



AGENDA ITEM

2.13

CTM BOARD

**DISCHARGING BOARD COMMITTEE RESPONSIBILITIES DURING
COVID-19 RESPONSE PHASE**

Date of meeting

28/05/2020

FOI Status

Open/Public

**If closed please indicate
reason**

Not Applicable - Public Report

Prepared by

G. Galletly, Interim Director of Corporate Governance

Presented by

G. Galletly, Interim Director of Corporate Governance

Approving Executive Sponsor

Executive Director of Finance &
Procurement
Executive Director of Nursing, Midwifery
and Patient Care

Report purpose

FOR DISCUSSION / REVIEW

**Engagement (internal/external) undertaken to date (including
receipt/consideration at Committee/group)**

Committee/Group/Individuals

Date

Outcome

Management Board

20.5.2020

SUPPORTED

ACRONYMS

Not Applicable



1. SITUATION/BACKGROUND

- 1.1 As part of NHS bodies and the Welsh Government response to managing the impact of the pandemic it has been necessary to adapt governance arrangements. The Welsh Government in its response (dated 26 March 2020) to a letter received on behalf of the Board Secretaries Group, agreed the Governance Principles that are designed to help focus consideration of governance matters over the coming weeks and months, these principles are detailed on page 1 of Appendix 2.
- 1.2 In responding to the pandemic, NHS organisations in Wales have agreed to stand down all committees and partnership committees with the exception of the Quality & Safety Committee and the Audit & Risk Committee, operating where required, through quorum arrangements.
- 1.3 The purpose of the Welsh Government Guidance Note (Appendix 2) is to assist the Quality & Safety Committee Audit & Risk Committee in discharging their responsibilities during this time.

2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 2.1 The guidance note requires the Health Board to consider the information and guidance provided to inform its arrangements for the Board and Committees during the COVID-19 response phase. The Health Board will also need to consider the relevance as it moves into the recovery/reactivation phase.

3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

- 3.1 Appendix 1 provides an assessment of the Health Board's current level assurance against the guidance, and also identifies areas where further action could be taken to increase assurance.



4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below)
	The Quality & Safety Committee and Audit & Risk Committee has a critical role during the public health emergency and challenging decisions needed to ensure actions are quality and risk assessed and that the organisation acts in the best interest of the public and staff.
Related Health and Care standard(s)	Governance, Leadership and Accountability
	If more than one Healthcare Standard applies please list below:
Equality impact assessment completed	Not required
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications / Impact	There is no direct impact on resources as a result of the activity outlined in this report.
Link to Main Strategic Objective	To provide strong governance and assurance
Link to Main WBFG Act Objective	Service delivery will be innovative, reflect the principles of prudent health care and promote better value for users

5. RECOMMENDATION

5.1 The Board is asked to **DISCUSS** and **REVIEW** this report and its appendices.

Appendix 1
Assessment of Audit & Risk Committee and Quality & Safety Committee Activity against the Guidance

Guidance Heading	Guidance Sub Heading	Health Board Position
<p>1. Annual Reporting</p> <p>Revised timescales were issued in the Welsh Government letter dated 26 March 2020 (see References section below). This will inform the work of the Committee during the annual reporting period.</p> <p>Note: Whilst it is for each organisation to agree the level of assurance required and content of reports consideration should be given to the potential impact of diverting resources to prepare reports which will add limited value to the response, recovery and reactivation of services.</p>	<ul style="list-style-type: none"> Review and recommend the annual accounts for adoption and approval by the Board. 	<p>Draft accounts will be submitted to Audit Committee to endorse approval on the 29th June 2020.</p> <p>Health Board will approve the accounts on the 29th June 2020. The AGM scheduled for the 30th September 2020.</p>
	<ul style="list-style-type: none"> Review the Annual Governance Statement (AGS) to ensure it is an accurate reflection of the position for 2019/20 and up to the date of approval, prior to signature by the Chief Executive/Accountable Officer – ensure the impact of the need to respond to COVID-19 is clear. 	<p>Draft AGS being considered by Audit and Risk Committee on 15th June 2020. Prior to Board approval and CEO signing on the 29th June 2020.</p>
	<ul style="list-style-type: none"> Review the Remuneration Report and recommend for approval by the Board. 	<p>Draft Remuneration report to Audit & Risk Committee on the 29th June 2020 to endorse approval by the Health Board.</p>
	<ul style="list-style-type: none"> Review the Annual Report and accountability statements in accordance with revised timetable issued by Welsh Government and recommend for approval by the Board. 	<p>(As above).</p>
<p>2. Internal Audit (IA)</p> <p>The Chair may benefit from holding a discussion with the Head of Internal Audit and Board Secretary to help inform the activity of the Committee during the response, recovery and reactivation phase.</p>	<ul style="list-style-type: none"> Receive the Annual Audit Opinion of the Head of Internal Audit and Annual Internal Audit Report which will inform the Annual Governance Statement 	<p>Confirmation has been sought from IA that they have gained sufficient evidence from audits during 2019/2020 to reach an overall opinion.</p> <p>Head of IA opinion will be received at the Audit & Risk Committee on the 15th June 2020. The IA Opinion will also be included in the Annual Governance Statement which will be received at the Committee on the 29th June 2020.</p>
	<ul style="list-style-type: none"> Assess the status of the Annual Internal Audit Plan 2019/20 and the potential impact on the 2020/21 Plan. 	<p>To be considered at the Audit & Risk Committee on the 15th June 2020.</p>
	<ul style="list-style-type: none"> Review and agree a revised plan for 2020/21 with the Head of Internal Audit. This will need to remain fluid as it is not clear at this stage when the programme will be able to commence. 	<p>Planning commenced April 2020. An update will be received at the Audit & Risk Committee in June and will be updated at the Audit & Risk Committee in July 2020.</p>
	<ul style="list-style-type: none"> Agree the arrangements for tracking internal audit actions during the period. The Committee may wish to focus on: <ul style="list-style-type: none"> Reports which received a Limited Assurance or No Assurance Rating Actions assessed as high priority where the “action by date” has passed 	<p>All draft reports received during period of COVID-19 are being checked and finalised for factual accuracy to be received by Audit & Risk Committee at its meeting on the 15th June 2020.</p> <p>Management responses will be sought and reported to subsequent Audit & Risk Committee meetings for approval and tracking.</p> <p>New audit recommendations tracker being implemented to assist assurance and reporting against management actions.</p>
	<ul style="list-style-type: none"> As the organisation moves into the recovery and reactivation phase consider whether previous reports and resulting actions still remain relevant. 	<p>Will be considered by executives with any proposals on relevance submitted to Audit & Risk Committee for consideration and approval as appropriate.</p>
	<ul style="list-style-type: none"> Assess whether any decisions/ways of working which were established during the response phase would benefit from an Internal Audit Review to provide assurance to the organisation. 	<p>Will be considered as part of development / Sign-off of the 2020/21 annual audit plan.</p>

Guidance Heading	Guidance Sub Heading	Health Board Position
<p>3. Audit Wales</p> <p>As indicated for Internal Audit it is suggested that Chair holds a discussion with the Wales Audit Partner and Board Secretary to inform the activity of the Committee during the response, recovery and reactivation phase. Annual Reports and Structured Assessment reports for 2019 were published before the COVID-19 pandemic was declared.</p> <p>The Auditor General for Wales has advised on the Audit Wales website² that whilst delivering his statutory responsibilities, he wants to ensure that audit work does not have a detrimental impact on audited bodies and their staff at a time when the public service is stretched and focused on more important matters.</p>	<ul style="list-style-type: none"> Arrangements will be put in place to ensure delivery of the statutory end of year duties in accordance with the revised accounting timetable. 	<p>A meeting between the Audit Wales Partner and Director of Governance to review impact of COVID-19 and future activity of the Committee was held on the 7th May 2020.</p>
<p>4. Risk Management and Assurance</p> <p>Although the Committee should not be directly involved in the process of risk management, the organisation's risk management system will underlie the assurance system and the Committee needs to review the risk management processes in exercising its functions in relation to this system of assurance³.</p>	<ul style="list-style-type: none"> It is likely that the organisations risk appetite will be higher than in the pre-crises phase to ensure the organisation is able to respond effectively and at pace. This may be evidenced in the speed that decisions have been arrived at for example. Committee should seek assurance that risks have been assessed and evidenced transparently including disproportionate impact on other areas. 	<p>Board Development session scheduled for August 2020 to review the Risk Appetite of the Board, incorporating learning from COVID-19.</p>
	<ul style="list-style-type: none"> What level of assurance is available for the risks and what is the level of confidence that can be gained from this? 	<p>All Board members have been kept up-to-date on the live Gold risk register resulting from COVID-19.</p> <p>Assurance on Non- COVID-19 essential services has been received by the Quality & Safety Committee on the 12th May 2020, and further sessions planned with Planning, Performance and Finance Committee on the 19th May 2020 and the Full Health Board at the end of May.</p>
	<ul style="list-style-type: none"> As the organisation moves into the recovery and reactivation phase it will be necessary to further consider the risk appetite and tolerance of the organisation. Whilst accepting that it would not be appropriate to revert back to the position before the pandemic it is important to ensure that it is not higher than it should be. 	<p>As above.</p> <p>As 4a above.</p>
	<ul style="list-style-type: none"> As it is known that levels of external assurance are reduced is there confidence in the sources of internal assurance during this time. 	<p>Internal Audit and Audit Wales observe all committee meetings during COVID-19. The Board are sighted on the COVID-19 risk register. Independent Members are kept up-to-date by CEO and Executives as necessary on a weekly basis.</p>
<p>5. Decision Making and Delegation of Powers</p> <p>The Governance Principles recognise there may be changes to the delegation and escalation frameworks, together with departures from existing standards, policies or practice to make rapid but effective decisions. They also recognise the need to document such departures for future record and to ensure their continual review as the situation unfolds. Note: The Audit Committee together with the Quality and Patient Safety Committee will have a role in advising the Board regarding the appropriateness of this risk management arrangements, decision making and the delegation of powers.</p>	<ul style="list-style-type: none"> Committee has role to consider any variation in Standing Orders, approving these where it considers appropriate and providing a formal report to the Board. 	<p>The Audit Committee approved a variation in Standing Orders in relation to the management of Board and Committees during the response COVID-19. This variation was notified to the full Board and will be ratified by the Health Board at its meeting on the 28th May 2020.</p>
	<ul style="list-style-type: none"> Assess robustness of the arrangements for recording decisions and arrangements for ensuring business continuity if individuals are not able to discharge their responsibilities. 	<p>Allowance for delegation to second, third and fourth officers in the absence of the more senior officer approved by the Board in April through the Chairs Urgent Action process.</p> <p>Internal review of decisions made against COVID-19 scheme of delegation. Review included in information presented to Planning, Performance & Finance Committee on the 19th May 2020. There has been no review to date of the arrangements to allow for second, third and fourth delegates.</p>

Guidance Heading	Guidance Sub Heading	Health Board Position
	<ul style="list-style-type: none"> Receive information regarding any variation from Schemes of Delegation/Organisational Policies and Procedures/Standard Operating Procedures 	<p>All undertaken by Board approval via Chairs urgent action, endorsed by full Board at subsequent Board meetings.</p> <p>All issues briefed to Chair of Audit & Risk Committee prior to seeking urgent approval from Board.</p>
<p>6. Financial Control and Management</p> <p>The HFMA have published COVID-19 Financial Governance Considerations which advises of areas which will require consideration such as review of scheme of delegation, authorised signatory arrangements, coding of expenditure etc.</p>	<ul style="list-style-type: none"> Receiving information on the changes to control procedures and delegations which have been necessary to ensure the organisation is able to respond 	<p>Via Chairs Urgent Action as per 5c above.</p>
	<ul style="list-style-type: none"> Receiving information relating to the arrangements for recording any deviations 	<p>Internal review of decisions made against COVID-19 scheme of delegation. Review included in information presented to Planning, Performance & Finance Committee on the 19th May 2020.</p>
	<ul style="list-style-type: none"> Receiving information regarding these deviations – this may be a list of contracts entered into which have not been subject to the full procurement controls 	<p>Retrospective approval from Gold being sought at Gold command meeting on 21 May 2020, where decisions were made without Gold approval, and that approval was required under the COVID-19 scheme of delegation.</p> <p>The fit out contracts for the field contracts were initiated initially without required Board and WG approvals for contracts over £1m. Retrospective WG approval has been requested and retrospective Board approval is being sought on 28th May 2020.</p>
	<ul style="list-style-type: none"> Review losses and special payments 	<p>Reported as per business as usual.</p>
	<ul style="list-style-type: none"> Assurance that there where appropriate legal advice has been sought prior to entering into agreements 	<p>Legal advice was sought and received regarding contracts for use of the field hospitals, which are the key agreements where legal advice was needed.</p> <p>Legal advice was also sought and is being provided in relation to the Health Board utilisation of nursing home capacity for surge capacity and also for licences to occupy premises for provision of ambulatory services.</p> <p>Assurance on this has not been reported and will be addressed through the review described below.</p> <p>It is envisaged that an advisory review will be requested from Internal Audit of the operation of COVID-19 governance arrangements to date, which will include coverage of the arrangements outlined above.</p>
<p>7. Counter Fraud</p> <p>The Local Counter Fraud Specialist (LCFS) is the main point of contact and will advise regarding reports which should be received by Audit Committees during this time.</p> <p>The fraud threat posed during emergency situations is higher than at other times and organisations should put in appropriate controls to mitigate where possible.</p> <p>The UK government are issuing information regarding safeguards which should be put in place and alerts are also being issued in Wales.</p>	<ul style="list-style-type: none"> The Audit Committee should consider the arrangements for undertaking post-event assurance to look for fraud and ensure access to fraud investigation resources. <p>This should be undertaken as soon as practicable and the Committee should receive the findings.</p>	<p>Will be included in the Audit and Risk Committee forward work programme.</p>

Guidance Heading	Guidance Sub Header	Health Board Position
8. Workforce & Volunteers	<ul style="list-style-type: none"> Safety and use of temporary staff/staff working (including field hospitals)/with unfamiliar patient mix and use of volunteers. 	<p>Paper on nurse staff ratios received by the Quality & Safety Committee on the 12th May.</p> <p>Assurance regarding voluntary and temporary staff to be reported to the People & Organisational Development (POD) Committee when established circa July 2020.</p>
	<ul style="list-style-type: none"> Sickness absence levels/need for staff to self-isolate and impact on safer Staffing. 	Assurance will be reported to the POD Committee.
	<ul style="list-style-type: none"> Capacity of other non-patient areas, e.g. pathology with regard to COVID-19 and Non-COVID-19 workloads. 	Assurance report presented to Planning, Performance & Finance Committee on 19 May 2020.
	<ul style="list-style-type: none"> Health and well-being of staff (in the absence of a Workforce Committee this may fall to the Quality and Safety Committee or the Board may decide they wish to maintain oversight of this area). 	Health and Wellbeing of staff is one of the three strategic aims of the Health Board's response to COVID-19. Assurance will be to Board, and via the POD committee when established. Gold risks are routinely reported (weekly) to Independent Members.
9. Equipment, Medicines, Supplies and Facilities Management	<ul style="list-style-type: none"> Availability of appropriate PPE, its procurement, deployment, staff training, guidance and communication. 	Assurance provided via Quality & Safety Committee on 12 th May. Will be kept under review and Health Board will be re-establishing Health & Safety Committee to oversee.
	<ul style="list-style-type: none"> Availability of equipment and consumables - procurement, deployment, risk assessment and training requirements , monitoring supplies and stocks, 	Procurement and logistics process set up to ensure stock levels maintained at safe levels to meet demand, operated by procurement leads, facilities staff and PPE leads on each site. System set up for monitoring and reporting regular monitoring of stock levels by PPE item by site, measuring stock in terms of days of use and RAG rating the outputs.
	<ul style="list-style-type: none"> Medicines management - access to critical medicines, community access etc. 	All of the issues associated with Personal Protective Equipment (PPE), Equipment and Pharmacy were taken twice per week through Silver with exception reporting to Gold. There remains daily reporting of PPE stocks and usage as well as critical pharmacy stocks associated with ITU.
	<ul style="list-style-type: none"> Cleaning and hygiene – cleaning regimes for all areas, potential impact on other hospital acquired infections, ability of staff to shower and change as appropriate at the end of their shift 	Cleaning standards are monitored at the Infection Prevention & Control Committee. There is also ongoing monitoring via the Datix Risk and Incident Management system.
10. Safety, Quality and Clinical Effectiveness	<ul style="list-style-type: none"> Maintaining an oversight and monitoring of the organisations ability to provide /commission essential services and agree action where there are significant risks to delivery. 	Assurance on Non-COVID-19 essential services received at the Quality & Safety Committee on 12 th May 2020 and will continue to be reported at each meeting.
	<ul style="list-style-type: none"> Serious incident management – to include any changes to the arrangements 	Assurance received at Q&S Committee on 12 th May 2020 and will continue to be reported at each meeting.
	<ul style="list-style-type: none"> for reporting and managing incidents, monitoring and tracking themes as a result of COVID-19 	Will be built into learning and reporting as per 3b above.
	<ul style="list-style-type: none"> Responding to patient safety alerts and notices and other improvement actions needed, including any requirements from inspections in line with advice from Healthcare Inspectorate Wales and other regulatory bodies. 	Patient safety notices are managed by the Patient Safety Team and are reviewed each week by the Clinical Executive Review meeting. There is a separate process for other regulatory inspections, led through the CEO's office and delegated to the lead Executive for action. The Quality and Safety committee receive reports of the above.

Guidance Heading	Guidance Sub Header	Health Board Position
	<ul style="list-style-type: none"> Mortality reviews – maintain oversight of mortality reviews for those deaths where there may be a concern or unusual circumstances. Committees should ensure immediate ‘make safes’ are put in place and learning shared across the organisation in the usual way. 	As per 3b above.
	<ul style="list-style-type: none"> Triggers for clinical harm reviews of those on waiting lists – how will these be identified and will there be any change to the pre-COVID arrangements? 	The current process of harm review, which is clinically led and informed by risk, will continue to be embedded. Work is currently underway to refine the tool to identify the relative harm when compared with the risk of exposure to COVID-19.
	<ul style="list-style-type: none"> Arrangements for approving amendments to policies, procedures and protocols – how will this be managed during the phases of the response? 	COVID-19 decision-making framework addresses policy issues. Approved by Board – Chairs Urgent Action in March 2020.
	<ul style="list-style-type: none"> How is the organisation keeping a track of the published guidance? Are there arrangements for evaluating and ensuring an appropriate response? 	The interview for the Associate Medical Director for Quality and Effectiveness was delayed due to COVID-19 but will now take place on 3 rd June 2020. This role specifically includes the need to develop a gateway for guidance that prioritises implementation and receives assurance from clinical teams that guidance has been adopted and effectiveness monitored.
	<ul style="list-style-type: none"> Is the Committee clear regarding the expectations of staff regarding following guidance and maintaining parameters of clinical practice? 	Guidance distributed through bronze command and daily communications. Policy updates on designated share point site.
	<ul style="list-style-type: none"> Potential risk to patients if unable to fulfil assessment of specialising needs leading to potential increased Deprivation of Liberty concerns e.g. if clinical areas are locked to maintain patient safety. 	Table top Deprivation of Liberty’s (DOLS) assessments in place and a revised DOLS Standing Operating Procedure (SOP) was implemented and monitored via the central Safeguarding Team.
	<ul style="list-style-type: none"> Ensuring that services delivered in surge facilities such as field hospitals have clear operating procedures in place and in line with the organisation’s clinical/quality governance arrangements 	Managed through Gold COVID-19 response. Assurance provided to Planning, Performance & Finance Committee and Board in May 2020.
11. Patient Experience	<ul style="list-style-type: none"> Patient Experience and Concerns Reporting – arrangements for managing and responding during response, recovery and re-activation phases. 	Assurance as per 3b above.
	<ul style="list-style-type: none"> Consideration of issues and concerns which may be raised by the Community Health Council. 	Community Health Council (CHC) representative continues to sit on Quality & Safety Committee where issues are raised and addressed to the satisfaction of the committee and CHC.
	<ul style="list-style-type: none"> Impact on patients due to their ability to access essential services such as end of life and palliative care, pain control, value based decision making. 	Included in work on essential services (reported to Quality & Safety Committee).
	<ul style="list-style-type: none"> Concerns and mitigation regarding ability to ensure Welsh language, other language and needs as a result of protected characteristics are met. 	Included in Quality & Safety Committee issues as per normal practice.
	<ul style="list-style-type: none"> DNACPR and ensuring its appropriate use. 	The effectiveness of use of the DNACPR and ceiling of treatment will be a key area for the new Associate Medical Director to lead following interviews in June 2020. Amended guidance was adopted during the COVID-19 response and the lessons from that implementation will inform future improvements, across all sectors of the Health Board.

Guidance Heading	Guidance Sub Header	Health Board Position
	<ul style="list-style-type: none"> Impact on patients and their families regarding visiting policies, ability to ensure supplies of clothing and basic toiletries, provide for hygiene and nutrition needs, provide comfort towards end of life, pastoral needs etc. 	Visiting guidance updated several times to reflect national policy. Risk assessments in place to allow visitors for end of life patients. End of Life / Palliative guidance developed and implemented. Patient experience team developed a process to ensure all patients have an adequate supply of clothing and other essentials Each site facilitated family members to be able to safely pick up and drop off washing.
12. Capacity	<ul style="list-style-type: none"> Ability to meet demand of COVID-19 and patients requiring essential services 	As per 5f above.
	<ul style="list-style-type: none"> Status and utilisation of surge capacity 	The issues do surge capacity were taken through both Silver and Gold in terms of identification of facilities, progressing readiness, staffing and operational delivery. There are now only two operational and they are reported upon daily. They will merge into business as usual for the Integrated Locality Groups on the 1st June 2020.
	<ul style="list-style-type: none"> Plans for use during response, recovery and re-activation phase. 	Framework for re-setting the new normal presented to the Quality & Safety Committee, Planning, Performance and Finance Committee and full Board in May 2020.
	<ul style="list-style-type: none"> Status of life saving and life enhancing services 	The operating framework to be submitted to Welsh Government will sign off Quarter 1 planning and be the bedrock for future quarters. This will also be submitted to the Board along with the assessment and action plans associated with Essential Services especially where there is a challenge to delivery.
	<ul style="list-style-type: none"> Performance split between COVID-19 and Non-COVID19 patients. 	The Integrated Performance Dashboard is being revised to reflect the impact of COVID19 on performance metrics. This will be reflected for the first time in the May 2020 performance report.
13. Annual Reporting	<ul style="list-style-type: none"> Agree Annual Quality Statement for approval by the Board before 30 September 2020 	Annual Quality Statement included within the Annual Report Timetable for 2019-2020 reporting. The final draft is scheduled for approval at the Quality & Safety Committee on the 8 th September 2020.
	<ul style="list-style-type: none"> Receive Annual Putting Things Right Report 	The Putting Things Right Annual Report was presented to the Quality & Safety Committee in March 2020.
	<ul style="list-style-type: none"> Receive information regarding annual reports/programmes which have been suspended (e.g. National Clinical Audit Programme) and arrangements for receiving exception reports if required. 	Assurance and update on clinical Audit received at Q&S Committee on 12 th May.
14. Decision Making and Delegation of Powers/Risk Management and Assurance	<ul style="list-style-type: none"> The Committee will need to consider for matters which fall within their Terms of Reference and decision making powers. 	No Changes proposed.