Agenda – Health, Social Care and Sport Committee

Meeting Venue:
Committee Room 5 – Tŷ Hywel
Meeting date: 12 March 2020
Meeting time: 09.15

For further information contact:
Sarah Beasley
Committee Clerk
0300 200 6565
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Informal pre-meeting (09.15-09.30)

1 Introductions, apologies, substitutions and declarations of interest

(09.30)

2 Pre-appointment hearing: Chair, Swansea Bay University Health Board

(09.30-11.00) (Pages 1 – 33)

Emma Woollett

Research Brief
Paper 1 – Personal Statement
Paper 2 – Pre-appointment hearing questionnaire
Paper 3 – Curriculum Vitae
Paper 4 – Recruitment process summary
Paper 5 – Information pack for applicants

3 Motion under Standing Order 17.42 (vi) to resolve to exclude the public from the meeting for item 4 of today's meeting

4 Pre-appointment hearing: Chair, Swansea Bay University Health Board: consideration of evidence

(11.00-11.30)

Break (11.30-12.15)

5 Sepsis: Evidence session with the Royal College of Nursing Wales

(12.15-13.00) (Pages 34 - 51)

Lisa Turnbull, Policy and Public Affairs Adviser, Royal College of Nursing Wales

Gemma Ellis, RCN Member

Research Brief

Paper 6 - Royal College of Nursing

6 Sespis: Evidence session with the Royal College of Physicians Wales

(13.00-13.45) (Pages 52 - 59)

Dr Richard Stuart Gilpin, Royal College of Physicians' Trainee Representative for Wales

Paper 7 - Royal College of Physicians

7 Paper(s) to note

7.1 Letter from the Minister for Health and Social Services regarding the Brynawel Residential Rehabilitation Centre

(Pages 60 - 61)

7.2 Letter from the Minister for Health and Social Services regarding the Health and Social Care (Quality and Engagement) (Wales) Bill

(Pages 62 - 66)

8 Motion under Standing Order 17.42 (vi) to resolve to exclude the public from the remainder of this meeting and for the meeting on 18 March

(13.45)

9 Sepsis: Consideration of evidence

(13.45–14.00)

10 Mental health inpatient care: scope and approach

(14.00–14.15) (Pages 67 – 73)

Mental health inpatient care: scope and approach

Agenda Item 2

Document is Restricted

Swansea Bay University Health Board provides a wide range of high quality health and care services to the populations of Swansea and Neath Port Talbot. However, the organisation has undoubtedly had a challenging few years. Following the Andrews *Trusted to Care* report, significant work was undertaken to develop a more open culture, based on our core values. This is now paying dividends.

I joined Swansea Bay UHB as Vice Chair 2½ years ago, around a year after the Health Board was escalated to Targeted Intervention. I applied for the position because of the opportunity it afforded to influence care across an integrated system, having spent a decade in the English system as Vice Chair for a large tertiary Foundation Trust in Bristol. When Andrew Davies stepped down as Chair in June 2019, I was appointed as Interim Chair. The 9 months since this appointment has given me the opportunity to develop an overview of the entire organisation and its needs as well as to strengthen my relationships within the organisation and establish others across local partners and stakeholders and nationally.

We have made significant progress over the past few years, with the recruitment of a new board and the development of a new vision and strategy. Our progress was recognised in our recent Structured Assessment by Welsh Audit Office, which identified a clear strategic direction and open, engaged leadership. There remains much to do, with the imperative to improve performance and confidence to allow de-escalation from Targeted Intervention. However, I do believe the organisation is now on an upward trajectory.

Maintaining stability and focus on our agreed priorities is key to ensure progress continues over the next few years. When the opportunity arose to apply for the substantive role, it felt like a natural step for me to take and I was encouraged in that view by my colleagues. I am honoured to be the recommended candidate following interview and very much looking forward to leading Swansea Bay UHB to achieve the very best health and wellbeing for the population of Neath Port Talbot and Swansea.

Pre-appointment hearing questionnaire

Following questions sent from the Health, Social Care and Sport Committee.

February 2020, in preparation for session on 12th March 2020.

Emma Woollett, Interim Chair, Swansea Bay University Health Board

Personal Background
1. Do you have any business or financial connections, or other commitments, which might give rise to a conflict of interest in carrying out your duties, or impact on the time you are able to commit to the role?
Conflicts of Interest I have no business or financial connections that could give rise to a conflict of interest. Commitments I have other current commitments, for example lay member on the audit committee of Bristol Zoo, but my experience since my appointment as Interim Chair confirms that I have more than sufficient time to commit to the role.
2. Have you ever held any post or undertaken any activity that might cast doubt on your political impartiality?
No.
3. How were you recruited: were you encouraged to apply, and if so, by whom?
I was recruited by open competition and a full public appointments process. I was encouraged to apply by colleagues at Swansea Bay University Health Board (SBUHB).
4. Please explain how your experience to date has equipped you to fulfil your new responsibilities.
Experienced Vice Chair of 2 large NHS organisations (including SBUHB) and Interim Chair for SBUHB since July 2019. This has given me a strong understanding of governance, significant experience of working with partners across a health system and experience of building an effective unitary board. The past 2 ½ years as Vice Chair and then Interim Chair at SBUHB has enabled me to understand the NHS in Wales at a national as well as a local level and to appreciate the opportunities we have for a more integrated and devolved health system.

Prior to becoming a non-executive, I had a successful executive career spanning a wide range of sectors including utilities and retail. This gave me experience in developing (and delivering) strategy, achieving turnaround in performance and building effective teams to deliver change.

Over the past 15 years, I have also undertaken a number of consultancy roles across the NHS in England, Wales and Northern Ireland, often supporting troubled organisations as they worked to improve governance, quality of care, operational performance and do so whilst making best use of financial resources. This has given me useful insights into how NHS organisations turn themselves around and some of the difficulties in doing so.

Performance of the role

5. What will be your key priorities in your new role?

- To continue to develop an effective unitary board
- To continue to tighten governance and ward to board oversight of quality and performance
- To encourage the continued development of an open culture and the further embedding of our values throughout the organisation
- To focus board and organisation on delivering our strategy and de-escalation from Targeted Intervention
- To deepen local partnership relationships for the benefit of our population
- To play my part in a collaborative health system across Wales

6. What criteria should be used to judge your performance over your term of office?

Overall, the main criteria should be the effective and efficient delivery of SBUHB's strategic plans and operational performance (in particular de-escalation from Targeted Intervention), which is the responsibility of the whole board, including the Chief Executive and the executive team.

However, I lead the board and should be held accountable for:

- Providing visible, open and strategic leadership
- Building a stable, effective, visible board
- Ensuring appropriate governance arrangements
- Ensuring the organisation has the confidence of Welsh Government and the Welsh Assembly
- Developing relationships of trust with local partners and stakeholders

The organisation

7. What criteria should be used to judge the performance of Swansea Bay University Health Board as a whole?

- De-escalation from Targeted Intervention
- Progress against delivery of our strategic ambitions
- To deliver both of these, we need motivated, supported, well trained staff

8. What do you see as the key risks to delivering Swansea Bay University Health Board's objectives?

In brief:

- Pandemics
- Cultural inertia
- Shortages in key staff groups
- Managing EU withdrawal

9. What do you consider to have been the main successes and failures of Swansea Bay University Health Board? What lessons can be learned from the failures?

Successes

- SBUHB delivers effective and safe care to hundreds of thousands of people every year

- Making good progress on developing and embedding our values (Caring for Each Other, Always Improving and Working Together). I firmly believe that having a strong, clear set of values that believe in is a critical success factor for any organisation

- The quality and innovation within so many of our clinical services – both specialist services provided at our hospitals and services developed within our community teams. This energy and innovation within our clinical teams is another critical factor for successfully delivering leading edge, high quality care.

Failures

- Our Targeted Intervention status, which is driven by inadequate delivery in some core areas of performance, including:
    - Unscheduled care
    - Planned care
    - Financial deficit

Learning

- The importance of a positive, open organisational culture that encourages two way feedback and communication
- The importance of good governance, including effective Independent Member scrutiny and challenge
- That focusing our efforts on providing high quality services will deliver sustainable operational and financial performance
- The value of partnership work to deliver better, more effective care, as evidenced by our Hospital 2 Home work through the Regional Partnership Board for example
- The importance of communicating with public and stakeholders in a timely way to maintain confidence and build awareness of issues we are facing and decisions we need to take

10. What is your assessment of the public profile and reputation of the organisation?

Given the integrated nature of the NHS in Wales and the proximity between local issues and national debate and coverage, it is likely that SBUHB's public profile and reputation is heavily influenced by perceptions of NHS Wales more broadly – that is, as a cherished institution, but one that is facing significant challenges to meet rising demand.

I am conscious that the Andrews *Trusted to Care* report is also likely to continue to feature strongly in perceptions of the organisation. The legacy of the report and the actions that came from it have been crucial for the organisation, and are, I believe, bearing fruit.

Perceptions are, of course, strongly formed by personal experience, whether directly or indirectly via the care provided to loved ones. The Health Board's Friends and Family test show that the vast majority of people experiencing care would be happy to recommend to others.

The overall public perception is of an organisation that has been challenged, but also one that has stabilised and is now on an upward trajectory.

EMMA WOOLLETT

Personal Details

[redacted]

Profile

- Experienced Vice Chair of two large NHS organisations and Interim Chair for Swansea Bay UHB since July 2019
- Breadth of experience across complex organisations - retail, utilities, healthcare, transport and oil
- Expertise in governance, managing change and strategy development
- Strategic and incisive approach combined with excellent relationship and stakeholder management
- Strong personal commitment to improving the effectiveness and accessibility of public services

Career Summary

Jul 19 – present	**Interim Chair, Swansea Bay University Health Board** Vice Chair, West Glamorgan Regional Partnership Board
Oct 17 – Jul 19	**Vice Chair, Swansea Bay University Health Board** Chair, Performance and Finance and Mental Health Legislative Committees
Nov 14 – Jul 15	**Public Member, Network Rail**
Oct 09 – Oct 15	**Trustee, Above and Beyond Charity**
Nov 13 – Oct 15	Audit Committee Chair
Jun 08 – May 18	**Vice Chair, University Hospitals NHS Foundation Trust**
May 14 – Sep 17	Senior Independent Director
Apr 10 – Apr 11	Audit and Assurance Committee Chair
Jan 06 – Jun 08	**Non-Executive Director, United Bristol Hospital NHS Trust**
Nov 01 – present	**Independent Management Consultant** (associate relationship with KPMG since Nov 13)
Nov 97 – Sep 01	**Somerfield plc**
Apr 00 – Nov 01	Marketing Director, Kwik Save (following merger with Somerfield plc)
Apr 99 – Apr 00	Concept and Marketing Director, Somerfield Convenience Stores
Nov 97 – Apr 99	Business Development Executive, Somerfield plc
Sep 92 – Oct 97	**Senior Consultant, Strategy and Policy Unit, Coopers and Lybrand** Management consultant, working within Energy, Water and Transport for both regulators and utilities in the UK and worldwide.
Sep 88 – Aug 92	**Mobil Oil Company Ltd** Fast track management trainee: 3 years in Logistics and 1 year in Treasury.

Education

1988	**M. Phil International Relations** (distinction in essay paper) Undergraduate supervisor for first year physics students while completing my MPhil	Jesus College, Cambridge
1987	**MA (Hons) Physics, Class 2:1**	Jesus College Cambridge
1984	**5 A levels and 2 S levels** Physics, Chemistry, Maths, Further Maths, German	Bedales School, Petersfield

Non-Executive Experience

Interim Chair, Swansea Bay University Health Board
Jul 19 - present

Swansea Bay has responsibility for public health, primary and community care, hospitals, mental health and learning disability services for the region of Swansea and Port Talbot. We have a budget of c£1bn and are in Targeted Intervention for financial and operational performance. As Interim Chair since July, I have:

- **Worked closely and collaboratively with the Chief Executive**, both day to day and more strategically in her development of an effective executive team. We have put in place formal sessions to further our working relationship through the "Two at the Top" programme.

- Significantly improved **board effectiveness and governance** by revitalising committee membership, restructuring agendas and structures and introducing a more dynamic approach to board meetings. Our progress was recognised by Welsh Audit Office in the recent Structured Assessment feedback.

- Developed **good relationships with a wide variety of stakeholders**, both local and national and started to strengthen internal oversight of key local partnerships to improve joint delivery.

Vice Chair, Swansea Bay University Health Board
Oct 2017 – Jul 19

- As **Chair of Performance and Finance Committee**, I focused meetings and supported executives in improving the quality of reports. The committee is recognised as having made a significant contribution to improving the governance and effectiveness of the Board and a growing confidence in our ability to deliver on our commitments, both operational and financial.

- I used my role as non-executive lead for **Primary, Community, Mental Health and Learning Disability** services to increase the profile of these services amongst Board members and to ensure that these services are central to the thinking behind our **Organisational Strategy.**

- I was an active member of the **national group of Vice Chairs,** drafting new terms of reference and contributing to the increasing effectiveness and profile of the group.

Non-Executive director, University Hospitals Bristol NHS Foundation Trust
Jan 2006 – June 2018 (Vice Chair from June 2008)

UH Bristol is a large teaching trust, with 8 hospitals in Bristol, a staff of c9000 and a turnover of over £600 million. UHBristol received a rating of Outstanding from the Care Quality Commission in March 2017. Contributions I made as Vice Chair/Senior Independent Director include:

- As **Chair of the combined Nominations, Appointments and Remuneration Committee**, I supported the Chief Executive and the Chair in the development of a strong board and supported the board by encouraging communication and, sometimes, risk taking, whilst ensuring due process.

- I was a **founding member of both the Finance Committee and the Quality and Outcomes Committee**, supporting both new chairs and chairing the committees when necessary to ensure that both committees held executives to account in a robust yet supportive way.

- I developed excellent relationships with stakeholders across Bristol and was recognised as a collaborative leader across the Bristol health system. My **leadership of a partnership board** facilitated greater trust and allowed us to progress contentious service changes constructively.

Member, Network Rail Nov 14 – Jul 15

The role of Members was to hold the Network Rail board to account and came from the railway industry, large PLC boards, the city and the senior civil service. I rapidly got to grips with the issues facing an industry I was not previously familiar with and was selected as one of 3 to represent members in discussions with the Department for Transport prior to the restructuring of the system by the Secretary of State. The role gave me useful insight into the challenges of developing effective governance in large and complex organisations, particularly when they are in the public eye.

Executive Experience

Director, Somerfield plc (November 1997 – September 2001)

I served on two divisional boards for Somerfield plc, a FTSE 250 supermarket, which merged with Kwik Save, the discount retailer in 1998.

As the **Marketing Director Kwik Save**

- I was part of the divisional board that achieved a turnaround in performance from double digit year on decline to growth over a period of 12 months
- I designed and implemented a highly innovative but low cost marketing strategy involving a new own label range
- I pulled together a demoralised and ineffective department and created a team that worked together to transform the in-store marketing from confused and inefficient to clear and effective

As **Concept and Marketing Director for Somerfield Convenience**

- I designed a departmental structure and relationship with the rest of the organization to ensure that, as a start up division, we had low initial costs but opportunities to draw on other services as needed
- I led my team in the development of a customer-focused convenience store strategy. Following board approval, this led to a company wide change in strategic direction

As **Business Development Executive**

- I supported the negotiation of a joint venture contract between Somerfield and Elf Oil that facilitated the expansion of Somerfield's convenience store business and was executive in charge of the team that built a forecourt store business from a 2 store trial to a profitable £10m turnover business

Consultancy Experience

Independent management consultant (November 2001 – present)

I have undertaken a variety of projects in the healthcare and other sectors, both as an individual contractor and in collaboration or association with other organisations. I have had an associate relationship with KPMG and have undertaken board development work with NHS Providers in England. I have been asked to present on how to be an effective non-executive director by NHS Providers and Whitehall Industry Group. Other assignments include:

- Advisory support for St George's NHS Foundation Trust. I started the project as part of a KPMG turnaround team but was then asked to remain with the trust as an interim to support the CEO in the development of a pragmatic strategy that recognised the significant issues faced by the trust whilst providing a coherent clinical vision. The work involved significant stakeholder engagement had to overcome the difficulties of engaging with a medical workforce when trust was low.
- Undertook a number of projects for the Department of Health in Wales and in Northern Ireland (2005-2008) to help support the acute sector meet new performance targets around waiting times
- Advised a district general hospital on the feasibility and financial viability of an elective care centre to address clinical and operational issues arising from elective/emergency tensions.

Senior Consultant, Coopers and Lybrand Management Consultancy Services (Sept 1992 – Oct 1997)

I worked worldwide across a variety of sectors, though primarily utilities. Projects included:

- Chairing the successful negotiation for a single national connection agreement between the 14 different electricity companies in the run up to retail deregulation in the UK.
- Major studies in both Portugal and Thailand to recommend appropriate regulatory regimes to introduce commercial incentives to state-owned utilities.

Recruitment of Chair to Swansea Bay Local University Health Board

Vacancy summary:

Detailed information about the appointment vacancy, including job role criteria and remuneration rate is provided in the information for candidates pack.

Publicity summary:

The Welsh Government circulated details of the appointment through stakeholder lists held by the Public Bodies Unit (PBU) and posted the vacancy on the Welsh Government public appointments website and the UK Cabinet Office website. The vacancy was also posted to the Swansea Bay Local University Health Board website.

The vacancy was promoted by the following Social Media channels and advertised through the media listed below:

Twitter – Minister for Health and Social Services
Twitter – Follower's of the Swansea Bay Local University Health Board twitter account
Twitter - Follower's of the NHS Conferederation twitter account

- Fish4Jobs – online only
- Golwg 360 – online only
- Diversity Jobs Network - online only

Recruitment process summary:

Assessment advisory panel membership:

- Dr Andrew Goodall CBE, Director General for Health and Social Services / NHS Wales Chief Executive (Panel Chair)
- Helen Arthur, Director of Workforce and Corporate Business, Health and Social Services Directorate, Welsh Government – Welsh Government Representative
- Dr Ruth Hussey CB OBE, Former Chief Medical Officer for NHS Wales, Health and Social Services Directorate, Welsh Government – Senior Independent Panel Member
- David Jenkins OBE, Former Chair, Aneurin Bevan University Health Board – Independent Panel Member

On 29 March 2019, Welsh Government officials were informed by the Board Secretary of Swansea Bay Local University Health Board that Andrew Davies would stand down as Chair as soon as an individual had been appointed to succeed him. The Minister for Health and Social Services agreed to advertise for a new Chair on this basis. The role was re-advertised on 12 November 2019. The closing date for applications was 13 December 2019. To allow for the role to be advertised, the Commissioner for Public Appointments agreed to appoint Emma Woollett as Interim Chair until 31 December 2019.

The advertisement for the role was originally published on the Welsh Government's Public Appointments Website on 15 April 2019. The closing date for applications was 10 May 2019. Following the SIFT on 20 May 2019, only one candidate (Emma Woollett) was deemed competent enough to be invited to interview. As only one (1) candidate would be going forward to interview, the Minister for Health and Social Services would not be provided with a pool of appointable candidates for him to consider (Paragraph 3.1, Bullet Point 7 of the *"Governance Code on Public Appointments"* refers). With this in mind, the Minister agreed to the panel's recommendation to re-advertise the role.

To allow for the role to be re-advertised, the Commissioner for Public Appointments agreed to re- appoint Emma Woollett as Interim Chair until 31 January 2020. The role was re-advertised on 12 November 2019. The closing date for applications was 13 December 2019.

A total of **5 applications for the re-advertised role were received**. The sift meeting took place on 6 January 2020 and **2 candidates were recommended for interview**. The Assessment Advisory Panel considered there to be **1 appointable candidate**.

Minister for Health and Social Services preferred candidate: Emma Woollett.

Conflict of Interest
The candidate is Director and Owner of Woollett Consulting Ltd through which the candidate has undertaken advisory work for NHS organisations.

Political Activity
The candidate has not declared any political activity.

NHS WALES GIG CYMRU

Llywodraeth Cymru
Welsh Government

Information pack for applicants

Swansea Bay Local University Health Board
Appointment of Chair

Closing date: 13 December 2019

The Commissioner for Public Appointments

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Making an application

Thank you for your interest in the appointment of Chair of Swansea Bay Local University Health Board. The new Chair will be required to provide strong leadership of the Board and to uphold the values of NHS Wales.

The attached Annexes provide details on the role of the Chair, the person specification and the role and responsibilities of Swansea Bay University Health Board. An outline of the selection process is also provided.

To make an application, please visit the Welsh Government Public Appointments website here https://cymru-wales.tal.net/vx/lang-en-GB/mobile-0/appcentre-3/brand-2/candidate/jobboard/vacancy/7/adv/.

To apply for this role, click on the Swansea Bay Local University Health Board vacancy and click on 'Apply' at the bottom left hand corner. The first time you apply for a post, you will need to complete a registration form for the Welsh Government's online application system. You will only need to register once, and you will be able to keep yourself updated on the progress of your application, and any other applications you make, via your registered account.

Once you've registered, you'll be able to access the application form. To apply you will need to submit the application form and **two** supporting documents.

The first document is a **personal statement** answering the questions below. This document should be no more than two sides of A4. Your application may be rejected if you exceed this limit. The second supporting document is a full, up to date **CV**.

The two documents should be uploaded to the "Reasons for applying" section of the online application form.

Personal Statement
Your personal statement is your opportunity to demonstrate how you meet each of the criteria as set out in the questions below. How you choose to present this information is up to you. However, you should aim to provide detailed examples that demonstrate how your knowledge and experience matches each of the criteria, and which describe what your role was in achieving a specific result. It will also benefit the selection panel if you can be clear which particular evidence you provide relates to which criteria. Providing separate paragraphs in relation to each criterion is common practice.

Question 1 - Please provide an example, with outcomes, of a situation where you have provided forward thinking, strategic leadership in the development of a successful private, public or third sector organisation.
Question 2 - Please provide an example, with outcomes, of a situation where you have built highly effective relationships in order to build and maintain the confidence of a range of partners and stakeholders.

Question 3 - Please provide an example, with outcomes, of a time when you have ensured that a Board worked effectively through the collective involvement of its members in a robust and transparent decision making process.
Question 4 - Please explain the methods you have used previously in a Board leadership situation to ensure ownership and accountability of corporate objectives.
Question 5 - Please provide an example, with outcomes, of a time when you used your communication skills clearly and succinctly in engaging people at all levels.
Question 6 - Please describe a situation when you have been required to allocate scarce resources to ensure the delivery of service priorities within a robust corporate governance framework.

Curriculum Vitae
Please ensure that your **CV** includes brief details of your current or most recent post and the dates you occupied this role. Please identify any past or present Ministerial appointments.

Indicative Timetable
Closing date: 13 December 2019
Shortlisting: w/c 6 January 2020
Interviews: w/c 20 January 2020
Start date: As soon as possible. Post is currently vacant.

Key facts about the post

Location: Swansea Bay Local University Health Board has a policy of taking public meetings and engagement events out into the community it serves. The successful candidate will therefore be required to travel throughout Swansea and Neath Port Talbot. It may be necessary to stay overnight on some occasions.

Board meetings are normally held monthly at various locations. The Local University Health Board also has various committees which meet either monthly, bi-monthly or quarterly.

Remuneration and Expenses: The remuneration for the role of Chair of Swansea Bay Local University Health Board is a fixed sum of £69,840 per annum. You also will be entitled, on production of supporting receipts, to the re-imbursement of travel and subsistence expenses incurred whilst on Health Board business. Expenses must be claimed within three months of them being incurred unless there are exceptional circumstances. Childcare and other dependent expenses may also be paid, on production of receipts, for additional costs incurred while undertaking Health Board work.

*Time Commitment***:** The role is based on a notional commitment of a minimum of fifteen (15) days per month. However, this will be subject to organisational demands and is often higher than the minimum requirement.

Place of Work: Unless otherwise agreed by the Health Board's Remuneration Committee, the designated place of work will be the Health Board's Headquarters in Port Talbot.

Diversity Statement
The Welsh Government believes that public bodies should have board members who reflect Welsh society - people from all walks of life - to help them understand people's needs and make better decisions. This is why the Welsh Government is encouraging a wide and diverse range of individuals to apply for appointments to public bodies.

Applications are particularly welcome from all under-represented groups including women, people under 30 years of age, black, Asian and minority ethnic people, disabled people, lesbian, gay, bisexual and transgender people.

Guaranteed Interview Scheme – Positive about Disability
The Welsh Government operates a Positive about Disabled People scheme and welcomes applications from people with disabilities. The scheme guarantees an interview to disabled people if they meet the minimum criteria for the post. The application form also enables you to detail any specific needs or equipment that you may need if invited to attend an interview.

Contacts:
For further information regarding the selection process, please contact:

The Corporate Shared Service Centre
Tel: 03000 255454
Email: publicappointments@gov.wales.

For further information or to arrange an informal discussion about the role of the Chair please contact:

Dr Andrew Goodall, NHS Wales Chief Executive.
Tel: 03000 251182 (Dr Goodall)
Email: Andrew.Goodall@gov.wales.

For further information about Swansea Bay Local University Health Board, you may wish to visit the Health Board's web site: https://sbuhb.nhs.wales/

If you need any further assistance in applying for this role, please contact the Welsh Government's Corporate Shared Service Centre Helpdesk on 03000 255454 or publicappointments@gov.wales.

For further information about Public Appointments in Wales, please visit www.gov.wales/publicappointments

Annex A

The Role of the Chair

Role description
The Chair will be accountable to the Minister for Health and Social Services for the performance of the Board and its effective governance, upholding the values of the NHS, and promoting the confidence of the public and partners throughout Wales.

The Chair of Swansea Bay Local University Health Board will:-

- **Develop a Strategic Vision** for the Board's services of the future, identifying and realising the inherent potential and skills within the organisation to develop an innovative and world leading service;

- **Provide strong, effective and visible leadership** across the breadth of the Board's responsibilities, internally through the Board and externally through his/her connections with a wide range of stakeholders and partners at community, local authority, Health Board and national levels;

- **Ensure the Board delivers effectively together** the strategic and operational aims of the Health Board through delivery of strategic aims, policy and governance;

- **Be responsible for maintaining** the highest quality of public health standards and practices, and improving quality and safety of healthcare;

- **Be accountable for the performance of the Board** at community, local authority, Board and national levels through the agreement of a three year integrated medium term plan (IMTP) and an annual delivery plan and the annual evaluation of achievements against the plan in public by the Minister for Health and Social Services;

- **Hold the Chief Executive to account** across the breadth of his/her responsibilities;

- **Work effectively with partners**, in particular with other Health Boards, Local Authorities, the Third Sector and Social Partners, and also with primary care contractors, to ensure the planning and delivery of safe, effective services;

- **Provide the assurance and governance for the proper stewardship of public money and other resources** for which the Board is accountable;

- **Provide the assurance for ensuring that the Board is governed effectively** within the framework and standards set for the NHS in Wales;

- **Undertake an external ambassador role**, delivering in the public spotlight and instilling public confidence.

Person Specification
The Chair will demonstrate the following qualities:-

Knowledge and Experience
Essential
- Ability to develop the strategic vision for the future;
- Ability to provide systems leadership and to work with Health Boards, Welsh Government, community groups, patients and other stakeholders to develop and drive forward that strategic vision;
- Ability to hold the executives to account for performance whilst maintaining a constructive relationship;
- A broad understanding of governance issues and how governance applies to the corporate, clinical and information management.

Desirable
- An understanding of health issues and priorities in the Swansea Bay Local University Health Board area and the ability to understand the role and work of the Board;
- Ability to provide a knowledgeable, impartial and balanced perspective on a range of sensitive and complex issues;

Personal Attributes and Skills
Essential
- Ability to lead and inspire staff, to look ahead and identify key issues for the Board;
- Drive and determination, with the ability to instil vision and develop defined strategies to pursue long and short-term goals;
- Ability to facilitate, understanding of complex issues while demonstrating respect for the views of others;
- Ability to ensure a board works together effectively through their active involvement in a robust and transparent decision making process;
- Ability to motivate and develop the board to define roles and responsibilities to ensure ownership and accountability;

Desirable
- Strong interpersonal skills with personal impact and credibility to be an effective advocate and ambassador with strong influencing and negotiating skills;
- Excellent communication skills, with the ability to be clear and succinct, and to be able to engage with people at all levels;
- Sound judgement, sensitivity and political awareness;
- Capacity to be independent and resilient.

The Chair must also demonstrate:-

A clear understanding and commitment to equality.

Welsh Language
Welsh language skills are desirable but not a pre-requisite for appointment. However, all candidates will be expected to display an empathy towards the

language and demonstrate leadership to strengthen bilingual service provision within the NHS in Wales.

Tenure of office
The Minister for Health and Social Services determines the length of the appointment, which will initially be up for a period of up to four (4) years. However, this is subject to the Chair remaining eligible for the role for the duration of the term. Board members may stand for a maximum of eight (8) years.

Accountability
The Chair is appointed by the Minister for Health and Social Services and is accountable to the Minister for carrying out their duties and for their performance.

Assistance for Disabled Members
Where appropriate, all reasonable adjustments will be made to enable the Chair to effectively carry out his/her duties.

Eligibility
A person shall be disqualified from appointment if he/she:-

a) Has, within the preceding 5 years, been convicted in the UK, Channel Islands or the Isle of Man of any offence and has had passed on him/her a sentence of imprisonment, (whether suspended or not) for a period of not less than 3 months;

b) has been adjudged bankrupt or has made a composition or arrangement with his creditors;

c) has been dismissed, otherwise than by reason of redundancy or non-renewal of a fixed term contract, from any paid employment with a health service body;

d) is a person whose tenure of office as the chairman, member or director of a health service body has been terminated because his/her appointment is not in the interests of the health service, for non-attendance at meetings or for non-disclosure of pecuniary interest;

e) is an employee of a health service body.

Any other information that may materially affect your application for appointment should be declared in the application form under the Conflict of Interests section.

Applicants should be persons who conduct themselves at all times in a manner which will maintain public confidence.

In particular, applicants are required to declare whether they are aware of anything in their private or professional life that would be an embarrassment to themselves or to the Welsh Government if it became known in the event of appointment.

Candidates should also note that membership of a Health Board is a disqualifying office for membership of the National Assembly for Wales under the National Assembly for Wales (Disqualification) Order 2015.

Conflicts of Interest
You should particularly note the requirement for you to declare any private interests which may, or may be perceived to, conflict with the role and responsibilities as Chair of Swansea Bay Local University Health Board, including any business interests and positions of authority outside of the role in Swansea Bay Local University Health Board.

If appointed, you must declare these interests. These may be explored at interview more fully. Any conflicts will be brought to the attention of the Minister for Health and Social Services when he is provided with a list of appointable candidates from which to make his selection.

Standards in public life
The Chair will be expected to adhere to the standards of good governance set for the NHS in Wales, which are based on the Welsh Government's Citizen Centred Governance Principles and incorporate Nolan's "Seven Principles of Public Life".

Annex B

The role and responsibilities of Swansea Bay Local University Health Board

Background

This is an exciting opportunity to make a contribution to local health services, aligned with the Strategic direction of NHS Wales.

Swansea Bay University Health Board (formerly ABMU) was created on April 1, 2019 after responsibility for providing healthcare services in the Bridgend County Borough Council area passed from ABMU to the new Cwm Taf Morgannwg University Health Board. Swansea Bay UHB covers a population of around 390,000 in the Neath Port Talbot and Swansea areas and we have a budget of around £1bn. The health board employs approximately 12,500 staff.

It has three major hospitals providing a range of services: Morriston and Singleton in Swansea, and Neath Port Talbot Hospital in Baglan, Port Talbot. We also have a community hospital and primary care resource centres providing clinical services outside the main hospitals. We have 49 GP practices in our health board area, 72 dental practices including orthodontists, 31 optometry practices and 92 community pharmacies.

The Welsh Centre for Burns and Plastic Surgery at Morriston Hospital covers not only south and mid Wales, but the south west of England. Morriston also delivers one of two cardiac surgery services in Wales. Other specialist services provided by the health board included cleft lip and palate, renal, fertility and bariatric (obesity).

Forensic mental health services are provided to a wider community which extends across the whole of South Wales.

The health board is part of A Regional Collaboration for Health (ARCH), which is a partnership with Hywel Dda University Health Board and Swansea University.

The role of Board Chair focuses on four key areas:-

- **Strategy –** to lead to strategic development and decision-making.
- **Performance –** to ensure that effective management arrangement and an effective team are in place at the top level of the organisation. To help clarify which decisions are reserved for the Board and then ensure that the rest are clearly delegated and to hold management to account for its performance in meeting agreed goals and objectives, through purposeful challenge and scrutiny and to monitor the reporting of performance.

- **Risk** – to ensure that financial information is accurate and that financial controls and systems of risk management and assurance are robust and defensible.

- **Behaviour** – to live up to the highest ethical standards of integrity and probity and comply fully with the Code of Conduct. Board members should demonstrate through their behaviour that they are focusing on their responsibilities to citizens, the organisations and its stakeholders

Annex C

The Selection Process

The selection panel will assess your application form in terms of your CV and personal statement to determine whether you meet the criteria for the role, and whether or not you will be invited to interview.

The panel can rely only on the information you provide in your CV and personal statement to assess whether you have the skills and experience required. Please ensure that you provide evidence to support how you meet all of the criteria and questions asked to complete as part of your personal statement as set out on pages 3 and 4.

The selection panel will consist of Dr Andrew Goodall, Director General and NHS Wales Chief Executive, Welsh Government, Helen Arthur, Director of Workforce and Organisational Development, Welsh Government, a Senior Independent Panel Member and an Independent panel member.

Your application may be “long-listed”, subject to the volume of applications received, before it is passed to the shortlisting panel for consideration. You should be aware that in this situation, your application might not be considered in full by the entire selection panel.

During the week commencing 6 January 2020, the panel will have decided who will be invited for the interviews which will take place during the week commencing 20 January 2020.

Only the strongest applicants, who the panel feels have best demonstrated that they meet the criteria outlined in the Information for Candidates pack, will be invited to interview. However, if you have applied under the guaranteed interview scheme and you meet the minimum essential criteria for the post, then you will also be invited for interview.

If you are unable to make the arranged interview date, we will endeavour to re-arrange it but it might not be possible due to time constraints within the appointment timetable or selection panel availability.

You will receive email communication from the Appoint system to let you know whether or not you have been invited to be interviewed. It is our intention that interviews will take place at the offices of the Welsh Government, Crown Building, Cathays Park, Cardiff CF10 3NQ.

If invited to interview, the panel will question you about your skills and experience, asking specific questions to assess whether you meet the criteria set out for the post.

The appointment process may include a further assessment of suitability for the role in addition to an interview. Further information will be provided in advance to those called for interview.

Candidates who the panel believe are 'appointable' will be recommended to the Minister for Health and Social Services who will make the final decision.

The Minister for Health and Social Services may choose to meet with appointable candidates before making a decision. There will be a time gap between interview and a final appointment decision being made. Candidates who have been interviewed will be kept informed of progress.

If you are successful, you will receive a letter from the Minister for Health and Social Services appointing you as Chair of Swansea Bay Local University Health Board, which will confirm the terms on which the appointment is offered.

The successful candidate will be subject to pre-appointment scrutiny by the National Assembly for Wales Health and Social Services Committee.

If you are unsuccessful at interview, you will be notified by Welsh Government. We appreciate it takes a lot of time and effort to apply for roles and that feedback is a valuable part of the process. As a result, the letter will provide the details of who you may approach for feedback on your interview and application, if you so wish.

Queries
For queries about your application, please contact the Corporate Shared Service Helpdesk on 03000 255454 or publicappointments@gov.wales.

Regulation by the Commissioner for Public Appointments
The Commissioner regulates and monitors appointments to public bodies to ensure procedures are fair, open and transparent and based on merit. More information about the role of the Commissioner and his Code of Practice is available from http://publicappointmentscommissioner.independent.gov.uk

Document is Restricted

November 2019

Response of RCN Wales to NAW Health Social care and Sport Inquiry into Sepsis

Coleg Nyrsio Brenhinol Cymru
Royal College of Nursing Wales

Response from the Royal College of Nursing Wales to the Health, Social Services & Sport Committee's inquiry into Sepsis

The Royal College of Nursing Wales is grateful for the opportunity to respond to this consultation.

What understanding is there about sepsis incidence, how sepsis is presenting to services, and outcomes from sepsis?

Terrence Canning[1], Executive Director from Wales Sepsis Trust has stated that the public are beginning to be aware of sepsis but that increased public awareness and education are required. The Sepsis Trust state that 40% of patients are readmitted within 90 days of discharge and that 25% of those that survive sepsis have a life changing condition that will require treatment for the rest of their life.

For the past 8 years in Wales, Public Health Wales' 1000 Lives Improvement[2], has provided the *Rapid Response for Acute Illness Learning Set* (RRAILS). This has instigated an integrated approach to the treatment of sepsis and acute kidney injury (AKI) and has potentially reduced harm and death. This training is provided as part of during resuscitation training of which the Immediate Life Support Course is 'mandatory' on an annual basis for nurses. However, it should be noted that the 2019 RCN Employment Survey revealed that across the UK 85% of all nursing staff indicated that they had completed all their mandatory training but this fell to 70% in Wales. Across the UK 54% said they had completed their last mandatory training in normal working time but in Wales this falls further to a disturbing 29%.

RRAILS has also developed five e-learning modules available on Wales NHS electronic staff record but these are not compulsory. The number of staff accessing this e-learning is increasing, especially since the NEWS score has been introduced to the district nurses and primary care team. The NEWS score stands for National Early Warning System. The score indicate how serious the condition of the patient is and this should trigger certain clinical actions for the professional.

RCN Wales believes that the NHS should have clear targets to improve uptake of CPD and these should be measurable by professional group (e.g. nursing) and topic (e.g. Sepsis) to encourage mapping of education against quality improvement outcomes for patients.

Since 2013 there has been a reduction in sepsis mortality of 20% and although it is likely that this is due to the RRAILS initiative, there is a lack of robust data to demonstrate with certainty the cause and affect. Since 2016 Sepsis 6 care bundle data (which is the care pathway commenced when sepsis is suspected) has been reported to the Welsh Government on a monthly basis by acute setting.

[1] Terrence Canning in talk on RRAILS conference October 2019.
[2] http://www.1000livesplus.wales.nhs.uk/ad-in-hospital

However, RCDN Wales is concerned this is not done in a consistent manner. For example, some health boards are reporting 100% compliance with sepsis 6 but it is not clear if this compliance is based on 1 patient or 20 patients.

Across the UK efforts have been made to introduce sepsis screening to primary care[3]. In Wales community nurses are undertaking NEWS calculation and e-based learning on the deteriorating patient. This, along with clinical judgement, will improve the recognition of the deteriorating patient including those with possible sepsis. Professor Jean White, Chief Nursing Officer and Nurse Director of NHS Wales has stated "I am determined that, in accordance with the principles of 'A Healthier Wales', patients in their own homes and community settings receive the same benefits of NEWS as those in Hospital" (March 2019). In Cardiff and the Vale UHB, sepsis education is being rolled out across primary and community care and professional awareness is being raised.

Public and professional awareness of sepsis

Professional awareness has been addressed in the point above.

Every year in Wales there are 2,000 to 2200 deaths in Wales from a population of all ages. Earlier in this year there was a public petition to the Welsh Government asking for a *Sepsis Public Awareness Campaign*[4].

RCN Wales support this call. The ACT FAST campaign for stroke has been reported as a success and state that there has been a 24% rise in stroke related 999 calls and 16% of stroke victims being seen more quickly since 2011[5].

It may also be worth the Committee considering the whether this awareness could be including into the health knowledge of the school curriculum.

Identification and management of sepsis in out-of-hospital settings, including use of relevant screening tools/guidance, and the referral process between primary/secondary care.

The timeliness of health care provision is very challenging in all out of-hospital settings. Some patients are reporting that it can take up to 250 phone calls[6] to get through to their practice to attain an appointment[7]. Others report that even if they do get through, they are unable to get an appointment on that day. This makes early identification of sepsis challenging.

The Welsh Ambulance Service Trust (WAST) ability to deliver a timely service can be extremely compromised when acute hospitals are unable to discharge patients. WAST priorities an emergency 8 minute response when a patient has stopped breathing or has no pulse. Potential or actual sepsis patients are allocated an amber priority. WAST statistics show that the Median for attendance across Wales is 13:40 minutes (the range of medians for health boards are between 11:36 to 16:04 minutes) and the mean is 26:09 minutes (range of means across health boards is 14:47 to 33:02).

[3] RCGP. Sepsis Toolkit. Royal College of General Practitioners. https://www.rcgp.org.uk/clinical-and-research/resources/toolkits/sepsis-toolkit.aspx [accessed 23/10/19]
[4] http://senedd.assembly.wales/mgIssueHistoryHome.aspx?IId=24484
[5] https://www.networks.nhs.uk/news/government-claims-success-for-2018act-fast2019-stroke-campaign
[6] https://www.walesonline.co.uk/news/health/we-call-gp-surgery-250-15838387
[7] https://www.walesonline.co.uk/news/health/we-call-gp-surgery-250-15838387

To enable a set of vital signs to be recorded, it is imperative the Health Boards' supply the community nursing teams with the equipment so that they can calculate the NEWS score and trigger necessary action.

Eve Lightfoot, District Nurse and RCN Wales Nurse of the Year 2018 has championed change in Hywel Dda HB. All patients have their NEWS score calculated on admission to the community nursing service. Should the score trigger, the patient is referred directly to their own GP, WAST or secondary care as indicated by the tool. As communication between these multi-professional teams is paramount, SBAR[8] communication tool has been adopted. Eve is now working to ensure that the NEWS score is documented in the discharge information. With this initiative both primary care and secondary care will have baseline information about their patient thus reducing clinical risk and early identification of the sick patient.

Identification/management of sepsis in acute (hospital) settings.

In the hospital setting – acute or non-acute, patients can present to emergency departments, outpatient departments or as a pre-planned admission with potential or actual sepsis. It is of vital importance that nurses, doctors, dentists or allied health professionals are able to recognise the signs and symptoms at first consult. It is therefore imperative that all staff are competent in the use of NEWS trigger and sepsis 6 care bundle.

It has been shown that wards with lower nurse to patient ratios have a 26% higher mortality rate. These deaths will include patients with sepsis. It is therefore essential that safe staffing levels are reached and maintained in both acute and non-acute wards.

Patient who are transferred into an emergency department by WAST should see an experienced clinician with a target of 15 minutes from arrival to hand over. For patients who self-present, although there is a target of 15 minutes, many emergency departments in both acute and non-acute settings are unable to meet this target due to low staffing levels with the resultant delay in identification of the patient in sepsis. Emergency departments are not subject to Section 25B of Nurse Staffing Levels (Wales) Act 2016

The 1000 Lives Plus Programme held a conference specifically on RRAILS in October 2019, the results of a peer review for identifying, escalating and responding to the deteriorating patient in Welsh acute hospitals were discussed. Exemplars of practice were identified and it was agreed that the following objectives would be of great benefit in managing the deteriorating patient included those with sepsis and that these initiatives would positively impact on both morbidity and mortality

- All health boards should have an acute deterioration operational lead identified and steering group set up. All health boards in Wales have now appointed a senior nurse as a strategic lead in the community to implement NEWS. The RRAILS Acute Deterioration Team are supporting this quality initiative.
- The 24/7 rapid response services comprising of critical care outreach, rapid response or acute intervention team should be available to support the deteriorating patient.
- That daily safety huddles & shift handovers at which patients at risk of deterioration were discussed would help to ensure appropriate patient management to reduce potential harm
- That Health Boards should agree on a common dashboard to monitor compliance of escalation and treatment for acute deterioration, sepsis and acute renal failure. An exemplar is Cardiff and Vale UHB who have reported that they have an electronic 'Sepsis Star' which feeds into a clinical

[8] https://webcache.googleusercontent.com/search?q=cache:_Umxn02-d94J:https://improvement.nhs.uk/resources/sbar-communication-tool/+&cd=13&hl=en&ct=clnk&gl=uk [accessed 30/10/19].

dashboard at ward level. This allows ward staff to view their compliance in real time and will allow the Sepsis Leads to understand the associated mortality.

- That weekly multidiscisplinary meetings should be held to review and generate data on treatment of sepsis

To ensure that NEWS 2 is reliably used in all adult areas (except maternity) in and out of hospitals and that sepsis is considered and managed for any NEWS greater than 3 where there is a possibility of infection.

The physical and mental impact on those who have survived sepsis, and their needs for support.

The impact of sepsis and post sepsis syndrome on survivors is still poorly understood, especially in terms of psychological impact. Terrence Canning[9], Executive Director from Wales Sepsis Trust reports that survivors of sepsis have had little health education of what to expect on discharge and that he provides support through bringing sepsis survivors together. Last year, Terrance worked with Cardiff and the Vale UHB to develop a Sepsis Survivors Booklet '*Recovery after Sepsis'*[10] and is being produced by the UK Sepsis Trust and is available on their website for anyone to access.

Part of this problem is because GPs are not always informed of the patient having developed sepsis in an acute setting and until now there was little material to support the GPs to sign-post patients to support services. At the RRAILS conference this was recognised and will be considered as part of discharge planning.

RCN Wales recommends the following:

1. The Welsh Government launch a public campaign advising of the signs and symptoms of sepsis and from whom that individual should seek assistance.
2. The Welsh Government should ensure Health Boards purchase necessary equipment for community nurses to be able to record appropriate vital signs to enable a NEWS calculation and triggering of action for deteriorating patients which includes sepsis.
3. The Welsh Government should ensure the appropriate modules of RRAILS e-based learning be made mandatory in the NHS for registered nurses and health care support workers who record vital signs. Completion rates should be monitored by Health Board to ensure clinicians are given time in work to complete this training.
4. The Welsh Government should establish a work stream to extend the section 25B of the Nurse Staffing Levels (Wales) Act 2016 to emergency departments and that part of this work should consider the need for an effective and timely initial clinical assessment .
5. The Welsh Government should set an improvement target for NHS Wales on the uptake of mandatory professional training. NHS Wales should ensure that Specialist professional activity (SPA) (training) time is built into the job descriptions of registrant and support workers. This will facilitate time for clinical supervision and development

[9] Terrence Canning in talk on RRAILS conference October 2019.

[10] https://sepsistrust.org/wp-content/uploads/2019/05/Recovery-After-Sepsis-Brochure-for-Web-Compressed-Final.pdf

of competencies that are paramount to delivering safe patient care, which includes those critically ill from sepsis.

6. The Welsh Government should review the dashboard data set for sepsis compliance to ensure consistency and provide relevant information to enable the determination of the outcome of the care.
7. The Welsh Government undertake an evaluative study of the timeliness of care for sepsis patients with a focus on a) time first contact was attempted and with whom, and b) time that they commenced treatment and from whom.
8. The Welsh Government should continue to monitor and enforce compliance with the Nurse Staffing Levels (Wales) Act 2016 for each health board.
9. All Health Boards should have an acute deterioration operational lead identified and steering group set up. These should review opportunities for, implement and monitor safety huddles & shift handovers at which patients at risk of deterioration are discussed and appropriate action taken and report to the Health Boards's Quality and Safety Committee.
10. That all health boards should ensure that 24/7 rapid response team is available in the acute hospital setting to support the rapidly deteriorating patient.

About the Royal College of Nursing (RCN)

The RCN is the world's largest professional organisation and trade union of nurses, representing around 435,000 nurses, midwives, health visitors, healthcare support workers and nursing students, including over 25,000 members in Wales. RCN members work in both the independent sector and the NHS. Around two-thirds of our members are based in the community. The RCN is a UK-wide organisation, with its own National Boards for Wales, Scotland and Northern Ireland.

The RCN represents nurses and nursing, promotes excellence in nursing practice and shapes health and social care policy.

Agenda Item 6

Royal College of Physicians | Coleg Brenhinol y Meddygon (Cymru)

Call for evidence: Sepsis Inquiry

RCP Cymru Wales response

About us

Our 36,000 members worldwide, including 1,300 in Wales, work in hospitals and the community across 30 different clinical specialties, diagnosing and treating millions of patients with a huge range of medical conditions, including stroke, care of older people, diabetes, cardiology and respiratory disease. We campaign for improvements to healthcare, medical education and public health.

In Wales, we work directly with health boards and other NHS Wales organisations, including Health Education and Improvement Wales; we carry out regular local conversation hospital visits to meet patients and staff; and we collaborate with other organisations to raise awareness of public health challenges.

We organise high-quality conferences, teaching and workshop events that attract hundreds of doctors every year. Our work with the Society of Physicians in Wales aims to showcase best practice through poster competitions and trainee awards. We also host the highly successful biennial RCP membership and fellowship ceremony for Wales.

To help shape the future of medical care in Wales, visit our website:
www.rcplondon.ac.uk/wales
To tell us what you think – or to request more information – email us at:
wales@rcplondon.ac.uk
Tweet your support:
@RCPWales

For more information, please contact:

[redacted]
Graduate trainee policy and campaigns adviser
[redacted]

Royal College of Physicians Cymru Wales
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Caerdydd | Cardiff CF10 5FH
074 5812 9164
www.rcplondon.ac.uk/wales

30 October 2019
An inquiry into Sepsis for Health and Social Care

Thank you for the opportunity to respond to your inquiry into sepsis for the health and social care department.

The Royal College of Physicians (RCP) has worked with consultant physicians, trainee and specialty doctors, and members of our patient carer network in Wales to produce this response. We would be happy to organise further written or oral evidence if that would be helpful.

Name of organisation: Royal College of Physicians (RCP) Cymru Wales
Lead contact: [redacted] Graduate trainee policy and campaigns adviser
Contact detail: [redacted]

Our response in a nutshell

Presentation and outcome: Early recognition is vital for the successful treatment of a patient. It is estimated that if a patient is managed following the Sepsis Six bundle within the first 24 hours of diagnosis, it could save 14,000 lives every year within the UK. Making a sepsis diagnosis remains difficult, particularly when the presentation of sepsis is in a patient that has a pre-existing life-threatening condition. Due to the Sepsis Six pathway, an increasing number of people survive sepsis.

Medical understanding: There is a coherent and consistent awareness among the medical community of the multifaceted definition of sepsis. The confusion lies with the scoring of sepsis outside of the acute hospital setting, and concern of over-prescribing antibiotics as a result of current guidelines, that may be inappropriate for treatment of suspected sepsis.

Public understanding: The public are becoming increasingly aware of the condition, primarily as a result of a successful campaign from the Sepsis Trust, Sepsis awareness month, and the depiction of sepsis on television dramas such as Call the Midwife.

Life after sepsis: Sepsis does not end with hospital discharge. There are support groups in place to help those who have been affected by sepsis. Nevertheless, there needs to be an improved commitment to patients who have suffered from sepsis. This commitment needs to be based on the individuals needs as the presentation and sequelae of sepsis varies from case to case.

What understanding is there about sepsis incidence, how sepsis is presenting to services, and outcomes from sepsis.

Sepsis, a generic multi-organ condition, is understood to be a complication of various infections rather than a syndrome in itself. An infection can start anywhere in the body including but not isolated to - a chest infection causing pneumonia, a urine infection, problem in the abdomen such as appendicitis, infectious diarrhoea, a wound from trauma or injury, an infected cut or bite, a leg ulcer or cellulitis, a dental abscess, meningitis or an infection of unknown source.

Definitions of Sepsis
>Sepsis = SIRS* + presumed or confirmed infection = 10% mortality.
>Severe sepsis = SIRS + presumed or confirmed infection + end organ dysfunction = 35% mortality.
>Septic shock = SIRS + presumed or confirmed infection + hypoperfusion** = 50% mortality.

Criteria for end organ dysfunction are as follows:
>Systolic blood pressure <90 mmHg or >40 mmHg fall from baseline, or mean arterial pressure <65 mmHg.
>Bilateral pulmonary infiltrates with new need for oxygen to maintain saturations >90%, or with PaO2/FiO2 ratio <300 (mmHg) or 39.9 (kPa).
>Lactate >2.0 mmol/l. >Serum creatinine >176.8 µmol/l or urine output <0.5 ml/kg/hr for 2 successive hours.
>INR (international normalisation ratio) >1.5 or aPTT (activated partial thromboplastin time) >60 s.
>Platelet count <100x109/l. >Bilirubin >34.2 µmol/l.

*SIRS = systemic inflammatory response syndrome (see Box 1).
**Where hypoperfusion is defined as systolic blood pressure <90 mmHg, mean blood pressure <65 mmHg, a fall of >40 mmHg from the patient's usual systolic blood pressure persisting after delivery of at least 30 ml/kg body weight intravenous fluids; or a lactate >4 mmol/l.

(Royal College of Physicians, Sepsis Toolkit, 2014)

The scale of sepsis incidents

The scale and impact of sepsis is largely known within the medical community. Nevertheless, there are substantial gaps in knowledge.

'The historic variability of sepsis coding along with the fact that there is a spectrum from mild infection through to life-threatening sepsis makes it difficult to accurately determine the true impact of sepsis both on individuals and on use of healthcare resources' (NHS England 2015).

Nevertheless, it has been determined that sepsis, a globally recognised condition, can affect anyone, although certain people are at an even higher risk; adults over sixty, children under one, individuals with weakened immune systems, individuals with chronic diseases, people with no spleen.

Globally every two to three seconds someone dies from Sepsis. Within the UK 250,000 people get sepsis every year, including 25,000 children with over 52,000 people in the UK dying annually from Sepsis**. Five people every hour die from Sepsis in the UK.**

The scale of the problem is unprecedent with Sepsis killing more people than; RTC's, HIV, bowel, breast, & prostate cancer combined, and more than lung cancer. Sepsis **is estimated to costs the NHS two billion pounds a year.**

Presentation of Sepsis in a secondary care setting

The presentation of sepsis varies enormously and is dependent on the timeframe in which it is suspected. As sepsis is a time sensitive condition it responds well to early intervention and, if required, rapid escalation of therapy. Medical professionals across the health sector should possess the knowledge and skills to identify sepsis and initiate resuscitation if appropriate.

When a person is admitted with suspected sepsis, they should get treatment within the hour to prevent further organ dysfunction and failure. The treatment, known as the sepsis six bundle, was developed by founders of the UK sepsis trust in 2005 as an operational solution to a set of complex yet robust guidelines developed by the international surviving sepsis campaign. Sepsis six is a combination of three diagnostic and three therapeutic steps.

Sepsis Six Treatment
The treatment of a patient with sepsis in the first 24 hours.

"Oxygen – Cannula, Bloods + Cultures – Lactate – IV Antibiotics – Fluid Resuscitate – Fluid Balance/ Consider Catheter"

If sepsis six treatment is given to the patient within the first hour of the conditions presentation **it is estimated that it has the potential to save 14,000 lives every year.**

Outcome of sepsis diagnosis

250,000 people get sepsis in *the* UK every year including 25,000 children. Over 52,000 people in the UK die annually from sepsis. Five people every hour die from sepsis in the UK. The statistics for Wales are less clear as the information available is limited. This needs to be addressed.

'Whilst about 30% of all ICU patients in the UK have severe sepsis, there are no data published on the incidence of sepsis on the general wards in Wales' (Szakmany et al. 2015: 1000).

A high proportion of deaths *relating to sepsis* are in elderly patients with comorbidities. As a result, it is difficult to separate the presentation and treatment of sepsis from a pre-existing life-threatening illness.

In these cases, medical intervention is perhaps not the best suitable option. Therefore, there is a need to focus on cases of sepsis that might have been *prevented,* recognised and treated more promptly in patients without a pre-existing life-threatening illness. This would allow for a greater understanding of the presentation and outcome of the condition.

Sepsis does not end at hospital discharge. 60,000 patients survive sepsis every year, however, many are left with permanent life changing effects; loss of limbs, anxiety, fatigue, poor memory, difficulty sleeping, sadness, difficulty swallowing, difficulty concentrating, muscle weakness.

Public awareness of sepsis

There has been a considerable growth in awareness of the broad sepsis definition among the general public. A substantial awareness campaign led mainly by the Sepsis Trust has been very successful in raising public and political awareness of the condition. Combined with Sepsis Awareness Month and the depiction of sepsis on television programmes such as Call the Midwife and Casualty has contributed to the increased public awareness of the condition.

There is a hope that the publicity of the condition will increase patients' and relatives' awareness that sepsis may be responsible for unexplained ill-defined symptoms, enable earlier presentation to medical care, and empower patients and families to raise the possibility of sepsis themselves.

The public are familiar with terms such as blood poisoning, and terms that refer to specific infections, such as pneumonia, etc. Although the term sepsis has been used successfully to advocate for greater recognition of the signs in the community, it is unclear if use of the term has helped the public understand its severity, that it may not always have been preventable, or that some types of sepsis are inherently more dangerous than others

Professional awareness of sepsis

There is a strong awareness of sepsis within the professional medical community, with medical professionals expressing knowledge of the condition, its symptoms and causes. Amongst the medical community sepsis is broadly considered as a number of very different bacterial infections coupled with the body's response to those infections

A result of the complex definition and various stages of sepsis, medical professionals have expressed a level of uncertainty surrounding the specifics of the condition. The complexity of the definition has created the misunderstanding of sepsis as a syndrome rather than its true form as a diagnosis and/or condition. Whilst this is not a fundamental flaw within the medical community's knowledge, the misunderstanding has created a level of confusion.

'The nomenclature is still often confused as the term for urinary sepsis that can be used to mean pyelonephritis or a simple urinary tract infection but does not mean a full-blown sepsis syndrome' (Consultant Physician, 2019).

Medical professionals working in acute medical units (AMUs) have an absolute awareness of the significant morbidity and mortality associated with sepsis. The AMU should provide a key role in identifying patients with sepsis, stratifying risk, determining appropriate levels of care, and continuing the resuscitation of patients identified with sepsis prior to AMU admission. The greatest awareness of sepsis is located within the acute medical community.

'There is an absolute awareness of sepsis within the acute medicine setting' (RCP Trainee Representative, 2019).

Identification and management of sepsis in out-of-hospital settings, including use of relevant screening tools/guidance, and the referral process between primary/secondary care.

Identification and management of sepsis in out-of-hospital settings, includes the use of relevant screening tools/guidance, and the referral process between primary/secondary care. There remains a level of confusion within out-of-hospital settings as the evidence base guidance tools such as the NEWS scores are unavailable for out of hospital use and importantly are a clinical judgement based on the understanding of the patient and their symptoms rather than the scoring systems.

Furthermore the PHEWS (Pre-hospital early warning score), used by paramedics and ambulance staff is a generic severity score and does not indicate if a patient is presenting with sepsis or is at risk of developing the condition.

Identification/management of sepsis in acute (hospital) settings.

Identification and management of the condition has improved as the medical community's sensitivity for picking up sepsis and treating the condition has increased. Within ABUHB there has been, and continue to be, a commitment to improving identification and treatment of sepsis. The ABCSEPSIS team are working to achieve process reliability through the use of NEWS, the sepsis screening tool, bundles and protocols, changing culture through influencing behaviour and establishing standards, and application of human factors to "error proof" the improvements that have been made with the focus being on using real time data to drive the improvements required. ABCsepsis work collaboratively with IPCT (Infection Prevention and Control Teams) microbiology and pharmacy, along with ward teams, outreach and 1000lives.

However, there is a concern surrounding the prescribing of such a board spectrum of antibiotics. Whilst the identification of sepsis has improved, there is a risk of the development of antibiotic resistance and of complications such as C.Difficile infection. The fact that patients who do not have sepsis end up having antibiotics is due to the lack of specificity of sepsis symptoms. As such, it is perhaps inevitable that a number of other conditions get treated as sepsis in the first 24 hours of an admission/event.

'Anecdotally it feels as if there are also many patients who are reflexly treated for sepsis who do not have it and this is an issue for us in that sepsis is treated with high dose broad spectrum antibiotics' (Consultant Physician 2019).

The over use of the guidance tools in the acute medical setting has led to the over diagnosis of patients with other complaints, notably exacerbation of chronic obstructive pulmonary disease and upper respiratory tract infections.

Further to this, medical professionals have seen people *'harmed by the liberal use of intravenous fluids as recommended by the guidelines' (Consultant physician 2019).* Additionally, patients labelled as '*septic'* through the use of the guidance tools are invariably admitted despite eventually receiving another diagnosis.

The physical and mental impact on those who have survived sepsis, and their needs for support.

Sepsis does not end at hospital discharge

As Sepsis is a generic condition, triggered by a variety of infectious causes in patients of widely differing age groups, the support needed will be dependent on individual circumstances. Existing services within the NHS should be able to support these patients, provided there is a recognition that the ages affected may be broad; this is not a challenge specific to sepsis.

In addition the focus of infection will dictate whether surgery has been required and the level of support required on discharge. For example, necrotising fasciitis may require amputations and physiotherapy, while a urinary tract or gall bladder infection will not necessarily lead to any focal defect if the patient recovers.

In extreme settings, certain patients may need lifelong social care, for example patients who have suffered from an amputation, while others may need kidney dialysis. Others may have no visible physical disability, but may be affected by the psychological after-effects of critical illness. In the extreme setting of maternal sepsis, there is a possibility of the loss of an infant, or even the mother, in which case extensive support is required for the remaining family.

NICE guidelines for supporting the patient recovering from critical illness are available and most intensive care units provide additional clinical support for patients and families discharged from their units. These guidelines are fully available for support sepsis patients.
https://www.nice.org.uk/guidance/cg83

Further Evidence

In terms of professional awareness and the recognition and management of sepsis there has been much advocacy and guidance.

1. Health Education England e-learning tool:
   https://www.e-lfh.org.uk/programmes/sepsis/

2. NICE guideline: https://www.nice.org.uk/guidance/NG51/chapter/Recommendations#identifying-people-with-suspected-sepsis

3. The Royal College of General Practitioners have a sepsis toolkit and a number of other resources: https://www.rcgp.org.uk/clinical-and-research/resources/toolkits/sepsis-toolkit.aspx

4. NHS England initiated a cross system sepsis board (comprising NHS, Royal Colleges, PHE, DH, and other stakeholders)/ The board produced an action plan aimed at reducing preventable causes of sepsis as well as tools for improving identification and management; safety netting; education; standards & reporting: https://www.england.nhs.uk/wp-content/uploads/2017/09/second-sepsis-action-plan.pdf

5. A potentially impactful change in recent years has been the national introduction of the RCP's **NEWS2 scoring system** for assessing patients at risk of deterioration. This is now in place in acute Trusts, ambulances and can also be used in the community, enabling better communication of patient severity at point of referral. https://www.rcplondon.ac.uk/projects/outputs/national-early-warning-score-news-2

References

T. Szakmany et al. 2015. 'Sepsis in Wales on the general wards: results of a feasibility pilot', *British Journal of Anaesthesia.* 114 (6): 1000–10.

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Welsh Government

Ein cyf/Our ref VG/00142/20

Dai Lloyd AM
Chair, Health, Social Care and Sport Committee
National Assembly for Wales
Cardiff Bay
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3 March 2020

Dear Dai,

I am writing to provide you with an update on Brynawel Residential Rehabilitation Centre in Llanharan.

The long term sustainability of Brynawel has been subject to previous correspondence within which the Welsh Government has reassured both Brynawel and Assembly Members that we remain keen to support a sustainable residential treatment sector but reiterated that we must do that within the context of tight financial resources across public services and in an appropriate, fair and consistent way which also meets the needs of service users.

A new Chief Executive was appointed last summer following the retirement of David Richards. Carol Daly, who has taken on this role has extensive experience in multi-agency approaches and integrated service delivery, my officials met with her shortly after she came into post to offer support. In the time Carol has been in post she has implemented significant changes following her initial assessment of the key changes required to maintain the long term sustainability of the centre.

Some of the changes made include increasing support coverage for residents across a 24 hour period. In line with this change five new support workers have been employed to increase staff capacity at the centre. In addition to these changes local recruitment opportunities have also been identified and in order to attract people who have an interest in working in the area of addiction Brynawel intend to hold an open day in March for volunteers.

During this time of significant change Welsh Government officials have maintained an open dialogue with and met with the Chief Executive on a number of occasions to discuss the long term sustainability and future direction of the centre, the most recent meeting in mid-January. Officials have ensured that Area Planning Boards are aware of these changes and in addition are working with officials leading on both homelessness and health provision in the prison setting. These internal discussions have supported Brynawel to develop relationships with other sectors and develop new pathways into the centre for some of the most vulnerable people.

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As part of these discussions I am happy to say that the present occupation at Brynawel is at full capacity (twenty beds), with all but four from Wales. As a result of this significant improvement from a situation where Brynawel was under 50% occupied there is a waiting list for Brynawel until the end of March. Not only is this in terms of the more general residential rehabilitation services provided at the centre but longer term placements for the specialist alcohol related brain damage (ARBD) treatment as well as people entering directly from prison and homelessness services.

In addition, financial support from Cwm Taf Area Planning Board for a new fibre line an upgrade to IT systems has also been provided. Brynawel will move to a web based electronic case management system, replacing paper files which are currently in use to ensure enhanced case management approach and compliance with GDPR. The new IT upgrade will further improve the sustainability of Brynawel in so much as it will allow greater outcome monitoring and reporting which will be publicised regularly on their website and to commissioners.

Finally, residential rehabilitation and inpatient detoxification play an important role in helping substance misuse service users, where this process has been identified as essential in securing their long term recovery. Welsh Government officials have recently completed a procurement exercise for a revised Substance Misuse Residential Rehabilitation Framework and this contract will shortly be awarded.

Welsh Government officials will continue regular communication with the Chief Executive at Brynawel to maintain the early momentum Carol has introduced as part of her role as the Chief Executive.

Yours sincerely,

Vaughan Gething AC/AM
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

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Ein cyf/Our ref MA-VG-0607-20

Dr Dai Lloyd AM
Chair, Health Social Care and Sport Committee
National Assembly for Wales
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26 February 2020

Dear Dai,

Following the stage 2 proceedings on the Health and Social Care (Quality and Engagement) (Wales) Bill on 23 January, I agreed to provide the Committee with further information and assurance in relation to a number of areas. Those areas are:

- An explanation of the quality standards system and how the Bill will link these to the duty of quality;
- An explanation of the range of information that we currently gather, and the work being moved forward to further develop our use of data;
- In relation to membership, an explanation of the public appointments process and how this can be used to ensure conflicts of interest are addressed;
- Further information about the code of practice on access to premises; and
- On joint complaints, an undertaking to write to a range of stakeholders to convene a round table discussion on this;
- Further information about citizen voice body and indemnity.

Quality Standards

Schedule 3 of the Bill amends section 47 of the Health and Social Care (Community Health and Standards) Act 2003 to require NHS bodies to take into account the Health and Care Standards[1] published by the Welsh Ministers when discharging the new duty of quality.

The standards, supplemented by their own guidance and aligned with the NHS Outcomes and Delivery Framework, provide a framework against which Healthcare Inspectorate Wales inspect and review services and which guides NHS bodies to ensure that all they do, across the range of their services, is designed to improve services and outcomes for individuals.

There are seven key themes in the standards, based around person-centred care and underpinned by good organisational governance, leadership and accountability:

- Staying healthy (health promotion, protection and improvement)

[1] http://www.wales.nhs.uk/governance-emanual/health-and-care-standards

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- Safe care (risk management, health and safety, infection control)
- Effective care (care and treatment, communication, research and technology)
- Dignified care (respect, compassion, recognition of needs, including language needs)
- Timely care (ensuring that people are treated and cared for in the right way, at the right time, in the right place and with the right staff)
- Individual care (promoting independence, people's rights listening and learning)
- Staff and resources (ensuring there are enough staff with the right knowledge and skills, at the right time, to meet needs).

The guidance in relation to the duty of quality will align with these standards. In practice this will mean that when exercising their functions NHS bodies will need to consider the guidance on the duty of quality and the Health and Care Standards. Collectively, the guidance and standards will go some way to ensuring that key considerations, such as prevention and population health, workforce planning, staffing arrangements and tackling health inequities will be applied when NHS bodies plan and deliver their services.

Data

NHS bodies collate, analyse and share a wide range of data, for various purposes, in connection with the exercise of their functions. This includes data in relation to attendance at A&E units; a suite of over 60 quality indicators for ambulance services; statistics around bed availability; waiting times and the cancellation of operations; diagnostic activity; delayed transfers of care and data to support the co-ordination and care planning of certain mental health services. Much of this is mandated through the NHS Wales Information Standards process[2], which aims to ensure that new or changed national information standards and their implementation across the NHS in Wales maximises their fitness for purpose, the efficiency of data captured and information coherence.

Collectively, and along with other administrative data, these provide health bodies and the Welsh Ministers, as appropriate, with a picture of how they are operating and performing in the delivery of services. Where appropriate, data are collated, analysed and published by the NHS Wales Informatics Service[3] or the Welsh Government, via StatsWales[4].

Furthermore Local Health Boards and NHS Trusts in Wales are required to participate in the National Clinical Audit and Outcome Review Programme[5], an England and Wales initiative since 2001, managed via the Healthcare Quality Improvement Partnership (HQIP). At present there are approximately 40 audits which cover a wide range of conditions including cancer, cardiac, stroke, arthritis and maternity services. Annual reports are published on each audit and, in certain circumstances, additional documentation and statistics are published throughout the year. The consistency and availability of this data is integral to NHS quality management, supporting elements of quality planning, improvement and control. Clinical audits enable NHS bodies to measure and review their own performance, year on year, and provide important benchmarking against others, to help drive improvements.

NHS Wales is in the process of implementing a new system – the Once for Wales Concerns Management System – for how Local Health Boards and NHS Trusts record, report, monitor, track, learn and make improvements from incidents, complaints, claims, adverse outcomes, risks and events that happen in healthcare. The aim of this is to achieve

[2] http://www.wales.nhs.uk/sites3/home.cfm?orgid=742
[3] http://www.nwisinformationstandards.wales.nhs.uk/home
[4] https://statswales.gov.wales/Catalogue/Health-and-Social-Care
[5] https://gov.wales/sites/default/files/publications/2019-05/nhs-wales-national-clinical-audit-and-outcome-review-plan-annual-rolling-programme-2019-2020.pdf

consistency of data management and work flow design in these areas, across Wales. It is intended that the functionalities of the new system will be implemented during 2020/21.

Furthermore, in January 2020, the Welsh Government shared a draft of its 5 Year Quality and Safety Plan with the service. This describes a number of high-level strategic recommendations, including a specific action around addressing measures, data and analytics. A collaborative programme of work will be established to take this forward. The aim is to develop a single framework for measurement and benchmarking of quality-related data.

Public Appointments to the Board of the Citizen Voice Body

The Governance Code on Public Appointments sets out the principles that underpin all public appointments. The Governance Code requires the appointment panel to satisfy itself that all candidates for appointment can meet the Seven Principles of Public Life and have no conflicts of interest that would call into question their ability to perform the role they are applying for. Under the Governance Code candidates are required to declare all potential conflicts of interest in their application and how they might be managed must be discussed with an individual at interview. This approach offers an appropriate safeguard while allowing the flexibility to consider each applicant's position. The Welsh Government's Diversity and Inclusion Strategy for Public Appointments will be fully taken into account when recruiting.

Therefore, while I agree with the sentiment expressed during the discussions at Stage 2 that potential conflicts of interest must be appropriately managed. I remain of the view that it is appropriate to address this through the public appointments process. I also fully recognise the importance of having a diverse board with a broad range of skills and experience.

Code of Practice

The Code will apply when the Citizen Voice Body makes a request for access to premises at which health and social care is delivered for the purpose of seeking the views of individuals in respect of health services or social services. The Code will set out its status, purpose, expectations and fit within the wider statutory framework. The Citizen Voice Body, NHS bodies (i.e. Local Health Boards, NHS Trusts and Welsh Special Health Authorities) and local authorities will all be under a duty to have regard to the Code in the exercise of their functions.

Promoting and facilitating engagement by individuals with the Citizen Voice Body can help further strengthen their voice and participation in shaping the design and delivery of services. This will help service providers to demonstrate that they are meeting existing requirements to support this, such as those in the Health and Care Standards[6] and the Social Services and Well-being (Wales) Act 2014.

The code is subject to consultation, however, the underpinning principles that could be included in the code are as follows:

- Sharing views with the Citizen Voice Body can help strengthen the voice and promote the well-being of individuals.
- In addition to their own service user engagement, providers can benefit from views being shared with the Citizen Voice Body, in terms of monitoring, reviewing and improving their own services and also through any contribution to developing wider best practice or policy.

[6] http://www.wales.nhs.uk/governance-emanual/health-and-care-standards

- Access to premises by the Citizen Voice Body should not compromise the dignity, privacy or safety of any individual or the effective provision of services.
- An expectation that those representing the Citizen Voice Body will be appropriately trained, supported and DBS checked.

The Code could highlight that NHS bodies, local authorities and service providers commissioned by them could build their engagement with the Citizen Voice Body into any reports which show how they are strengthening the voice of individuals. For example, this would be relevant to NHS bodies' annual report in respect of the duty of quality, required under the Bill, and could be relevant to the 'how are people shaping our services?' chapter within annual reports by Directors of Social Services.

My expectation is that the Code will be developed during the implementation period for the Citizen Voice Body so that it can be brought into operation very shortly after the Body is legally established and as soon as the Body has been consulted on it.

Joint Complaints

Our ambitions on joint complaints remain and we will continue to work with NHS Wales organisations, local government and other bodies to discuss ways of making the process simpler for people who have complaints that span across both health and social care areas. Our intent is clearly visible in the powers that we have given the Citizen Voice Body to provide complaints advice and assistance to someone bringing a complaint under the relevant health and social care legislation. I hope the Committee continues to recognise our clear determination to achieve that goal as part of a more integrated health and social care system.

I set out at the meeting some of the necessary approaches and work that will need to be done to take this forward. This will include convening a round table discussion with a range of stakeholders to consider how the process could apply to NHS Wales complaints, local authority complaints, as well as complaints brought against providers of regulated social care. There are a number of key stakeholders that need to be involved in delivering on this ambition and work to be undertaken to ensure we deliver effective joint complaints arrangements. Officials will work to arrange the round table discussion before Summer Recess.

Indemnity

I reported to the Committee that it will be for the Citizen Voice Body to decide how best to indemnify staff and volunteers. I also made reference to "Managing Welsh Public Money".[7] Annex 4.3 is clear that public sector organisations do not, as a general rule, purchase commercial insurance except where there is a legal obligation so to do. However, it also allows Accounting Officers, as part of a risk management strategy, to choose to purchase commercial insurance in certain circumstances. Such decisions should always be made after cost benefit analysis in order to secure value for money. It will therefore be for the chief executive of the new body to decide whether to provide indemnity by bearing the risk or through the purchase of commercial cover.

The appropriate mechanism for providing indemnity will be determined during the implementation phase for the Citizen Voice Body.

I hope that this additional information is helpful.

[7] https://gov.wales/sites/default/files/publications/2018-10/managing-welsh-public-money.pdf

Yours sincerely,

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Minister for Health and Social Services

Agenda Item 10

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