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Abertawe Bro Morgannwg
University Health Board



Meeting Date	28th March 2019	Agenda Item: 5.5		
Report Title	Report from Sub Committee Chairs'			
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 at meetings 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	Members are asked to: <ul style="list-style-type: none"> • NOTE the content of the reports; 			

REPORTS FROM SUB COMMITTEES

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 MEETING CHAIRS

(i) Audit Committee (appendix 1)

The board is asked to **receive** and **note** the chair's summary of the meeting held on 24th January 2019

(ii) Mental Health Legislation Committee (appendix 2)

The board is asked to **receive** and **note** the chair's summary of the meeting held on 7th February 2019.

(iii) Workforce and OD Committee (appendix 3)

The board is asked to **receive** and **note** the chair's summary of the meeting held on the 27th February 2019.

(iv) Health and Safety Committee (appendix 4)

The board is asked to **receive** and **note** the chair's summary of the meeting held on the 4th March 2019.

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. RECOMMENDATIONS

Members are asked to:

- **NOTE** the content of the reports;

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	As outlined in the main report.				



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		Agenda Item	5.5 (i)
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	24 January 2019		
Summary of key matters considered by the committee and any related decisions made.			
<ul style="list-style-type: none"> Audit Registers and Status of Recommendations/ Outstanding Audit Actions for the Medical Director Members received an update on the overdue audit recommendations which highlighted that the number had increased since the report to the previous meeting. This was disappointing as action dates were agreed with each executive director and therefore should be no justification for non-delivery. Also on the agenda was a report from the Medical Director outlining the progress against the audit recommendations specific to his portfolio. Good progress had been made in relation to the recommendations highlighted. It was agreed that an internal audit of patient recorded outcome measures (PROMS) be deferred while the appropriate staffing and system was put in place. This was subject to the committee chair receiving a high-level plan for the work required in the interim. Structured Assessment The structured assessment report for 2018 was considered. Members noted the considerable improvements recognised in the report and commended the Director of Corporate Governance and other executive directors for the work undertaken. 			
Key risks and issues/matters of concern of which the board needs to be made aware:			
<ul style="list-style-type: none"> Financial Update As part of the financial update, members heard an additional £10m had been received from Welsh Government, reducing the forecast deficit position to £10m, which the health board was on track to achieve. Members also heard that the finance team continued to manage the risks associated with losing some key staff members to other health bodies following successful recruitment drives. Safeguarding Report Members received a comprehensive report outlining the work in relation to safeguarding, which provided confidence that action was being taken to address the recommendations of a number of limited assurance rated internal audit reports. It was felt that the board needed to be more mindful of staff working within the service area and consideration was to be given to 			

holding a board development session on the subject.	
Delegated action by the committee:	
No delegated action was taken by the committee.	
Main sources of information received:	
<p>The following reports were received with no significant issues raised:</p> <ul style="list-style-type: none"> - Strategic risk report; - Integrated governance work programme; - NHS Wales Shared Services Partnership (NWSSP) internal audit progress report and assignment summary; - Welsh Ambulance Service NHS Trust (WAST) internal audit report; - Wales Audit Office progress report, 2018 structured assessment, 2018 annual report and primary care report; - Annual accounts process; - Losses and special payments; - Single tender action and quotations; - Clinical audit update. 	
Highlights from sub-groups reporting into this committee:	
The minutes of the hosted agencies governance sub-committees were noted without significant issues raised as well as a report from the information governance board.	
Matters referred to other committees	
No items referred to other committees.	
Date of next meeting	21 March 2019



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		Agenda Item	5.5 (ii)
Freedom of Information Status		Open	
Reporting Committee	Mental Health Legislation Committee		
Author	Claire Mulcahy, Committee Services Officer		
Chaired by	Emma Woollett, Vice-Chair		
Lead Executive Director (s)	Gareth Howells, Director of Nursing and Patient Experience		
Date of last meeting	07 February 2019		
Summary of key matters considered by the committee and any related decisions made.			
<ul style="list-style-type: none"> - Committee effectiveness – Feedback from the self-assessments suggest a number of measures for improving the committee’s effectiveness: <ul style="list-style-type: none"> o Single accountability for mental health legislation compliance and training across the health board; o Clear and resourced structure for DoLs, reporting through safeguarding; o Greater organisational ownership of mental health issues reflected through more explicit consideration of mental health questions in other committees, rather than an assumption that all mental health issues should come to MHLC. o Focused training for committee members (this is being arranged through Blake Morgan solicitors). - Mental Health Act Monitoring Report – illegal detentions under the Mental Health Act, which typically occur on general wards rather than mental health wards, pose a reputational risk to the health board and suggest that tighter accountability for legislative requirements was needed across general wards. Similarly, we experience a significant level of postponement/adjournment of the hospital manager hearings. The committee requested further assurance around the robustness of the process as this again was a reputational risk for the health board. - Mental Capacity Act/DoLs – the committee noted that the report provided some assurance that work was underway to improve performance but they were still not assured that staff were adequately trained. There was discussion regarding the models for MCA/DoLs in both ABMU and Cwm Taf Health Boards. It was highlighted that both models were very different and that Cwm Taf’s model was the safest and clearest. The committee were informed that ABMU would look to adopt this model once the Bridgend Boundary change was completed. Recruitment is needed to ensure that there is a clear model and sufficient resource within safeguarding, and the committee expressed a strong opinion that this should be expedited through the vacancy panel. - Deprivation of Liberty Safeguards (DoLS) – Internal Audit had completed a follow up review of the DoLS process and the health board wide position remained at limited assurance. The Primary Care and Community Delivery Unit were working through the action plan in partnership with the Safeguarding Team and Service Delivery Units. The committee felt that importance and relevance of DoLS was not understood across the 			

health board and it was imperative that a designated DoLS structure was put in place.

- **Training** – the committee still has great concern over the coverage and compliance with mental health training, particularly outside the mental health delivery unit. This underpins our performance under the Mental Health Act and the Mental Capacity Act. The matter has been referred to the Workforce and OD Committee for assurance.
- **Use of adult beds for CAMHS** – it is all Wales policy for each health board to hold a designated adult bed for emergency use for adolescents when no CAMHS bed is available. Our emergency bed is at NPT hospital and appears to be required more regularly than would be justified by true emergency use. The committee has requested further assurance.

Key risks and issues/matters of concern of which the board needs to be made aware:

- **Risk level** –the issues described above, particularly delays in DoLS, illegal detentions and the postponement of hospital manager hearings are all distressing to patients and a reputational risk to the health board. Given current performance, the committee suggests there is a need to raise the priority of our organisational commitment to mental health legislation, particularly across non mental health specialities and suggests that the Board should review the level at which these issues are lodged within the risk register.

Delegated action by the committee:

No delegated action was undertaken by the committee.

Main sources of information received:

In addition to reports discussed above the following reports were considered by the committee:

- **Mental Health Measure Monitoring Report** – the committee received a report on compliance with the four parts of the Mental Health Measure. For services provided by ABMU, the health board showed strong performance across all measures.
- **Care and Treatment Planning in Mental Health and Learning Disabilities** – members received an executive summary, which updated on the progress of the actions plans in relation to Care and Treatment Planning.

Highlights from sub-groups reporting into this committee:

None received.

Matters referred to other committees

Assurance around the coverage and compliance with the Mental Capacity Act, DoLS and Mental Health Act training in non mental health specialities to be sought from Workforce and OD committee.

Date of next meeting

09 May 2019



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		Agenda Item	5.5 (iii)
Freedom of Information Status		Open	
Reporting Committee	Workforce and Organisational Development (OD) Committee		
Author	Liz Stauber, Committee Services Manager		
Chaired by	Tom Crick, Independent Member		
Lead Executive Director (s)	Hazel Robinson, Director of Workforce and OD		
Date of last meeting	27 February 2019		
Summary of key matters considered by the committee and any related decisions made.			
<p>Workforce Risks - capacity of the workforce function and medical staffing remained the two most significant risks. Members referenced the high value opportunities as part of the annual plan and stated that there needed to be sufficient programme management support.</p>			
Key risks and issues/matters of concern of which the board needs to be made aware:			
<p>Sickness Absence Drilldown – a ‘deep dive’ of sickness absence rates noted that the position for November 2018 was 6.2%, which could be broken down to 2.2% short-term and 3.97% long-term. Actions were in place to improve the position, including a health and wellbeing letter sent on day eight, tailored return to work plans and early intervention plans. A further update was to be provided in three months.</p>			
Delegated action by the committee:			
<p>Workforce and OD Committee Terms of Reference – members deferred the approval of the committee’s terms of reference while further changes were made.</p> <p>Annual Equality Report 2018-19 – this was approved.</p>			
Main sources of information received:			
<p>Workforce Metrics – a report outlining performance against a number of key workforce metrics, such as sickness absence and compliance with mandatory and statutory training, was received with no significant issues raised.</p> <p>E-Rostering Deployment – members received an update as to the progress to roll-out out the e-rostering system board-wide. Once roll-out was complete, regular reports could be provided detailing how rosters were being managed across the organisation.</p> <p>Nurse Staffing Levels (Wales) Act 2016 – the regular report outlining compliance against the act was received with no significant issues raised.</p> <p>Medical Agency Cap – members noted that there been a reduction in hours booked by 10% and the percentage of agency staff booked at or below cap had also improved by 10%.</p> <p>Medical Recruitment Strategy – a further update as to the work to develop a medical recruitment strategy was discussed.</p> <p>HIW Action Plan – the workforce elements of the action plan in response to the Healthcare Inspectorate Wales (HIW) review of the Kris Wade case were considered, noting a further update would be received in two months.</p>			

Vacancy Control Panel Decisions – the regular report outlining decisions made by the vacancy control panel was received with no significant issues identified.

Highlights from sub-groups reporting into this committee:

No reports from sub-groups were received.

Matters referred to other committees

No matters were referred to other committees.

Date of next meeting

27th March 2019



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		Agenda Item	5.5 (iv)
Freedom of Information Status		Open	
Reporting Committee	Health and Safety Committee		
Author	Liz Stauber, Committee Services Manager		
Chaired by	Maggie Berry, Independent Member		
Lead Executive Director (s)	Gareth Howells, Director of Nursing and Patient Experience		
Date of last meeting	04 March 2019		
Summary of key matters considered by the committee and any related decisions made.			
<p>Deferment of Papers – the chair opened the meeting by explaining that she had taken the ‘difficult’ decision to defer the majority of the agenda items given the lateness of the papers and to allow herself time as chair to get the agenda ‘right’, despite the advice of the Director of Corporate Governance to proceed as originally planned. An additional meeting was to be scheduled in order to consider the items not taken that day.</p>			
Key risks and issues/matters of concern of which the board needs to be made aware:			
No specific reports to bring to the board’s attention.			
Delegated action by the committee:			
<p>Health and Safety Committee work programme 2019-20 – the committee’s work programme for 2019-20 was approved.</p>			
Main sources of information received:			
<p>Review of Service Delivery Units: Neath Port Talbot Hospital and Primary Care and Community Services - both units presented the key performance and compliance positions in relation to health and safety. There were no significant issues or risks identified for further scrutiny.</p>			
Highlights from sub-groups reporting into this committee:			
No reports from sub-groups were received.			
Matters referred to other committees			
No matters were referred to other committees.			
Date of next meeting	tbc		