

Bundle Audit Committee 28 July 2020

- 1.0 14:00 - OPENING BUSINESS - OPEN SESSION
- 1.1 14:01 - AC20/50: Apologies for Absence
- 1.2 14:02 - AC20/51: Declarations of Interest
- 1.3 14:03 - AC20/52: Procedural Matters
1. To confirm the Minutes of the last meeting of the Committee held on 29/06/20 (Annex 1) as a correct record; and
2. To review the Public Summary Action Log (Annex 2)
- AC20.52a: Draft- approved by Chair - Audit Committee - Public Meeting - June 2020 _v.02.docx
- AC20.52b Public Summary Action Log _Audit Committee _live.docx
- 1.4 14:08 - AC20/53: Issues Discussed in Previous Private Session
- The Audit Committee is asked to note the report on matters previously considered in Private session.*
- AC20.53: Private Session Items Reported in Public_July 2020.docx
- 3.0 14:09 - AC20/54: Re-Setting Governance Arrangements
- The Audit Committee is asked, on behalf of the Board, to:*
1. Note the paper
2. Approve the re-set governance arrangements and associated Standing Orders changes as outlined
3. Approve the amendments to Standing Orders in accordance with Appendix 2 WHC 2020/11
- AC20.54a Re-setting Governance Arrangements v1.0 Approved.docx
- AC20.54b: Appendix 2 Welsh Health Circular 2020 011 - Model Standing Orders - LHBs Trusts WHSSC and EASC - Temporary Amendments July 2020 (002).pdf
- 4.0 14:19 - AC20/55: Issues of Significance for reporting to Board
- 5.0 14:20 - AC20/56: Exclusion of Press and Public
- Resolution to Exclude the Press and Public - "That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960."*

AUDIT COMMITTEE PUBLIC MEETING DRAFT

Minutes of the Meeting Held on 29.06.20

Via WebEx - the Health Board has determined that the public are excluded from attending the Committee's meeting in order to protect public health

Present	
Medwyn Hughes	Independent Member (Chair)
Eifion Jones	Independent Member
Jacqueline Hughes	Independent Member
Lyn Meadows	Independent Member

In Attendance	
Andrew Doughton	Performance Audit Lead, Audit Wales
Dave Harries	Head of Internal Audit, NWSSP
Gill Harris	Deputy Chief Executive / Executive Director of Nursing & Midwifery
Sue Hill	Acting Executive Director of Finance
Amanda Hughes	Audit Manager, Audit Wales
Justine Parry	Assistant Director of Information Governance & Risk (left after minute AC20/34)
Dawn Sharp	Acting Board Secretary
Bethan Wassell	Statutory Compliance, Governance & Policy Manager

Agenda Item	Action
AC20/30: Opening Business and Apologies for Absence. A private meeting with internal and external auditors was held at 9.00 am. No apologies were received.	
AC20/31: Declarations of Interest. No declarations of interest were made at the meeting	

Agenda Item	Action
<p>AC20/32: Procedural Matters.</p> <p>AC20/32.01: The Acting Board Secretary presented the items. Members agreed that the minutes were a correct and accurate record with the exception of the record of 'present / in attendance' – 'Eifion Evans' (Independent Member) should read 'Eifion Jones'.</p> <p>AC20/32.02: Of particular note was the new addition of the Committee Breach Log which had been included further to minute AC20/17.02 of the March 2020 Committee and as requested by an Independent Member.</p> <p>AC20/32.03: The Action Log Summary was discussed. The Statutory Compliance, Governance & Policy Manager provided Members with an update on Minute Reference AC20/13.02 and advised that a meeting with the Associate Director Health, Safety & Equality had been provisionally arranged for late July. The H&S team were currently prioritising the response to the COVID-19 pandemic (whilst also carrying a vacancy) which necessitated that the review had not been conducted. A response to the action would accompany the Legislation Assurance Framework report scheduled for the September Committee. The Performance Audit Lead, Wales Audit Office also provided an update for Minute Reference AC20/17.01 – discussions with the Acting Executive Director of Finance had highlighted three recommendations which had been agreed and would now be added to the Audit Tracker report for September Committee.</p> <p>AC20/32.04: An Independent Member raised a query on item four, Maintaining Good Governance, with regard to which principles had not been implemented in full and which were still in operation or had been stood down, noting that the Health Board had already moved away from some aspects, for example the daily bulletin to all staff. The Acting Board Secretary advised that there would need to be a further report prepared once the Command Structure closedown arrangement had been completed and that this would articulate the further changes necessary to Standing Orders as well as confirming which 'Principles' were still in operation. The Acting Executive Director of Finance offered to provide a written summary of the changes since the Health Emergency Control Centre (HECC) had been stood down.</p> <p>RESOLVED: That</p> <ol style="list-style-type: none"> 1. the Minutes of the last meeting of the Committee held on 19/03/20 be confirmed as a correct record (subject to the minor correction as detailed above); 2. the Committee Breach Log be noted. 3. the Summary Action Log be received and updated accordingly. 4. the changes to Standing Orders be formally noted; 	<p></p> <p></p> <p>BW</p> <p>BW</p> <p>DS / SH</p>

Agenda Item	Action
<p>5. the review of the NHS Wales Guidance Note for both Audit and the Quality, Safety & Experience Committee be noted along with the Post Event Work to identify potential fraud; and</p> <p>6. Further changes required to Standing Orders as a result of the changes in structure be agreed via Chair's action.</p>	
<p>AC20/33: Issues Discussed in Previous Private Committee Session.</p> <p>RESOLVED: That the report on issues discussed in previous Private Committee be noted.</p>	
<p>AC20/34 Risk Management Strategy / Policy.</p> <p>AC20/34.01: The Deputy Chief Executive / Executive Director of Nursing & Midwifery introduced the Strategy/Policy and subsequent reports. The Assistant Director of Information Governance & Risk then proceeded to provide Members with highlights from the Strategy/Policy and the work undertaken to date. These included the simplified escalation/de-escalation procedure (from a 5 tier to a 3 tier system), the implementation of an enterprise risk management system, which was a key driver for the revision, alongside the inclusion of a Risk Management Vision Statement. The Assistant Director of Information Governance & Risk provided Members with an update on a pilot project undertaken in the East area. A further risk validation workshop was planned with the findings to go on to be considered at the Risk Management Group.</p> <p>AC20/34.02: The Chair of Audit Committee pointed out that the report failed to include the significant amount of work undertaken since 2019 and highlighted that this should be noted. The Chair further queried what guarantees were in place that this revised proposal would be any better than its predecessor, noting that issues with the previous system appeared to be around implementation, rather than the Strategy itself. An Independent Member agreed, adding that it was vital that the implementation was a success and queried whether the target dates were achievable – there were in excess of 1300 risks, what assurances were there that these would all be reviewed? The Assistant Director of Information Governance & Risk advised that the Corporate Risk team had already commenced this work; it had been part of the validation work undertaken with the East Area team. The Assistant Director of Information Governance & Risk assured Members that she was confident that the target times could be hit. Whilst the Corporate Risk team were carrying a vacancy, there had been a significant amount of interest in the post. The Independent Member noted the work done to date but highlighted there were still concerns as to whether the training could be fully implemented. The Assistant Director of Information Governance & Risk drew Members' attention to the Financial Implications of the Risk Management report coversheet which identified the requirement for further resources to ensure that the training requirements could be fully met. The Deputy Chief Executive / Executive Director of Nursing &</p>	

Agenda Item	Action
<p>Midwifery went on to note that there was an acute awareness that staff did not currently fully understand the risk management process or strategy. It was important that the policy was implemented fully. A training needs analysis had been conducted and consideration was being given to externally facilitated workshops. The Health Board had previously relied upon focusing on training senior management. The implementation would now be extended to local training. The Independent Member queried whether this was realistically achievable within the next three months. The Deputy Chief Executive / Executive Director of Nursing & Midwifery confirmed that this did not include the training of all staff, just a sufficient amount so as to be confident that the Strategy could be realised. The training programme needed to be an ongoing project. The Independent Member concluded by advising that they would feel more assured after the Board had received their training session and queried whether the Risk Appetite review would be included in the session as it was a crucial element. The Deputy Chief Executive / Executive Director of Nursing & Midwifery confirmed that it would. There would be a focus on objective setting and redefining the associated risks in addition to the Risk Management training.</p> <p>AC20/34.03: The Chair asked for further feedback on the pilot that had been undertaken in preparation for moving from a 5 to 3 tier model. The Assistant Director of Information Governance & Risk provided feedback from the pilot highlighting in particular that under the 5 tier system, risks were not being successfully escalated and that the process required strengthening. The intention was to have a further validation exercise (group membership would include, the Assistant Director of Information Governance & Risk, a clinical lead and a risk lead) to ensure agreement of the risks and the scoring. The Chair asked for confirmation that escalation issues had been highlighted in the pilot and the Assistant Director of Information Governance & Risk confirmed this to be correct, and that the 3 tier approach would simplify the process.</p> <p>AC20/34.04: Members raised concern with regard to the Induction Programme for new staff and the proposal to include risk training, noting that the current programme was already very tight but added that they felt reassured that a Training Needs Analysis had been undertaken. The Assistant Director of Information Governance & Risk advised that there was a planned e-learning package, similar to the provision used for Information Governance that could be utilised instead of the induction programme.</p> <p>AC20/34.05: An Independent Member noted two issues. Firstly, the migration of the existing 1300 risks into 3 tiers and concurred with the concerns previously highlighted, though was pleased to note the successful pilot and assured by the confidence of the October 2nd target date. The second issue related to individual accountability for risks and queried what was being done to address this. The Assistant Director of Information Governance & Risk advised that this would come out of the</p>	

Agenda Item	Action
<p>Governance Review and that the Risk Management Strategy strengthened the arrangements. The Deputy Chief Executive / Executive Director of Nursing & Midwifery confirmed that conversations were taking place with the Divisions and that if risks were not reviewed or escalated, they would be picked up in audits (undertaken by the Corporate Risk team). Individuals had been informed that they would be held accountable for the management of their risks.</p> <p>AC20/34.06: The Chair asked the Auditors whether there were any comments from their perspective. The Performance Audit Lead, Wales Audit Office noted that implementing a new Strategy was challenging at any time and it was important to bear in mind the wider and long term impact of the pandemic. Keeping a close eye on the delivery plan would be of crucial importance.</p> <p>AC20/34.07: The Head of Internal Audit was pleased to see that the organisation was moving forward with setting objectives. The Head of Internal Audit went on to query the all Wales programme to implement the new datix system – had consideration been given to how the two projects dovetailed? The Assistant Director of Information Governance & Risk advised that herself and the Acting Associate Director of Quality Assurance were monitoring the all Wales datix implementation plan closely. However, they were yet to be sighted or receive a national plan, which was a concern. A risk would be raised for a delayed implementation which would dovetail with Digital & Information Governance Committee risks.</p> <p>AC20/34.08: The Chair concluded by stating whilst Members were generally in agreement of adopting the strategy, there were questions remaining whether September was the appropriate time. Concerns remained with regard to the implementation plan and the timings. Members queried whether it would be preferable to defer until after the Board Workshop. The Deputy Chief Executive / Executive Director of Nursing & Midwifery highlighted that the risk would be running two systems in parallel.</p> <p>AC20/34.09: Members agreed the proposed Strategy/Policy in principle on the proviso that the Board received further training and further assurances were provided in terms of implementation dates - whether they were possible given the pandemic. The Deputy Chief Executive / Executive Director of Nursing & Midwifery asked for confirmation that this would not prevent the Risk Management team from progressing the plan (move from 5 to 3 tier) and that training should continue to take place. Members agreed and confirmed were happy to proceed on this basis.</p> <p>AC20/34.10: A further discussion ensued as to the dates for the Board Workshop. The Acting Board Secretary advised there was a planning session due on the 6th of July to discuss.</p>	<p>GH/JP</p>

Agenda Item	Action
<p>The Assistant Director of Information Governance & Risk left the meeting.</p> <p>RESOLVED: That</p> <ol style="list-style-type: none"> 1. the further changes to the updated Risk Management Strategy and Policy as presented be approved; 2. the assurances given on the changes to the operational implementation of the strategy included within the Risk Management Improvement Plan be noted and that the Implementation Plan be noted and be the subject of further discussion at the Risk Workshop. 3. the change in approach for managing risk from a 5 tier model to a 3 tier mode be approved; and 4. the Board be recommended to approve the Risk Management Strategy 	
<p>AC20/35: Schedule of Financial Claims: Quarter Four of 2019/20 (over £50,000).</p> <p>AC20/35.01: Members received and discussed the report. An Independent Member suggested that the wording of the recommendation should be revised due to this being a retrospective approval.</p> <p>AC20/35.02: An Independent Member queried item C17-2852 and how the liability was attributed, noting that description indicated that the procedure was undertaken in the Countess of Chester. In addition, The member noted that the Health Board may be continuing to pay for services that it was no longer in receipt of due to the pandemic. The Deputy Chief Executive / Executive Director of Nursing & Midwifery and the Acting Executive Director of Finance agreed to seek clarity. Another Independent Member agreed, querying whether item C17-2852 was joint liability, the narrative was not clear and further information was required.</p> <p>RESOLVED: That the Schedule of Financial Claims and the payments approved be endorsed.</p>	<p>MJ</p> <p>GH/SH</p>
<p>AC20/36: Internal Audit Update.</p> <p>AC20/36.01: The Head of Internal Audit presented the reports. Members were pleased to note that this was a positive assurance opinion. However, it was important to note that if all of the reviews had been undertaken (there were twelve reviews that had been deferred from the plan this year), it could have affected the opinion. Members were also asked to note that there were thirteen draft reports awaiting sign off.</p>	

Agenda Item	Action
<p>AC20/36.02: An Independent Member queried the Limited Assurance report for the Welsh Language (Wales) Measure 2011 and what assurances were in place. The Chair advised that the report had been received in Committee prior to the changes in Membership (the Independent Member was not a Member of Audit Committee at that time), with representation by the Executive lead for the Welsh Language (Executive Director of Public Health) and Workforce system leads. Members would continue to monitor progress against the recommendation via the Audit Tracker report.</p> <p>AC20/36.03: An Independent Member queried whether audit reports were sufficiently considered by other Committees. The Acting Board Secretary provided Members with an overview of previous discussions on this matter with the last change in process agreed by the Committee being referrals on a case-by-case basis. A discussion ensued and Members agreed that Limited or No Assurance Reports would be sent to all Independent Members to ensure their respective Committees were sighted on the issues. The Acting Board Secretary agreed to review the process.</p> <p>AC20/36.04: An Independent Member noted that any assurance remained limited until the recommendations were closed / implemented and queried how this was resolved. The Head of Internal Audit advised that Limited Assurance report recommendations were subject to follow up by auditors.</p> <p>AC20/36.05: The Head of Internal Audit provided Members with an update on the Audit Plan, noting that there was, due to the ongoing pandemic, a risk that the Plan might not be able to be implemented. Members were updated on the reviews that had been identified for deferral and were asked to note that the plan had recently been updated - as part of a review and discussion with the Audit Committee Chair, Mental Health & Learning Disabilities Division – Governance Arrangements had been included.</p> <p>AC20/36.06: A discussion ensued as to the source of reviews and whether it should be clearly documented that an Executive had specifically requested a review of a particular area. The Head of Internal Audit advised that the plan was very much driven by the corporate risk register. Both Internal and External Audit met with the Executive to discuss the plan and ensure that areas where further assurance was sought were included. Members agreed to seek the Executive views on this and the Deputy Chief Executive / Executive Director of Nursing & Midwifery suggested that this could be picked up at the Board Workshop on Risk. The Acting Executive Director of Finance provided Members with an overview of her experience of the process noting that the focus was on areas of potential weaknesses. The goal was to utilise audits in identifying potential weakness so as to enable improvement.</p>	<p>DS</p> <p>DS</p>

Agenda Item	Action
<p>AC20/36.07: The Head of Internal Audit concluded by providing members with an overview of the Deprivation of Liberty Safeguards (DoLS) report and the specific issues. Members noted that the auditors had received excellent support from the Associate Director of Safeguarding and were confident that the issues identified would be fully addressed. The Deputy Chief Executive / Executive Director of Nursing & Midwifery also highlighted to Members that safeguarding matters were also overseen by the Quality, Safety & Experience Committee.</p> <p>RESOLVED: That</p> <ol style="list-style-type: none"> 1. the Head of Internal Audit Opinion and Annual Report be received and noted; 2. the revised Internal Audit Plan 2020/21 be approved; and 3. the Deprivation of Liberty Safeguards limited assurance report be received and noted and recommendations tracked using Team Central. 	
<p>AC20/37: Audit Wales Update Report</p> <p>AC20/37.01: The Performance Audit Lead, Wales Audit Office provided Members with an update on the COVID-19 impact on the delivery of the performance audit programme, which was under a process of regular review. All on site field work had ceased though some performance work was continuing where possible.</p> <p>AC20/37.02: The Performance Audit Lead concluded by drawing Members' attention to the All-Wales report on Wellbeing of future generations progress. The Audit Wales findings report identified the main barriers and highlighted that significant challenges still existed that would not be easy to resolve. An Independent Member advised Members that the report would be considered and reviewed at the Strategy, Partnership & Population Health (SPPH) Committee.</p> <p>AC20/37.03: The Audit Manager confirmed that she would provide her oral update in relation to the report on the annual accounts later in the private session when the accounts were presented.</p> <p>RESOLVED: That</p> <ol style="list-style-type: none"> 1. the report on the annual accounts was received. 2. the letters on the impact of Covid be received and noted. 3. the All-Wales report on the Well-being of Future Generations be received and noted. 	

Agenda Item	Action
<p>AC20/38: Issues of Significance for Reporting to Board Members were asked to raise any issues of significance for reporting to the Board via the Chair's Assurance Report.</p> <p>RESOLVED: That the Chair's assurance report highlight the following matters:-</p> <ol style="list-style-type: none"> 1. That the Risk Management Strategy/Policy was approved in principle pending further assurance in terms of implementation dates. 2. That the Head of Internal Audit opinion (reasonable assurance) and annual report for 2019/20 was received 3. That the revised Internal Audit Plan 2020/21 which has been updated for COVID-19 impact was approved. 	
<p>AC20/39: Date of Next Meeting: 17/09/20</p>	
<p>AC20/40: Exclusion of Press and Public Resolution to Exclude the Press and Public - "That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960".</p>	

Audit Committee Summary Action Log: Public Committee

Officer	Minute Reference and Action Agreed	Original Timescale	Latest Update Position	Revised Timescale
Last updated 20.07.20				
Melanie Maxwell	AC20/09.03: Schedule of Financial Claims - Members noted that claims should be a fundamental driver in terms of Clinical Audit and would expect to see reference to this in the Clinical Audit Plan.	June	08/06/20 the planning process has been suspended whilst the Covid 19 response is in place and will recommence once the team is deployed back into their roles and we have confirmation from WG that national audits are recommencing. The plan was to be reviewed in September and we will work to this timeframe.	Sept.
Bethan Wassell	AC20/13.02: Legislation Assurance Report (LAF) - The Information and Consultation with Employees Regulations 1996 / 2004 to be reviewed with Associate Director of Health, Safety & Equalities. Requirements to be clarified and reported back to Committee	Sept	Meeting with Assistant Director of Health, Safety & Equality scheduled for 04/08/20	Sept
Sue Hill / Lawrence Osgood	AC20/15.02: Internal Audit - Agency Contract to be reviewed and revised to include agreement to random sampling of time sheets to promote agency self declarations of discrepancies.	June	This has not been progressed but will be implemented from 1st July in two phases: 1. an email to current suppliers 2. added to all new contracts	July
Bethan Wassell	AC20/32.03: WAO/Interim Staffing Report – three recommendations identified and to be input into electronic system to enable live tracking/monitoring	Sept	MR sent to Executive for response/sign off 03/07/20	July

Officer	Minute Reference and Action Agreed	Original Timescale	Latest Update Position	Revised Timescale
Dawn Sharp	AC20/32.04: Standing down of COVID-19 Command Structure. Paper required to articulate further changes necessary to Standing Orders and confirmation of which Principles still in operation	Sept	Resetting Governance paper submitted to 28 July Audit Committee.	Close
Sue Hill	AC20/32.04: Paper required on summary of changes since the Health Emergency Control Centre (HECC) had been stood down	Sept		
Justine Parry	AC20/34.08: Risk to be raised for delayed Risk Management implementation that dovetails with DIGG risks	Sept	Head of Risk Management progressing through Nursing/governance approval route	
Matt Joyes	AC20/35.01: Schedule of Financial Claims. Recommendation wording to be revised to reflect this is a retrospective approval	Sept	Acting Associate Director of Quality Assurance confirmed 08/07/20 this would be made clear in all future reports.	
Sue Hill / Gill Harris	AC20/35.02: Schedule of Financial Claims. Query whether Health Board is continuing to pay for services that it is no longer in receipt of	Sept		
Gill Harris / Matt Joyes	AC20/35.02: Schedule of Financial Claims. Clarification on C17- 2852 required re whether joint liability (narrative suggests procedure was carried out at the Countess)	Sept	Update received from Acting Associate Director of Quality Assurance 08/07/20: The claim related to the care and treatment provided at YGC, not the earlier episode of care at Chester or later episode at Aintree, which were included in the description for context only and this should have been clearer in the report. In relation to the care and treatment at YGC, two expert clinical reports were critical of the care provided and on that basis Counsel's advice was to reach settlement for the YGC element of care.	

Officer	Minute Reference and Action Agreed	Original Timescale	Latest Update Position	Revised Timescale
Dawn Sharp	AC20/36.03: Dissemination/communication of audit reports with other Committees. Process to be reviewed	Sept	Revised process to be implemented – reports once finalised will be copied to Audit Committee Members as at present. Any limited assurance reports will form the basis of report and discussion at a subsequent meeting (normally the next scheduled meeting) of the Audit Committee with relevant Lead Executive or their nominee present. Tracking of the recommendations arising from the review will commence forthwith via Team Central. At the time the report is copied to Audit Committee Members the Board Secretary will issue a copy to the relevant Committee Chair and Executive Lead together with the relevant Committee Administrator requesting that the relevant Committee consider a follow up report to be prepared by the relevant Executive Lead approximately nine months later (NB this report is not the representation of the IA report but a report by the Executive setting out progress of the actions taken to address the weaknesses identified and whether implementation of these actions has had the intended outcome and if not what other actions are being taken). A summary of all such reports will then be presented to the Audit Committee as a separate appendix to the Team Central tracker report.	Close
Dawn Sharp	AC20/36.06: Internal Audit - source of reviews/specifically requested by the Executive. To be discussed with Execs (Board Workshop)	Sept	Risk Management Workshop scheduled for 22 September, revising of BAF/Corporate risks will then inform next iteration of Audit Plan.	Close



Cyfarfod a dyddiad: Meeting and date:	Audit Committee 28/07/20						
Cyhoeddus neu Breifat: Public or Private:	Public						
Teitl yr Adroddiad Report Title:	Summary of Business Considered in Private Session to be Reported in Public						
Cyfarwyddwr Cyfrifol: Responsible Director:	Acting Board Secretary						
Awdur yr Adroddiad Report Author:	Statutory Compliance, Governance & Policy Manager						
Craffu blaenorol: Prior Scrutiny:	Acting Board Secretary						
Atodiadau Appendices:	None						
Argymhelliad / Recommendation:							
The Committee is asked to note the report.							
Please tick one as appropriate (note the Chair of the meeting will review and may determine the document should be viewed under a different category)							
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval	<input type="checkbox"/>	Ar gyfer Trafodaeth For Discussion	<input type="checkbox"/>	Ar gyfer sicrwydd For Assurance	<input type="checkbox"/>	Er gwybodaeth For Information	<input checked="" type="checkbox"/>
Sefyllfa / Situation:							
To report in public session on matters previously considered in private session							
Cefndir / Background:							
Standing Order 6.5.3 requires the Board to formally report any decisions taken in private session to the next meeting of the Board in public session. This principle is also applied to Committee meetings.							
The issues listed below were considered by the Audit Committee at its private in committee meeting of: 29.06.20:							
<ul style="list-style-type: none"> • Executive Director Briefing on Financial Accounts 2019/20 • Annual Accounts 2019/20 • Annual Report: Remuneration Report 2020 • Financial Conformance Report • Annual Governance Statement • Audit Committee Annual Report, including Terms of Reference and Cycle of Business 							

- Quality, Safety & Experience Committee Annual Report, including Terms of Reference and Cycle of Business
- Counter Fraud Annual Report 2019/20
- Financial Governance during COVID-19 Report
- Internal/External Audit Tracker Report, including separate report on 2019 Structured Assessment Recommendation progress.

Asesiad / Assessment & Analysis

Strategy Implications

This report is purely administrative. There are no associated strategic implications other than those that may be included in the individual reports.

Financial Implications

This report is purely administrative. There are no associated financial implications other than those that may be included in the individual reports.

Risk Analysis

This report is purely administrative. There are no associated risk implications other than those that may be included in the individual reports.

Legal and Compliance

Compliance with Standing Order 6.5.3

Impact Assessment

This report is purely administrative. There are no associated impacts or specific assessments required.



Cyfarfod a dyddiad: Meeting and date:	Audit Committee 28.7.20		
Cyhoeddus neu Breifat: Public or Private:	Public		
Teitl yr Adroddiad Report Title:	Re-setting Governance		
Cyfarwyddwr Cyfrifol: Responsible Director:	Dawn Sharp Acting Board Secretary		
Awdur yr Adroddiad Report Author:	Liz Jones Assistant Director, Corporate Governance		
Craffu blaenorol: Prior Scrutiny:	Executive Team. Principles discussed between all Wales Board Secretaries.		
Atodiadau Appendices:	Appendix 1 - Revised Board/Committee Report Template (1 st July 2020 version) Appendix 2 – Welsh Health Circular WHC 2020/011		
Argymhelliad / Recommendation:			
The Audit Committee is asked, on behalf of the Board, to:			
<ol style="list-style-type: none"> 1. Note the paper 2. Approve the re-set governance arrangements and associated Standing Orders changes as outlined 3. Approve the amendments to Standing Orders in accordance with Appendix 2 WHC 2020/11 			
Please tick one as appropriate (note the Chair of the meeting will review and may determine the document should be viewed under a different category)			
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval	<input checked="" type="checkbox"/>	Ar gyfer Trafodaeth For Discussion	<input type="checkbox"/>
		Ar gyfer sicrwydd For Assurance	<input type="checkbox"/>
			Er gwybodaeth For Information
Sefyllfa / Situation:			
<p>Given the evolving situation in respect of Covid-19 and the standing down of the associated Command structure in light of the return to business as usual, it is necessary to re-visit and re-set Board governance arrangements temporarily amended as part of the pandemic response. This paper sets out the proposed governance arrangements going forward. It should be noted that a review of lessons learnt from the Covid-19 pandemic response is currently underway. The outcomes of this review could mean that, in the event of the Command structure needing to be reinstated, the associated Board governance arrangements may not necessarily replicate those adopted during the first pandemic response. It may be appropriate instead to adopt different arrangements, where the learning that has taken place identifies better options.</p>			
Cefndir / Background:			

In order to ensure an appropriate level of oversight and scrutiny, whilst enabling the Board to discharge its responsibilities effectively during the COVID-19 emergency, a number of temporary changes were made to ways of working. Temporary variations were agreed in respect of the legal framework (Standing Orders) within which the Board operates. The changes and variations were set out in papers entitled 'Maintaining Good Governance', the first of which was approved by the Board on 15.4.20 and the second on 14.5.20.

Asesiad / Assessment & Analysis

Strategy Implications

Health Board Strategy is not directly impacted by this content of this paper.

Financial Implications

There are no significant financial implications directly attributed to the implementation of the proposals set out in this paper. Some investment may be required in the technology and software for virtual meetings, however any expenditure would be offset by savings made on travel costs associated with physical meeting attendance.

Risk Analysis

This paper refers to social distancing and virtual meetings, which help to reduce the risk of Covid-19 infections.

Legal and Compliance

The Health Board's Standing Orders must be compliant with Model Standing Orders and associated regulations.

Additional proposed changes (Standing Orders paragraph reference 9.0.2 and 9.1.1) not previously presented to the Board, have been added to the table in this paper, to ensure that compliance with Standing Orders is feasible in respect of the paragraphs named.

Impact Assessment

The approach set out in this paper will remain under constant review by the Chair, Interim Chief Executive and the Acting Board Secretary. Any further variations to Standing Orders, whether as a result of further reflection or in response to direction from Welsh Government, will be brought to the Board for approval or ratification. An Executive Team Debrief is planned, to learn lessons from the response to Covid-19 and inform any future standing up of the Command structure.

The following table sets out the proposed re-set governance arrangements.

		Arrangements/changes agreed by Board on	Proposed re-set governance
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		15.4.20	arrangements
Section in first 'Maintaining Good Governance' paper	Heading	Narrative	
Section 2	Ways of working principles	Allow maximum flexibility to adapt to a rapidly evolving situation	Maintain this principle in case there is a second peak necessitating a return to the Command structure.
“	“	Minimise executive requirements for preparation of papers or attendance at meetings unrelated to the immediate requirements of COVID 19	Revert to business as usual arrangements.
“	“	Be sensitive to the need to ensure executive wellbeing, particularly when there is a need for 24/7 involvement	Revert to business as usual arrangements.
“	“	Ensure all Independent Members are briefed and engaged both through the crisis and beyond	Continue with this principle through the committee system and corporate communications.
“	“	Ensure Independent Members expertise and contacts are appropriately available to execs during the crisis	Revert to business as usual arrangements.
“	“	Provide an appropriate balance between short term operational imperatives and longer term requirements for a sustainable organisation	Revert to business as usual arrangements.
“	“	Ensure that appropriate	Done.

		arrangements are in place to support the organisation to exit crisis in a planned way	
“	“	Ensure appropriate partnership arrangements are in place to deal with both short term necessities and longer term requirements to embed improvements	Revert to business as usual arrangements; Regional Partnership Board, Local Partnership Forum and Stakeholder Reference Group will enhance partnership working.
“	“	All meeting arrangements should reflect current guidelines on social distancing	To continue.
“	“	Independent Member triangulation activities during this period should be minimised and will need to rely far more than usual on what is being told by the executive for assurance.	Revert to business as usual arrangements.
“	“	<p>A range of communication arrangements are in place...</p> <p>Daily bulletin to all staff (including all Board Members and primary care contractors)</p> <p>Daily Primary Care Update from Primary Care Team to contractors and managed practises</p>	<p>Revert to business as usual arrangements:</p> <p>Monday Corporate Bulletin reinstated, with any urgent staff communications issued as needed.</p> <p>As and when required; fortnightly informal information sharing with LMC; ad hoc briefings to community pharmacies</p>

		Daily update to Board including Media Evening Update, Primary Care communications (as above) and HECC briefing	Media evening update to the Board resumed.
		Daily update to partners inc AMs, MPs, CHC, LAs and third sector	Weekly briefings
		Weekly message from CEO and Chair to all staff via email, Staff App and on intranet	Continuing.
		Weekly teleconference with WG Communications and NHS Wales communications colleagues inc PHW	Continuing
		Work stream SITREP reporting 3 times a week and shared with Gold Command	No longer required since HECC Command arrangements stood down.
		Weekly briefing to all Independent Members (via telephone conference)	Monthly meetings
		Weekly Skype between Chair and local AMs	Fortnightly; also weekly update e-mail to selected group of MS/MPs
		Weekly Skype between Chair/CEO and Local Authority Leaders and CEOs and communications team representative dials	As required, plus weekly update email

		<p>in to daily LRF Media Cell call at 2pm</p> <p>Weekly Skype between Chair/CHC leads</p> <p>Vice Chair keeping in touch with Primary Care</p>	<p>As and when required</p> <p>Fortnightly catch-ups and ad hoc meetings as required, plus Vice-Chair is copied into all ad hoc briefings</p>
Section 3	Governance Principles	<ul style="list-style-type: none"> • Public interest and patient safety • Staff wellbeing and deployment • Good governance and risk management • Delegation and escalation • Departures • One Wales • Communication and transparency 	<p>These principles are still supported; this list will be held on record, to be reinforced in the event of the Covid-19 Command structure needing to be resurrected.</p>
Section 4.1	Governance and Risk	<p>Decision Making and variation from Standing Orders</p>	<p>Revert to business as usual arrangements. The Scheme of Reservation & Delegation was not amended.</p> <p>Chair's action to be retained, though it is to be used as infrequently as possible; full Board will retain decision making in accordance with Standing Orders. Arrangements for virtual Board meetings now in place.</p> <p>In the event of needing to resurrect the Covid-19 command structure, lessons learnt regarding</p>

			<p>the number, nature and frequency of meetings would need to be applied.</p> <p>Board and Committee meeting papers publication reverts to 7 days prior to the meeting, with the submission deadline being 3 days prior to that, allowing the time necessary to reinstate the quality assurance process for papers.</p> <p>The Recovery Group referred to was not established.</p> <p>The Covid-19 decision making arrangements referred to in the original paper have been stood down.</p>
4.2	Governance and Risk	Financial Guidance	There will be compliance with Welsh Government directives as part of business as usual.
4.3	Governance and Risk	Board meetings	<p>The Board will continue to meet virtually via Webex (or possibly a different tool if an alternative that better facilitates Welsh translation can be identified; members are currently asked to self-translate when speaking in Welsh), and trialling/use of a new platform for live streaming will continue, to allow public observers.</p> <p>Recordings or meetings will be posted online until the date of the next meeting.</p>

			<p>Board meetings will be held bi-monthly as before, reverting to the '7 day prior' agenda publication rule as described above.</p> <p>Formal, rather than verbal, reports will be expected.</p> <p>Submission of written questions in advance will be encouraged, to facilitate the smooth running of virtual meetings.</p> <p>Draft minutes will ideally be published within 3 working days until such time as live streaming is successfully in place.</p> <p>Board agendas will revert to business as usual, though may be reviewed in due course to ensure alignment with risk registers, in light of a forthcoming Risk Workshop.</p> <p>Board and committee meetings will follow their cycles of business.</p> <p>Board reports will use the revised template (attached at Appendix 1).</p> <p>Any broadened powers of delegation conferred upon Executive Directors, for situations where the Board may be informed after the event, rather than following consultation with all members, will cease and revert to business as usual arrangements.</p>
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			Board meetings to be bi-monthly; Board Briefings and Cabinet stood down. Board workshops and development sessions reinstated.
4.4	Governance and risk	Standing down of Committee and Officer Groups	Reverts to business as usual arrangements – all Committees, Officer and Advisory Groups to be reinstated.
Standing Orders Reference	Heading	Narrative	Proposed re-set governance arrangements
Xxxii	Variation and amendment to Standing Orders	Changes to the standing orders will be agreed at Board first and communicated to Audit Committee (not the other way round)	Reverts to business as usual arrangements.
3.3	Committees established by the Health Board	Suspended, with the exception of Audit Committee and Quality, Safety and Experience Committee	Reverts to business as usual arrangements.
7.1	Putting citizens first	Governance principles	See reference to section 3 'Governance Principles' above.
7.2	Annual plan of board business	Suspended for the foreseeable future	Reverts to business as usual; will be kept continuously under review.
7.2.5	Annual General Meeting	We are unlikely to run the AGM by the end of July; we will run it when it is becomes feasible to do so.	National requirements have been amended such that the AGM must now be held by the end of November 2020 (see also Model Standing Orders section below).
7.4.3	Notifying and equipping Board members	We will try our best to publish agendas 7 days in advance. We are unlikely to be able to publish a complete set of	Reverts to business as usual arrangements.

		papers at the same time, we will also be making greater use of verbal reporting which will be captured in the meeting minutes.	
7.5	Conducting Board meetings <i>Admission of the public, the press and other observers</i>	Variation	See reference to section 4.3 'Board Meetings' above.
7.5.8	Chairing Board meetings	In the absence of the Chair and Vice Chair, stipulate the Chair of Audit Committee as the 3 rd Chair	This is considered a potentially helpful amendment, therefore this principle is to be adopted and incorporated into Standing Orders for business as usual.
7.5.11	Executive nominated deputies	<p>The standing orders allow for a nominated deputy to represent an Executive Director, but not to have voting rights.</p> <p>The organisation currently has 9 Executives with voting rights; in the event that none are available the Board would need to determine if the nominated deputies should have voting rights. We propose to make recommendations on this if the need occurs.</p>	Reverts to business as usual – nominated deputies will not have voting rights.
		Arrangements/changes agreed by Board on 14.5.20	
Section in second 'Maintaining Good Governance' paper	Heading	Narrative	Proposed Re-set Governance Arrangements

All	All	[All sections that repeat the narrative of the first 'Maintaining Good Governance' paper are to be dealt with as per the relevant entries earlier in this table]	As above, plus Chair's Action Standard Operating Procedure and template to be retained. Covid-19 Cabinet Meetings Terms of Reference to be held on record in case of a requirement to resurrect the Command structure.
10.2.2	Annual Reporting of Committees and Advisory Groups	The only Annual Reports required for 2019-20 will be from Audit Committee and the Quality, Safety & Experience Committee. All other Committees and Advisory Groups will provide a summary of activity for inclusion within the Annual Governance Statement.	Subsequently rescinded by the Committee Business Management Group; all 2019/20 Committee reports are now required and will be submitted to the September Audit Committee.
Additional Standing Orders amendments:			
Standing Orders paragraph reference	Heading	Current narrative or description of issue	Proposed amendment
9.0.2	Signing and Sealing of Documents	Where it is decided that a document shall be sealed it shall be fixed in the presence of the Chair or Vice Chair (or other authorised independent Member) and the Chief Executive (or another authorised individual) both of whom must witness the seal.	That this requirement be suspended to accommodate remote working, to remove the requirement for the individuals to be present at, or witness to, the fixing of the seal.
9.1.1	Register of Sealing	The Board Secretary shall keep a register that records the sealing of every document. Each entry must be signed by the persons who approved and authorised the document	That the register is no longer held in a book, and becomes an electronic log, thus negating the need for approvers to sign each entry.

		and who witnessed the seal.	
1.3	Tenure of Board Members	<p>Model Standing Orders: The Health Board is required to make temporary amendments to its Standing Orders, in line with the national Model Standing Orders, as a result of new regulations 'National Health Service (Temporary Disapplication of Tenure of Office) (Wales) (Coronavirus) Regulations 2020'. The detail of the new regulations is set out in Welsh Health Circular 2020/011, which is reproduced at Appendix 2. EASC and WHSSC Standing Orders (which form part of the Health Board's Standing Orders) have also been altered to include these temporary amendments.</p>	That the changes to national Model Standing Orders be incorporated, together with amended EASC and WHSSC Standing Orders, into the Health Board's Standing Orders until 31.3.21.

APPENDIX 1 Revised Board/Committee Report Template (1st July 2020 version)

Board/Committee report template

This template combines the former coversheet and report template. Authors should attempt to restrict reports to no more than four pages where possible. Any necessary supplementary information can be attached as appendices but the Board Members should be able to understand the key issues and make an informed decision from the report alone.

Cyfarfod a dyddiad: Meeting and date:					
Cyhoeddus neu Breifat: Public or Private:	(State which. Most papers will be public - justification must be provided for any paper to be treated as 'private/confidential' and taken in the Private session)				
Teitl yr Adroddiad Report Title:					
Cyfarwyddwr Cyfrifol: Responsible Director:					
Awdur yr Adroddiad Report Author:					
Craffu blaenorol: Prior Scrutiny:	(State which Group or Body has previously considered the matter – please include their recommendations in the assessment section of the report).				
Atodiadau Appendices:	(Detail the number and content of any appendices).				
Argymhelliad / Recommendation:					
<p>Insert the exact wording of the recommendation the Board/Committee is being asked to pass. If approved without amendment, this is what will appear in the minutes. The recommendation should be clear and concise and by way of example in the form: "The Board/Committee is asked to approve". When combined with the paper the recommendation must contain sufficient detail that will allow individuals responsible for any action to know the extent of their authority and responsibilities. The final resolution once adopted by the Board/Committee acts as a historical and legal record should the matter ever be disputed.</p>					
Please tick as appropriate					
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval		Ar gyfer Trafodaeth For Discussion		Ar gyfer sicrwydd For Assurance	
				Er gwybodaeth For Information	
Sefyllfa / Situation:					
<p>In this section explain in a short paragraph what the paper is about and what it is endeavouring to achieve.</p>					
Cefndir / Background:					
<p>Outline the background to what is being proposed to the board/committee providing the information necessary for a proposal to be understood by an independent board member/member of the public, who does not have the background knowledge of an executive/senior officer managing the particular matter on a day-to-day basis. As such, any unfamiliar terminology or acronyms should be explained. If it is not possible to explain the background to a proposal in the space of one page, include an attachment(s) and provide further details. The use of graphs and tables can often convey the message more effectively and in less time than narrative. Identify any external advice/stakeholder input/information involved in the preparation of the proposal.</p>					

Asesiad / Assessment & Analysis

Strategy Implications

Explain how this proposal/matter is aligned to the agreed strategic and business plans – for example care closer to home, unscheduled care, referral to treatment, financial balance. Also indicate in this section how the paper/proposal has embedded the Wellbeing of Future Generations Act sustainable development principles.

Options considered

Ensure that you include reference to other options considered as part of the proposal and/or contingencies.

Financial Implications

Explain the financial implications. This section might include comments on whether the expenditure is budgeted or unbudgeted, the proposed timing of the expenditure. If a detailed business case has been prepared for a proposal, the major financial points of the case should be summarised here. Proposals should clearly state the capital/revenue consequences and the funding source/budget which has been identified. This section should follow the Health Board's financial guidelines. Any proposal which is not budgeted for must have input from the Executive Director of Finance prior to submission. Authors must also consider and detail any other resource implications such as workforce, IT, estates etc.

Risk Analysis

Analyse the major risks associated with the matter and explain how these risks will be managed. Include the risk score if appropriate e.g. This matter is currently logged on the Tier... Risk Register with a score of Mitigating actions currently in place include

Legal and Compliance

Outline any legal implications of the proposal. Outline what KPIs and/or reporting back to the Board will occur during and after implementation.

Impact Assessment

Outline whether due regard has been taken of any potential equality/Welsh Language/quality/data governance/digital/children's rights implications arising from matters addressed in the report. Some proposals, particularly those relating to policies, procedures, or delivery of services may require an impact assessment to be carried out. This section should include brief details of the outcome of such assessments, and confirm whether any mitigating actions will need to be taken as a result and associated milestones / timeframe.

Y:\Board & Committees\Governance\Forms and Templates\Board and Committee Report Template V2.0 July 2020.docx

Appendix 2 – WHC 2020/011 attached

WELSH HEALTH CIRCULAR



Llywodraeth Cymru
Welsh Government

Issue Date: 9 July 2020

STATUS: COMPLIANCE

CATEGORY: GOVERNANCE

Title: Temporary Amendments to Model Standing Orders, Reservation and Delegation of Powers – Local Health Boards, NHS Trusts, Welsh Health Specialised Services Committee, Emergency Ambulances Services Committee and Health Education and Improvement Wales

Date of Expiry / Review: 31 March 2021 or to the end of the term of any appointments made in accordance with the amendments detailed in the appendices, whichever is the later.

For Action by:

Chairs of Local Health Boards and NHS Trusts

Chair of Health Education and Improvement Wales

Chairs of the Welsh Health Specialised Services Committee, the Emergency Ambulance Services Committee and the Shared Services Committee

Directors of Corporate Governance/Board and Joint Committee Secretaries

Action required by:

In accordance with Board and Committee timetable but no later than 31 July 2020

Sender:

Melanie Westlake, Head of NHS Board Governance, Mental Health, NHS Governance and Corporate Services, Health and Social Services Group

HSSG Welsh Government Contact(s) :

Melanie Westlake, Head of NHS Board Governance, Mental Health, NHS Governance and Corporate Services, Health and Social Services Group

Enclosure(s):

Annex 1 – Temporary Amendments – LHB Model Standing Orders and Reservation and Delegation of Powers July 2020

Annex 2 – Temporary Amendments - Schedule 4.1 – LHB Model Standing Orders and Reservation and Delegation of Powers – Model Standing Orders Welsh Health Specialised Services Committee

Annex 3 – Temporary Amendments - Schedule 4.2 – LHB Model Standing Orders and Reservation and Delegation of Powers – Model Standing Orders Emergency Ambulance Services Committee

Annex 4 – Temporary Amendments - Trust Model Standing Orders and Reservation and Delegation of Powers July 2020

Annex 5 - Temporary Amendments – Health Education and Improvement Wales Model Standing Orders and Reservation and Delegation of Powers July 2020

Background

In March 2020, in response to the COVID-19 pandemic the Welsh Government agreed to delay the date by which NHS bodies were required to hold their Annual General Meetings from before the end of July to before the 30 November 2020.

On 5 July 2020, in response to the suspension of recruitment to public appointments in Wales, the ***National Health Service (Temporary Disapplication of Tenure of Office) (Wales) (Coronavirus) Regulations 2020*** came into force. The purpose of these Regulations is to dis-apply the maximum tenure of office contained in the specified regulations for NHS board/committee non-officer members for a time limited period.

The membership regulations for NHS boards and committees in Wales, in most cases, restrict a person from being appointed for a period of no longer than four years and holding office as a member or an associate member for a total period of no more than eight years. Although the Commissioner for Public Appointments' Governance Code provides some flexibility to ensure the continued operation of NHS boards/committees, any person who is nearing the end of their maximum tenure of office, as prescribed in legislation, would be required to leave office as they will no longer be eligible for re-appointment.

A number of key appointments on health boards/committees are due to end their tenure during the next 9 months. Due to the temporary suspension of all public appointments in March 2020 in Wales and the time required to re-start the appointment process as the restrictions are lifted, board and committees would potentially have a number of key vacant positions. The ***National Health Service (Temporary Disapplication of Tenure of Office) (Wales) (Coronavirus) Regulations 2020*** will ensure that during such a critical and

challenging period for the health sector in responding and recovering from the impact of COVID-19, boards and committees do not to carry vacancies, allowing them to function properly and support good and effective board governance.

The Regulations will dis-apply the statutory maximum tenure of office to ensure any board or committee member who is nearing the end of their statutory maximum tenure of office is eligible for re-appointment. Any re-appointments will be made in accordance with the Commissioner for Public Appointments' Governance Code which includes allowing an appointee to hold office for a maximum of ten years.

The Regulations temporarily dis-apply the following:

- Regulations 6(5) and 7(5) of the Local Health Boards (Constitution, Membership and Procedures) (Wales) Regulations 2009
- Regulation 14(3) of the Public Health Wales National Health Service Trust (Membership and Procedure) Regulations 2009
- Regulations 6(5) and 7(4) of the Welsh Health Specialised Services Committee (Wales) Regulations 2009
- Regulation 8(5) of the Velindre National Health Service Trust Shared Services Committee (Wales) Regulations 2012
- Regulations 6(5) and 7(4) of the Emergency Ambulance Services Committee (Wales) Regulations 2014
- Regulation 4(3) of the Health Education and Improvement Wales Regulations 2017

Amendments to Model Standing Orders

Introduction of the ***National Health Service (Temporary Disapplication of Tenure of Office) (Wales) (Coronavirus) Regulations 2020*** require the temporary amendment of the Model Standing Orders and Reservation and Delegation of Powers issued in September 2019 (see WHC 2019/027) in accordance with the powers of direction of Welsh Ministers as follows:-

- to Local Health Boards, the Welsh Health Specialised Services Committee, the Emergency Ambulance Services Committee, NHS Trust in accordance with Section 12(3) of the National Health Services (Wales) Act 2006
- to NHS Trusts in accordance with Section 19(1) of the National Health Services (Wales) Act 2006

Model Standing Orders were also issued to Health Education and Improvement Wales in September 2018, however these were issued under the cover of a letter from the Director General of Health and Social Services and NHS Wales Chief Executive. The Welsh Ministers did not use their powers of direction in accordance with Section 23(1) of the National Health Services (Wales) Act 2006.

Model Standing Orders are not issued for the NHS Wales Shared Services Committee. The Committee is subject to Standing Orders and Reservation and Delegation of Powers which form part of the Velindre University NHS Trust Standing Orders.

In addition to the amendments to reflect the ***National Health Service (Temporary Disapplication of Tenure of Office) (Wales) (Coronavirus) Regulations 2020***, amendments are also required to:

- the timing of the Annual General Meeting for Local Health Boards, NHS Trust and Health Education and Improvement Wales, and;
- the tenure of the Chair and Vice Chair of the Stakeholder Reference Group and Health Professionals' Forum.

The amendments are detailed within the appropriate Annex to this Welsh Health Circular.

Amendments to Standing Orders of NHS Bodies

NHS Bodies are required to make, vary and revoke Standing Orders for the regulation of their proceedings and business as follows:

- **Local Health Boards**

Local Health Boards have a duty under Regulation 15(2) of the Local Health Boards (Constitution, Membership and Procedures) (Wales) Regulations 2009 to make Standing Orders for the regulation of their proceedings and business. Regulation 15(3) specifies that Boards may (a) vary; or (b) revoke and remake its Standing Orders.

Regulation 15(6) provides that Standing Orders made under this regulation will be subject to, and must be made in accordance with, such directions as may be issued by Welsh Ministers.

The Committees are slightly different in terms of process as the Local Health Boards also need to approve their Standing Orders as follows:

- **Welsh Health Specialised Services Committee**

Regulation 12(1) of the Welsh Health Specialised Services Committee (Wales) Regulations 2009 place a duty on each Local Health Board to agree Standing Orders for the regulation of the meetings and proceedings of the joint committee. Regulation 15(5) of the Local Health Boards (Constitution, Membership and Procedures) (Wales) Regulations 2009 also require that where a joint committee has been established, the Board must approve any Standing Orders that may be made by that committee.

- **Emergency Ambulance Services Committee**

Regulation 10(1) of the Emergency Ambulance Services Committee (Wales) Regulations 2014 place a duty on each Local Health Board to agree Standing Orders for the regulation of meetings and proceedings of the joint committee. Regulation 15(5) of the Local Health Boards (Constitution, Membership and Procedures (Wales) Regulations 2009 also require that where a joint committee has been established, the Board must approve any Standing Orders that may be made by that committee.

- **Public Health Wales NHS Trust**

Public Health Wales have a duty under Regulation 23(2) of the Public Health Wales NHS Trust (Constitution, Membership and Procedure) (Wales) Regulations 2009 to make Standing Orders for regulation of their proceedings and business. They may also vary or revoke these Standing Orders.

- **Velindre University NHS Trust**

Velindre University NHS Trust has a duty under Regulation 19(2) of the National Health Service Trusts (Membership and Procedure) Regulations 1990 to make Standing Orders for the regulation of their proceedings and business. They may also vary or revoke these Standing Orders.

- **NHS Shared Services Committee**

The Shared Services Committee Standing Orders form part of the Velindre University NHS Trust Standing Orders, which must take account of the provisions of the Velindre National Health Service Trust Shared Services Committee (Wales) Regulations 2012 and the disapplication of these Regulations with regard to the tenure of the Chair and Vice Chair.

- **Welsh Ambulance Services NHS Trust**

Welsh Ambulance Services NHS Trust has a duty under Regulation 19(2) of the National Health Service Trusts (Membership and Procedure) Regulations 1990 to make Standing Orders for the regulation of their proceedings and business. They may also vary or revoke these Standing Orders.

- **Health Education and Improvement Wales (HEIW)**

HEIW under Regulation 15 of the Health Education and Improvement Wales Regulations 2017 must make standing orders for the regulation of its proceedings and business, including provision for the suspension of all or any of the standing orders. HEIW may vary, revoke and remake its standing orders. Standing orders of HEIW or a committee

or sub-committee must be made in accordance with any directions given by the Welsh Ministers and are subject to the provisions of these Regulations and any directions given by the Welsh Ministers.

Action Required

NHS organisations are required to make the necessary temporary variations as detailed in Annex 1-5 to their Standing Orders and Reservation and Delegation of Powers in accordance with the Board and Committee timetable, but no later than 30 July 2020.

In addition, Velindre University NHS Trust and the Shared Services Committee are also required to make the necessary amendments to the Standing Orders relevant to the Shared Services Committee.

The amendments will cease to have effect on the 31 March 2021 or at the end of the term of any appointments made in accordance with the amendments, whichever is the later.

Temporary Amendments to the Model Standing Orders

Reservation and Delegation of Powers

For Local Health Boards – July 2020

The following amendments, shown in italics are required to the Model Standing Orders issued in September 2019 with immediate effect. They will cease to have effect on the 31 March 2021 or, where an appointment(s) has been made under the ***National Health Service (Temporary Disapplication of Tenure of Office) (Wales) (Coronavirus) Regulations 2020*** or, to the tenure of a Chair or Vice-Chair of the Stakeholder Reference Group or Health Professionals' Forum, at the end of that term, whichever is the later.

Page 17 – 1.3 Tenure of Board members

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

The following amendment, shown in italics is required to the Model Standing Orders issued in September 2019 with immediate effect. They will cease to have effect on the 31 March 2021

Page 34 – Annual General Meeting (AGM)

7.2.5 The LHB must hold an AGM in public no later than *30 November 2020*.

The following amendments, shown in italics are required to the Model Standing Orders issued in September 2019 with immediate effect. (Note – reference to the additional term being limited to one year has been removed.) They will cease to have effect on the 31 March 2021 or where an appointment(s) has been made in accordance with the amendment, at the end of that term, whichever is the later.

Page 72 and 73 - **Schedule 5.1 – Stakeholder Reference Group, Terms of Reference and Operating Arrangements**

1.4 Appointment and terms of office

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

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

Page 79 - **Schedule 5.2 – Health Professionals' Forum, Terms of Reference and Operating Arrangements**

1.5 Appointment and terms of office

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

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

Temporary Amendments to the Model Standing Orders

Reservation and Delegation of Powers

For Local Health Boards – July 2020

Schedule 4.1 – MODEL STANDING ORDERS FOR THE WELSH HEALTH SPECIALISED SERVICES COMMITTEE

The following amendments, shown in italics are required to the Model Standing Orders issued in September 2019 with immediate effect. They will cease to have effect on the 31 March 2021 or where an appointment(s) has been made under the ***National Health Service (Temporary Disapplication of Tenure of Office) (Wales) (Coronavirus) Regulations 2020*** at the end of that term, whichever is the later.

Page 16 – 1.4 Appointment and tenure of Joint Committee members

- 1.4.1 The *Chair*, appointed by the Minister for Health and Social Services shall be appointed for a period specified by the Welsh Ministers, but for no longer than 4 years in any one term. The Chair may be reappointed but may not serve a total period of more than 8 years, *with the exception of those appointed or re-appointed in accordance with Regulation 4 of the National Health Service (Temporary Disapplication of Tenure of Office) (Wales) (Coronavirus) Regulations 2020. These members will hold office in accordance with the terms of their appointment or re-appointment.* Time served need not be consecutive and will still be counted towards the total period even where there is a break in the term.
- 1.4.2 The ***Vice Chair*** and two other ***Independent Members*** shall be appointed by the Joint Committee from existing Independent Members of the seven Local Health Boards for a period of no longer than two years in any one term. These members may be reappointed but may not serve a total period of more than 4 years, in line with that individual's term of office on any LHB Board, *with the exception of those appointed or re-appointed in accordance with Regulation 4 of the National Health Service (Temporary Disapplication of Tenure of Office) (Wales) (Coronavirus) Regulations 2020. These members will hold office in accordance with the terms of their appointment or re-appointment.* Time served need not be consecutive and will still be counted towards the total period even where there is a break in the term.

Temporary Amendments to the Model Standing Orders

Reservation and Delegation of Powers

For Local Health Boards – July 2020

Schedule 4.2 – MODEL STANDING ORDERS FOR THE EMERGENCY AMBULANCE SERVICES COMMITTEE

The following amendments, shown in italics are required to the Model Standing Orders issued in September 2019 with immediate effect. They will cease to have effect on the 31 March 2021 or where an appointment(s) has been made under the ***National Health Service (Temporary Disapplication of Tenure of Office) (Wales) (Coronavirus) Regulations 2020*** at the end of that term, whichever is the later.

Page 15 – 1.4 Appointment and tenure of Joint Committee members

- 1.4.1 The ***Chair***, appointed by the Minister for Health and Social Services shall be appointed for a period specified by the Welsh Ministers, but for no longer than 4 years in any one term. The Chair may be reappointed but may not serve a total period of more than 8 years, *with the exception of those appointed or re-appointed in accordance with Regulation 6 of the National Health Service (Temporary Disapplication of Tenure of Office) (Wales) (Coronavirus) Regulations 2020. These members will hold office in accordance with the terms of their appointment or re-appointment.* Time served need not be consecutive and will still be counted towards the total period even where there is a break in the term.
- 1.4.2 The ***Vice-Chair*** shall be appointed by the Joint Committee from amongst the Chief Executives or their nominated representatives of the seven Local Health Boards for a period of no longer than two years in any one term. These members may be reappointed but may not serve a total period of more than four years, *with the exception of those appointed or re-appointed in accordance with Regulation 6 of the National Health Service (Temporary Disapplication of Tenure of Office) (Wales) (Coronavirus) Regulations 2020. These members will hold office in accordance with the terms of their appointment or re-appointment.* Time served need not be consecutive and will still be counted towards the total period even where there is a break in the term.

Temporary Amendments to the Model Standing Orders

Reservation and Delegation of Powers

For NHS Trusts – July 2020

The following amendments, shown in italics are required to the Model Standing Orders issued in September 2019 with immediate effect. They will cease to have effect on the 31 March 2021 or where an appointment(s) has been made under the ***National Health Service (Temporary Disapplication of Tenure of Office) (Wales) (Coronavirus) Regulations 2020*** at the end of that term, whichever is the later.

Page 19 and 20 – **1.3 Tenure of Board members**

1.3.1 [Delete as appropriate]

[for Public Health Wales – Note: Amendment is not required for Velindre or Welsh Ambulance Services Trust]

The Chair and Independent Members appointed by the Minister for Health and Social Services shall be appointed as Trust members for a period specified by the Welsh Ministers, but for no longer than 4 years in any one term. These members can be reappointed but may not hold office as a member or associate member for the same Board for a total period of more than 8 years, *with the exception of those appointed or re-appointed in accordance with Regulation 3 of the National Health Service (Temporary Disapplication of Tenure of Office) (Wales) (Coronavirus) Regulations 2020. These members will hold office in accordance with the terms of their appointment or re-appointment.* Time served need not be consecutive and will still be counted towards the total period even where there is a break in the term.

For Public Health Wales, Velindre and the Welsh Ambulance Services NHS Trust

The following amendment, shown in italics is required to the Model Standing Orders issued in September 2019 with immediate effect. They will cease to have effect on the 31 March 2021

Page 33 – *Annual General Meeting (AGM)*

7.2.5 The Trust must hold an AGM in public no later than *30 November 2020*.

Temporary Amendments to the Model Standing Orders

Reservation and Delegation of Powers

For Health Education and Improvement Wales – July 2020

The following amendments, shown in italics are required to the Model Standing Orders issued in September 2018 with immediate effect. They will cease to have effect on the 31 March 2021 or where an appointment(s) has been made under the ***National Health Service (Temporary Disapplication of Tenure of Office) (Wales) (Coronavirus) Regulations 2020*** at the end of that term, whichever is the later.

Page 10 – 1.2 Tenure of Board members

- 1.2.1 Independent Members and Associate Members appointed by the *Minister for Health and Social Services* shall be appointed for a period specified by the Welsh Ministers, but for no longer than 4 years in any one term. These members can be reappointed but may not hold office as a member or associate member for the same Board for a total period of more than 8 years, *with the exception of those appointed or re-appointed in accordance with Regulation 7 of the **National Health Service (Temporary Disapplication of Tenure of Office) (Wales) (Coronavirus) Regulations 2020**. These members will hold office in accordance with the terms of their appointment or re-appointment.* Time served need not be consecutive and will still be counted towards the total period even where there is a break in the term.

The following amendment, shown in italics is required to the Model Standing Orders issued in September 2019 with immediate effect. They will cease to have effect on the 31 March 2021

Page 18 – Annual General Meeting (AGM)

- 5.2.5 HIEW must hold an AGM in public no later than *30 November 2020*.