

## NHS Grampian

### Board Governance

#### Arrangements for the period to 31 December 2021

#### 1. Recommendation

The Grampian NHS Board is asked to approve the following recommendations in relation to the governance arrangements that will be implemented for the period from 1 July 2021 to 31 December 2021, subject to further review at the October 2021 Board meeting:

##### Board meetings and seminars

- continue to hold Board meetings virtually while NHS Grampian and the country is responding to the COVID-19 pandemic, for the 'special reason' of protecting public health, and the health and wellbeing of anyone who would have otherwise attended the meeting. We have had media in attendance at our Board meetings since December 2020, and members of the public will be offered the opportunity to attend from the June 2021 Board meeting;
- continue with a monthly meeting of the Board, alternating between a formal Board meeting and a Board seminar. The agendas and forward programme will incorporate the four core aspects of our remobilisation plan – Responding to COVID, Recovery, Remobilisation and Renewal, as well as the matters relating to Board governance and matters reserved for Board decision; and
- one further informal question and answer session for non-executive Board members has been scheduled for 21 June and a decision taken at this time as to the arrangements for communicating and updating Board members outwith Board meetings and seminars.

##### Board sub-committees

- all governance committees will return to their normal cycle of planned meetings from 1 July 2021 and resume their remits as defined by the relevant committee terms of reference. Minutes and assurance reports to the Board will continue to be maintained.

##### Stakeholder engagement

- approve the schedule of meetings or briefings which will be held with key stakeholders, as set out in Appendix 1, to ensure a regular flow of information to enable these stakeholders to support the NHS Grampian response.

## 2. Strategic Context

The NHS and social care services face unprecedented demand as they respond to the COVID-19 pandemic. In terms of national direction the NHS in Scotland remains on an emergency footing until at least 30 June 2021

Board Chairs have been encouraged to implement appropriate and proportionate governance arrangements, as described in the Scottish Government's Interim Director of Health Finance and Governance letter of 18 November 2020.

During the 2<sup>nd</sup> COVID wave, Boards were requested to take all reasonable steps to minimise meetings requiring attendance of executive team members such that senior clinical and non-clinical management can concentrate on the immediate service pressures.

As we now move forward with our remobilisation plans, whilst responding to the COVID pandemic, a revised version of the Delivering the NHS Scotland Blueprint for Good Governance was issued by the NHS Scotland Corporate Governance Steering Group in May 2021.

The revised guidance highlights that NHS Boards have adopted the Blueprint as the definition of good governance and have incorporated this model into their thinking on how to improve their governance approach and systems. While the Blueprint has been well received, the feedback from Board Members has prompted work at national level to review and update the Blueprint.

The starting point for the review has been to reconsider and update the definition of good governance included in the Blueprint. The World Health Organisation (WHO), in collaboration with the Royal College of Physicians of Edinburgh's (RCPE) Quality Governance Collaborative, has recently published a new working definition of excellence in governance that provides further insight into what a good governance system should deliver for a healthcare organisation. Their definition of governance included in a paper entitled 'Plurality of Governance' is as follows:

- The means by which all institutions and organisations involved in the design and delivery of healthcare translate health policy into clinical practice and management in order to improve the quality and efficiency of healthcare.
- The ability to ask the right questions and to implement the right mechanisms to ensure the organisation discharges its duties in line with its purpose and with focus on good clinical practice.

This more comprehensive definition of governance will not only support the NHS Scotland mission of delivering effective and high quality services, improving population health and addressing health inequalities, but it also clearly establishes the link between good governance and active governance and supports the approach being developed in NHS Scotland.

As part of our remobilisation plan we confirmed that the Board would keep governance arrangements under review. The revised guidance is welcomed and notes that further revisions will include reference to the role that advisory committees and networks play in the relation to governance of healthcare and any changes that may arise from the priorities for health and social care following the May 2021 Holyrood Election.

### **3 Key Matters relevant to the recommendation**

#### **3.1 Continuation of Revised Governance Arrangements – Board Meetings**

A summary of the Board governance arrangements that have been implemented since April 2020, together with the current proposal, is set out in Appendix 1. The Board last reviewed the governance arrangements in February 2021 and, this paper sets out the proposals for the immediate period to 31 December 2021.

Since October 2020, NHS Grampian has returned to having virtual Board meetings and seminars on alternative months, on the first Thursday of the month. It is proposed that the Board continues to meet on this basis at least until December 2021 with attendance being virtual. The Board will continue to publish its minutes and meeting papers on its website and arrangements have been implemented to facilities press and public attendance.

The agendas and forward programme will be incorporate the four core aspects of our remobilisation plan – Responding to COVID, Recovery, Remobilisation and Renewal, as well as the matters relating to Board governance and matters reserved for Board decision. Board Sub-Committees will continue to provide assurance reports following any meetings that are held.

The Board and the relevant committees will continue to be involved at key points in NHS Grampian's decision-making, in particular agreeing key plans, such as the Remobilisation Plan and the Winter (Surge) Plan.

#### **3.2 Governance Committee Meetings**

It is proposed that all the governance committees return to their pre-COVID meeting cycle, with each committee meeting being held virtually with formal agenda and papers and a written assurance report to each Board meeting.

#### **3.3 Endowment Trustees**

The Endowment Committee will continue to oversee the Endowment Fund and decisions related to the use of funds. The Endowment Committee have continued to meet throughout the COVID response period and there are no changes to the arrangements, other than that meetings will continue to be held virtually.

#### **3.4 Risks**

Risks are recorded and mitigated at the most appropriate level within the organisation. There has also been a comprehensive risk assessment of all protected / critical and paused services across NHS Grampian which has been used to inform decisions around our remobilisation plan.

All decisions taken at each level in the organisation are logged in accordance with the arrangements that are required during major incidents.

#### **4. Responsible Executive Director and contact for further information**

If you require any further information in advance of the Board meeting please contact:

**Responsible Executive Director**

Alan Gray

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**Contact for further information**

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21 May 2021

## Appendix A: Actual and Proposed Governance arrangements

	April to October 2020	October to December 2020	January to June 2021	July to December 2021
Board meeting	Met monthly	Alternate months	Alternate months	Alternate months
Board seminar	-	Alternate months	Alternate months	Alternate months
Staff Governance	Once per month	Pre-COVID cycle	One meeting	Pre-COVID cycle
Remuneration Committee	As required	Pre-COVID cycle	As required	Pre-COVID cycle
Clinical Governance	Once per month	Pre-COVID cycle	One meeting	Pre-COVID cycle
Performance Governance	Once per month	Pre-COVID cycle	One meeting	Pre-COVID cycle
Audit Committee	As required	Pre-COVID cycle	One meeting	Pre-COVID cycle
Engagement and Participation Committee	-	Pre-COVID cycle	-	Pre-COVID cycle
Spiritual Care	-	Pre-COVID cycle	-	Pre-COVID cycle
<b>Stakeholders engagement</b>				
MSP/MP	Twice monthly meetings	Monthly meetings	Monthly meetings	Monthly meetings
Local Elected Members	Periodic briefings	Periodic briefings	Monthly briefings	Monthly briefings
Integration Joint Boards	Periodic briefings	Periodic briefings	Monthly briefings	Monthly briefings
Staff briefings	Daily briefings	Daily briefings	Daily briefings	Daily briefings
System Leadership (wider)	Periodic meetings	Monthly meetings	Monthly meetings	Monthly meetings

	<b>April to October 2020</b>	<b>October to December 2020</b>	<b>January to June 2021</b>	<b>July to December 2021</b>
NE System Transformation Group (with Local Authority CEs)	Monthly meetings and regular discussions	Monthly meetings and regular discussions	Monthly meetings and regular discussions	Monthly meetings and regular discussions
Grampian Area Partnership Forum (GAPF)	Monthly meetings	Monthly meetings	Monthly meetings	Monthly meetings
Clinical Board	Weekly meetings	Monthly meetings	Weekly meetings (reverting recently to Monthly)	Monthly meetings
Area Clinical Forum (ACF)	Bi-Monthly meetings	Bi-Monthly meetings	Bi-Monthly meetings	Bi-Monthly meetings
Board briefings	Weekly briefings (first 3 months)	As required	Monthly briefings (mid-Month)	As required