

# **NHS Race and Health Observatory Board**

## **Terms of Reference**

### **Introduction**

The NHS Race and Health Observatory works towards reducing ethnic and racial inequalities in healthcare amongst patients, communities and the NHS workforce. It supports, where appropriate, aspirations in these areas as outlined in national healthcare policies, including the NHS Long Term Plan.

The Observatory is a dynamic body that will provide evidence-based, actionable recommendations that can be adopted by policy makers and which will support and comment on the implications of those actions.

The Observatory's foundation will be built on being proactive, a principled commentator on new initiatives as well as being evidence-driven and solution-focused.

The key areas of the Observatory's function are to:

- (i) Catalyse and facilitate high-quality, innovative evidence to develop meaningful insight
- (ii) Develop and embed evidence-based insight into actionable recommendations for change
- (iii) Support the implementation of recommendations and share good practice to facilitate change in the NHS

The Observatory is distant enough from the NHS to be neutral and close enough to understand nuances on key policies – and be supportive where necessary.

This document outlines the Terms of Reference for the Board of the NHS Race and Health Observatory. For information on the overall structural/governance arrangements please see Appendix 1.

### **Terms of Reference**

The Board will offer strategic and operational leadership on the Observatory's performance.

#### **1. Tasks of the Board and indicators of good practice**

1.1 Establish vision, ambition and values:

- a) Verify the Observatory's vision and intention to guide and set the pace for its current operations and future development.
- b) Verify the values to be promoted throughout the Observatory.
- c) Verify and review the Observatory's goals and ambitions.
- d) Verify the Observatory's policies.

#### 1.2 Set strategy and structure:

- a) Review and evaluate present and future opportunities, threats and risks in the external environment; and current and future strengths, weaknesses and risks relating to the Observatory.
- b) Verify strategic options, select those to be pursued, and decide the means to implement and support them.
- c) Review the Observatory's strategies, programmes and plans that supports the delivery of high quality outputs.
- d) Ensure that the Observatory's organisational structure and capability are appropriate for implementing the chosen strategies.
- e) Determine the Observatory's appetite for risk and to engage in the process of backing a robust risk management programme focused in the Observatory's areas of activity.
- f) Ensure the viability of the Observatory through effective financial and performance planning, control and reporting.
- g) Review and input into the development of the Observatory's governance arrangements.

#### 1.3 Delegate to management:

- a) Delegate authority to the Director of the Observatory, and monitor and evaluate the implementation of policies, strategies and business plans.
- b) Determine monitoring criteria to be used by the Board.
- c) Ensure that internal controls are effective.
- d) Communicate with senior management.
- e) Ensure that effective people management and development systems are in place.

#### 1.4 Exercise accountability to external shareholders:

- a) Ensure that communications both to and from relevant stakeholders are effective.
- b) Understand and take into account the interests of relevant stakeholders.
- c) Monitor relations with stakeholders by the gathering and evaluation of appropriate information.
- d) Promote the goodwill and support of stakeholders.
- e) Ensure effective arrangements are in place to provide clarity on funding arrangements and for the reporting of these to funders and commissioners.

## **2. Appointment and retirement of Board members**

2.1 Members of the Board are drawn from the healthcare sector, the research community, and charitable organisations representing communities and the public.

2.2 An open and public expression of interest process will be utilised to appoint members to the board. Co-chairs of the Observatory's Academic Reference Group will routinely receive membership on the Board.

2.3 A person ceases to be a Board member as soon as:

- a) notification is received by the Chair from the Board member that the Board member is resigning from the position; or
- b) the Board member fails to attend three consecutive meetings of the Board and the Board resolve that the Board member be removed for this reason.

2.4 A list of the Board members can be found in Appendix 2. This list will be dated and be kept current at all times.

## **3. Term of membership and review**

3.1 The expected term for Board members is 36 months with a review at 12-monthly intervals.

## **4. Conflicts of interest**

4.1 Members of the Board will be required to inform the NHS Race and Health Observatory team immediately of any potential or actual conflict of interest arising in relation to the programme.

4.2 Interests should be documented using the declaration of interest form (obtained from the Board secretariat).

4.3 All declared interests will be reviewed by the Observatory team, which will then decide whether, given the circumstances of the interest, the individual should:

- a) Contribute/take part in discussions as normal.
- b) Remain privy to information, but not contribute to activities or take part in any discussion specific to the conflict of interest, except to answer any relevant questions that might reasonably be put to them.
- c) Not be privy to information specific to the conflict of interest.

## **5. Governance**

5.1 The NHS Confederation has a hosting relationship with the Observatory.

5.2 The Director of the Observatory will report directly to the Board and will be appraised and supervised by the Chair of the Board.

5.3 The Chair and Director of the Observatory will present progress updates to the NHS England and NHS Improvement board in common, as well as to the national healthcare organisations CEOs group.

## **6. Frequency and format of meetings**

6.1 The Board will meet on a quarterly basis.

6.2 It may also convene (either in its entirety or an agreed sub-set of members) to advise on extraordinary, emerging matters during the course of the programme where these do not coincide with a scheduled meeting, and/or members may be asked to contribute to the process outside of the meetings on a purely voluntary basis.

6.3 The Board will convene in a central London location. Where the board cannot meet in person, it will convene virtually through an online meeting platform.

## **7. Confidentiality**

7.1 Members of the Board will agree to maintain confidentiality, as appropriate, regarding items discussed at the meetings and any associated papers (this includes any outputs or documents provided by the delivery supplier).

## **8. Expenses and inclusion**

8.1 Any reasonable expenses incurred to attend a Board meeting will need to be claimed through the expenses policy.

8.2 The secretariat should be informed of any additional support or accessibility requirements. 'Reasonable adjustments' will be made to ensure every Board member can contribute fully.

Date:

## Appendix 1

### NHS Race and Health Observatory: Governance structures

	<b>Observatory Board</b>	<b>Observatory team</b>	<b>Academic Reference Group</b>	<b>Themed working groups</b>
<i>Purpose</i>	Strategic leadership	Operational leadership and management	Catalysing, facilitating and reviewing high-quality innovative research evidence	Identifying the operational and policy areas with regard to specific priority themes
<i>Lead</i>	Marie Gabriel (Chair)	Dr Habib Naqvi (Director)	Prof. James Nazroo and Prof. Stephani Hatch (Co-Chairs)	Subject matter experts to Chair themed working groups
<i>Attendees</i>	Healthcare sector leaders, academic and research experts, community and charitable organisation representatives	Senior Implementation Lead, Senior Policy Lead, Research Manager, Communications Lead, Business Manager, Advisors	Academic and research experts in the area of ethnic inequalities	Policy leads, patient / community representatives, frontline healthcare staff, representation from the Academic Reference Group
<i>Frequency of meeting</i>	Quarterly	Weekly	Every two months	Every 4-6 weeks

## Appendix 2

### NHS Race and Health Observatory: Board membership (January 2020)

Marie Gabriel (Chair)	Chair, Norfolk and Suffolk NHS Foundation Trust / Chair, ELHCP
Lord Victor Adebawale	Chair, NHS Confederation
Professor John Appleby	Director of Research and Chief Economist, Nuffield Trust
Dr Halima Begum	CEO, Runnymede Trust
Professor Kevin Fenton	Regional Director (London), Public Health England
Professor Stephani Hatch	Professor of Sociology and Epidemiology, King's College London
Dr Adrian James	President, Royal College of Psychiatry
Lord Ajay Kakkar	Professor of Surgery, University College London
Dame Donna Kinnair	Advisor on nursing
Professor Sir Michael Marmot	Director, Institute of Health Equity, University College London
Patricia Miller	CEO, Dorset County Hospital NHS Foundation Trust
Dr Chaand Nagpaul	Chair of the Council, British Medical Association
Professor James Nazroo	Hon Professor of Sociology, University of Manchester
Heather Nelson	CEO, Black Health Initiative
Professor David Williams	Professor of Public Health, Harvard University