COMMITTEES, IM ROLES, ETC: PROPOSALS FOR CHANGE

This paper collects together some thoughts on suggested changes to our committees, IM roles and certain other aspects of the ways in which we discharge governance. It draws on discussions with IMs individually and collectively, and on conversations with David Jenkins, Gwenan Roberts, Sharon Hopkins, George Galletly and others, and complements the various other changes already underway. It is presented here for discussion and improvement, with a view to subsequent implementation.

1. New Committee: Digital, Information and ICT

A new Digital, Information and ICT Committee is proposed, covering *inter alia* information governance and quality, ICT, and our digital strategy as a key enabler of the UHB's overall strategic direction. This has already been discussed at Board, and terms of reference are being drafted. It is intended to improve the Board's discharge of its governance responsibilities in this key area, recognises the importance of digital systems and information as a key component of current performance and service transformation, and responds to a deficit identified by the WAO in their annual review. It will include a specific focus on information quality in its terms of reference. Proposed membership of this committee is shown in the attached table.

2. Changes to existing Committees

Changes are proposed to the following:

2.1 Primary and Community Services to become Primary, Community, Population and Partnerships (PCPP) Committee

There is a need to enhance the Board's line of sight and to provide greater scrutiny in two specific areas, which are vital to our role as a UHB – population health, and partnership working (to include our work with the RPB, PSB, CSP and other joint bodies, with UHBs in SE Wales, and with the third sector and other partners generally). Population health is currently within the remit of this committee, but needs greater prominence, with a regular and significant role in agenda planning. Partnership working does not receive consistent attention from any committee. These two roles nicely complement the existing work of this committee. In both these areas, there is a need to seek assurance in the current discharge of our responsibilities, while also ensuring that we are delivering the sort of transformational change that is required, turning ourselves into a genuinely integrated and population-focused organisation. It is suggested that the committee change its name and amend its terms of reference and membership (attached) to reflect these changes. If anyone can think of a shorter new name, that would be welcomed!

2.2 Quality Safety and Risk

Significant changes have recently been made to this committee, its sub-committees and its ways of working, which now need to be bedded-in. One other issue, however, is the current allocation of *corporate* (as opposed to quality and safety) risks to this committee. There has been some concern that this role might detract from the core purposes of the committee (Quality and Safety). Instead, it is suggested that the corporate risk register would be more appropriately allocated to the Audit Committee. The Board itself clearly 'owns' the corporate risk register, and will want to review it at every meeting, but the Audit Committee's role would

be to assure the Board that there are effective processes in place for risk identification, escalation, management and monitoring. This change should now take place.

2.3 Charity

The funds under management of this committee have recently increased considerably, following the boundary change; there is also consideration to expanding the UHB charity's income generation work. This would suggest the need for more than annual meetings, with an initial suggestion of three per year (to be reviewed). It is suggested that all Board members, as Trustees, will wish to come together once a year (as now) to review the Charity; in between, a smaller group of IMs (see attached) will carry out the more detailed work. A designated chair will lead this work, and the terms of reference will be amended accordingly.

2.4 Integrated Governance

The role of this committee has become somewhat unclear in the context of other changes, and it should now be re-examined. The Chair and the Interim Board Secretary will lead this review.

2.5 Academic Partnership Board

Finally, as its name suggests, the Academic Partnership Board is not a Committee of the Board, but has evolved in the past two years to be a group which helps the Director of Public Health in his role as executive lead for links with local Universities. It is proposed that this status remains unchanged, and that Jayne Sadgrove, as our University IM, sits on it.

2.6 Frequency of Committee meetings

In the last year, committees have successfully experimented with different frequencies of meeting, and with meetings of different purpose (for example, deep dives alternating with routine scrutiny). This has resulted in more productive and efficient work, suited to the needs of different committees, and should continue. The Q&S Committee and its sub-committees, in particular, is about to embark on a very different pattern of working, and will wish to review this as it progresses. There is a need, however, for some overall coordination of work and timetables, to ensure, for example, that committees and Boards do not unnecessarily repeat each other's work at short intervals, and that the overall workload for IMs, EDs and staff is efficiently managed. It is therefore proposed that the Interim Board Secretary reviews the frequency and coordination of committee and Board meetings over the next 6 months, with a view to aligning this work to best effect.

3. Committee membership

Some adjustments are proposed to current committee memberships, to reflect the changes outlined above and other changes, to ensure sufficient IM membership on all committees, and to facilitate cross-membership of committees where this helps joined-up working. Suggested new committee membership is shown in the attached table.

4. Task and Finish groups

Task and Finish groups of IMs and EDs can be a useful way of providing focused leadership and scrutiny for some issues of over-riding strategic importance where rapid progress is required, and which do not fall easily within the work of established committees. It is not proposed here that any such group be immediately established, but consideration will be

given to their future use. Two possible areas have been suggested so far – on staff engagement, and on public engagement – and these will be reviewed.

5. IM lead roles

IMs have discussed on several occasions how they can most effectively understand the full range of services now provided by the much-enlarged CTM Health Board. The next two proposed changes are designed to address this issue.

It is suggested that IMs each adopt two 'lead roles', one geographical, the other service based. The former would mean IMs 'adopting' one of Merthyr Tydfil and Cynon, Morgannwg and Rhondda and Cynon Taf, and the latter adopting one of the principal service groups of the new organisation. The intention would be that, over time, each IM would develop a greater understanding of the issues affecting one geographical area and one service group, in order that they can inform Board discussions when those areas and services are being discussed. Appropriate briefings and visits would be arranged during the course of the year to assist in this. This would in no way affect the shared collective responsibility of <u>all</u> IMs for <u>all</u> services and populations, but would rather help foster greater understanding. The aim would be to rotate responsibilities over time.

6. Increased frequency of IM visits to services, and peripatetic Board meetings

IM/ED joint patient safety visits have recently been reinstated, and will continue on a regular basis. In addition, Board development sessions will now be held on a rotational basis across the Board's footprint, giving IMs and EDs the opportunity to conduct announced service visits before or after the meeting. This will provide the opportunity to visit different areas for an hour, to talk to staff and patients, and to build up an understanding of the issues being addressed in practice. A programme will be constructed to ensure good coverage of all service areas, and the Interim Board Secretary will suggest how best to action any specific issues emerging from the visits, and how to share and triangulate the intelligence which comes from them.

7. Presentation of Committee and Board papers

Some papers are well presented to help the Board and Committees carry out their work; others are less so. IMs have requested that all such papers are reviewed before they are circulated to members, to ensure that they comply as a minimum with the following three requirements:

    a. The reader should be able to understand the key messages contained in the paper by reading a summary on the first page.

    b. The rest of the paper should contain only that information which is required to explain the first page, and should usually be no longer than a further 5 pages, unless a different length has been agreed with the Chair beforehand. Appendices should only be used for <u>essential</u> supplementary information

    c. The paper should conclude with a clear request to the Board/Committee, for example to Approve or Endorse what is being suggested. The use of the request 'Discuss' should be clearly qualified so that the reader knows what they are supposed to be discussing and why.

The Interim Board Secretary has kindly agreed to conduct her own review of papers over the coming weeks, and to develop a more complete set of guidelines for papers' authors, and if

necessary to arrange training for them. Individual Committees will wish to continue to work with EDs to ensure that their own papers meet their specific requirements.

8. IM Induction

The Interim Board Secretary has agreed to review the arrangements currently in place for the induction of new IMs.

9. Board development

Welsh Government has recently let a tender with Deloitte to provide us with on-going Board development, and this will form a core part of our development programme for the coming year. Deloitte's work very helpfully begins with an analysis of current development needs. The Interim Board Secretary will present the overall development programme to the Board shortly.

These suggestions are designed to support the process of continuous improvement which needs to characterise our governance, as it should all aspects of our work. Together, they are designed to improve scrutiny and the Board's leadership of the organisation, while making best use of our time and resources. Members are asked to **DISCUSS** the appropriateness of the suggestions and **APPROVE** them.

Marcus Longley
Chair