

Bundle Public Board 30 July 2020

2.3.1 Maintaining Good Governance COVID-19 / Cynnal Llywodraethu Da COVID-19

Presenter: Chair

Maintaining Good Governance July 2020

Annex i - Command and Control Structure



CYFARFOD BWRDD PRIFYSGOL IECHYD UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	30 July 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)

Er Sicrwydd/For Assurance

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

This paper updates the previous Maintaining Good Governance COVID-19 report to Board, 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 current pandemic.

The paper also proposes a further temporary amendment to HDdUHB's Standing Orders following the publication of a Welsh Health Circular relating to public appointments in Wales. Furthermore, the paper provides an update on the papers presented to Board in April 2020 regarding the approach to managing risk and outstanding recommendations from auditors, inspectorates and regulators by the Health Board during the COVID-19 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, support the approach set out in this revised report and approve the requested temporary changes to Standing Orders.

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.

This report also proposes a temporary amendment to HDdUHB's Standing Orders following the publication of a Welsh Health Circular (WHC 2020/011) dated 9th July 2020 relating to the suspension of recruitment to public appointments in Wales in light of the National Health Service (Temporary Disapplication of Tenure of Office) (Wales) (Coronavirus) Regulations 2020 which came into force on 5th July 2020. One of the purposes of this regulation was to dis-apply the maximum tenure of office contained in the specified regulations for NHS Board/Committee Non-Officer (Independent) Members for a time-limited period.

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 critical or urgent decision(s) needing to be made, 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 the changes required to HDdUHB's Standing Orders in response to the regulations dated 5th July 2020 and the WHC dated 9th July 2020, the following amendments shown in red are required:

1.3 TENURE OF BOARD MEMBERS

- 1.3.1 *Independent Members and Associate Members appointed by the Minister for Health and Social Services shall be appointed for a period specified by the Welsh Ministers, but for no longer than 4 years in any one term. These members can be reappointed but may not hold office as a member or associate member for the same Board for a total period of more than 8 years, with the exception of those appointed or re-appointed in accordance with Regulation 2 of the National Health Service (Temporary Disapplication of Tenure of Office) (Wales) (Coronavirus) Regulations 2020. These members will hold office in accordance with the terms of their appointment or reappointment. Time served need not be consecutive and will still be counted towards the total period even where there is a break in the term.*
- 1.3.2 *Any Associate Member appointed by the Board will be for a period of up to one year. An Associate member may be re-appointed if necessary or expedient for the performance of the LHBs functions. If re-appointed they may not hold office as an Associate Member for the same Board for a total period of more than four years, with the exception of those appointed or re-appointed in accordance with Regulation 2 of the National Health Service (Temporary Disapplication of Tenure of Office) (Wales) (Coronavirus) Regulations 2020. These members will hold office in accordance with the terms of their appointment or re-appointment. Time served includes time as a Ministerial appointment (if relevant) which need not be consecutive and will still be counted towards the total period even where there is a break in the term. An Independent or Associate Member appointed by the Minister for Health and Social Services who has already served the maximum 8 years as a Ministerial appointment*

to the same Board will not be eligible for appointment by the Board as an Associate Member.

The foregoing amendments will cease to have effect on 31st March 2021 or, where an appointment(s) has been made under the National Health Service (Temporary Disapplication of Tenure of Office) (Wales) (Coronavirus) Regulations 2020 or, to the tenure of a Chair or Vice-Chair of the Stakeholder Reference Group or Health Professionals' Forum, at the end of that term, whichever is the later.

The same amendments will also be required to the Standing Orders of Welsh Health Specialised Services Committee (WHSSC) and Emergency Ambulance Services Committee (EASC), and the Board is similarly asked to approve these for completeness.

ANNUAL GENERAL MEETING (AGM)

*7.2.5 The LHB must hold an AGM in public no later than **30 November 2020** (replacing the previous 31 July each year).*

Whilst the foregoing amendment will cease to have effect on 31st March 2021, HDdUHB has chosen to retain its AGM date of 30th July 2020 as previously planned.

Schedule 5.1 – Stakeholder Reference Group, Terms of Reference and Operating Arrangements

1.4 Appointment and terms of office

*1.4.6 The Chair's term of office shall be for a period of up to two (2) years, with the ability to stand as Chair for an additional **term(s)**. That individual may remain in office for the remainder of their term as a member of the SRG after their term of appointment as Chair has ended.*

*1.4.8 The Vice Chair's term of office shall be for a period of up to two (2) years, with the ability to stand as Vice Chair for additional **term(s)**, in line with that individual's term of office as a member of the SRG. That individual may remain in office for the remainder of their term as a member of the SRG after their term of appointment as Vice Chair has ended.*

Schedule 5.2 – Health Professionals' Forum, Terms of Reference and Operating Arrangements

1.5 Appointment and terms of office

*1.5.3 The Chair's term of office shall be for a period of up to two (2) years, with the ability to stand as Chair for an additional **term(s)**. That individual may remain in office for the remainder of their term as a member of the HPF after their term of appointment as Chair has ended.*

*1.5.5 The Vice Chair's term of office shall be for a period of up to two (2) years, with the ability to stand as Vice Chair for additional **term(s)**, in line with that individual's term of office as a member of the SRG. That individual may remain in office for the remainder of their term as a member of the SRG after their term of appointment as Vice Chair has ended.*

The foregoing amendments (where reference to the additional term being limited to one year has been removed) will cease to have effect on 31st March 2021 or where an appointment(s)

has been made in accordance with the amendment, at the end of that term, whichever is the later.

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 last Board meeting, changes have been made to the Command Structure, in that the following have been stood down:

- Capital and Estates Bronze Group (stood down)
- Field Hospitals Bronze Group (stood down, incorporated into Acute Bronze Group)
- Recovery, Learning and Innovation Group (disestablished, this has now been replaced by the Transformation Steering Group)
- Health and Social Care COVID-19 Planning Group (disestablished at the end of June 2020, with the Integrated Executive Group sitting under the Regional Partnership Board – which it temporarily replaced – reinstated with effect from 6th July 2020)

The meeting rhythm has also been reduced in frequency:

- Gold Command – frequency reduced to once a week on a Tuesday
- Acute Bronze – frequency reduced to once a week on a Wednesday
- Community Bronze – frequency reduced to once a week on a Wednesday
- Digital Bronze – frequency reduced to once a week on a Thursday

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 have a shortened agenda and will be held virtually to ensure compliance with the social distancing guidance, and be concise (maximum 2.5 hours), to enable the Board to ratify or make decisions in public that are required to respond to the pandemic. Board Seminar Sessions have been resumed since June 2020, where focused presentations on the Test, Trace, Protect Programme and HDdUHB's Operational Plan Quarter 2 Response have been received.
- 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 has 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 will be 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 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 continues to meet monthly alternating between COVID-19 and non COVID-19 business on its agenda. Consideration will be given to the appropriateness of reverting to its bi-monthly frequency from September 2020 onwards, pending COVID-19 activity. Formal fortnightly meetings between the Chair of QSEAC and the Director of Nursing, Quality & Patient Experience have recently been stood down, although any issues are flagged as and when required.

Health and Safety Assurance Committee

- Given only partial assurance could be taken from the reports presented to the newly established Health and Safety Assurance Committee at its inaugural meeting on 14th May 2020, an Extraordinary meeting of the Committee was convened in June 2020 for further assurance to be provided. An update report from this meeting is on the July 2020 Public Board agenda and the Health and Safety Assurance Committee will now revert to its bi-monthly schedule.

Audit and Risk Assurance Committee

- The Audit and Risk Assurance Committee has continued to meet throughout the pandemic. At its June 2020 meeting, the Committee approved the annual accounts, the accountability report and the annual report, public disclosure statements and assurance

for the audit opinion. ARAC 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

- In the absence of formal Committee meetings established, fortnightly meetings have been held between the Chair of the People, Planning and Performance Assurance Committee (PPPAC), the Director of Workforce & OD and the Director of Planning, Performance & Commissioning. Members have been requested to channel any assurance questions relating to the agenda through the Chair of the Committee, with these being discussed in the meeting, followed by communications to all Board Members. However, given concerns raised by the Chair of PPPAC at the Committee's inability to take an assurance from these fortnightly arrangements, it was agreed to re-establish PPPAC with limited Executive Officer membership, with effect from the 30th June 2020 meeting. An update report from this meeting is on the July 2020 Public Board agenda. PPPAC will now continue with its bi-monthly schedule of meetings.

Mental Health Legislation Assurance Committee

- The Mental Health Legislation Assurance Committee scheduled for 2nd June 2020 was cancelled – guidance is being provided from WG in relation to this Committee before a decision is made on the next meeting scheduled for 1st September 2020.

Remuneration and Terms of Service Committee

- The Remuneration and Terms of Service Committee last met on 28th May 2020 and will now revert to its original quarterly schedule of meetings.

Finance Committee

- Monthly Finance Committee meetings have taken place throughout the pandemic, and will continue, 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.

Fortnightly meetings will 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 and these being discussed in the meeting, followed by communications to all Board Members as necessary.

Listening and Learning Sub-Committee

- Following discussions by Board Members, the Listening and Learning Sub-Committee has been established from June 2020. This Sub-Committee reports to QSEAC and provides a forum for clinical teams across the Health Board to share and scrutinise learning from concerns and to share innovation and good practice. A verbal update from the Listening and Learning Sub-Committee held on 3rd June 2020 was presented to the QSEAC meeting on 9th June 2020 and is included in the QSEAC Update Report on the July 2020 Public Board agenda.

All other Sub-Committees, including the Operational Quality, Safety & Experience 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 in the process of 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 will be 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 weekly basis. The Chair will also 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.
- Communications between Lead Executive Directors and Committee Chairs continues as detailed above.
- 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
 - 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

At its Board Meeting in Public on 16th April 2020, the Board were advised of the changes in the way auditors and regulators were operating to allow NHS organisations to plan and respond to the COVID-19 pandemic. Although there was a suspension in some activity, the Board agreed that it still had a responsibility to provide safe and effective care to patients, provide safe environments and equipment and comply with relevant standards and legislation. Recognising that there was significant pressure on services, it was acknowledged that there needed to be a balance between managing capacity pressures and challenges from the pandemic and managing the business as usual issues and risks, the Board agreed to adopt a nuanced approach to the management of outstanding recommendations from Auditors, Inspectorates and Regulators.

To this end, the Chief Executive issued a directive to all Executive Directors (Corporate functions) and General Managers (Operations Directorates) confirming that, whilst monitoring and scrutiny was suspended in respect of the implementation of recommendations that were outstanding or due by 30th June 2020, there was still the expectation that management would ensure their service was safe and the risk of harm to patients and staff managed and minimised. Executive Directors and Lead Officers were asked to:

- Continue to implement recommendations that were outstanding or due in respect of Healthcare Inspectorate Wales (HIW) immediate assurance plans, Health & Safety Executive (HSE) improvement notices/material breaches, Mid and West Wales Fire and Rescue Service (MWWFRS) enforcement notices and high priority recommendations

issued by Audit Wales and Internal Audit and advise the risk and assurance team when implemented.

- Review all other recommendations and assess whether they could be implemented within timescales as planned.
- Advise the risk and assurance team of the recommendations that would not be implemented providing a clear reasoning, an explanation of how the risk will be managed in the interim, and a provisional timescale (ie, 3 months after return to normal service).

The assurance and risk team contacted all services over a 5 week period to obtain updates. Whilst there was been good engagement with services overall, it was challenging to obtain revised timescales for all recommendations. There were a number of reasons for this; staffing pressures from responding to COVID-19 or staff having been redeployed, the service not being in a position to provide a revised timescale due to unpredictability of COVID-19, and the service not providing a clear enough response (which would be followed up). The unpredictability of the pandemic made it difficult to establish when some services will resume and the UHB is following the quarterly planning process directed by Welsh Government.

A status report was provided to the Audit and Risk Assurance Committee (ARAC) on 23rd June 2020 providing the outcome of the above work, and will continue to oversee this in the absence of internal performance management arrangements which remain suspended. Whilst accepting that there are challenging circumstances currently, the Committee emphasised the need for progress in those areas where there is a lack of clarity regarding dates, as the list will continue to expand. The Committee took assurance regarding the following:

- Executive Directors and Lead Officers understand that there is still the expectation that outstanding recommendations from auditors, inspectorates and regulators should continue to be implemented during COVID-19, to ensure services are safe and the risk of harm to patients and staff is managed and minimised;
- The progress made on the implementation of high priority recommendations from audits and inspections, in line with the agreed timescales;
- The review and assessment of all other recommendations as to whether they can be implemented within timescales as planned.

Due to the Executive Performance review framework being stood down and to support services, from the beginning of July 2020, assurance and risk reports are being sent out to Directorates on a bi-monthly basis wherein they will be requested to provide progress updates in respect of outstanding recommendations, Welsh Health Circulars, Ministerial Directions and gaps on the legislative assurance framework.

Audit, Inspectorate and Regulatory Activity Going Forward

In recent weeks, some auditors, inspectorates and regulators have updated the Health Board how they are also planning to operate during moving forward to ensure that standards are met and services are safe.

- **Healthcare Inspectorate Wales (HIW)**

On 6th July 2020, HIW wrote to the Chair and Chief Executive to advise of their new approach to assurance and inspection, recognising that the healthcare system will be responding to COVID-19 demands for some time to come. Between August and October 2020, HIW will be using a 3 tiered model of assurance and inspection that reduces the reliance on onsite inspection activity as their primary method of gaining assurance:

Tier 1 – activity will be conducted entirely offsite and will be used for a number of purposes but, at this stage, primarily where issues cannot be resolved via the standard concerns process and where the risk of conducting an onsite inspection remains high.

Tier 2 – a combination of offsite and limited onsite activity.

Tier 3 – a more traditional onsite inspection.

HIW stress that they reserve the right to conduct an inspection at any time; however, they expect most of their activity to be Tier 1 during August and September 2020. This will enable them to check whether standards and regulations are being met whilst enabling them to deploy their resource in a more agile way, responding to specific risks and issues whilst taking account of revised operating models during the pandemic.

During July, HIW have sent the Health Board three draft reports for inspections that took place prior to the pandemic, and have resumed phase 2 of their national review on maternity services.

- **Health and Safety Executive (HSE)**

There has been no further changes to the date of compliance of 31st July 2020 in respect of the 8 improvement notices and 13 material breaches. The Health and Safety Assurance Committee has been seeking assurance on behalf of the Board on the work being undertaken towards compliance. Due to a number of factors, not least the impact of COVID-19, there are a number of actions which are unlikely to be fully implemented by 31st July 2020. The Director of Nursing, Quality & Patient Experience, has recently met with a representative from the HSE, to discuss the Health Board's approach and plans to address these. A further update is included in the Health and Safety Committee Assurance Report.

- **Mid and West Wales Fire and Rescue Service (MWWFRS)**

The Health Board continues to engage with MWWFRS in respect of the new and outstanding enforcement notices. Since the Board meeting in April 2020, the Health Board has received a further enforcement notice in respect of Glangwili General Hospital (GGH). COVID-19 has had a direct impact on the activity and capacity of the acute estate and social distancing and essential travel restrictions impact the Health Board's ability to deliver within set timescales. The Health and Safety Assurance Committee has been seeking assurance on behalf of the Board on the work being undertaken towards compliance.

- **KPMG**

The Welsh Government have commissioned KPMG to undertake a due diligence review of field hospitals (specifically Bluestone and the Barn at Parc y Scarlets) which will include financials, governance and decision-making and the contracting framework. The review is underway.

- **Audit Wales (AW)**

The Auditor General for Wales wrote to Chief Executives on 11th June 2020 thanking NHS bodies for continuing to engage with AW during recent months, to advise how they are adapting their work and provide an update on the work programme of NHS performance audit. They have advised that on-site performance audit work at all NHS bodies will continue to be suspended and their work will progress as much as possible remotely. As part of their own business continuity planning, AW have looked afresh at their current programme of work to assess how it will be taken forward in the context of COVID-19 and has re-shaped their work programme to focus on issues that are specific to the current situation. The 2020 structured assessment work will look at how NHS bodies are maintaining their corporate and financial governance arrangements in the context of COVID-19, as well as reviewing the progress being made on recovery planning. It should

be noted that Structured Assessment 2020/21 has also commenced and where possible Audit Wales are working jointly with Internal Audit.

AW have also started work on a “COVID-19 learning project” that will seek to identify and share examples of new ways of working that have been introduced as a result of the pandemic, and wider learning points that can help with the plans to continue to control the virus and rebuild a stronger and better NHS.

Whilst the letter set out their current thinking, AW will continue to adopt an agile approach and where necessary adjust the content and focus of their work to ensure resources are deployed to areas where outputs will add most value in the current environment.

- **Internal Audit**

Internal Audit have continued to be engaged with the Health Board in recent months. The Head of Internal Audit opinion has been provided for 2019/20. A revised Internal Audit Plan for 2020/21 has been approved by the Audit and Risk Assurance Committee, however this may be subject to change, depending on the continued impact of COVID-19. Internal Audit have advised that they will continue to be flexible and will work with the Health Board, the Executive Team and the Audit and Risk Assurance Committee to work through further changes that may need to be made.

Internal Audit have started an advisory review of governance arrangements during the pandemic. This is being undertaken at all health bodies and will assess the adequacy and effectiveness of internal controls in operation during the COVID-19 outbreak, with particular regard to the principles set out by the Welsh Government regarding maintaining financial governance. Any weaknesses will then be brought to the attention of management and advice issued on how particular problems may be resolved and control improved to minimise future occurrence. Work had also commenced on a review of the decision making in relation to the establishment of field hospitals, which has now been paused due to the work being undertaken by KPMG.

The Board Secretary is also involved in a task and finish group with other Board Secretaries with input from AW and Welsh Government (as a stakeholder and standard setter) to help both in terms of delivering 2020/21 work programmes and in shaping the future direction of Internal Audit.

- **Welsh Language Commissioner**

The Commissioner wrote to the Health Board on 8th July 2020 to advise that regulatory work will resume from 1st August 2020. This includes:

- Language duties under the Welsh language standards and Welsh language schemes will be fully operational from 1st August 2020 in accordance with compliance notices and individual Welsh language schemes.
- Challenges to duties where extensions were agreed will be dealt with on a case by case basis.
- Complaints processing and investigation work will resume.
- Thematic Review of the impact of the crisis on the organisation’s Welsh language provision will commence later this year.
- Verification of services will take place in the autumn, however this will not include on-site verifications.
- Meetings to discuss the organisation’s performance will be held on-line

What does this mean for the Health Board?

It has become evident that although the Health Board is expected to maintain a response to the pandemic for the foreseeable future, whilst also providing essential services, it will also have to remain responsive to audit, inspectorate and regulatory requirements. This will include addressing areas of improvement identified in previous activity (pre-COVID-19).

Management of Operational and Corporate Risks during the COVID-19 Pandemic

At its Board Meeting in Public on 16th April 2020, the Board agreed that there needed to be a proportionate response to risk balanced with the current capacity pressures and challenges presented by COVID-19.

Work undertaken to date

Below is brief summary of the changes on the number of risks held on the Datix Risk Module reported to the Board in April 2020.

	As at 6 April 2020	As at 9 July 2020
Total number of open/live risks	492	501 (40 opened, 31 closed)
Risks over HB tolerance	246	326
Number of corporate risks	26	25 (4 opened, 5 closed)
Number of operational risks (at service or Directorate level)	466	476 (36 opened, 26 closed)

Corporate Risks

Executive Directors have:

- Reviewed existing risks and updated these to reflect the impact of COVID-19 on them and reflect, where appropriate, any changes in risk score.
- De-escalated/closed existing corporate risks if they did not reflect the current priorities of the Health Board.
- Identified and assessed new and emerging risks relating to the potential impact of COVID-19 planning and management.
- Considered the risks from their Directorate risk registers as to whether they should be considered for escalation to CRR.
- Articulated risks in relation to the Quarter 2 operational framework

These risks have been presented to the Board level Committees held in June 2020 for scrutiny and assurance. The Corporate Risk Register (CRR) is a separate item on the Board agenda and outlines the changes made since the CRR was presented to the Board in March 2020.

At the QSEAC meeting held on 7th July 2020, concern was expressed that the risks on the CRR did not seem to fully reflect the impact in respect of COVID-19 and the Committee received only limited assurance from the report presented. The Committee also sought further information and assurance regarding the timescales of a review of any new risks which should be added to the register (the risks in respect of delivery of the Quarter 2 Operating Plan were not included in the report). An update is incorporated within the QSEAC Update Report to the July 2020 Public Board

Operational Risks

A directive was sent to Executive Directors (Corporate functions) and General Managers (Operations Directorates) advising that whilst monitoring and scrutiny through the suspension of the performance management arrangements, there was still an expectation that management would ensure their service was safe and the risk of harm to patients and staff was managed appropriately. Therefore managers would be required to manage their existing risks and any new risks to prevent harm, minimise loss and reduce damage, taking into account the positive /negative impacts that COVID-19 may have had on them) by:

- Agreeing the risks that remain a priority to manage and mitigate during COVID-19.
- Archiving the risks that do not present a significant risk during the COVID pandemic (whilst ensuring that existing controls in place remain effective otherwise risk could increase)
- Considering new and emerging risks to their service as a result of COVID-19 (including potential risks in respect of returning to normal business)

The assurance and risk team contacted all services to support them to respond to the Board's directive in respect of operational risks. Whilst there was been good engagement with services overall, it has been challenging for services to undertake this work whilst planning and responding to the pandemic. It is the responsibility of each service to review existing and identify new or emerging risks and they have to prioritise this alongside their other responsibilities. Since the Board met in April 2020, services have had to respond to the new WG Quarterly Operating Framework and develop delivery plans for Quarters 1 and 2. Whilst risks have been submitted in the Quarter 2 submission to WG, there is a slight delay in services uploading these to the Datix Risk Module.

There is further work to be undertaken to assure the Board that services are not only identifying risks to delivery of quarterly operating plans, but also that risks are identified in respect of the services the Health Board is unable to resume and the mitigation plans in place to address the risk of harm associated with these. A COVID-19 themed risk register was reviewed at QSEAC in July 2020, with the Committee noting that the operational risks were being reviewed and updated to reflect the impact of COVID-19, and that work is continuing, whilst acknowledging that additional work will be required.

Risk Appetite and Tolerance

The Board agreed in April 2020 that the risk appetite and tolerance levels should be reviewed during the COVID-19 pandemic. Since this meeting, there have been further discussions in respect to developing planning objectives through the Transformation Steering Group, and it has been suggested that it would be prudent to revisit the risk appetite statement and tolerance levels at this point.

It is recognised that there is further work required to review both the Corporate and Operational Risk Registers and an update on progress made will be included within the next Maintaining Good Governance report to Board.

Argymhelliad / Recommendation

The Board is asked to:

- **NOTE** the update report together with the revised Command and Control structure (Annex i);
- **NOTE** the update since the Board in April 2020 regarding the approach to managing risk and outstanding recommendations from auditors, inspectorates and regulators by the Health Board during the COVID-19 pandemic;

- **APPROVE** the temporary amendments made to HDdUHB's Standing Orders (and similar temporary amendments to the Standing Orders of WHSCC and EASC) in light of WHC 2020/011.

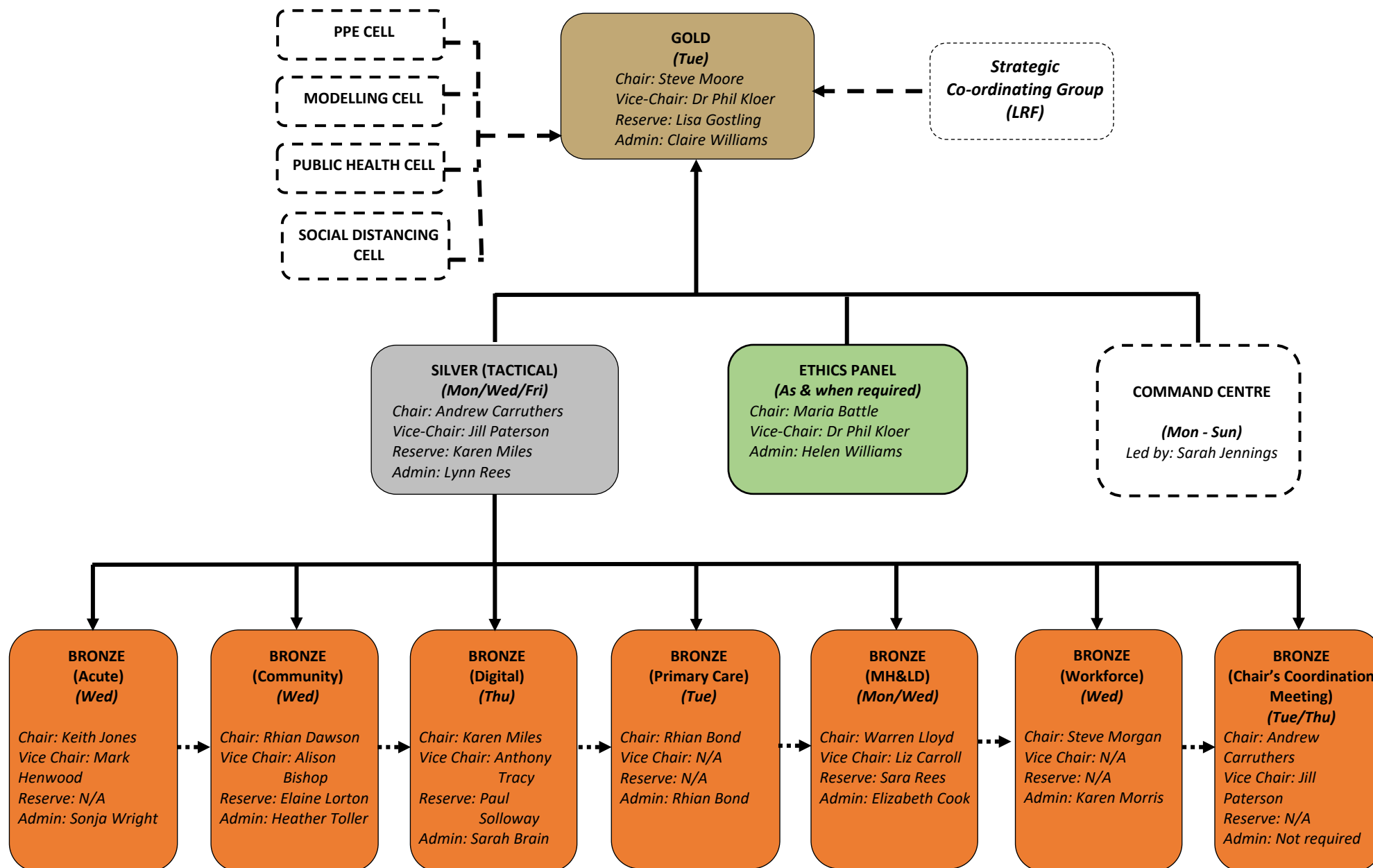
Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s): Hyperlink to NHS Wales Health & Care Standards	Governance, Leadership and Accountability
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 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

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.

<p>Cyfreithiol: Legal:</p>	<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 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 were possible (the point being that there will be occasions that it is not possible).</p>
<p>Enw Da: Reputational:</p>	<p>The Health Board has a duty to ensure the decisions made during the pandemic are done so in an open and transparent way.</p>
<p>Gyfrinachedd: Privacy:</p>	<p>Not Applicable</p>
<p>Cydraddoldeb: Equality:</p>	<p>Not Applicable</p>

COMMAND AND CONTROL STRUCTURE



MEETING RHYTHM

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
	GOLD					
SILVER (TACTICAL)		SILVER (TACTICAL)		SILVER (TACTICAL)		
	BRONZE (Chair's Coordination)	BRONZE (Acute)	BRONZE (Chair's Coordination)			
		BRONZE (Community)	BRONZE (Digital)			
BRONZE (MH&LD)	BRONZE (Primary Care)	BRONZE (MH&LD)				
		BRONZE (Workforce)				
<div style="border: 1px dashed black; padding: 5px; display: inline-block;"> COMMAND CENTRE </div>						

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>(Tue)</i>	<i>(Mon/Wed/ Fri)</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: Karen Miles	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: Karen Miles	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: Lynn Rees	ADMIN: Helen Williams	ADMIN: Sonja Wright	ADMIN: Heather Toller	ADMIN: Sarah Brain	ADMIN: N/A	ADMIN: Karen Morris	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.

