

Integration Joint Board

Agenda item:

Date of Meeting: 25 March 2020

Title of Report: Delegated Authority for Chief Officer

Presented by: Joanna MacDonald, Chief Officer

The Integration Joint Board is asked to:

Grant the Chief Officer power in an emergency to instruct executive action on any matter for the duration of the COVID-19 emergency in consultation with the Chair or Vice Chair of the Board. Agree that the Chief Officer will consult with both the Chair and Vice-Chair before exercising but an inability to consult either Chair or Vice Chair will not invalidate any actions taken. This delegation of powers to the Chief Officer will be the subject of ongoing review and normal Board meeting arrangements will be re-introduced as soon as practicable. A record will be kept of all actions taken and reported to the Board when this is possible.

1. EXECUTIVE SUMMARY

1.1 This report seeks delegated authority for the Chief Officer to take operational decisions that would normally require Board approval in the light of the ongoing Covid-19 situation and the strong possibility that the Board will be unable to meet as normal.

1.2 A similar approach is being taken by other Integration Joint Boards.

2. INTRODUCTION

2.1 This report presents proposals to ensure that the Board is able to function as well as possible in the light of increasing disruption to normal business as a result of the Cov-19 epidemic.

3. DETAIL OF REPORT

3.1 In light of the ongoing Covid-19 situation, investigations have been taking place into the Board's business continuity arrangements, including how decisions that require Board approval can be made if the Board is unable to meet.

3.2 The Standing Orders already make provision for the Vice-chairperson to "act in all respects as the Chairperson of the Integration Joint Board if the Chairperson is absent or otherwise unable to perform his/her duties." In

addition there are provisions that the Council or NHS Board may change their appointee as Chairperson or Vice Chairperson during an appointing period.

- 3.3 If an emergency decision is required, and the Board is unable to meet, provisions need to be put in place to ensure that the HSCP continues to operate as well as possible during this period. It is normal practice for the Chief Officer to consult regularly with the Chairperson and Vice-Chairperson, and this will continue wherever possible. It is however essential to plan for the unwelcome situation that one or other might be unavailable for a period of time.
- 3.4 To address this, it is proposed to grant the Chief Officer power in an emergency to instruct executive action on any matter for the duration of the COVID-19 emergency in consultation with the Chair or Vice Chair of the Board. The Chief Officer will consult with both the Chair and Vice-Chair before exercising this power, but an inability to consult either Chair or Vice Chair will not invalidate any actions taken. This delegation of powers to the Chief Officer will be the subject of ongoing review and normal Board meeting arrangements will be re-introduced as soon as practicable.
- 3.5 The Chief Officer will only utilise these powers in an emergency, where it is not possible or practical for the matter to be dealt with through a Board meeting to be convened either in person or via remote access as provided for in the Standing Orders of the IJB. A record will be kept of all actions taken and this will be reported to the Board when this is possible.

4. RELEVANT DATA AND INDICATORS

- 4.1 None

5. CONTRIBUTION TO STRATEGIC PRIORITIES

- 5.1 The Integrated Joint Board has a responsibility to put contingency arrangements in place to ensure that the HSCP can continue to deliver against strategic priorities whilst business is disrupted by Covid-19.

6. GOVERNANCE IMPLICATIONS

- 6.1 Financial Impact – None
- 6.2 Staff Governance – None
- 6.3 Clinical Governance - None

7. PROFESSIONAL ADVISORY

- 7.1 Professional Advisory leads input to individual policy matters will be maintained through email and other contacts outwith Board meetings.

8. EQUALITY AND DIVERSITY IMPLICATIONS

- 8.1 None directly from this report.

9. GENERAL DATA PROTECTION PRINCIPLES COMPLIANCE

9.1 None directly from this report.

10. RISK ASSESSMENT

10.1 If this is not approved, there is a risk that the IJB is unable to respond quickly to changing needs.

11. PUBLIC AND USER INVOLVEMENT AND ENGAGEMENT

11.1 If Board meetings are unable to take place, it should be note that the transparency of decision making will be reduced.

10. CONCLUSIONS

10.1 The Board requires to put some contingency planning arrangements in place in the event it is unable to meet and function normally as a result of the current Covid-19 epidemic. This papers proposes a delegation of powers to the Chief Officer in order to ensure that the business of the HSCP can function as well as possible during this period.

11. DIRECTIONS

Directions required to Council, NHS Board or both.	Directions to:	tick
	No Directions required	√
	Argyll & Bute Council	
	NHS Highland Health Board	
	Argyll & Bute Council and NHS Highland Health Board	