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University Health Board



<b>Meeting Date</b>	<b>29<sup>th</sup> November 2018</b>			<b>Agenda Item: 4i.</b>
<b>Report Title</b>	Meeting Chairs' Report			
<b>Report Author</b>	Liz Stauber, Committee Services Manager			
<b>Report Sponsor</b>	Pam Wenger, Director of Corporate Governance			
<b>Freedom of Information</b>	Open			
<b>Purpose of the Report</b>	The purpose of the report is to outline discussions undertaken at meetings reporting to the board.			
<b>Key Issues</b>	This report focuses on all the board's corporate objectives but specifically relates to embedding effective governance and partnerships.			
<b>Specific Action Required</b> (please ✓ one only)	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>	<b>Approval</b>
				✓
<b>Recommendations</b>	Members are asked to: <ul style="list-style-type: none"> <li>• <b>NOTE</b> the content of the reports;</li> </ul>			

## 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 and appendix 2 )*

The board is asked to **receive** and **note** the chair's summary of the meeting held on 20<sup>th</sup> September 2018 and 15<sup>th</sup> November 2018.

*(ii) Workforce and Organisation Development (appendix 3)*

The board is asked to **receive** and **note** the chair's summary of the meeting held on the 13<sup>th</sup> November 2018

*(iii) Charitable Funds Committee (appendix 4)*

The board is asked to **receive** and **note** the chair's summary of the meeting held on 9<sup>th</sup> October 2018.

*(iv) Mental Health Legislation Committee (appendix 5)*

The board is asked to **receive** and **note** the chair's summary of the meeting held on 8<sup>th</sup> November 2018

### 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					
<b>Link to corporate objectives</b> (please ✓)	Promoting and enabling healthier communities	Delivering excellent patient outcomes, experience and access	Demonstrating value and sustainability	Securing a fully engaged skilled workforce	Embedding effective governance and partnerships
					✓
Quality, Safety and Patient Experience					
Ensuring the 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.					
<b>Report History</b>	This report is a standing item on the board's agenda.				
<b>Appendices</b>	As outlined in the main report.				



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		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	20 September 2018		
Summary of key matters considered by the committee and any related decisions made.			
<ul style="list-style-type: none"><li>- <b>Board Assurance Framework</b> – members received a draft outline of the board assurance framework which would be developed more fully prior to its implementation in April 2019. While the committee was pleased with the work to date, concern was raised at the need to have a robust risk management system as a key priority. Assurance was provided that this was also under revision and the new corporate risk register would be received at the November 2018 committee meeting. Executive directors were engaging with the process in order to ensure the right risks were recorded and given an appropriate rating.</li><li>- <b>Capital Planning Control Manual</b> – members were asked to consider and approve changes to the capital planning control manual which would form part of the standing orders, however concerns were raised that it was too operational as a document and insufficient context provided as to its requirements. It was agreed that the committee chair would discuss it further with the relevant executive directors, with delegated authority to approve it if appropriate.</li></ul>			
Key risks and issues/matters of concern of which the board needs to be made aware:			
<ul style="list-style-type: none"><li>- <b>Audit Registers and Status of Recommendations</b> – following a report to the July 2018 committee, members received an update on the review of outstanding audit recommendations as to which were extant and those which had been superseded. It was agreed that an escalation process would now commence during which executive directors would be asked to attend meetings to explain why recommendations had yet to be addressed, particularly those of high or medium priority. The Director of Nursing and Patient Experience undertook to go first while the committee chair agreed to meet with the Directors of Corporate Governance and Finance to agree the escalation order.</li><li>- <b>Clinical Audit Annual Report 2017-18</b> – the committee raised concerns in relation to the process surrounding clinical audit and it was agreed that the interim Medical Director and Director of Corporate Governance would discuss the issues further to determine expectations for reporting.</li></ul>			
Delegated action by the committee:			
The committee agreed the following: <ul style="list-style-type: none"><li>- Losses and special payments;</li><li>- The revised scheme of delegation (appendix one);</li></ul>			

<b>Main sources of information received:</b>	
<ul style="list-style-type: none"> <li>- The committee received and considered the 2017-18 annual report for the senior information risk owner prior to its submission to board. It suggested that the format be revised to provide a summary of achievements at the beginning of the document;.</li> <li>- A further update was provided in relation the NHS Wales Informatics Service (NWIS) business continuity incidents, including details of an outage which had occurred since the previous meeting. Assurance was provided that a more rigorous system was in place and more timely and informative reports were received from NWIS following any such incidents;</li> <li>- The standing finance update advised members that the period five position had improved from the previous month and a new control total had been set of £20m for the health board by Welsh Government. A more in-depth discussion was to take place at the Performance and Finance Committee the following week. In addition, the process to review the financial control procedures was nearing completion and the work in relation to the Bridgend boundary change was continuing;</li> <li>- Members considered the latest single tender and quotation actions and asked that future iterations provide assurance that they had not been signed-off by the executive lead for that area;</li> <li>- Updates were received from internal and external audit services as to progress against the relevant work programmes and findings of recent reviews.</li> </ul>	
<b>Highlights from sub-groups reporting into this committee:</b>	
No highlights from sub-groups to note.	
<b>Matters referred to other committees</b>	
It was agreed that the full internal audit reports of those rated with limited assurance would be referred to the chair of the relevant sub-committee.	
<b>Date of next meeting</b>	15 November 2018

# Schedule 1

## **SCHEME OF RESERVATION AND DELEGATION OF POWERS**

**This Scheme of Reservation and Delegation of Powers forms part of, and shall have effect as if incorporated in the Standing Orders**

### **Introduction**

As set out in Standing Order 2, the Board - subject to any directions that may be given by the Welsh Government - should make appropriate arrangements for certain functions to be carried out on its behalf so that the day to day business of the LHB may be carried out effectively, and in a manner that secures the achievement of the organisations aims and objectives. The Board may delegate functions to:

- i) a committee, e.g., Quality and Patient Safety Committee;
- ii) a sub committee, e.g., a locality based Quality and Patient Safety committee taking forward matters within a defined area. Any such delegation would, subject to the Boards authority, usually be via a main committee of the Board;
- iii) a joint committee or sub committee, e.g., with other LHBs established to take forward matters relating to certain types of specialist services, or a community partnership committee established with local authorities such as that covering Health, Social Care and Well Being; and
- iv) Officers of the LHB (who may, subject to the Board's authority, delegate further to other officers and, where appropriate, other third parties, e.g. shared/support services, through a formal scheme of delegation)

and in doing so, must set out clearly the terms and conditions upon which any delegation is being made. These terms and conditions must include a requirement that the Board is notified of any matters that may affect the operation and/or reputation of the LHB.

The Board's determination of those matters that it will retain, and those that will be delegated to others are set out in the following:

- Schedule of matters reserved to the Board;
- Scheme of delegation to Committees and others; and

- Scheme of delegation to Officers.

all of which form part of the LHB's Standing Orders.

## **DECIDING WHAT TO RETAIN AND WHAT TO DELEGATE: GUIDING PRINCIPLES**

The Board will take full account of the following principles when determining those matters that it reserves, and those which it will delegate to others to carry out on its behalf:

- Everything is retained by the Board unless it is specifically delegated in accordance with the requirements set out in Standing Orders or Standing Financial Instructions
- The Board must retain that which it is required to retain (whether by statute or as determined by the Assembly Government) as well as that which it considers is essential to enable it to fulfil its role in setting the organisation's direction, equipping the organisation to deliver and ensuring achievement of its aims and objectives through effective performance management
- Any decision made by the Board to delegate functions must be based upon an assessment of the capacity and capability of those to whom it is delegating responsibility
- The Board must ensure that those to whom it has delegated powers (whether a committee, partnership or individuals) remain equipped to deliver on those responsibilities through an ongoing programme of personal, professional and organisational development
- The Board must take appropriate action to assure itself that all matters delegated are effectively carried out
- The framework of delegation will be kept under active review and, where appropriate, will be revised to take account of organisational developments, review findings or other changes
- Except where explicitly set out, the Board retains the right to decide upon any matter for which it has statutory responsibility, even if that matter has been delegated to others
- The Board may delegate authority to act, but retains overall responsibility and accountability

- When delegating powers, the Board will determine whether (and the extent to which) those to whom it is delegating will, in turn, have powers to further delegate those functions to others.

## **HANDLING ARRANGEMENTS FOR THE RESERVATION AND DELEGATION OF POWERS: WHO DOES WHAT?**

### **The Board**

The Board will formally agree, review and, where appropriate revise schedules of reservation and delegation of powers in accordance with the guiding principles set out earlier.

### **The Chief Executive**

The Chief Executive will propose a Scheme of Delegation to Officers, setting out the functions they will perform personally and which functions will be delegated to other officers. The Board must formally agree this scheme.

In preparing the scheme of delegation to officers, the Chief Executive will take account of:

- the guiding principles set out earlier (including any specific statutory responsibilities designated to individual roles)
- their personal responsibility and accountability to the Chief Executive, NHS Wales in relation to their role as designated Accountable Officer
- associated arrangements for the delegation of financial authority to equip officers to deliver on their delegated responsibilities (and set out in Standing Financial Instructions).

The Chief Executive may re-assume any of the powers they have delegated to others at any time.

### **The Director of Corporate Governance/Board Secretary**

The Director of Corporate Governance/Board Secretary will support the Board in its handling of reservations and delegations by ensuring that:

- a proposed schedule of matters reserved for decision by the Board is presented to the Board for its formal agreement;
- effective arrangements are in place for the delegation of LHB functions within the organisation and to others, as appropriate; and
- arrangements for reservation and delegation are kept under review and presented to the Board for revision, as appropriate.

### **The Audit Committee**

The Audit Committee will provide assurance to the Board of the effectiveness of



its arrangements for handling reservations and delegations.

### **Individuals to who powers have been delegated**

Individuals will be personally responsible for:

- equipping themselves to deliver on any matter delegated to them, through the conduct of appropriate training and development activity; and
- exercising any powers delegated to them in a manner that accords with the LHB's values and standards of behaviour.

Where an individual does not feel that they are equipped to deliver on a matter delegated to them, they must notify the Chief Executive of their concern as soon as possible in so that an appropriate and timely decision may be made on the matter.

In the absence of an officer to whom powers have been delegated, those powers will normally be exercised by the individual to whom that officer reports, unless the Board has set out alternative arrangements.

If the Chief Executive is absent their nominated Deputy may exercise those powers delegated to the Chief Executive on their behalf. However, the guiding principles governing delegations will still apply, and so the Board may determine that it will reassume certain powers delegated to the Chief Executive or reallocate powers, e.g., to a Committee or another officer.

### **SCOPE OF THESE ARRANGEMENTS FOR THE RESERVATION AND DELEGATION OF POWERS**

The Scheme of Delegation to officers referred to here shows only the "top level" of delegation within the LHB. The Scheme is to be used in conjunction with the system of control and other established procedures within the LHB.

## SCHEDULE OF MATTERS RESERVED TO THE BOARD<sup>1</sup>

THE BOARD		AREA	DECISIONS RESERVED TO THE BOARD
1	FULL	GENERAL	The Board may determine any matter for which it has statutory or delegated authority, in accordance with Standing Orders <sup>2</sup>
3	FULL	OPERATING ARRANGEMENTS	Adopt the standards of governance and performance (including the quality and safety of healthcare, and the patient experience) to be met by the LHB, including standards/requirements determined by professional bodies/others, e.g., Royal Colleges
4	FULL	OPERATING ARRANGEMENTS	<p>Approve, vary and amend:</p> <ul style="list-style-type: none"> <li>▪ Standing Orders (SOs);</li> <li>▪ Standing Financial Instructions (SFIs);</li> <li>▪ Schedule of matters reserved to the Local Health Board;</li> <li>▪ Scheme of delegation to Committees and others; and</li> <li>▪ Scheme of delegation to Officers.</li> </ul> <p>In accordance with any directions set by the Assembly Government.</p>
6	FULL	OPERATING ARRANGEMENTS	Approve the LHB's framework for performance management, risk and assurance

<sup>1</sup> Any decision to reserve a matter, and the manner in which that retained responsibility is carried out will be in accordance with any regulatory and/or Assembly Government requirements

<sup>2</sup> Except for those decisions delegated to the Welsh Health Specialised Services Committee (WHSSC)

7	FULL	OPERATING ARRANGEMENTS	Approve the introduction or discontinuance of any significant activity or operation. Any activity or operation shall be regarded as significant if the Board determines it so based upon its contribution/impact on the achievement of the LHB's aims, objectives and priorities
8	FULL	OPERATING ARRANGEMENTS	Ratify any urgent decisions taken by the Chair and the Chief Executive in accordance with Standing Order requirements
9	FULL	OPERATING ARRANGEMENTS	Ratify in public session any instances of failure to comply with Standing Orders
10	FULL	OPERATING ARRANGEMENTS	Approve policies for dealing with complaints and incidents
11	FULL	OPERATING ARRANGEMENTS	Authorise use of the LHB's official seal
12	FULL	ORGANISATION STRUCTURE & STAFFING	Ratify appointment and manage appraisal, discipline and dismissal of the Chief Executive
13	FULL	ORGANISATION STRUCTURE & STAFFING	Approve the appointment, appraisal, discipline and dismissal of the Executive Directors and any other Board level appointments, e.g., the Director of Corporate Governance/Board Secretary
14	FULL	ORGANISATION STRUCTURE & STAFFING	Require, receive and determine action in response to the declaration of Board members' interests, in accordance with advice received, e.g. From Audit Committee
15	FULL	ORGANISATION STRUCTURE & STAFFING	Approve, [arrange the] review, and revise the LHB's top level organisation structure and corporate policies
16	FULL	ORGANISATION STRUCTURE & STAFFING	Appoint, [arrange the] review, revise and dismiss Board committees, including any joint committees directly accountable to the Board

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Standing Orders, Reservation and Delegation of Powers

17	FULL	ORGANISATION STRUCTURE & STAFFING	Appoint, equip, review and (where appropriate) dismiss the Chair and members of any committee, joint committee or Group set up by the Board
18	FULL	ORGANISATION STRUCTURE & STAFFING	Appoint, equip, review and (where appropriate) dismiss individuals appointed to represent the Board on outside bodies and groups
19	FULL	ORGANISATION STRUCTURE & STAFFING	Approve the terms of reference and reporting arrangements of all committees, joint-committees and groups established by the Board
20	FULL	ORGANISATION STRUCTURE & STAFFING	Approve the arrangements relating to the discharge of the LHB's responsibilities as a corporate trustee for funds held on trust
21	FULL	STRATEGY & PLANNING	Determine the LHB's strategic aims, objectives and priorities
22	FULL	STRATEGY & PLANNING	Approve the LHB's Corporate and Annual Operating/Delivery Plans
23	FULL	STRATEGY & PLANNING	Approve the LHB's Risk Management Strategy and plans
24	FULL	STRATEGY & PLANNING	Approve the LHB's citizen engagement and involvement strategy, including communication
25	FULL	STRATEGY & PLANNING	Approve the LHB's partnership and stakeholder engagement and involvement strategies
26	FULL	STRATEGY & PLANNING	Approve the LHB's key strategies and programmes related to: <ul style="list-style-type: none"> <li>▪ The development of clinical services</li> <li>▪ Quality and patient safety</li> <li>▪ Workforce and Organisational Development</li> <li>▪ Infrastructure, including IM &amp;T, Estates and Capital (including major capital investment and disposal plans)</li> </ul>

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#### Standing Orders, Reservation and Delegation of Powers

27	FULL	STRATEGY & PLANNING	Approve the LHB's budget and financial framework (including overall distribution of the financial allocation)
28	FULL	STRATEGY & PLANNING	Approve new contracts for the LHB to provide, or to secure provision from providers for Personal Medical; Dental; Pharmacy; Optometry services to some or all of the LHB's population Services
29	FULL	STRATEGY & PLANNING	Approve individual contracts (other than NHS contracts) above the limit delegated to the Chief Executive set out in the Standing Financial Instructions
30	FULL	PERFORMANCE & ASSURANCE	Approve the LHB's audit and assurance arrangements
31	FULL	PERFORMANCE & ASSURANCE	Receive reports from the LHB's Executive on progress and performance in the delivery of the LHB's strategic aims, objectives and priorities and approve action required, including improvement plans
32	FULL	PERFORMANCE & ASSURANCE	Receive assurance reports from the Board's committees, groups and other internal sources on the LHB's performance and approve action required, including improvement plans
33	FULL	PERFORMANCE & ASSURANCE	Receive reports on the LHB's performance produced by external regulators and inspectors (including, e.g., WAO, HIW, etc) that raise issue or concerns impacting on the LHB's ability to achieve its aims and objectives and approve action required, including improvement plans, taking account of the advice of Board Committees (as appropriate)
34	FULL	PERFORMANCE & ASSURANCE	Receive the annual opinion of the LHB's Chief Internal Auditor and approve action required, including improvement plans
35	FULL	PERFORMANCE & ASSURANCE	Receive the annual management letter from the LHB's external auditor and approve action required, including improvement plans
36	FULL	PERFORMANCE & ASSURANCE	Receive the annual opinion on the LHB's performance against Healthcare Standards for Wales and approve action required, including improvement plans
37	FULL	REPORTING	Approve the LHB's Reporting Arrangements, including reports on activity and performance locally, to citizens, partners and stakeholders and nationally to the Assembly Government

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#### Standing Orders, Reservation and Delegation of Powers

38	FULL	REPORTING	Receive, approve and ensure the publication of LHB reports, including its Annual Report and annual financial accounts
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## SCHEME OF DELEGATION TO EXECUTIVE DIRECTORS, OTHER DIRECTORS AND OFFICERS

The LHB Standing Orders and Standing Financial Instructions specify certain key responsibilities of the Chief Executive, the Director of Finance and other officers. The Chief Executive's Job Description, together with their Accountable Officer Memorandum sets out their specific responsibilities, and the individual job descriptions determined for Executive Director level posts also define in detail the specific responsibilities assigned to those post holders. These documents, together with the schedule of additional delegations below and the associated financial delegations set out in the Standing Financial Instructions form the basis of the LHB's Scheme of Delegation to Officers.

DELEGATED MATTER	RESPONSIBLE OFFICER(S)	DEPUTY
Agreeing and signing Medium Term Plan / Long Term Agreements	Chief Executive	Acting Chief Executive (in the absence of the Chief Executive)
Authorisation and monitoring of losses and compensations and ex gratia payments.	Chief Executive	Director of Finance
Arrangements for the management of land, buildings, and other assets belonging to or leased by the UHB / Capital Schemes	Chief Executive	Director of Strategy
Arranging Loans	Director of Finance	Deputy Director of Finance
Achievement of the three financial targets.	Chief Executive	Acting Chief Executive (in the absence of the Chief Executive)
Admission to Performers Lists and similar lists	Chief Executive / Medical Director	Director of Primary Care, Community & Mental Health / Deputy Medical Director
Changes to Medical Lists.	Medical Director	Director of Primary Care, Community & Mental Health
Risk Management.	Director of Nursing and Patient Experience	Board Secretary / Director of Corporate Services and Governance

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Standing Orders, Reservation and Delegation of Powers

<b>DELEGATED MATTER</b>	<b>RESPONSIBLE OFFICER(S)</b>	<b>DELEGATED MATTER</b>
Data Protection arrangements	Chief Executive	Board Secretary / Director of Corporate Services and Governance
Debt recovery	Director of Finance	Assistant Director of Finance
Delegation of budgets and approval to spend funds.	Chief Executive	Director of Finance
Development and implementation of Procurement Policy.	Director of Finance	Director of Shared Services
GMS Cash Limited Cost Rent Schemes.	Director of Finance	Assistant Director of Finance
Health and Safety Arrangements.	Director of Nursing and Patient Experience (Subject to changes in portfolios)	Head of Health and Safety
Insurance Arrangements (with approval from the relevant division within NHS Wales department)	Director of Finance	Assistant Director of Finance
Investigate any suspected cases of irregularity not related to fraud and corruption in accordance with government directions.	Director of Finance	Assistant Director of Finance
Single tenders/ issuing tenders and post tender negotiations.	Director of Finance	Assistant Director of Finance

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Standing Orders, Reservation and Delegation of Powers



<b>DELEGATED MATTER</b>	<b>RESPONSIBLE OFFICER(S)</b>	<b>DELEGATED MATTER</b>
Legal Advice.	Director of Nursing and Patient Experience	Deputy Director of Nursing and Patient Experience
NHS Complaints (Concerns) Procedure.	Director of Nursing and Patient Experience	Deputy Director of Nursing and Patient Experience
Obstetric List.	Medical Director	Deputy Medical Director
Operation of detailed financial matters, including bank accounts, and banking procedures.	Director of Finance	Assistant Director of Finance
Workforce	Director of Workforce and OD	Assistant Director of Workforce and OD
Manage central reserves and contingencies.	Director of Finance	Assistant Director of Finance
Management of non-exchequer funds.	Director of Finance	Assistant Director of Finance
Management and control of stocks other than pharmacy stocks.	Medical Director	Deputy Medical Director
Management and control of pharmacy stock.	Medical Director	Deputy Medical Director
Management and control of computer systems and facilities.	Chief Operating Officer	Interim Chief Information Officer
Monitor and achievement of management cost targets.	Director of Finance	Assistant Director of Finance
Recording of payments under the losses and compensations regulations.	Director of Finance	Assistant Director of Finance

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Standing Orders, Reservation and Delegation of Powers

<b>DELEGATED MATTER</b>	<b>RESPONSIBLE OFFICER(S)</b>	<b>DELEGATED MATTER</b>
Special Payments	Director of Finance	Assistant Director of Finance
Sealing and signing of documents.	Director of Corporate Governance/Board Secretary	Executive Director (s)
Work relating to counter fraud and corruption in accordance with Welsh Government directions	Director of Finance	Assistant Director of Finance

This scheme only relates to matters delegated by the Board to the Chief Executive and their Executive Directors, together with certain other specific matters referred to in Standing Financial Instructions. A full list of delegated responsibilities is available from the Director of Corporate Governance/Board Secretary

Each Executive Director is responsible for delegation within their department. They should produce a scheme of delegation for matters within their department, which should also set out how departmental budget and procedures for approval of expenditure are delegated.

## Delegated Financial Limits

- 1 Responsibility for authorising contracts for goods and services including capital and Service Level Agreements with non NHS bodies are subject to the delegated level of authority as follows:

### Corporate / Unit Service Directors

	Committee / Post	Maximum Financial Limit (exclusive of VAT) £000
1	Board	1,000
2	Chief Executive (CEO)/ Deputy CEO / Chief Operating Officer	500
3	Executive Directors / Board Secretary	250
4	Managers reporting Directly to 3 above ( <i>excluding Service Directors whose limits are outlined separately</i> )	75
5	Managers reporting directly to 4 above	25

### Service Directors

	Committee / Post	Maximum Financial Limit (exclusive of VAT) £000
1	Service Directors	150
2	Managers reporting directly to 1 above	75
3	Managers reporting directly to 2 above	40
4	Managers reporting directly to 3 above	25

Where new contracts are above £1 million, these must be approved by the Assembly Government (except for those contracts let under Sections 33 and 192 of the NHS (Wales) Act 2006 and those covered by guidance issued by the Assembly Government on “General Consent” (SFI 11.6.3).

Paragraph 13 (3) of the NHS (Wales) Act 2006 places a requirement on UHBs to obtain consent of Welsh Ministers before:

- Acquiring and disposing of property;
- Entering into contracts; and

- Accepting gifts of property.

Examples of areas not requiring consent for contracts exceeding £1m include: -

- i) Supply of goods and services by Local Authorities (excluded as per section 32 of the 2006 Act)
- ii) Payment towards expenditure to community services (excluded as per section 194 of the 2006 Act)
- iii) Payments in connection with services to be provided by a Voluntary Sector organisation (excluded as per section 195 of the 2006 Act).
- iv) Provision of Primary Medical or Dental Services (excluded as per section 14/50/64 of the 2006 Act UHB are obliged to make arrangements for the provision of these services)
- v) Procurements of healthcare services as part of the UHB's statutory function such as Continuing Health Care.
- vi) Procurement of NHS services both within Wales and external to Wales.
- vii) Agreement of Individual Patient Placements.
- viii) General Medical Services Out of Hours Service
- ix) Procurement of Drugs

*This list is not exclusive but is by way of illustrative examples only. Where the UHB is unsure whether consent is needed, the organisation will need to analyse the statutory basis on which the action is being taken on a case by case basis and seek independent advice where appropriate*

- (i) The Finance Directorate is required to maintain a schedule of delegated limits agreed as in 1 above, and to include this schedule within the appropriate Financial Control Procedure.
- (i) The above contract rates must reflect the total price for the goods and services as opposed to requisitions and for the duration of the Contract.

- (ii) This Standing Order excludes the procurement of Pharmaceutical products, which are covered under Schedule 7 of Standing Orders.

- 2 Authorised Officers must sign in their own name.
- 3 Guidance on delegated authority in respect of the write-off of losses and special payments including legal settlements are detailed in SFI.17.
- 4 The delegated limits for authorising contracts for goods and services including capital and Service Level Agreements with other NHS bodies for the UHB's hosted agencies are as follows:

Delivery Unit Director Up to £50,000 exclusive of VAT

Procurement in excess of these delegated limits must be processed in accordance with Section 1



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		Agenda Item	4i.
Freedom of Information Status		Open	
Reporting Committee	Workforce and Organisational Development (OD) Committee		
Author	Liz Stauber, Committee Services Manager		
Chaired by	Ceri Phillips, Independent Members		
Lead Executive Director (s)	Hazel Robinson, Director of Workforce and OD		
Date of last meeting	13 November 2018		
Summary of key matters considered by the committee and any related decisions made.			
<p><b>Workforce Risks</b> - members received the first iteration of the workforce risk register, which outlined the 25 identified risks, 14 of which had progress against. Investment had been made into key areas, both people and systems, albeit temporary monies, and the progress had improved relations with staff and trade unions, particularly the investment in the three investigating officers for employee relation cases. A national workforce benchmarking exercise was taking place and had already identified that the health board's resources were 'light' compared with others. Consideration needed to be given as to the workforce structure after the Bridgend boundary change, reflecting the fact that some resources would be transferring.</p> <p>A significant proportion of the discussion focussed on the statutory and mandatory training requirements for staff as there was a feeling that some staff were expected to complete modules not relevant to their roles. In addition, concern had been raised at the Mental Health Legislation Committee that training in this area should also be completed. The Director of Workforce and OD undertook to raise the concerns on a national level as it was likely that they would be universal challenges.</p> <p><b>Registered Nurse Recruitment and Retention</b> - at the request of the Quality and Safety Committee, an analysis of recruitment and retention had been undertaken, which identified the vacancies hotspots as well as the action being taken for both nursing and medical staff. One key area which needed improvement was the completion of exit interviews and it was hoped that changes to the electronic staff record (ESR) by the end of 2018 would increase completion.</p>			
Key risks and issues/matters of concern of which the board needs to be made aware:			
<p><b>Nursing Standardised Shifts</b> – it was noted that the health board potentially had around 90 different shift patterns within a given area, which was not only challenging to quality and safety of services, but also made it difficult for managers to fully know the establishment. As part of the work to standardise shifts, e-rostering was being implemented. It was already in place at Singleton Hospital and the roll-out had begun at Morriston Hospital. Members expressed their concern at the situation and emphasised the need to establish standardised shift patterns board-wide with urgency.</p>			

<b>Delegated action by the committee:</b>	
<b>Workforce and OD Forum</b> – Members approved the terms of reference for the Workforce and OD Forum, subject to minor amendments.	
<b>Main sources of information received:</b>	
<b>Freedom to Speak Up</b> - members received a verbal update as to the work to establish such a programme and noted a proposal was to be received by the executive board at the end of November 2018.	
<b>Highlights from sub-groups reporting into this committee:</b>	
No reports from sub-groups were received.	
<b>Matters referred to other committees</b>	
No matters were referred to other committees.	
<b>Date of next meeting</b>	17 <sup>th</sup> January 2019



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		Agenda Item	4i.
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 November 2018		
Summary of key matters considered by the committee and any related decisions made.			
<ul style="list-style-type: none"><li><b>Audit Registers and Status of Recommendations/ Outstanding Audit Actions for the Director of Nursing and Patient Experience</b> Members received an update on the outstanding audit recommendations but noted that given the changes to the portfolios, responsibility for some would transfer to another executive director in the coming weeks. However this did not justify them not being addressed. The total outstanding had reduced to 74 but there was still work to be done, and training was being provided to each executive director and those within their teams nominated to update the registers to remind them of their responsibilities.  Also on the agenda was a report from the Director of Nursing and Patient Experience outlining the progress against the audit recommendations specific to his portfolio. Good progress had been made in relation to the recommendations highlighted, but as part of the process, others had been identified that had not been incorporated on the register but also needed to be addressed. Deprivation of liberty safeguards, funded nursing care and other such safeguards were identified as areas for which the recommendations had since been addressed. However it was suggested that the committee receive a report on safeguarding at its next meeting as this was a significant area in which the board needed to take assurance. The next executive director to provide a progress report on outstanding recommendations would be the Medical Director at the January 2019 meeting.</li><li><b>Local Public Health Closure Report</b> The committee received an update on the Wales Audit Office review of the governance and accountability arrangements between Public Health Wales and local public health teams following the Auditor General’s report earlier in the year. Assurance was provided that joint priorities had since been established but there was still some concern as to the resource allocation once the Bridgend boundary change had occurred. The committee chair agreed to meet separately with the Director of Public Health to discuss this issue further.</li></ul>			
Key risks and issues/matters of concern of which the board needs to be made aware:			
<ul style="list-style-type: none"><li><b>Financial Update</b> As part of the financial update, members heard the financial position continued to improve, with an in-month overspend of £1.286m. which was close to the required run rate.</li></ul>			



However the improvement in operational expenditure had not been sustained and there risks regarding planned care delivery. Members also heard that the finance team was losing some key staff members to another health bodies following its successful recruitment drive and discussions were to be undertaken as to how best to recruit to the vacancies.

#### Delegated action by the committee:

The committee agreed the capital scheme of delegation.

#### Main sources of information received:

- **Corporate Risk Register** – the committee received a working draft of the new-look corporate risk register. The next step would be to populate this by the deadline of December 2018;
- **The Integrated Governance Work Programme** – members noted further progress against the recommendations of a number of governance reviews. They felt that some of the actions could potentially now be closed. It was agreed that it be circulated to executives and the next update be brought forward to January 2019. The committee chair also undertook to meet with the Director of Corporate Governance outside of the meeting to discuss some of the individual recommendations.
- **Financial Control Procedures** – excellent progress had been made and all required updates were complete.
- **Pharmacy Goods Received Not Invoiced (GRNI)** – members noted the revised process for the calculation of month-end pharmacy GRNI accrual and the release of £4.1m to the health board's November 2018 financial position.
- **All-Wales procurement compliance (no PO/no pay) policy** – in order to enable the health board to comply with the new all-Wales policy, agreement was made by the executive team to allow purchase orders to be raised when procurement procedures had not been followed as an interim measure while a more robust process was developed. Members were content with the approach.
- **Internal/External Audit** - updates were received from internal and external audit services, as well as the post-payment verification service, as to progress against the relevant work programmes and findings of recent reviews;
- **Changes of Voting Provision** – members considered a letter from Welsh Government which set out revised criteria for the taking of decisions by Welsh Health Specialised Services Committee, Emergency Ambulance Services Committee and NHS Wales Shared Services Partnership joint committee. As part of the changes, nominated deputies will now have voting rights, therefore the health board will need to ensure that if the Chief Executive cannot attend the meeting, a nominated a deputy is sent to ensure ABMU Health Board interests are protected.
- **Local Counter Fraud Service** – the regular progress report from the counter fraud service was received and included updates on ongoing cases.

#### 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

24 January 2019



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Freedom of Information Status		Agenda Item	4i.
		Open	
Reporting Committee	Charitable Funds Committee		
Author	Liz Stauber, Committee Services Manager		
Chaired by	Martyn Waygood, Independent Member		
Lead Executive Director (s)	Lynne Hamilton, Director of Finance		
Date of last meeting	01 November 2018		
Summary of key matters considered by the committee and any related decisions made.			
<p><b>Golau Cancer Foundation</b> - members felt progress had been made in a number of areas as they were now able to take some assurance from the work of the foundation. It was agreed that the Director of Strategy would join the foundation's sub-committee and the service director with the lead for cancer services would meet with the Director of Corporate Governance to address some of the governance issues raised.</p>			
Key risks and issues/matters of concern of which the board needs to be made aware:			
<p><b>Internal Audit on Charitable Funds</b> – the committee considered the internal audit of funds held in trust, which had been undertaken in two parts, both of which had limited assurance, as well as the corresponding action plans. Assurance was given that immediate action had been taken in a number of areas, particularly in relation to cash donations received. The committee was to receive regular updates against the outstanding actions but was given assurance that the findings would not have a significant impact on the annual accounts process which was now in progress.</p>			
<p><b>Impact of Bridgend Boundary Change on Charitable Funds</b> – members noted that work had commenced to identify the endowment funds and charitable funds monies which need to transfer to Cwm Taf University Health Board as part of the Bridgend boundary change. Further proposals were to be brought to the December 2018 meeting for consideration.</p>			
Delegated action by the committee:			
<p>The committee received four bids for funding:</p> <ul style="list-style-type: none"><li>• PhD student for traumatic brain injury service – <b>approved</b>, subject to clarifications sought by members;</li><li>• SEPSIS – <b>declined</b> as members felt this should be core business;</li><li>• Apprentice for patient stories – <b>approved</b>, subject to the caveat that clarity was provided as to the long-term funding for the post as well how it would support learning and patient experience;</li><li>• Sporting memories – due to a potential conflict of interest, the chair of the committee absented himself for the discussion, which left the committee <b>inquorate</b>. Those present raised a number of issues so it was agreed that the vice-chair of the committee would discuss the bid with the Director of Therapies and Health Science as the executive lead.</li></ul>			

Members also approved the establishment of a new palliative care occupational therapy charitable fund.

At its special meeting in November 2018 to consider the annual accounts, the committee approved:

- The audited charitable funds annual accounts for 2017-18 for ratification by the trustees;
- The charitable funds annual report for 2017-18 for ratification by the trustees, subject to the correction of the typographical errors;
- The letter of representation on the charitable funds annual accounts for 2017-18 for ratification by the trustees;
- A new fund request for renal services.

#### **Main sources of information received:**

##### **October 2018**

- Total income received for the period amounted to £762,105 with expenditure of £712,075, resulting in a fund balance of £6.6m;
- Income was received into 39% of the delegated funds during the period with expenditure being incurred from 47%;
- The portfolio was performing well with £300k of unrealised gains and ahead of the benchmark;
- The balance on the Charitable Funds Committee fund as at 31<sup>st</sup> August 2018 was £337,545. Commitments against the fund for 2018/19 currently totalled £325,461;
- An update on the work to reduce dormant funds and future legacies;
- The work to establish and recruit to a fundraising manager post for the health board charity;
- Details of funds closed since the previous meeting; and
- The committee's work plan for 2018-19.

##### **November 2018**

- Members received the auditors' report on the charitable funds accounts for 2017-18. No significant issues were raised as part of the process and it was the Auditor General's intention to issue an unqualified opinion subject to receipt of the letter of representation from the health board.
- An update was also received outlining minor changes to the financial control procedure for charitable funds following an annual review and an internal audit.

#### **Highlights from sub-groups reporting into this committee:**

A report was received from the bids panel providing an update as to recent bids received and the corresponding decisions.

#### **Matters referred to other committees**

None identified.

#### **Date of next meeting**

01 November 2018



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		Agenda Item	4i.
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	08 November 2018		
Summary of key matters considered by the committee and any related decisions made.			
<ul style="list-style-type: none"><li>– <b>Mental Health Act Monitoring Report</b> – members received an update as to compliance with the Mental Health Act 1983. Concern was raised around the invalid detention of a patient for three months and four days due and amendment of date in documentation. Discussion ensued regarding the fact that 14 out of 66 appeals hearings had been cancelled in the period January to June 2018. The committee asked that a piece of work be undertaken to identify how many hearings had been cancelled, reasons for cancellations and the impact of cancellations on patients and families.</li><li>– <b>Mental Capacity Act Monitoring Report</b> – 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.</li><li>– <b>Deprivation of Liberty Safeguards (DoLS)</b> – An internal Audit of the DoLS process had given limited assurance and an action plan had been developed to address the issues raised. Concern was raised with regards to the lack of ownership of DoLS and the best interest assessments across the board. The Committee agreed they would fully support any applications for resource via the spend-to-save initiative for a designated DoLS team.</li><li>– <b>Mental Health Measure Monitoring Report</b> – 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. Performance in CAMHS services (which are commissioned from Cwm Taf) remain vulnerable to gaps in very small teams, but there is active engagement between ourselves and Cwm Taf and a long term plan to combine primary and secondary services which should make all services more resilient.</li><li>– <b>NHS Wales Delivery Unit Report on Care and Treatment Planning in Mental Health and Learning Disabilities</b> – members received a verbal update with regards to the NHS Wales Delivery Unit’s report. Work was underway to develop an action plan in response to the recommendations of the report. The four main areas for focus were outcome measures, risk management reflection, multi-disciplinary working and the</li></ul>			

quality of care and treatment plans. The quality of care and treatment plans varied across all three localities, work is underway with local authorities to develop a standard approach across the board.

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

- **Mental Health Legislation training across the Health Board** – The Committee raised grave concern with regards to the provision of all mental health training across the health board. Training had been raised as a key issue in each of the legislative areas. The Committee could not be assured that staff were trained adequately in these areas

**Delegated action by the committee:**

No delegated action was undertaken by the committee.

**Main sources of information received:**

No other sources of information were received.

**Highlights from sub-groups reporting into this committee:**

None received.

**Matters referred to other committees**

No matters were referred to other committees.

**Date of next meeting**

07 February 2018