

NHS Board Meeting  
26 May 2021

Lanarkshire NHS Board  
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## SUBJECT: BOARD GOVERNANCE ARRANGEMENTS

### 1. PURPOSE

The purpose of this paper is to provide an update of the governance arrangements in place, and to update the last Governance review which was presented to the NHS Board in November 2020. In November 2020 the NHS Board stood down the Acute Governance Committee and the Population Health, Primary Care and Community Services Committee with effect from 1 November 2020.

This paper sets out the background to the standing up of all Governance Committees and reverting to pre Covid Board governance arrangements.

For approval	<input checked="" type="checkbox"/>	For endorsement	<input type="checkbox"/>	To note	<input type="checkbox"/>
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### 2. ROUTE TO THE BOARD

This paper has been prepared by Paul Cannon, Board Secretary.

### 3. SUMMARY OF KEY ISSUES

In July 2020, the Board agreed that the Acute Governance Committee and Population Health, Primary Care and Community Services Committee should be stood up. In addition, it was agreed that the NHS Board should continue to meet on a monthly basis and the Planning, Performance and Resources Committee should continue to be stood down.

In November 2020, the Board agreed to stand down these Governance Committees (Acute and Population Health, Primary Care and Community Services) from 1 November 2020. The Planning, Performance and Resources Committee continued to be stood down.

However, as Covid infection rates have reduced significantly, and in light of the decision made by the Corporate Management Team to reduce the frequency of Strategic Command meetings, and the focus on remobilisation, it is now possible to stand up the Acute Governance Committee and Population Health, Primary Care and Community Services Committee. These Committees have started to meet again.

It is also intended to stand up the Planning, Performance & Resources Committee from June 2021, albeit Board Members have already agreed that the Committee will fulfil an assurance role in relation to the Monklands Replacement Project Outline Business Case development and met on 28 April to start this process. The Committee will convene formally from June 2021. This also means that the Board will revert to bi-monthly meetings and the Calendar of Dates has been updated to reflect this (item 26).

However, it should be noted that these changes are subject to further review by the new Chair from 1 July 2021.

#### 4. STRATEGIC CONTEXT

This paper links to the following:

Corporate objectives	<input checked="" type="checkbox"/>	AOP	<input checked="" type="checkbox"/>	Government policy	<input checked="" type="checkbox"/>
Government directive	<input checked="" type="checkbox"/>	Statutory requirement	<input checked="" type="checkbox"/>	AHF/local policy	<input type="checkbox"/>
Urgent operational issue	<input checked="" type="checkbox"/>	Other	<input type="checkbox"/>		

#### 5. CONTRIBUTION TO QUALITY

This paper aligns to the following elements of safety and quality improvement:

*Three Quality Ambitions:*

Safe	<input checked="" type="checkbox"/>	Effective	<input checked="" type="checkbox"/>	Person Centred	<input checked="" type="checkbox"/>
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*Six Quality Outcomes:*

Everyone has the best start in life and is able to live longer healthier lives; (Effective)	<input checked="" type="checkbox"/>
People are able to live well at home or in the community; (Person Centred)	<input checked="" type="checkbox"/>
Everyone has a positive experience of healthcare; (Person Centred)	<input type="checkbox"/>
Staff feel supported and engaged; (Effective)	<input type="checkbox"/>
Healthcare is safe for every person, every time; (Safe)	<input checked="" type="checkbox"/>
Best use is made of available resources. (Effective)	<input checked="" type="checkbox"/>

#### 6. MEASURES FOR IMPROVEMENT

The standing up of these Committees will enhance the governance framework and ensure that the Governance structure is working more effectively.

#### 7. FINANCIAL IMPLICATIONS

There are no financial implications of changing the Corporate Governance arrangements of the Board at this stage.

#### 8. RISK ASSESSMENT/MANAGEMENT IMPLICATIONS

There was a risk that the revised Governance arrangements would not provide the Board with the necessary assurance and oversight of the continuing response to COVID-19 and the oversight required during the complex recovery phase. This is now effectively mitigated by returning to the pre Covid governance arrangements.

#### 9. FIT WITH BEST VALUE CRITERIA

This paper aligns to the following best value criteria:

Vision and leadership	<input checked="" type="checkbox"/>	Effective partnerships	<input checked="" type="checkbox"/>	Governance and accountability	<input checked="" type="checkbox"/>
Use of resources	<input checked="" type="checkbox"/>	Performance Management	<input type="checkbox"/>	Equality	<input type="checkbox"/>
Sustainability Management	<input checked="" type="checkbox"/>				

**10. EQUALITY AND DIVERSITY IMPACT ASSESSMENT**

Not required.

**11. CONSULTATION AND ENGAGEMENT**

Board Members and Lead Directors have been engaged in this decision through informal collective and individual briefings.

**12. ACTIONS FOR THE BOARD**

Approve	<input checked="" type="checkbox"/>	Endorse	<input checked="" type="checkbox"/>	Identify further actions	<input type="checkbox"/>
Note	<input type="checkbox"/>	Accept the risk identified	<input type="checkbox"/>	Ask for a further report	<input type="checkbox"/>

The Board is asked to

1. Endorse formally the decision to stand up the Acute Governance Committee and Population Health, Primary Care and Community Services Committee meetings with effect from 1 May 2021;
2. Approve the decision to stand up the Planning, Performance & Resources Committee from June 2021;
3. Agree that the Board will revert to bi-monthly meetings from June 2021.

**13. FURTHER INFORMATION**

For further information about any aspect of this paper, please contact:

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