



**CYFARFOD BWRDD PRIFYSGOL IECHYD  
UNIVERSITY HEALTH BOARD MEETING**

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	25 March 2021
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Committee Update Reports
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Joanne Wilson, Board Secretary
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Clare Moorcroft, Committee Services Officer

**Pwrpas yr Adroddiad (dewiswch fel yn addas)**

**Purpose of the Report (select as appropriate)**

Ar Gyfer Penderfyniad/For Decision

**ADRODDIAD SCAA  
SBAR REPORT**

**Sefyllfa / Situation**

The purpose of this report is to provide the Board with a level of assurance in respect of recent Board level Committee meetings that have been held since the previous Board report and are not reported separately on the Board agenda, as follows:

- Mental Health Legislation Assurance Committee (MHLAC) held on 2<sup>nd</sup> March 2021;
- Charitable Funds Committee (CFC) held on 9<sup>th</sup> March 2021.

Additionally, in respect of the In-Committee Board meeting held on 28<sup>th</sup> January 2021.

This report also provides an update to the Board in respect of recent Advisory Group meetings held, as follows:

- Healthcare Professionals Forum held on 18<sup>th</sup> January 2021;
- Staff Partnership Forum held during February 2021.

**Cefndir / Background**

The Hywel Dda University Health Board (UHB) Standing Orders, approved in line with Welsh Government guidance, require that a number of Board Committees are established. In line with this guidance, the following Committees have been established:

- Audit & Risk Assurance Committee
- Charitable Funds Committee
- Mental Health Legislation Assurance Committee
- Quality, Safety and Experience Assurance Committee
- Remuneration and Terms of Service Committee

The Board has established the following additional Committees:

- Finance Committee
- Health & Safety Assurance Committee
- People, Planning & Performance Assurance Committee

Attached to this report are individual summaries of the key decisions and matters considered by each of the Committees held since the previous Board report, where these are not separately reported to the Board.

Approved minutes from each of the Committees meetings are available on the UHB's website via the link below:

<https://hduhb.nhs.wales/about-us/governance-arrangements/statutory-committees/>

The UHB has approved Standing Orders, in line with Welsh Government guidance, in relation to the establishment of Advisory Groups. In line with this guidance, the following Advisory Groups have been established:

- Stakeholder Reference Group
- Staff Partnership Forum
- Healthcare Professionals Forum

### Asesiad / Assessment

#### **Matters Requiring Board Level Consideration or Approval:**

The Mental Health Legislation Assurance Committee requested that the following item be raised at Board level:

- To ratify the Mental Health Legislation Assurance Committee Terms of Reference

There were no matters raised by the Charitable Funds Committee, In-Committee Board, Healthcare Professionals Forum or Staff Partnership Forum which require Board level consideration or approval.

#### **Key Risks and Issues/Matters of Concern:**

The Mental Health Legislation Assurance Committee raised the following key risks and issues/matters of concern:

- The impact on service users relating to the Tribunal Service offering telephone only contact has been highlighted, and continues to be discussed on an All Wales basis with the Vice Chairs' Group across all health boards and raised at the All Wales COVID-19 Leads meetings

There were no key risks and issues or matters of concern raised by the Charitable Funds Committee, In-Committee Board, Healthcare Professionals Forum or Staff Partnership Forum.

### Argymhelliad / Recommendation

The Board is asked to:

- **Endorse** the updates, recognising any matters requiring Board level consideration or approval and the key risks and issues/matters of concern identified, in respect of work undertaken on behalf of the Board at recent Committee meetings;
- **Ratify** the Mental Health Legislation Assurance Committee Terms of Reference;
- **Receive** the update report in respect of the In-Committee Board meeting;
- **Receive** the update reports in respect of recent Advisory Group meetings.

<b>Amcanion: (rhaid cwblhau)</b> <b>Objectives: (must be completed)</b>	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s): <a href="#">Hyperlink to NHS Wales Health &amp; Care Standards</a>	Governance, Leadership and Accountability
Amcanion Strategol y BIP: UHB Strategic Objectives: <a href="#">Hyperlink to HDdUHB Strategic Objectives</a>	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Statement</a>	Improve efficiency and quality of services through collaboration with people, communities and partners

<b>Gwybodaeth Ychwanegol:</b> <b>Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	Standing Orders External Governance Review
Rhestr Termiau: Glossary of Terms:	Included within the body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Committee and Advisory Group Chairs

<b>Effaith: (rhaid cwblhau)</b> <b>Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian:</b> <b>Financial / Service:</b>	Explicit within the individual Update Reports where appropriate.
<b>Ansawdd / Gofal Claf:</b> <b>Quality / Patient Care:</b>	Explicit within the individual Update Reports where appropriate.
<b>Gweithlu:</b> <b>Workforce:</b>	Not Applicable
<b>Risg:</b> <b>Risk:</b>	Not Applicable
<b>Cyfreithiol:</b> <b>Legal:</b>	The Board has approved Standing Orders in relation to the establishment of Board level Committees. In line with its model Standing Orders, the Health Board has established Board level Committees, the activities of which require reporting to the Board. In line with its model Standing Orders, the Health Board has established a Stakeholder Reference Group, a Healthcare Professionals Forum and a Partnership

	Forum, the activities of which require reporting to the Board.
<b>Enw Da: Reputational:</b>	Not Applicable
<b>Gyfrinachedd: Privacy:</b>	Not Applicable
<b>Cydraddoldeb: Equality:</b>	Not Applicable

<b>Enw'r Pwyllgor / Name of Committee</b>	Mental Health Legislation Assurance Committee
<b>Cadeirydd y Pwyllgor/ Chair of Committee:</b>	Delyth Raynsford (Independent Member) on behalf of Judith Hardisty (Vice Chair)
<b>Cyfnod Adrodd/ Reporting Period:</b>	Meeting held on 2 March 2021
<b>Y Penderfyniadau a'r Materion a Ystyriodd y Pwyllgor / Key Decisions and Matters Considered by the Committee:</b>	
<p>This report summarises the work of the Mental Health Legislation Assurance Committee (MHLAC) at its meeting held on 2<sup>nd</sup> March 2021, with the following highlighted:</p> <ul style="list-style-type: none"> <li>• Due to the COVID-19 pandemic, the meeting due to be held on 2<sup>nd</sup> December 2020 was postponed and any outstanding actions' deadlines were extended to the March meeting.</li> <li>• The MHLAC Terms of Reference (as amended) were accepted and the work undertaken within the review of the Terms of Reference and input received from committee members was gratefully acknowledged.</li> <li>• The updated Workplan was received and approved.</li> <li>• A Staff Story had been prepared in readiness for this meeting, however due to redeployment to the COVID-19 vaccination programme, the member of staff will present at the June 2021 meeting.</li> <li>• An update on the work of the Mental Health Legislation Scrutiny Group was provided by the Mental Health Legislation Administrative Lead on behalf of the Group's Chair. It was reported that the Scrutiny Group had continued to meet throughout the pandemic, with the last meeting held on 14<sup>th</sup> February 2021. The meeting received an updated Care &amp; Treatment Plan briefing paper by the Quality and Audit Professional Development Team with a proposed template, confirmed that Healthy Ward checks were commencing shortly and the Group were also provided with the quarter's information from the three local authorities on assessments that had been undertaken. The Chair of the Group also provided Section 2 admissions data and work was continuing to ensure the robust and consistent scrutiny of all admissions, including necessity of admission and reviewing the admissions in detail. Further information and data relating to the Alternative Place of Safety in Gorwellion and Bro Cerwyn were to be reviewed at the next Group meeting. The Group also received the Review of the Mental Health Act consultation document and an update on the case law regarding virtual assessments which had recently been through the High Court process.</li> <li>• The MHLAC Report to the Audit and Risk Assurance Committee was received, together with additional reports on Quarter 3 and Hospital Managers Powers of Discharge were tabled for information. The MHLAC noted the use of the Act was down in comparison to 2019; however, it was also acknowledged that due to the pandemic, 2020 may not be able to offer a direct comparison at this point. The MHLAC were informed that work was currently being undertaken regarding the use of Section 5.2 Doctors' Holding Powers, particularly within general hospital settings. The revised Section 5.2 Policy has been reviewed and became a confirmed working document in January 2021 and a programme of training is underway. It was also noted that Tribunals continue to be held over telephone conference only, which is putting patients at a disadvantage and continues to be raised at the All</li> </ul>	

Wales platform. The Power of Discharge Report was also received by MHLAC and it was noted that the Sub Committee met in December 2020 and welcomed any queries or responses.

- An update was received from the Interim Head of Nursing (Mental Health & Learning Disabilities) regarding the newly formed Quality, Safety & Experience Group. It was explained that the previous Sub Committee had been stood down and the revision of committee structures provided the Group with a revised standard Terms of Reference. An exception report would be provided to the Operational Quality Safety & Experience Assurance Committee as necessary. The QS&EG will be continuing to meet bi-monthly with a range of standard and periodic reporting attendance, discussing risk and mitigations, developments across the service throughout transformation and attainment. The MHLAC were also informed that an audit of quality structures and processes was conducted during the transition period and successfully achieved an acceptable level status, with a single recommendation to further enhance the inclusion of risk identified from Business Performance and Planning Assurance Group (BPPAG) meetings within the QS&EG; consideration for the most efficient mechanism for this reporting is being reviewed. The Group provides reporting connectivity between groups and considers reports from various areas (eg. Scrutiny Group, Doctors Holding Powers, Quality, Audit and Professional Development) and impacts of trends identified, including service users' and carers' experiences via third sector and local authority representation.
- An update report for the Transformation of Mental Health & Learning Disabilities Services during the COVID-19 Pandemic was received from the Service Transformation & Partnerships Manager, which noted the Transformation work which had continued alongside service provision during the pandemic and acknowledged that some changes had been able to be accelerated. The detailed report highlighted in more detail: the co-location of teams, revised staffing structures; centralised place of safety in Bryngofal; successful pilot for 111 via Welsh Government jointly working with Aneurin Bevan, Swansea Bay and Hywel Dda University Health Board; successful pilot for provision and utilisation of St Johns' Ambulance transportation dedicated to MH&LD provision; pilot phase in Carmarthenshire for Psychiatric Liaison Service recruiting 2 further Senior Nurses and an Advanced Nurse Practitioner and S-CAMHS providing out of hours teams working across all ages and within Liaison teams. The MHLAC were also informed that some non-essential services had been paused during the pandemic, contact with patients on waiting lists was being maintained with treatment plans regularly being reviewed using the RAG rating system determining contact, and that contact via virtual means or telephone was continuing. The closure of Day Units was an increased risk particularly for the population with learning disabilities who relied on the contact; the possibility of re-opening was being closely monitored with the local authorities and positive consideration post-immunisation may enable cautious re-opening over time. It was noted that the MH Service Improvement Funds were received later in the year than usual and these funds had been utilised to enable Specialist Child and Adolescent Mental Health Services (SCAMHS) and Adult Mental Health to integrate sustainable services to support patients throughout the pandemic and beyond, in line with the transformation agenda. It was acknowledged that the Older Adult Mental Health patients had experienced high levels of shielding and isolation during the pandemic with high levels of acuity across the board with limited capacity for inpatient and care home settings. Some funding from Welsh Government had been received in November 2020, and together with some existing underspend, it had been possible to commission Age

Cymru to provide services, including a sit-in service, to help counteract the isolation and loneliness experienced. The MHLAC were informed that the Welsh Government had also provided £200,000 in November 2020 (to be used by March 2021) which had been used on a multi-agency basis including third sector, and created 8 Service Level Agreements and 9 community projects including (but not restricted to) advocacy, Kooth (online youth counselling service) and men's groups. Planning for 2021/22 was active and confirmation of funding was expected within the next 4-6 weeks, with internal scrutiny preparing to consider the most effective areas for pinpointing funding allocations. The MHLAC further discussed the impact of the pandemic on children and young people and consequential expectation of an increase in utilisation of tier 0 and secondary services in future, including how to support patients currently on waiting lists and promotion of focus on mental wellbeing and resilience. It was noted that the Integrated Autism Service was not currently funded and the Director of the Mental Health & Learning Disabilities Directorate reported discussions with Welsh Government to substantiate the workforce, as this left the service in a vulnerable position.

- Further consultation with service users and carers groups was discussed and a meeting is to be arranged to agree an efficient and regular format for inclusion in discussions outside of committee structures.
- The Mental Health Act Review Summary was provided to the MHLAC and comments were invited to be returned to the Mental Health Legislation Administrative Lead.

**Materion y mae angen Ystyriaeth neu Gymeradwyaeth Lefel y Bwrdd are u cyfer / Matters Requiring Board Level Consideration or Approval:**

- Approval of the revised Terms of Reference.

**Risgiau Allweddol a Materion Pryder / Key Risks and Issues/ Matters of Concern:**

- The impact on service users relating to the Tribunal Service offering telephone only contact has been highlighted, and continues to be discussed on an All Wales basis with the Vice Chairs' Group across all health boards and raised at the All Wales COVID-19 Leads meetings.

**Busnes Cynlluniedig y Pwyllgor ar gyfer y Cyfnod Adrodd Nesaf / Planned Committee Business for the Next Reporting Period:**

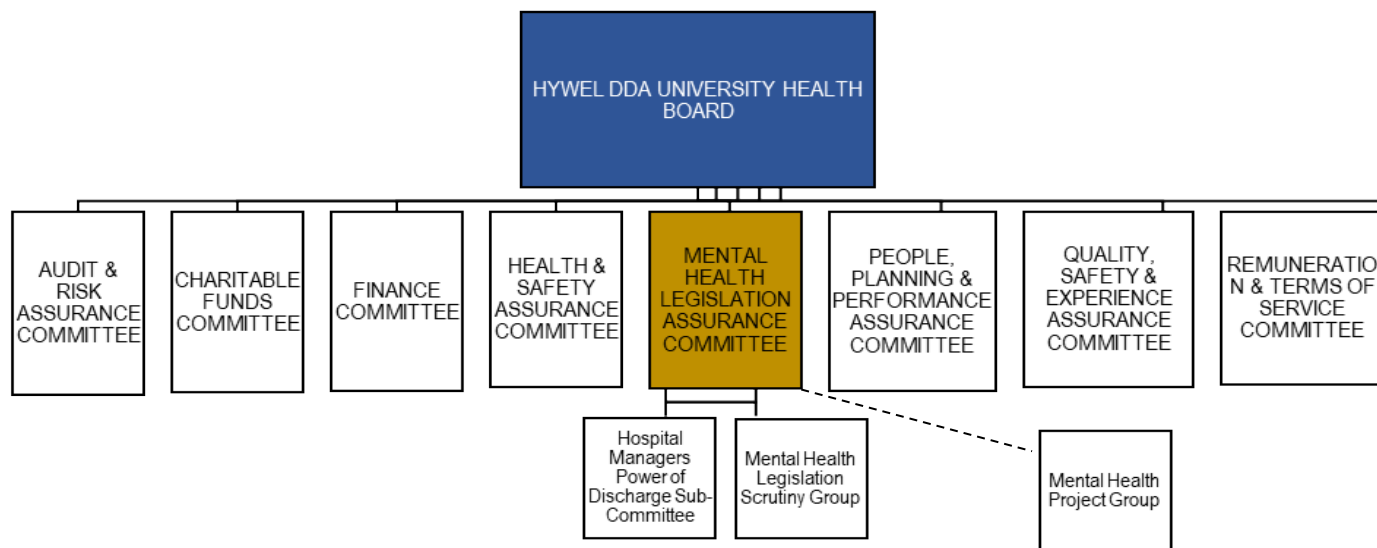
**Adrodd yn y Dyfodol / Future Reporting:**

Items to be received at the June meeting:

- Staff Story;
- Specialist Child & Adolescent Mental Health to provide a report on admissions and patient pathway;
- Scrutiny Group to provide further analysis into the background of care provided and service users' experiences prior to Section 2 and Section 3 detention.

**Dyddiad y Cyfarfod Nesaf / Date of Next Meeting:**

3<sup>rd</sup> June 2021.



## MENTAL HEALTH LEGISLATION ASSURANCE COMMITTEE

### TERMS OF REFERENCE

Version	Issued To	Date	Comments
V0.1	Hywel Dda Health Board	27.09.2012	Approved
V0.2	Mental Health Act Monitoring Committee	27.11.2012	Membership amended
	Hywel Dda University Health Board	22.06.2014	In Standing Orders
V0.3	Mental Health Legislation Assurance Committee	10.09.2014	Approved
	Hywel Dda University Health Board	26.11.2015	Approved
V0.4	Mental Health Legislation Assurance Committee	10.03.2016	Approved
V0.5	Mental Health Legislation Assurance Committee	07.12. 2017	Amendments
V0.6	Mental Health Legislation Assurance Committee	08.03.2018	Amendments
V0.7	Mental Health Legislation Assurance Committee	17.09.2019	Amendments
V0.8	Mental Health Legislation Assurance Committee	01.09.2020	Amendments
	Mental Health Legislation Assurance Committee	02.03.2021	Approved
	Hywel Dda University Health Board	25.03.2021	For Approval



## MENTAL HEALTH LEGISLATION ASSURANCE COMMITTEE

### 1. Constitution

- 1.1 The Mental Health Legislation Assurance Committee (the Committee) has been established as a Committee of Hywel Dda University Health Board (HDdUHB) and constituted from 1<sup>st</sup> June 2015 to assure the Board that those functions of the Mental Health Act 1983, as amended, which have been delegated to officers and staff are being carried out correctly; and that the wider operation of the 1983 Act in relation to the UHB's area is operating properly.

### 2. Purpose

The purpose of the Mental Health Legislation Assurance Committee is to assure the Board on the following:

- 2.1 Those functions of the Mental Health Act 1983, as amended, which have been delegated to officers and staff are being carried out correctly; and that the wider operation of the 1983 Act in relation to the UHB's area is operating properly;
- 2.2 The provisions of the Mental Health (Wales) Measure 2010 are implemented and exercised reasonably, fairly and lawfully;
- 2.3 The UHB's responsibilities as Hospital Managers are being discharged effectively and lawfully;
- 2.4 The UHB is compliant with Mental Health Act, 1983 Code of Practice for Wales;
- 2.5 The Committee will also advise the Board of any areas of concern in relation to compliance with mental health legislation and agree issues to be escalated to the Board with recommendations for action.

### 3. Key Responsibilities

In respect of its provision of advice to the Board, the Mental Health Legislation Assurance Committee shall:

- 3.1 Review reports from Healthcare Inspectorate Wales visits, the Delivery Unit and other external scrutiny bodies and approve the action plans for monitoring through its sub-committee structure;
- 3.2 Review the Mental Health & Learning Disabilities Risk Register bi-annually to ensure that risks relating to compliance with mental health legislation are being appropriately managed by Mental Health Legislation Scrutiny Group;
- 3.3 Receive Mental Health Legislation Scrutiny Group Update Report and Minutes from previous meeting;

- 3.4 Consider issues arising from its Sub-Committee and Group structure;
- 3.5 Receive the Hywel Dda Mental Health Partnership Board Annual Report and consider issues in relation to the implementation of the Mental Health Strategy across the Hywel Dda area;
- 3.6 Receive update reports from the Mental Health Programme Group on improvement programmes for high quality, safe and sustainable mental health services which are consistent with the Board's overall strategic direction.
- 3.7 Receive Hospital Manager's Power of Discharge Committee Update Report & Minutes from previous meeting. This report should ensure compliance with the Code of Practice.

In respect of its provision of assurance to the Board, the Mental Health Legislation Assurance Committee will seek assurances that:

- 3.8 The operation of mental health legislation is exercised fairly and lawfully and that specific issues related to compliance are managed through its Sub-Committee and Group structure;
- 3.9 The wider operation of the 1983 Act (the Board's delegated functions as Hospital Managers) are being exercised reasonably, fairly and lawfully and that specific issues related to compliance are managed through its Sub-Committee and Group structure;
- 3.10 Identified matters of risk relating to compliance with mental health legislation are being appropriately mitigated;
- 3.11 Arrangements for the delegated authority of approval for Approved Clinicians and Section 12 Doctors in Wales are compliant with the Directions and Guidance from Welsh Government, and are monitored through the Mental Health Legislation Scrutiny Group;
- 3.12 Policies and procedures are developed and approved in line with the organisation's Written Control Document Policy, through the Mental Health Legislation Scrutiny Group;
- 3.13 The training requirements of those staff who exercise the functions of mental health legislation have the requisite skills and competencies to discharge the Board's responsibilities, through the Mental Health Legislation Scrutiny Group;
- 3.14 Ensure that relevant legislation, in particular, the Human Rights Act 1998, the Equality Act 2010, and the Data Protection Act 1998, are adhered to.

**4. Membership**

4.1 Formal membership of the Committee shall comprise of the following:

<b>Member</b>
Independent Member with responsibility for Mental Health (Board Vice-Chair) (Chair)
Independent Member (Vice Chair)
4 X Independent Members

4.2 The following should attend Committee meetings:

<b>In Attendance</b>
Director of Operations (Lead Director)
Director of Mental Health & Learning Disabilities Services (Lead Officer)
Associate Medical Director for Mental Health Services
Head of Nursing Mental Health & Learning Disabilities
Head of Older Adult and Learning Disability Services
Mental Health Act Administration Lead
Chair of Mental Health Legislation Scrutiny Group
Nominated representative from Dyfed/Powys Police
Nominated representative from Welsh Ambulance Services NHS Trust
Nominated representative from Carmarthenshire County Council
Nominated representative from Ceredigion County Council
Nominated representative from Pembrokeshire County Council
Nominated representative from West Wales Action for Mental Health (WWAMH)
2 x Nominated Service Users: patient representative and carer representative
Nominated representative from Primary Care: GP Lead
Nominated representative from Hywel Dda Community Health Council (not counted for quoracy purposes)
Nominated representative from Advocacy Network

4.3 The Vice-Chair of the University Health Board (UHB) shall undertake the role of Chair of the Mental Health Legislation Assurance Committee given their specific responsibility for overseeing the Board's performance in relation to mental health services.

4.4 Terms and conditions of appointment (including any remuneration and reimbursement) in respect of independent external members and service users will be determined by the Board.

4.5 Membership of the Committee will be reviewed on an annual basis.

## **5. Quorum and Attendance**

5.1 A quorum shall consist of no less than two of the membership and must include as a minimum the Chair or Vice Chair of the Committee and one other Independent Member, together with a third of the In Attendance Members.

5.2 The membership of the Committee shall be determined by the Board, based on the recommendation of the UHB Chair, taking into account the balance of skills and expertise necessary to deliver the Committee's remit, and subject to any specific requirements or directions made by the Welsh Government.

5.3 Any senior officer of the UHB or partner organisation may, where appropriate, be invited to attend, for either all or part of a meeting to assist with discussions on a particular matter.

- 5.4 The Committee may also co-opt additional independent 'external' experts from outside the organisation to provide specialist skills.
- 5.5 Should any officer member be unavailable to attend, they may nominate a deputy with full voting rights to attend in their place, subject to the agreement of the Chair.
- 5.6 The Chairman of the UHB reserves the right to attend any of the Committee's meetings as an ex officio member.
- 5.7 The Head of Internal Audit shall have unrestricted and confidential access to the Chair of the Mental Health Legislation Assurance Committee.
- 5.8 The Committee can arrange to meet with Internal Audit and External Audit (and, as appropriate, nominated representatives of Healthcare Inspectorate Wales), without the presence of officers, as required.
- 5.9 The Chair of the Mental Health Legislation Assurance Committee shall have reasonable access to Executive Directors and other relevant senior staff.
- 5.10 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.

## 6. Agenda and Papers

- 6.1 The Committee Secretary is to hold an agenda setting meeting with the Chair and/or Vice-Chair and Lead Director/Lead Officer at least **six** weeks before the meeting date.
- 6.2 The agenda will be based around the Committee work plan, identified risks, matters arising from previous meetings, issues emerging throughout the year, and requests from Committee members. Following approval, the agenda and timetable for request of papers will be circulated to all Committee members.
- 6.3 All papers must be approved by the Lead Officer.
- 6.4 The agenda and papers will be distributed **seven** days in advance of the meeting.
- 6.5 The minutes and action log will be circulated to members within **ten** days to check the accuracy.
- 6.6 Members must forward amendments to the Committee Secretary within the next **seven** days. The Committee Secretary will then forward the final version to the Committee Chair for approval.

## 7. In Committee

- 7.1 The Committee can operate with an In Committee function to receive updates on the management of sensitive and/or confidential information.

## **8. Frequency of Meetings**

- 8.1 The Committee will meet quarterly and shall agree an annual schedule of meetings. Any additional meetings will be arranged as determined by the Chair of the Committee in discussion with the Lead Executive.
- 8.2 The Chair of the Committee, in discussion with the Committee Secretary, shall determine the time and the place of meetings of the Committee and procedures of such meetings.

## **9. Accountability, Responsibility and Authority**

- 9.1 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.
- 9.2 The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.
- 9.3 The Committee shall embed the UHB's vision, corporate standards, priorities and requirements, e.g. equality and human rights, through the conduct of its business.
- 9.4 The requirements for the conduct of business as set out in the UHB's Standing Orders are equally applicable to the operation of the Committee.

## **10. Reporting**

- 10.1 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:
  - 10.1.1 joint planning and co-ordination of Board and Committee business;
  - 10.1.2 sharing of information.
- 10.2 In doing so, the Committee shall 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.
- 10.3 The Committee may establish Sub-Committees or Groups to carry out on its behalf specific aspects of Committee business. The Committee will receive an update following each Sub-Committee or Group meeting detailing the business undertaken on its behalf. The Sub-Committee reporting to this Committee is:
  - 10.3.1 Hospital Managers Power of Discharge Sub-Committee
  - 10.3.2 Mental Health Legislation Scrutiny Group
- 10.4 The Committee Chair, supported by the Committee Secretary, shall:
  - 10.4.1 Report formally, regularly and on a timely basis to the Board on the Committee's activities. This includes the submission of a Committee update paper, as well as the presentation of an annual report within six weeks of the end of the financial year.
  - 10.4.2 Bring to the Board's specific attention any significant matter under consideration by the Committee.

- 10.4.3 Ensure appropriate escalation arrangements are in place to alert the UHB Chair, Chief Executive or Chairs of other relevant Committees, of any urgent/critical matters that may compromise patient care and affect the operation and/or reputation of the UHB.
- 10.5 The 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, including that of any sub-committees established.

## **11. Secretarial Support**

- 11.1 The Committee Secretary shall be determined by the Lead Director (Director of Operations) and will be supported by the Lead Officer (Director of Mental Health and Learning Disabilities).

## **12. Review Date**

- 12.1 These terms of reference and operating arrangements shall be reviewed on at least an annual basis by the Committee for approval by the Board.

<b>Enw'r Pwyllgor / Name of Committee</b>	Charitable Funds Committee
<b>Cadeirydd y Pwyllgor/ Chair of Committee:</b>	Simon Hancock, Independent Member
<b>Cyfnod Adrodd/ Reporting Period:</b>	Meeting held on 9 <sup>th</sup> March 2021
<b>Y Penderfyniadau a'r Materion a Ystyriodd y Pwyllgor / Key Decisions and Matters Considered by the Committee:</b>	
<ul style="list-style-type: none"> <li>• <b>Draft Charitable Funds Committee (CFC) Annual Report to Board (2020/21)</b> – the Committee received the draft CFC Annual Report to Board (2020/21) and agreed its content, noting that the discussions from the 09/03/21 meeting would be added to the report prior to submission to Extra-ordinary Public Board meeting in June 2021.</li> <li>• <b>Self Assessment of Committee Effectiveness (Process)</b> – the Committee received the draft CFC Self Assessment of Performance Questionnaire template and agreed to the expansion of two of the questions, prior to distribution to Members for completion.</li> <li>• <b>Charitable Funds Sub-Committee (CFSC) Update Report</b> – the Committee received the CFSC update report providing an overview of the Sub-Committee's decisions, including discussions and deliberations, since the previous report presented to the Committee on 30<sup>th</sup> November 2020. Members noted that Sub-Committee meetings had not been undertaken since the previous update report due to the increase in COVID-19 and associated surge capacity placed upon the Operations Directorate and changes to governance arrangements. Members further noted that requests to the combined value of £65,829.93 had been approved under Chair's Action, and that one item totalling £24,943.25 is pending decision.</li> <li>• <b>Charitable Funds Sub-Committee (CFSC) Annual Report (2020/21)</b> – the Committee was presented with the CFSC Annual Report (2020/21), providing assurance in respect of the work it had undertaken and decisions taken on behalf of the CFC during the year and outlining the main achievements, which had contributed to furthering the governance of charitable funds across HDdUHB. Members noted that 20 requests had been approved under Chair's Action, totalling £154,709.43, noting that this represented a minimal amount due to the downturn in activity and certain expenditures supported via COVID-19 monies instead. A further request at a value of £61,116.12 had been recommended for Executive Directors approval. Training sessions had been undertaken by Finance teams in order to broker discussions with directorates, and the Committee was pleased to learn that this had led to an increased interest in enquiries relating to staff benefits and patient welfare.</li> <li>• <b>Charitable Funds Committee Risk Register</b> – the Committee received an update on the sole risk assigned to the CFC i.e. an ongoing risk of reputational damage if the Health Board becomes implicated, by default, in events outside of its control, due to association, or perceived association, with any external charitable organisations. Members noted the risk is being actively managed with the current risk score 6 and is within the CFC's risk tolerance level of 8. The Committee agreed for the risk to be de-escalated to management at service level, with an update provided to the CFC on a 6 monthly basis.</li> </ul>	

- **Policies and Procedures Relating to Charitable Funds** – the Committee received a verbal update in regard to the Charitable Funds Procedure, noting that it had been approved by Finance Committee in December 2020 and that an appendix would be added to the Procedure with regard to the staff lottery scheme which is due to launch in April/May 2021.
- **Approval of Charitable Funds Expenditure Over £50,000** – the Committee was presented with a request for funding of £50,000 to purchase an Hitachi trans-perineal biopsy machine and the four necessary probes for Prince Phillip Hospital. Members were content with the request received and the CFC approved the purchase.
- **Ceredigion Property Options** – the Committee received a verbal update in relation to the Ceredigion property, noting that following a meeting with the Estates Department which had been held w/c 01/03/21, further discussions would be undertaken with relevant parties and a further update would be provided at the June 2021 CFC meeting.
- **CaPS Counselling Project** - the Committee received an informative CaPS (Cancer Psychological Support) Project update, following the funding secured from charitable funds in 2018 for the two-year pilot project, recognising that the service provided enabled cancer patients to receive rapid access to specialist counselling.
- **Investment Advisor Performance Update** - the Hywel Dda Health Charities Investment Update provided by Sarasin & Partners was presented to the Committee, with Members informed that income distributions had been maintained in 2020 (vs 2019), whilst income earned decreased by 2% in 2020, against UK dividend cuts of -40% and global dividends -20%. Overall however, the portfolios had performed well, ahead of benchmark and with significant capital gains since Sarasin and Partners had been appointed.
- **Integrated Hywel Dda Health Charities Performance Report** – the Committee received the Integrated Hywel Dda Health Charities Performance Report, providing an update on the charity's performance and position as at 31/01/21. Members were pleased to note the net assets of the charity had increased and that the staff lottery scheme which had been supported by the Staff Partnership Forum on 09/02/21 would be launched in April/May 2021. The Committee endorsed that the HDdUHB Rest, Recovery and Recuperation Working Group, in conjunction with relevant Executive Directors, assumes the lead on establishing the most appropriate use of funds raised via the Apêl Hywel Dda NHS COVID-19 Appeal. The governance and support costs budget for the 2021/22 financial year was also considered and approved. Members noted that the report would be presented to HDdUHB Board members as corporate trustees.
- **Paper for the Administration Committee J C Williams (Elizabeth Williams Endowment) Fund to Allow the Release of Funds to Develop the Hydrotherapy Pool Service at the Pentre Awel Village, Llanelli** – the Committee received and noted the report due to be presented to the JC Williams (Elizabeth Williams Endowment) Fund Administration Committee on 10/03/21, followed by presentation to HDdUHB Board members as corporate trustees.
- **Any Other Business** – recognising that the meeting would be the final CFC meeting for Cllr. Simon Hancock, Mr Owen Burt and Mr Mike Lewis, Independent Members, warm gratitude was expressed for their contributions during their respective terms of office and for the dedicated leadership of Cllr. Hancock as CFC Chair.



<b>Materion y mae angen Ystyriaeth neu Gymeradwyaeth Lefel y Bwrdd ar eu cyfer /Matters Requiring Board Level Consideration or Approval:</b>
<ul style="list-style-type: none"> <li>• No matters requiring Board level consideration or approval.</li> </ul>
<b>Risgiau Allweddol a Materion Pryder / Key Risks and Issues/ Matters of Concern:</b>
<ul style="list-style-type: none"> <li>• No risks or issues/matters of concern identified to escalate to the Board.</li> </ul>
<b>Busnes Cynlluniedig y Pwyllgor ar gyfer y Cyfnod Adrodd Nesaf / Planned Committee Business for the Next Reporting Period:</b>
<b>Adrodd yn y Dyfodol / Future Reporting:</b>
In addition to the items scheduled to be reviewed as part of the Committee's work programme, following up progress of the various actions identified at the previous Committee meeting will be undertaken.
<b>Dyddiad y Cyfarfod Nesaf / Date of Next Meeting:</b>
30 <sup>th</sup> June 2021.

<b>Enw'r Pwyllgor / Name of Committee</b>	In-Committee Board
<b>Cadeirydd y Pwyllgor/ Chair of Committee:</b>	Miss Maria Battle
<b>Cyfnod Adrodd/ Reporting Period:</b>	Meeting held on 28 <sup>th</sup> January 2021
<b>Y Penderfyniadau a'r Materion a Ystyriodd y Pwyllgor / Key Decisions and Matters Considered by the Committee:</b>	
<ul style="list-style-type: none"> <li>• <b>HDdUHB Plan 2021/22</b> – the In-Committee Board received a presentation on the draft HDdUHB Annual Recovery Plan 2021/22. It was agreed that the Plan would be discussed further at the next Board Seminar in February 2021.</li> <li>• <b>COVID-19 Mass Vaccination Programme Delivery Plan</b> – the In-Committee Board received a presentation, which outlined the direct response to the Gold Command requirement to develop a mass vaccination delivery plan to run up until 4<sup>th</sup> April 2021. The Delivery Plan had been considered by the Silver Tactical Group on 27<sup>th</sup> January 2021, with a number of amendments suggested. It was agreed that a revised version would be considered at an Extraordinary meeting of the People, Planning &amp; Performance Assurance Committee (PPPAC).</li> <li>• <b>Suspensions Report</b> – the In-Committee Board received the most recent Suspensions Report, providing an update on all employment suspensions as at 31<sup>st</sup> December 2020.</li> <li>• <b>In-Committee Audit &amp; Risk Assurance Committee (ARAC)</b> – the In-Committee Board received an update report from the In-Committee ARAC meeting held on 15<sup>th</sup> December 2020.</li> <li>• <b>In-Committee Quality, Safety &amp; Experience Assurance Committee (QSEAC)</b> – the In-Committee Board received an update report from the In-Committee QSEAC meeting held on 1<sup>st</sup> December 2020.</li> <li>• <b>Remuneration &amp; Terms of Service Committee (RTSC)</b> – the In-Committee Board received an update report from the RTSC meeting held on 24<sup>th</sup> November 2020.</li> </ul>	
<b>Materion y mae angen Ystyriaeth neu Gymeradwyaeth Lefel y Bwrdd are u cyfer / Matters Requiring Board Level Consideration or Approval:</b>	
None.	
<b>Risgiau Allweddol a Materion Pryder / Key Risks and Issues/ Matters of Concern:</b>	
None.	
<b>Busnes Cynlluniedig y Pwyllgor ar gyfer y Cyfnod Adrodd Nesaf / Planned Committee Business for the Next Reporting Period:</b>	
<b>Adrodd yn y Dyfodol / Future Reporting:</b>	
To be confirmed.	
<b>Dyddiad y Cyfarfod Nesaf / Date of Next Meeting:</b>	
25 <sup>th</sup> March 2021.	

<b>Enw'r Pwyllgor / Name of Committee</b>	Healthcare Professionals Forum
<b>Cadeirydd y Pwyllgor/ Chair of Committee:</b>	Dr Mo Nazemi
<b>Cyfnod Adrodd/ Reporting Period:</b>	Meeting held on 18 <sup>th</sup> January 2021
<b>Y Penderfyniadau a'r Materion a Ystyriodd y Pwyllgor / Key Decisions and Matters Considered by the Committee:</b>	
<p>The Healthcare Professionals Forum (HPF) held a short meeting on 18<sup>th</sup> January 2021.</p> <p>Dr Philip Kloer, Medical Director, provided an update on current Health Board pressures, focusing on <i>Operational Data</i> and <i>COVID-19 Vaccinations</i>. The Forum received an update on:</p> <ul style="list-style-type: none"> <li>- The latest community infection rates</li> <li>- Hospital admissions into acute and field hospitals</li> <li>- Current data from Care Homes</li> <li>- Staff absences due to sickness</li> <li>- Numbers vaccinated in the Health Board</li> <li>- Strategy for delivering targets set by government for vaccination tiers</li> <li>- Scheduling of second doses</li> </ul> <p>The HPF welcomed and noted the update provided.</p> <p>The HPF felt strongly that, due to the rural nature of Hywel Dda, they would like to see a zero-wastage policy at the Health Board with regards to the COVID-19 vaccine. The HPF Chair wrote to Dr Kloer following the meeting to express the Forum's view that this could be achieved with the use of reserve lists of healthcare staff and public service staff, as well as the freedom for practitioners to offer unused vaccines to patients not in the current target cohort.</p>	
<b>Materion y mae angen Ystyriaeth neu Gymeradwyaeth Lefel y Bwrdd ar u cyfer / Matters Requiring Board Level Consideration or Approval:</b>	
None	
<b>Risgiau Allweddol a Materion Pryder / Key Risks and Issues/ Matters of Concern:</b>	
None	
<b>Busnes Cynlluniedig y Pwyllgor ar gyfer y Cyfnod Adrodd Nesaf / Planned Committee Business for the Next Reporting Period:</b>	
<b>Adrodd yn y Dyfodol / Future Reporting:</b>	
<ul style="list-style-type: none"> <li>• Future Work Plan</li> <li>• Review of HPF Terms of Reference</li> </ul>	
<b>Dyddiad y Cyfarfod Nesaf / Date of Next Meeting:</b>	
15 <sup>th</sup> March 2021	

<b>Enw'r Pwyllgor / Name of Committee</b>	Staff Partnership Forum
<b>Cadeirydd y Pwyllgor/ Chair of Advisory Group:</b>	Lisa Gostling, Director of Workforce & OD Ann Taylor Griffiths, Joint Chair of Staff Side Partnership Forum
<b>Cyfnod Adrodd/ Reporting Period:</b>	February 2021
<b>Y Penderfyniadau a'r Materion a Ystyriodd y Pwyllgor / Key Decisions and Matters Considered by the Advisory Group:</b>	
<ul style="list-style-type: none"> <li>• <b>COVID-19 Vaccination Programme</b> – the programme roll out was discussed with Members regarding progress to date concerning priority groups 1-4, together with the anticipated timelines for further rollout to priority groups 5-9. An update was provided and discussion ensued with regard to how the Welsh Immunisation System (WIS) works and it was confirmed that the system would generate invite letters to individuals for their second dose of the vaccine. Support and gratitude was extended to Mrs Ros Jervis, Director of Public Health, and the team involved for the work they have undertaken to date.</li> <li>• <b>Healthy Working Relationships</b> – Mr James Moore from Health Education &amp; Improvement Wales (HEIW) joined the meeting to provide an update concerning the roll out of the new approach to supporting individuals in the workplace when issues arise, with the aim to resolve as many issues as possible in an informal manner rather than needing to resort to a formal policy. Awareness raising and training is being undertaken in readiness for a soft launch of the new arrangements from 1<sup>st</sup> April 2021.</li> <li>• <b>Recruitment Update</b> – an overview of recruitment activity was provided, with over 1,200 individuals having been offered a post with the Health Board during the previous months; this is in addition to the circa 1000 staff recruited in March/April 2020. The Forum was also updated on the process to re-engage with staff whose temporary contracts are due to end in March 2021 to seek extensions where appropriate.</li> <li>• <b>Staff Lottery Scheme</b> – the Staff Lottery scheme was discussed with the Forum, with a view to its launch in May 2021. Following the scheme having previously been supported by Members, views were obtained on whether the timing of its launch is appropriate. The scheme was welcomed and the suggested implementation date of May 2021 was fully supported.</li> <li>• <b>Health &amp; Safety Executive (HSE) Social Distancing</b> – an update was provided following the recent HSE visits, with particular issues being raised in Ceredigion linked with the dining room, corridors and staff rest rooms. Actions are in place to address the concerns raised and the Health &amp; Safety Team is liaising with the HSE following the correspondence received.</li> <li>• <b>Special Leave</b> – the all Wales Special Leave Policy was shared for information.</li> <li>• <b>Carry Over of Annual leave</b> – a proposal for a more generous provision for carry over of annual leave was discussed in relation to the 2021/22 leave year and was welcomed by the Forum. Following formal sign off, line managers would be requested to enact.</li> </ul>	

**Materion y mae angen Ystyriaeth neu Gymeradwyaeth Lefel y Bwrdd are u cyfer / Matters Requiring Board Level Consideration or Approval:**

None.

**Risgiau Allweddol a Materion Pryder / Key Risks and Issues/ Matters of Concern:**

None.

**Busnes Cynlluniedig y Pwyllgor ar gyfer y Cyfnod Adrodd Nesaf / Planned Committee Business for the Next Reporting Period:**

**Adrodd yn y Dyfodol / Future Reporting:**

- The agenda will be set linked to key issues in March 2021.

**Dyddiad y Cyfarfod Nesaf / Date of Next Meeting:**

6<sup>th</sup> April 2021.