COVID-19
4 May 2020

Virtual NHS board meeting – updated advice

In March, GGI published advice on holding virtual board meetings. One month after most NHS boards took their meetings online, we are able to update our advice based on the experience of multiple NHS organisations across the country.

Most NHS trusts have swiftly moved to virtual board and committee meetings. Some have found this a difficult experience but most we have been in touch with have found it surprisingly straightforward – and indeed have noticed some advantages.

The board is the controlling mind of its organisation. Board business meetings are the backbone of the corporate governance system, where the unitary board receives assurance, formulates strategy and takes decisions. In the NHS context, these meeting are in normal circumstances held in public and characterised by comprehensive agendas with thorough reports that will go permanently on the public record.

Switching from the traditional round-the-table format, where standard reports were often complex and demanding, to virtual meetings involves three main issues:

- Holding and running a virtual NHS board meeting
- Doing this in public
- Simplifying and focusing the agenda and reports

The art of the virtual meeting

Switching to chairing and participating in a virtual board meeting has been largely reported to us as more straightforward than expected. We recommended a dry run of using the software the evening before the first such attempt, but after a month using the software has proved manageable for most board members. Confidence has grown quickly with use.

The role of the chair is markedly different in a virtual setting. It involves commanding a wider range of techniques for ensuring virtual participants remain involved, active and present. It requires much greater emphasis on contact outside meetings, as well as checking in regularly that members are actively engaged during meetings. Short bursts of activity followed by a succinct summary seem to offer the most useful model here.

> "Board business meetings are the backbone of the corporate governance system"

Perhaps even more critical to an effective virtual board than smooth-running technology is a strong board etiquette that's been specifically designed for the rhythm and psychology of virtual meetings. This involves:

- a higher level of commitment to preparation by all board members – this includes a belief that pre-reading is an issue of fundamental respect to other board members
- rigour on synthesising the essence of an issue rather than agendas dominated by a 'reporting-in' culture – this includes much more concise board papers backed up if necessary, by more shared between meetings
- more systematic pre-discussion between board members to identify best use of time spent collectively
- commitment to discipline about contribution and attentiveness – an explicit commitment to avoiding multitasking and emailing during meetings is essential
- joint intent to create an environment of collective problem solving – long a goal for many boards but made more essential in a virtual world
- agreement to conduct as much routine business as possible in advance of the formal board meeting.

Public access to virtual board meetings

In law, NHS boards must meet in public. During these early weeks some boards have simply not accommodated public access to virtual board meetings, but some have. GGI's view is that it is now unacceptable not to provide public access. Social distancing will certainly continue for a long time and boards will need to get used to meetings being virtual by default. Many boards are now working out ways to hold their AGMs virtually over the summer. As an upside, many chairs have commented to GGI that virtual board meetings have increased public 'attendance' and they are not planning to drop this.

Each board will find its own way of actually engaging the public during virtual board meetings. The common practice of having a section of the meetings where pre-submitted questions are addressed is actually easier to manage through virtual means. GGI would recommend though, in the spirit of board meetings being 'in public' rather than 'public meetings', that the chat facility is not available to those observing meetings and just enabled for actual participants.

Another practical consideration is the recording of meetings. There is a difference been live streaming for inclusiveness (and indeed complying with the law) and allowing an independent recording to be made that could be used independently – potentially selectively – to cause reputational damage.

The etiquette should make clear that those attending meetings, including the public, are not entitled to create their own record of events. This matters all the more given the sensitive or controversial issues that might be discussed. It will not be possible to stop individual members of the public making recordings and misusing them, but providing a 'click' for accepting terms and conditions will enable, in extreme circumstances, action against any platforms where such videos may be lodged, such as social media.

The agenda and reports

All NHS boards need to be putting in place revised cycles of business to suit the new paradigm. In the first month many boards abandoned almost all their business-as-usual and just addressed key issues. Again, this is no longer sustainable. GGI hopes that boards can think carefully about how much of their prior board business added value and was actual governance rather than management and, as meetings develop going forward, be mindful of the axiom that less can be more. In all board business there is a judgement to be made about what is for the record, what requires genuine board engagement and what is more appropriately executive business.

Most important in the re-set of board meetings rhythm is the recognition that the strategic and risk environments have dramatically changed. Boards should immediately be setting aside time for strategy discussions and board development sessions and they should regard this as crucial.

A first job will be to check in that the strategic objectives remain current and then undertake a root-and-branch review of the risk appetite and the principle risks. All board assurance frameworks (BAFs) will need rewriting. The BAF, which GGI has always championed as the classic 'invest to save scheme' for board time, needs to be absolutely current and used to manage board and committee agendas.

The stakes are high, with significant new risks entering the world of board business and the need for boards to maintain the control environment. This cannot be done without the board putting in the time to assess the risks and select the risk appetite that will now be needed, in the new context, to stand a realistic prospect of achieving the strategic goals.

Call to action

Virtual board and committee meetings are here to stay. As a matter of urgency, boards should be putting work into ensuring they are reorganising and reprioritising agendas within the new strategic and risk environment.

Critically and without fail, boards should immediately ensure that the public have live access to board meetings, and develop the associated board etiquette to facilitate this. Any NHS chair or non-executive can join the weekly GGI webinars to share practice and experience of governing in the new normal. For details contact **advice@good-governance.org.uk.**