



## PWYLLGOR DATBLYGU STRATEGOL A CHYFLENWI GWEITHREDOL STRATEGIC DEVELOPMENT AND OPERATIONAL DELIVERY COMMITTEE

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	26 August 2021
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	175 – Standard Operating Procedure for the Management of Board & Committees
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Joanne Wilson, Board Secretary
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Alison Gittins, Head of Corporate & Partnership Governance Karen Richardson, Corporate & Partnership Governance Officer

**Pwrpas yr Adroddiad** (dewiswch fel yn addas)

**Purpose of the Report** (select as appropriate)

Ar Gyfer Penderfyniad/For Decision

### ADRODDIAD SCAA SBAR REPORT

#### Sefyllfa / Situation

In line with Hywel Dda University Health Board's (HDdUHB's) written control documentation process, the Strategic Development and Operational Delivery Committee (SDODC) is asked to approve the following revised policy document:

- 175 – Standard Operating Procedure for the Management of Board & Committees (Appendix 1)

The report provides the required assurance that the Written Control Documentation (WCD) Policy (policy number 190) has been adhered to in the development of the above mentioned written control document and that therefore the document is in line with legislation/regulations, available evidence base and can be implemented within the Health Board.

#### Cefndir / Background

It is imperative that HDdUHB has up to date and accurate written control documentation in order to comply with relevant legislation and to minimise any associated risks.

In summary, the aim of the Standard Operating Procedure for the Management of Board & Committees is to provide clear and concise guidance for the management of Board and Committee papers in accordance with the required standard, in order that papers are succinct and relevant, cross referenced to the relevant Strategic Objectives and Health and Care Standard.

#### Asesiad / Assessment

The revised policy has been issued for global consultation between 12<sup>th</sup> July and 26<sup>th</sup> July 2021, with all comments received having been considered in the revised version.

Given that only minimal changes have been made which do not affect the main content of the policy, a new screening Equality Impact Assessment (EqIA) is not required.

Following approval by the SDODC, the policy will be appended to the Committee's Update Report to Board, uploaded to the Policies, Procedures and other Written Control Documentation intranet webpage, and reinforced in the arrangements for meetings serviced by the Corporate Governance Team.

### Argymhelliad / Recommendation

For the Strategic Development and Operational Delivery Committee to receive an assurance that **175 – Standard Operating Procedure for the Management of Board & Committees** has been reviewed in line with Policy 190 and to recommend the document for uploading onto the corporate internet policy page by the Policy Co-ordination Officer.

### Amcanion: (rhaid cwblhau)

#### Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.15 Approve relevant corporate policies and plans within the scope of the Committee.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability
Amcanion Strategol y BIP: UHB Strategic Objectives:	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives:	10. Not Applicable

### Gwybodaeth Ychwanegol:

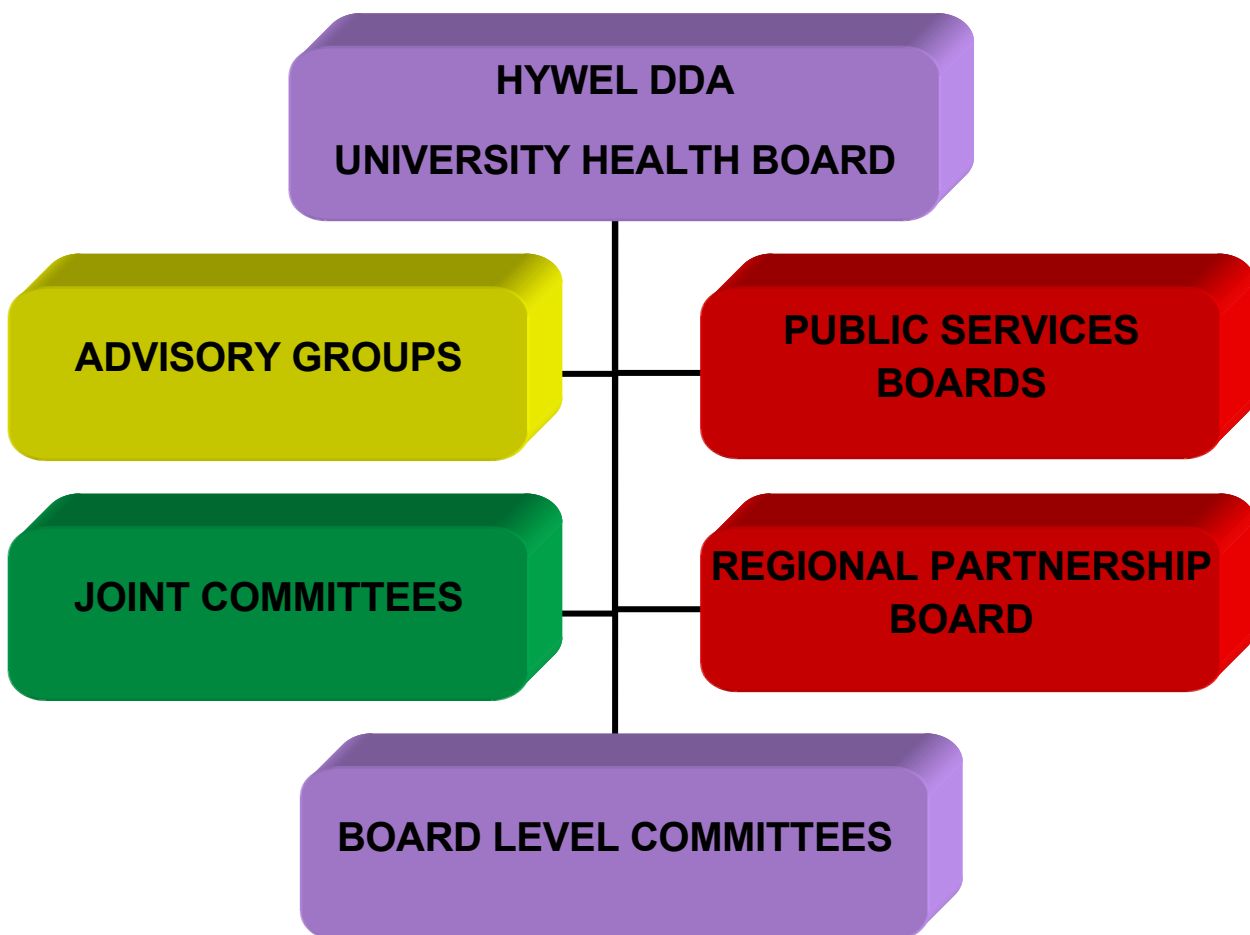
#### Further Information:

Ar sail tystiolaeth: Evidence Base:	Legislation and national policy
Rhestr Termiau: Glossary of Terms:	Contained within the written control document
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Datblygu Strategol a Chyflenwi Gweithredol: Parties / Committees consulted prior to Strategic Development and Operational Delivery Committee:	As detailed in the assessment section of the report

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian: Financial / Service:</b>	Unforeseen and unbudgeted costs of investigations and/or defence of any legal action could arise from non-adherence to the Policies.
<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	The presence of written control documentation on the intranet, outside of the Policies, Procedures and other Written Control Documentation intranet webpage, may result in staff accessing documents which are out of date, no longer relevant, or contradicting current guidance
<b>Gweithlu: Workforce:</b>	The policy applies to all staff
<b>Risg: Risk:</b>	The presence of written control documentation on the intranet, outside of the Policies, Procedures and other Written Control Documentation intranet webpage, may result in staff accessing documents which are out of date, no longer relevant, or contradicting current guidance.
<b>Cyfreithiol: Legal:</b>	It is essential that the UHB has up to date policies and procedures in place
<b>Enw Da: Reputational:</b>	Not applicable
<b>Gyfrinachedd: Privacy:</b>	Not applicable
<b>Cydraddoldeb: Equality:</b>	A full equality impact assessment has been undertaken for the policy.

# STANDARD OPERATING PROCEDURE FOR THE MANAGEMENT OF BOARD & COMMITTEES

## Management of Board and Committees



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# Chapter One - Introduction

Clear, concise and timely information is essential in equipping the Board and its Committees to make decisions, and to be appropriately informed and assured in relation to the business of the University Health Board.

The papers and reports submitted to the Board and Committees are part of the Health Board's corporate memory, providing evidence of actions taken and decisions made over time. These papers and reports support policy formation and managerial decision-making, and protect the interests of the Health Board, together with those of patients, staff and members of the public. All such records are considered public records under the Public Records Acts 1958 and 1967.

The Health Board's business must be carried out openly and transparently in a manner that encourages the active engagement of its citizens, community partners, staff, carers and other stakeholders. The Health Board, through the planning and conduct of its Board and Committee meetings, will apply this procedure to ensure that this is facilitated by its commitment to the professional production of Board and Committee papers.

## Chapter Two – Aim, Objective & Scope

The aim is to provide clear and concise guidance for the management of Board and Committee papers in accordance with the required standard, in order that papers are succinct, relevant to the Health Board's strategic objectives and cross referenced to the relevant Health and Care Standard and risk on the Health Board's Risk Register, where appropriate.

It is essential that the purpose of Board and Committee papers is clear, and that Committees are not asked to undertake or approve tasks that are outside the remit of their Terms of Reference. In order to ensure a common approach and to engender integrated thinking across Committees, effective communication and relationships need to be established.

The objective is to ensure consistency of the content and format for all Board and Committee papers, and to add professionalism to all work undertaken.

The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by Committees (and their Sub-Committees and Groups).

This Standard Operating Procedure applies to both Board papers, and those of its Committees, Sub-Committees and Groups. It also applies to all staff involved with Board & Committee papers.

All of the Health Board's Committees, Sub- Committees and Groups are mapped in relation to the Board. Any amendments to this governance structure must be done so with regard to the **Protocol for Establishing and Abolishing Committees and Sub-Committees (see page 34)**.

## The Board

### Assurance Arm

- Audit & Risk Assurance Committee
- Charitable Funds Committee
- Sustainable Resources Committee
- Health & Safety Committee
- Mental Health Legislation Committee
- People, Organisational Development & Culture Committee
- Quality, Safety & Experience Committee
- Remuneration & Terms of Service Committee
- Strategic Development & Operational Delivery Committee

### Operational Arm

- Formal Executive Team
- Operational Business & Planning Group
- Senior Leadership Team
- Operational Delivery Groups

### Advisory Groups

It also applies to the Health Board's statutory Advisory Groups:

- Healthcare Professionals Forum
- Staff Partnership Forum
- Stakeholder Reference Group
- Ethics Panel?



## Chapter Three - Responsibility & Accountability

In accordance with the Code of Corporate Governance, the Board and its Committees should receive timely provision of information in a form and of a quality that enables the effective discharge of their duties. Papers should be relevant, concise and enable the Board and Committees to understand the background and issues for effective debate and discussion.

### Health Board Chair

The Health Board Chair has overall responsibility for the organisation and its governance.

The Health Board Chair is:

- Responsible for providing leadership to the Board, and for managing the performance and development of the Board.
- Responsible for planning and conducting Board meetings with the Chief Executive, ensuring the effectiveness of the Board in all aspects of its role and agenda.
- Responsible for ensuring that Board Members have accurate, timely and clear information available to them to discharge their responsibilities and to meet statutory requirements.

### Chief Executive

The Chief Executive is the Health Board's Accountable Officer and responsible for executing policy.

The Chief Executive is:

- Responsible for the delivery of policy as agreed by the Board, and for managing the performance and development of the organisation
- Responsible for planning and conducting Board meetings with the Chair, ensuring the effectiveness of the Board in all aspects of its role and agenda.
- Responsible for leading the executive and the organisation.

## Board Secretary

- Responsible for guiding the Board in the responsible and effective conduct of its role, providing where appropriate a discreet, challenging and independent voice in relation to Board deliberations and decision making;
- Responsible for ensuring that in all its dealings, the Board acts fairly, with integrity, and without prejudice or discrimination;
- Responsible for planning and conducting Board meetings in association with the Chair and Chief Executive.
- Responsible for reviewing the abolishment and establishment of Committees and Sub-Committees.

## Executive Directors

- Rigorously and objectively scrutinise all proposals at Board and Committee meetings, offer dispassionate comments and identify potential improvements to all areas of work including their own.
- Executive Directors are responsible for the quality, accuracy and timeliness of all Board & Committee papers where they appear as the nominated 'Executive Lead' on the report.
- Executive Directors are responsible for signing off Board and Committee papers produced by Reporting Officers to agreed timescales.

## Independent Members

- Responsible for attending Board and Committee meetings, ensuring that all papers that have been issued have been read, and having a good understanding of the work of the organisation.
- Responsible for supporting the Chair in being clear about the information needed in order to discharge their role, including assurance and scrutiny.
- Actively participate in all aspects of assurance and scrutiny.

## Reporting Officers

- Reporting Officers are responsible for adhering to this Standard Operating Procedure when producing Board and Committee papers.
- Responsible for producing high quality Board and Committee papers for Executive Director sign off to agreed timescales.
- Responsible for seeking Chair's permission to submit late papers for the Board or its Committees outside of the agreed timescale.

## Committee Secretaries

- Responsible for arranging timely formal agenda setting meetings with the Chair and/or Vice-Chair of the Committee and Lead Director;
- Responsible for ensuring the presentation of high-quality information to the Board and its Committees through quality assurance.
- Responsible for keeping the Table of Actions and Decision Tracker up to date.
- Responsible for ensuring the timely flow of Board and Committee papers to recipients.
- Responsible for ensuring the timely upload of Board and Committee papers to the UHB website.
- Responsible for arranging the regular evaluation of the performance of the Board and its Committees.
- Responsible for the preparation and adherence to the Board and Committees annual Work Programme in conjunction with the Lead Executive Director and Board/Committee Chair.

## Committee Etiquette

To ensure best practice is demonstrated within Board, Committees, Sub-Committees and Groups the following points of etiquette have been identified:

- Forward Work Plans to be a standing agenda item
- Members to come meetings prepared having scrutinised the papers
- Deputies arrangements to be formally identified and to attend suitably briefed
- No late papers without the express agreement of the Chair
- Items deferred from the agenda to be clearly marked with an explanation as to why deferred
- Reports not to be read out verbatim– highlighting key issues/risks (see page 28)
- No verbal reports (unless with the express permission of the Chair)
- No presentations other than on exceptional basis
- No late arrivals or early leavers to meetings without informing the Chair
- Any interruptions to be kept to a minimum
- No 'meetings within meetings'

## Board Webcasting Etiquette

All Board meetings held in public are webcast via the internet. This enables staff and public from across the region to observe the meetings. To support members and presenters at Board meetings, Board webcasting etiquette has been developed (see page 36).

## Chapter Four - Requirements

### Agenda Setting

The Board and Committee Secretaries are to hold a formal agenda setting meeting with the Chair and/or Vice-Chair of the Committee and the Lead Director at least six weeks before the forthcoming meeting date for both quarterly and bi-monthly meetings. Refer to the **Flowchart for Board & Committee Preparation (see page 17)**.

The draft agenda will be based around the Board and Committees work plans, identified risks, matters arising from previous meetings, issues emerging throughout the year, and requests from Board and Committee Members.

The agenda and the timetable for the receipt of papers will be circulated to all Board and Committee Members.

### Deferral of an Item

In some circumstances, items identified on the agenda may be deferred to the following meeting. This can only occur with permission from the Chair of the Board or Committee.

A deferred item remains on the agenda for the current meeting and is marked as 'Deferred to next meeting'.

The item is added to the next meeting's agenda and reference is made within the Board or Committee work plan of the deferral.

## Board & Committee Report Templates

All Board and Committee papers must be produced using the Board & Committee templates.

The following templates are all accessible via the intranet and must be used for all Board, Committee, Sub-Committee, Group, and Advisory Group meetings:

- **Board/Committee/Sub-Committee/Group/Advisory Group Front Sheet (SBAR) Template**
- **Board/Committee/Sub-Committee/Group/Advisory Group Agenda Template**
- **Committee/Sub-Committee/Group/Advisory Group Update Report Template**
- **Table of Actions Template**
- **Terms of Reference Template**
- **Minute Template**

Sources of assurance, and any limitations, should be explicit in papers to the Board and its Committees. Risks described in reports to the Board and its Committees should include relevant Risk Register references to provide assurance that they are captured on the Health Board's Risk Register.

Care must be taken to ensure that the template is completed consistently, with the text matching the various headers and descriptors, etc. Additional sub-headings may be inserted into the body of the templates, as required. All sections in the template must be fully completed before submission to the Board or Committee Secretary.

## Submission of Papers

Papers will only be accepted by the Board and Committee Secretary if they are submitted in accordance with the Standard Operating Procedure, fully completed and on the appropriate template. Where relevant, papers must detail the consultation or Committee/Sub-Committee/Group process that has been followed. Papers will also only be accepted once they have received approval from the Lead Director. Papers that do not comply will be returned to the Reporting Officer and will not be circulated with papers for the forthcoming meeting.

## Timing & Receipt of Papers

Papers **MUST** be submitted to the Board and Committee Secretaries in accordance with the timetable issued for their receipt. This will ensure that the Health Board complies with the requirements of its **Hywel Dda University Health Board Standing Orders**.

The **Schedule of Board & Committee meetings** is agreed in advance of each calendar year. Reporting Officers should build submission deadlines into individual work programmes to ensure all Board & Committee papers are received on time.

The schedule will be kept updated via version control, issued to those involved with the production of Board and Committee papers, and replaced each year with the next annual version.

With the exception of Finance and Performance reports which will be subject to a **ten calendar day** submission deadline prior to each meeting, the remainder of Board & Committee papers will be subject to a **two week** submission deadline prior to each meeting. Late papers will only be accepted by the Board and Committee Secretaries following approval from the Chair of the meeting. It is the Reporting Officer's responsibility to seek permission for this from the Chair of the meeting.

Papers should only be tabled during a meeting when there have been exceptional reasons for their not being available in advance, and then only with the permission of the Chair.

## Issue of Board & Committee Papers

The agenda and papers for Board and Committee meetings will be circulated electronically in PDF format to Members **seven calendar days** in advance of the meeting.

## Minutes & Table of Actions

The draft minutes and Table of Actions will be circulated to Members within **ten calendar days** to check their accuracy and to update on progress against actions attributed to them.

Members must forward amendments to the Board and Committee Secretary within the next **seven calendar days**. The Board and Committee Secretary will then forward the final version to the Board or Committee Chair for approval.

The minutes must be an accurate and detailed record of the meeting which capture the discussions and the decisions that have taken place.

## Reports from Committees to Board and Sub-Committees to Host Committees

In accordance with both the Health Board's Standing Orders and the Board and Committees Forward Work Plans, regular written update reports must be submitted to their host Committees or Board in accordance with the timetable issued for their receipt. The Committee, Sub-Committee, Group or Advisory Group update report must be completed by the Reporting Officer using the required **template**.

## Presentations

Presentations should not exceed the allocated amount of time and should be no longer than 6 slides or 10 minutes in total.

The presentation should enhance the information that is included within any accompanying report and should not reproduce the information that has already been provided.

Presentations should be agreed in advance, and the slides issued with the papers for the meeting.

The Hywel Dda UHB **presentation template** should be used.

## Watermarks

A 'Draft' watermark should be added to all documents that are still work in progress. This identifies the item quite clearly as not complete.

A 'Confidential' watermark should be added to all documents deemed sensitive. These should not routinely be shared outside of the Board or Committee membership.

It is important that watermarks are visible throughout the document to reduce the risk of any confusion should the document become separated.

The Marking of Documents section of the HDdUHB **Information Classification Policy** provides advice on classifications of information.

## Numbering of Headings

All major headings and sub-headings within the document should be numbered. Numbering must be sequential.

## Embedded Documents

All documents referenced within Board and Committee papers should be hyperlinked within the body of the report to a publicly available online source.

Where reference is made to documents which are not available publicly online, they should be added as appendices.

Board and Committee papers will not be accepted with embedded documents as these are not accessible to all.

## Document Format

All papers are to be circulated in PDF format. Any documents with hyperlinks and all documents in Excel need to be formatted to ensure functionality and appearance is appropriate in PDF form.



## Font Type, Size and Layout

Consideration should be given to requests for information in larger font/point size than the current standard Arial 12 and in additional formats, and these should be provided wherever reasonably practicable. This will meet the legal duty under the Equality Act 2010 to make reasonable adjustments to ensure equality of access to healthcare services for disabled people, and Arial 14 will meet guidance within the All Wales Standards for Communication and Information for People with Sensory Loss. An exception is applied to text contained within the header and footer areas of a document where Arial 10 should be used.

Headings within a document should have "Bold" applied.

All text should be drafted using the "align left" option for Word documents.

### Referencing

All documents should be appropriately referenced for ease of retrieval.

### Page Numbering

Page numbers must be added to document footers using the format 'page of page'.

## Header and Footer

It is important that all pages of a document are easily identifiable as belonging to Hywel Dda University Health Board. The Hywel Dda University Health Board Corporate Logo/Title will therefore be included in the header of the document, under centre alignment.

The footer of the document will contain the referencing as outlined previously within this guidance.

## Version Control

Version control outlines the history of consultation and amendment which has taken place to produce the final document.

Where applicable, a table of document control history should be included at the bottom of the contents section of the document. This should be updated with the version, date and control reason as per the example below:

Version	Issued to:	Date	Comments
V0.1	XXX Committee/Sub-Committee/Group		
V2	Approved		

## Availability of Board & Committee Papers in the Public Domain

The agenda and papers for the Public Board meetings are to be made available electronically from the Health Board's internet site, **seven calendar days** in advance of the meeting in order to comply with the Health Board's Standing Orders.

The agenda and papers for Committee meetings (with the exception of Assurance & Risk Assurance Committee) are to be made available electronically on the Health Board's internet site **seven calendar days** following the meeting, to allow for the draft minutes to be amended to approved status, prior to uploading.

## Further Information

A useful reference is:

**NHS Wales E-Governance Manual**

## Contact the Corporate Governance Team for further guidance:

### Board Secretary

Joanne Wilson –	<a href="mailto:Joanne.Wilson4@wales.nhs.uk">Joanne.Wilson4@wales.nhs.uk</a>	01437 834498/ 01267 239637
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### Head of Corporate & Partnership Governance:

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### Corporate & Partnership Governance Officer

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### Committee Services Officers:

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Claire Williams	<a href="mailto:Claire.Williams41@wales.nhs.uk">Claire.Williams41@wales.nhs.uk</a>	01267 239864
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Sarah Bevan	<a href="mailto:Sarah.Bevan@wales.nhs.uk">Sarah.Bevan@wales.nhs.uk</a>	01267 266265
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Sonja Wright	<a href="mailto:Sonja.Wright@wales.nhs.uk">Sonja.Wright@wales.nhs.uk</a>	01267 266265
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### Corporate Governance Team Administrator:

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## Chapter Five -Toolkit

This chapter contains the following supporting documents:

<b>Page 17</b>	<b>Flowchart for Board &amp; Committee Preparation</b>
<b>Page 18</b>	<b>Definition of Board, Committees, Sub-Committees, Groups, Task &amp; Finish Groups, and Management Groups</b>
<b>Page 19</b>	<b>Hywel Dda University Health Board Strategic Objectives &amp; Well-being Objectives</b>
<b>Page 20</b>	<b>List and Definitions of Health and Care Standards</b>
<b>Page 23</b>	<b>Guidance for Writing Reports for Board and Committees</b>
<b>Page 28</b>	<b>Handy Hints for Presenting at the Board and Committees</b>
<b>Page 30</b>	<b>Board Members/Board &amp; Committee Secretaries Checklist</b>
<b>Page 32</b>	<b>Minute Taking of Board &amp; Committee Meetings</b>
<b>Page 34</b>	<b>Protocol for Establishing and Abolishing Committees and Sub-Committees</b>
<b>Page 36</b>	<b>Guide/Etiquette for Virtual Meetings</b>

Additional Documents can be found by the following links:

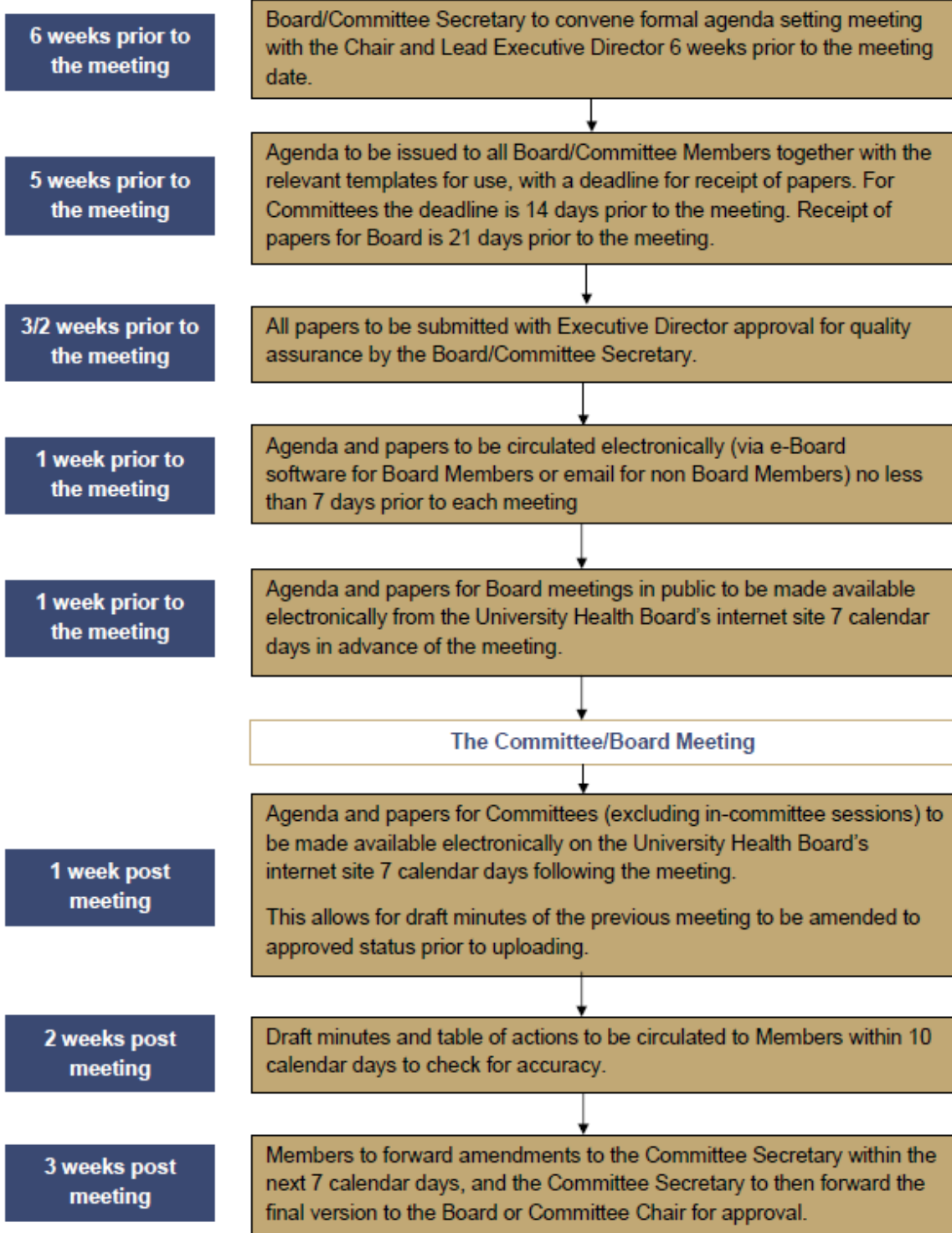
- [\*\*Board & Committee Templates\*\*](#)
- [\*\*Schedule of Board & Committee Meetings\*\*](#)
- [\*\*Terms of Reference of Board Level Committees, Sub-Committees and Groups\*\*](#)
- [\*\*Integrated Impact Assessment Guidance\*\*](#)
- [\*\*Integrated Impact Assessment Template\*\*](#)
- [\*\*Equality Impact Assessment Template\*\*](#)
- [\*\*Privacy Impact Assessment Guidance\*\*](#)
- [\*\*Privacy Impact Assessment\*\*](#)



GIG  
CYMRU  
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WALES

Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board

### Board and Committee Preparation Flowchart



## **DEFINITIONS OF BOARD, COMMITTEES, SUB-COMMITTEES AND GROUPS**

### **Board**

The Health Board is the pinnacle of the organisation's governance structure.

### **Committee**

A Committee has decision making powers derived from the Health Board, a defined membership, terms of reference, rules of operation and the ability to create sub committees (subject to arrangements set out in the Health Board's committee protocol), and task and finish groups. A Committee has a primary focus on providing assurance to the Board. It should be chaired by a nominated Independent Member.

### **Sub-Committee**

A Sub-Committee has decision making powers derived from its parent committee, a defined membership, terms of reference, rules of operation and a clear reporting line to its parent committee. The primary purpose of a Sub-Committee is to undertake monitoring and coordinating activity in a specified area(s) and provide assurance to the parent committee. Sub-Committees should contain at least one member drawn from the parent committee.

### **Group**

A Group has decision making powers derived from its parent Sub-Committee, a defined membership, terms of reference, rules of operation and a clear reporting line to its parent Sub-Committee. The primary purpose of a Group is to undertake monitoring functions in a specified area, and provide assurance to the parent committee, via the Sub-Committee. Groups should contain at least one member drawn from the parent Sub-Committee.

### **Task and Finish Groups**

A Task and Finish Group can be set up by the Board, Committee or Sub-Committee to consider a specific topic, task or project with a time limited remit. The Task and Finish Group has powers only to make recommendations to its parent Board/Committee/Sub-Committee for approval and does not have decision making powers of its own. It has a specific, time limited functional role (often to resolve a problem), a core membership and a clear reporting line to its parent Board/Committee/Sub-Committee. Once the Task and Finish Group has completed its specific function it is disbanded.

### **Management Groups**

Management Groups report to the relevant Executive Director. The responsible Executive Director is responsible for agreeing the need for any such groups, and reporting would be via the relevant Director to the Board, Committees, Sub-Committees, and/or to the Executive Team as appropriate.

## **Joint Committees**

In line with the Board's Standing Orders, Joint Committees are established to promote collaboration and joint working for an area or region covered by more than one organisation. They are formal sub-committees of NHS Boards and, in some cases other public bodies, which report directly to their respective Board governance structures. The membership comprises representatives from each partner organisation. They are established on the direction of Welsh Government.

## **Regional Partnership Boards**

Regional Partnership Boards have been established under the Social Services and Well-being (Wales) Act 2014 to drive the strategic regional delivery of social services in close collaboration with health.

## **Public Services Boards**

Public Services Boards have been established under the Well-being of Future Generations (Wales) Act 2015 to improve the economic, social, environmental and cultural well-being by strengthening joint working across all public services.

The Strategic Objectives approved at Board on 24<sup>th</sup> September 2020 are:

<b>People</b>	1. Putting people at the heart of everything we do	4. The best health and wellbeing for our individuals, families and our communities	<b>Services</b>
	2. Working together to be the best we can be	5. Safe, sustainable, accessible and kind care	
	3. Striving to deliver and develop excellent services	6. Sustainable use of resources	

### **Hywel Dda Well-being Objectives**

- Plan and deliver services to increase our contribution to low carbon
- Develop a skilled and flexible workforce to meet the changing needs of the modern NHS
- Promote the natural environment and capacity to adapt to climate change
- Improve population health through prevention and early intervention, supporting people to live happy and health lives
- Offer a diverse range of employment opportunities which support people to fulfil their potential
- Contribute to global well-being through developing international networks and sharing of expertise
- Plan and deliver services to enable people to participate in social and green solutions for health
- Transform our communities through collaboration with people communities and partners.



## Health and Care Standards Standards Definitions

Standard Number	Definition
<b>Staying Healthy</b>	
Standard 1.1	<b>Health Promotion, Protection and Improvement</b> People are empowered and supported to take responsibility for their own health and wellbeing and carers of individuals who are unable to manage their own health and wellbeing are supported. Health services work in partnership with others to protect and improve the health and wellbeing of people and reduce health inequalities.
<b>Safe Care</b>	
Standard 2.1	<b>Managing Risk and Promoting Health and Safety</b> People's health, safety and welfare are actively promoted and protected. Risks are identified, monitored and where possible, reduced or prevented.
Standard 2.2	<b>Preventing Pressure and Tissue Damage</b> People are helped to look after their skin and every effort is made to prevent people from developing pressure and tissue damage.
Standard 2.3	<b>Falls Prevention</b> People are assessed for risks of falling and every effort is made to prevent falls and reduce avoidable harm and disability.
Standard 2.4	<b>Infection Prevention and Control (IPC) and Decontamination</b> Effective infection prevention and control needs to be everybody's business and must be part of everyday healthcare practice and based on the best available evidence so that people are protected from preventable healthcare associated infections.
Standard 2.5	<b>Nutrition and Hydration</b> People are supported to meet their nutritional and hydration needs, to maximise recovery from illness or injury.
Standard 2.6	<b>Medicines Management</b> People receive medication for the correct reason, the right medication at the right dose and at the right time.
Standard 2.7	<b>Safeguarding Children and Safeguarding Adults at Risk</b> Health services promote and protect the welfare and safety of children and adults who become vulnerable or at risk at any time.
Standard 2.8	<b>Blood Management</b> People have timely access to a safe and sufficient supply of blood, blood products and blood components when needed.
Standard 2.9	<b>Medical Devices, Equipment and Diagnostic Systems</b> Health services ensure the safe and effective procurement, use and disposal of medical equipment, devices and diagnostic systems.

Effective Care	
Standard 3.1	<b>Safe and Clinically Effective Care</b> Care, treatment and decision making should reflect best practice based on evidence to ensure that people receive the right care and support to meet their individual needs.
Standard 3.2	<b>Communicating Effectively</b> In communicating with people health services proactively meet individual language and communication needs.
Standard 3.3	<b>Quality Improvement, Research and Innovation</b> Services engage in activities to continuously improve by developing and implementing innovative ways of delivering care. This includes supporting research and ensuring that it enhances the efficiency and effectiveness of services.
Standard 3.4	<b>Information Governance and Communications Technology</b> Health services ensure all information is accurate, valid, reliable, timely, relevant, comprehensible and complete in delivering, managing, planning and monitoring high quality, safe services. Health services have systems in place, including information and communications technology, to ensure the effective collection, sharing and reporting of high quality data and information within a sound information governance framework.
Standard 3.5	<b>Record Keeping</b> Good record keeping is essential to ensure that people receive effective and safe care. Health services must ensure that all records are maintained in accordance with legislation and clinical standards guidance.
Dignified Care	
Standard 4.1	<b>Dignified Care</b> People's experience of health care is one where everyone is treated with dignity, respect, compassion and kindness and which recognises and addresses individual physical, psychological, social, cultural, language and spiritual needs.
Standard 4.2	<b>Patient Information</b> People must receive full information about their care which is accessible, understandable and in a language and manner sensitive to their needs to enable and support them to make an informed decision about their care as an equal partner.
Timely Care	
Standard 5.1	<b>Timely Access</b> All aspects of care are provided in a timely way 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	
Standard 6.1	<b>Planning Care to Promote Independence</b> Care provision must respect people's choices in how they care for themselves as maintaining independence improves quality of life and maximises physical and emotional well being.
Standard 6.2	<b>Peoples Rights</b> Health services embed equality and human rights across the functions and delivery of health services in line with statutory requirement recognising the diversity of the population and rights of individuals under equality, diversity and human rights legislation.
Standard 6.3	<b>Listening and Learning from Feedback</b> People who receive care, and their families, must be empowered to describe their experiences to those who provided their care so there is a clear understanding of what is working well and what is not, and they must receive an open and honest response. Health services should be shaped by and meet the needs of the people served and demonstrate that they act on and learn from feedback.
Staff and Resources	
Standard 7.1	<b>Workforce</b> Health services should ensure there are enough staff with the right knowledge and skills available at the right time to meet need.

## Guidance for Writing Reports for Board and Committees

### ***Foreword from Joanne Wilson, Board Secretary:***

*The Board and Committee Chairs are looking for your help in ensuring that reports presented both to Public Board and Committees are in line with the relevant governance and standard operations procedures. The Board and its Committees, if they are to perform to their full potential, need timely, accurate and relevant information, in the form of sufficiently appropriate quality to enable them to discharge their duties.*

*We know that we are all working in a very complex and currently very pressured environment and it can sometimes be difficult to capture the relevant information within reports particularly within the timeframes required.*

*We are not looking to catch you out at Committees; remember, you have been invited to write your report for the Board or Committee due to your expert knowledge of the subject matter. You should feel proud to share what is going well and any learning that you think has helped you make the progress that you have. You should also feel confident to say if things are not going so well without fear of any negative consequences. The risks and challenges that we face will be faced together as we serve our patients best by recognising the realities and working together to do the very best we can as one team.*

*Recognising that writing reports at Committees can seem a daunting prospect - particularly for those for whom this may be a new experience, the following has been prepared as a helpful guide for Reporting Officers.*



### Submission of Papers

- Papers can only be accepted by the Board and Committee Secretary if they are submitted in accordance with the Standard Operating Procedure , fully completed and on the appropriate template.
- Where relevant, papers must detail the consultation or Committee/Sub-Committee/Group process that has been followed.
- Papers can also only be accepted once they have received approval from the Lead (nominated) Director.
- Papers that do not comply, will ***be returned to the Reporting Officer*** for amendment prior to their circulation with papers for the forthcoming meeting.
- Prior to your report being issued, it will have been quality assured by the Corporate Governance Team to ensure it covers all the information required, such as its purpose, any relevant background or context, any relevant risk reference and score, how it meets with the Committee's role and responsibilities as set out in its Terms of Reference to ensure it is appropriate for the Committee's scrutiny, and any impacts the report may have, or be proposing.
- You should also have had sight of any changes that have been made to the report following its review by the Corporate Governance Team in order that you are aware of the final version that is being presented.

### Purpose

- Be clear in your own mind about why you are writing a Board or Committee paper to help you structure your material appropriately. For example, if your purpose is to inform, you may start off with some background information about the issue.
- If your purpose is to provide assurance, whilst your starting point may still be the same, the critical difference will be the need to assure the Board or its Committees about how services, for example, currently configured are either serving the needs of the population, or where they are not, how the proposals you intend putting in place will provide that assurance. This could be through maintaining a closer watch on areas under focus, putting increased monitoring in place, escalating issues, etc. It is through these measures, that the Board and its Committees will be able to take an assurance from the paper.

### Timing & Receipt of Papers

- Papers **MUST** be submitted to the Committee Services Officer (CSO) in accordance with the timetable issued. This will ensure that the Health Board complies with the requirements of its **Standing Orders**.
- The **Schedule of Board & Committee meetings** is agreed in advance of each calendar year. Reporting Officers should build submission deadlines into individual work programmes to ensure all Board & Committee papers are received on time.
- The schedule will be kept updated via version control, issued to those involved with the production of Board and Committee papers, and replaced each year with the next annual version. With the exception of Finance and Performance reports which will be subject to a **ten calendar day** submission deadline prior to each meeting, the remainder of Committee papers will be subject to a **two week** submission deadline, and Board papers a **three week** submission deadline prior to each meeting.
- Late papers will only be accepted by the Board and Committee Secretaries following approval from the Chair of the meeting (*it is the Reporting Officer's responsibility to seek permission for this from the Chair of the meeting*).
- Please remember that CSOs have a large number of reports to quality assure within specific deadlines and where reports are late, this can have a detrimental effect on their workload and delay the issuing of Committee papers.
- Papers should only be tabled during a meeting when there have been exceptional reasons for their not being available in advance, and only then with the permission of the Chair.

### Key Messages

- These are the main high-level issues within a paper. There is only room for a few key messages in a Board or Committee paper. If writers clarify their key messages before writing, these can be spelled out simply and clearly at the beginning of the paper so everyone understands the same message. They can then selectively choose appropriate content and detail to support their ideas.

### Audience

- Write with your audience firmly in mind, papers will then be more relevant as it will be easier to decide what information is relevant and what can be safely left out.
- It is often difficult to leave material out especially if it is interesting, however you need to ask yourselves, is this relevant for the Board or Committee in order to make this decision and to find the balance between essential and unnecessary detail.
- Board and Committee members only receive their papers a week before each meeting so all papers need to be as succinct as possible, or if substantial, accompanied by an executive summary.

### Context

- The Board and its Committees have strategic and financial responsibilities and papers often need to address both these areas.
- A paper could say "We want to do X because ..., the financial implications and risks of doing X are Y, and this is how it relates to our strategy".
- If a proposal is outside the organisation's strategy or policies, this needs to be highlighted so the Board or its Committees can discuss it in greater detail.

### Content

- Tell a succinct story – beginning, middle and end.
- Get the balance right between presentation & substance.
- Condense lengthy reports into concise summaries, charts and dashboards, visually highlighting trends and key findings and more importantly, drawing out the key issues for consideration by Board and Committee members.
- Ensure that you provide sufficient narrative or explanation for the metrics used, and when deciding upon metrics or performance indicators to include in the report, ensure they are outcome based.
- Ask yourself the ‘so what’ question after you have completed the narrative - then answer this if you have not already. This is the sort of question that a Board or Committee Member might ask so it is easier to cover it off in the report in the first place than wait for the question at the meeting and to have to think on your feet.
- Add any patient experience data to support your statements that you can, keeping the patient/service user at the heart of the report to illustrate the intended outcome/benefit. Do not use acronyms – if you do, include them at the outset with their explanations. If you need to use medical or scientific language, explain it using plain terms.

### Outcome

- Clearly state what you are asking the Board or Committee to do: *For Decision, For Assurance, For Discussion, For Information*. This information should routinely be captured within the Situation field of the report – this will also be replicated within the Recommendation field.
- Reports to either the Board or Committees on specific tasks or activities should set out clearly, not only what has been done, but what is expected in terms of decisions and actions.

### Recommendation

- Papers should be numbered, cross-referenced and clearly marked “for decision”, “for assurance”, “for discussion”, or “for information”, using the Board and Committee standard reporting templates.
- The recommendation relates back to purpose, however the focus is different. For example, if the recommendation is to make a decision, then the recommendation field should explicitly state the decision the Board/Committee is being asked to make. If the recommendation is to inform, then the recommendation field should be that members are informed.

### Remember the Key Points

- Papers can only be accepted by the Board and Committee Secretary if they are submitted in accordance with the Standard Operating Procedure , fully completed and on the appropriate template.
- Papers can also only be accepted once they have received approval from the Lead (nominated) Director.
- Papers that do not comply, will ***be returned to the Reporting Officer*** for amendment prior to their circulation with papers for the forthcoming meeting. Papers **MUST** be submitted to the Committee Services Officer (CSO) in accordance with the timetable issued. Late papers will only be accepted by the Board and Committee Secretaries following approval from the Chair of the meeting (***it is the Reporting Officer's responsibility to seek permission for this from the Chair of the meeting***).
- Papers should only be tabled during a meeting when there have been exceptional reasons for their not being available in advance, and only then with the permission of the Chair.
- Board and Committee members only receive their papers a week before each meeting so all papers need to be as succinct as possible, or if substantial, accompanied by an executive summary.

### Other Important Matters

- Highlight any risks that need to be brought to the Board or Committees attention.
- Remember to refer to the most up-to-date Terms of Reference when completing the Committee ToR Reference within the objectives section of the report. Do not simply cut and paste from previous reports as all Terms of Reference are subject to annual review and paragraph numbers can change.
- Please ensure that you are using the correct Board/Committee template, if this is incorrect, the report will be sent back to you for amendment.
- Ensure that all of the fields within the objectives, further information, and impact sections are complete. You are the most appropriate and knowledgeable person to complete these fields. If they are not completed, the report will be returned to you for completion.
- Be aware that all reports to the Board and its Committees are in the public domain and published on the Health Board's website. Ensure you have considered the implications of confidentiality, data protection, equality, Welsh language and other relevant legislation.
- If you require support in completing any of the sections, the Corporate Governance Team are here to offer support, do not be afraid to ask.





## Handy Hints for Presenting at the Board and Committees

### Foreword from Committee Chairs:

The Committee Chairs are looking for your help in understanding what is happening within services and what this means for our patients, communities and staff. We know that we are all working in a very complex environment and that there are no simple answers. We are not looking to catch you out at Committees; rather, you should feel proud to share what is going well and any learning that you think has helped you make the progress that you have. You should also feel comfortable to say if things are not going so well. We want you to feel confident in being able to say this and not to fear any negative consequences. The risks and challenges that we face will be faced together. We serve our patients best by recognising the realities and working together to do the very best we can as one team.

Recognising that presenting reports at Committees can seem a daunting prospect - particularly for those for whom this may be a new experience, the following has been prepared as a helpful guide.

- If you are invited to present reports at Committee meetings, always start from the premise that those present at the meeting will have read your report. Members are issued with Committee papers 7 days in advance of each meeting, which provides them with sufficient time to scrutinise reports and to decide whether there are any queries or questions they may wish to raise, either before making a decision on what the report is proposing, or before taking an assurance from what has been written.
- Prior to your report being issued, it will have been quality assured by the Corporate Governance Team to ensure it covers all the information required, such as its purpose, any relevant background or context, any relevant risk reference and score, how it meets with the Committee's role and responsibilities as set out in its Terms of Reference to ensure it is appropriate for the Committee's scrutiny, and any impacts the report may have, or be proposing. You should also have had sight of any changes that have been made to the report following its review by the Corporate Governance Team in order that you are aware of the final version that is being presented.
- When it comes to presenting your report, there is little added value in rehearsing what is already set out in the paper – time is restricted at Committee meetings and any queries or questions Members may wish to raise will not be contained within the content - otherwise they would not be raising these in the first place. Equally, the minutes of a meeting are intended to capture the discussion of a particular item, together with any actions or decisions made; therefore a repetition of what is already set out in the paper would be disregarded for the purposes of the minutes.
- When introducing your report, it would be helpful to remind Members why it is being presented to the Committee and for what purpose i.e. for the Committee to make a decision, or to take assurance, etc., which would routinely be captured within the

Situation field of the report – this will also be replicated within the Recommendation field. The Background field should need no further explanation to the Committee – the content of this section should speak for itself. The Assessment field is what is generally considered to be the main section of the report but even here, there should only be 2 or 3 critical points you may wish to flag, expand upon or draw particular attention to, in order to allow greater time for Members' queries and questions to be discussed. Members' attention should be drawn to any risks (financial or operational), quality issues and patient implications relating to the matter under consideration, together with any financial, legal, reputational, etc, impacts.

- Remember, you have been invited to present your report to Committee due to your expert knowledge of the subject matter. That said, if any queries or questions are raised that you cannot respond to immediately, it is acceptable to say so and to undertake to follow up with a response once you have been able to source the information required; this will be picked up through the Committee's Table of Actions.
- When it comes to agreeing the recommendation, for any decision items the Committee should be able to form a view at the meeting and, by being present at the meeting, you will receive this first hand. If for any reason the Committee cannot make a decision, or take adequate assurance from the content of the paper, you may be invited to re-present your report at a later date to the Committee. This should not be seen as a failure or a backward step – it is simply the Committee doing its job.
- Once you have delivered your presentation, you will be thanked for your attendance and contribution and you will be free to leave the meeting. You should have a clear understanding of how your report has been received from the Committee discussion.
- Draft minutes of the meeting will be shared with you by the Committee Services Officer involved so you have these for the record and for any comments you may want to make. If you wish to have a de-brief following the meeting, the Committee Services Officer can arrange this for you in conjunction with the Committee Chair and/or Committee Lead Executive.
- Finally - we look forward to welcoming you back to any subsequent Committee meetings to which you are invited.

## BOARD MEMBERS CHECKLIST

	Yes √	No X
<b>Legal</b> <ul style="list-style-type: none"> <li>Does the Board/Committee have the authority to make the decision?</li> <li>Does the decision breach any legal requirements?</li> </ul>		
<b>Fiduciary Responsibilities</b> <ul style="list-style-type: none"> <li>Is the proposal in the best interests of stakeholders or members?</li> <li>Do any Directors have any conflicts of interest?</li> <li>Does it answer the following questions: <ul style="list-style-type: none"> <li>Can I trust the data?</li> <li>Does it cover the critical issues?</li> <li>Is it sufficiently up to date?</li> <li>Is it presented in such a way that I can digest it quickly?</li> <li>Is the information purely historic or does it assess future risks?</li> <li>Do I receive only summarised information/data?</li> </ul> </li> </ul>		
<b>Duty of Care</b> <ul style="list-style-type: none"> <li>Does the proposal make sense and does it cover all the issues?</li> <li>If the proposal is contentious, does it include more than one source of advice?</li> </ul>		
<b>Strategy</b> <ul style="list-style-type: none"> <li>Is the proposal in line with strategy?</li> <li>Is the proposal in the UHB's best long-term interests?</li> </ul>		
<b>Risks and Compliance</b> <ul style="list-style-type: none"> <li>Does the proposal include a risk assessment?</li> <li>If risk and compliance issues are raised is a strategy included to deal with them?</li> </ul>		
<b>Implementation</b> <ul style="list-style-type: none"> <li>Do any policies need amending to develop the proposal?</li> <li>Does the proposal include monitoring and measuring systems?</li> <li>What communication is needed with stakeholders?</li> <li>Is there a clear timetable to facilitate performance management?</li> </ul>		

## BOARD/COMMITTEE SECRETARIES CHECKLIST

	Yes √	No X
<ul style="list-style-type: none"><li>• Are Board and Committee papers clearly marked “for decision”, “for assurance”, “for discussion”, or “for information”</li><li>• Does each Board &amp; Committee submission have an accompanying relevant standard template completed appropriately?</li><li>• Are papers clearly numbered and cross-referenced?</li><li>• Does the referencing include supporting documentation?</li></ul>		

## MINUTE TAKING OF BOARD & COMMITTEE MEETINGS

### BEST PRACTICE GUIDE

Do not be intimidated by the term “minutes” as this can be misleading. The Board or Committee does not require a record of its meeting proceedings minute by minute. However, it is important to capture the essence of the meeting, including details such as:

- Decisions made (motions, votes, etc)
- Identification and tracking of action items
- Next steps planned

Minutes are a tangible record of the meeting for its participants and a source of information for those unable to attend. They can also serve to notify or remind individuals of tasks assigned to them and/or timelines.

The Board or Committee agenda will provide a useful guide or outline for taking notes and preparing the minutes, with the order and numbering of items on the minutes reflective of those on the agenda.

It is important to clarify expectations in regard to the type of detail expected within the minutes for the various types of meetings i.e. Board level, Assurance Committees, Sub-Committees, Groups, Task & Finish Groups, Advisory Groups.

Before taking notes, it is important to understand the type of information that needs to be recorded at the meeting. As a general rule, all meeting minutes will need to include the following:

- Date and time of the meeting
- Names of the meeting participants and those unable to attend (e.g. apologies)
- Declarations of interests
- Acceptance or corrections/amendments to previous meeting minutes
- Progress on actions from previous meeting
- Decisions made about each agenda item (e.g. actions taken or agreed to be taken, next steps, voting outcomes)
- Any other business
- Date and time of next meeting

Use the Health Board’s standard minute template customised to the agenda for the meeting. This will make it easier to jot down notes, decisions, etc. under each item as you go along. If you are taking notes by hand, consider including space below each item on the template for your hand-written notes, then print these out and use this to capture minutes.

Check-off attendees as they arrive. If meeting attendees are known to you, check them off as they arrive or as they seat themselves around the table. If not, through the Chair, make sure that everyone introduces themselves at the start of the meeting or circulate an attendance list that they can check-off themselves.

Record decisions or notes on action items in your outline as soon as they occur to be sure they are recorded accurately

Request clarification if necessary. For example, if discussion on an item moves on without making a decision or an obvious conclusion, ask for clarification of the decision and/or next steps involved.

Do not try to capture the whole debate. You will not be able to keep up if you try to write down the conversation verbatim, so be sure to simply and clearly write or type a summary of discussion, recording the decisions, assignments, action steps, etc.

Consider recording the meeting. If there are concerns about being able to keep up with note taking, consider recording the meeting (e.g. via MS Teams), but ensure that participants know they are being recorded. Whilst you would not want to use the recording to create a word-for-word transcript of the meeting, the recording can be useful if clarification is required.

## **Process of Minute Writing**

Once the meeting is over, the minute writing process begins.

Try to write the minutes as soon after the meeting as possible whilst everything is fresh in your mind – request protected time for this if necessary.

Review your outline and if necessary, add additional notes or clarify points raised. Also check to ensure all decisions, actions and motions are clearly noted.

Check for sufficient detail – consider the following:

- Include a short statement on each agenda item, record each action taken by the Board and Committees, and a brief explanation of the rationale for the decision
- Where there is extensive deliberation before agreement is reached, summarise the major arguments
- Edit to ensure brevity and clarity, in order that the minutes are not overly lengthy and easy to read
- Write in the same tense throughout

Ensure that the draft minutes are circulated to relevant Board and Committee Members for any corrections or amendments within the required timeframe (10 days).

Produce a Table of Actions from the minutes to circulate to those identified at the meeting to provide progress against the actions required.

## **PROTOCOL FOR ESTABLISHING AND ABOLISHING COMMITTEES, SUB-COMMITTEES AND GROUPS**

The Board's Terms of Reference are governed by the Health Board's Standing Orders. These state that as a minimum, the Board must establish Board level Committees which cover the following aspects of Board business:

- Quality and Safety;
- Audit;
- Information Governance (via Strategic Development & Operational Delivery Committee structure);
- Charitable Funds;
- Remuneration and Terms of Service; and
- Mental Health Act requirements

The Board must agree and formally approve the delegation of any of its functions to Committees and others, and formally constitute these. The Board's determination of those matters that it will delegate to Committees and others are set out in the Scheme of Delegation to Committees and Others (Standing Order 2 of the [Hywel Dda University Health Board Standing Orders](#)).

Each Board level Committee, established by or on behalf of the Board, must have terms of reference and operating arrangements formally approved by the Board, which has delegated authority to the Committee for the exercise of certain functions. These must establish its governance and ways of working, setting out, as a minimum:

- The scope of its work (including its purpose and any delegated powers and authority);
- Membership and quorum;
- Meeting arrangements;
- Relationships and accountabilities with others (including the Board its Committees and Advisory Groups);
- Any budget and financial responsibility, where appropriate;
- Secretariat and other support;
- Training, development and performance; and
- Reporting and assurance arrangements.

Membership of Board level Committees are determined by the Board, based on the recommendation of the UHB Chair, taking into account 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.

Board level Committees are directly accountable to the Board for their performance in exercising the functions set out in their terms of reference. These terms of reference must be reviewed and reaffirmed or amended annually by the Board.

When seeking to **establish** a Board level Committee, the following must be undertaken:

- Discussion held with the Board Secretary to establish that the functions required of the proposed Board level Committee are not already being exercised elsewhere;
- Clear terms of reference must be set identifying the duties to be delegated to the proposed Board level Committee and the membership required to enact these;
- A proposal to establish a Board level Committee must be made to the Board, setting out the requirements for this;
- The Board must pass a formal resolution to establish the Board level Committee;
- Amendments must be made to the Health Board's Scheme of Delegation to Committees and Others.

When seeking to **abolish** a Board level Committee (other than those directed by Welsh Government through the model Standing Orders), the following must be undertaken:

- Discussion held with the Board Secretary to establish that the functions undertaken by the Board level Committee it is proposed to abolish are being exercised elsewhere, or that these functions are no longer required;
- An exercise to be undertaken to indicate where the duties of the Board level Committee it is proposed to abolish are to be transferred, or the reasons why these are no longer needed;
- A proposal to abolish the Board level Committee must be made to the Board, setting out the rationale for this;
- The Board must pass a formal resolution to abolish the Board level Committee;
- Amendments must be made to the Health Board's Scheme of Delegation to Committees and Others.

Similarly, Committees may establish Sub-Committees, Groups, or Task and Finish Groups to carry out on their behalf specific aspects of Committee business. Committees shall have the power to establish or abolish a Sub-Committee (with reference back to the Board), and a Sub-Committee the power to establish or abolish a Group, by undertaking the same steps as above, and by passing resolutions to these effects.

## **Governance Response to an Emergency Situation**

In response to an emergency situation such as the recent pandemic or another situation which substantially affects business continuity, the Board will undertake an assessment to determine which meetings will continue and their frequency. This will ensure that the Board receives positive assurance on:

- clinical leadership, engagement and ownership of developing plans;
- the health and wellbeing of staff;
- proactive, meaningful and effective communication with staff at all levels; and
- health and care system preparedness and response.

The agreed approach should remain under constant review by the Chair, CEO and Board Secretary.



## GUIDE/ETIQUETTE FOR VIRTUAL MEETINGS

### Before the Meeting

1	<b>Diary.</b> Check your calendar to ensure that the MS Teams invite has been received and is compatible with the equipment you will be using for the meeting i.e. Windows 10 Laptop/PC with a camera and microphone installed. Please check this well in advance of the meeting, as the Corporate Governance Team may not be available or pick up your request to assist immediately before the start of a meeting. For a live event in MS Teams, please join using your Health Board issued laptop and your Health Board e-mail account (please note: it is not possible to join a live event in MS Teams from Ystwyth Building due to ongoing network issues).
2	<b>Presentation/Background.</b> Please make sure you are professionally presented in terms of your attire and your background, particularly for Public Board meetings which are live streamed to the public and subsequently available on the web. Make sure the background behind you is appropriate and there are no whiteboards with any confidential or patient identifiable information that could be viewed by other participants if you are in the work environment. If necessary, choose an appropriate background in Teams (accessed from the three dots on the central bar). Alternatively check if your device supports the use of 'blur my background' to help minimise distractions and protect privacy (select <b>Background Effects</b> just to the right of the microphone tab). For a live event in MS Teams, Members should use the HDdUHB Corporate Background (please follow the instructions previously supplied on how to install onto your laptop/PC).
3	<b>Camera Framing/Lighting.</b> Point your camera so that your eyes are two thirds up the screen and your face is visible. Adjust the lighting to ensure that your face is well lit and not in shadow. If your back is to a window, then pull the blind or curtains and rely on the room lighting, otherwise you will appear in shadow.
4	<b>Stray Noise.</b> Please remember to mute your microphone when not speaking. Any background noise will be distracting to other Members, and in particular the Chair. Please remember to turn off notifications on laptop/PC, mute any mobile devices, beepers, etc. Do not shuffle papers, use a keyboard, tap on the table, or the microphone itself, or use china plates, coffee or teacups without coasters. Please remember to also reduce other background noises, ie, from open windows, fans, pets etc.
5	<b>Devices.</b> Please ensure that your devices are fully charged, or you are positioned close to a power supply. Turn off your mobile phone or silence it and do not look at it; do not check your e-mails.
6	<b>Joining the meeting.</b> <b>On a Health Board site:</b> Please join the meeting 10/15 minutes before the official start time to ensure that your connection is working. Ensure your camera and microphone are working, and that they are correctly positioned. <b>From home:</b> Please to turn off all personal devices e.g. personal PCs/laptops to ensure maximum broadband speed for optimum connectivity.

	<p>For a live event in MS Teams, once connectivity is confirmed, please turn your camera off and place your microphone on mute until you are ready to contribute, when both should be turned back on.</p> <p><b>Please note when the holding screen is visible, this means the recording is <b>live</b>, please raise any queries via the chat box as otherwise any discussions would be broadcast to the public.</b></p>
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### During the Meeting

7	<p><b>Recording of the meeting.</b> On occasions, meetings may be recorded which can then be shared with Members unable to attend the meeting or uploaded onto the Health Board's website for the public to view. The Chair will alert attendees that the meeting will be recorded, which will allow time for any objections to be raised. <b>Please ensure that you have read and adhered to points 2-5 above, before this commences.</b></p> <p>Attendees who are not present at the start of the meeting must also be notified that a recording is taking place.</p>
8	<p><b>Introductions.</b> The Chair will welcome all participants to the meeting and ask for introductions and note any apologies. The introductions will also be a way to ensure that all Members can be heard, and that the minute taker is clear who is present. Introductions by Board Members at some meetings held in public may be bilingual; please ensure that you are practiced and confident in introducing yourself in Welsh.</p>
9	<p><b>Chair's Comments.</b> The Chair will take this opportunity to remind Members to ensure that their microphones are muted until they wish to speak (for a live event in MS Teams, please remember also to turn your camera off). This will also be an opportunity for the Chair to remind Members how they should indicate that they wish to contribute to the meeting. This could be via the 'chat' function in MS Teams or via the 'raise hand icon' in the calling bar at the bottom of your screen. This does not automatically stay on the screen, however if you move your cursor, it will become visible again. Once you have raised your question, you can lower your hand by clicking on the hand icon again which will now be highlighted to let you know that it was previously enabled. For a live event in MS Teams, please use the 'chat' function only.</p>
10	<p><b>Chat Etiquette.</b></p> <p><b>In the room –</b> Members attending, in person, should only talk when taking part in the meeting discussions. Please be mindful that when the secretariat is also attending the meeting in person, any "non-meeting" discussions will be distracting for the minute taker and may result in important discussions being recorded inaccurately.</p> <p><b>Virtual -</b> Remember, all Members can read the comments in the chat box, therefore do not add a comment that you would not be happy to say out loud if you were in a meeting room setting. For Public Board meetings, please remember that this is an open session available to the public therefore no 'not for minuting' comments should be made.</p>
11	<p><b>Contributions.</b> When making a contribution, please identify yourself when starting to speak. For a live event in MS Teams, please be aware there is up to a 10 second delay, therefore allow for this when expecting an answer. Please look directly at the camera and speak a little slower than usual and keep your remarks concise and to the point. Please wait for the Chair to indicate when you can speak and try not to interrupt or speak over others. This will ensure that everyone will have an opportunity to contribute to the meeting.</p>

12	<b>Screen Display.</b> During the meeting, the main screen will be focused on the person who is speaking at the time, which is why it is important to mute your microphone when not in use. During a live event in MS Teams, the maximum presenters that can be viewed by the producer at any one time is 9, therefore Members are requested to switch on their camera and microphone <b>only</b> when they wish to contribute.
13	<b>Remain Present.</b> Please stay seated and present during the meeting. If you do have to go 'off screen', please turn your camera off.
14	<p><b>Presentations.</b> For presentations, the Chair should request presenters/leads be clear whether they wish to receive comments after or during presentations.</p> <p>When presenting PowerPoint slides during a Public Board meeting (Live Event):</p> <ul style="list-style-type: none"> <li>• Ensure that the PowerPoint slide set is open on your device.</li> <li>• As there is up to a 10 second delay with Live Events, the producer will wait until you have shared your screen before making you live.</li> <li>• Prepare a 10 second verbal introduction prior to starting your slide presentation (to mitigate the delay).</li> <li>• Pause before moving to the next slide in the presentation.</li> </ul>
15	<b>End of the meeting.</b> The Chair will thank everyone for their participation, signalling the end of the meeting.

## SUMMARY EQUALITY IMPACT ASSESSMENT –

<b>Organisation:</b>	Hywel Dda University Health Board
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<b>Proposal Sponsored by:</b>	<b>Name:</b>	Joanne Wilson
	<b>Title:</b>	Board Secretary
	<b>Department:</b>	Chief Executives Office

<b>Policy Title:</b>	<b>STANDARD OPERATING PROCEDURE SETTING OUT REQUIREMENTS AND STANDARDS FOR THE MANAGEMENT OF BOARD &amp; COMMITTEES</b>
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<b>Brief Aims and Objectives of Policy:</b>	<p>Clear, concise and timely information is essential in equipping the Board and its Committees to make decisions, and to be appropriately informed and assured in relation to the business of the University Health Board.</p> <p>The aim of the Standard Operating Procedure Setting Out Requirements and Standards for the Management of Board &amp; Committees is to provide clear and concise guidance for the management of Board and Committee papers in accordance with the required standard, in order that papers are succinct, relevant to the Health Board's strategic objectives and cross referenced to the relevant Health and Care Standard.</p>
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<b>Was the decision reached to proceed to full Equality Impact Assessment?:</b>	<b>Yes</b>	<b>No✓</b>
<b>If no, are there any issues to be addressed?</b>	<b>Yes</b>	<b>No✓</b>
		<p>The papers and reports submitted to the Board and Committees are part of the Health Board's corporate memory, providing evidence of actions taken and decisions made over time. These papers and reports support policy formation and managerial decision-making, and protect the interests of the Health Board, together with those of patients, staff and members of the public. All such records are considered public records under the Public Records Acts 1958 and 1967.</p> <p>The Standard Operating Procedure states that the Health Board's business must be carried out openly and transparently in a manner that encourages the active engagement of its citizens, community partners and other stakeholders. The Health Board, through the planning and conduct of its Board and Committee meetings, will apply this procedure to ensure that this is facilitated by its commitment to the professional production of Board and Committee papers.</p> <p>In this updated version of the Standard Operating procedure, the suggested standard text format and size for all documentation has been increased to Arial 14 to increase accessibility in line with recommended good practice. .</p> <p>There is no evidence at this point to indicate that the Standard Operating Procedure will have an adverse impact on protected groups. There is however the potential for positive impact in terms of the revised guidance increasing the potential font size of Board and Committee papers to Arial 14 to increase general accessibility.</p>
		<p>Requests for documentation in formats larger than Ariel Point 14 and in alternative formats such as Easy Read and languages other than English or Welsh should be given due consideration and provided where reasonably practicable.</p>

<b>Is the Policy Lawful?</b>	<b>Yes</b> ✓	
<b>Will the Policy be adopted?</b>	<b>Yes</b> ✓	
	<b>If no, please record the reason and any further action required:</b>	
<b>Are monitoring arrangements in place?</b>	<b>Yes</b> ✓	
	Any complaints received in relation to equality, diversity and human rights following implementation of the Standard Operating Procedure will be addressed on an individual basis and appropriate action taken.	
<b>Who is the Lead Officer?</b>	<b>Name:</b>	Joanne Wilson
	<b>Title:</b>	Board Secretary

	<b>Department:</b>	Chief Executives Office
<b>Review Date of Policy:</b>	August 2024	

<b>Signature of all parties:</b>	<b>Name</b>	<b>Title</b>	<b>Signature</b>
	Alison Gittins	Head of Corporate and Partnership Governance	19 October 2016
	Joanne Wilson	Board Secretary	19 October 2016 <b>Reviewed 18/8/2021</b>
	Jackie Hooper	Equality and Diversity Advisor	25 October 2016
	Alan Winter	Senior Diversity & Inclusion Officer	18/8/2021
<p><b>Please Note: An Action Plan should be attached to this Outcome Report prior to signature</b></p> <p><b>n/a</b></p>			