



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

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	25 March 2021
<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)**

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 January 2021, 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 January 2021 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 the changes made to HDdUHB's Standing Orders in response to the **National Health Service (Temporary Disapplication of Tenure of Office) (Wales) (Coronavirus) Regulations 2020** dated 5<sup>th</sup> July 2020 and subsequently approved by the Board in July 2020, these will cease to apply on 31<sup>st</sup> March 2021.

These Regulations were a temporary arrangement in response to the suspension of public appointments during 2020, temporarily dis-applying provisions relating to the tenure of office of Board and Committee members, and arrangements have since recommenced.

Transitional arrangements provided for regulation 8, to enable any person appointed or reappointed in accordance with the modifications made by these Regulations, to continue their term of office and to vacate office in accordance with the terms of their appointment or reappointment after the end of the relevant period, when the temporary disapplication of the maximum tenure of office cease to have effect.

The temporary amendments to the Model Standing Orders issued with WHC 2020/011 will also cease on 31<sup>st</sup> March 2021, or at the end of the term of any appointments made in accordance with the disapplication regulations, whichever is the latter.

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 January 2021 Board meeting, the following changes have been made:

- Strategic (Gold) Command Group – agreement reached in December 2020 to continue with 'on request' status for Gold Group meetings until 31<sup>st</sup> March 2021, in recognition of the need to provide Silver (Tactical) Group, Cells and Bronze Groups the time and space to implement the approved planning instructions. However, the weekly Gold Command Group meeting slot has been retained in case of the requirement to convene an urgent meeting should any unexpected issues requiring new or amended planning requirements emerge. The Gold Command Group last met on 9<sup>th</sup> March 2021 to discuss Field Hospital requirements for 2021/22 (see COVID-19 Report on the March 2021 Public Board agenda). The formal session, 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, will continue to take place.

- Tactical (Silver) Command Group – frequency changed to once a week (Wednesday) in recognition that recent Epidemiological Summary data is indicating a reduction, for the most part, in community transmission and the number of incidences. The need to reinstate the Monday meetings will be kept under review, should data indicate a resurgence of COVID-19 cases, or should members need to bring matters more regularly to Tactical Group in light of operational changes in their areas. As a prudent measure, it has been agreed to hold two Tactical Group meetings a week prior to the forthcoming Easter bank holiday weekend.

## **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, improving quality together, 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.
- 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, a more streamlined agenda has been in place as routine business

is replaced with the requirement to respond to the second wave of COVID-19. This will be kept under review.

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, albeit on new e-Board software.

## **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 were reinstated in light of the dynamic COVID-19 situation to serve as a touchpoint on all QSEAC matters, including areas specific to COVID-19 such as clinical work capacity, outbreak control and mass vaccination arrangements. A subsequent briefing is prepared for all Independent Members to form part of the formal record of proceedings. Monthly COVID-19 specific QSEAC meetings have also been reinstated from 13<sup>th</sup> November 2020 to alternate with the routine bi-monthly QSEAC meetings, meaning there will be a monthly forum in which assurance can be sought. These additional COVID-19-specific QSEAC meetings will continue to utilise a slide-set style of reporting based on a templated approach which, in addition to being more time efficient and focused, support the presentation of precise and more up to date reporting on the very rapidly changing situation. These arrangements will be reviewed early in the new financial year. The routine bi-monthly QSEAC meetings will continue to be supported by the 'paper-light' approach, which has been in place since April 2020. Work has also commenced in relation to review the underpinning governance arrangements for QSEAC.

### **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 has been 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 and the next scheduled meeting of the HSAC took place on 17<sup>th</sup> February 2021.

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

- The Audit and Risk Assurance Committee (ARAC) 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. Both the External and Internal Audit plan remain under review to consider only those audits which remain appropriate to undertake, and the operational staff capacity to contribute and support the audits. Whilst it was agreed to defer ARAC's programme of scrutiny from December 2020 to February 2021, the Board agreed in November 2020 that a review of outstanding recommendations should take place to develop a prioritised plan to enact when the Health Board moves into a recovery phase. This was discussed at ARAC in February 2021 with a formal paper being presented to the April 2021 meeting.

### **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 with a streamlined agenda and focus on the Workforce Report, Performance Report, and the monitoring of HDdUHB's Annual Plan. There has been one occasion since the Board last met that an extraordinary meeting of PPPAC has been held.

### **Charitable Funds Committee**

- Charitable Funds Committee (CFC) meetings have been re-established from 15<sup>th</sup> September 2020. In light of the second wave of COVID-19, the CFC meeting on 30<sup>th</sup> November 2020 focused on urgent matters, supported by streamlined reports and papers and required only the attendance of two Executive Directors. Similar arrangements were put in place for the Committee's subsequent meeting on 9<sup>th</sup> March 2021.

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

- Quarterly Mental Health Legislation Assurance Committee (MHLAC) meetings have been re-established from 1<sup>st</sup> September 2020. In light of the second wave of COVID-19, the MHLAC meeting that had been scheduled to take place on 2<sup>nd</sup> December 2020 was stood down, with the provision for any urgent mental health legislation issues for consideration to be received at the November 2020 Board meeting. The Committee's subsequent meeting took place on 2<sup>nd</sup> March 2021.

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

- The Remuneration and Terms of Service Committee last met formally on 4<sup>th</sup> February 2021, with all subsequent meetings to only be convened for any urgent business. The next meeting of the Committee is currently scheduled to take place on 14<sup>th</sup> April 2021.

### **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 had been agreed to the end of the financial year which included the following, and a similar focus will be in place for 2021/22:
  - 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 (OQSESC), Listening & Learning Sub-Committee (LLSC), Research & Development Sub-Committee (R&DSC), Capital Estates and IM&T Sub-Committee (CEIM&TSC) and the Information Governance Sub-Committee (IGSC) have recommenced 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, other than the Charitable Funds Sub-Committee where necessary decisions are taken via Chair's Action and subsequently reported to the Charitable Funds Committee. Each Executive Director Lead will continue to assess whether Sub-Committee meetings 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 for the foreseeable future. The Stakeholder Reference Group (SRG) last met on 6<sup>th</sup> October 2020 with a report providing an update from this meeting presented to the November 2020 Board agenda. The next SRG meeting is scheduled to take place on 16<sup>th</sup> April 2021. The Healthcare Professionals Forum is currently being supported to continue with its previous schedule of business with an update report from its meeting on 18<sup>th</sup> January 2021 presented separately on the March 2021 Board agenda.

## **Communications Update**

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

- The Chair and Chief Executive remain in contact daily. The Chair will also continue to attend Gold Command as an observer Member and will receive a briefing following the Formal Executive Team (COVID-19) meeting. The minutes of the Formal Executive Team (COVID-19) meeting are shared with all Independent Members.
- The Chair and Chief Executive have established a joint virtual briefing meeting with all Independent Members on a fortnightly basis, with ad hoc meetings convened as and when required e.g. Urgent Chair & Chief Executive Meeting with Independent Members to discuss vaccine delivery arrangements held on 13<sup>th</sup> January 2021.
- The Chair has established a separate 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 Teams Meeting between Chair and CEO and local AMs/MPs
- Weekly Teams Meeting between Chair and CEO and local authority leaders and CEOs
- Fortnightly Teams Meetings between CEO and Chair/CHC Chair and Chief Officer
- Vice Chair to keep in touch with Primary Care and Mental Health operational lead
- 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 to include vaccination Sit Rep when available
- Vaccine bulletin

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

Since the previous report to Board in January 2021, activity has now resumed following the pause in audits and inspections during December and January to allow the organisation to focus on the increasing COVID-19 and non-COVID-19 pressures within our hospitals.

- Healthcare Inspectorate Wales (HIW) inspections have restarted at pace since mid-February, with some of the postponed reviews from the last quarter being rescheduled for March, with two additional reviews planned:
  - Enlli Ward, Bronglais Hospital (Mental Health) – Tier 1 Quality Check rescheduled to 2<sup>nd</sup> March 2021
  - Morlais Wales, Glangwili Hospital (Mental Health) – Tier 1 Quality Check 3<sup>rd</sup> March 2021
  - Mass Vaccination Centres – Tier 3 On-site Inspection on or around 10<sup>th</sup> March 2021
  - IR(ME)R Inspection at Prince Philip Hospital on 23<sup>rd</sup> and 24<sup>th</sup> February 2021
- The planned audit work identified in the Internal Audit (IA) plan for 2020/21 continues to be delivered. As reported previously to the Board, the plan remains 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. Internal Audit continues to offer support to undertake any urgent pieces of work or provide advice to support the Board with assurance on particular approaches/work. Internal Audit have recently commenced a follow up review of the Health Board's governance arrangements with the outputs reported to ARAC in due course.
- The External Audit Plan for 2021 was discussed at the Audit and Risk Assurance Committee in February 2021. Work will continue remotely as much as possible for the foreseeable future, however the AW performance audit lead will continue to liaise with the Board Secretary on the organisation's abilities to support and partake in the audit work required. An initial timetable for the completion of the audit work is outlined in the plan, however, given the on-going uncertainties around the impact of COVID-19 on the health sector, some timings may need to be revisited through the year.
- The Mid and West Wales Fire and Rescue Service (MWWFRS) and Health and Safety Executive (HSE) have remained active through the pandemic. The HSE undertook a follow up visit to the Health Board on 20<sup>th</sup> January 2021 in respect of the outstanding improvement notices and material breaches, with feedback being provided to the recent Health and Safety Assurance Committee.

ARAC continues to provide oversight on behalf of the Board on the implementation of outstanding recommendations, with particular focus on those recommendations that the Board agreed, as a minimum during the pandemic, must be progressed, as planned or in line with revised timescales:

- Immediate improvement recommendations (pre-COVID-19) from HIW and recommendations from their current programme of Quality Checks.
- Enforcement notices from the MWWFRS.
- Improvement Notices and material breaches from HSE.
- High priority recommendations from IA and AW.

In regard to other outstanding recommendations, Services/Directorates remain accountable for addressing 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.

An escalation process is in place for late or non-responses to be reported to Directors, with 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 has agreed to defer this programme of scrutiny, in recognition of the current pressures being experienced by Services/Directorates.

The prioritised plan requested by the Board in November to indicate when the outstanding recommendations are likely to be addressed when the Health Board moves into a 'recovery' phase, is being progressed by the Board Secretary/Head of Assurance and Risk with the relevant Executive Directors and will be presented to ARAC in April 2021.

### **Risk Management**

As reported to the Board in January 2021, 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 has a monthly meeting to consider and agree the Corporate Risk Register (CRR). Corporate risks are discussed in detail at its Board Committees, and reported to the Board via the Committee Update Reports. Where assurance has not been received that principal risks are being managed effectively, the Committees can request a more in-depth report at a subsequent meeting. Examples of this have taken place at Health and Safety Assurance Committee and Quality, Safety and Experience Assurance Committee.

#### Operational Risks

It is the responsibility of each service to ensure they assess new risks and review existing risks in the context that they are currently working within i.e. their current delivery objectives. Each Directorate receives a bi-monthly Risk Report to enable them to view all their risks ranked highest to lowest, identify those over tolerance, and those where action is required. These are also reported through the Board Committees and Sub-Committees, as well as through Directorate management governance structures.

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.

As we move forward the governance arrangements for the Health Board will be reviewed which will align to the delivery of the annual plan and reflecting a return to more business as usual arrangements.



## Argymhelliad / Recommendation

The Board is asked to:

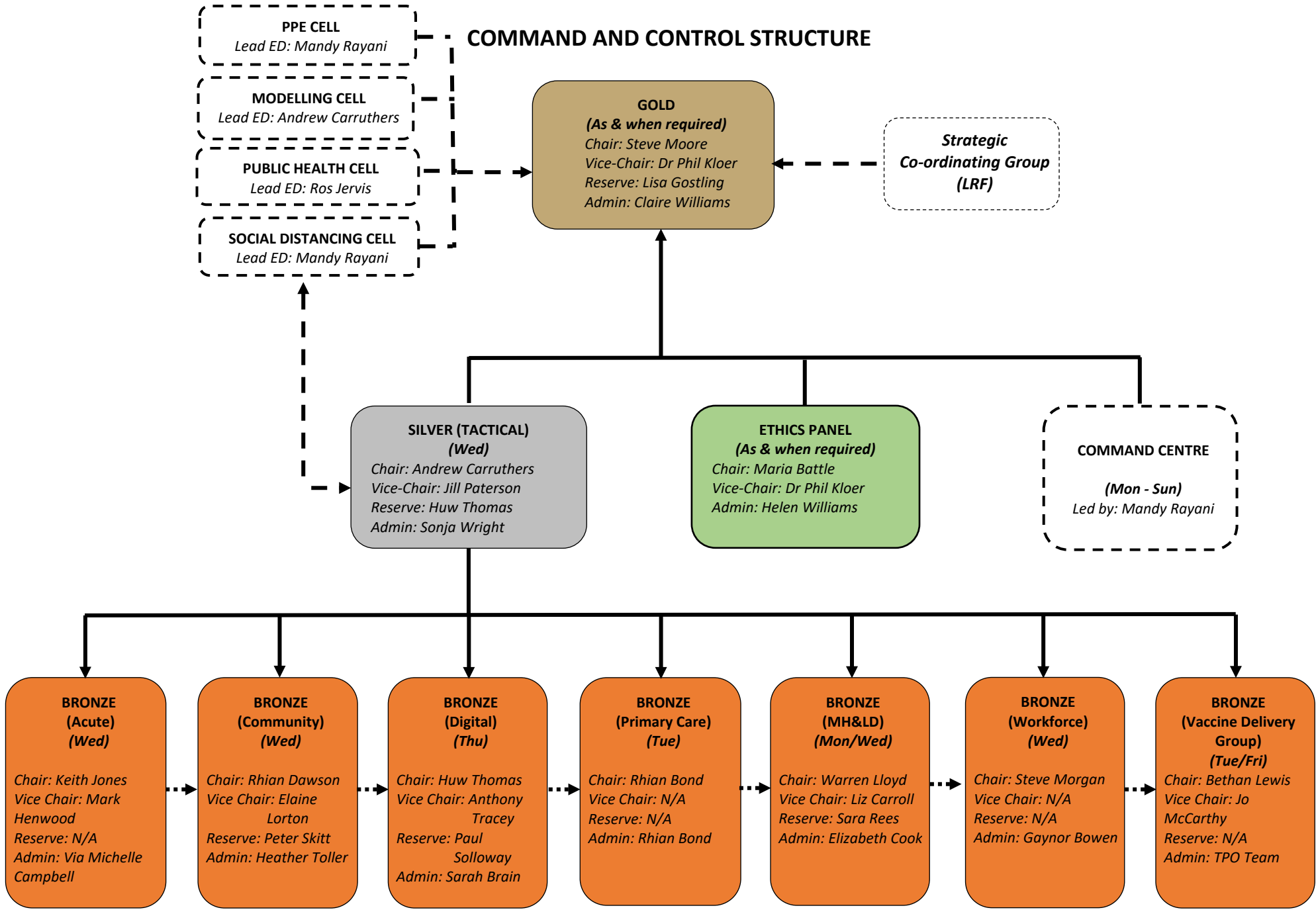
- **NOTE** the update since the Board in January 2021 regarding the approach undertaken to ensuring the appropriate level of Board oversight and scrutiny to discharge responsibilities effectively during the COVID-19 pandemic, together with the revised Command and Control structure (Annex i);
- **APPROVE** the temporary changes to the programme of work and meeting cycles for the Committees of the Board;
- **APPROVE** the changes to the Command and Control Structure including:
  - Variation to the meeting frequency of Tactical (Silver) Command Group.
- **NOTE** the update since the Board in January 2021 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>	<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 where possible (the point being that there will be occasions that it is not possible).</p>
<b>Enw Da:</b> <b>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:</b> <b>Privacy:</b>	Not Applicable
<b>Cydraddoldeb:</b> <b>Equality:</b>	Not Applicable

### COMMAND AND CONTROL STRUCTURE



## MEETING RHYTHM

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

\* The Bronze (Chair's Coordination) Group meets twice weekly and acts as a touch-point across all Bronze level Groups

V23.dated 16.03.2021

## 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>	<b>Bronze (Vaccine Delivery Group)</b>
<i>(As &amp; when required)</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>	<i>(Tue/Fri)</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> Huw Thomas	<b>CHAIR:</b> Rhian Bond	<b>CHAIR:</b> Steve Morgan	<b>CHAIR:</b> Andrew Carruthers	<b>CHAIR:</b> Warren Lloyd	<b>CHAIR:</b> Bethan Lewis
<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> Elaine Lorton	<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>VICE-CHAIR:</b> Jo McCarthy
<b>RESERVE:</b> Lisa Gostling	<b>RESERVE:</b> Huw Thomas	<b>RESERVE:</b> N/A	<b>RESERVE:</b> N/A	<b>RESERVE:</b> Peter Skitt	<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>RESERVE:</b> N/A
<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>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	<b>ADMIN:</b> TPO Team

## 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.

