report outlining a single cancer pathway was **received**. Currently the cancer pathway was divided into two sections; urgent suspected cancer (USC) and non-urgent suspected cancer (nUSC). All health boards would be required to perform against a single cancer pathway by April 2019, which would require all suspected cancer patients to be seen and treated within 62 days from date of suspicion. Engagement had been undertaken with the Welsh Cancer Network to discuss concerns and seek support. 'Shadow reporting' was to be undertaken from quarter

one of 2018-19 but there were as yet no official regulations or guidelines in place. As currently the RTT clock only started for nUSC cases once a decision had been made to treat, this could have a significant impact on the health board's ability to diagnose and treat such patients. A scope and implementation board had been established with five sub-groups;

- Reporting;
- Demand/capacity/diagnostic;
- Clinical engagement;
- Commissioning;
- Patient experience.

7. Recovery and Sustainability Programme Board Update

A report providing an update from the Recovery and Sustainability Programme Board was received. The programme board had met in December 2017 in which it had noted that progress had been made in some areas but not all, and an executive team workshop had taken place earlier in the week at which priorities for 2018-19 had been discussed. As part of the workshop, discussions had also been undertaken as to how a focus could be given to improving the other targeted intervention areas, not only the financial aspect. Discussions with GP out-of-hours colleagues were being undertaken and an options analysis was to be undertaken with regard to sustainability.

C. RECOMMENDATION

The board is asked to consider the discussions set out in this report.



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Cover report to the health board meeting to be held on Thursday, 29th March 2018 at in the Waterfront Community Church, Swansea

		Agenda Item	
Freedom of Information Status		Open	
Reporting Committee	Performance and Finance Committee		
Author	Liz Stauber, Committee Services Manager		
Chaired by	Emma Woollett, Vice-Chair		
Lead Executive Director (s)	Lynne Hamilton, Director of Finance		
Date of last meeting	21 February 2018		
Summary of key matters considered by the committee and any related decisions made.			
<ul style="list-style-type: none"> - Period 10 financial position and action plan to £36m – members noted that a revised forecast deficit of £30m had now been submitted to Welsh Government and the cumulative overspend continued to reduce in-line with the plans, with a period 10 deficit of £795k. While this was a significant achievement, it should not be taken lightly as there was still a lot more work to be done and a plan for 2018-19 was already in development; - Delayed follow-ups - members noted that performance was not where it needed to be in relation to delayed follow-ups but work was being undertaken to understand the impact of demand and capacity on outpatient appointments to ‘scale up’ some of the improvement works. A further update was to be received in April 2018 once the work by the NHS Wales Delivery Unit had been completed. 			
Key risks and issues/matters of concern of which the board needs to be made aware:			
<ul style="list-style-type: none"> - Unscheduled care – the committee received a detailed presentation from each of the units as to the key areas of focus for quarter four to improve unscheduled care performance. Concern was raised that all pathway constraints were currently tracked manually via board rounds and recorded on paper. Internal professional standards could be agreed, however there was no electronic system that allowed monitoring of the timescales and therefore rigorous escalation of delays. It was noted that a ‘stocktake’ was to be undertaken as to the lessons learned from ‘Breaking the Cycle’ and this would be shared at the soon-to-be re-launched unscheduled care board; - Cancer performance – members noted that performance was below the required trajectory of 95% for December 2017 and the activity levels for January and February 2018 were such that performance would continue to be compromised. The issues lay in three particular tumour sites; breast, gynaecology and urology, and action plans were in place for each one. - Workforce metrics – sickness absence rates were disappointing and an analysis had shown that the peaks correlated with areas in which significant change had been undertaken. As such, various initiatives were in place to support change in a positive way. Managers were also being encouraged to plan for mandatory training throughout 			

the year to enable more staff to be released to increase compliance.	
Delegated action by the committee:	
None taken.	
Main sources of information received:	
<ul style="list-style-type: none"> - The committee received and discussed a draft work programme for the year ahead. It was agreed that 'deep dives' would no longer be standing items, rather received as or when an issue requiring such focus arose. 	
Highlights from sub-groups reporting into this committee:	
None received.	
Matters referred to other committees	
None identified.	
Date of next meeting	21 March 2018



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Cover report to the health board meeting to be held on Thursday, 29th March 2018 in the Waterfront Community Church, Swansea

		Agenda Item
Freedom of Information Status		Open
Reporting Committee	Quality and Safety Committee	
Author	Liz Stauber, Committee Services Manager	
Chaired by	Martyn Waygood, Non-Officer Member (for this meeting)	
Lead Executive Director (s)	Angela Hopkins, Interim Director of Nursing and Patient Experience	
Date of last meeting	01 February 2018	
Summary of key matters considered by the committee and any related decisions made:		
<ul style="list-style-type: none"> - Children and Adolescent Mental Health Services (CAMHS) – members received an update in relation to CAMHS. A discussion took place as to a number of areas of risk as well as issues relating to performance. It was agreed that an action plan would be received at the next meeting and the areas of risk be added to the corporate risk register; - Infection Control Report – members noted the significant challenges and the plans to address the rates of infection control across the health board. It was also noted that agreement had been given to appoint infection control clinical leads in each unit. Given the current risks and actions, the committee agreed to receive updates at each meeting in the interim. - Safeguarding Report – members noted the significant challenges which included addressing the process for the approval of Deprivation of Liberty Safeguards (DoLS) forms and improving mandatory training compliance. Members noted that work was underway to develop a safeguarding risk register. 		
Key risks and issues/matters of concern of which the board needs to be made aware:		
<ul style="list-style-type: none"> - CAMHS - it was noted that any incidents/letters/tests relating to CAMHS occurring within ABMU services were reported by Cwm Taf University Health Board as the hosting organisation. However, ABMU was not sighted on these and as such a letter was to be written to outline concerns; - Welsh Risk Pool annual report – members received the annual report for the Welsh Risk Pool but felt that it did not provide sufficient health board specific information for the committee to take assurance. It also felt that the way in which examples were presented was not suitable. Feedback was to be provided via the Directors of Nursing and Patient Experience and Corporate Governance. 		
Delegated action by the committee:		

Members agreed:

- The revised medical devices policy;
- The clinical audit policy;
- The 'Putting Things Right' policy;
- The claims policy and procedure;
- The all-Wales prior approval policy.

Main sources of information received:

- The Mental Health and Learning Disabilities Unit presented a report and patient story to outline progress and work to be undertaken in a number of quality and safety areas;
- A 'staying healthy' report outlined a number updates, such as immunisation and smoking cessation, which noted that Caswell Clinic was now smoke-free;
- The quality and safety priorities for 2018-19 were detailed for the committee;
- Performance against a number of measures including falls, pressure ulcers and clinical coding was discussed as part of the quality and safety dashboard;
- The committee received an update in relation to the work to improve the timeliness of discharge summaries and a report outlining themes and actions as a result of 'never events';
- Progress against the action plan in response to the external blood glucometry review was presented with a further report to be provided at the next meeting;
- The regular report from the Welsh Government quality division was received.

Highlights from sub-groups reporting into this committee:

- A report summarising the results and actions following recent clinical audits was received from the Clinical Outcomes Group;
- The regular report highlighting the discussions of the Quality and Safety Forum was noted.

Matters referred to other committees:

None identified.

Date of next meeting

05 April 2018



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Cover report to the health board meeting to be held on Thursday, 29th March 2018 at in the Waterfront Community Church, Swansea

		Agenda Item
Freedom of Information Status		Open
Reporting Committee	Mental Health and Capacity Act Legislative Committee	
Author	Liz Stauber, Committee Services Manager	
Chaired by	Emma Woollett, Vice-Chair	
Lead Executive Director (s)	Angela Hopkins, Interim Director of Nursing and Patient Experience	
Date of last meeting	08 February 2018	
Summary of key matters considered by the committee and any related decisions made:		
<ul style="list-style-type: none"> - Mental Health Measure (Wales) 2010 – members heard that Cwm Taf University Health Board was now reporting performance against the measure for child and adolescent mental health services. As they were commissioned to provide the service on behalf of ABMU, the performance was having a negative impact on the health board’s compliance. This issue had been discussed with Welsh Government and with Cwm Taf University Health Board; - Deprivation of Liberty Safeguards (DoLS) – it was noted that in the period 1st April 2017 until 30th January 2018, 852 DoLS applications were received, of which, 691 breached timescales, and at 31st January 2018, 166 DoLS cases were outstanding. The committee heard that a number of actions were taking place to address the position, which included increasing the number of trained best interest assessors and arranging shadowing opportunities with local authorities and neighbouring health boards. A further update would be received at the next meeting; - Mental Health and Capacity Act Legislative Committee’s Remit – the committee discussed its purpose and role and agreed that it needed to focus solely on compliance with the Mental Health Act 1983, Mental Capacity Act 2005 and the Mental Health Measure (Wales) 2010 as per its terms of reference. Any issues relating to performance and quality of services would need to be referred to more appropriate board committees. 		
Key risks and issues/matters of concern of which the board needs to be made aware:		
<ul style="list-style-type: none"> - Mental Health Measure (Wales) 2010 – the committee noted a decline in compliance with care and treatment plans within the learning disabilities but was given assurance that actions were in place and it was anticipated that improvement would occur during February 2018. It was agreed that the service director would update the committee chair outside of the meeting of the position once the data was available. 		
Delegated action by the committee:		

None identified

Main sources of information received:

- **Patient story** – the committee received a patient story from a service user who described their experience of the crisis team. As a schizophrenic, the service user found the team to be a 'lifeline' as they encouraged him to develop strategies to manage his condition and gave him confidence that 'everything would be okay';
- **Mental Health Act 2005 training sessions** - it was noted that bespoke training sessions had taken place at Morriston Hospital to outline clinical staff's responsibilities in relation to the act. As a result, no breaches had been reported during the previous quarter and the training was to be rolled out to other hospitals;
- **Mental Health Act 2005 Performance Report** – the committee received an update in relation to compliance with the various sections of the act and actions taken in response to breaches.

Highlights from sub-groups reporting into this committee:

- Minutes of the Hospital Managers Powers of Discharge Committee were received and no significant issues identified.

Matters referred to other committees:

None identified.

Date of next meeting

10 May 2018



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**Cover report to the health board meeting to be held on Thursday, 29th March
2018 in the Waterfront Community Church, Swansea**

		Agenda Item	
Freedom of Information Status		Open	
Reporting Committee	Charitable Funds Committee		
Author	Liz Stauber, Committee Services Manager		
Chaired by	Martyn Waygood, Non-Officer Member		
Lead Executive Director (s)	Lynne Hamilton, Director of Finance		
Date of last meeting	12 March 2018		
Summary of key matters considered by the committee and any related decisions made.			
<ul style="list-style-type: none"> - Golau Cancer Foundation – the discussion focussed on the recommendations and actions following a recent internal audit. This included a review of two draft policies, for which members were invited to submit comments, and the structure of the foundation’s board. Members also heard details of planned expenditure, particularly refurbishments and new equipment for the radiotherapy unit. It was noted that the foundation had its own branding and this would need to be reviewed in light of the plans for the health board’s charity so it was part of this structure rather than standalone. The committee commended the work to date. - Marketing strategy – members received an update as to the ongoing work to develop a marketing and expenditure strategy for the health board’s charity, which would be applicable to all endowment funds. An initial discussion had taken place earlier in the year between the committee chair and finance team and some preparatory work had been undertaken. The next step would be to commence a tender exercise to procure external expertise but this would take place once the health board’s annual accounts process had closed. 			
Key risks and issues/matters of concern of which the board needs to be made aware:			
<ul style="list-style-type: none"> - Small grants scheme – members received a report which outlined the process to administer the small grants scheme as well as the recent recipients. While the committee felt it was a good scheme, with a significant amount of positive work undertaken with small amounts of money, it felt that a review of the process was required to ensure it was robust and appropriate. It was noted that an internal audit had been commissioned in this area. 			
Delegated action by the committee:			
Members approved:			
<ul style="list-style-type: none"> - the committee’s work plan for 2018-19 as well as changes to its current programme; - the committee’s terms of reference without amendment however a discussion was to take place with the Director of Corporate Governance as to members’ terms of office; - the establishment of a charitable fund for sepsis subject to confirmation that it would be board-wide rather than Morriston-based as proposed; 			

- the use of a charitable fund to part-fund with Hywel Dda University Health Board and the British Heart Foundation a joint specialist nurse for inherited heart conditions for a two-year post. This was subject to clarification that human resources had been involved in the process and an understanding that the funding would not be extended past two years;
- to withdraw £300k from the cash being held by the investment manager of which £200k would be delegated to the bids panel to enable it to approve appropriate bids.

Main sources of information received:

- The value of the investment portfolio as at 11th March was £6.48m and the recent changes were outlined by the investment manager;
- The balance of the centrally-held reserve as at 31st January 2018 was £1.65m and expenditure had exceeded income during 2017-18;
- An update on the work to reduce dormant funds;
- A report outlining expected future legacies;
- Details of funds closed since the previous meeting;
- The investment portfolio had £1.5m of unrealised gains and consideration needed to be given as to whether to release some in due course;
- A breakdown of the income and expenditure of the delegated funds as well a report outlining as to how monies had been spent in-line with the health board's priorities;
- The Charitable Funds Committee fund had a balance of £586k.

Highlights from sub-groups reporting into this committee:

- A report was received from the bids panel and no significant issues were discussed.

Matters referred to other committees

None identified.

Date of next meeting

26 June 2018

Charitable Funds Committee

Terms of Reference & Operating
Arrangements

1. INTRODUCTION

- 1.1 The Local Health Board (LHB)'s standing orders provide that "*The Board may and, where directed by the Assembly Government must, appoint Committees of the LHB either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees*".
- 1.2 In accordance with standing orders (and the LHB's scheme of delegation), the Board shall nominate annually a committee to be known as the **Charitable Funds Committee** "the Committee". The detailed terms of reference and operating arrangements set by the Board in respect of this committee are set out below.

2. CONSTITUTION

- 2.1 The ABMU University LHB was appointed as corporate trustee of the charitable funds and its Board serves as its agent in the administration of the charitable funds held by the LHB.
- 2.2 The purpose of the Committee is to make and monitor arrangements for the control and management of the LHB's Charitable Funds.

3. SCOPE AND DUTIES

- 3.1 Within the budget, priorities and spending criteria determined by the LHB as trustee and consistent with the requirements of the Charities Act 1993, Charities Act 2006 (or any modification of these acts) to apply the charitable funds in accordance with their respective governing documents.
- 3.2 To ensure that the LHB policies and procedures for charitable funds investments are followed. To make decisions involving the sound investment of charitable funds in a way that both preserves their value and produces a proper return consistent with prudent investment and ensuring compliance with:-
- Trustee Act 2000

- The Charities Act 1993
 - The Charities Act 2006
 - Terms of the fund's governing documents
- 3.3 To receive at least twice a year reports for ratification from the Director of Finance and investment decisions and action taken through delegated powers upon the advice of the LHB's investment adviser.
- 3.4 To oversee and monitor the functions performed by the Director of Finance as defined in Standing Financial Instructions.
- 3.5 To monitor the progress of Charitable Appeal Funds where these are in place and considered to be material.
- 3.6 To monitor and review the LHB's scheme of delegation for Charitable Funds expenditure and to set and reflect in Financial Procedures the approved delegated limits for expenditure from Charitable Funds.

4. DELEGATED POWERS AND DUTIES OF THE DIRECTOR OF FINANCE

- 4.1 The Director of Finance has prime responsibility for the LHB's Charitable Funds as defined in the LHB's Standing Financial Instructions. The specific powers, duties and responsibilities delegated to the Director of Finance are:-
- Administration of all existing charitable funds
 - To identify any new charity that may be created (of which the LHB is trustee) and to deal with any legal steps that may be required to formalise the trusts of any such charity
 - Provide guidelines with respect to donations, legacies and bequests, fundraising and trading income.
 - Responsibility for the management of investment of funds held on trust
 - Ensure appropriate banking services are available to the LHB
 - Prepare reports to the LHB Board including the Annual Account

5. AUTHORITY

5.1 The Committee is empowered with the responsibility for:-

- Overseeing the day to day management of the investments of the charitable funds in accordance with the investment strategy set down from time to time by the trustee and the requirements of the LHB's Standing Financial Instructions.
- The appointment of an investment manager (where appropriate) to advise it on investment matters and may delegate day-to-day management of some or all of the investments to that investment manager. In exercising this power the Committee must ensure that:
 - a) The scope of the power delegated is clearly set out in writing and communicated with the person or persons who will exercise it
 - b) There are in place adequate internal controls and procedures which will ensure that the power is being exercised properly and prudently
 - c) The performance of the person or persons exercising the delegated power is regularly reviewed
 - d) Where an investment manager is appointed, that the person is regulated under the Financial Services Act 1986
 - e) Acquisitions or disposal of a material nature must always have written authority of the Committee or the Chair of the Committee in conjunction with the Director of Finance
- Ensuring that the banking arrangements for the charitable funds should be kept entirely distinct from the LHB's NHS funds.
- Ensuring that arrangements are in place to maintain current account balances at minimum operational levels consistent with meeting expenditure obligations, the balance of funds being invested in interest bearing deposit accounts
- The amount to be invested or redeemed from the sale of investments shall have regard to the requirements for immediate and future expenditure commitments
- The operation of an investment pool when this is considered appropriate to the charity in accordance with charity law and the

directions and guidance of the Charity Commission. The Committee shall propose the basis to the LHB Board for applying accrued income to individual funds in line with charity law and Charity Commissioner guidance

- Obtaining appropriate professional advice to support its investment activities
- Regularly reviewing investments to see if other opportunities or investment services offer a better return.

5.2 The Committee is authorised by the Board to:

- investigate or have investigated any activity within its Terms of Reference and in performing these duties shall have the right, at all reasonable times, to inspect any books, records or documents of the LHB relevant to the Committee's remit. It can seek any relevant information it requires from any employee and all employees are directed to co-operate with any reasonable request made by the Committee;
- obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary, subject to the Board's budgetary and other requirements; and
- by giving reasonable notice, require the attendance of any of the officers or employees and auditors of the Board at any meeting of the Committee.

6. MEMBERSHIP

Members

6.1 A minimum of five (5) members, comprising:

Chair Independent member of the Board

Vice Chair Independent member of the Board

Members A minimum of 1 other Independent member of the Board and 2 Executive Directors, to include the LHB's Director of Strategy and Director of Finance.

There may also be additional independent ‘external’ members¹ which have yet to be confirmed.

Attendees

- 6.2 In attendance The Committee may require the attendance for advice, support and information routinely at meetings from:

E.g., Charitable Funds Accountant *[or equivalent]*
LHB Investment Advisor

Secretariat

- 6.3 Secretary As determined by the Director of Corporate Governance (Board Secretary)

Member Appointments

- 6.4 The membership of the Committee shall be determined by the Board, based on the recommendation of the LHB Chair – but should always include the Chairman of the Audit Committee . The LHB chair shall also appoint any other independent members of the Board taking account of the balance of skills and expertise necessary to deliver the committee’s remit and subject to any specific requirements or directions made by the Assembly Government.
- 6.5 The Chairman of the Audit Committee should be a permanent member of the Committee with any other Independent members appointed to hold office for a period of one year at a time, up to a maximum of 3 consecutive years. During this time a member may resign or be removed by the Board.
- 6.6 Terms and conditions of appointment, (including any remuneration and reimbursement) in respect of co-opted independent external members are determined by the Board, based upon the recommendation of the LHB Chair {and, where appropriate, on the basis of advice from the LHB’s Remuneration and Terms of Service Committee}.

¹ In order to demonstrate that there is a visible independence in the consideration of decisions and management of charitable funds from the LHB’s core functions, the Board should consider extending membership to the Committee to independent members outside of the Board. For LHBs, one option might be to seek nominations from the Stakeholder Reference Group.

Support to Committee Members

- 6.7 The Director of Corporate Governance (Board Secretary) on behalf of the Committee Chair, shall:
- Arrange the provision of advice and support to committee members on any aspect related to the conduct of their role; and
 - ensure the provision of a programme of organisational development for committee members as part of the LHB's overall OD programme developed by the Director of Workforce & Organisational Development.

7. COMMITTEE MEETINGS

Quorum

- 7.1 At least three members must be present to ensure the quorum of the Committee. Of these three, two must be independent members (one of whom is the Chair or Vice Chair) and one must be the Director of Finance or their representative.

Frequency of meetings

- 7.2 Meetings shall be held no less than twice a year and otherwise as the Committee Chairs deems necessary – consistent with the LHB's annual plan of Board Business.

Withdrawal of individuals in attendance

- 7.3 The Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

8. RELATIONSHIP & ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/GROUPS

- 8.1 The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.

8.2 The Committee, through its Chair and members, shall work closely with the Board and, [*where appropriate, its committees and groups*], through the:

- joint planning and co-ordination of Board and Committee business; and
- appropriate sharing of information in doing so, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance framework.

8.3 The Committee shall embed the LHB's corporate standards, priorities and requirements, e.g., equality and human rights through the conduct of its business.

9. REPORTING AND ASSURANCE ARRANGEMENTS

9.1 The Committee Chair shall agree arrangements with the LHB's Chair to report to the board in their capacity as trustees. This may include, where appropriate, a separate meeting with the Board.

9.2 The Director of Corporate Governance (Board Secretary), on behalf of the Board, shall oversee a process of regular and rigorous self assessment and evaluation of the Committee's performance and operation.

10. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

10.1 The requirements for the conduct of business as set out in the LHB's Standing Orders are equally applicable to the operation of the Committee, except in the following areas :

- Quorum
- Notice of meetings
- Notifying the public of Meetings
- Admission of the public, the press and other observers

11. REVIEW

11.1 These terms of reference and operating arrangements shall be reviewed annually by the Committee with reference to the Board.

Approved by CFC 03/17



Reporting Committee	Emergency Ambulance Services Committee
Chaired by	Professor Siobhan McClelland
Lead Executive Directors	Health Board / Trust Chief Executives
Author and contact details.	Robert.Williams@wales.nhs.uk
Date of last meeting	29 January 2018

Summary of key matters including achievements and progress considered by the Committee and any related decisions made.

An electronic link to the papers considered by the EAS Joint Committee is provided via the following link: [EASC Joint Committee Meeting Agenda & Papers 29 January 2018](#)

Members met in workshop session, prior to the commencement of the meeting, to discuss regional and national service change options and their potential impact on Emergency Ambulance Services Commissioning and also a summary review of proposals received to date from Health Boards with regards the additional £10m recently announced by the Cabinet Secretary to support operational winter pressures.

COMMITTEE MEMBER ATTENDANCE

The Chair reiterated her ongoing concerns regarding some Chief Executives commitment to and attendance at Joint Committee, as required by the standing orders of the Joint Committee. Professor McClelland confirmed that she would write to the Chairs of the 2 Health Boards and 1 NHS Trust, where attendance by the Chief Executives had not been sufficient. She would also consider escalating concerns into Welsh Government.

INTEGRATED PERFORMANCE DASHBOARD

Members reviewed and discussed the developing draft integrated performance dashboard and considered areas where the related work could be strengthened. Members welcomed the dashboard, which will be developed further, taking into account the latest Ambulance Quality Indicators (AQIs) for consideration at the March 2018 meeting of the Joint Committee.

CHAIR'S UPDATE

The Chair confirmed that she had participated in her appraisal with the Cabinet Secretary for Health & Social Services. The Cabinet Secretary recognised the progress EASC had made over the last 18 months and **NOTED** the further areas of work that it was focusing on going forward.

Professor McClelland confirmed that she would not be seeking re appointment as Chair of EASC when her current term ended in March 2018.

The Chair asked that information provided by WAST to NHS Wales Chairs meeting is shared with Members as a consequence of its alignment with the work of EASC.

CHIEF AMBULANCE SERVICES COMMISSIONER (CASC) UPDATE

Mr Stephen Harray, CASC, provided an update to the Joint Committee on progress with the following key matters:

• Winter Pressures

Members **received** an update from the CASC on discussions that had taken place with Health Board and WAST Chief Executives and Chief Operating Officers on the current management of winter pressures and resilience of related winter plans.

In discussing the particularly challenging period over recent weeks, activity levels in parts of the urgent and emergency care system have been, at times, unprecedented and well above what could realistically have been predicted. Practitioners from across all services are demonstrating a huge commitment to high quality patient care and many services in parts of Wales continue to function very well. Members discussed the significant pressures on WAST and Health Boards and their related impact on performance and handovers.

Specifically in relation to Emergency Ambulance Services:

- NHS management information shows that Red or 'life threatening' incidents for emergency ambulance services in December were the highest since the new clinical response model was introduced and 54% higher on New Year's Eve when compared to last year.
- NHS management information shows that the Welsh Ambulance Service responded to the highest recorded number of Red calls in December 2017.
- NHS management information also show there was a further 29% increase in Red demand on 1 January when compared to last year.
- NHS management information shows there was also a 23% increase in Amber incident on 31 December when compared to two years ago (and 9% up on last year).
- Despite this, management information shows Red performance for December 2017 was 70%.

Members **NOTED** the additional £10m funding recently announced by the Cabinet Secretary and the intended use of the resource which Health Boards and WAST were compiling proposals against.

• Amber Calls

Members **received** an update from the CASC on work being progressed via a Task & Finish Group to further review and develop a request from the Cabinet Secretary for Health & Social Care, following the publication of the PACEC review (Public and Corporate Economic Consultants Limited, released on 20 April 2017) that EASC and the CASC consider the learning from the PACEC report but also take the opportunity to be innovative. In particular, the Cabinet Secretary suggested that the review could provide an opportunity to 'use clinical advice and evidence as a guiding principle to keep the model under constant review' and that he was encouraged by the:

'opportunities to improve patient care by making the best use of alternative community services that can provide a more suitable response than an ambulance intervention and conveyance to hospital'.

The Task and Finish Sub-Group of the Clinical Prioritisation Assessment Software Group met to discuss the review of the individual AMBER codes. At this meeting approximately 20 AMBER codes were reviewed and amendments made to the ideal response configuration.

Whilst these codes account for a relatively small proportion (approx. 7%) of the total AMBER code set they account for approximately 100,000 AMBER incidents (approx. 40% of AMBER Incidents) per annum.

As such it was felt by the Task and Finish Sub-Group that it would be unwise to make any further changes to other AMBER codes without evaluation of the amendments made to these largest volume codes. A secondary review day has been agreed in early March to undertake this evaluation.

The March Committee meeting will receive a closure report on the recommendations of the PACEC review. This report will include assurance on how the model will be under continual review in line with the developing evidence base and trigger factors for ad-hoc reviews.

- **Non Emergency Patient Transport Services (NEPTS)**

Members **received** an update from the CASC on progress with commissioning of NEPTS, which in summary included the following;

- Following the submission of schedules for implementation from 1 November 2017, the operational schedules have been updated to reflect the most up to date HB information.
- WAST informatics and management teams continue to work on the population of data in the quality indicators report template. Further detailed consideration required to identify sources for new reporting data.
- All known HB data has been clearly set out in the schedules. Discussions are ongoing with Velindre and Welsh Renal Clinical Network. However, as discussions progress it still appears that there are some discrepancies within health boards. WAST will maintain a log of all queries/changes to form part of the transfer agreement at point of transfer. WAST have arranged for the NHS Wales Shared Services Partnership, Audit and Assurance Service to undertake an audit and provide a level of assurance on the current situation.
- Process for transfer of work developed. Proposal that Cardiff and Vale will be the first health board to transfer – intention to transfer at the start of the next financial year.
- An operational and process review of each of the 5 welsh non-emergency patient transport bookings centres has been undertaken. The review identifies how each booking centre operates and what information is shared with patients. The review also addressed each centres ability to capture performance data in-line with the NEPTS 5 steps quality indicators.
- A joint research project between WAST, Betsi Cadwaladr UHB, Wrexham and Gwynedd Local Authorities (LAs) is ongoing as part of the Innovate to Save Fund supported by Welsh Government and NESTA. Initial outcomes show that better integration would result in releasing capacity for WAST and LAs, initially in the Lleyen peninsula. The Research and Development will complete in January 2018.

WAST INTEGRATED MEDIUM TERM PLAN 2018-2021

Members **received** and **NOTED** a summary update on work undertaken by WAST to progress its 2018-21 IMTP. The Chair asked that the 'draft' WAST IMTP, which had not been provided to Joint Committee, as it was being considered during this week by the WAST Board, be distributed to Members in order to consider any comments on the 'draft' to feedback via the CASC to WAST.

As the plan hadn't been included with the cover report, it was not possible at this stage to provide Commissioner support.

EASC INTEGRATED MEDIUM TERM PLAN 2018-2021

Members **received** and **NOTED** progress with development of the EASC 2018-21 IMTP which reaffirmed agreed commissioning intentions, which were discussed in some detail at the November meeting of the Committee.

GOVERNANCE & ASSURANCE

Members received sub group Chair reports and related minutes, including;

- Non-Emergency Patient Transport Services (NEPTS) Action Notes 23 October 2017
- Non-Emergency Patient Transport Services (NEPTS) Chairs Summary 27 November 2017
- Emergency Medical Retrieval and Transfer Services (EMRTS) Delivery Assurance Group Minutes 19 September 2017
- Emergency Medical Retrieval and Transfer Services (EMRTS) Delivery Assurance Group Chairs Summary 10 January 2018
- Joint Management Assurance Group (JMAG) Action Notes 14 November 2017
- Joint Management Assurance Group (JMAG) Chairs Summary 10 January 2018

WALES AUDIT OFFICE REPORT AND MANAGEMENT RESPONSE

Members **received** and discussed generally good progress against the Management Action Plan and **NOTED** actions outstanding. Members **NOTED** that the Memorandum of Understanding between CASC, EASC, WAST and Welsh Government and the CASC Job Description had been delayed beyond their originally intended completion date and it was hoped that both would be resolved by the March meeting.

FINANCE REPORT

Mr S Davies presented the Month 7 EASC Finance report, which was **NOTED** by Members.

JOINT COMMITTEE RISK REGISTER

The Committee **received**, reviewed and **endorsed** the updated Joint Committee Risk Register. Members suggested consideration of a workshop discussion on the approach to risk from a commissioner perspective, which if time allowed would feature in the March meeting.

FORWARD WORK PROGRAMME

The Committee **received** and **noted** the Committee Forward Work Programme, which would be updated further following discussions at the meeting.

Key risks and issues/matters of concern and any mitigating actions				
<ul style="list-style-type: none"> • The Committee NOTED matters considered within the Risk Register. • Members would receive a copy of the WAST 'Draft' IMTP and submit any comments to the CASC. 				
Matters requiring Board level consideration and/or approval				
<ul style="list-style-type: none"> • It is important that generally Boards are aware at Board level and as appropriate, Committee level, of matters relating to the work of the Emergency Ambulance Services Committee and their place within the broader unscheduled care system. 				
Forward Work Programme				
<ul style="list-style-type: none"> • At its March 2018 meeting, in addition to the routine items that feature at every meeting of the Joint Committee, the following agenda items will be considered for workshop discussion: <ul style="list-style-type: none"> ○ Risk Register / Risk Appetite from a Commissioner lens (Development discussion) ○ Demand & Capacity ○ Mental Health 				
Committee minutes submitted (insert ✓)	Yes	✓	No	
Date of next meeting	27 March 2018			



GIG
CYMRU
NHS
WALES

Pwyllgor Gwasanaethau Iechyd
Arbenigol Cymru (PGIAC)
Welsh Health Specialised
Services Committee (WHSSC)

WELSH HEALTH SPECIALISED SERVICES COMMITTEE JOINT COMMITTEE MEETING – NOVEMBER 2017

The Welsh Health Specialised Services Committee held its latest public meeting on 28 November 2017. This briefing sets out the key areas of discussion and aims to ensure everyone is kept up to date with what's happening in Welsh Health Specialised Services.

The papers for the meeting are available [here](#)

Action Log

Members noted the action log. Members received an update on:

- JC019 – Perinatal Mental Health. The Cabinet Secretary had responded today to the recommendations from the Children, Young People and Education Committee. A paper would be brought to the January 2018 Joint Committee meeting.
- JC027 – Develop standard business case template. It was suggested that the WHSSC Team work with the Directors of Planning on this initiative.
- JC028 & JC029 – Risk sharing. A new proposal would be discussed during the 'In Committee' session of the meeting.
- JC030 – CMRI future responsibilities. Correspondence had been issued to the All Wales Cardiac Network and Local Health Boards informing them of the agreement to transfer responsibility to Local Health Boards.

Chair's Report

The content of the Chair's written report was noted.

Managing Director's Report

Members noted the content of the Managing Director's report and in particular:

- PET scanning – the All Wales PET Scanning Group had discussed the proposal to provide clinical and cost effectiveness business cases for different indications to Management Group and concluded that this would be extremely challenging, time consuming and therefore not viable. The chair of the Group, who also chaired the Clinical Oncology Sub Committee, had indicated that he would be writing to the Director General regarding this matter. The difficulties in identifying the scale of pathway savings was noted. Also, although

the proposal considered at the previous meetings was very likely to be contained within the financial envelope for 2017-18, the inability to guarantee overspend on new indications against plan for future years was acknowledged. The WHSS Team repeated that there was, however, a clear expectation of savings across pathways arising from use of PET scans for new indications and that Wales was currently lagging behind England in terms of PET scans for new indications. SL observed that the proposed new indications had already been through the prioritisation process and were ranked at the high priority end of the scale. It was noted that PET scans for non-approved indications were regularly taken through the IPFR process and that this would continue but that the number of cases had necessitated a new route, outside of the mainstream IPFR process. It was noted that NICE had already positively reviewed the benefits of PET scans for head and neck indications and it was therefore agreed to approve these indications and defer further approval at the present time. It was confirmed that there was currently sufficient PET scanning capacity for the head and neck indications.

- Inherited bleeding disorders – the WHSS Team clarified that the project would be aligning resources between Local Health Boards and WHSSC, rather than bringing all provision under WHSSC.

Wales Neonatal Standards – Third Edition 2017

Members received a paper that provided an overview of Local Health Boards' baseline assessments against the Third Edition of the Standards and proposed that the Welsh Health Collaborative consider the Standards and advise on the process for their approval given its governance role for the Neonatal Network. It was noted that the Welsh Government would hold Health Boards accountable against the revised Standards following their launch. It was confirmed that the revised Standards were similar to the English standards, which would be important to PtHB, as it worked to both. The paper also proposed that WHSSC works with Regional Planning Boards to develop an integrated plan for neonatal cots across south Wales; this would be done in the context of the overall model rather than on cot occupancy in isolation.

Members noted and supported the recommendations as set out in the paper.

Development of the WHSSC Integrated Commissioning Plan (ICP) 2018-21

Members received a paper that outlined the timeline for the development and submission of the ICP 2018-21, together with the development work involved in the process. This year the WHSS Team had involved Directors of Planning and their teams, in addition to Management Group, to ensure that the ICP was aligned to Health Board IMTPs; it was suggested that

this would be very important going forward. It was noted that the timeline was very tight but the WHSS Team felt more comfortable with this than the prior year because the view of Management Group members was more aligned on this occasion.

Members noted the development work undertaken to date and the timeline for development and submission of the ICP.

Integrated Performance Report

Members received the report for September 2017, which provided a summary of the key issues arising and detailed the actions being undertaken to address areas of non-compliance.

CAMHS in BCUHB, together with Paediatric Surgery and Neurosurgery at CVUHB continued to be in stage 3 escalation with Bariatric Surgery at ABMUHB at stage 4.

Financial Performance Report

Members received the finance report for Month 7 2017-18 noting a year to date overspend of £737k with a forecast underspend to year-end of £259k for WHSSC.

HRG4+ reporting had been discussed with Welsh Government. Actual HRG4+ costs were being reported as incurred but were being excluded from year end forecasts with contingency plans developed in case agreement is not achieved with NHS England. The previous week NHS England had agreed to take the matter away and give it further consideration. Whilst there was no certainty, it was hoped that a response would be forthcoming during December 2017. PtHB and WHSSC were aligned in not signing contracts with English providers but some Health Boards had signed contracts where local benefits applied.

Up to a further £2m of reserves may be available for release if the related matters were favourably resolved.

A clear view of the 2017-18 year end and roll forward position would be presented in the Finance Report to the January Joint Committee meeting.

Joint Sub Committees and Advisory Groups

Members noted the update reports from the following joint sub committees and advisory groups:

- **Audit Committee** - It was reported that considerable work had been done by the WHSSC Team on the Risk Management Framework but that the Committee didn't feel it received assurance on management of the risks without sight of the individual risk on a page summaries but members understood why this detail was missing.

- All Wales Individual Patient Funding Request Panel – A Review of a Panel decision by ABUHB had decided not to uphold the grounds submitted for the Review and therefore allowed the Panel decision to stand.
- Quality & Patient Safety Committee
 - Annual Report appended
- Welsh Renal Clinical Network – An apology was received for the nature of the report that had been submitted (in draft form) but its content was confirmed as accurate
- NHS Wales Gender Identity Partnership Group
 - Annual report appended



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Arbenigol Cymru (PGIAC)
Welsh Health Specialised
Services Committee (WHSSC)

WELSH HEALTH SPECIALISED SERVICES COMMITTEE JOINT COMMITTEE MEETING – JANUARY 2018

The Welsh Health Specialised Services Committee held its latest public meeting on 29 January 2018. This briefing sets out the key areas of discussion and aims to ensure everyone is kept up to date with what's happening in Welsh Health Specialised Services.

The papers for the meeting are available [here](#)

Action Log & Matters Arising

Members noted the action log. A presentation on the Integrated Commissioning Plan 2018-21 was to be considered in private session.

Chair's Report

The content of the Chair's written report was noted.

Charles (Jan) Janczewski was appointed as an Independent Member of the Joint Committee and as a member and Chair of the Quality & Patient Safety Committee, all effective from 1 February 2018.

Managing Director's Report

Members noted the content of the Managing Director's report and in particular updates on:

- Inherited Bleeding Disorders
- Cardiac inter hospital transfers
- Appointment of an Information Manager to the WHSS Team

Alternative Augmented Communication (AAC) Evaluation

Members received an evaluation report of the AAC service undertaken by Dr Amanda Squire of Cardiff Metropolitan University which considered the progress of health boards in implementing the new service model, identified potential improvements in service delivery and outlined recommended funding levels for a further two years followed by a further evaluation in 2020. An indication had been received from Welsh Government that all future funding for AAC would come from the NHS; it was felt that this should be explored further to determine whether any funding was available for transfer from elsewhere, including the potential for funding from the Integrated Care Fund.

Members noted the evaluation report.

Thoracic Surgery Recommendation

Members received a paper that (1) made a recommendation regarding the optimal number of thoracic surgery centres in south Wales; (2) made a recommendation on the location of a single centre based on non-financial criteria; (3) provided an update on the ongoing need for a value for money assessment of the recommendation on the location of a single centre; (4) sought approval for the recommendations on the number and location of thoracic surgery centres in south Wales; and (5) sought approval of the next steps in taking forward the recommendations.

The recommendations were that services should be provided from a single site rather than the current two sites in Cardiff and Swansea, and that the new single unit should be based in Morriston Hospital, Swansea.

Members felt the case for change was compelling and founded on non-financial information that was evidence based and patient centred.

Members approved the recommendations and requested a detailed implementation plan be submitted to its meeting in May 2018, put together by ABMUHB and CVUHB, working in conjunction with the WHSS Team, and led by a Clinical Implementation Lead, who will be appointed through a competitive process. The plan should identify any capital costs, demonstrate ongoing revenue cost neutrality or better, value for money, continued quality to meet patient needs and focus on developing a strong clinical network across south Wales with care provided locally, wherever possible, for non-surgical parts of the patient pathway. It was acknowledged that there may be transitional costs. It was noted that further public consultation on the proposal may be required.

Perinatal Mental Health Options Appraisal

Members received a paper that provided an update and presented the clinical view of the Tier 4 Perinatal Mental health task and finish group. It was noted that (1) there is evidence to support development of an inpatient mother and baby unit facility (MBU) in south Wales as part of an integrated whole system model of care; (2) the predicted demand for inpatient facilities in north Wales means that a single approach is not yet clear and that further work is required to consider the options; (3) there is political and stakeholder support for a MBU in south Wales with ongoing work to clarify costs and identify funding; and (4) there is a need to move swiftly in developing provision in Wales and an interim solution is suggested.

Members discussed the prior closure of an MBU in Cardiff and suggested that lessons should be learned from that experience. It was suggested that significant factors included lack of demand because of a limited

catchment area and lack of skills and knowledge in community care at that time to recognise appropriate cases for the unit.

Members (1) noted the information presented within the paper; (2) supported the recommendation for mother and baby inpatient care in south Wales, subject to the learning from the Cardiff MBU closure; (3) supported the recommendation that WHSSC continue to work with BCUHB and NHS England in developing the feasibility of a MBU in north east Wales; and (4) agreed that interim options for provision are worked up in detail and brought forward for update in March 2018, which would include discussions with Welsh Government officials regarding investment options.

Interventional Neuro Radiology (INR) and Thrombectomy Update

Members received an oral update on the work being done to ensure a sustainable INR service and to explore the prospects for the phased introduction of a thrombectomy service for south Wales, both in conjunction with North Bristol NHS Trust. The WHSS Team had also been exploring the introduction of a thrombectomy service for north Wales and north Powys with North Midlands NHS Trust.

Risk Sharing

Members received a report setting out a proposed risk sharing framework consistent with the presentation given to them in November 2017.

The latest proposal was based on establishing a neutral baseline based on the latest known two financial years' averages followed by IMTPs based on two year averages. The IMTP impact would be neutral in 2018-19 followed by partial impact in 2019-20 with the full impact biting from 2020-21. Members of the Finance sub-group were supportive, noting the residual concern of one health board regarding the current year. The paper had been circulated in advance to CEOs and DOFs to enable them to provide feedback ahead of the meeting.

Members approved the proposed risk sharing system detailed within the report.

Governance & Accountability Framework (GAF) Review

Members received a report that presented an overview of proposed amendments to the GAF and an action to undertake a 'deep dive' review later in the calendar year.

Members (1) noted the content of the report; (2) noted the proposed amendments to the GAF; and (3) supported the proposed amendments and the proposed action to undertake a full 'deep dive' review of the GAF by 30 September 2018.

Joint Committee Annual Business Cycle 2018-19

Members received a paper that provided a draft of the Joint Committee annual Business Cycle 2018-19.

Members noted the content of the report, including the schedule of meetings for 2018-19.

Corporate Risk & Assurance Framework (CRAF)

Members received a paper which provided an update on progress made in developing the WHSSC CRAF. Members noted the recent changes following feedback received from various assurance committees, and the actions taken forward by the WHSS Team. It was noted that all risks currently appearing on the corporate risk register were owned by the Director of Planning and the WHSSC Quality and Patient Safety Committee was the relevant assurance committee. It was confirmed that the role of the Audit Committee was to ensure that there was a risk management system in place and that it was operating effectively. Further consideration would be given to the organisation's risk appetite.

Members noted the update provided and received assurance that risks were being appropriately assessed and managed.

Integrated Performance Report

Members received the report for November 2017, which provided a summary of the key issues arising and detailed the actions being undertaken to address areas of non-compliance.

The services currently in the WHSSC escalation process were noted. Paediatric Intensive Care had been escalated to level 2; there had been no PICU beds available in Cardiff or Bristol for a 24 hour period. Paediatric surgery at CVUHB remained at level 3; a commissioning quality visit had taken place on 26 January. A performance meeting had been held in December in respect of the lymphoma panel, which was at level 2. The tender process had been paused for the Bariatric service pending further assessment against the specification.

Financial Performance Report

Members received the finance report for Month 9 2017-18 noting a year to date overspend of £839k with a forecast overspend to year-end of £19k for WHSSC.

Material uncertainty remained regarding the risk of HRG4+ price increases from English providers, although NHS England and NHS Improvement were now more positive regarding a solution and the matter had been escalated to the Department of Health. Welsh Government was aware of the position and the potential impact on health boards.

Joint Sub Committees and Advisory Groups

Members noted the update reports from the following joint sub committees and advisory groups:

- Integrated Governance Committee
- All Wales Individual Patient Funding Request Panel
- Welsh Renal Clinical Network
- Audit Committee
- All Wales Gender Identity Partnership Group

Enw'r Pwyllgor: Name of Committee:	Joint Regional Planning & Delivery Committee (JRPDC)
Cadeirydd y Pwyllgor: Chair of Committee:	Steve Moore Chief Executive – Hywel Dda University Health Board
Cyfnod Adrodd: Reporting Period:	Meeting Held on 1 st February 2018
Y Penderfyniadau a'r Materion a Ystyriodd Pwyllgor: Key Decisions and Matters Considered by the Committee:	
<p>The Committee has a key role to drive forward at pace a range of projects that have been identified by both Hywel Dda University Health Board (HDdUHB) and Abertawe Bro Morgannwg University Health Board (ABMUHB) as priorities for joint working to deliver Ministerial objectives, especially those relating to the NHS Outcomes Framework, as well as alignment to the more strategic A Regional Collaboration for Health (ARCH) Programme Board and that of the Service Transformation Programme.</p> <p><u>Summary report of the work of the Joint Regional Planning and Delivery Committee (JRPDC) at its meeting on 1st February 2018:</u></p> <p>Following discussion, it was suggested that the remit and work programme of JRPDC should be reviewed; and that this needs to take place within the wider context of other work taking place in the region. It was agreed that the JRPDC work programme should be evaluated and updated, and that in preparing this, the ARCH programme should be taken into account.</p> <p><u>Regional Planning and Delivery Progress Update</u></p> <p>An update report on regional planning and delivery progress was presented, and attention drawn to the key areas Welsh Government has requested that UHBs focus on. Members noted that five specialties have been identified as priority areas for regional working:</p> <ul style="list-style-type: none"> • Ophthalmology • Orthopaedics • Endoscopy • ENT • General Surgery <p>The Committee discussed outsourcing arrangements for the coming year, noting the requirement for plans to be in place for April 2018 and to agree joint plans by the end of February 2018. The need to establish sustainable models of care going forward, to reduce the need for ongoing waiting list initiatives in the future, was also recognised. In terms of priorities in addressing waiting lists, the Committee noted the necessity of considering achievability, potential benefits and patient need. In discussing waiting list initiatives. The Committee considered the potential scope for making joint appointments, for example in Ophthalmology or community optometry, and utilisation of facilities. Noting the need to move at pace with outsourcing plans, to avoid the risk of losing capacity to other Health Boards, it was agreed that initial outsourcing agreements should be made, as a matter of priority.</p> <p>Members noted that Dermatology is an area offering significant opportunities, for example establishment of a regional post and/or clinical lead. Dermatology offers the opportunity for a</p>	

truly regional model, including an academic element, which would provide treatment for a large number of patients. However, Members were reminded of concerns regarding overloading JRPDC and the respective UHB teams with tasks; there are many examples of specialties which could be viewed as important, and the UHBs need to prioritise workload. It was suggested that this topic be reinvigorated by taking it back through the ARCH Programme Group and reporting to JRPDC as appropriate.

The Committee considered each of the specialty updates in the report, as follows:

Ophthalmology – workshops had both taken place and were planned. It was suggested that, together with actions being taken to address waiting lists for cataract treatment, there should be assurance around other conditions such as glaucoma and wet age-related macular degeneration (AMD). If these are not to be regional priorities, consideration needs to be given to how they are being progressed. Whilst acknowledging this suggestion, it was noted that treatment of these conditions is more complex. Both UHBs have staff with skills in the treatment of cataracts; this may not be the case for glaucoma and wet AMD. It was suggested that a clearer scope and specification be provided around this, to be presented to the next JRPDC meeting.

Orthopaedics – a workshop had taken place on 24th November 2017, which had included discussions around value-based healthcare; and a further summit, to be organised by ARCH, is planned. It was suggested that this should include expert facilitation, ideally from within the specialty. The summit will focus on elective surgery within the major sub-specialties.

Endoscopy – HDdUHB staff are providing service at ABMUHB to address immediate issues, and Members were assured that there is no evidence of a detrimental impact on HDdUHB. It was noted that there have been discussions around the possibility of a joint Endoscopy appointment; there is probably sufficient work across the region to justify such a role. Noting the need to embed this into future planning, including joint job planning, Members suggested that there are opportunities to consider joint job planning for other service areas, although such developments should emanate from service demand.

Non-Surgical Oncology – the draft strategy has been approved by both Boards and is referenced in both UHBs' Annual Operating Plans. Steps now need to be taken towards implementation and operational delivery, with feedback suggesting that most of the cancer pathway is currently delivered on a regional basis. The Committee expressed concern that implementation of the single cancer pathway will reveal gaps in diagnostics provision, due to the estimated 10-15% increase in demand. It was agreed that JRPDC should be utilised as a forum for discussion of plans relating to the single cancer pathway, recognising that this is a high-profile issue requiring consideration. It may also be helpful for Welsh Government representatives to hear the discussions and challenges around this topic. Members were advised that there are various opinions around the benefits and/or additionality of the single cancer pathway, particularly in relation to the impacts on other specialties and services.

Cardiology – modelling demand and capacity has been challenging. HDdUHB has utilised a proportion of funding allocated to address Referral to Treatment Time (RTT) to secure a temporary mobile Cardiac facility at Glangwili General Hospital. Members noted that the Transforming Clinical Services programme will likely identify a need for a Cardiac Cath Lab at HDdUHB, as there is a great deal of urgency and patient need around this provision. There is

justification for both utilising the uncommissioned Cardiac Cath Lab at ABMUHB, and for establishing a facility at HDdUHB. Members revisited discussions around whether HDdUHB staff might operate the ABMUHB facility and whether there might be potential for joint regional appointments going forward. In considering proposals for new facilities. There is also a wider strategic issue, in terms of restoring the confidence of clinicians and facilitating repatriation of other specialties.

It was agreed that the following are required:

- Development/confirmation of the business case for the ABMUHB (Morrison) Cardiac Cath Lab;
- Evaluation of the HDdUHB mobile cardiac facility;
- Demand/capacity modelling on a regional basis.

Vascular – there is a need to consider various issues, including consultant appointments, succession planning for the laboratory at Morrison, and repatriation of services. Members were advised that there is a great deal of good work taking place around the foot pathway. The workplan for next year will be confirmed within the next few months.

Pathology – there has been a willingness among the clinicians to work together, which is positive. However, there are also potential challenges around the costs and capital implications of the proposed development – in terms of both footprint and clinical model. It was suggested that a joint meeting with Welsh Government on this matter be scheduled. Recognising the constraints in terms of capital availability for 2018/19, Members noted that 2019/20 is the target date. A regional solution is likely to be considered favourably, although not at the current estimated costs.

Hyper Acute Stroke Unit – a draft service specification and pathway has been prepared, with comments due by 1st February 2018. The importance of ensuring that this facility meets the needs of all local populations in order to promote it effectively was stressed. Members noted that there could be public interest, and it was suggested that consideration be given to involving stakeholders (CHC and public) in discussions. Recognising that much of HDdUHB's stroke care is good, the financial commitment/benefits involved in funding a Hyper Acute Stroke Unit were queried, with a suggestion that an interim model might be more appropriate.

Long Term Agreements (LTAs) – meetings are taking place in both UHBs and documents have been shared with Directors of Finance. The need for formal, professional contractual arrangements was emphasised; these need to take into account service specification, including case complexity, which clinicians feel is sometimes not adequately recognised. It was agreed that a Task & Finish Group to discuss commissioning specifications, including service specifications, be established; to include input from JRPDC Members.

**Materion y Mae Angen Ystyriaeth neu Gymeradwyaeth Lefel y Bwrdd ar eu Cyfer:
Matters Requiring Board Level Consideration or Approval:**

- To note the current joint working that is being progressed.

Risgiau Allweddol a Materion Pryder:

Key Risks and Issues/Matters of Concern:

- The need to take forward outsourcing arrangements at pace;
- The need to establish sustainable models of care going forward, to reduce the requirement for ongoing waiting list initiatives in the future;

- The potential implications of not prioritising Ophthalmology conditions other than cataracts;
- Concerns that implementation of the single cancer pathway will reveal gaps in diagnostics provision, due to the estimated 10-15% increase in demand;
- The apparent increase in patient demand for cardiac treatment, and resulting challenges in terms of capacity.

Busnes Cynlluniedig y Pwyllgor ar Gyfer y Cyfnod Adrodd Nesaf:

Planned Committee Business for the Next Reporting Period:

Adrodd yn y Dyfodol:

Future Reporting:

Progress on current work streams.

Dyddiad y Cyfarfod Nesaf:

Date of Next Meeting:

12th April 2018.



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Collaborative

NHS Wales Collaborative Leadership Forum

Minutes of Meeting held on 11 December 2017

Author: Mark Dickinson

Version: 0a

Members present	<p>Ann Lloyd (Chair), Chair, Aneurin Bevan UHB Maria Battle, Chair, Cardiff & Vale UHB Andrew Davies, Chair, Abertawe Bro Morgannwg UHB Huw George, Deputy Chief Executive, Public Health Wales (for Tracey Cooper) Steve Ham, Chief Executive, Velindre NHS Trust Judith Hardisty, Vice Chair, Hywel Dda UHB Alex Howells, Acting Chief Executive, Abertawe Bro Morgannwg UHB Chris Jones, Chair, HEIW Rosemary Kennedy, Chair, Velindre NHS Trust Marcus Longley, Chair, Cwm Taf Steve Moore, Chief Executive, Hywel Dda UHB Judith Paget, Chief Executive, Aneurin Bevan UHB Len Richards, Chief Executive, Cardiff & Vale UHB Patsy Roseblade, Director of Finance, WAST, for Tracey Myhill Carol Shillabeer, Chief Executive, Powys tHB Allison Williams, Chief Executive, Cwm Taf UHB Jan Williams, Chair, Public Health Wales</p>
In attendance	<p>Mark Dickinson, NHS Wales Health Collaborative Jane Green, Welsh NHS Confederation</p>
Apologies	<p>Tracey Cooper, Chief Executive, Public Health Wales Gary Doherty, Chief Executive, Betsi Cadwaladr UHB Mick Giannasi, Chair, WAST Vivienne Harpwood, Chair, Powys tHB</p>

<p>Peter Higson, Chair, Betsi Cadwaladr UHB Bob Hudson, Director, NHS Wales Health Collaborative Tracy Myhill, Chief Executive, WAST Bernadine Rees, Chair, Hywel Dda UHB Vanessa Young, Welsh NHS Confederation</p>
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Introductory remarks and confirmation of Chair	Action
<p>Ann Lloyd (AL) introduced the meeting. AL reported that, as Viv Harpwood (VH) now has additional commitments and demands on her time, VH has decided not to take on the role of Chair of the Collaborative Leadership Forum, as previously agreed. The meeting, therefore, confirmed AL as the new Chair of the Collaborative Leadership Forum.</p> <p>Chris Jones (CJ) noted that, as Chair designate of HEIW (a special health authority), he was no longer technically a member of the Forum, as the terms of reference specify the membership to be the chairs and chief executives of health boards and trusts. It was agreed that, as many issues within the remit of the Forum have significant workforce implications, the terms of reference should be revised to include both the Chair and Chief Executive of HEIW. The revised terms of reference will be brought back to the next meeting for formal approval.</p>	MD

Minutes of previous meeting	Action
<p>CJ, as Chair at the time of the previous meeting, introduced the minutes of the meeting held on 20 September 2017.</p> <p>The minutes were reviewed for accuracy and the following changes were noted:</p> <ul style="list-style-type: none"> • On p8, the fourth bullet point should say "What functionality is still required" • On p9, the following sentence (and related attributed action) should be deleted "It was agreed that JP will act on behalf of the Collaborative Leadership Forum to sign off the consultation material" <p>Subject to the above changes, the minutes were approved as a correct record.</p>	

Matters arising from previous meeting	Action
<p>The following matters arising were discussed:</p> <p><i>Publication of minutes</i> Mark Dickinson (MD) and Allison Williams (AW) reported back that, following discussions with board secretaries, it was proposed that the minutes should not be routinely published on a Collaborative website, but should be formally reported back to individual boards, by which means they would enter the public domain as board papers. It was noted that this would require the Forum to be clear when issues are to be discussed in a 'closed session', so that the relevant sections of minutes can, in turn, be reported back to closed sessions of boards. It was also noted that all minutes were within the scope of the Freedom of Information Act and, subject to any valid exemptions, would need to be disclosed, if requested. This proposal was agreed and MD will ensure that approved minutes are sent to board secretaries for reporting to boards.</p> <p><i>Escalation process</i> AW noted that, whilst an escalation process is set out in the Forum's terms of reference, this involves Welsh Government, but has never been formally endorsed by Andrew Goodall or other officials. It was agreed that AW and AL will discuss this further as part of wider discussions about the future of the Collaborative and will bring proposals back to the next meeting for discussion.</p> <p><i>Possible use of SIFT funding to support the Imaging Academy</i> CJ reported that HEIW is in discussion with Welsh Government about SIFT coming within the scope of HEIW. CJ noted that there had been a previous review of SIFT, but that the recommendations had not been fully implemented.</p> <p><i>Retirement of Director</i> AW reported that, having approached some individuals who had not been interested, expressions of interest are now being sought from executives across NHS Wales, on the basis of a secondment of 12 months. This time period reflected the fact that it was not yet clear where the Collaborative might be positioned in the system in future. AW confirmed that she is not entirely confident that someone appropriate will come forward. Executive directors are stretched and we need someone of appropriate calibre, experience and level of seniority.</p> <p>AW further reported that she will be discussing contingency</p>	<p>MD</p> <p>AW/AL</p>

<ul style="list-style-type: none"> • ensure payments are made to New Pathways under this year's SLAs, taking into account the need to be assured of delivery, as per the content of the SLAs • ensure that SLAs with New Pathways for 2018/19 are negotiated and agreed as soon as possible <p>It was also agreed that the outstanding accommodation issues in Swansea need to be resolved. Alex Howells (AH) reported that this is being progressed and that a meeting on this had taken place with the police at the end of the previous week.</p> <p>It was also agreed that the Cardiff and Vale led implementation group, as described in the paper, needs to be put into place quickly to take forward the next steps. This requires the release of resources to enable the necessary posts to be filled.</p> <p>CJ noted that the non-signing of third sector SLAs had not been an issue that had been escalated to all chairs. AW responded that, as the actual value of the SLAs was very small, this would not normally be escalated to chairs.</p> <p>Judith Paget (JP) noted that Aneurin Bevan had never had an SLA with New Pathways and would be putting into place a commissioning approach, with clarity over the flows of resources.</p> <p>CJ was very concerned that since the last meeting, where concerns were expressed, not enough progress had been made. There is a need to ensure we do not get into a similar position again, where we are playing catch up with important relationships.</p> <p>JW described the paper as being very helpful, but asked if there could also be a 'learning piece' produced by the Collaborative Team, describing how this became a reputational issue and providing lessons that can be applied, both for the remaining life of the Collaborative and in other contexts, to ensure we do not end up getting into the same situation again. It was agreed that such a report should be produced.</p> <p>AW drew attention to the fourth bullet point on page 7 of the report, in relation to forensic medical examiners (FMEs). The FME role is currently the responsibility of the police. There are, however, anxieties over governance and the issue is likely to be progressed by the police, including consideration as to</p>	<p>All HB CEs</p> <p>AH</p> <p>LR CEs</p> <p>AW/BH</p>
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whether the FME role should become an NHS responsibility. This is a bigger issue than in relation to SARCs alone and there will be a need to consider the issues carefully as there are risks associated with both transfer and non-transfer of the role.

JW noted that, in her previous role, she had dealt with many cases where people had been held in custody when they should have been under the care of the NHS. There is, however, a gap in the Government of Wales Act 2006 that prevents the NHS from providing the FME role. Pressure from the group could help to get this addressed.

Carol Shillabeer (CS) reported that she had recently met the Children’s Commissioner, who was now more satisfied with progress over SARCs, but is also interested in the FME issue being progressed.

It was **agreed** that there is a need to support a joint piece of work, to be instigated by the police, on the FME issue. It was **agreed** that BH should write to the police forces and Police and Crime Commissioners to signal our willingness to participate actively in such a review.

MB stressed the importance of focusing any review on the needs of the women and children who require the services and on the impact of any change on them. There is a need to ensure that they can be dealt with as sensitively and quickly as possible.

CJ noted that the FME role also includes getting and assessing evidence, which needs to be considered separately from the clinical care and support to victims that FMEs provide. Ensuring justice is an important consideration, alongside the care of individuals.

AL asked that previous health board responses to the earlier Children’s Commissioner’s letter should be shared with the group and this was **agreed**. It was also **agreed** that AL should write separately to the Children’s Commissioner to provide assurance that the SARC issue is being taken seriously and is being progressed.

Andrew Davies (AD) noted that, in the light of the problems that had arisen with the development of the SARC, an assurance process for all programmes be established. This was **agreed**.

BH

CEs

AL

AL asked that a paper outlining the timing and content of phase 2 be circulated as soon as possible.	BH BH
Major Trauma	Action
AW introduced the paper and drew particular attention to the timetable in appendix 4. Scheduling differences in each health board mean that the feedback received so far is not necessarily representative. There remains a need to encourage people to respond.	
LR noted that the paper refers to preconceived ideas and questioned how we are trying to correct these. AW replied that this would be an 'ongoing drip feed exercise', including reassurance about what is not going to change.	
CJ asked for reassurance that the risk register is up to date. AW indicated that she thought it was, but agreed to check with the team.	AW
CJ asked about how the risks of not having a major trauma network were being dealt with. After discussion, it was agreed that there is a need for these risks to be made fully explicit in the papers that will go to boards following the end of the consultation.	AW/BH
It was agreed that the conclusions of the review to be conducted at the midway point of the consultation will be circulated to the group.	AW/BH
JP noted that some of the responses received are clearly based on inaccurate information and asked whether any attempts were being made to provide correct information in such circumstances and to provide responders with an opportunity to reconsider their views in the light of this. AW replied that his was not happening, but agreed to raise this as a suggestion for the team to consider. It was also agreed that the FAQs should be updated to address new questions raised to try to rectify any misunderstandings.	AW/BH AW/BH
Patsy Roseblade (PR) pointed out that the percentages on page 9 of the report were open to misinterpretation if put into the public domain in their current form.	

Andrew Davies (AD) noted that, whilst numbers attending public meetings were low, there was a considerable amount of social media traffic related to the issue. This illustrated that we are currently bound into using the wrong tools for consultation and engagement exercises of this sort. There is a need to consider what a modern engagement exercise should look like, as digital engagement can lead to the sorts of meaningful conversations that are impossible in public meetings. AW supported this view and noted that there is a need to have a conversation with government on how we do this, particularly for cross organisation issues. AL added that this will become an increasingly significant issue as regional planning develops.

It was **agreed** that a workshop should be organised in the new year to look at modernising engagement practices in Wales and to refer any subsequent recommendations for change to the DG.

Clinical Networks and Regional Planning	Action
<p>AW introduced the paper, noting that it provided, for information, an overview briefing of work currently ongoing in relation to the clinical networks, which Mark Dickinson (MD) has been leading.</p> <p>AW commented on the complexity of the current arrangements for networks, implementation groups and multiple other programmes and disease specific groups. In total, this involves a significant amount of management and clinical leadership time and effort.</p> <p>AD suggested that a 'pause and review' would be very helpful at this stage. A lot of recent reviews had ignored interdependencies between clinical services, whilst ever-increasing specialisation was driving up costs.</p> <p>CJ expressed satisfaction with the reports on individual networks, but stressed the need to be talking about the interdependencies with Andrew Goodall as there is currently too much fragmentation and duplication.</p> <p>AL agreed that there is need to consider why we are doing all of this and the impact it is having. We have the opportunity to streamline.</p> <p>Steve Moore (SM) referred to the multiple groups just in the single topic of imaging, but noted that having a number of</p>	

<p>networks brought together in the Collaborative had helped.</p> <p>AW added that there are still new things being announced, with the latest being a perinatal mental health network. AW suggested that there is a need to open a debate with Welsh Government about this prior to the reporting of the Parliamentary Review.</p> <p>CS expressed her view that the perinatal issue can be resolved within existing structures and that, through work already started, we can get a better overall NHS Wales grip of mental health.</p> <p>JW suggested that there is an urgent need to assess how much planning capacity we require, how much we have and where we need it. The current arrangements are all disconnected and vastly expensive in terms of time. AL agreed with this and the need to map what we currently have.</p> <p>It was agreed to discuss this matter further in a meeting later in the day.</p>	<p>All</p>
<p>Arrangements for next meeting</p>	<p>Action</p>
<p>It was noted that the next meeting, which had been scheduled for March, will now be held in late February, to allow time for the report on the major trauma consultation to be considered and approved, prior to discussion by boards. The date and time will be confirmed soon.</p>	<p>MD</p>