

**PWYLLGOR ARCHWILIO A SICRWYDD RISG
AUDIT AND RISK ASSURANCE COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	11 February 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Revised Operational Governance Arrangements
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Andrew Carruthers, Chief Operating Officer
SWYDDOG ADRODD: REPORTING OFFICER:	Joanne Wilson, Director of Corporate Governance/Board Secretary

**Pwrpas yr Adroddiad (dewiswch fel yn addas)
Purpose of the Report (select as appropriate)**

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

The purpose of this report is to inform the Audit and Risk Assurance Committee of the revised Operational Governance arrangements that are to be put in place in response to recommendation R2* from the 2022 Structured Assessment process, following the establishment of the new Operational Structure within Hywel Dda University Health Board (HDdUHB).

This report has been developed in conjunction with the Corporate Governance Team, who will support the Operational Structure through its implementation.

R2

While some changes have been made, the operational structure still poses risks to confused and inconsistent governance structures. Given the scale and complexity of the challenges and risks facing the Health Board, it is important that planned work to revise the operational structures and associated governance arrangements progresses as a matter of urgency.

Cefndir / Background

The new Operational Structure within HDdUHB is to be implemented following an Organisational Change Policy (OCP) process which commenced late 2023/early 2024. This was consulted upon widely to inform its development, and subsequently refined to achieve a model that would enable a more balanced sharing of accountability and responsibility as far as possible across the operational function.

It has been agreed that there will be two posts supporting the Chief Operating Officer - 1 x Deputy Chief Operating Officer and 1 x Director of Operational Planning and Performance.

It has further been agreed that 5 Clinical Care Groups will be established within the Operational Structure as follows:

- Planned and Specialist Care Clinical Care Group (to include Scheduled Care, Cancer and Oncology, and Children, Women and Family Health)

- Mental Health and Learning Disabilities Clinical Care Group
- Community and Integrated Medicine Clinical Care Group (this Clinical Care Group will be responsible for the Carmarthenshire Integrated System, Pembrokeshire Integrated System and Ceredigion Integrated System)
- Allied Health Professionals and Health Sciences Clinical Care Group
- Primary Care Clinical Care Group (to include Medicines Management and Long-Term Care)

An Estates and Facilities Clinical Care Group is also proposed, although this is likely to move to a different Executive Portfolio, and not remain with the Chief Operating Officer, subject to agreement by the Remuneration and Terms of Service Committee.

Asesiad / Assessment

Each Clinical Care Group will have a triumvirate leadership model, made up of, in the main:

- A Service Director, who will report to the Deputy Chief Operating Officer, and be accountable (including professional accountability) to the Chief Operating Officer);
- An Associate Medical Director, who will report to and be accountable to the Service Director (and professionally accountable to HDdUHB's Medical Director);
- An Assistant Director responsible for Patient Safety, Quality and Experience, who will report to and be accountable to the Service Director (and professionally accountable to HDdUHB's Director of Nursing, Quality and Patient Experience, or Director of Allied Health Professions and Health Science, as appropriate to their professional registration).

The Clinical Care Groups will be accountable for their underpinning Clinical Service Groups, taking ownership of and seeking assurance from each.

In terms of the Clinical Care Groups' reporting arrangements, each Group will hold a fortnightly Integrated Governance Group meeting covering, on rotation, planning and performance (including financial performance, workforce management, risk management), and quality, health and safety; this reporting arrangement/approach will also be replicated within their underpinning Clinical Service Groups.

Each Clinical Care Group's Integrated Governance Group will report into the fortnightly Integrated Quality, Finance and Performance Delivery Group (IQFPDG) meetings, to coincide with their current split of agendas between planning and performance, and quality and safety (to include health and safety). A schedule has been developed for these Clinical Care Groups Integrated Governance Group meetings, to ensure an appropriate feed into IQFPDG and to ensure the agendas of the Clinical Care Groups Integrated Governance Group meetings align with IQFPDG's rhythm of meetings.

It is proposed that the Estates and Facilities Group will also hold a fortnightly Integrated Governance Group meeting, covering the same agendas as the Clinical Care Groups.

Draft Terms of Reference for each Clinical Care Group's Integrated Governance Groups have been crafted, through which to conduct their business, together with standard agendas for each of their Integrated Governance Group meetings. This will ensure the appropriate coverage of their business, depending on their alternate focus between business planning and (financial) performance and quality (health) and safety. The proceedings of these meetings will be captured within an Action Notes template, and a report based on these will be scheduled onto relevant agendas of IQFPDG meetings.

It is also anticipated that some of the work of the Clinical Care Groups will feed into a number of the Health Board's assurance Committees and Sub-Committees.

Currently, a number of Directorate Quality, Safety and Experience Groups feed into the Quality, Safety and Experience Sub-Committee (QSESC) on a rotational basis. It is proposed that the work of the Clinical Care Group's Integrated Governance Group, when focused on its quality, health and safety agenda, could provide a Quality Assurance Report (currently under development) to the Quality, Safety and Experience Committee, which would focus less on reporting from discussions at meetings and more on the quality dashboard, the quality and safety improvement to address any areas of concern, and report on areas of success to improve shared learning. However, this feed into the assurance arm of the Health Board would only take place once reports have been scrutinised at IQFPDG to consider them for any required management or operational response.

A similar feed will be put in place from the Clinical Care Group's Integrated Governance Group, again when focused on its quality, health and safety agenda, up to the newly established Health and Safety Sub-Committee (H&SSC), or alternatively, the Health and Safety team could provide a summary of emerging issues, hot topics, themes, etc to the H&SSC, either as part of their team's report or as a separate report. Again, this feed into the assurance arm of the Health Board would only take place once reports have been through IQFPDG to consider them for any management or operational response required.

Provision will also be made for standalone reports from the Clinical Care Groups to feature on Committee or Sub-Committee agendas, where directed and once scrutinised by IQFPDG, to provide any early warnings or assurance that may be required. Quality and safety matters for example, would be reported up to the Quality, Safety and Experience Committee, (QSEC) or Sub-Committee; health and safety matters to the Health and Safety Committee (HSC) or Sub-Committee; and planning matters or proposed service changes, etc to the Strategy and Planning Committee (SPC).

In order to better equip Clinical Care Groups in their establishment, each will be provided with a Standard Operating Procedure or Framework, setting out the purpose of the Clinical Care Group, its underpinning principles, leadership expectations, desired behaviours and duties.

This Standard Operating Procedure or Framework will also include a number of Annexes covering, for example, the Clinical Care Group's Membership, Roles and Responsibilities; Scheme of Delegation (including a financial Scheme of Delegation) identifying the level of autonomy/authority to be given to Clinical Care Groups/Clinical Service Groups; Integrated Governance Group Terms of Reference; Integrated Governance Group Standard Agenda Template; Action Notes Template; 3 As Reporting Template; Decision Trees (i.e. covering Business Case Development, Recruitment to Additional Posts), etc.

In respect of the IQFPDG, the current arrangements in place have been reviewed in terms of its membership to ensure an appropriate Executive Director and Officer Member composition, to include representation from each of the Clinical Care Groups Triumvirate, together with representation drawn from corporate functions.

IQFPDG's Terms of Reference have also been reviewed, to ensure the appropriate oversight of each Clinical Care Group's business.

IQFPDG will receive reports from all Clinical Care Groups prior to their being discussed at other meetings, including Committees and Sub-Committees of the Board, and endorsement from the

IQFPDG will be necessary for the progression of a range of operational matters through the Health Board's governance framework and pathways.

Where appropriate, IQFPDG will start the process for completion of papers for relevant Committees of the Board, Targeted Intervention, and other appropriate meetings.

Given that corporate functions are expected to be represented at IQFPDG, the current arrangements in place around the existing Operational Planning, Governance and Performance Group (OPGPG) are to be stood down, to be replaced by a regular touchpoint meeting between the Chief Operating Officer and Senior Team. However, these touchpoint meetings will not form part of any formal governance arrangements, as Clinical Care Groups will report directly into IQFPDG, which will in turn report into Executive Team.

Endorsement of these new Operational Governance arrangements will be required from Executive Team by mid February 2025, to ensure implementation of the revised Operational Governance arrangements can take effect by 1 April 2025.

An Operational Governance Implementation Plan has been developed, to determine the governance tasks required to take forward the new arrangements, and to identify by whom and by when. Progress against this Operational Governance Implementation Plan is currently being tracked in terms of actions required by the Corporate Governance Team and those required of the Operations Directorate and individual Executive Directors (see attached).

It is anticipated that a broader Operational Implementation Plan will be developed to address the non-governance related tasks required to establish the new Operational Structure, to be undertaken by the Operations Directorate in conjunction with Executive Director colleagues.

Argymhelliad / Recommendation

The Audit and Risk Assurance Committee is requested to **RECEIVE AN ASSURANCE** on the Operational Governance arrangements to be put in place to establish the new Operational Structure within HDdUHB, in response to recommendation R2 from the 2022 Structured Assessment process.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference:
Cyfeirnod Cylch Gorchwyl y Pwyllgor:

- 2.1 The purpose of the Audit and Risk Assurance Committee is to advise and assure the Board and the Accountable Officer on whether effective arrangements are in place, through the design and operation of the UHB's system of assurance, to support them in their decision taking and in discharging their accountabilities for securing the achievement of the UHB's objectives, in accordance with the standards of good governance determined for the NHS in Wales.
- 2.2 The Committee independently monitors, reviews and reports to the Board on the processes of governance, and where appropriate, facilitates and supports, through its independence, the attainment of effective processes.
- 2.3 Where appropriate, the Committee will advise the Board and the Accountable Officer on where, and how,

	its system of assurance may be strengthened and developed further. 2.4.1 Review the establishment and maintenance of an effective system of good governance, risk management and internal control across the whole of the organisation's activities, both clinical and non-clinical.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	9. All HDdUHB Well-being Objectives apply

Gwybodaeth Ychwanegol: Further Information:

Ar sail tystiolaeth: Evidence Base:	Not Applicable
Rhestr Termiau: Glossary of Terms:	Not Applicable
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Archwilio a Sicrwydd Risg Parties / Committees consulted prior to Audit and Risk Assurance Committee:	Chief Operating Officer and Clinical Executive Directors TI Co-ordination Group

Effaith: (rhaid cwblhau) Impact: (must be completed)

Ariannol / Gwerth am Arian: Financial / Service:	Not Applicable
Ansawdd / Gofal Claf: Quality / Patient Care:	Not Applicable
Gweithlu: Workforce:	Not Applicable

Risg: Risk:	Not Applicable
Cyfreithiol: Legal:	Not Applicable
Enw Da: Reputational:	Not Applicable
Gyfrinachedd: Privacy:	Not Applicable
Cydraddoldeb: Equality:	Not Applicable

**OPERATIONAL STRUCTURE
GOVERNANCE IMPLEMENTATION PLAN**

Task	Who	By When	Progress
Finalise the Operational Scheme of Delegation <ul style="list-style-type: none"> • Align to HB SOD • Review by individual EDs • ET to review SOD • Finalise delegation levels within SOD 	Governance Team	04/01/25	Complete
	EDs	15/01/25	Complete
	ET	29/01/25	Complete
	Operations Directorate	14/02.25	
Finalise the Standard Operating Procedure/Governance Framework for CCGs Seek approval from ET	Governance Team/Operations Directorate ET	14/02/25 19/02/25	
Develop Process Map for CCG administrators and identify any training needs	Operational Directorate with support from Corporate Governance Team	14/02.25	
Establish a Sharepoint page with links to SOP, SOD, and templates (TORs, agendas, reports, etc)	Operational Directorate with support from Corporate Governance Team	February 2025	
CCGs to schedule meetings for 2025/26 and beyond according to schedule in the SOP, including sending invites.	CCG Service Directors/ Administrators	28/02/25	
IQFPDG to approve revised TORs (for 1 st April 2025)	Operational Directorate	12/03/25	
Adopt CCG IGG TORs at first meeting of CCG IGG	CCG Service Directors through IGG meetings	01/04/25	
Review effectiveness of revised operational governance arrangements, and review Quality & Safety and Health & Safety assurance governance arrangements	CCG leads/Committee Chairs and lead EDs/Corporate Governance Team	Summer 2025	