

Bundle Public Board 26 November 2020

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



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	26 November 2020
TEITL YR ADRODDIAD: TITLE OF REPORT:	Maintaining Good Governance COVID-19
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Maria Battle, Chairman Steve Moore, Chief Executive Officer
SWYDDOG ADRODD: REPORTING OFFICER:	Joanne Wilson, Board Secretary

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

This paper updates the previous Maintaining Good Governance COVID-19 report to Board in September 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 September 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 September 2020 Board meeting, the following changes have been made:

- Introduction of a Gold Stocktake meeting every 4 to 6 weeks to include Local Authority representation.
- Strategic (Gold) Command Group – meetings moved to an 'on request' status until 31st December 2020, with the status from January 2021 to be agreed in December 2020. With the Q3/Q4 Plan now in place, this move recognises the need to provide Silver (Tactical) Group, Cells and Bronze Groups the time and space to implement the approved planning instructions. The weekly Gold Command Group meeting slot will be retained in case of the requirement to re-convene an urgent meeting. For example, should the Modelling Cell, which is now providing weekly updates on forecast demand and its degree of conformity with the modelling underpinning the Q3/Q4 plan, together with the functional capacity plan, start to highlight concerns, Gold Command Group will be reconvened to consider additional actions. Gold Command Group can also be convened should any unexpected issues requiring new or amended planning requirements emerge.
- In addition, a formal session will be convened as part of weekly Executive Team meetings to discuss standard agenda items related to COVID-19 including an update from the various cells supporting the Gold Command structure, functional and workforce capacity updates, and the identification of any new or emerging risks.
- Tactical (Silver) Command Group – frequency increased to twice a week (Monday and Wednesday).

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 continue to 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, with a focus 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 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 and continues. 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 covered the minimum standard items as agreed at the April 2020 Board meeting. From July 2020 onwards, more routine business had been considered as the Board reverted to its bi-monthly schedule and was enabled, via live streaming, to conduct its proceedings in view of the public. From November 2020 onwards, it is anticipated that a more streamlined agenda will be in place as routine business is replaced with the requirement to respond to the second wave of COVID-19.

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.

Board Level Committee Meetings

Quality Safety and Experience Assurance Committee (QSEAC)

- The Quality, Safety and Experience Assurance Committee reverted to its bi-monthly frequency from August 2020 onwards, with the previous formal fortnightly meetings between the Chair of QSEAC and the Director of Nursing, Quality and Patient Experience stood down. In light of the second wave of the pandemic and the requirement to escalate arrangements in line with the response to the first wave, these fortnightly meetings will be reinstated to serve as a touchpoint on all QSEAC matters. A subsequent briefing will be prepared for all Independent Members to form part of the formal record of proceedings. Monthly COVID-19 specific QSEAC meetings will also be reinstated from 13th November 2020 to alternate with the routine bi-monthly QSEAC meetings, meaning there will be a monthly forum in which assurance can be sought. The routine bi-monthly QSEAC meetings will continue to be supported by the 'paper-light' approach which has been in place since April 2020. The additional COVID-specific QSEAC meetings will trial a slide-set style of reporting based on a templated approach which, in addition to being more time efficient and focused, should support the presentation of precise and more up to date reporting on the very rapidly changing situation.

Health and Safety Assurance Committee

- Given the further assurance received at the Extraordinary meeting of the Health and Safety Assurance Committee (HSAC) convened in June 2020, the Committee reverted to its routine bi-monthly schedule. However, a more streamlined agenda will be adopted from November 2020 onwards, limiting the attendance of Executive Directors required to two together with key officers. The Committee agreed that, due to the progress made, the meeting scheduled to be held in December 2020 would be cancelled. The next scheduled meeting of the HSAC will take place in February 2021.

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. We are currently reviewing the Internal Audit plan to consider only those audits which remain appropriate to undertake, bearing in mind operational staff capacity to respond in light of the anticipated second wave of COVID-19. It was agreed to defer ARAC's programme of scrutiny from December 2020 to February 2021, when updates will be required relating to recommendations which are 6 months behind the implementation date.

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 30th June 2020 meeting. The Committee will continue with its bi-monthly schedule of meetings with a streamlined agenda in light of the second wave of COVID-19, focused on the Workforce Report, Performance Report, the Q3/4 Operational Framework and Brexit preparedness.

Charitable Funds Committee

- Charitable Funds Committee (CFC) meetings have been re-established from 15th September 2020. The next CFC meeting is scheduled to take place on 30th November 2020, however in light of the second wave of COVID-19, this will focus on urgent

matters, supported by streamlined reports and papers and require only the attendance of two Executive Directors.

Mental Health Legislation Assurance Committee

- Quarterly Mental Health Legislation Assurance Committee (MHLAC) meetings have been re-established from 1st September 2020. The next MHLAC meeting had been scheduled to take place on 2nd December 2020; however, in light of the second wave of COVID-19, this meeting will be stood down, with any urgent mental health legislation issues for consideration to be received at the November 2020 Board meeting.

Remuneration and Terms of Service Committee

- The Remuneration and Terms of Service Committee last met formally on 28th May 2020. Whilst two Extraordinary meetings have taken place in the interim, the next meeting, scheduled to take place on 24th November 2020 and all meetings thereafter, will only be convened for any urgent business.

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 with a streamlined agenda in place. A set agenda for the committee has been agreed which includes the following:
 - In-Year Financial Performance –ongoing scrutiny and challenge of the financial position for 2019-20
 - Financial Plan to March 2021
 - Financial Strategy to 2027-28
- 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 the finance agenda through the Chair of the Committee; these are discussed in the meeting, followed by communications to all Board Members as necessary.
- **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 recommended 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. However, in light of the second wave of COVID-19, the Executive Director Lead will assess whether the meeting should be convened with the aim being to reduce the burden on services and Directorates, from where the membership is largely drawn.

- **Advisory Groups**

Advisory Group arrangements have also been re-established; a scaled-back version of the Staff Partnership Forum has continued to meet during the pandemic, between the Director of Workforce and OD and Trade Union representatives, and this arrangement will continue during the second wave of COVID-19. The Stakeholder Reference Group (SRG) met on 6th October 2020 and a report providing an update from this meeting is presented separately on the November 2020 Board agenda. The next SRG meeting is due to take place on 5th January 2021; however, in light of the second wave of COVID-19, this will only be convened for any

urgent business. The Healthcare Professionals Forum is currently being supported to continue with its 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. The Chair will also continue to attend Gold Command as an observer Member and will receive a briefing following the newly established formal Executive Team meeting.
- The Chair and Chief Executive have established a joint virtual briefing meeting with all Independent Members on a fortnightly basis.
- The Chair has established a virtual briefing 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)
 - Weekly telephone call between Chair and CEO and local AMs/MPs
 - Weekly 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

Since the previous report to Board in September 2020, audit and inspection activity has started to resume; however, this has coincided with increasing COVID and non-COVID activity within our hospitals.

- Healthcare Inspectorate Wales (HIW) has undertaken five Tier 1 (remote) and one Tier 3 (on-site) quality checks with a further 4 Tier 1 Quality Checks planned before Christmas. The Executive Director of Nursing, Quality and Patient Experience has written to HIW to ask them to review their planned programme, in light of the increased activity within hospitals.
- Internal Audit plan for 2020/21 has started and delivery was on track; however, the plan is under weekly review by Internal Audit (IA) and the Board Secretary to ensure planned audits are considered against operational pressures. This is a fine balance, as audits must be undertaken to provide the Board with assurances on its control framework and to inform the Head of Internal Audit Opinion at the end of the financial year. Amendments to the plan are reported to and approved by ARAC. Internal Audit have offered to undertake any urgent piece of work or provide advice to support the Board with assurance on particular approach/work.
- External Audit Plan for 2020 was refreshed in early summer by Audit Wales (AW) with a view to take it forward in the context of COVID-19. Work has continued remotely as much as possible and the AW performance audit lead continues to liaise with the Board Secretary on the organisation's abilities to support and partake in the remainder of the work required. Amendments to the plan are reported to ARAC.
- The Mid and West Wales Fire and Rescue Service (MWWFRS) and Health and Safety Executive (HSE) have remained active through the pandemic.

The Board agreed in April 2020, that as a minimum during the pandemic, the following recommendations must be progressed, as planned or in line with revised timescales:

- Immediate improvement recommendations from HIW.
- Enforcement notices from the MWWFRS.
- Improvement Notices and material breaches from HSE.
- High priority recommendations from IA and AW.

Recommendations from the recent HIW Quality Checks will be included in the above, as the focus of the checks relate to four key areas: COVID-19 arrangements; environment; infection prevention and control; and governance, and HIW are stipulating timescales for implementation and for providing supporting evidence.

In regard to other outstanding recommendations, Services/Directorates remain accountable for deciding to address gaps identified in audits and inspections, and will need to assess this responsibility alongside other operational work/pressures. They will continue to receive a bi-monthly assurance and risk report which details outstanding recommendations and requests progress updates against these.

In the absence of the Executive Team Performance Reviews, ARAC continues to oversee the Health Board's progress against outstanding recommendations from auditors, inspectorates and regulators; however, it has become increasingly evident that the pandemic has slowed the pace of delivery and recommendations are remaining open for longer. At its October 2020 meeting, ARAC were advised that 123 out of 149 outstanding recommendations have exceeded their original timescales by over 6 months.

An escalation process has been established for late or non-responses to be reported to Directors, with the ARAC following up where there are significant concerns about the pace of progress, particularly where there are direct impacts on patient quality and safety. ARAC agreed to defer this programme of scrutiny until February 2021, in recognition of the current pressures being experienced by Services/Directorates.

Governance Reviews

At its October 2020 meeting, ARAC received assurance from the three separate governance reviews undertaken in respect of the Health Board's governance arrangements during its response to COVID-19. Whilst the reviews did not include any formal recommendations, ARAC requested that the opportunities for improvement that were identified in the reports be highlighted to the Board with a response provided to the December 2020 ARAC meeting. In respect of:

- Structured Assessment 2020 undertaken by Audit Wales

	Opportunity for Improvement	Executive Lead
SA1	The Health Board should be commended for its efforts in ensuring good governance during the pandemic, which reflects the increasing maturity of the Board. In the event of a second peak, the Board should however consider whether it would be able to sustain the same level of Board and committee business (para 23)	Board Secretary
SA2	Scrutiny across the quality and safety agenda continues to be good. Whilst the COVID-19 response has had an acute hospital focus, the depth and breadth of challenge has spanned a wide range of issues with mental health, learning disabilities and primary care key focus areas of attention. Papers provide the necessary assurance on	Executive Director of Nursing, Quality and Patient Experience

	the arrangements in place, but independent Members are increasingly seeking assurance on outcomes, which will need to be addressed as the Health Board starts to exit the pandemic (para 44)	
SA3	To date however, the performance reporting framework has not provided assurance regarding the four quadrants of harm set out in the NHS Wales Operating Framework. The Executive Director of Finance is currently redeveloping the performance framework which will look to include the four quadrants of harm. (para 107)	Executive Director of Finance

- Governance Arrangements during the COVID-19 Pandemic undertaken by internal audit

	Priority Considerations for the Future	Executive Lead
	Developing a protocol pack for future events that require similar arrangements, to swiftly implement the required measures. For example, building on approved procedures currently in place within the Health Board review and reapprove meeting etiquette, membership and meeting arrangements	Board Secretary
	Papers and minutes for all committees to be brought up to date on the website and maintained in that way.	Board Secretary
	Assess aspects of the arrangements established during the pandemic that have worked well and consider whether they will form part of arrangements for the longer term, such as virtual committee meetings.	Board Secretary
	Building on the current established process develop guidance for the level of information required to be documented in the Decision Logs, particularly where a large number of items or expenditure is being approved in one decision. This can be used for future mobilisation of the process, in the event of potential future peaks.	Board Secretary
	Consider whether any updated working practices, as a result of the pandemic, need to be reflected in future updates of standard operating process or financial control procedures.	Executive Director of Finance
	Consider whether the process of documenting and recording items of expenditure that required retrospective ratification, along with the reporting of value for money considerations be regularised into an agreed procedure to be used in the event of a future wave of they pandemic.	Executive Director of Finance

- Hywel Dda University Health Board Field Hospital due diligence (commissioned by Welsh Government) presented to In-Committee ARAC

Risk Management

As reported to the Board in September 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

The Executive Team have a monthly meeting to consider and agree the Corporate Risk Register (CRR). At the October 2020 meeting, the Executive Team agreed that the CRR did not fully reflect the risks that are currently facing the organisation. Many of the risks were identified pre-COVID and whilst they have not gone away, there are different risks that may impact the Health Board sooner. In addition, risks to delivering the Quarter 3/4 Operating Plan need to be identified and assessed. Executive Directors were asked to consider their risks ahead of the next session which is scheduled for 11th November 2020. The Chief Executive also convened a separate risk session on 18th November 2020 with all members of the Executive Team to ensure that all risks associated with the delivery of the Q3/4 plan have been assessed. Further detail is contained within the Corporate Risk Register Board paper.

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 now receives 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 September 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);
- **APPROVE** the temporary changes to the programme of work and meeting cycles for the Committees of the Board;
- **NOTE** the update since the Board in September 2020 regarding the approach to managing risk and outstanding recommendations from auditors, inspectorates and regulators by the Health Board during the COVID-19 pandemic.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

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):
[Hyperlink to NHS Wales Health & Care Standards](#)

Governance, Leadership and Accountability

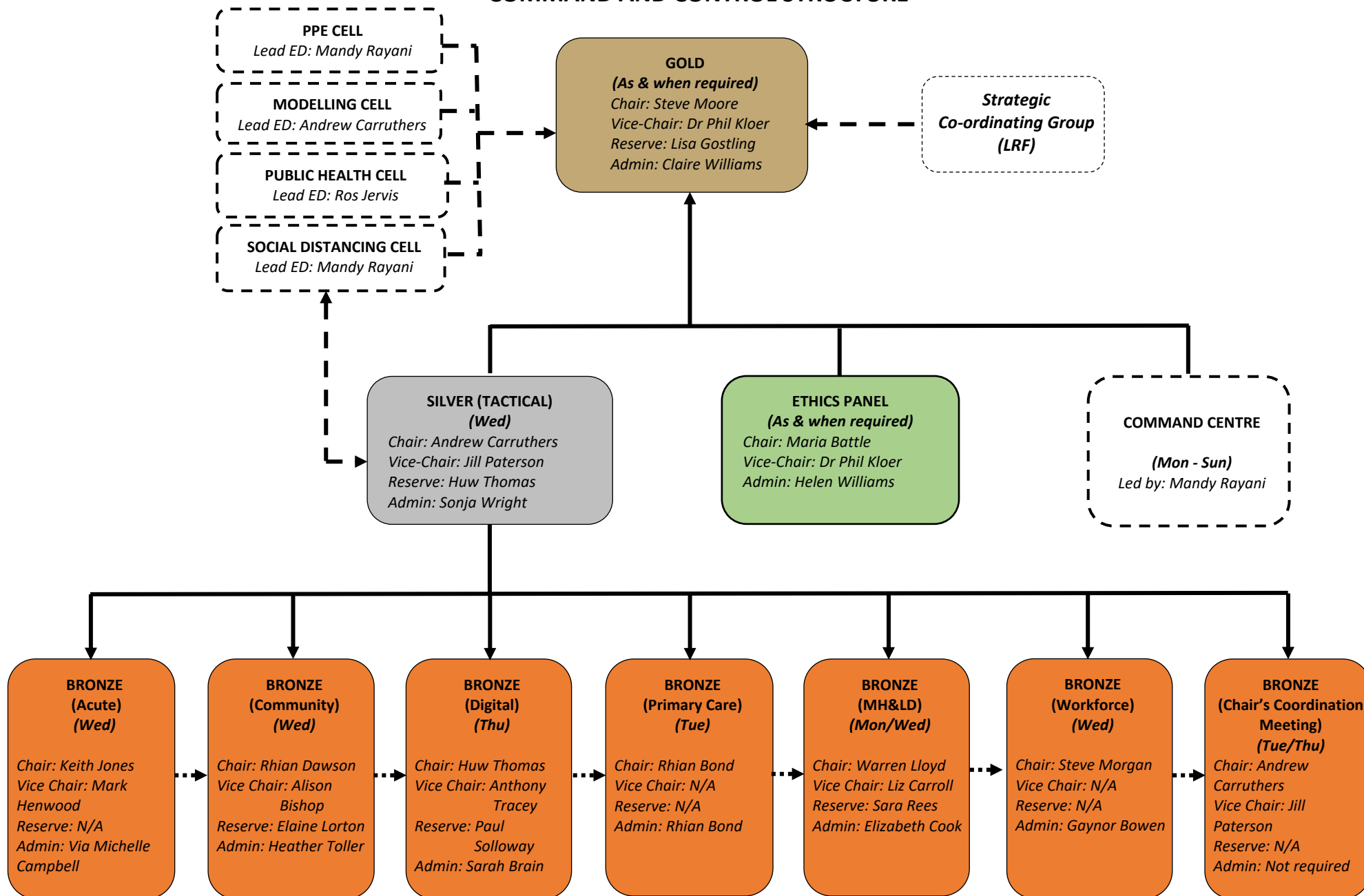
Amcanion Strategol y BIP: UHB Strategic Objectives: Hyperlink to HDdUHB Strategic Objectives	All Strategic Objectives are applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019	9. All HDdUHB Well-being Objectives apply

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

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

	<p>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>
Enw Da: Reputational:	The Health Board has a duty to ensure the decisions made during the pandemic are undertaken in an open and transparent way.
Gyfrinachedd: Privacy:	Not Applicable
Cydraddoldeb: Equality:	Not Applicable

COMMAND AND CONTROL STRUCTURE



MEETING RHYTHM

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

MEMBERSHIP

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

