

Doing it Differently, Doing it Right?

Governance in the NHS During the COVID-19 Crisis
– Key Themes, Lessons, and Opportunities

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Summary

- 1 In times of crisis, the challenge for all public bodies is to adapt their governance systems, processes, and structures to ensure good governance is maintained. Indeed, it could be argued that maintaining good governance is more necessary than ever during a time of crisis to:
 - sustain public confidence and trust;
 - support agile and effective decision making;
 - provide continued assurance to all relevant stakeholders; and
 - facilitate post-crisis learning and recovery.

Governing during a crisis, therefore, is about doing it differently, but still doing it right.

- 2 As the COVID-19 crisis unfolded, it became increasingly clear there was no blueprint for governing during such unprecedented times. As a result, all NHS bodies in Wales were required to adapt their governance systems, structures, and processes and embrace new ways of working at an extraordinary pace.
- 3 Our structured assessment work this year provided a unique opportunity for us to see exactly how each NHS body adapted their governance systems, processes, and structures during the crisis to enable them to respond effectively to the numerous challenges and pressures posed by the pandemic.
- 4 We found that all NHS bodies operated effectively with a sense of urgency and a common purpose to adopt lean and agile ways of working and achieve rapid transformation whilst also maintaining a clear focus on core areas of business and governance.
- 5 This report provides an all-Wales summary of our structured assessment work with the aim of highlighting key themes, identifying future opportunities, and sharing learning in relation to the following areas of governance:
 - putting citizens first;
 - decision making and accountability; and
 - gaining assurance.



In times of crisis, the challenge for all public bodies is to adapt their governance systems, processes, and structures to ensure good governance is maintained. Indeed, it could be argued that maintaining good governance is more necessary than ever during a time of crisis.

I have been assured that NHS bodies have largely maintained good governance throughout the crisis, with revised arrangements enabling them to govern in a lean, agile, and rigorous manner.

The challenge now for each individual body is to fully evaluate their new ways of working, consider the opportunities outlined in this report, and maintain the sense of urgency and common purpose created during the crisis to establish and embed new approaches to governance in a post-pandemic world. ”

Adrian Crompton
Auditor General for Wales

1. Introduction

- 1.1 NHS bodies in Wales have faced unprecedented challenges and considerable pressures during the COVID-19 pandemic. Throughout this crisis, NHS bodies have had to balance several different, yet important, needs - the need to ensure sufficient capacity to care for people affected by the virus; the need to maintain essential services safely; the need to safeguard the health and wellbeing of their staff; and, the need to maintain good governance. In order to respond to these needs effectively, NHS bodies have been required to plan differently, operate differently, manage their resources differently, and govern differently.
- 1.2 Our structured assessment work¹ this year was designed and undertaken in the context of the ongoing pandemic. As a result, we were given a unique opportunity to see how NHS bodies have been adapting and responding to the numerous challenges and pressures posed by the COVID-19 crisis.
- 1.3 This report is the first of two publications which summarise the findings of our structured assessment work on an all-Wales basis with the aim of highlighting key themes, identifying future opportunities, and sharing learning both within the NHS and across the public sector in Wales more widely. This report focuses on how NHS bodies have governed during the COVID-19 crisis. Our second report will focus on how NHS bodies have supported the health and wellbeing of their staff during the pandemic, with a particular emphasis on the arrangements they have put in place to safeguard staff at higher risk from COVID-19.
- 1.4 In this report, we discuss the importance of maintaining good governance during a crisis and describe how NHS bodies in Wales operated differently during the pandemic in relation to the following areas of governance:
 - putting citizens first;
 - decision making and accountability; and
 - gaining assurance.

This reports also considers the key lessons that can be drawn from the experiences of NHS bodies of governing during the COVID-19 crisis and concludes by highlighting potential opportunities for the future.

¹ A structured assessment is undertaken in each NHS body to help discharge the Auditor General's statutory requirement, under section 61 of the Public Audit (Wales) Act 2014, to be satisfied they have made proper arrangements to secure economy, efficiency and effectiveness in their use of resources. Individual reports are produced for each NHS body, which are available on our [website](#).

2. Maintaining good governance during a crisis

- 2.1 The systems, processes, and structures in place to maintain good governance are often placed under pressure when public bodies are reacting and responding to a crisis. This is understandable, as those systems, processes, and structures are largely designed to support and maintain good governance in normal times. In times of crisis, the challenge for public bodies is to adapt their systems, processes, and structures to ensure good governance is maintained and not weakened or overlooked in any way.
- 2.2 Indeed, it could be argued that maintaining good governance is more necessary than ever during a time of crisis for the following reasons:
- **Sustaining public confidence and trust** – public scrutiny is often greater during times of crisis. The public need to be assured that public bodies are responding appropriately in the public interest to the pressures and challenges they face during a crisis, and that any disruptions or changes to service provision or quality are managed, minimised, and communicated as much as possible. A failure to act in the public interest, to communicate effectively, and to maintain openness and transparency during a crisis could significantly weaken public confidence and trust in public bodies.
 - **Ensuring the right decisions are made in the right way at the right time** – due to the uncertain, complex and dynamic nature of a crisis, leaders and managers need to be empowered to react and respond at pace. Agile and rapid decision making, therefore, are critical during a time of crisis. However, decision-making authority during a time of crisis needs to be clearly defined and communicated to ensure the right decisions are made by the right people in the right way at the right time. Furthermore, in the interests of openness, transparency, and accountability, decisions made during a time of crisis need to be documented accurately, accompanied by a clear rationale, and made available for inspection and scrutiny.

- **Providing continued assurance** – maintaining, and adapting where necessary, key internal controls is more necessary than ever during a time of crisis to assure stakeholders that all relevant risks are managed; that resources continue to be used efficiently and economically; and, that service quality and safety is maintained. The challenge, however, for those responsible for providing oversight and scrutiny of public bodies – both internally and externally – is not to overburden or distract leaders and managers whilst they are dealing with a crisis. Instead, the level of oversight and scrutiny should be proportionate and targeted to ensure the relevant stakeholders receive sufficient assurance over key matters during the crisis.
- **Supporting public bodies to build back better** – maintaining good governance during a crisis can support public bodies to transition effectively from the response phase of a crisis to the recovery phase by ensuring non-essential services, processes, and systems are reinstated and reintroduced in the right way at the right time. Good governance during a crisis can also support public bodies to ‘build back better’ by enabling them to capitalise on the opportunities created by a crisis for them to innovate, transform, and achieve greater resilience.

In short, therefore, governing during a crisis is about doing it differently, but still doing it right.

3. How health bodies governed differently during the pandemic

- 3.1 All NHS bodies quickly adapted their governance arrangements at the outset of the pandemic in line with their emergency plans and Welsh Government guidance.² The Welsh Government guidance, which was issued in May 2020, endorsed a series of principles developed by Board Secretaries which were designed to help focus consideration of governance matters during the response phase of the pandemic. The guidance also outlined key areas for the Quality and Safety Committees and Audit Committees of each NHS body to discharge during the period.
- 3.2 In this section, we briefly describe how NHS bodies governed differently during the pandemic, focusing in particular on their arrangements for putting citizens first, decision making and accountability, and gaining assurance.

Putting citizens first

- 3.3 All NHS bodies are expected to conduct their business in an open and transparent manner and actively encourage the engagement of their local populations, partners, and other stakeholders. This is achieved in a number of ways, including actively engaging partner organisations such as Community Health Councils, conducting board meetings in public, and making board and committee papers and minutes available for public inspection. However, NHS bodies have been unable to hold their meetings in public in the normal manner during the pandemic due to the need to observe social distancing guidelines and restrict public gatherings. As a result, they have been required to embrace new ways of working to maintain openness and transparency and to ensure effective engagement with all relevant stakeholders during the crisis.
- 3.4 We found that all NHS bodies moved swiftly to holding virtual board and committee meetings at the start of the pandemic. Although a small number of NHS bodies encountered some challenges rolling-out the necessary technology and software required to support virtual meetings, these were overcome relatively quickly. We found that all NHS bodies adapted well to virtual meetings, with participants observing suitable etiquette and using the relevant software features appropriately to ensure online meetings were conducted effectively.

² [Guidance Note: Discharging Board Committee Responsibilities during COVID19 response phase](#)

- 3.5 In order to maintain openness and transparency during the pandemic, we found that NHS bodies have been using a range of different online video platforms to either live-stream or record all relevant meetings. Several NHS bodies also increased the frequency of their board meetings to provide greater public transparency on their response to the pandemic. In terms of facilitating public involvement in virtual meetings, we found that most NHS bodies have been able to support members of the public either to submit their questions in advance of a meeting or to ask their questions directly during the relevant meeting.
- 3.6 In addition to holding virtual meetings, we found that all NHS bodies continued to publish board and committee papers on their websites in advance of meetings. We also found that minutes of meetings were produced in a timely manner, with some NHS bodies publishing summary versions on their websites within a matter of days to enhance openness and transparency. In addition to publishing information on their websites, we found that all NHS bodies have also been making effective use of their official social media channels to provide information to the public and other stakeholders on a range of matters, including information relating to their revised governance arrangements.
- 3.7 We found that all NHS bodies established mechanisms to maintain regular communication with partners during the pandemic, such as Members of Parliament, Members of the Senedd, Local Authority Leaders and Chief Executives, Police Forces, Fire and Rescue Services, Community Health Councils, third sector organisations, and other health bodies within their regional footprint. In terms of Community Health Councils (CHCs), we saw examples of effective communication and joint working between some health bodies and their respective CHCs, such as:
- inviting CHC Chief Officers to participate in virtual board and committee meetings;
 - sharing details of temporary services changes introduced during the pandemic with CHCs; and
 - involving CHCs in quarterly operational planning arrangements, or consulting with them on draft operational plans prior to their submission to Welsh Government for approval.

Decision making and accountability

- 3.8 All NHS bodies are required to operate within a robust framework for decision making and accountability, which is largely codified in a series of governing documents such as Standing Orders, Schemes of Delegation, and Standing Financial Instructions. Collectively, these documents set out the arrangements within which the boards, committees, and the executive and operational structures of NHS bodies undertake their day-to-day activities, make decisions, and ensure accountability. However, during the COVID-19 crisis, all NHS bodies were required to revise their arrangements and structures in order to respond strategically, tactically, and operationally to the challenges and pressures posed by the pandemic.
- 3.9 We found that the majority of NHS bodies agreed temporary revisions to their Standing Orders to enable and facilitate new ways of working during the crisis; to ensure a focus on essential business and key COVID-19 related risks and matters; and, to minimise the administrative and reporting burden placed on leaders and managers during the pandemic. Whilst each body revised their Standing Orders to meet their own individual business needs and circumstances, we found some common temporary changes, including:
- standing down some board committees;
 - redistributing essential committee business and postponing non-essential business;
 - creating provision for streamlined agendas, including the use of a consent agenda³ in some bodies;
 - enabling focused reporting, including greater use of verbal reporting; and
 - allowing Independent Members to submit questions and comments on papers in advance of board and committee meetings.

Revisions to Standing Orders were also made to enable the changes discussed previously relating to virtual meetings and public participation during the pandemic. We found that boards and committees adapted well to these new ways of working, with Independent Members continuing to provide effective scrutiny and challenge within the streamlined and virtual meeting environment.

3 A consent agenda is a technique for addressing and approving several matters in a single agenda item, such as reports, minutes, and other items that do not require discussion.

- 3.10 We found that all NHS bodies established formal command and control structures to enable rapid and agile decision making and ensure a coordinated response to the pandemic at a strategic, tactical, and operational level within their organisations. The command and control structures in most NHS bodies included Gold (Strategic) Groups, Silver (Tactical) Groups, and Bronze (Operational) Groups, underpinned by planning cells with responsibility for specific aspects of the response, such as securing and distributing personal protective equipment for example. All NHS bodies also had clear deputising arrangements in place to ensure resilience, responsiveness, and continuity as required.
- 3.11 We found that most command and control structures operated within existing frameworks for decision making. However, some NHS bodies needed to introduce temporary revisions to their Schemes of Delegation to ensure the relevant groups, managers and leaders were empowered to operate at pace during the pandemic. We found that most NHS bodies had clear arrangements in place for recording and documenting decisions, with some key decisions being published with the papers of board meetings to ensure openness and transparency.
- 3.12 All boards continued to meet during the pandemic, albeit virtually as noted earlier, thus allowing the corporate decision-making body of each organisation to maintain oversight of the response, hold the command structure to account, and make collective decisions on key matters during the crisis. Recognising the importance of reacting and responding at pace to the dynamic nature of the crisis, we found that each NHS body had suitable processes in place to enable Chair's actions on urgent matters. However, we found that Chair's actions were kept to a minimum and only used as a last resort in the majority of NHS bodies during the pandemic.
- 3.13 Some NHS bodies established temporary decision making and oversight groups involving Independent Members as part of their command and control structures. One body established a Cabinet, consisting of three Independent Members and three Executive Officers, to oversee the organisation's response and enable timely decision making and scrutiny. Another body established a Board Governance Group, which operated as a Chair's Action Group, to provide scrutiny and governance over the decision-making process as well as to provide assurance to the board that this was taking place. The membership of the Board Governance Group was restricted to the Chair, Chief Executive Officer, and two Independent Members.

Gaining assurance

- 3.14 All NHS bodies are required to establish and maintain a robust risk and assurance framework to ensure their boards and committees receive sufficient, timely, and reliable information that enables them to exercise good oversight of the management of risks, the quality and performance of services, and the efficient and effective use of resources. NHS bodies gain assurance from a range of internal and external sources, and report on the effectiveness of their arrangements to the public and other stakeholders via Annual Governance Statements and Annual Quality Statements. However, during the COVID-19 crisis, all NHS bodies were required to revise their arrangements to ensure the flows of assurance to their boards and committees were timely, proportionate, and covered the relevant key issues during the pandemic.
- 3.15 We found that all NHS bodies adapted their risk management arrangements and considered their risk appetite during the pandemic. However, only some bodies decided to increase their risk appetite during the crisis. We found that some NHS bodies established stand-alone risk registers to capture, manage, and mitigate the key risks relating to COVID-19, whereas others adapted existing risk registers to incorporate COVID-19 related risks. We found that all NHS bodies had suitable processes in place to monitor and manage strategic, tactical, and operational COVID-19 risks through their command and control structures. However, we found there were variable approaches to the oversight of significant COVID-19 risks at board and committee level, with some NHS bodies not fully utilising their committees to review and scrutinise all relevant risks during the pandemic.
- 3.16 We found that the Quality and Safety Committee of each NHS body continued to meet during the pandemic, with some increasing the frequency of meetings to provide timely oversight and scrutiny. The majority of committees adjusted their work programmes in line with Welsh Government guidance to enable them to maintain a handle on core quality, safety, and experience issues, as well as to provide an increased focus on the impact of COVID-19 on the quality and safety of services. We saw evidence of good information flows to boards and committees to provide assurance and enable effective oversight and scrutiny on the relevant quality and safety matters during the pandemic. However, we found there was scope to strengthen these arrangements in a very small number of NHS bodies.

3.17 In addition to providing information and assurance to Independent Members via board and committee papers, we found that all NHS bodies used a range of different approaches and mechanisms to keep their Independent Members informed and engaged during the crisis, including:

- sharing daily situational reports which provided status updates across a range of COVID-19 related indicators;
- providing written and face-to-face briefings, either on a daily or weekly basis;
- using board development sessions to highlight and discuss topics relating to the pandemic;
- providing access to the papers of command and control group meetings, mostly Gold Command Groups and Silver Command Groups;
- enabling committee chairs to meet with the relevant executive leads on a regular basis; and
- establishing virtual groups for Independent Members on online and mobile communication platforms to enable them to communicate and share information with each other on an ongoing basis.

We also found that some NHS bodies created opportunities to build knowledge, understanding and resilience across its cadre of Independent Members during the pandemic by, for example, inviting them to observe committees they do not normally sit on.

4. Key lessons and opportunities for the future

- 4.1 As the COVID-19 crisis unfolded, it became increasingly clear there was no blueprint for governing during such unprecedented times. As a result, NHS bodies were required to redefine their governance systems, structures, and processes and embrace new ways of working at an extraordinary pace to meet their own business needs and circumstances. Indeed, the crisis demonstrated that NHS bodies are capable of operating effectively with a sense of urgency and a common purpose to adopt lean and agile ways of working and achieve rapid transformation whilst also maintaining a focus on core areas of business.
- 4.2 As they slowly move towards the full recovery phase and enter a post-pandemic world, NHS bodies should seek to reflect on their experiences of governing during the crisis by evaluating fully their revised arrangements in order to:
- consider what worked well and what did not work so well;
 - identify what they would do differently during another crisis; and
 - establishing which new ways of working introduced during the pandemic should be retained going forward to enhance their governance arrangements for the future.

We suggest this evaluation is undertaken as part of a wider formal programme of learning within each NHS body which enables them to reflect on all aspects of their response to the pandemic in a systematic and meaningful way. Indeed, we believe the sense of urgency and common purpose created by the crisis presents a unique opportunity for each NHS body to continue encouraging, embracing, and embedding innovation, transformation and learning in all aspects of their work going forward in order to enable them to truly become learning organisations.

4.3 In terms of governance specifically, we have identified several potential opportunities for the future:

- **Virtual meetings** – virtual meetings have proven to be an efficient and effective way of working and have also enabled boards and committees to maintain and, in some respects, enhance openness and transparency. Even when restrictions on public gatherings are lifted and social distancing rules are relaxed, we believe there is scope for NHS bodies to consider sustaining virtual meetings in some form particularly given their benefits and the level of investment that occurred during the pandemic to support and facilitate virtual working.
- **Effective and efficient meetings** – all NHS bodies adopted leaner and agile ways of working during the crisis which generated less bureaucracy and enabled more effective and efficient board and committee meetings to take place. For example, using more focused and organised agendas (such as consent agendas), keeping meetings as paper light as possible, and inviting Independent Members to submit questions in advance of meetings. The use of online video platforms also forced NHS bodies to think differently about the way they organised and structured their meetings to ensure they were run as effectively and efficiently as possible in a virtual environment. We believe there is scope for NHS bodies to consider retaining and refining some of these new ways of working to ensure meetings continue to be as effective and efficient as possible in a post-pandemic world.
- **Agile decision making** – one of the key features of governance during the crisis in each NHS body was the introduction of structures and processes that facilitated rapid and agile decision making. For example, clinicians were empowered to make swifter decisions about patient care within revised clinical and ethical parameters, and leaders, managers, and groups were given greater autonomy to make spending decisions. Whilst all of this was necessitated by the need to react and respond at pace to the crisis, we believe there is scope for NHS bodies to consider retaining and refining agile approaches to decision making to enable and facilitate innovation, transformation and learning on an ongoing basis in a post-pandemic world. However, to enable this, each NHS body would need to review and realign their individual risk appetites and be assured they have robust internal controls in place to minimise fraud and ensure high standards of probity.

- **Reshaping strategy** – NHS bodies have been operating within shorter planning cycles during the crisis to enable them to respond appropriately to the various operational challenges and risks posed by the pandemic. As NHS bodies slowly move towards the full recovery phase, there is both a need and an opportunity for them to review and reshape their vision and priorities to ensure they're appropriate for a post-pandemic world. Indeed, the crisis has enabled some NHS bodies to deliver their priorities in certain areas sooner than expected, such as rolling-out digital health and care. Furthermore, the crisis has also highlighted the need to ensure a greater focus in other areas, such as addressing health inequalities. Reshaping their strategies for a post-pandemic work will also enable NHS bodies to reframe their Board Assurance Frameworks and refocus their risk management arrangements.
- **Focused, targeted, and integrated assurance** – adopting more efficient and leaner ways of working has enabled NHS bodies to provide focused, targeted, and in some cases, integrated assurance to their boards and committees. This has been particularly true in the context of quality assurance, with many bodies combining operational, financial, and workforce issues with core quality, safety, and experience issues. In reshaping their vision and priorities, we feel there is scope for NHS bodies to also consider redesigning their governance structures and build upon existing arrangements to provide more integrated assurance to their boards and committees in future. However, in doing so, NHS bodies should ensure sufficient attention is given to each area of assurance embedded within an integrated framework.
- **Enhanced communication** – the crisis has undoubtedly facilitated greater communication between NHS bodies and their partners, as well as enhanced communication with and between Independent Members. The use of online video platforms and official social media channels has also enabled NHS bodies to ensure visibility, provide information, and maintain ongoing engagement with their local populations and communities. We feel there is scope for NHS bodies to maintain, and enhance where possible, new forms and ways of communication introduced during the pandemic to sustain collaboration, partnership working, and public engagement in the post-pandemic world.

- 4.4 In conclusion, NHS bodies have adapted well to the many challenges and pressures posed by the pandemic. We have been assured that NHS bodies have largely maintained good governance throughout the crisis, with revised arrangements enabling them to govern in a lean, agile, and rigorous manner. The challenge now for each individual body is to fully evaluate their new ways of working, consider the opportunities outlined in this report, and maintain that sense of urgency and common purpose created during the crisis to establish and embed new approaches to governance in a post-pandemic world.



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