

Bundle Academic Partnership Committee Open 8 March 2022

Agenda attachments

ITEM 00 APC Agenda.docx

- 1 Chair's welcome, apologies and confirmation of quorum (KD)
- 2 Declarations of interest (KD)
- 3 Minutes of last meeting (KD)
ITEM 3 APC OPEN MINUTES DECEMBER 2021 - Copy TM.doc
- 4 Action log (KD)
ITEM 04 APC ACTION LOG.xlsx
- 5 University Trust Status Update (EH Vebal)
- 6 Effectiveness Review (KD)
ITEM 06 Committee Effectiveness SBAR ANNEX 1.docx
ITEM 06a APC TORs v.1 ANNEX 2 280222.docx
ITEM 06b APC TORs (Clean) ANNEX 3.docx
ITEM 06c APC Questionnaire Results ANNEX 4.docx
- 7 Trust Priorities aligned with IMTP (TBC - Verbal)
- 8 Key messages for Board
- 9 Any other business
- 10 Date and time of next meeting - 26 April, 09.30



MEETING OF THE ACADEMIC PARTNERSHIP COMMITTEE

Held in public on 8 March 2022 from 09.30 to 10.30

Meeting held virtually via Microsoft Teams

AGENDA

No.	Agenda Item	Purpose	Lead	Format	Time
OPENING ITEMS					
1.	Chair's welcome, apologies, and confirmation of quorum	Information	Kevin Davies	Verbal	9.30
2.	Declarations of interest	Information	Kevin Davies	Verbal	
3.	Minutes of last meeting	Approval	Kevin Davies	Paper	
4.	Action log	Review	Kevin Davies	Paper	
ITEMS FOR APPROVAL, ASSURANCE AND DISCUSSION					
5.	University Trust Status Update	Discussion	Estelle Hitchon	Verbal	9.40
6.	Effectiveness Review	Discussion	Kevin Davies	Paper	9.50
7.	Trust Priorities aligned with IMTP	Discussion	EH/AC (TBC)	Verbal	10.05
CLOSING ITEMS					
8.	Key messages for Board	Discussion	Kevin Davies	Verbal	10.20
9.	Any other business	Discussion		Verbal	
10.	Date and time of next meeting	Information		Verbal	

Lead Presenters

Name	Position
Prof Kevin Davies	Non Executive Director (Chair)
Ms Estelle Hitchon	Director of Partnerships and Engagement



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CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Gwasanaethau Ambiwylans Cymru
Welsh Ambulance Services
NHS Trust

WELSH AMBULANCE SERVICES NHS TRUST

UNCONFIRMED MINUTES OF THE OPEN MEETING OF THE ACADEMIC PARTNERSHIP COMMITTEE OF THE WELSH AMBULANCE SERVICES NHS TRUST HELD ON THURSDAY 9 DECEMBER 2021 VIA TEAMS

PRESENT :

Kevin Davies Non Executive Director and Chair
Paul Hollard Non Executive Director

IN ATTENDANCE :

Mike Brady Consultant Clinician for 111
Estelle Hitchon Director of Partnerships and Engagement (Part)
Caroline Jones Corporate Governance Officer
Trish Mills Board Secretary
Duncan Robertson Assistant Director of Research, Audit & Service Improvement
Nicola Stephens Estates Officer – Environmental Specialist
Andy Swinburn Director of Paramedicine
Claire Vaughan Director of Workforce and OD

APOLOGIES

Martin Turner Non Executive Director

15/21 WELCOME AND INTRODUCTION

The Chair welcomed everyone to the meeting.

16/21 DECLARATIONS OF INTEREST

The standing declaration of interest of Professor Kevin Davies being an independent Trustee of St John Ambulance Cymru was recorded together with that of Claire Vaughan being an Independent Committee Member of Aberystwyth University.

17/21 MINUTES OF THE LAST MEETING

The minutes of the meeting held on 21st September 2021 were approved as a correct record.

18/21 ACTION LOG

03/21a TU representation – this action was not yet complete and a date for early 2022 was set for this to be completed.

03/21b HE/FE apprenticeship models – the action was reported as work in progress

however, the matter still required further thought and an extended timeframe to be completed in early 2022 was agreed.

11/21 Follow up letter to Chief Executive of Universities Wales –The Director of Partnerships and Engagement updated members on the recent meeting with Ben Arnold, who works closely with the Chief Executive on policy issues. He was positive the matter could be opened up and the Trust was awaiting his feedback.

19/21 UNIVERSITY TRUST STATUS UPDATE

The Director of Partnerships and Engagement informed the Committee that a response had not yet been received from Welsh Government on the Trust's university status application. Appreciating the pressures everyone was facing at this time, it was expected that the decision may be delayed.

The Director went on to say she would make contact with Welsh Government to enquire if it would be reasonable to expect a decision before Christmas.

RESOLVED: that the Director of Partnerships and Engagement contact Welsh Government to enquire if it would be reasonable to expect a decision before Christmas on the Trust's university status.

20/21 ADVANCED PRACTICE AND SPECIALIST WORKING, CONSULT AND CLOSE AND SERVICE TRANSFORMATION, INCLUDING RESEARCH

The Director of Paramedicine began his presentation on University Trust Status (UTS) Priority One by commenting on the link with electronic patient care record (ePCR) and how it would shape the emerging strategy and inform changes to the clinical workforce. He reminded members not to underestimate how ambitious the plan to "invert the triangle" was, resulting in a radical reform in how services were delivered. Significant clinical leadership would be needed and in which ePCR would be key. The intelligence put into the system currently was based around the medical priority dispatch system (MPDS), however this could be misplaced with ePCR shaping the way services would be delivered in future.

Education was seen as being the catalyst to change the workforce and how it operated. It needed to be viewed as education and not training.

Work was still to be undertaken in terms of the types and numbers of services required and how the specialist roles could be used most effectively and efficiently.

The Director referred to back to the research and innovation point, commenting on the need to be aware of the types of research to be undertaken to ensure the Trust was dynamic, looking more at action research.

The Consultant Clinician talked about the different types of clinicians and the work which was ongoing with advanced paramedic practitioners (APPs) in the contact centre, looking at comparative data with health informatics (HI), over what types of calls they closed versus the Band 6 paramedics and nurses also looking at code sets. This was the beginning of a programme, albeit time consuming, looking at getting the right care for the patient which could benefit from partnering with universities.

The Director of Workforce and Organisational Development asked the committee to note an upcoming internal audit on aspirations and ambitions looking at how the Trust was a learning organisation and where and how the learning was joined up.

The Committee recognised the need to ensure that the priorities were not viewed in a siloed fashion given that the other Board Committees would have oversight responsibilities for much of this work. The reviews which would be taking place of Board Committee remits will bear this in mind with a view to coalescing the oversight at Board level.

21/21 DIGITISATION ENABLING BETTER OUTCOMES

The Director of Partnerships and Engagement confirmed that the three priority areas Welsh Government had asked the Trust to identify were areas of work currently being progressed by the Trust. The staff involved in those areas had been asked to help the Committee understand what was ongoing and how the Committee could support each area going forward.

The Assistant Director of Research, Audit & Service Improvement, in presenting UTS Priority Two, updated members on the national rollout plan of ePCR, which was expected to be completed by the end of February 2022 and went on to outline the potential to make data easier to link to pathways and improving outcomes for patients. The data would allow the Trust to work with academia to look at how effective the pathways were and which pathways may need to be developed in the future. He noted the need for WAST to mature the system over the coming months before being able to look at the learning from the data.

He confirmed there would be a need for data quality and assurance to ensure ePCR data was of a high quality. Work was continuing with commissioners following which, annual quality indicators (AQIs) would be published.

Future work would be reliant on a common language of coding (SNOWMED CT) to ensure linked data sets are comparable, learning from the ambulance data set work already ongoing with English Trusts and also linking with data quality specialists in Digital Health Care Wales.

The Consultant Clinician for 111 noted the similarities between ePCR and the emergency communication nurse system (ECNS) programme, a new digitally integrated system with huge possibilities for linking data with the ePCR system from MPDS to ECNS to ePCR to hospital. Learning about the patients and at which point they are touching the Trust irrespective of the area eg non emergency patient transport (NEPTS), 111, 999. Recognising that the more detailed the data links, the greater the need to work with academic partners, utilising their expertise to provide a greater understanding of the data.

The Assistant Director then highlighted to members that currently for those individuals with research in their job descriptions, time needed to be built into work plans to ensure that the activity could take place and queried if the Committee could be the means to drive this forward. Members were also made aware of the need for the Trust to invest in research leaders of the future, noting the time it took to develop one.

The Consultant Clinician confirmed the difficulties faced by staff wishing to undertake

research currently and highlighted Prof Docs development programmes, designed for the workplace, as a potential way forward, moving away from the need to be a clinician to be in a research role, allowing those with lesser academic backgrounds to apply.

Members recognised the need to allow staff time to undertake research as part of their role and not as an additional duty, so as not to impair the timescales to drive the organisation forward.

The Board Secretary confirmed that a review of the Terms of Reference was planned and the purview of the Committee would be reviewed. The research governance framework could be brought forward and be expanded across the organisation.

22/21 DECARBONISATION, FLEET MODERNISATION AND SUSTAINABILITY

The Estates Officer - Environmental Specialist, in presenting UTS Priority Three, informed members of the Trust's requirement under the NHS Wales decarbonisation strategic plan to reduce carbon emissions by 50% by 2030.

Recognising 90% of the Trust's emissions come from the fleet, work had been and was still underway to work with manufacturers to build the most efficient vehicles possible with only electric rapid response vehicles being able to be purchased from the end of 2022. A new hydrogen/EV ambulance was showcased at COP 26 recently however further work still needed to be undertaken.

WAST was working with Swansea University and the Centre for Alternative Technology on designing net zero carbon buildings, looking at methods of modular construction and adaptable buildings.

The Trust was also installing its own renewable energy systems with a new photo voltaic (PV) system being installed in Dobshill and using the data from there to build bespoke management systems for the estate, working with Swansea university to achieve this.

The Trust is ISO14001 accredited and was looking to becoming ISO50001 compliant in energy management, observing that this would be a considerable task, working closely with Welsh Government energy services and the Carbon Trust on reducing energy consumption.

Members recognised the overlap of this priority with other areas across the Trust and that the responsibility was owned by everyone and not just estates colleagues.

The Consultant Clinician went on to build on the patients that were not taken to hospital, and how it could be linked back to the green agenda. Carbon savings were not currently reported on, however calculations could provide a greater understanding of not transporting a patient.

The Director of Partnerships and Engagement suggested the Trust should look at principles that it felt important. An example of which was staff being able to work from home and being able to apply for positions which were previously either North or South based.

The Director of Workforce explained that the link to the wellbeing strategy, with the

potential to build the evidence around staff and the environment in which they worked provided an opportunity to link with estates colleagues and looking ahead, could allow the Trust to go for the Platinum Corporate Health Standard which was linked to sustainability.

Each of the three priority presentations had provided members with an overview of the work that was already ongoing across the Trust and which highlighted areas the Trust needed to look at in more detail. Members thanked the presenters for their time and presentations.

23/21 KEY MESSAGES FOR BOARD

- 1) Update on Welsh Government response when it is received.
- 2) Brief update on the 3 priorities - The Committee recognised the need to ensure that the prioritized were not viewed in a siloed fashion given that the other Board Committees will have oversight responsibilities for much of this work. The reviews which will take place of Board Committee remits will bear this in mind with a view to coalescing the oversight at Board level.

24/21 ANY OTHER BUSINESS

It was agreed that the meeting scheduled for January was still required to consider the effectiveness review together with an initial high level review of the Terms of Reference.

25/21 DATE OF NEXT MEETING:

8 March 2022

Open
Complete
Closed
Not Due



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AGENDA ITEM No	6
OPEN or CLOSED	N/A
No of ANNEXES ATTACHED	4

COMMITTEE EFFECTIVENESS REVIEW 2021/22

MEETING	Academic Partnerships Committee
DATE	8 th March 2022
EXECUTIVE	Prof Kevin Davies, Chair
AUTHOR	Trish Mills, Board Secretary
CONTACT	Trish.mills@wales.nhs.uk

EXECUTIVE SUMMARY

1. The Trust’s Standing Orders and Committee Terms of Reference require that Board Committees evaluate their effectiveness annually and prepare an annual report to the Trust Board.
2. The 2021/22 Committee effectiveness reviews provides for a number of stages before the Committee’s annual report is presented to the Trust Board. The first two stages of evaluation design and process are complete, and the Committee will now review proposed amendments to the terms of reference and consider the responses to the evaluation questionnaire.
3. Amendments have been proposed to the terms of reference for the Committee’s consideration, as well as changes to operating arrangements as a results of the review and the responses to the questionnaire sent to members and core attendees.

RECOMMENDATION: The Committee is requested to:

- (a) Review and approve changes to terms of reference
- (b) Confirm the proposed actions for issues raised in questionnaire
- (c) Set priorities for the Committee for 2022/23

REPORT APPROVAL ROUTE

Executive Management Team – by email circulation 2nd March 2022

REPORT APPENDICES

1. Annex 1 – SBAR
2. Annex 2 – Proposed changes to terms of reference (clean)
3. Annex 3 – Proposed changes to terms of reference (marked up)
4. Annex 4 – Committee questionnaire responses

REPORT CHECKLIST			
Confirm that the issues below have been considered and addressed		Confirm that the issues below have been considered and addressed	
EQIA (Inc. Welsh language)	Yes	Financial Implications	N/A
Environmental/Sustainability	N/A	Legal Implications	Yes
Estate	N/A	Patient Safety/Safeguarding	N/A
Ethical Matters	N/A	Risks (Inc. Reputational)	N/A
Health Improvement	N/A	Socio Economic Duty	N/A
Health and Safety	N/A	TU Partner Consultation	N/A

COMMITTEE EFFECTIVENESS REVIEW 2021/22

SITUATION

1. The 2021/22 Committee effectiveness reviews provides for a number of stages before the Committee's annual report is presented to the Trust Board. The first two stages of evaluation design and process are complete, and the Committee will now review proposed amendments to the terms of reference and consider the responses to the evaluation questionnaire.

BACKGROUND

2. As the factors underpinning effective governance can change, for example as people leave, organisations restructure, or strategy shifts, regular reviews of Board Committees ensure governance remains fit for purpose.
3. Standing Orders, Committee Terms of Reference, and the Code of Governance provide that Boards should routinely assess the effectiveness of their governance arrangements, of which the Board's Committees form an integral part. Each Committee must submit an annual report to the Board through the Chair setting out its activities during the year and including the review of its performance.
4. The 2020/21 effectiveness review for the Committee includes a review of the terms of reference and general operating arrangements, as well as a questionnaire completed by members and core attendees. Any amendments to Terms of Reference as a result of this process is thereafter recommended to the Trust Board for approval.

ASSESSMENT

5. Committees play an important role in supporting the Board fulfilling its responsibilities by:
 - Providing advice on strategic development and specific aspects of business
 - Gaining assurance on key aspects of activity in organisational performance, supporting achievement of the Trust's strategic goals
 - Carrying out specific responsibilities on the Board's behalf
6. Effective Committees provide a forum where ideas can be explored in greater detail than Board meetings are able to allow, providing time and space to consider issues to a greater depth.

7. To ensure that Committees are in the best position possible to provide this support in a streamlined and integrated way, the approach for review of a Committee’s operating arrangements is carried out annually in the following stages:

Stage	Process
Stage 1: Evaluation Design	<ul style="list-style-type: none"> Questionnaires for the Board Committees are developed by the Board Secretary in consultation with the Committee Chairs and Executive Leads.
Stage 2: Evaluation Process	<ul style="list-style-type: none"> Questionnaires are issued to Committee members and core attendees as set out in the Terms of Reference. Committee Chair, Executive Lead, Governance Officer and Board Secretary review questionnaires, review Terms of Reference and propose initial amendments. Responses are collated and this report summarises the findings and includes proposed recommendations to address issues raised.
Stage 3: Discussion and actions	<ul style="list-style-type: none"> The proposed amendments to the Terms of Reference and the responses to the questionnaires are discussed by the Committee.
Stage 4: Presentation to Trust Board	<ul style="list-style-type: none"> Any changes to the Terms of Reference and operating arrangements are recommended to the Trust Board together with the Committee’s annual report.

8. The Committee Chair, Executive Lead, Governance Officer and Board Secretary met for stage 2 on 24th February 2022. The Terms of Reference were reviewed to ensure all matters within the remit of the Committee were clear and that these were articulated with the strategic, oversight and scrutiny role of the Committee in mind. This was also an opportunity to begin building the cycles of business of the Committee aligned to the specific areas of delegated powers. The proposed amendments to the Terms of Reference are attached at Annex 2 in a tracked changes version, and Annex 3 as a clean version.

9. Key changes include:

9.1. There has been wholesale amendment of the terms of reference to provide clarity on the Committee’s strategic, scrutiny, and oversight role and the purpose has aligned to the delegated powers.

9.2. The specific duties have been truncated to reflect the maturing nature of the Committee and to allow for flexibility during a period where the organisation’s strategic direction is transforming. These duties focus on:

- (a) Promoting and exploring opportunities with higher and further education, wider education providers and commercial partners and ensuring arrangements are in place that are clear on roles, responsibilities and expectations.
- (b) Obtaining and maintaining University Trust Status.
- (c) Oversight of programmes of work aligned to University Trust Status.

(d) Plans to build capacity for whole workforce opportunities in research.

9.3. Membership has been increased to include the Director of Paramedicine and the Assistant Director for Quality and Nursing.

10. The responses to the questionnaires were also reviewed at the above meeting, and they are attached at Annex 4. Seven questionnaires were distributed to the members and core attendees of the Committee, and 3 responses were received, 2 from members and 1 from attendees. Key issues are set out below together with proposed actions where appropriate:

Issues raised	Commentary and proposed actions
What does this Committee do well?	<ul style="list-style-type: none"> • Good focus on academia and its role in ensuring this is supported by the Trust. • Well chaired with equity of contribution and time given for scrutiny. • Promotes innovation and collaboration.
What should this Committee do more of?	<ul style="list-style-type: none"> • Developing a strategic direction would assist in ascertaining appropriate representation from academia as core attendees. • Avoid duplication of oversight from other Board Committees. • Consider research and innovation being within its remit as opposed to QuEST. <p>Action: Other responses recognised it is early days for the Committee therefore some of these issues will evolve as University Trust Status is advanced. However revisions to the terms of reference will address oversight duplication.</p>
What should this Committee do less of?	<ul style="list-style-type: none"> • Responses recognised that it was difficult to ascertain what the Committee should do less of as it was a new Committee and its operating arrangements, purpose and membership are evolving.

11. It is good practice for Committees to set priorities for the forthcoming year when they review their effectiveness. Such priorities may include a particular focus throughout the year, or in particular quarters. For example, the Committee may wish to prioritise more agenda time to new issues it is adopting in its Terms of Reference; focus on areas it may not have addressed recently due to the pandemic; or review of the Committee's risks, both operational and strategic. It is recommended that such priorities are limited to two or three, and that they are tracked quarterly through a Chair's report to ensure they are on track. The Committee has set its priorities for 2022/23, which are the University Trust Status priority projects of:

Priority 1: Digitisation Enabling Better Outcomes

Priority 2: Advanced Practice and Specialist Working, Consult and Close and Service Transformation, Including Research

Priority 3: Decarbonisation, Fleet Modernisation and Sustainability

RECOMMENDATION

12. The Committee is requested to:

- (a) **Review and approve changes to Terms of Reference;**
- (b) **Confirm the proposed actions for issues raised in questionnaire; and**
- (c) **Set priorities for the Committee for 2022/23.**

NEXT STEPS

13. Next steps includes the following:

- 13.1. A Committee Annual Report will be prepared and circulated to the Committee out:
 - (a) Remit of the Committee
 - (b) Membership and attendance
 - (c) Effectiveness of the Committee (as a result of discussions from today's meeting)
 - (d) Proposed changes to the terms of reference and operating arrangements
 - (e) Priorities identified for the Committee for 2022/23
- 13.2. A key output of the discussions with the Chair, Executive Lead, Committee members and attendees, and the self-assessment questionnaire, is a cycle of committee business/programme of work for the Committee. This cycle of business will provide certainty on papers to be developed for upcoming Committees but will also clarify the assurance requirements aligned to the responsibilities of the Committee. The cycle of business will also provide a line of sight for the assurance journey of papers prior to their presentation at committees and will support the development of a legislative and regulatory framework where that is appropriate and applicable.
- 13.3. The Committee has authority to establish Sub-Committees to assist it in discharging its responsibilities. A review of the Sub-Committees reporting that may be established as a result of the effectiveness review, will be conducted in 2022/23.



ACADEMIC PARTNERSHIP COMMITTEE

TERMS OF REFERENCE AND OPERATING ARRANGEMENTS

1. INTRODUCTION

1.1 In line with Standing Orders and the Trust's Scheme of Delegation, the Board shall nominate annually a committee to be known as the Academic Partnership Committee.

1.2 The Trust has made a commitment to recognise the importance of partnership working with a full range of academic partners and has established an Academic Partnership Committee to facilitate and develop this work and are hereby set out in these formal terms of reference and operating arrangements

2. PURPOSE

The Committee ~~is responsible for~~ is established to carry out the delegated powers and authority in section 3, with a view to:

2.1 overseeing strategic collaboration and partnership working with higher and further education, ~~and~~ wider education providers and commercial partners across and beyond Wales. Through this partnership working, the Committee will look to ensure that the Trust provides and strengthens patient safety and quality, identifies and implements best practice and gains an international reputation for excellence and innovation.

~~2.2 — Develop a Memorandum of Understanding between all parties and ensures this enables support for the services provided by the Trust and achieves the highest standards of health, clinical care, research, innovation and health care education and training~~

~~2.32 Promoteing and collaborating~~ with partners in efforts to improve the health and wellbeing of the general population in Wales, and where their ~~2.4 — Review the strategic aims and objectives of each of the partners and where those aims and objectives appear to be usefully aligned,~~ to optimise the benefits to patient care and health care service delivery through an inclusive and supportive approach

2.3 Facilitatesing a forward-looking organisational culture with across all partners which: -

- a) promotes quality improvement across all activities;
- b) is rich in educational activities and staff development opportunities;
- c) helps attract and retain the very best staff, including internationally leading clinical academics;
- d) facilitates research, grant capture by clinicians and academics and the translation of evidence research findings into practice;



- e) encourages innovation and modernisation;
- f) encourages multi-disciplinary work and access to new and emergent fields of research and evidence based practice;
- g) builds capacity for translational research that allows all parties to compete at an international level;
- h) integrates education, research and practice that looks beyond targets and entrenched ways of working, fostering a culture of learning and innovation based on evidence and best practice;
- i) facilitates wealth and economic growth in the region and beyond;
- j) supports the capture and analysis of the service user experience;
- k) develops health informatics opportunities to achieve their potential;
- l) Supports strategic planned lines of enquiry enabling knowledge creation.
- m) use of digital technology to enhance our services.

3. DELEGATED POWERS AND AUTHORITYROLE

With regard to its role in providing advice and assurance to the Board ~~around obtaining and maintaining university status~~, the Committee will ~~comment specifically upon the following~~:-

3.1 Promote and support the exploration of opportunities with higher and further education, wider education providers and commercial partners across and beyond Wales to:

- (a) develop collaborative activities in relation to clinical and non-clinical services, research, and development, teaching and education, innovation and improvement, and commercial opportunities; and
- (b) influence programme design.

3.2 Promote and support collaboration with key partners in health, social care, local authorities, and the third sector, as well as patients and patient representative groups, developing opportunities for widening access and increasing participation in health and social care education amongst local communities.

3.3 Ensure appropriate arrangements are in place with partner organisations that establishes role, responsibilities and expectations, and supports the achievement of the highest standards of health, clinical care, research, innovation and health care education. Depending on the nature of the projects the risk to the parties should be understood and the appropriate mitigated action taken.

3.13.4 ~~Oversee and contribute to the development of submissions to Welsh Government for University Trust Status and ensure the ongoing maintenance of that status and compliance with any conditions from Welsh Government.~~



3.5

3.23.6 Review and agree programmes of work aligned to University Trust Status, ensuring that they-:

- (a) explore and identify opportunities for the development of the whole workforce;
- (b) are appropriately resourced, and where possible maximise the benefits of shared resources and expertise, and availability of grants;
- (c) are clear where Board level scrutiny will take place, whether that is at this Committee or another Board Committee, to avoid duplication and support coalescence of Board oversight.

3.7 Monitor plans to build capacity for the whole workforce to participate in research and those opportunities to do so are being promoted and that the workforce is encouraged to be professional inquisitive.

~~3.2— Explore opportunities for the further development of collaborative activities between the members of the partnership, especially in relation to clinical services, research, teaching, innovation and improvement, providing advice thereon to appropriate decision-making bodies;~~

~~3.3— Working and collaborating with key partners in health, social care, local authorities, third sector, academia, as well as patients and patient representative groups;~~

~~3.4— Explore and identify opportunities for the development of the whole workforce;~~

~~3.5— Advise on matters relating to resources for existing or potential collaborative activity;~~

~~3.6— Explore opportunities for the development of collaborative activities in relation to research and to promote and plan for synergy in research;~~

~~3.7— Maximise the benefits of shared resources and expertise;~~

~~3.8— Monitor and facilitate the delivery of all aspects of undergraduate teaching and postgraduate training as delivered by the members of the partnership;~~

~~3.9— Promote excellence in education and training to develop a workforce with the capability and commitment to transform healthcare;~~

~~3.10— Build capacity for translational research across the integrated patient pathway that allows the Trust to compete at an international level;~~

~~3.11— Promote an outward-facing culture eager to build external links nationally and internationally with other clinical, academic and industrial partners;~~



~~3.12— Establish systems to recognise and reward innovation in education, research and practice, sharing best practice for stakeholders to learn from each other and facilitating the promotion of NHS clinicians to academic titles and academics to honorary clinical titles;~~

~~3.13— Establish specific task and finish groups, as necessary, to take forward any relevant initiatives;~~

~~3.14— Develop and agree a forward work programme, identifying key objectives and priorities~~

Corporate Risks and Audit Recommendation Tracker

3.16 The Audit Committee has overall responsibility for ensuring that corporate risks are identified and are being properly managed within the Trust. The Audit Committee also has responsibility for ensuring that there are processes in place to address and take forward audit recommendations. Nevertheless, each risk from the corporate risk register and Board Assurance Framework, and each recommendation from the audit tracker, will be allocated to an appropriate Board Committee who will be responsible for ensuring that the Trust is managing and progressing each item as planned. Regular reports will be provided to individual Committees on those items for which they have responsibility and overall Trust-wide progress reports will be presented to each Audit Committee. The Committee will consider the control and mitigation of high level workforce related risks and provide assurance to the Board that such risks are being effectively controlled and managed.

Sub-Committees

3.17 The Committee may establish sub-committees or task and finish groups to carry out on its behalf specific aspects of Committee business.

4. MEMBERSHIP

Members

4.1 The core membership is a minimum of three members comprising:-

Chair	Non Executive Director
Members	At least two other Non Executive Directors of the Board.

Attendees

4.2 The core membership will be supported routinely by the attendance of the following:-

- Executive Director of Workforce and Organisational Development
- Director of Partnerships and Engagement (Committee Lead)
- Director of Paramedicine



- Assistant Director for Quality and Nursing
- Assistant Director of Research, Audit & Service Improvement
- Board Secretary
- Representatives from Academia
- TU Partners

Other Directors and staff members will be invited to attend, either by the Committee or to present individual reports.

With the permission of the Chair, those in attendance may send a deputy in their place. This, however, does not affect the right of the Chair to require those listed above to attend.

~~Two Trade Union partner representatives will also be invited to attend.~~ The Committee may also co-opt additional 'external' invitees from outside the organisation to provide specialist skills, knowledge and expertise.

Secretariat

- 4.3 Secretary As determined by the Board Secretary

Member Appointments

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

4.5 Non Executive Members shall be appointed to hold office for a period of one year at a time, (Membership being reviewed by the Chairman of the Board on an annual basis) up to a maximum of their term of office. During this time a member may resign or be removed by the Board. The Board should consider rotating a proportion of the Committee's membership after three or four years service so as to ensure the Committee is continuously refreshed whilst maintaining continuity.

4.6 Terms and conditions of appointment, (including any remuneration and reimbursement) in respect of co-opted independent external members are determined by the Board, based upon the recommendation of the Trust Chair and, where appropriate, on the basis of advice from the Trust's Remuneration Committee.

4.7 Should any Non Executive Director on the Board be unable to attend a meeting of a Committee the member may consider appointing a substitute member to attend the meeting in his/her place. The substitute member will assume, upon appointment, full delegated responsibility on behalf of the substituted member and will be eligible to vote, as necessary on any matter before the Committee and will be counted as part of the quorum for that meeting. To instigate a substitution arrangement, the member of the Committee must notify the Board Secretary before the day of the meeting that he/she is unable to attend and the name of the member who will attend as the substitute.



Support to Committee Members

4.8 The Board Secretary, on behalf of the Committee Chair shall arrange for the provision of advice and support to committee members on any aspect related to the conduct of their role

5. COMMITTEE MEETINGS

Quorum

5.1 At least two core members must be present to ensure the quorum of the committee, one of whom should be the committee Chair or Vice Chair.

Frequency of Meetings

5.2 Meetings shall be held no less than quarterly or otherwise as the Chair of the Committee deems necessary, consistent with the Trust's annual plan of Board Business.

Withdrawal of individuals in attendance

5.3 The Committee may ask any member or individual who is normally in attendance but who is not a member to withdraw to facilitate open and frank discussion of any particular matter.

6. RELATIONSHIP & ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/ GROUPS

6.1 The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.

6.2 The Committee, through its Chair and members, shall work closely with the Board's other committees and groups to provide advice and assurance to the Board through the:

- Joint planning and co-ordination of Board and Committee business; and
- Sharing of appropriate information;

In doing so, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall assurance framework.

6.3 The Committee shall embed the Trust's corporate standards, priorities and requirements, e.g., equality and human rights through the conduct of its business.

7. REPORTING AND ASSURANCE ARRANGEMENTS

7.1 The Committee Chair shall:



- report formally to each Board meeting (as appropriate) on the Committee's activities, in a manner agreed by the Board. This includes verbal updates on activity, the submission of Committee minutes and referral of written reports where appropriate, and presentation of an annual report;
- bring to the Board's specific attention any significant matter under consideration by the Committee; and
- ensure appropriate escalation arrangements are in place to alert the Trust Chair, Chief Executive (and Accountable Officer) or Chairs of other relevant committees of any urgent/critical matters that may affect the operation and/or reputation of the Trust.

7.2 The Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self assessment and evaluation of the Committee's performance and operation including that of any sub committees established.

8. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

8.1 The requirements for the conduct of business as set out in the Trust's Standing Orders are equally applicable to the operation of the Committee, except in the following areas:

- Quorum – (as set out in section 5)

9. REVIEW

9.1 These terms of reference and operating arrangements shall be reviewed at least annually but more frequently if required.



ACADEMIC PARTNERSHIP COMMITTEE

TERMS OF REFERENCE AND OPERATING ARRANGEMENTS

1. INTRODUCTION

- 1.1 In line with Standing Orders and the Trust's Scheme of Delegation, the Board shall nominate annually a committee to be known as the Academic Partnership Committee.
- 1.2 The Trust has made a commitment to recognise the importance of partnership working with a full range of academic partners and has established an Academic Partnership Committee to facilitate and develop this work and are hereby set out in these formal terms of reference and operating arrangements

2. PURPOSE

The Committee is established to carry out the delegated powers and authority in section 3, with a view to:

- 2.1 Overseeing strategic collaboration and partnership working with higher and further education, wider education providers and commercial partners across and beyond Wales. Through this partnership working, the Committee will look to ensure that the Trust provides and strengthens patient safety and quality, identifies and implements best practice and gains an international reputation for excellence and innovation.
- 2.2 Promoting collaborating with partners in efforts to improve the health and wellbeing of the general population in Wales, and where their strategic aims and objectives align, to optimise the benefits to patient care and health care service delivery through an inclusive and supportive approach.
- 2.3 Facilitating a forward-looking organisational culture with partners which:
 - (a) promotes quality improvement across all activities;
 - (b) is rich in educational activities and staff development opportunities;
 - (c) helps attract and retain the very best staff, including internationally leading clinical academics;
 - (d) facilitates research, grant capture by clinicians and academics and the translation of evidence research findings into practice;
 - (e) encourages innovation and modernisation;
 - (f) encourages multi-disciplinary work and access to new and emergent fields of research and evidence based practice;



- (g) builds capacity for translational research that allows all parties to compete at an international level;
- (h) integrates education, research and practice that looks beyond targets and entrenched ways of working, fostering a culture of learning and innovation based on evidence and best practice;
- (i) facilitates wealth and economic growth in the region and beyond;
- (j) supports the capture and analysis of the service user experience;
- (k) develops health informatics opportunities to achieve their potential;
- (l) Supports strategic planned lines of enquiry enabling knowledge creation.
- (m) use of digital technology to enhance our services.

3. DELEGATED POWERS AND AUTHORITY

With regard to its role in providing advice and assurance to the Board, the Committee will:

- 3.1 Promote and support the exploration of opportunities with higher and further education, wider education providers and commercial partners across and beyond Wales to:
 - (a) develop collaborative activities in relation to clinical and non-clinical services, research, and development, teaching and education, innovation and improvement, and commercial opportunities; and
 - (b) influence programme design.
- 3.2 Promote and support collaboration with key partners in health, social care, local authorities, and the third sector, as well as patients and patient representative groups, developing opportunities for widening access and increasing participation in health and social care education amongst local communities.
- 3.3 Ensure appropriate arrangements are in place with partner organisations that establishes role, responsibilities and expectations, and supports the achievement of the highest standards of health, clinical care, research, innovation and health care education. Depending on the nature of the projects the risk to the parties should be understood and the appropriate mitigated action taken.
- 3.4 Oversee and contribute to the development of submissions to Welsh Government for University Trust Status and ensure the ongoing maintenance of that status and compliance with any conditions from Welsh Government.
- 3.5 Review and agree programmes of work aligned to University Trust Status, ensuring that they:



- (a) explore and identify opportunities for the development of the whole workforce;
- (b) are appropriately resourced, and where possible maximise the benefits of shared resources and expertise, and availability of grants;
- (c) are clear where Board level scrutiny will take place, whether that is at this Committee or another Board Committee, to avoid duplication and support coalescence of Board oversight.

3.6 Monitor plans to build capacity for the whole workforce to participate in research and those opportunities to do so are being promoted and that the workforce is encouraged to be professional inquisitive.

Corporate Risks and Audit Recommendation Tracker

3.7 The Audit Committee has overall responsibility for ensuring that corporate risks are identified and are being properly managed within the Trust. The Audit Committee also has responsibility for ensuring that there are processes in place to address and take forward audit recommendations. Nevertheless, each risk from the corporate risk register and Board Assurance Framework, and each recommendation from the audit tracker, will be allocated to an appropriate Board Committee who will be responsible for ensuring that the Trust is managing and progressing each item as planned. Regular reports will be provided to individual Committees on those items for which they have responsibility and overall Trust-wide progress reports will be presented to each Audit Committee. The Committee will consider the control and mitigation of high level workforce related risks and provide assurance to the Board that such risks are being effectively controlled and managed.

Sub-Committees

3.8 The Committee may establish sub-committees or task and finish groups to carry out on its behalf specific aspects of Committee business.

4. MEMBERSHIP

Members

4.1 The core membership is a minimum of three members comprising:-

Chair	Non Executive Director
Members	At least two other Non Executive Directors of the Board.



Attendees

4.2 The core membership will be supported routinely by the attendance of the following:-

- Executive Director of Workforce and Organisational Development
- Director of Partnerships and Engagement (Committee Lead)
- Director of Paramedicine
- Assistant Director for Quality and Nursing
- Assistant Director of Research, Audit & Service Improvement
- Board Secretary
- Representatives from Academia
- TU Partners

Other Directors and staff members will be invited to attend, either by the Committee or to present individual reports.

With the permission of the Chair, those in attendance may send a deputy in their place. This, however, does not affect the right of the Chair to require those listed above to attend.

The Committee may also co-opt additional 'external' invitees from outside the organisation to provide specialist skills, knowledge and expertise.

Secretariat

4.3 Secretary - As determined by the Board Secretary

Member Appointments

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

4.5 Non Executive Members shall be appointed to hold office for a period of one year at a time, (Membership being reviewed by the Chairman of the Board on an annual basis) up to a maximum of their term of office. During this time a member may resign or be removed by the Board. The Board should consider rotating a proportion of the Committee's membership after three or four years service so as to ensure the Committee is continuously refreshed whilst maintaining continuity.

4.6 Terms and conditions of appointment, (including any remuneration and reimbursement) in respect of co-opted independent external members are determined by the Board, based upon the recommendation of the Trust Chair and, where appropriate, on the basis of advice from the Trust's Remuneration



Committee.

- 4.7 Should any Non Executive Director on the Board be unable to attend a meeting of a Committee the member may consider appointing a substitute member to attend the meeting in his/her place. The substitute member will assume, upon appointment, full delegated responsibility on behalf of the substituted member and will be eligible to vote, as necessary on any matter before the Committee and will be counted as part of the quorum for that meeting. To instigate a substitution arrangement, the member of the Committee must notify the Board Secretary before the day of the meeting that he/she is unable to attend and the name of the member who will attend as the substitute.

Support to Committee Members

- 4.8 The Board Secretary, on behalf of the Committee Chair shall arrange for the provision of advice and support to committee members on any aspect related to the conduct of their role

5. COMMITTEE MEETINGS

Quorum

- 5.1 At least two core members must be present to ensure the quorum of the committee, one of whom should be the committee Chair or Vice Chair.

Frequency of Meetings

- 5.2 Meetings shall be held no less than quarterly or otherwise as the Chair of the Committee deems necessary, consistent with the Trust's annual plan of Board Business.

Withdrawal of individuals in attendance

- 5.3 The Committee may ask any member or individual who is normally in attendance but who is not a member to withdraw to facilitate open and frank discussion of any particular matter.

6. RELATIONSHIP & ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/ GROUPS

- 6.1 The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.
- 6.2 The Committee, through its Chair and members, shall work closely with the Board's other committees and groups to provide advice and assurance to the Board through the:



- Joint planning and co-ordination of Board and Committee business; and
- Sharing of appropriate information;

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APC EFFECTIVENESS REVIEW RESULTS

What does this committee do well?

ID	Name	Responses
1	anonymous	The Committee is new but has a good focus on academia and its role in ensuring this is supported in the Trust. The Chair ensures all who wish to have a voice in the discussion, and manages the agenda well.
2	anonymous	Plan, prepare, innovate, collaborate, support.
3	anonymous	Clear purpose of the meeting and focus on the important issues to be considered. Contemporaneous information provide and time given for scrutiny

What should this committee do more on?

ID	Name	Responses
1	anonymous	Development of a strategic direction for the academic agenda would help steer the committee and enable it to review appropriate membership, particularly from academia. The Committee will need to ensure it is not duplicating oversight duties with respect to the three priorities from other Board Committees and a matrix would need to be developed to ensure this. The Committee should consider taking research and innovation within its remit as opposed to that being with QuEST.
2	anonymous	This will evolve once the decision on University status is received from WG
3	anonymous	Not sure at present as it is early days for the committee. This will become more clear as we receive feedback from WG and we add academic partners to the committee membership

What should this committee do less of?

ID	Name	Responses
1	anonymous	Being clear on membership and attendees is important to ensure formality.
2	anonymous	As 2 above

ID	Name	Responses
3	anonymous	Again, unclear at present - nothing springs to mind having had a few meetings to date