

<b>Meeting:</b>	<b>NHS Grampian Board</b>
<b>Meeting date:</b>	<b>12 December 2024</b>
<b>Item Number:</b>	<b>8</b>
<b>Title:</b>	<b>Board Assurance Committee Terms of Reference</b>
<b>Responsible Executive:</b>	<b>Alex Stephen, Board Secretary</b>
<b>Report Author:</b>	<b>Lesley Hall, Assistant Board Secretary</b>

## **1 Purpose**

This paper is presented to the Board for

- Decision

1 The Board is asked to approve the revised Terms of Reference for the Board's five assurance committees:

1. Audit and Risk Committee
2. Clinical Governance Committee
3. Performance Governance Committee
4. Population Health Committee
5. Staff Governance Committee

2 It is further recommended that the Terms of Reference are reviewed every two years, with the option for any Committee to make any amendments during that time if necessary, subject to Board approval.

### **This report relates to a:**

- legal requirement to have systems for obtaining assurance that NHS Grampian is conducting its business in accordance with statutory and regulatory requirements to ensure effective governance to support the organisation to achieve the strategic aims set out in its strategic plan.

### **This aligns to the following NHS Scotland quality ambition:**

- Effective

## **2 Report summary**

### **2.1 Situation**

Standing Order 6.2(b) of the Board's Standing Orders reserves the right to the Board to establish Board committees and determine their terms of reference. Standing Orders 9.1 and 9.2 permit the Board to establish such committees and sub-committees as it sees fit and for the Board to approve terms of reference for its committees.

The Committees' terms of reference were approved by the Board in 2022. As part of the internal audit process and to ensure good governance in terms of the Blueprint for Good Governance, the committees have undertaken a recent review of their terms of reference to ensure they were able to obtain assurance on behalf of the Board that the organisation is achieving the strategic objectives set out in Plan for the Future. The revised terms of reference are attached as appendices 1 – 5 of this report.

### **2.2 Background**

Grampian NHS Board has 5 assurance committees:

- Audit and Risk Committee
- Clinical Governance Committee
- Performance Governance Committee
- Population Health Committee
- Staff Governance Committee

These committees obtain assurance on behalf of the Board for matters falling within their terms of reference, rather than providing assurance to the Board. This is permitted under Standing Order 6.2(b) and is consistent with the principles of agile, collaborative governance in the Blueprint for Good Governance.

### **2.2.1 Spiritual Care Committee**

The Board previously had a Spiritual Care Committee that reported directly to the Board. However, following a review of the governance arrangements for Spiritual Care in 2023, recommendations were made in February 2024.

The review considered the current guidance within the Scottish Government Spiritual Care Framework (2023) and the Scottish Government Blueprint for Good Governance in NHS Scotland (2022). The review determined that there was no requirement to have a standing board committee for spiritual care and proposed the development of a Spiritual Care Steering Group that will report through the Nursing, Midwifery and Allied Health Professions (NMAHP) governance structure to the Chief Executive Team. The Director of Allied Health Professions is the operational management lead and will chair the Spiritual Care Steering Group.

The Spiritual Care Steering Group will provide a forum for all matters relating to spiritual care in NHS Grampian, and will provide the oversight and governance of the annual work plan for Spiritual Care, ensuring alignment with the National Framework for Spiritual Care and Plan for the Future.

Plans to convene a Spiritual Care Steering Group are underway with the group anticipated to meet for the first time in Dec 24/Jan 25. One of the initial priorities for this group will be to review the NHS Grampian Spiritual Care Policy, following the NHS Grampian Review of Non-Clinical Policy Procedure.

A Spiritual Care annual report will be reported through one of the Board committees to provide assurance to the Board, the Committee to be determined as part of the Spiritual Care Policy review process.

### **2.3 Revised Terms of Reference**

Revised terms of reference for each of the assurance committee are attached as Appendices 1-5.

## **2.4 Assessment**

### **2.4.1 Quality/ Patient Care**

There are no direct impacts on quality/patient care from the proposals in this paper.

### **2.4.2 Workforce**

There are no direct impacts on workforce from the proposals in this paper.

### **2.4.3 Financial**

There are no financial impacts from the proposals in this paper.

### **2.4.4 Risk Assessment/Management**

There are no risks identified.

### **2.4.5 Equality and Diversity, including health inequalities**

An impact assessment has not been completed because there are no service changes envisaged as a result of the proposals in this paper.

### **2.4.6 Communication, involvement, engagement and consultation**

The five assurance committees have each discussed the proposed revisions to their terms of reference at recent committee meetings.

### **2.4.7 Route to the Meeting**

In addition to discussions at committee meetings, the proposed revised Terms of Reference have been discussed informally at a meeting of the Board Chair and Committee Chairs on 2 October 2024.

### **3 Recommendations**

- 1 The Board is asked to approve the revised Terms of Reference for the Board's five assurance committees:
  1. Audit and Risk Committee
  2. Clinical Governance Committee
  3. Performance Governance Committee
  4. Population Health Committee
  5. Staff Governance Committee
- 2 It is further recommended that the Terms of Reference are reviewed every two years, with the option for any Committee to make any amendments during that time if necessary, subject to Board approval.

### **4 List of appendices**

The Terms of Reference for the following Committees are included with this report:

- Appendix 1 – Audit and Risk Committee *(This has been subject to consultation with the Committee. At the time of writing this has not been formally adopted. This will be done at the Committee meeting on 10 December 2024.)*
- Appendix 2 – Clinical Governance Committee
- Appendix 3 – Performance Assurance, Finance and Infrastructure Committee
- Appendix 4 – Population Health Committee
- Appendix 5 – Staff Governance Committee