

## Bundle Public Board 24 September 2020

- 2.5 Maintaining Good Governance COVID-19 / Cynnal Llywodraethu Da COVID-19  
*Presenters: Chair/Steve Moore*  
Maintaining Good Governance September 2020  
Annex i - Command and Control Structure



**CYFARFOD BWRDD PRIFYSGOL IECHYD  
UNIVERSITY HEALTH BOARD MEETING**

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	24 September 2020
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Maintaining Good Governance COVID-19
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Maria Battle, Chairman Steve Moore, Chief Executive Officer
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Joanne Wilson, 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**

This paper updates the previous Maintaining Good Governance COVID-19 report to Board in July 2020, setting out the Health Board's approach to ensuring the appropriate level of Board oversight and scrutiny to discharge its responsibilities effectively, whilst recognising the reality of Executive focus and time constraints during the COVID-19 pandemic.

The paper also provides an update on the report presented to Board in July 2020 regarding the approach to managing risk and outstanding recommendations from auditors, inspectorates and regulators by the Health Board during the current pandemic.

It was always intended that the approach set out in the previous reports would remain under review by the Chair, Chief Executive and Board Secretary; however, it must be recognised the principles and content of the previous papers including the variation to Standing Orders remains extant.

The Board is therefore asked to note the updates and support the approach set out in this revised report.

**Cefndir / Background**

The Board's fundamental role and purpose has not changed. It must require, and receive, positive assurance, not only on service preparedness and response but also on clinical leadership, engagement and ownership of developing plans; on the health and wellbeing of staff; on proactive, meaningful and effective communication with staff at all levels and on health and care system preparedness.

This updated report sets out the Board's continued approach, revised where necessary, towards ensuring the appropriate level of Board oversight and scrutiny to discharge its responsibilities effectively.

## Asesiad / Assessment

The previous reports to Board set out in detail the proposed ways of working and governance principles, and below is an update on the decision-making arrangements, both in place and proposed, across the Board and its Board level Committees:

**Decision Making** - in principle, the current Board scheme of delegation and specifically the matters the Board reserves for its own decision (Schedule 1 of the Standing Orders) will remain. In the event of a requirement for a critical or urgent decision(s), use of Chair's Action will be made and subsequently recorded and ratified in the public domain. For the ongoing function of the organisation, current arrangements will remain in place for the Chief Executive, as Accountable Officer, to have delegated authority from the Board to make decisions with regard to the management of the Health Board; and Executive Directors to have certain responsibilities and decision making powers delegated through the Board's Scheme of Reservation and Delegation of Powers.

In respect of COVID-19, the Chief Executive will continue to deploy decision making through the established Command and Control structure (see Annex i for updated version). Since the July 2020 Board meeting, the following changes have been made:

- Public Health Cell – merged with the Tactical (Silver) Command Group
- Tactical (Silver) Command Group – frequency reduced to once a week on a Wednesday

### **a) Board Meetings**

- In accordance with Standing Orders, the Board has resumed a bi-monthly schedule of public Board meetings from July 2020 onwards. These bi-monthly Board meetings will be held virtually to ensure compliance with current social distancing guidance, and be concise (maximum 3 hours), to enable the Board to ratify or make decisions in public that are required to respond to the pandemic and relating to 'normal' business. Board Seminar Sessions have similarly been resumed since June 2020. Moving forward the focus of these will be on the Health Board's strategic objectives, the work of the Transformation Steering Group and updating the Board on any pertinent issues relating to responding to the pandemic.
- The Board held its first live streamed Annual General Meeting on 30<sup>th</sup> July 2020, where questions were invited in from the public (follow the link to the Chief Executive's AGM presentation ([HDdUHB CEO Presentation](#)))
- The Board will continue to conduct as much of its formal business in public as possible. To this end, live streaming of the Public Board re-commenced from May 2020 onwards. However, there may be circumstances where it would not be in the public interest to discuss a matter in public, e.g., business that relates to a confidential matter. The Board can therefore operate in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act. In these circumstances, when the Board is not meeting in public session it shall operate in private session, formally reporting any decisions taken to the next meeting of the Board in Public session.

- These decisions will be kept under review, including the nature and volume of business conducted in private session, to ensure such arrangements are adopted only when absolutely necessary.

Given that the Board will not meet in person for some time, electronic meetings and communication will remain key to the Board's functionality. As a result of this, members of the public will be unable to attend public Board meetings, however with the re-introduction of live streaming from May 2020, the public are enabled to observe proceedings.

To continue to facilitate as much transparency and openness as possible, the Health Board will continue to undertake to:

- Publish agendas as far in advance as possible – ideally 7 days.
- Publish reports as far in advance as possible. Any oral updates will be captured in the meeting minutes.
- Draft unapproved Public Board minutes to be available within approximately 1 week of the meeting.
- A clear link to our website pages and social media accounts signposting to further information will be published.

The agenda for Board meetings in Public during the pandemic period has continued to cover the minimum standard items as agreed at the April 2020 Board meeting. However, from July 2020 onwards, more routine business has been considered as the Board reverts to its bi-monthly schedule and is enabled, via live streaming, to conduct its proceedings in view of the public.

Whilst decisions on the clinical model will, in practice, need to be made rapidly by the Command and Control structure, the Board will still need to be kept informed of changes that are being made and either approve these, or ratify them. The Command and Control structure will, therefore, continue to work within the Board approved Standing Orders and Standing Financial Instructions and refer appropriate decisions to the Board for approval and ratification.

The Electronic Resource Centre, established for Independent Members to access minutes, action logs and associated papers from the Command and Control structure meetings alongside any relevant information relating to the pandemic, continues to be populated on a regular basis.

## **b) Board Level Committee Meetings**

### **Quality Safety and Experience Assurance Committee (QSEAC)**

- The Quality, Safety and Experience Assurance Committee has reverted to its bi-monthly frequency from August 2020 onwards. Formal fortnightly meetings between the Chair of QSEAC and the Director of Nursing, Quality & Patient Experience have therefore been stood down, however any issues continue to be discussed as and when required.

### **Health and Safety Assurance Committee**

- Given the further assurance received at the Extraordinary meeting of the Health and Safety Assurance Committee convened in June 2020, the Committee has now reverted to its routine bi-monthly schedule.

### **Audit and Risk Assurance Committee**

- The Audit and Risk Assurance Committee has met throughout the pandemic and will continue to meet on a bi-monthly basis, with In Attendance membership reflecting only those required to attend to present the items identified on the agenda.

#### **People, Planning and Performance Assurance Committee**

- People, Planning and Performance Assurance Committee meetings have been re-established, with limited Executive Director membership, with effect from the 30<sup>th</sup> June 2020 meeting. The Committee will continue with its bi-monthly schedule of meetings and with limited Executive Director Membership.

#### **Mental Health Legislation Assurance Committee**

- Bi-monthly Mental Health Legislation Assurance Committee meetings have been re-established from 1<sup>st</sup> September 2020. An update report from this meeting is on the September 2020 Public Board agenda.

#### **Remuneration and Terms of Service Committee**

- The Remuneration and Terms of Service Committee last met on 28<sup>th</sup> May 2020 and will now revert to its original quarterly schedule of meetings. An Extraordinary meeting has been arranged for 4<sup>th</sup> September 2020 with the next meeting scheduled to take place on 6<sup>th</sup> October 2020.

#### **Finance Committee**

- Monthly Finance Committee meetings have taken place throughout the pandemic, albeit with a more focused agenda and with In Attendance membership reflecting only those required to attend to present the items identified on the agenda. This arrangement will continue.

Fortnightly meetings also continue to take place between the Chair of the Finance Committee and the Director of Finance, with Members requested to channel all assurance questions relating to this agenda through the Chair of the Committee with these being discussed in the meeting, followed by communications to all Board Members as necessary.

#### **c) Sub-Committee Meetings**

All Sub-Committees, including the Operational Quality, Safety & Experience Sub-Committee, Listening & Learning Sub-Committee, Research & Development Sub-Committee, Capital Estates and IM&T Sub-Committee and the Information Governance Sub-Committee, have now re-commenced their bi-monthly schedule of meetings in order to discharge the responsibilities required of them by their host Board level Committees and to provide the necessary assurance.

Advisory Group arrangements are also being re-established; a scaled-back version of the Staff Partnership Forum has continued to meet during the pandemic between the Director of Workforce & OD and Trade Union representatives, and the Stakeholder Reference Group and Healthcare Professionals Forum are being supported to resume their previous schedule of business.

#### **Communications Update**

Detailed below is an update on the communications which have and will continue during the pandemic:

- The Chair and Chief Executive will be in contact daily and the Chair will brief the Independent Members on a regular basis. The Chair will also continue to attend Gold Command as an observer Member.
- The Chair and Chief Executive have established a joint virtual briefing meeting with all Independent Members on a fortnightly basis.
- A range of communication arrangements are being put in place to include:
  - Daily bulletin to all staff (including all Board Members)
  - Fortnightly telephone call between Chair and CEO and local AMs/MPs
  - Fortnightly telephone call between Chair and CEO and local authority leaders and CEOs
  - Fortnightly telephone call between CEO and Chair/CHC Chair and Chief Officer
  - Vice Chair to keep in touch with Primary Care and Mental Health operational leads
  - Chair/Vice Chair ongoing conversations and weekly telephone call
  - Daily Sitrep to continue to be sent directly to all Board Members from the Gold Command Office.

### **Management of outstanding recommendations from Auditors, Inspectorates and Regulators**

In April 2020, the Board considered and agreed how outstanding recommendations from auditors, inspectorates and regulators would be managed by the Health Board during the pandemic. The Board agreed that as a minimum, the following recommendations must be progressed, as planned or in line with revised timescales:

- Immediate improvement recommendations from Healthcare Inspectorate Wales (HIW).
- Enforcement notices from the Mid and West Wales Fire and Rescue Service (MWWFRS)
- Improvement Notices and material breaches from Health and Safety Executive (HSE).
- High priority recommendations from Internal Audit (IA) and Audit Wales (AW)

In addition to the above, services were asked to review all other outstanding recommendations to assess whether they can be implemented within planned timescales taking into account the current and ongoing impact of COVID-19. The outcome of this work was reported to the Audit and Risk Assurance Committee in June 2020.

In the absence of the Executive Team Performance Reviews, the Audit and Risk Assurance Committee continues to oversee the Health Board's progress against outstanding recommendations from auditors, inspectorates and regulators.

From July 2020, Directorates will receive a bi-monthly assurance and risk report which will advise of outstanding recommendations from auditors, inspectorates and regulators and request an update on progress. An escalation process established for late or non-responses to be reported to Directors, with the Audit and Risk Assurance Committee following up where there are significant concerns about the pace of progress, particularly where there are direct impacts on patient quality and safety.

The Health Board has not received any further correspondence advising of changes to its activities from its auditors, inspectorates or regulators since the previous Board meeting. The Health Board will continue to remain responsive to audit, inspectorate and regulatory requirements, including addressing areas of improvement identified in previous activity (pre-COVID-19), whilst it responds to the ongoing pandemic and resuming/restarting essential services.

### Governance Reviews

Since the Board last met in July 2020 the Health Board has been subject to three separate governance reviews:

- Structured Assessment 2020 undertaken by Audit Wales
- Governance Arrangements during the Covid-19 Pandemic undertaken by internal audit
- Hywel Dda University Health Board Field Hospital due diligence (commissioned by Welsh Government)

Once finalised the three reviews will be subject to detailed scrutiny at the October 2020 Audit and Risk Assurance Committee Meeting.

### Risk Management

As reported to the Board in July 2020, risk management activities have continued throughout the pandemic, albeit work has been balanced with capacity pressures and challenges, which have led to some delays in risk identification and review.

### Corporate Risks

As previously reported, Executive Directors have reviewed their corporate risks with a COVID-19 lens to reflect the impact of the pandemic and have identified new significant risks in relation to delivery of the Welsh Government Quarterly Operating Framework. Each risk has been aligned to a Board level Committee which is responsible for gaining assurance, on behalf of the Board, that these risks are being managed effectively and efficiently. The Board last received the Corporate Risk Register at its meeting in July 2020, and will receive it at its next in November 2020.

### Operational Risks

It is the responsibility of each service to ensure they assess new risks and review existing risks in the context they are currently working within, ie, their current delivery objectives. In the absence of performance reviews, from the beginning of July 2020, each Directorate will now receive a Risk Report to enable them to view all their risks ranked highest to lowest, identify those over tolerance, and those where action is required. Further work is also underway to develop a dashboard risk report for directorates.

A further update on the Health Board's approach to ensuring an appropriate level of Board oversight and scrutiny to discharge its responsibilities effectively during the COVID-19 pandemic, together with its approach to managing risk and outstanding recommendations from auditors, inspectorates and regulators, will be included within the next Maintaining Good Governance report to Board.

### Argymhelliad / Recommendation

The Board is asked to:

- **NOTE** the update since the Board in July 2020 regarding the approach undertaken to ensuring the appropriate level of Board oversight and scrutiny to discharge responsibilities effectively during the COVID-19 pandemic, together with the revised Command and Control structure (Annex i);
- **NOTE** the update since the Board in July 2020 regarding the approach to managing risk and outstanding recommendations from auditors, inspectorates and regulators by the Health Board during the COVID-19 pandemic.

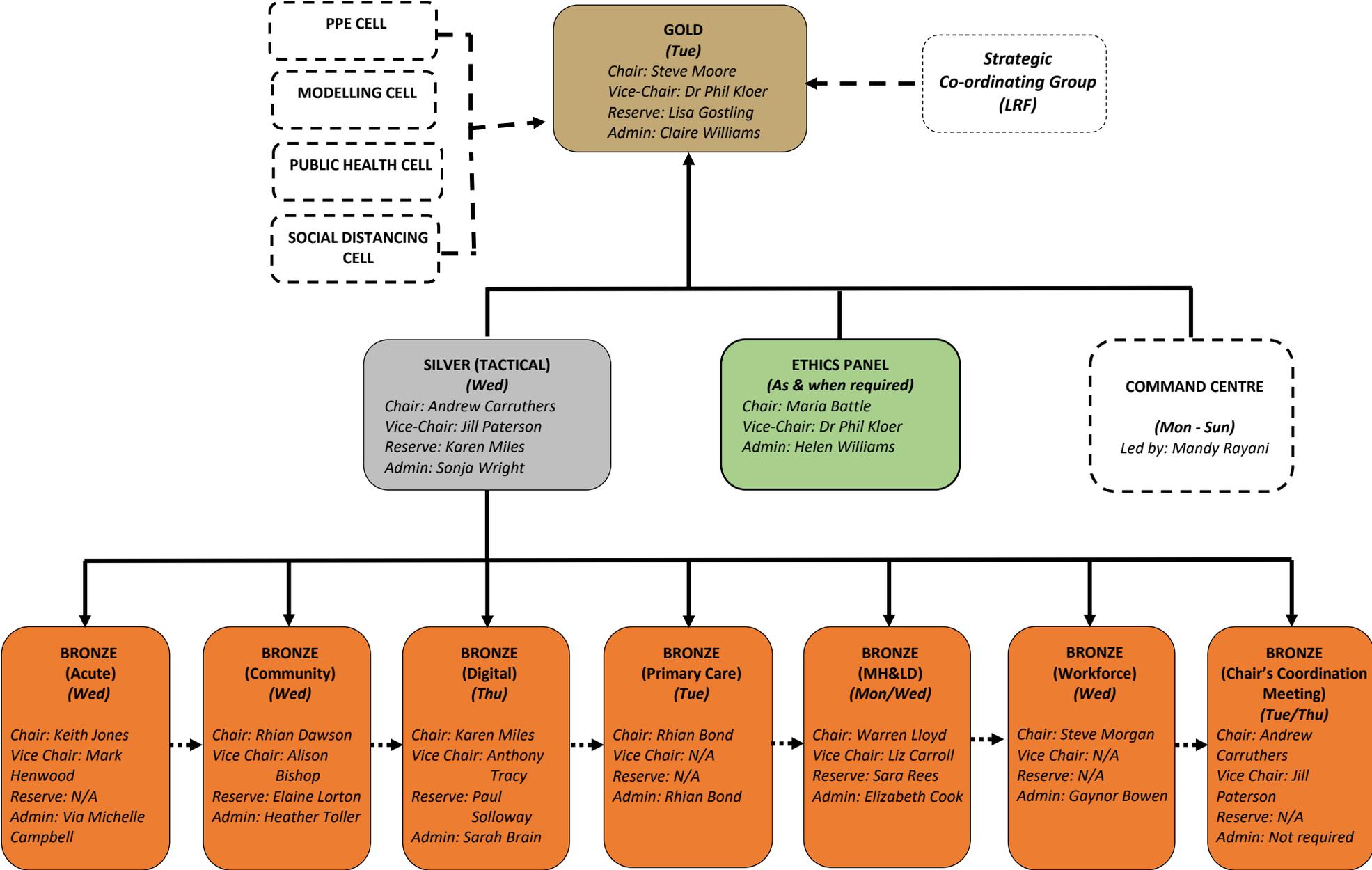
<b>Amcanion: (rhaid cwblhau)</b> <b>Objectives: (must be completed)</b>	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s): <a href="#">Hyperlink to NHS Wales Health &amp; Care Standards</a>	Governance, Leadership and Accountability
Amcanion Strategol y BIP: UHB Strategic Objectives: <a href="#">Hyperlink to HDdUHB Strategic Objectives</a>	All Strategic Objectives are applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019</a>	9. All HDdUHB Well-being Objectives apply

<b>Gwybodaeth Ychwanegol:</b> <b>Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	Standing Orders Standing Financial Instructions
Rhestr Termiau: Glossary of Terms:	Including within report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Chair CEO All Board Members

<b>Effaith: (rhaid cwblhau)</b> <b>Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian:</b> <b>Financial / Service:</b>	There are no financial implications associated with this paper
<b>Ansawdd / Gofal Claf:</b> <b>Quality / Patient Care:</b>	Adherence to the Standing Orders ensures the correct governance procedures are in place to support quality, safety and patient experience
<b>Gweithlu:</b> <b>Workforce:</b>	There are no staffing implications associated with this report
<b>Risg:</b> <b>Risk:</b>	The Health Board has a statutory responsibility to ensure it has Standing Orders in place by which to manage its day-to-day business.
<b>Cyfreithiol:</b> <b>Legal:</b>	The Health Board has a statutory responsibility to ensure it has Standing Orders in place by which to manage its day-to-day business.  NHS (Wales) Act 2006 – Schedule 3, Part 2, paragraph “An NHS trust may do anything which appears to it to be

	<p>necessary or expedient for the purposes of or in connection with its functions.”</p> <p>Public Bodies (Admission to meetings) Act 1960 – S.1(2)  A body may, by resolution, exclude the public from a meeting (whether during the whole or part of the proceedings) whenever publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution and arising from the nature of that business or of the proceedings; and where such a resolution is passed, this Act shall not require the meeting to be open to the public during proceedings to which the resolution applies.</p> <p>Para 6.5.2 of the revised Standing Orders indicates that board meetings will be held in public where possible (the point being that there will be occasions that it is not possible).</p>
<b>Enw Da:  Reputational:</b>	The Health Board has a duty to ensure the decisions made during the pandemic are undertaken in an open and transparent way.
<b>Gyfrinachedd:  Privacy:</b>	Not Applicable
<b>Cydraddoldeb:  Equality:</b>	Not Applicable

# COMMAND AND CONTROL STRUCTURE



### MEETING RHYTHM

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
	<b>GOLD</b>					
		<b>SILVER (TACTICAL)</b>				
	<b>BRONZE (Chair's Coordination)</b>	<b>BRONZE (Acute)</b>	<b>BRONZE (Chair's Coordination)</b>			
		<b>BRONZE (Community)</b>	<b>BRONZE (Digital)</b>			
<b>BRONZE (MH&amp;LD)</b>	<b>BRONZE (Primary Care)</b>	<b>BRONZE (MH&amp;LD)</b>				
		<b>BRONZE (Workforce)</b>				
<b>COMMAND CENTRE</b>						

## MEMBERSHIP

<b>GOLD</b>	<b>SILVER (Tactical)</b>	<b>BRONZE (Ethics)</b>	<b>BRONZE (Acute)</b>	<b>BRONZE (Community)</b>	<b>BRONZE (Digital)</b>	<b>BRONZE (Primary Care)</b>	<b>BRONZE (Workforce)</b>	<b>BRONZE (Chair's Coordination)</b>	<b>Bronze (MH&amp;LD)</b>
<i>(Tue)</i>	<i>(Wed)</i>	<i>(As &amp; when required)</i>	<i>(Wed)</i>	<i>(Wed)</i>	<i>(Thu)</i>	<i>(Tue)</i>	<i>(Wed)</i>	<i>(Tue/Thu)</i>	<i>(Mon/Wed)</i>
<b>CHAIR:</b> Steve Moore	<b>CHAIR:</b> Andrew Carruthers	<b>CHAIR:</b> Maria Battle	<b>CHAIR:</b> Keith Jones	<b>CHAIR:</b> Rhian Dawson	<b>CHAIR:</b> Karen Miles	<b>CHAIR:</b> Rhian Bond	<b>CHAIR:</b> Steve Morgan	<b>CHAIR:</b> Andrew Carruthers	<b>CHAIR:</b> Warren Lloyd
<b>VICE-CHAIR:</b> Dr Phil Kloer	<b>VICE-CHAIR:</b> Jill Paterson	<b>VICE-CHAIR:</b> Dr Phil Kloer	<b>VICE-CHAIR:</b> Mark Henwood	<b>VICE-CHAIR:</b> Alison Bishop	<b>VICE-CHAIR:</b> Anthony Tracey	<b>VICE-CHAIR:</b> N/A	<b>VICE-CHAIR:</b> N/A	<b>VICE-CHAIR:</b> Jill Paterson	<b>VICE-CHAIR:</b> Liz Carroll
<b>RESERVE:</b> Lisa Gostling	<b>RESERVE:</b> Karen Miles	<b>RESERVE:</b> N/A	<b>RESERVE:</b> N/A	<b>RESERVE:</b> Elaine Lorton	<b>RESERVE:</b> Paul Solloway	<b>RESERVE:</b> N/A	<b>RESERVE:</b> N/A	<b>RESERVE:</b> N/A	<b>RESERVE:</b> Sara Rees
<b>IN ATTENDANCE:</b> Maria Battle	<b>IN ATTENDANCE:</b>	<b>IN ATTENDANCE</b>	<b>IN ATTENDANCE:</b>	<b>IN ATTENDANCE:</b>	<b>IN ATTENDANCE:</b>	<b>IN ATTENDANCE:</b>	<b>IN ATTENDANCE:</b>	<b>IN ATTENDANCE:</b>	<b>IN ATTENDANCE:</b>
<b>ADMIN:</b> Claire Williams	<b>ADMIN:</b> Sonja Wright	<b>ADMIN:</b> Helen Williams	<b>ADMIN:</b> Via Michelle Campbell	<b>ADMIN:</b> Heather Toller	<b>ADMIN:</b> Sarah Brain	<b>ADMIN:</b> N/A	<b>ADMIN:</b> Gaynor Bowen	<b>ADMIN:</b> Not required	<b>ADMIN:</b> Elizabeth Cook

## Command and Control Structure Roles

### **Strategic/Gold (What)**

The purpose of the Strategic/Gold Group is to take overall responsibility for managing and resolving an event or situation. Establishing a framework of policy within which tactical managers will work by determining and reviewing a clear strategic aim and objectives.

The Strategic/Gold Group has overall control of the resources of the Health Board and should ensure sufficient resources are made available to achieve the strategic objectives set, also considering the longer term resourcing implications and any specialist skills that may be required.

This level of management also formulates media handling and public communications strategies, in consultation with any partner organisations involved. The Strategic/Gold Group will also ensure the Health Board's image and reputation is safeguarded.

The Strategic/Gold Group will then delegate actions to the Tactical/Silver Group for them to implement a Tactical Plan to achieve the Strategic aims. All Strategic actions should be documented to provide a clear audit trail.

### **Out of Hours/Urgent Decisions required**

Out of hours the Executive Director/Director on call has the authority to make the decision on behalf of Gold, however advice should be sought from the relevant affected Executive Directors before this decision is made and communicated. There will also be times when urgent decisions will be required to be made in between gold meetings and in these cases Chair's actions can be utilised. The Chair/Vice Chair/Reserve Chair with support of the Board Secretary will enable this decision to be made, reported & recorded at the next Gold meeting.

### **Tactical/Silver (How)**

Responsible for developing and implementing a Tactical plan to achieve the Strategic direction set by the Strategic/Gold Group and will be required to work within the framework of policy outlined at the Strategic level. This is essential to ensure a consistent and co-ordinated response within an ethical framework.

They provide the pivotal link between Strategic/Gold and Operational/Bronze levels. Tactical/Silver should oversee, but not be directly involved in, providing any operational response at the Operational/Bronze level.

### **Operational/Bronze (Do it)**

This level responds to events at the operational level as they unfold. The term Bronze refers to Operational teams who will manage the physical response to achieve the tactical plan defined by Silver.

Controlling the management of resources within their given area of responsibility. There may be several Bronze groups based on either a functional or geographic area of responsibility.

## **Clinical Ethics Panel**

The purpose of the Clinical Ethics Panel (CEP) is to provide ethics input into Health Board policy and guidelines, support health professionals with ethical issues arising within patient care and facilitate ethics education for health professionals and other Health Board staff.

The CEP will not provide legal advice, advise on research ethics or advise on specific issues of resource allocation.

The aim of the advice provided by the CEP is to be consultative rather than prescriptive. Where advice is required before the next scheduled meeting of the CEP, a sub panel can be convened by the Chair or Vice Chair to represent the CEP. This sub panel must report to the full CEP at the next scheduled meeting.

