



AGENDA ITEM

2.1.6

CTM BOARD

AMENDMENT TO STANDING ORDERS

Date of meeting	27/05/2021
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
Prepared by	CallyHamblyn, Assistant Director of Governance & Risk
Presented by	Georgina Galletly, Director of Corporate Governance
Approving Executive Sponsor	Director of Corporate Governance
Report purpose	FOR APPROVAL

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)

Committee/Group/Individuals	Date	Outcome
	(DD/MM/YYYY)	Choose an item.

ACRONYMS

EASC	Emergency Ambulance Services Committee
SFIs	Standing Financial Instructions
SO's	Standing Orders
WHSSC	Welsh Health Specialised Services Committee



1. SITUATION/BACKGROUND

- 1.1 The Cwm Taf Morgannwg University Health Board Standing Orders form the basis upon which the Health Board's governance and accountability framework is developed and, together with the adoption of the Health Boards Standards of Behaviour Policy is designed to ensure the achievement of the standards of good governance set for the NHS in Wales.
- 1.2 All Health Board members and officers must be made aware of these Standing Orders and, where appropriate, should be familiar with their detailed content.

2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 2.1 The SO's and SFI's have recently been reviewed by officials in association with representatives of the Board Secretaries and Directors of Finance Peer Groups and a revised model was issued for implementation in correspondence from the Minister for Health and Social Services received on the 7th April 2021.
- 2.2 The scope of this report is to outline the changes made in relation to the revised model SO's. Due to timing the revised SFI's and SO's for the Hosted Joint Committees (EASC and WHSSC) will follow at a future meeting.
- 2.3 Changes have only been made to the sections of the SO's as indicated in 2.4 – 2.8.
- 2.4 **Standing Orders (Main Document) – Appendix 1**
Minor amendments as indicated in red have been made to this document.
- 2.3 **Standing Orders – Schedule 1.0 – Scheme of Delegation – Appendix 2**
Amendments reflected in red.



2.5 **Standing Orders – Schedule 2.0 – Key Guidance, Instructions and other related documents – Appendix 3**

Minor change in red relating to the new website link for the e-governance manual.

2.6 **Standing Orders – Schedule 2.1 – Standing Financial Instructions**

As noted above the model SFI's will follow at a future Audit & Risk Committee.

2.7 **Standing Orders – Schedule 3.0 – Board and Committee Terms of Reference and Operating Arrangements**

No changes made to the Committee Terms of Reference as part of the revised model.

2.7 **Standing Orders – Schedule 4.0 – Joint Committee Arrangements**

EASC's and WHSSC's revised model SO's are currently being progressed through their Joint Committee meetings and will be received at a future Audit & Risk Committee and Board Meeting in due course.

2.8 **Standing Orders – Schedule 5.0 – Advisory Group Terms of Reference and Operating Arrangements – Appendices 4 and 5**

Minor change in red to Schedule 5.0.

Revised terms of reference included for Schedule 5.2:

- Clinical Advisory Group (CAG) – Previously known as the Healthcare Professionals' Forum.

3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 In endorsing approval of the Clinical Advisory Group Terms of Reference and Operating Arrangements the Health Board will be varying the Model Standing Orders as follows:

Name Change:

Change in name from Healthcare Professionals' Forum to Clinical Advisory Group (CAG).

Term of Office:

The Chair's term of office will be for a period of up to two (2) years, with the ability to stand as Chair for a longer period as determined by the Board. That individual may remain a member of the CAG after their term of appointment as Chair has ended.



Relationships with the National Professional Advisory Group

The CAG Chair (or CAG Vice-Chair) will not necessarily be a member of the National Professional Advisory Group and this is a position approved by the Board as variation to the model Standing Orders. CTMUHB will however, ensure at least one member of the CAG is a member of the National Professional Advisory Group who will act as the formal link between the two Groups.

- 3.2 If approved, the Standing Orders will be uploaded to SharePoint and the Health Board’s Internet site.
- 3.3 The Standing Orders will be further strengthened in year as and when required.

4. IMPACT ASSESSMENT

Quality Impact (Quality, Safety, Patient Experience Implications)	Quality Impact Assessment Undertaken
	No - QIA Not Undertaken
	If Yes, Please include outcome:
	If No, Please include Justification: QIA will be undertaken in due course.
Related Health and Care standard(s)	Governance, Leadership and Accountability
	If more than one Healthcare Standard applies please list below:
Equality impact assessment completed	Not required
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications / Impact	There is no direct impact on resources as a result of the activity outlined in this report.
Link to Strategic Well-being Objectives (The Strategic objectives of the organisation have been developed in such a way that they can also be considered our well-being objectives)	Provide high quality, evidence based, and accessible care



--	--

5. RECOMMENDATION

5.1 The Board is asked to **APPROVE**:

- The amendments to the Health Board's Standing Orders as outlined in section 2 of this report.
- The variation to SO's in relation to the Clinical Advisory Group as outlined in section 3.1.