



<b>Teitl adroddiad:</b> <i>Report title:</i>	Independent Review Management Response: Review of the Office of the Board Secretary			
<b>Adrodd i:</b> <i>Report to:</i>	Audit Committee			
<b>Dyddiad y Cyfarfod:</b> <i>Date of Meeting:</i>	16 November 2023			
<b>Crynodeb Gweithredol:</b> <i>Executive Summary:</i>	This report provides the initial management response following the Review of the Office of the Board Secretary			
<b>Argymhellion:</b> <i>Recommendations:</i>	The Committee is asked to note this report.			
<b>Arweinydd Gweithredol:</b> <i>Executive Lead:</i>	Phil Meakin, Acting Board Secretary			
<b>Awdur yr Adroddiad:</b> <i>Report Author:</i>	Phil Meakin, Acting Board Secretary Elin Gwynedd, Chief of Staff			
<b>Pwrpas yr adroddiad:</b> <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input checked="" type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input type="checkbox"/>	
<b>Lefel sicrwydd:</b> <i>Assurance level:</i>	Arwyddocaol <i>Significant</i> <input type="checkbox"/>  Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol <i>Acceptable</i> <input checked="" type="checkbox"/>  Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol <i>Partial</i> <input type="checkbox"/>  Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/>  Dim hyder/tystiolaeth o ran y ddarpariaeth  <i>No confidence / evidence in delivery</i>
<b>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</b>  <b><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></b>				
<b>Cyswllt ag Amcan/Amcanion Strategol:</b> <b><i>Link to Strategic Objective(s):</i></b>	This work links to all strategic objectives of the Health Board as corporate Governance is a key enabler for them.			

<p><b>Goblygiadau rheoleiddio a lleol:</b></p> <p><b><i>Regulatory and legal implications:</i></b></p>	<p>The Health Board is required to act according to its Standing Orders. This report contains information to allow the Health Board to conform to this.</p> <p>It is essential that the Board has robust arrangements in place to assess, capture and mitigate risks, as failure to do so could have legal implications for the Health Board.</p>
<p><b>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</b></p> <p><b><i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i></b></p>	<p>Not applicable</p>
<p><b>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</b></p> <p><b><i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></b></p>	<p>Not applicable</p>
<p><b>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</b></p> <p><b><i>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</i></b></p>	<p>The nature of this paper, in particular the Section on Corporate Risk Register has an impact on the way risks are reported and managed in the Health Board.</p>
<p><b>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</b></p> <p><b><i>Financial implications as a result of implementing the recommendations</i></b></p>	<p>The effective and efficient mitigation and management of risks has the potential to leverage a positive financial dividend for the Health Board through better integration of risk management into business planning, decision-making and in shaping how care is delivered to our patients thus leading to enhanced quality and less waste</p>
<p><b>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</b></p> <p><b><i>Workforce implications as a result of implementing the recommendations</i></b></p>	<p>Failure to capture, assess and mitigate risks and make effective decisions through effective Governance can impact adversely on the workforce</p>
<p><b>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</b></p> <p><b><i>Feedback, response, and follow up summary following consultation</i></b></p>	<p>Feedback from Audit Committee – 16/11/2023</p> <p>Audit Committee Development Session 15/09/2023</p>
<p><b>Cysylltiadau â risgiau BAF:</b> (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p><b><i>Links to BAF risks:</i></b></p>	<p>Not applicable</p>

<i>(or links to the Corporate Risk Register)</i>	
<b>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (Ile bo'n berthnasol)</b> <i>Reason for submission of report to confidential board (where relevant)</i>	Not applicable
<b>Camau Nesaf:</b> Gweithredu argymhellion <b>Next Steps:</b> Implementation of recommendations	

## **Audit Committee, 16 November 2023**

### **Special Measures Independent Reviews - Management Response**

#### **Review of the Office of the Board Secretary**

***Please note that this document has been reformatted in section 3 since it was received at the Audit Committee. The nature of the content has not changed***

### **1) Background and context**

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On 27 February 2023, the Minister for Health and Social Services announced that she was escalating the intervention status of the Health Board (BCUHB) to Special Measures with immediate effect. This decision reflected serious and outstanding concerns about board effectiveness, organisational culture, service quality and reconfiguration, governance, patient safety, operational delivery, leadership, and financial management. A number of Independent Advisors (IAs) were appointed to form a BCUHB improvement and support team to provide the support and advice necessary to enable BCUHB to implement the changes required to deliver improvements. The support and advice in this instance refer to an objectively derived blend of measures (monitoring, assurance, evaluation, guidance, encouragement, and support) which in combination will provide assurance to stakeholders (including patients, staff and the wider public).

This report provides the initial management response following the review of the Office of the Board Secretary that was undertaken by an Independent Advisor.

The full report is available to view in Appendix 1 of this report

## **2) Overview from Development Session**

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The Independent Advisor who led on the review presented the report to the Committee in a development session on 15 September 2023. This allowed the Committee to hear from the lead and to ask questions. The Independent Advisor outlined that the review has not made specific recommendations but rather areas of focus. These areas of focus align fully to the overarching themes identified from all of the collective reviews undertaken as part of Special Measures to date. It was also noted that a number of other complimentary reviews are imminent or underway such as the Executive Portfolio Review that have an important connection to this work. Where the areas of focus detailed in the report already show alignment to other reviews and improvement activity (such as the Executive Portfolio Review) then actions are not included here to avoid duplication).

## **3) Key Feedback from The Development Session on the 15 September 2023**

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### **Introduction**

The Independent advisor introduced the review report and set on record her thanks for the cooperation of all the staff members involved. She outlined that the role of OBS / governance is key to keeping the Organisation, the Chair, CEO and Staff safe. Without this in place and working well there is the potential for a lack of internal control.

The report does outline that is a lot of positive points that were identified in the review and a recognition that colleagues in the Office of the Board Secretary are working very hard. This purpose of this review is to support those staff members and the organisation through the sustainability of Governance arrangements. There should be a focus on the need to have stability – then move to standardisation and sustainability. Governance needs to be the bedrock of the organisation.

### **Area of Focus Discussed at the Development Session**

#### **The Office of the Board Secretary – Clarity of Roles**

The Development session discussed the suggestion for a Director of Corporate Governance role but operational Board Secretary role needs to be separate to allow focus. The group agreed that this was an exciting opportunity to reset and build the right structure for what the Health Board actually needs. However, was acknowledged that there are some actions that need to be taken forward immediately whilst others may need to wait until the Director of Corporate Governance (and Board Secretary) is in post.

The Development session considered the report's findings in relation to the structure of "governance" teams and this should be reviewed to reflect the need that the Health Board has. At the moment there are 2 different arms of the team and there is a benefit in these needing to work together and be more balanced. Increased clarity on is needed for job roles in the team to avoid

duplication and gaps. Related to this it was acknowledged there are a number of vacancies and secondments currently with a need to work to a full contingent and suggested that anchor days in the office to regroup as a team. Secondments from the OBS have weakened the team and this needs to be addressed immediately.

### **Training and Awareness of Good Governance Practice**

There are some associated training needs – in Quality Governance, specifically NHS Wales Health Governance. There is a need to further improve fundamental standards which set the house standards for the whole organisation – accuracy in distribution lists, names of meetings, accuracy in note taking, accuracy of actions, version control, house styles (note taking). Needs to be gold standard and build in quality checking. OBS do these checks but Standard Operating Procedures need to be in place which ensure cross organisational working and communication. This will give people the tools, help them comply with requirements and help write the papers.

Finally, the Vice Chair and more Independent Board members are needed to be recruited and they will need to be clear on their roles via an effective induction process, training, effective forward calendar and forward work programme for all the Committees they lead/support.

### **Compliance with Welsh Government Standing Orders**

There is always a need to comply with Standing Orders & Welsh Government guidance with little or no additions or moving away - model Terms of Reference, Job Descriptions and these can be quick wins for the quality of governance in the Health Board. Membership of Committees should be reviewed to ensure all are appropriate. i.e. Chair and Audit Chair should not attend all meetings and this needs consideration of separation. Audit Committee to make a recommendation to the Board to agree all the Terms of Reference.

The session also considered the importance of making sure there is capability and capacity to manage the Audit tracker to be further strengthened (revisit in 6 months) and work is needed to triangulate the hotspots and ensure robust tracking of Welsh Health Circulars

### **Planning the Cycle of Business**

In terms of Governance flow – committee cycle / work programme /schedule of meetings forward corporate calendars should be planned well in advance and set (suggested 2 years). Current flow and timing is not quite there so difficult to give assurance to the Committees Would be useful to have organogram to show the flow through the organisation.

Clarity is needed on where decisions lie and which committees decide on what matters. For example, has it gone through Executive Team first for decision to give assurance to Committees/Board. Governance route needs to be clear on audit route up to committees and then Board. Clearly, when there are sufficient number of Independent Members all Board committees should be in place with the governance products outlined above reviewed. The Development Session considered that a people and culture focus is a potential gap in Committee consideration and this was noted.

The Audit Committee Development session thanked Jo Williams for her support and contribution to this report.

#### 4) Key Themes from the Review

Themes from reviews received to date	Applicable to this review <i>Check box if applicable</i>
<p><b>1. Data, Intelligence &amp; Insight</b> Ensuring that there is an organisation wide approach with prioritised interventions into improving our data, intelligence and insight tools and capabilities. This will be a key enabler for sustainable improvement as well as supporting identification of future potential services of concern.</p>	<input type="checkbox"/>
<p><b>2. Culture</b> Defining, engaging and committing to the long-term work necessary to improve the culture of the organisation. Integrated into our broader organisational development plan across Culture, Leadership and Engagement.</p>	<input checked="" type="checkbox"/>
<p><b>3. Risk Management</b> Reviewing and refining our approach and appetite to risk, including how risks are identified, managed, mitigated, reported and monitored.</p>	<input checked="" type="checkbox"/>
<p><b>4. Patient, Family, Carer Involvement</b> A single coordinated approach to maximise involvement and engagement with our patients and their families and carers, using their experiences to guide our ongoing service improvement.</p>	<input type="checkbox"/>
<p><b>5. Operating model</b> Ensuring our operating model is designed to best deliver our strategic priorities, with clarity for everyone across all levels of the organisation on the roles and responsibilities, systems and processes within divisions and Pan BCU services.</p>	<input type="checkbox"/>
<p><b>6. Organisation Governance and compliance</b> Ensuring organisation wide visibility and understanding of governance best practice and ensuring adherence to it.</p>	<input checked="" type="checkbox"/>

## 7. Integrated Planning

A well understood integrated approach to planning as a discipline, as well as contributions to our annual planning process.



## 4) Recommendations

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The committee is asked to **APPROVE** the management response in readiness for onward publication into the public domain.

**Table 1: Management Response Action Plan**

Please note that the deliverables and in the Special Measures Domains will action the key recommendations in the OBS Review. The actions below are additional to these and reflect some of the specific actions referenced in the Development Session (Section 3 above)

Culture					
Ref	Action	Lead	Deadline	RAG status <sup>1</sup>	Progress Update
1	Board Induction Programmes for new Independent Members established that support role of Governance in the organisation so that a "Governance culture" continues to emerge	Acting Board Secretary	3/11/2023		Board Induction programme agreed with Chair and ready for deployment
2	Board Development Programmes to be agreed with the Chair and reflect the importance of Leadership and Culture within it	Acting Board Secretary	30/11/2023		Draft Board Development programme is under development and will be sent to Chair for his review by 20 November



3	The actions contained above will promote a stronger "Governance Culture"	Acting Board Secretary	30/11/2023		Contained within the OBS Review and detailed recommendations.
4	Introduction of a People Committee	Chair/ Acting Board Secretary	1/3/2024		Remit of People Committee includes consideration of Culture and was approved by the Board on 28 September 2023. Note that this is dependent on effective recruitment of Independent Members.

<sup>1</sup> **RAG status definitions:** **Green:** On track, **Amber:** Off track with mitigations in place to bring back on track, **Red:** Off track without mitigations in place to bring back on track

**Risk Management**

Ref	Action	Lead	Deadline	RAG status <sup>1</sup>	Progress Update
5	Bring the Risk Management function together with the OBS function so that "Corporate Risk Management" and "Board Assurance Framework" are managed by the same team	Acting Board Secretary	11/11/2023	Green	An interim OBS team approach that has included the Risk Management Team reporting to the Acting Board Secretary.  Risk Management Framework developed and agreed at Board  2023/24 BAF approach has been developed ready for Executive Team and Committees to consider and endorse
6	Risk Management Training to be reviewed in light of new Framework	Head of Risk Management	30/11/2023	Amber	Approach developed and mobilisation plan required to ensure it is effectively deployed. To be tested in January 2024 and rolled out from February 2024

<sup>1</sup> **RAG status definitions:** **Green:** On track, **Amber:** Off track with mitigations in place to bring back on track, **Red:** Off track without mitigations in place to bring back on track

## Organisational Governance and Compliance

Ref	Action	Lead	Deadline	RAG status <sup>1</sup>	Progress Update
7	Commence recruitment to Director of Corporate Governance role	Chief Executive	31/11/2023		<p>Role approved by Remuneration Committee in September 2023</p> <p>Role ready for advertising in November 2023</p>
8	<p>Rationalise OBS Team through a review.</p> <p>Develop short term approach in interim period</p>	<p>Director of Corporate Governance</p> <p>Acting Board Secretary</p>	To be confirmed		<p>Organisational Change programme to determine timescales.</p> <p>In the interim period an approach has been developed with the team that brings Risk Management into the structure and creates clarity between the "arms" of the Directorate. Reflects engagement with the Chair, CEO and staff.</p>
9	Anchor days agreed with key OBS staff	Acting Board Secretary	30/11/2023		Agreed and in place. Review effectiveness at end of December 2023
10	Ensure secondees return and agency staff stood down	Acting Board Secretary	7/11/2023		<p>Actioned and now in place. Head of Corporate Affairs and Policy lead back from secondment.</p> <p>All agency resource now stood down</p>

11	Governance Training required in basic disciplines and in relation to understanding the requirements of Governance in NHS Wales	Acting Board Secretary	Throughout 2023/24	Amber	Minute taking hour style agreed and sessions to be developed by end of December 2023.  Training on NHS Wales Governance requirements to be developed and agreed with support from wider Director of Governance network
12	Develop Standard Operating Procedure	Acting Board Secretary	November 2023	Green	Developed by OBS Team and approved by Exec Team  Receiving scrutiny at Audit Cttee on 16 Nov
13	Develop Committee structure and associated Terms of Reference for the Health Board	Acting Board Secretary	28/1/2024	Amber	Board approved Committee structure on 28 September  Completion to green relies upon effective recruitment of IMs and development of Terms of Reference, Workplans and corporate calendar to support it.  Audit Committee review on 16 November 2023.  Final detailed Terms of Reference to be agreed for adoption by January Board

<sup>1</sup> **RAG status definitions:** **Green:** On track, **Amber:** Off track with mitigations in place to bring back on track, **Red:** Off track without mitigations in place to bring back on track

**Integrated Planning**

Ref	Action	Lead	Deadline	RAG status <sup>1</sup>	Progress Update
14	The strategic deliverables in the Annual Plan are used to inform the Board Assurance Framework.	Head of Risk Management	30/11/2023		Clarity is required on Strategic Objectives and this is being developed with Executive Team support.
15	Ensure that Annual Plan deliverables are reflected in the Committee and Board workplans	Acting Board Secretary	30/1/2024		Committee Workplans are being updated during November 2023-January 2024

<sup>1</sup> **RAG status definitions:** **Green:** On track, **Amber:** Off track with mitigations in place to bring back on track, **Red:** Off track without mitigations in place to bring back on track