

**AUDIT COMMITTEE
ANNUAL REPORT 2018/19**

1. Introduction

The Board has established an Audit Committee as a Committee of the Board to support them in their responsibilities for issues of risk, control and governance and associated assurance through a process of constructive challenge, including considering of the internal control environment governing the implementation of the 20:20 vision and associated route map.

2. Name of Committee:

Audit Committee

3. Committee Chair:

Mr Tom Steele (until June 2018)
Mr P Campbell (interim Chair Sept 2018)
Mr Brian Moore (from Dec 2018)

4. Committee Members:

Mrs Lilian Macer, Employee Director
Mr Phil Campbell, Non Executive Director
Dr Avril Osborne, Non-Executive Director
Cllr Jim McGuigan, Non Executive Director

5. Attendees:

Mrs Laura Ace, Director of Finance
Mrs Neena Mahal, Chair
Mr Calum Campbell, Chief Executive
Mrs Carol McGhee, Corporate Risk Manager
Mr Tony Gaskin, Chief Internal Auditor FTF Internal Audit Consortium
Mrs Morag Holmes, Internal Audit
Mr Peter Lindsay, Audit Scotland
Mrs Sarah Lawton, Audit Scotland
Mrs Fiona Mitchell, Audit Scotland

6. Executive Lead:

Mrs Laura Ace

7. Meetings held during the year:

The Committee met 5 times during the year from 1 April 2018 to 31 March 2019 as follows:

5 June 2018
27 June 2018
4 September 2018
4 December 2018
5 March 2019

8. Attendance of Members

Name of member	5 June 2018	27 June 2018	4 September 2018	4 December 2018	5 March 2019
Mr Tom Steele *	√	√	n/a	n/a	n/a
Mr Brian Moore **	n/a	n/a	√	√	√
Mrs Lilian Macer	x	√	√	x	√
Mr Phil Campbell***	√	√	√	x	x
Dr Avril Osborne	√	√	√	√	√
Cllr Jim McGuigan	√	√	√	√	√

*Mr Tom Steele, Chair (until June 2018 when left to take up post with S.A.S)

**Mr Brian Moore, Chair (from December 2018)

***Mr Phil Campbell (interim Chair for September 2018 during transition)

9. Issues Considered by the Committee over the year

During the year the Committee considered items in line with its remit and schedule of reporting, as follows:-

- The remit of the Committee, was reviewed by the Committee in September 2018.
- The committee fulfilled its remit throughout the year, considering a full programme of work, linked to the audit cycle, which included:
- Reviewing Internal Audit findings and management progress in implementing actions. A high level of completion of actions was noted.
- Statutory Accounts: The committee considered the statutory annual accounts for the year ended 31st March 2018 taking into account the reports from external auditors, the views of the internal audit function on internal control, assurances from directors, other governance committees and other service auditors before recommending them to the Board for signing on 27th June 2018.
- Fraud: The Audit Committee has oversight of the fraud risk and the adequacy or arrangements in place to mitigate risk. The committee received quarterly updates on any reported frauds, the progress of any ongoing investigations, progress with any proactive initiatives including updates on the biennial national fraud initiative and any changes to the guidance in this area, including CEL11(2013) Updating CEL3(2008) – Strategy to Combat Financial Crime in NHS Scotland. The committee also received a presentation from the Head of NHS Counter Fraud services on 4 September 2018 and were able to directly question him on NHS Lanarkshire’s referrals
- Throughout 2016/17 to 2018/19 the Audit Committee received updates on an ongoing Counter Fraud services and Police Scotland investigation into an alleged procurement fraud affecting several Heath Boards, including NHS Lanarkshire. It was recognised that NHS Lanarkshire had in place the expected policies and controls but that a determined fraudster acting in collusion could subvert these and procurement fraud can be particularly difficult to detect. Enhanced reporting on procurement matters was received each quarter.

- **Significant Transactions:** There were no significant transactions during the year that merited Audit Committee monitoring. The interrelated nature of the NHS Board and IJBs introduced new accounting requirements and the need for a clear year end timetable and cross assurance process and the Audit committee received assurances that these were in place and had operated effectively since 2016/17. The arrangements will be reviewed for the 2018/19 accounts process.
- **Property Transactions:** The committee received the mandatory annual report on property transactions in September 2018 confirming our compliance with the Property Transactions Handbook. Minor issues on timeliness and backup documentation were noted and will be resolved.
- **Best Value:** The committee considered a full review of evidence against a wide Best Value Assurance Framework in June 2018. In September 2018 the committee considered a best value review of arrangements to reduce reliance on temporary workforce.
- **Governance Statement:** The committee considered and approved an annual risk based audit plan for internal audit and then received quarterly progress report which set out the audits that had been completed, their overall assessment and any issues of significance. The committee also received reports following up progress in implementing previous recommendations. In June 2019 the committee will receive an annual report from the Chief Internal Auditor on the adequacy of its arrangements for providing positive assurance in the Governance Statement. The final review of the adequacy and effectiveness of internal control during 2018/19 will take place at the committee's meeting of 4 June 2019. The national guidance schedule of information designed to achieve this will be considered and approved by the Committee in March 2019.
- **The committee** considered the following reports from external auditors:

Audit Scotland:

- Report on Best Value Review of temporary Staffing arrangements;
- Annual Report;
- Draft External Audit Plan 2018/19
The Management report from External Audit will be presented to the Committee on 4 June 2019.
- **Risk Management:** The 2017/18 annual report was considered at its meeting of 5 June 2018 with the 2018/19 report scheduled for June 2019. Enhanced arrangements for oversight of corporate risks and seeking assurances on the risk management process had been put in place in 2017/18 and the committee believes these have worked well throughout the year. An assessment against the key questions in the Audit & Assurance Committee Handbook was considered by the committee in March 2019. The June 2019 committee has a structured process in place for the audit committee to consider whether adequate and effective arrangements are in place.
- **Audit Scotland Reports:** The committee considered the following reports produced by Audit Scotland with wider NHS application and sought assurance that a process was in place so that any learning or action points from the report were being appropriately dealt with within the Board:

- NHS in Scotland 2018
 - Health & Social Care Integration
 - The National Fraud Initiative in Scotland
- The committee considered reports on the Board's payment verification procedures on payments to Primary Care Contractors and the sample checking of patient's entitlements to exemptions on 5 June 2018 and 4 September 2018.
 - The committee maintained an overview of the arrangements in place to secure efficiency.
 - The committee input to the programmed review of Standing Financial Instructions & Scheme of Delegation and endorsed the revisions for Board ratification.

10. Improvements overseen by the Committee;

- The committee demonstrated its own commitment to continuous improvement through its review of its own remit and a self assessment of its own effectiveness against the questions in the Audit Committee handbook.
- During the year the committee continued to suggest improvements to the risk management process including the harmonisation of risk reporting with the IJBs.
- The committee considered and is receiving follow up reports on the actions being taken to reduce the risk of procurement fraud.

11. Matters of concern to the Committee;

In a large complex organisation such as the NHS there will always be elements of risk and, as the well established audit programme demonstrates, there will be many areas where scope or improvement can be identified. At its June 2019 meeting the committee will consider whether the governance statement disclosures in 2017/18 relating to TTG would require reporting again in the 2018/19 Governance Statement, alongside a wider consideration of the evidence as to control effectiveness during the year.

12. Conclusion;

From the review of the performance of the Audit Committee, it can be confirmed that the Committee has met in line with the Terms of Reference, and has fulfilled its remit. Based on assurances received and information presented to the Audit Committee, adequate and effective arrangements were in place throughout the year.

Signatures of

Brian Moore
Committee Chair

Laura Ace
Executive Lead

April 2019

LANARKSHIRE NHS BOARD

COMMITTEE TERMS OF REFERENCE

COMMITTEE: AUDIT

DATE: SEPTEMBER 2019

<p>1. Purpose</p>
<p>The Board has established an Audit Committee as a Committee of the Board to support them in their responsibilities for issues of risk, control and governance and associated assurance through a process of constructive challenge, including considering of the internal control environment governing the implementation of the Health and Social Care delivery plan. The role of the Audit Committee is mandated by the Scottish Public Finance Manual Audit Committee Handbook.</p>
<p>2. Membership and Quoracy</p>
<p>Membership of the Audit Committee will be drawn from the Non Executive Director component of the NHS Board. There will be 5 Non Executive Director Members of the Audit Committee, one of whom will be designated as Chair of the Committee. The NHS Board Chair cannot be a member of the Audit Committee. A minimum of 3 members of the Audit Committee will be present for the meeting to be deemed quorate.</p>
<p>3. Reporting Arrangements</p>
<p>The Audit Committee will report to the NHS Board and to the Accountable Officer following each meeting. This will be through the submission of Minutes of Meetings and a summary of key issues arising.</p> <p>The Committee will submit to the NHS Board in May an Annual Report, encompassing : the name of the Committee; the Committee Chair; members; the Executive Lead and officer supports/attendees; frequency and dates of meetings; the activities of the Committee during the year, including confirmation of delivery of the Annual Workplan and review of the Committee Terms of Reference; improvements overseen by the Committee; matters of concern to the Committee, confirmation that the Committee has fulfilled its remit and of the adequacy and effectiveness of internal control in NHS Lanarkshire. Where the review by the Committee of its Terms of Reference results in amendment, the revised Terms of Reference must be submitted to the NHS Board for approval. The Committee Annual Report will inform the submission of any appropriate assurance to the Chief Executive at the year-end, as part of the Governance Statement.</p>

4. Key Responsibilities

The Audit Committee will advise the Board and Accountable Officer on:

- ◇ The strategic processes for risk, control and governance and the Governance Statement;
- ◇ The accounting policies, accounts, and governance statement of the organisation, prior to approval by the Board;
- ◇ the process for review of the accounts prior to submission for audit, levels of error identified, and management's letter of representation to the external auditors;
- ◇ The planned activity and results of both internal and external audit;
- ◇ The adequacy of management response to issues identified by audit activity, including external audit's management letter/report;
- ◇ The adequacy and effectiveness of the internal control environment;
- ◇ The acceptability of any proposed changes to the Standing Orders, Scheme of Delegation or Standing Financial Instructions prior to approval by the Board;
- ◇ Anti-fraud policies and arrangements for special investigations.

Other issues to be considered by the Audit Committee include

- ◇ Proposals for purchase of non-audit services from contractors who provide audit services;
- ◇ Proposals to change the management arrangements, or means by which the internal audit function is delivered;
- ◇ Overseeing controls and risk assessment processes for Salus business-related activity.

The Audit Committee will also review its own effectiveness and report the results of that review to the Board and Accountable Officer.

5. Conduct of Business

This should cover:

Meetings:

The procedures for meetings are:

- ◇ The Audit Committee will meet at least four times a year. The Chair of the Audit Committee may convene additional meetings, as he/she deems necessary;
- ◇ The Audit Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters;
- ◇ The Board or Accountable Officer may ask the Audit Committee to convene further meetings to discuss particular issues on which they want the Committee's advice.

Quorum:

A minimum of 3 members of the Audit Committee will be present for the meeting to be deemed quorate. In the event of a meeting becoming inquorate, once convened, the Chair may elect to continue to receive papers and presentations from those attending, and to allow the members present the opportunity to ask questions. The minute will clearly state the point at which the meeting became inquorate, but notes of the presentation and discussion will be included with the minute. Every item discussed once the meeting became inquorate will be brought back in summary form under matters arising to the next meeting and ratified as appropriate.

Absence of Chair:

In the event of the Chair of the Committee being unable to attend, another member of the Committee will be designated the Chair for the meeting. Normally the Chair of the Committee would arrange this in advance.

Agenda Papers:

- The workplan for the year will map to the remit of the Committee;
- The agenda will be set by the Director of Finance in discussion with the Audit Committee Chair;
- Papers will be submitted to the Director of Finance at least seven working days before the date of the meeting;
- Agenda papers will be issued to Audit Committee members and attendees at least 6 days before the date of the meeting.

Minutes:

- All meetings will be minuted, and copies circulated to members within four weeks of the meeting being held. The minutes will clearly record decisions, actions, responsibilities, actions against identified risks and follow-up. Minutes will be submitted to the NHS Board, and published on the NHS Lanarkshire website.

Annual Workplan:

The Audit Committee will produce an Annual Workplan that sets out the business and activities to be covered during the year.

Mid Year Review:

The Committee will conduct a mid year review of progress made against the Workplan, to ensure that it is delivering on its plan, and that additional actions are put in place to ensure full delivery of any slippage by the business year end. As part of the mid year review, the Committee will also review its Terms of Reference, and the need for any amendment or update, which, in the event, will require to be submitted to and approved by the NHS Board.

Annual Report:

In accordance with Best Value for Board and Committee working, the Committee will prepare, and submit to the Board in May each year, an Annual Report that will include:

- The name of the Committee, the Committee Chair, Membership, Executive Lead and Officer support/attendees;
- Frequency, dates of meetings and attendance;
- The activities of the Committee over the year, including confirmation of delivery of the Annual Workplan and review of the Committee Terms of Reference. Where such a review results in an amendment, a revised Terms of Reference must be submitted to the NHS Board for approval;
- Improvements overseen by the Committee;
- Matters of concern to the Committee;
- Confirmation that the Committee has fulfilled its remit, and of the adequacy and effectiveness of Internal Control;
- Additionally, the Annual Report will inform the submission of any appropriate assurance to the Chief Executive at the year-end, as part of the Governance Statement.

Submissions to Board following each meeting:

A draft minute of each meeting of the Committee, formatted to clearly highlight key decisions, actions and risk management, should be produced and should be available to the Chair of the Committee and the Director of Finance for consideration within three weeks of the meeting date. Once agreed with the Chair of the Committee and Director of Finance the minute will be submitted to the next scheduled meeting of the NHS Board for information. Prior to that, the key issues considered by the Committee will, as appropriate, be the subject of reporting to the NHS Board, either verbally or through the submission of a Summary Report. Minutes of meetings of the Committee do not need to be approved by the Committee prior to their submission to the NHS Board for information. Agendas and papers for meetings of the Committee will, routinely, be uploaded to the relevant 'Meetings' section on Firstport.

Action Log:

The Committee will prepare an Action Log that will be monitored and updated at each subsequent meeting.

6. Information Requirements

For each meeting the Audit Committee will be provided with:

- ◇ A report summarising any significant changes to the organisation's Risk Register;
- ◇ A progress report from the Chief Internal Auditor summarising:
 - work performed (and a comparison with work planned);
 - key issues emerging from Internal Audit work;
 - management response to audit recommendations;
 - significant changes to the audit plan;
 - any resourcing issues affecting the delivery of Internal Audit objectives;
- ◇ A progress report from the External audit representative summarising work done and emerging findings;
- ◇ A report on any fraud investigations or fraud prevention activity since the previous meeting;
- ◇ A report on risk management activity and agreed indicators
- ◇ An updated workplan showing achievement to date.

Annually the Committee will be provided with the NHS Scotland guidance on the Governance Statement and will determine the information it required in order to conclude on the adequacy and effectiveness of internal control and endorse the NHS Lanarkshire governance statement for approval by the Accountable Officer and Board. Currently these are:

- ◇ Reports from all standing governance committees of the board confirming whether they have fulfilled their remits and, based on assurances received, that there are adequate and effective governance arrangements in place. This includes matters relating to clinical, staff and information governance and risk management.
- ◇ Formal assurance from executive directors and senior managers that adequate and effective internal controls and risk management have been in place across their areas of responsibility and that any breaches of Standing Orders or Standing Financial Instructions and all significant failures of internal control have been reported to the Chief Executive;
- ◇ Report from the Chief Internal Auditor or equivalent confirming whether:
 - Based on the work undertaken, there were adequate and effective internal controls in place throughout the year;
 - The Accountable Officer has implemented a governance framework in line with required guidance sufficient to discharge the responsibilities of this role; and
 - The Internal Audit plan has been delivered in line with Public Sector Internal Audit Standards.

- ◇ Advice from both Internal and External Audit on whether there are any exceptions around the following:
 - Consistency of the Governance Statement with the information they are aware of from their work;
 - The process adopted in reviewing the adequacy and effectiveness of the system of internal control;
 - The format and content of the Governance Statement in relation to the relevant guidance; and
 - The disclosure of all relevant issues
- ◇ Quality assurance reports on the Internal Audit function;
- ◇ The draft Annual Accounts of the organisation;
- ◇ The draft Governance Statement;
- ◇ The risk management annual report and key lines of enquiry;
- ◇ A report on any changes to accounting policies;
- ◇ A summary (or full text if appropriate) of any reports by external assessment bodies (such as Healthcare Improvement Scotland or the Health and Safety Executive) which will not be considered by another governance committee of the Board and which contain significant issues which the committee needs to take into account directly in its assessment of internal control arrangements;
- ◇ Confirmation that the Chief Executive has discharged his responsibilities as Accountable Officer as set out in the Accountable Officer Memorandum last issued May 2012;
- ◇ External audit Interim management Report;
- ◇ Board Self Assessment;
- ◇ Output from Best Value Assurance Framework;
- ◇ Patient Exemption Checking from Counter Fraud Services.

As and when appropriate the Committee will also be provided with:

- ◇ External Audit's management letter/report;
- ◇ External audit's annual plan;
- ◇ Proposals for the Terms of Reference of Internal Audit;
- ◇ The Internal Audit strategy;
- ◇ A report on any proposals to tender for audit functions;
- ◇ A report on co-operation between Internal and External Audit;
- ◇ The executive summary of any relevant national Audit Scotland reports, the key implications for the Board and assurances as to how these will be actioned;
- ◇ Reports from the Salus Commercial Business Management Group.

The above list suggested minimum requirements for the inputs which should be provided to the Audit Committee. In some cases more may be provided.

7. Executive Lead and Attendance

Executive Director Lead

Generally, the designated Executive Lead will support the Chair of the Committee in ensuring that the Committee operates according to/in fulfilment of, its agreed Terms of Reference. Specifically, he or she will:

- ◇ support the Chair in ensuring that the Committee Remit is based on the latest guidance and relevant legislation, and the Board's Best Value framework;
- ◇ liaise with the Chair in agreeing a programme of meetings for the business year, as required by its remit; to oversee the development and ongoing monitoring of an Annual Workplan for the Committee which is congruent with its remit and the need to provide appropriate assurance at the year-end
- ◇ agree with the Chair an agenda for each meeting, having regard to the Committee's Remit and Workplan;

- ◇ oversee the production of an Annual Report on the delivery of the Committee's Remit and Workplan, for endorsement by the Committee and submission to the NHS Board

Audit Committee meetings will normally be attended by the Finance Director, the NHS Board Chair, the Chief Internal Auditor and a representative of External Audit and by the Accountable Officer as appropriate.

The Audit Committee may ask any other officials of the organisation to attend to assist it with its discussions on any particular matter.

The Committee shall reserve the right to ask all attendees to withdraw from meetings at any time and shall meet in private with the internal and external auditors at least annually.

The Audit Committee will be provided with a secretariat function by the Director of Finance, NHS Lanarkshire.

8. Access

The designated Chief Internal Auditor and the representative of External Audit will have free and confidential access to the Chair of the Audit Committee.

9. Rights

The Audit Committee may procure specialist adhoc advice at the expense of the organisation, subject to budgets agreed by the Board or Accountable Officer.

Authors:	Tony Gaskin, Chief Internal Auditor and Laura Ace, Director of Finance
Reviewed by Committee:	4 September 2018
Ratified by Lanarkshire NHS Board:	29 May 2019
Review Date:	August 2019

NHS LANARKSHIRE

STAFF GOVERNANCE COMMITTEE

ANNUAL REPORT 2018/19

1. Introduction

The Board has established a Staff Governance Committee as a Committee of the Board to support them in their responsibilities for the Staff Governance Standard which was issued in June 2012 and required all NHS Boards to demonstrate that staff are:

- Well informed;
- Appropriately trained and developed;
- Involved in decisions;
- Treated fairly and consistently, with dignity and respect, in an environment where diversity is valued; and
- Provided with a continuously improving and safe working environment, promoting the health and wellbeing of staff, patients and the wider community.

2. **Name of Committee:** Staff Governance Committee

3. **Committee Chair:** Lilian Macer, Employee Director

4. **Committee Members:** Mr Philip Campbell, Non-Executive Director
Mrs. Margaret Morris, Non-Executive Director
Mr. Tom Steele, Non-Executive Director (Retired June 2018)
Mr., Brian Moore, Non-Executive Director (joined December 2018)
Mr Tom Wilson, RCN Representative
Mr. Robert Foubister, Unison Representative
Ms. Liz Airns, Unite Representative
Mr. Calum Campbell, Chief Executive

4. **Attendees:** Mr. John White, Director of Human Resources
Mrs. Ruth Hibbert, Divisional Director of Human Resources
Mrs. Susan Dunne, Head of Organisational Development
Mrs Isabel Doris, i-Matter
Mr. Calvin, Brown, Director of Communications
Mr. Mark Kennedy, General Manager, (SALUS)

5. **Executive Lead:** Mr John White, HR Director

6. Meetings held during the year:

The Committee met 4 times during the year from 1 April 2018 to 31 March 2019 as follows:

- 4th June 2018
- 27th August 2018
- 17th December 2018
- 25th February 2019

7. Attendance of Members

Name of Member	4/6/2018	27/8/2018	17/12/2018	25/2/19
Lilian Macer	√	√	√	√
Philip Campbell	X	X	X	X
Margaret Morris	X	√	√	√
Tom Steele	X			
Brian Moore			√	√
Liz Airns	√	X	X	X
Robert Foubister	X	√	√	X
Tom Wilson	X	X	√	X
Calum Campbell	X	√	√	X

* 1 new Non Executives was appointed to the Staff Governance Committee in December 2018 – Brian Moore. Tom Steele retired in June 2018.

** John White, Director of Human Resources took over the role of Executive Lead at the June 2018 meeting.

8. Issues Considered by the Committee over the year (including confirmation of delivery of the Annual Workplan)

- The Committee fulfilled its remit throughout the year, considering a full programme of work including Annual Reports for 2017/18 as follows:
 - Equality and Diversity Steering Group
 - Organisational Development and Training
 - Disclosure
 - National Staff Experience Report
 - Voluntary Services
 - Youth Employment
 - Staff Governance Monitoring Return
 - Nursing, Midwifery and Allied Health Professions Practice Development
 - Occupational Health and Safety
 - Whistleblowing
- Summarised reports from meetings of the Remuneration Committee throughout the year. Regular reports were also received from i-Matter Implementation; Staff Awards Scheme; Implementation of eESS; Corporate Risk Register and Quarterly Workforce Report.
- Minutes received and noted of the regular meetings of the Area Partnership Forum and Human Resources Forum.
- Committee Terms of Reference were reviewed in August 2018.

9. Improvements overseen by the Committee:

- The Committee maintained oversight of the implementation of i-Matter (Employee Experience) system.
- The Committee maintained oversight of the implementation of e-ESS (electronic, Employee, Support System) Experience)
- The Committee maintained oversight of the implementation of TURAS Appraisal (Employee Performance) system.
- The Committee maintained oversight of the successful accreditation of Living Wage status.
- The Committee guided the successful development of arrangements for the 2017/18 Staff Awards Scheme.
- The Committee embedded oversight of the HR/OD/Salus Risk Registers.

10. Matters of concern to the Committee:

- The Committee continues to note challenges associated with the implementation of the e-ESS system across NHS Scotland. The Committee recognises the importance of the successful implementation of e-ESS, and remain fully supportive of NHS Lanarkshire's status as Exemplar Board in the National Implementation Programme, but are also conscious of system and operational challenges. The submission of regular reports from the local and National Programme Boards has provided some reassurance to the Committee, but this remains a priority area of concern in 2018/19.
- The Committee continues to note challenges associated with the implementation of with Turas Appraisal, a recording application hosted by NES and replacement for e-KSF. Development of the system is on-going and managers are expected to ensure all staff members have their annual appraisal recorded on the system by the end of March 2019.

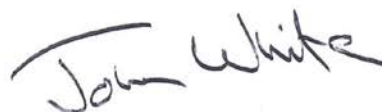
11. Conclusion:

From the review of the performance of the Staff Governance Committee it can be confirmed that the Committee has met in line with the Terms of Reference, and has fulfilled its remit. Based on assurances received and information presented to the Staff Governance Committee adequate and effective arrangements were in place throughout the year.

Signatures of

Lilian Macer

Committee Chair



Executive Lead

Date 25/2/2019

STAFF GOVERNANCE COMMITTEE

1. Purpose

The Staff Governance Committee exists to ensure that the workforce elements of A Healthier Future and Everyone Matters the Workforces 2020 Vision are enabled for NHS Lanarkshire.

In addition the Staff Governance Committee will develop, support and maintain the existence of a culture and employment arrangements across NHS Lanarkshire to achieve the highest possible standards in people management.

The SGC will promote acceptance of collective rights and responsibilities, the importance of effective partnership and collaborative working and will energise continuous improvement to make NHS Lanarkshire the employer of choice in recruitment and retention of staff.

Staff Governance is enshrined in legislation as part of the NHS Reform (Scotland) Act 2004, the standard calls for an informed and participative workforce, working in a safe environment. The health board has a legal duty in relation to the governance of staff. It shall be the duty of each Health Board and Special Health Board and of the Agency to put and keep in place arrangements for the purposes of: (a) improving the management of the officers employed by it: (b) monitoring such management; and (c) workforce planning.

Key responsibility:

1. Well informed;
2. appropriately trained and developed
3. involved in decisions;
4. treated fairly and consistently, with dignity and respect
5. provided with a safe working environment, promoting the health and wellbeing of staff, patients and the wider community

2. Membership

Membership of the Staff Governance Committee will consist of 4 non-Executive Directors, one of which must be the Employee Director and 6 Staff Side Chairs of Operating Divisions (1 Acute, 2 IJBs, 1 PSSD, Chair HRF and Corporate).

One of the Non-Executive Director Members will be designated as Chair of the Committee. The appointment of the Chair of the Committee will be decided by the Board Chair, in discussion with the Non Executive Director about the assignment of Committee portfolios.

To be quorate meetings will require the attendance of two non-executive Directors of Lanarkshire NHS Board.

3. Reporting Arrangements

The Staff Governance Committee will report to the Board following each meeting. This will be through a verbal report or a written summary report on the key issues submitted by the Committee and by the submission of minutes of the meetings to NHS Lanarkshire Board.

The Committee will prepare an Action Log that will monitor and update at each subsequent meeting.

The Committee will conduct a mid-year review of progress against the Annual Workplan, as part of the process to ensure that the Work Programme is delivered. This mid-year review will be aligned to the Committee Terms of Reference.

In accordance with Best Value for NHS Lanarkshire Board and Committee working, the Committee will submit to the NHS Board in May an Annual Report, encompassing: the name of the Committee; the Committee Chair; Members; the Executive Lead and officer supports/attendees; frequency and dates of meetings; the activities of the Committee during the year, including confirmation of delivery of the Work Programme, and review of the Committee Terms of Reference; improvements overseen by the Committee; matters of concern to the Committee; confirmation that the Committee has fulfilled its remit, and confirmation of the adequacy and effectiveness of the Staff Governance Committee and improvement arrangements in NHS Lanarkshire.

The Committee Annual Report will inform the submission of any appropriate assurance to the Chief Executive at the year-end, as part of the Governance Statement.

Where the review by the Committee of its Terms of Reference results in amendment, the revised Terms of Reference must be submitted to the NHS Board for approval.

4. Key Responsibilities

The specific responsibilities of the SGC are to:

- Ensure a robust workforce plan is prepared and monitored that enables effective service delivery and achievement of the workforce 2020 vision
- Through routine receipt of reports and minutes from the Area Partnership Forum and focused agenda management, monitor progress and achievement against the 5 component parts of the Staff Governance Standard and progress in enabling a positive and engaging staff experience:
 1. Well informed
 2. Appropriately trained and developed
 3. Involved in decisions which affect them
 4. Treated fairly and consistently, with dignity and respect
 5. provided with a safe working environment, promoting the health and wellbeing of staff, patients and the wider community
- Approve and monitor and evaluate strategies and plans developed to deliver continuous improvement in people management, including annual Staff Governance Action Plans.

- Monitor the effectiveness of partnership and people management structures and processes to ensure delivery against the Staff Governance Standard.
- Monitor and influence the effectiveness of policy development and the development and deployment of people management strategies across NHS Lanarkshire, this to include oversight of implementation of the workforce implications of the NHS Lanarkshire Single Equality Scheme.
- Exercise oversight of the effective discharge of responsibility by the NHS Lanarkshire Remuneration Committee.
- Monitor the arrangements and content of the timely submission of Staff Governance information and evidence for national monitoring arrangements.
- Exercise oversight in the production of Staff Governance information for the annual governance statement.
- Key risks to the Board
- Everyone Matters

5. Conduct of Business

Declaration of Interest:

- A Member must consider whether they have an interest to declare in relation to any matter which is to be considered as soon as possible. A Member should consider whether any item on the agenda raises any issue of declaration of interest. The declaration should be made as soon as practicable at the meeting that the interest arises.

Meetings:

- Meetings will be held quarterly. Additional meetings will be held as required with the agreement of the Chairperson and 2 members of the Committee.

Quorum:

- To be quorate meetings will require the attendance of two non-executive Directors of Lanarkshire NHS Board. If the meeting is inquorate the Committee will continue to go through the agenda for the Staff Governance Committee. However, no decisions will be taken until a quorate meeting is convened.

Absence of Chair:

- A non Executive Member would be asked to Chair the meeting.

Agenda Papers:

- Papers and reports should be submitted to the admin support one week prior to the meeting for the issuing of papers. The agenda is agreed and set by the Secretary and Chair of the Staff Governance Committee. Papers will be circulated one week in advance of the meeting.

Action Points Note and Minutes:

- An Action Points note should be produced and circulated to all Members within 5 working days.
- All meetings will be minutes and copied to members within 3 weeks of the meeting being held.
- Approved minutes along with minute summary will be submitted to the NHS Lanarkshire Board and will be published on the NHS Lanarkshire website.

Action Log:

- A rolling action log will be produced and updated at each Committee meeting. This allows the Committee to track progress of particular issues and ensures that a scheduled for follow up reports is kept.

Annual Workplan:

- The Committee will produce an Annual Workplan that sets out the business and activities to be covered during the year.

Mid-Year Review:

- The Committee will conduct a midyear review of progress made against the Workplan, to ensure that it is delivering on its plan, and that additional actions are put in place to ensure full delivery of any slippage by the business year end. As part of the midyear review, the Committee will also review its Terms of Reference, and the need for any amendment or update, which, in the event, will require to be submitted to and approved by the NHS Board.

Annual Report:

In accordance with Best Value for Board and Committee working, the Committee will prepare, and submit to the Board in May each year, an Annual Report that will include:

- The name of the Committee, the Committee Chair, Membership, Executive Lead and Officer support/attendees;
- Frequency, dates of meetings and attendance;
- The activities of the Committee over the year, including confirmation of delivery of the Annual Workplan and review of the Committee Terms of Reference. Where such a review results in an amendment, a revised Terms of Reference must be submitted to the NHS Board for approval;
- Improvements overseen by the Committee;
- Matters of concern to the Committee;
- Confirmation that the Committee has fulfilled its remit, and of the adequacy and effectiveness of Internal Control;
- Additionally, the Annual Report will inform the submission of any appropriate assurance to the Chief Executive at the year-end, as part of the Governance Statement.

Submissions to Board following each meeting:

- Summary briefing and approved Minute.
- Procedure in event of Committee meeting taking place too close to Board to allow written submission (see Board Secretary Schedule of Reporting on this) - verbal report followed by written at next Board.

6. Information Requirements

The Committee will consider information, as appropriate, in order to fulfil its remit and deliver its work programme.

The Committee will oversee an Annual Workplan to progress the Staff Governance Standard and a reporting schedule to provide assurance to the Committee.

- NHS Lanarkshire's Workforce Plan
- Staff Governance Audits
- NHS Scotland Annual Staff Survey
- Staff Governance Action Plans
- NHS Scotland Shared Services Programme
- HR Performance Dashboard
- Equality and Diversity Group Annual Report
- Annual Organisational and Development Training Plan
- Reports from the Remuneration Committee
- Updates on 20 20 Workforce Vision and Implementation Plan
- Patient Safety Issues
- Local Delivery Plan
- NHS Lanarkshire's Healthier Future
- NHS Lanarkshire's Equality Strategy
- Staff Governance Standard Monitoring Framework (Compliance)
- NHS Lanarkshire's Communication Strategy
- Medical Education Annual Report
- NMAHP Practice Development Annual Report
- Libraries Annual Report
- Disclosure Annual Report
- Annual Learning Plan
- Health and Safety Report

7. Executive Lead and Attendance

The Director of HR is the designated Executive Lead will support the Chair of the Committee in ensuring that the Committee operates according to / in fulfillment of its agreed Terms of Reference.

Support the Chair in ensuring that the Committee Remit is based on the latest guidance and relevant legislation, and the Board's Best Value framework.

Liaise with the Chair in agreeing a programme of meetings for the business year, as required by its remit.

Oversee the development of an Annual Workplan for the Committee which is congruent with its remit and the need to provide appropriate assurance at the year-end, for endorsement by the Committee and approval by the NHS Board.

Agree with the Chair an agenda for each meeting, having regard to the Committee's Remit and Workplan.

Lead a mid-year review of the Committee Terms of Reference and progress against the Annual Workplan, as part of the process to ensure that the Workplan is fulfilled.

Oversee the production of an Annual Report on the delivery of the Committee's Remit and Workplan for endorsement by the Committee and submission to the NHS Board.

8. Access

Does anyone (including from outwith the Committee membership) have the right of free and confidential access to the Chair.

No.

9. Rights

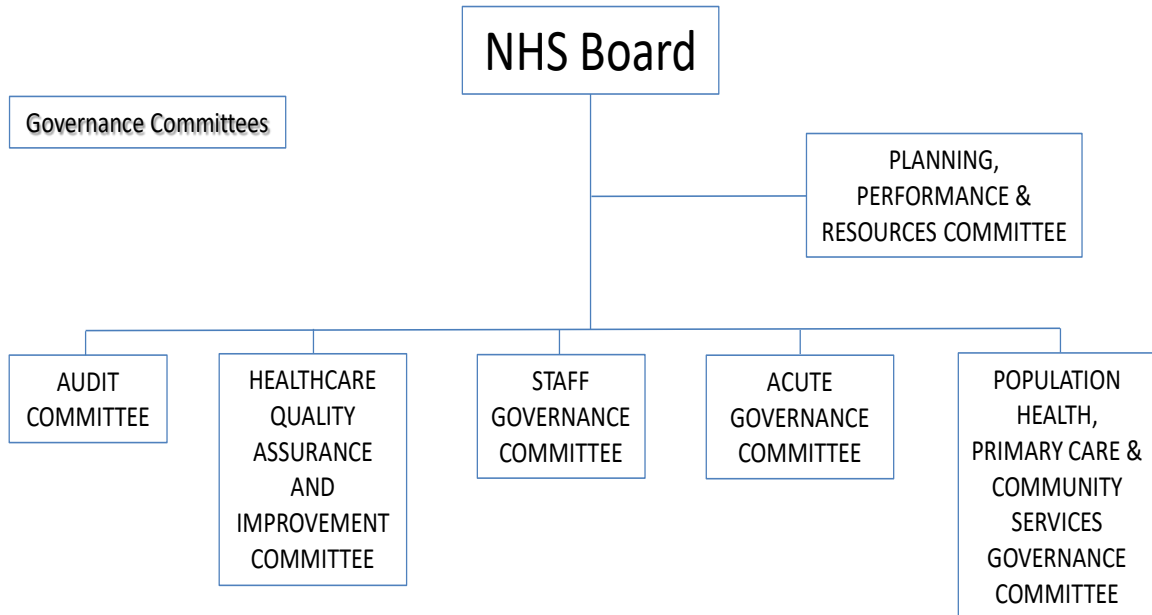
Does the Committee have the right to procure specialist ad hoc advice, at the expense of the organization?

Yes, but in accordance with Standing Financial Instructions.

Version Control

Authors:	Lilian Macer, Employee Director and John White, Director of HR
Reviewed by Committee:	August 2018
Ratified by Lanarkshire NHS Board:	May 2019
Review Date:	August 2019

NHS Lanarkshire – Governance Committee Structure



1 MARCH 2018

NHS LANARKSHIRE

REMUNERATION COMMITTEE

ANNUAL REPORT 2018/19

1. Introduction

The Remuneration Committee is accountable to the NHS Lanarkshire Board, and is responsible for:

- Overseeing and agreeing the remuneration arrangements and terms and conditions of employment of Executive Directors and Senior Managers of NHS Lanarkshire.
- Ensuring arrangements are in place for the assessment of the performance of NHS Lanarkshire and to monitor the performance of NHS Lanarkshire against pre-determined performance criteria to inform oversight of Objective setting and support for decisions on individual performance appraisal.
- Agreeing NHS Lanarkshire's arrangements for performance management and ensure that the performance of the Executive Directors is rigorously assessed against agreed Objectives within the terms of the performance management arrangements referred to above
- Ensuring that clear Objectives are established for Executive Directors of NHS Lanarkshire before the start of the year in which performance is assessed by receiving a report from the Chairman on the agreed Objectives for the Chief Executive and receiving a report from the Chief Executive on the agreed Objectives for the other Executive Directors of the Board.
- Monitoring arrangements for the pay and conditions of service of other Senior Managers on Executive Pay arrangements and on Professional/Management Transitional pay arrangements in accordance with appropriate guidance and to implement annual pay uplifts and pay progression in accordance with national guidance.
- Approving NHS Lanarkshire's arrangements for the grading of posts and to oversee these arrangements by receiving regular reports from the Director of Human Resources.
- Ensuring that arrangements are in place to determine the remuneration, terms and conditions and performance assessment for staff employed under the Executive and Senior Management Pay arrangements. To receive formal reports (at least annually) providing evidence of the effective operation of these arrangements
- Being the source of governance monitoring and approval for all other terms and conditions of service issues not covered by Direction or Regulation - such as Discretionary Points for Medical Staff, Voluntary Severance, Early Retirements, Removal Expenses and use of Compromise Agreements

2. **Name of Committee:** Remuneration Committee
3. **Committee Chair:** Mrs Neena Mahal - Chair
4. **Committee Members:** Mr. Michael Fuller – Non-Executive Director
Ms. Margaret Morris – Non-Executive Director
Mrs. Lilian Macer – Non-Executive Director
Mr. Philip Campbell – Non-Executive Director
5. **Attendees** Mr John White – Director of Human Resources
6. **Executive Lead** Mr John White – Director of Human Resources

7. Meetings held during the year:

The Committee / Group / Forum met 6 times during the year from 1 April 2018 to 31 March 2019 as follows:

- 25th April 2018
- 31st May 2018
- 25th June 2018
- 30th August 2018 (teleconference)
- 20th November 2018
- 21st February 2019 (teleconference)

8. Attendance of Members

Name of member	25th April 2018	31 st May 2018	25 th June 2018	30 th August 2018 (teleconference)	20 th November 2018	21 st February 2019 (teleconference)
Neena Mahal	√	√	√	√	√	√
Michael Fuller	√	√	√	√	√	√
Margaret Morris	√	√	√	√	√	√
Lilian Macer	√	√	√	√	√	√
Philip Campbell	X	X	√	√	X	X

9. Issues Considered by the Committee over the year (including confirmation of delivery of the Annual Workplan)

During 2018/19 the Committee fulfilled the remit set out in the Terms of Reference for the Remuneration Sub-Committee through a full programme of work, including:

- Design and delivery against an overarching Remuneration Committee Annual Work plan for 2018/19.
- Establishment of Executive Director's Personal Objectives 2018/19.
- Oversight and approval of the Executive and Senior Manager Performance Management arrangements for 2018/19.
- Consideration of and contribution to the NHSScotland Leadership and Talent Management initiative (Project Lift).
- Design and delivery of arrangements for a number of Director and Senior Manager appointments in 2018/19, including Director of Public Health and Medical Director. Agreement reached on the use of Director Titles through HRD.
- Consideration of a Report on Working Longer in the NHS, Pension arrangements and approval of joint work with NHS Lothian in production of a potential Policy position.
- Consideration of equalities monitoring information and refinement of processes in relation to awarding of Discretionary points
- Oversight of Mid -Year Reviews of Chief Executive and Corporate Management Team
- Review and refresh of the Remuneration Committee Terms of Reference.

As set out in the Terms of Reference, a routine Report on progress was submitted to the Board through the Staff Governance Committee, ensuring compliance with the Staff Governance Standard and previous Audit recommendations.

10. Improvements overseen by the Committee:

The Committee maintained a regime through which there was routine reflection on the Framework of Key Questions set out in Part 2 of the Audit Scotland Remuneration Committee Self-Assessment Pack to ensure that the Committee had the proper authority, information, understanding, ownership and confidence in terms of public accountability and probity in reaching all decisions made at its meetings.

The Committee maintained production and monitoring of an Action Log as a routine agenda item at each meeting.

Work was completed to refine the annual production of the Local Delivery Plan / Corporate Objectives to improve focus, public understanding and consistency in use to inform Executive Director and Senior Manager annual Personal Objectives.

The Committee considered a working longer policy to ensure that as appropriate, skills and expertise in key areas could be retained.

The Committee requested benchmarking information from other Boards on how they conducted Mid-Year reviews of objectives and agreed a process for doing this in a structured manner.

The Committee also considered equalities monitoring of the awarding of discretionary points and was assured by the progressing of improved recording and reporting arising from the introduction of information technology to underpin the process.

11. Matters of concern to the Committee:

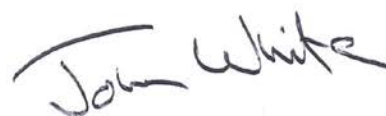
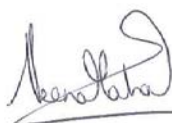
Although the Committee had been concerned at the potential risk created by the level of changes in senior posts, this did not materialise through successful appointments and a smooth transition to new postholders.

There were no matters of concern to the Committee in 2018/19.

12. Conclusion:

From the review
Committee has

Signatures of



Date: 1st April

TERMS OF REFERENCE

TITLE

1. The Committee shall be known as the Remuneration Committee of NHS Lanarkshire. It will be a standing Committee of NHS Lanarkshire and will make decisions on behalf of NHS Lanarkshire.

COMPOSITION

2. Members of the Remuneration Committee will be appointed by the Board of NHS Lanarkshire and will comprise:
 - The Chair of NHS Lanarkshire (Chair of Committee)
 - The Employee Director
 - 3 other Non-Executive Directors
3. The Director of Human Resources will be the Executive Director Lead and will attend meetings of the Remuneration Committee as Advisor and to provide administrative support. He/she, nor any other employee of the Board, will be present when the Terms and Conditions for their own post are being discussed.

Executive Director Lead

Generally, the designated Executive Lead will support the Chair of the Committee in ensuring that the Committee operates according to / in fulfilment of its agreed Terms of Reference. Specifically, they will:

- support the Chair in ensuring that the Committee Remit is based on the latest guidance and relevant legislation, and the Board's Best Value framework;
- liaise with the Chair in agreeing a programme of meetings for the business year, as required by its remit;
- oversee the development of an Annual Work plan for the Committee which is congruent with its remit and the need to provide appropriate assurance at the year-end, for endorsement by the Committee and approval by the Board;
- agree with the Chair an agenda for each meeting, having regard to the Committee's Remit and Work plan;
- lead a mid-year review of the Committee Terms of Reference and progress against the Annual Work plan, as part of the process to ensure that the Work plan is fulfilled;

- Oversee the production of an Annual Report, informed by self-assessment of performance against the Remuneration Committee Self-Assessment Handbook, on the delivery of the Committee's Remit and Work plan for endorsement by the Committee and submission to the Board.
4. The Chief Executive will only attend Remuneration Committees when issues of performance other than his/her own are being discussed although he/she may be invited to attend for other specific issues. It should be made clear in the agenda and in the minutes the reason for the Chief Executive's attendance. Where issues with financial implications are to be discussed at the Remuneration Committee the implications will first have been discussed with the Director of Finance and, where appropriate, the Director of Finance may be invited to attend meetings of the Remuneration Committee.
 5. The quorum for the Remuneration Committee will be attendance by 3 Non-Executive Directors.

FUNCTIONS

6. To oversee and agree the remuneration arrangements and terms and conditions of employment of Executive Directors and Senior Managers of NHS Lanarkshire, to include:
 - content and format of job descriptions
 - terms of employment including tenure
 - remuneration
 - benefits including pension or superannuation arrangements
 - annual salary review
 - involvement in appeals hearings for Senior Manager or Clinicians
 - oversight of process for implementation of organisational change
 - involvement in the design and implementation of the appointments process for executive appointments
7. To ensure arrangements are in place for the assessment of the performance of NHS Lanarkshire and to monitor the performance of NHS Lanarkshire against pre-determined performance criteria to inform oversight of Objective setting and support for decisions on individual performance appraisal.
8. To agree NHS Lanarkshire's arrangements for performance management and ensure that the performance of the Executive Directors is rigorously assessed against agreed Objectives within the terms of the performance management arrangements referred to above.
9. To ensure that clear Objectives are established for Executive Directors of NHS Lanarkshire before the start of the year in which performance is assessed by
 - receiving a report from the Chair on the agreed Objectives for the Chief Executive
 - receiving a report from the Chief Executive on the agreed Objectives for the other Executive Directors of the Board.

10. To monitor arrangements for the pay and conditions of service of other Senior Managers on Executive Pay arrangements and on Professional/Management Transitional pay arrangements in accordance with appropriate guidance and to implement annual pay uplifts and pay progression in accordance with national guidance.
11. To approve NHS Lanarkshire's arrangements for the grading of posts and to oversee these arrangements by receiving regular reports from the Director of Human Resources.
12. To ensure that arrangements are in place to determine the remuneration, terms and conditions and performance assessment for staff employed under the Executive and Senior Management Pay arrangements. To receive formal reports (at least annually) providing evidence of the effective operation of these arrangements.
13. To be the source of governance monitoring and approval for all other terms and conditions of service issues not covered by Direction or Regulation - such as Discretionary Points for Medical Staff, Voluntary Severance, Early Retirements, Removal Expenses and use of Compromise Agreements.
14. To fulfil its functions, the Remuneration Committee will take into account a range of factors which will include
 - regular reports from the Director of Human Resources
 - the Remuneration Committee Self-Assessment Handbook
 - guidance issued by the Scottish Government Health Department
 - an annual report on the application of pay awards and pay movements
 - the need to recruit and retain appropriately qualified and skilled Directors, General and Senior managers
 - equitable pay and benefits for the level of work performed

CONDUCT OF BUSINESS

15. Meetings of the Committee will be called by the Chair of NHS Lanarkshire with items of business circulated to members one week before the date of the meeting.
16. The Committee will seek specialist guidance and advice as appropriate.
17. All business of the Committee will be conducted in strict confidence.

REGULARITY OF MEETINGS

18. Meetings of the Remuneration Committee will be held as necessary to conduct its business. At a minimum, the Committee should meet twice per annum, once to approve the performance assessments and annual Objectives of the Executive Directors and once to approve the annual application of pay awards and pay progression.

REPORTING ARRANGEMENTS

19. The Remuneration Committee will report to the Board. Regular reports on meetings and activity will be submitted to the Board through the Staff Governance Committee.

Membership of the Remuneration Committee will be reported to and agreed by the Board. Appropriate details of Executive Members remuneration will be published in NHS Lanarkshire's Annual Report.

Mid-Year Review of Terms Of Reference and Annual Work plan

In order to ensure that the Committee functions in accordance with its agreed Terms of Reference / Remit and delivers its Annual Work plan, both documents will be subject to a mid-year review by the Committee.

The review will identify any areas of slippage on timescales / tasks and put in place any additional actions to ensure full delivery of the Committee's Remit and Work plan by the business year end.

This review will also provide an opportunity for the Committee to consider the need for any amendment / update to the Terms of Reference which, in the event, will require to be approved by the Board.

Annual Report

In accordance with Best Value for Board and Committee Working, the Committee will submit to the Board in May each year an Annual Report, encompassing : the name of the Committee; the Committee Chair; members; the Executive Lead and officer supports / attendees; frequency and dates of meetings; the activities of the Committee during the year, including confirmation of delivery of the Annual Work plan and review of the Committee Terms of Reference; improvements overseen by the Committee; matters of concern to the Committee.

Where the review by the Committee of its Terms of Reference results in amendment the revised Terms of Reference must be submitted to the Board for approval. The Committee Annual Report will inform the submission of any appropriate assurance to the Chief Executive at the year-end, as part of the Statement of Internal Control.

20. Details of the business conducted by the Committee will be made available to the Scottish Government Health Department, the form and content being determined by the latter.
21. A Report on meetings of the Remuneration Committee will be issued to the Non-Executive Directors of the Board and members of the Staff Governance Committee.

May 2018

HEALTHCARE QUALITY ASSURANCE & IMPROVEMENT COMMITTEE

ANNUAL REPORT 2018-2019

1. Introduction

The Healthcare Quality Assurance and Improvement Committee supports the Board in its responsibilities for issues of clinical risk, control and governance and associated assurance in the area of Clinical Governance, through a process of constructive challenge.

The Healthcare Quality Assurance and Improvement Committee is responsible for providing assurance at all levels across the organisation that the health improvement and care we provide fulfils the Quality Ambitions of being Safe, Effective and Person-Centred and that staff at all levels, are given the necessary support to identify areas for quality improvement and the training and development to implement change.

2. Committee Chair:

Mr Michael Fuller, Non-Executive Director

3. Committee Members:

Mrs Maureen Lees, Chair, Area Clinical Forum (from June 2017)
Mr Brian Moore, Non-Executive Director (November 2018 only)
Dr Avril Osborne, Non-Executive Director (from 1 January 2018)
Mr Tom Steele, Non-Executive Director (until June 2018)
Mrs Lesley Thomson, Non-Executive Director (from November 2018)

4. Attendees:

Mrs Irene Barkby, Director for Nurses, Midwives and Allied Health Professionals
Dr Jane Burns, Medical Director (from October 2018)
Mr Callum Campbell, Chief Executive
Mr Paul Cannon, Board Secretary
Dr Alastair Cook, Medical Director, North Lanarkshire Health and Social Care Partnership
Mrs Karon Cormack, Director of Quality (from January 2019)
Mrs Margaret Cranmer, Staff Side Representative
Mr Andy Crawford, Head of Clinical Governance, NHS Greater Glasgow & Clyde (until November 2018)
Dr Kay Currie, Professor of Nursing and Applied Healthcare Research, Glasgow Caledonian University
Mr Gabe Docherty, Director of Public Health and Health Policy
Dr C Mackintosh, Medical Director, South Lanarkshire Health and Social Care Partnership (until June 2018)
Dr Linda Findlay, Medical Director, South Lanarkshire Health and Social Care partnership (from June 2018)
Mrs Neena Mahal, NHS Board Chair

Mrs Carol McGhee, Corporate Risk Manager
 Mr Ken A Small, Director of Human Resources (until August 2018)
 Mr John White, Director of Human Resources (from August 2018)
 Dr Lesley Anne Smith, Director of Quality (until September 2018)
 Dr Iain Wallace, Medical Director (until October 2018)

5. Executive Lead:

Dr Iain Wallace, Medical Director (until October 2018)
 Dr Jane Burns, Medical Director (from October 2018)

6. Meetings held during the year:

The Committee met 5 times during the year from 1 April 2018 to 31 March 2019 as follows:

- 10 May 2018
- 12 July 2018
- 13 September 2018
- 8 November 2018
- January 2019 – no scheduled meeting
- 14 March 2019

7. Attendance of Members

Name of member	May 2018	July 2018	Sept 2018	Nov 2018	March 2019
Michael Fuller	√	√	√	√	√
Lesley Thomson *				√	√
Maureen Lees	√	√	√	√	√
Brian Moore *				√	
Avril Osborne	√	√	√	√	√
Tom Steele *	√				

* Lesley Thomson joined in November 2018

* Brian Moore attended in November 2018 only

* Tom Steele left in July 2018

8. Issues Considered by the Committee over the year

During the year the Committee considered items in line with its remit and schedule of reporting, as follows:-

- Minutes - Minutes of previous meetings were submitted for approval
- Action Log - Action Logs, tracking the progress of agreed actions, were considered
- Terms of Reference - Updated Terms of Reference were endorsed by the Committee on 14 March 2019. The updated Terms of Reference were approved by the NHS Board at its meeting in March 2019.
- The Committee sought regular updates from sub groups including
 - Quality Planning & Professional Governance Group
 - Acute Clinical Governance & Risk Management Committee

- North Health & Social Care Partnership Support, Care and Clinical Governance Group Executive Lead
 - South Health & Social Care Partnership Support, Care and Clinical Governance Group Executive Lead
 - *Public Health Governance Group (reports into the Population Health, Primary Care & Community Services Governance Committee as of November 2018)*
 - Lanarkshire Infection Control Committee
 - *Child Health Commissioners Steering Group (reports into the Population Health, Primary Care & Community Services Governance Committee as of March 2019)*
 - Information Governance Group
 - Radiation Committee
 - Area Drugs & Therapeutics Committee
 - Independent Sector Governance Group
 - *Equality & Diversity Committee (reports into the Population Health, Primary Care & Community Services Governance Committee as of July 2018)*
 - Research & Development
 - Resuscitation Committee
 - Bereavement Committee
 - Organ Donation Committee
 - Food, Fluid & Nutrition Steering Group
 - Older People / Dementia Steering Group
 - Safety Plan Steering Group
 - Clinical Effectiveness Group
 - Capacity & Capability Group
 - Public Reference Forum
 - Public Protection Group
 - Transfusion Governance Committee
 - Excellence in Care (CAAS) Steering Group
 - Prescribing Quality & Efficiency Programme Board (until March 2019)
- The Committee monitored systems and processes through regular reports and updates on issues such as
 - Quality & Safety Dashboard
 - Quality Strategy Implementation Plan
 - Adverse Event Monitoring
 - Missed Care (previously called Reviewing Never Events)
 - Person Centred Care
 - Patient Safety Leadership Walkrounds
 - Corporate Risk Register
 - Feedback – Concerns, Comments and Complaints
 - Scottish Public Services Ombudsman cases
 - High Value Medical Negligence claims
 - Screening Reviews
- The Committee also
 - oversaw the development of an updated Quality Strategy 2018 – 2023

- oversaw the implementation of Duty of Candour legislation
- oversaw the implementation of new Ionising Radiation Regulations
- reviewed developments in Realistic Medicine
- regularly reviewed its Workplan for 2018/19. These reflected the key strands of the Committee's remit within its Terms of Reference
- Risk - the Committee considered whether, from the business discussed at each meeting any new, emerging risks needed to be added to the Corporate Risk Register, or whether, for current risks on the Corporate Risk Register, the discussion materially altered the assessed level of risk/risk tolerance and/or the mitigating controls

9. Improvements overseen by the Committee;

The Committee would wish to highlight three areas

Quality Week (19th November 2018).

The purpose of Quality Week 2018 was to promote the Lanarkshire Quality Approach (LQA) and celebrate quality in Lanarkshire. A series of events delivered by members of the Quality Directorate across the week were designed to meet this requirement.

Quality Directorate staff linked with key staff across acute services and Health & Social Care Partnerships to bring work into focus and support activities throughout the week. A calendar of events was shared locally and on FirstPort, with the Communications Department promoting the week through the staff bulletin, online Pulse and computer wallpaper, with numerous activity promoted through Twitter.

A celebration event was held in South Lanarkshire Council Hamilton on 21 Nov 2018. Acute Services and each Health & Social Care Partnerships were allocated 30 spaces and invited to identify the staff they would like to attend. This targeted approach was an attempt to broaden the professional mix of staff attending based on learning from the 2017 event. Over 100 staff attended the event which was opened by Dr Jane Burns and closed by Val de Souza, with colleagues from Scottish Government, Healthcare Improvement Scotland and public partners in attendance throughout the day.

The 2018 event incorporated the graduation of staff who had completed the internal improvement capacity and capability training programme "aEQUIP", as well as celebrating the success of NHS Lanarkshire staff who had completed national lead level improvement programmes, or shared improvement work at national conferences. Feedback from staff attending the event asked for more examples of work in Primary Care and more junior staff to be released to take advantage of this learning and development opportunity.

South Lanarkshire Health & Social Care Partnership Improvement Team started delivering the NHS Lanarkshire aEQUIP Programme to their staff during the week and Quality Directorate staff provided learning sessions and information sharing stalls across Lanarkshire throughout the week, which attracted variable attendance dependant on operational commitments.

Partnership and Acute sites showcased local initiatives throughout the week which were also shared widely through social media; Twitter #LQAWWeek2018.

Duty of Candour

In preparation of the Duty of Candour legislation a short life working group (SLWG) was established to ensure plans for implementation were robust to allow NHS Lanarkshire to be in a position and ready for the implementation date of 1st April 2018.

The initial meeting of the SLWG to discuss how best to implement and integrate into existing processes was held on 11th July 2017. Representation from the Executive team, triumvirate teams, complaints staff and designated lead facilitators for adverse events from each hospital site/area were in attendance. Subsequent meetings of the SLWG continued throughout 2017 / 18.

A draft guidance document was developed and shared with the group, which included detail on the key stages of the process; a proposed flowchart; the most suitable system for data capture to collate the necessary and relevant information to allow NHSL to produce an annual report; and what incidents activate the Duty with some examples based on the criteria set out in the legislation (*as detailed below*):

- *death of the person*
- *a permanent lessening of bodily, sensory, motor, physiologic or intellectual functions*
- *an increase in the person's treatment*
- *changes to the structure of the person's body*
- *the shortening of the life expectancy of the person*
- *an impairment of the sensory, motor or intellectual functions of the person which has lasted, or is likely to last, for a continuous period of at least 28 days*
- *the person experiencing pain or psychological harm which has been, or is likely to be, experienced by the person for a continuous period of at least 28 days*
- *the person requiring treatment by a registered health professional in order to prevent- (i) the death of the person, or (ii) any injury to the person which, if left untreated, would lead to one or more of the outcomes mentioned above.*

The guidance document and associated information is available on the Duty of Candour First Port page: <http://firstport2/staff-support/duty-of-candour/default.aspx>

The initial process for recording Duty of Candour incidents in NHS Lanarkshire involved the service responsible for recording an adverse event to make a decision on whether the adverse event triggered the legislation for Duty of Candour, and to record this on Datix. On reviewing the data at the mid-year point, it was evident that for many of the adverse events recorded as triggering Duty of Candour legislation the criteria had been misinterpreted, resulting in high levels of inaccurate recording (this did however, provide evidence that an apology was being provided where an adverse event had occurred, in line with *professional* Duty of Candour). It was therefore agreed that the dataset on the Datix system should be modified to deliver more accurate recording of this information. In addition, the Duty of Candour questions on Datix were moved from the section completed by the verifier to the Serious Adverse Event Review (SAER) section which is completed and quality assured by the Risk Facilitators.

The above changes were effective from 1st February 2019 and communication cascaded to the risk facilitators accordingly.

The Duty of Candour regulations require all Health Boards to prepare an annual report as soon as reasonably practicable after the end of that financial year which will demonstrate compliance with the required elements of the legislation. The first annual report is due for publication by end June 2019 and will cover the timeframe from 1st April 2018 to 31st March 2019. An annual report template has been developed and is being populated by the Adverse Events team. The report will include the following detail:

- Number of Duty of Candour events recorded for NHS Lanarkshire grouped by Operational unit
- Compliance with regulations (including Information to explain any areas of non-compliance). This will include:
 1. % where Patient or Relative informed of the adverse event.
 2. % where Apology given
 3. % where the Adverse event was robustly reviewed and recommendations
 4. % where Patient or Relative was informed of the results of the review
- What have we learned / changed as a result of reviewing these events?
- What the organisation put in place to prepare for and implement the legislation

The Duty of Candour figures are currently being checked for accuracy and the final annual report will be submitted once these have been confirmed. The number of Duty of Candour events reported to date for NHS Lanarkshire for the period Apr 1st 2018 to 31st March 2019 is 18.

Quality Strategy 2018-2023

The Quality Approach to Achieving Excellence - NHS Lanarkshire's Quality Strategy was approved by the NHS Board in May 2018. Quality Plans have been drafted to support the implementation of the Strategy:

- Person- centred Care Plan
- Safety Plan
- Clinical Effectiveness Plan
- Quality Improvement Capacity & Capability Building Plan

The Quality Strategy 2018-2023 provides direction to ensure that high quality care is delivered across all health care settings within Lanarkshire in line with the aims set out in *Achieving Excellence*.

This strategy describes NHS Lanarkshire's quality approach to providing world leading health and care which is person centred, safe and effective. While quality is a key element for all NHS Lanarkshire staff, the NHS Lanarkshire Quality Directorate has a key role to play as improving and assuring quality is its core purpose.

The *Achieving Excellence Strategic Delivery Plan* is the organisation's overarching plan to deliver the Healthcare Strategy. This is complemented by a number of corporate plans including a Workforce and Development Plan, Finance Plan, eHealth Plan and Risk Register.

There are also Local Delivery Plans and Annual Operational Plans supported by Annual Corporate Objectives with our staff objectives and personal development plans also feeding into achieving the aims we have set out.

The Lanarkshire Quality Approach and the principles and objectives set out in this Quality Strategy underpin all of the plans outlined above. All aspects of delivery of this strategy will flow through the appropriate governance structure prior to being reported to our Board.

In addition the Quality Directorate are responsible for developing specific plans to support the delivery of our underpinning quality ambitions to deliver person-centred, safe and effective care.

The Quality Directorate have drafted plans for 2018-23 as described above. Each plan has been set out in the same format and include:

- Description of the priority areas
- Annual Objectives for 2018-2023
- Implementation Plan for 2018/19
-

The Annual Objectives include, where applicable Measures of Success although a number of these have yet to be populated. Both the Annual Objectives and Implementation Plans were subject to wider consultation and given final approval in September 2018.

10. Matters of concern to the Committee;

A number of senior accountable officers retired from NHS Lanarkshire in 2018 and these posts were successfully appointed to, allowing NHS Lanarkshire to provide continuity. Mr Andy Crawford, Head of Clinical Governance from NHS Greater Glasgow & Clyde resigned from the group, attending his final meeting in September 2018.

11. Conclusion;

From the review of the performance of the Healthcare Quality Assurance and Improvement Committee, it can be confirmed that the Committee has met in line with the Terms of Reference, and has fulfilled its remit. Based on assurances received and information presented to the Committee, adequate and effective Healthcare Quality Assurance and Improvement and Information Assurance/Information Governance arrangements were in place throughout the year.

Michael Fuller
Committee Chair

Irene Barkby
Executive Lead
Nursing, Midwifery & AHPs

Dr Jane Burns
Executive Lead
Medical Director

April 2019

COMMITTEE TERMS OF REFERENCE

HEALTHCARE QUALITY ASSURANCE & IMPROVEMENT COMMITTEE

1. Purpose

The Board has established a Healthcare Quality Assurance and Improvement Committee as a Committee of the Board to support the Board in its responsibilities for issues of clinical risk, control and governance and associated assurance in the area of Clinical Governance, through a process of constructive challenge. The Committee's purpose will be set within a context for the overall implementation of the 20:20 Vision for the NHS in Scotland and the associated Route Map.

NHS Lanarkshire's quality vision is to achieve transformational improvement in the provision of safe, person-centred and effective care for patients, and for patients to be confident that this is what they will receive, no matter where and when they access services.

To achieve our quality vision, the Board is committed to transforming the quality of health care in Lanarkshire through investment in and continuous reliable implementation of patient safety processes. Through this, the Board aims to:

- ▶ be the safest health and care system in Scotland
- ▶ have no avoidable deaths
- ▶ reduce avoidable harm
- ▶ deliver care in partnership with patients that is responsive to their needs
- ▶ meet the highest standards of evidence based best practice
- ▶ be an employer of choice
- ▶ develop a culture of learning and improvement, characterised by our values of Fairness, Respect, Quality and Working Together
- ▶ ensure equity of access so that all individuals, whatever their background, achieve the maximum benefit from services and interventions provided, within available resources

The Healthcare Quality Assurance and Improvement Committee is responsible for providing assurance at all levels across the organisation that the health improvement and care we provide fulfils the Quality Ambitions of being Safe, Effective and Person-Centred and that staff at all levels, are given the necessary support to identify areas for quality improvement and the training and development to implement change. Or, as the Berwick Review¹ eloquently put it;

"Place the quality of patient care, especially patient safety, above all other aims. Engage, empower, and hear patients and carers at all times.

¹ A promise to learn - a commitment to act. Improving the Safety of Patients in England. National Advisory Group on the Safety of Patients in England. 2013

Embrace transparency unequivocally and everywhere, in the service of accountability, trust, and the growth of knowledge"

2. Membership

Membership of the Healthcare Quality Assurance and Improvement Committee will be drawn from the Non-Executive Director component of the NHS Board. There will be four Non-Executive Director Members of the Healthcare Quality Assurance and Improvement Committee, one of whom will be the Chair of the Area Clinical Forum. One of the Non-Executive Director Members will be designated as Chair of the Committee. The appointment of the Chair of the Committee will be decided by the NHS Board Chair, in discussion with Non-Executive Directors about the assignment of Committee portfolios.

3. Reporting Arrangements

The Healthcare Quality Assurance and Improvement Committee will report to the NHS Board following each meeting. This will be through a verbal report or a written Summary Report on the key issues considered by the Committee, and by the submission of minutes of meetings to the NHS Board. The Committee will work closely with other Governance Committees in areas of mutual interest where key responsibilities overlap.

The Committee will prepare an Action Log that will be monitored and updated at each subsequent meeting.

The Committee will conduct a mid-year review of progress against the annual Work Programme, as part of the process to ensure that the Work Programme is delivered. This mid-year review will be aligned to the Committee Terms of Reference.

In accordance with Best Value for NHS Board and Committee working, the Committee will submit to the NHS Board in May an Annual Report, encompassing: the name of the Committee; the Committee Chair; Members; the Executive Lead and officer supports/attendees; frequency and dates of meetings; the activities of the Committee during the year, including confirmation of delivery of the Work Programme, and review of the Committee Terms of Reference; improvements overseen by the Committee; matters of concern to the Committee; confirmation that the Committee has fulfilled its remit, and confirmation of the adequacy and effectiveness of the Healthcare Quality Assurance and Improvement arrangements in NHS Lanarkshire.

The Committee Annual report will inform the submission of any appropriate assurance to the Chief Executive at the year-end, as part of the Governance Statement.

Where the review by the Committee of its Terms of Reference results in amendment, the revised Terms of Reference must be submitted to the NHS Board for approval.

4. Key Responsibilities

To provide systems of assurance that healthcare quality assurance and improvement mechanisms including those relating to clinical risk management are in place and effective throughout NHS Lanarkshire. This remit includes:

- Endorsing the NHS Lanarkshire Quality Strategy 2018-2023, “The Quality Approach to Achieving Excellence” prior to approval from the NHS Board;
- Bringing to the attention of the Lanarkshire NHS Board regular reports on the operation of the system, and specific reports on any problems that emerge and necessary corrective actions being taken;
- Ensuring leadership, strategic direction and implementation of quality improvement as well as demonstrating its impact;
- Ensuring equity in the provision of care, treatment and access to services, which incorporates the diverse needs of individuals and population sub-groups, and is appropriate and sensitive to the delivery of person-centred care;
- As appropriate, critically reviewing reports and action plans arising from the work of internal audit, external audit, review agencies and inspectorates, as they relate to assurance on the effectiveness of clinical risk management and quality improvement;
- Ensuring that recommendations made by the Scottish Public Services Ombudsman are implemented;
- Providing oversight on, behalf of the Board, of key governance groups and arrangements responsible for compliance with the Scottish Government Health and Social Care Directorate’s directions, including, Healthcare Associated Infection, Information Governance, Independent Sector Monitoring, Research and Development, Organ Donation, Area Drug & Therapeutics and Duty of Candour;
- Being assured that NHS Lanarkshire has in place a managed system for clinical policies;
- Ensuring the Healthcare Quality Assurance and Improvement Committee discharges its role in relation to Assuring Best Value.

5. Conduct of Business

Declaration of Interest:

A Member must consider whether they have an interest to declare in relation to any matter which is to be considered as soon as possible. A Member should consider whether any item on the agenda raises any issue of declaration of interest. The declaration should be made as soon as practicable at the meeting that the interest arises.

Meetings:

- The Committee will meet at least 5 times a year. The Chair of the Committee may convene additional meetings as he/she deems necessary.

Quorum:

- To be quorate, meetings will require the attendance of 2 Non-Executive Director Members. In the absence of the designated Chair, the remaining Members will appoint a Chair from amongst their number. Although not a requirement for Quoracy, it is expected that one of the following Executive Directors will be in attendance at Meetings, viz: the Medical Director; the Director for Nurses, Midwives and the Allied Health Professions.
- In the event of a meeting becoming inquorate once convened, the Chair may elect to continue to receive papers and presentations from those attending, as described in the agenda for the meeting, and to allow the Members present the opportunity to ask questions. The minute of the meeting will clearly state the point at which the meeting became inquorate, but notes of the presentation and discussion will be included with the Minute. Every item discussed once the meeting became inquorate will be brought back in summary from matters arising to the next meeting, and ratified, as appropriate.

Absence of Chair:

- In the event of the designated Chair of the Healthcare Quality Assurance and Improvement Committee being unable to attend, another member of the Committee will be designated by the Chair for the meeting. Normally, the Chair of the Committee will arrange this in advance.

Agenda and Papers:

- Agenda for meetings of the Committee will be formulated having regard to: Matters Arising from the previous meeting; the Committee Work Programme and reporting schedule; and the Committee Terms of Reference. The agenda will be agreed at an agenda-setting meeting involving the Medical Director and the Chair of the Committee, with other officer input, as appropriate. Agenda papers, should be submitted to the Board Secretary, or other designated officer(s) in sufficient time to enable the agenda and papers for meetings to be issued not later than one week before meetings of the Committee.

Action Minutes:

- A draft minute of each meeting of the Committee (and a Summary paper, when Board meetings occur soon after the Committee), formatted to clearly highlight key decisions, actions and risk management, should be produced and available to the Chair of the Committee and the Medical Director for consideration within three weeks of the meeting date. Once agreed with the Chair of the Committee and the Medical Director, the minute will be submitted to the next scheduled meeting of the NHS Board for information. Prior to that, the key issues considered by the Committee will, as appropriate, be the subject of reporting to the NHS Board, either verbally or through the submission of a Summary Report. Minutes of meetings of the Committee do not need to be approved by the Committee prior to their submission to the NHS Board for information. Agendas and papers for meetings of the Committee will, routinely, be uploaded to the relevant 'Meetings' section on Firstport.

Action Log:

- An Action Log, setting out the key actions agreed at each meeting of the Committee will be produced, and agreed with the Committee Chair and the Medical Director. The Medical Director, with officer support provided by the Director of Quality, will ensure that actions are followed through timeously to completion. Updated action logs will be provided to each meeting of the Committee.

Annual Workplan:

- The Committee will produce an Annual Workplan that sets out the business and activities to be covered during the year and will submit this to the Board for approval by March of the preceding financial year.

Mid-year Review:

- The Committee will note a mid-year review of progress in the delivery of the Annual Workplan and reporting schedule. This mid-year review will also be aligned to the Committee's Terms of Reference. Indicatively, the mid-year review will be undertaken by the Committee at its meeting in November, with the outcome being reported to the next NHS Board meeting.

Annual Report:

In accordance with Best Value for Board and Committee working, the Committee will prepare, and submit to the Board in May each year, an Annual Report that will include:

- The name of the Committee, the Committee Chair, Membership, Executive Lead and Officer support/attendees;
- Frequency, dates of meetings and attendance;
- The activities of the Committee over the year, including confirmation of delivery of the Annual Workplan and review of the Committee Terms of Reference. Where such a review results in an amendment, a revised Terms of Reference must be submitted to the NHS Board for approval;
- Improvements overseen by the Committee;
- Matters of concern to the Committee;
- Confirmation that the Committee has fulfilled its remit, and of the adequacy and effectiveness of Internal Control;
- Additionally, the Annual Report will inform the submission of any appropriate assurance to the Chief Executive at the year-end, as part of the Governance Statement.

Submissions to Board following each meeting:

- Summary briefing and approved Minute;
- Procedure in event of Committee meeting taking place too close to Board to allow written submission (see Board Secretary Schedule of Reporting on this) - verbal report followed by written at next Board.

6. Information Requirements

The Committee will consider information, as appropriate, in order to fulfil its remit and deliver its work programme. This will include:

- a) Consistent, focussed data and risk driven Performance Management Reports;
- b) Triangulated data on feedback and complaints, staff feedback, quality, analysis of incidents and critical incidents, and operational performance data;
- c) Additional information and requirements that may arise and be required in year, in order to enable the Committee to properly fulfil its purpose.

Work Programme and Reporting Schedule

The Committee will oversee an annual work programme to progress the Board's Quality Assurance and Improvement Strategy, and a reporting schedule to provide assurance to the Committee (as per page 8).

7. Executive Support and Attendance

Executive Lead:

Medical Director

Other Executive Support :

Director for Nurses, Midwives and the Allied Health Professions
Director of Quality
Director of Public Health & Health Policy

Other Attendees:

Chief Executive
Corporate Risk Manager
Divisional Medical Director, Acute Services
Chair, Support Care and Clinical Governance, North HSCP
Chair, Support Care and Clinical Governance, South HSCP
Head of Assurance
Head of Evidence
Head of Improvement
Staff Partnership Representative

Expert External Attendees:

Professor Kay Currie, Professor of Nursing and Applied Healthcare Research, Glasgow Caledonian University

Executive Director Lead:

The designated Executive Lead will support the Chair of the Healthcare Quality Assurance and Improvement Committee in ensuring that the Committee operates according to/in fulfillment of, its agreed Terms of Reference. Specifically, they will:

- Support the Chair in ensuring that the Committee Remit is based on the latest guidance and relevant legislation, and the Board's Best Value framework;
- Liaise with the Chair in agreeing a programme of meetings for the business year, as required by its remit;
- Oversee the development of an Annual Work Programme for the Committee which is congruent with its remit and the need to provide appropriate assurance at the year-end, for endorsement by the Committee and approval by the NHS Board;
- Agree with the Chair an agenda for each meeting, having regard to the Committee's Remit and Work Programme;
- Lead an annual review of the Committee Terms of Reference and progress against the Annual Work Programme, as part of the process to ensure that the Work Programme is fulfilled;
- Oversee the production of an Annual Report on the delivery of the Committee's Remit and Work Programme, for endorsement by the Committee and submission to the NHS Board.

8. Access

The designated Chief Internal Auditor and the representative of External Audit will have free and confidential access to the Chair of the Healthcare Quality Assurance and Improvement Committee.

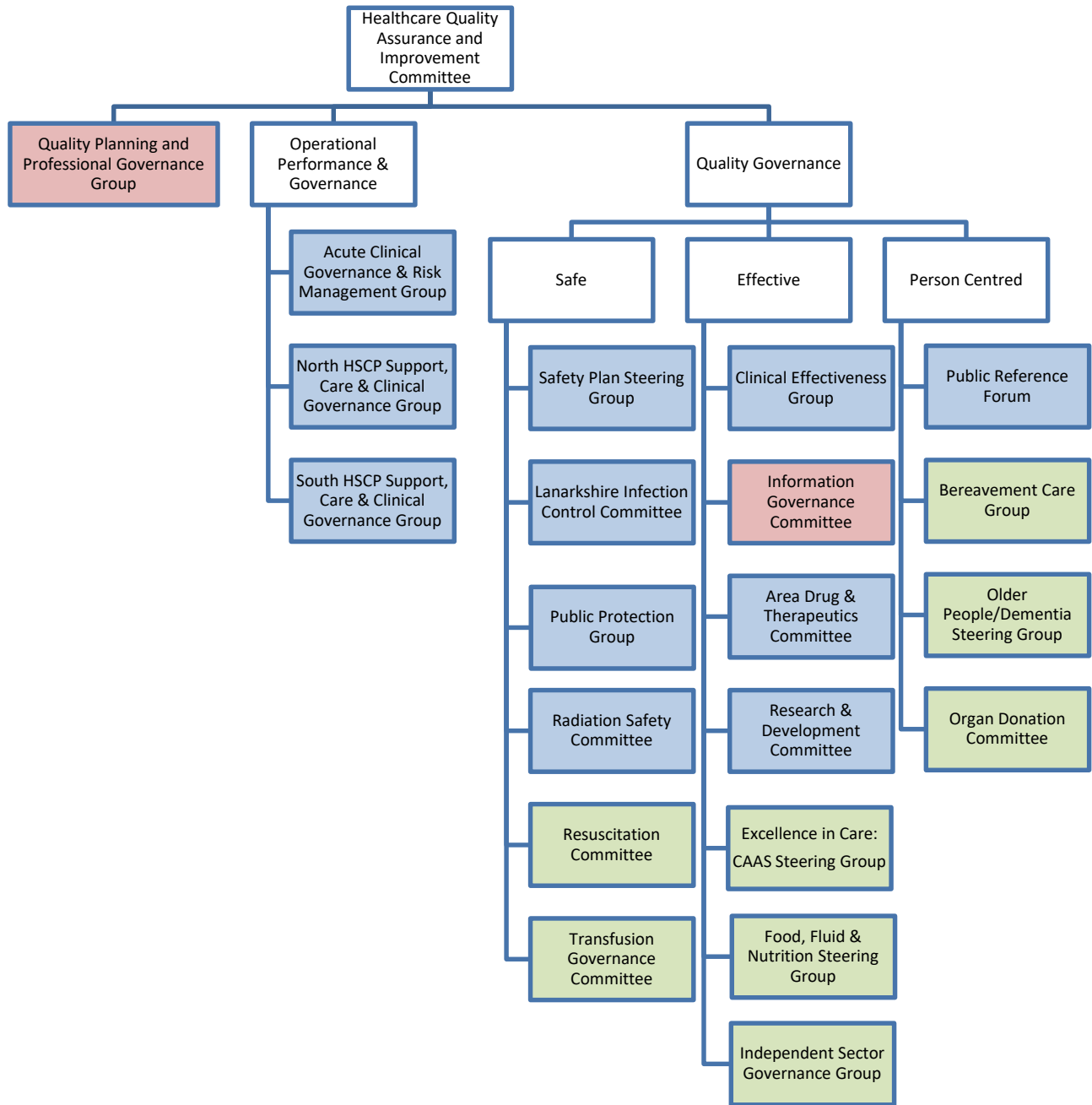
9. Rights

The Healthcare Quality Assurance and Improvement Committee may approve adhoc advice at the expense of the organisation, subject to budgets agreed by the NHS Board or the Accountable Officer.

Version Control

Ratified by:	Lanarkshire NHS Board
Reviewed by Committee:	Agreed by Committee on 12 th June 2014 & revisions agreed on 11 th December 2014 on 11 th May 2017. Further revisions made March 2018 and reviewed in March 2019.
Ratified by NHS Board:	27 th August 2014 & Revisions ratified on 28 th January 2015 Further revisions ratified 28 March 2018 May 2019
Authors:	Mrs K Cormack, Director of Quality, Mrs E Currie, Quality Programme Manager, Business Support
Review date:	Next Review in March 2020

NHS Lanarkshire Strategic Healthcare Quality Assurance and Improvement Structure



Reporting schedule

Highlight Report	Every meeting
Progress Report	Six monthly – year end with following year priorities, and mid-year review (with escalation of items of concern by exception as necessary)
Annual Report	Annually (with escalation of items of concern by exception as necessary)

NHS LANARKSHIRE

Population Health & Primary Care and Community Services Governance Committee (PHPCCSGC)

ANNUAL REPORT 2018/19

1. Introduction

The Population Health, Primary Care & Community Services Governance Committee was convened in March 2018 and will:

- govern the actions of NHS Lanarkshire in protecting and improving the health of the population with particular emphasis on addressing inequalities and on delivering effective primary care services. The focus will be on populations and the actions of organisations;
- provide support to the governance and delivery of Community based services by Health and Social Care Partnerships given their role in the delivery of programmes and services that impact on public health; and
- be responsible for monitoring the governance of mental health (including learning disability) services.

2. Name of Committee: Population Health & Primary and Community Services Governance Committee (PHPCCSGC)

3. Committee Chair: Miss Margaret Morris, Non-Executive NHSL Board Director

4. Committee Members:

Miss M Morris, Non-Executive Director (Chair)

Mr M Fuller, Non-Executive Director

Mrs M Lees, Non-Executive Director

Mr P Campbell, Non-Executive Director (until November 2018)

Mr B Moore, Non-Executive Director (from January 2019)

4. Attendees:

Mrs A Armstrong, Director of Nursing, NHSCP

Mr C Cunningham, Head of Planning, Performance & Assurance, SHSCP

Dr T Sommerfield, Consultant PH Medicine

Mrs V de Souza, Director, SHSCP

Mr G Docherty, Director of Public Health

Ms M Docherty Director of Nursing SHSCP

Dr L Findlay, Medical Director SHSCP

Dr J Pravinkumar, Consultant PH Medicine

Mr R McGuffie Interim Chief Officer NHSCP

Mr P Campbell, Non-Executive Director

Dr A Cook, Medical Director, NHSCP

Mrs M Hayward, Head of Health, SHSCP

Mr P Cannon, Board Secretary

Ms M Reid, Interim Head of Health Improvement

5. Executive Lead(s): Gabe Docherty / Val de Souza / Ross McGuffie

6. Meetings held during the year:

The Committee met 5 times during the year from 1 April 2018 to 31 March 2019 as follows:

23 May 2018
 18 July 2018
 19 September 2018
 21 November 2018
 05 March 2019

7. Attendance of Members

Member	May 2018	July 2018	Sept 2018	Nov 2018	March 2019
Miss M Morris	√	√	√	√	√
Mr M Fuller	√	√	√	√	√
Mrs M Lees	√	√	√	√	√
Mr P Campbell (until November 2018)	x	x	x	x	
Mr B Moore (from January 2019)					√

8. Issues Considered by the Committee over the year (including confirmation of delivery of the Annual Workplan and a statement that the Workplan was reviewed during the year)

- Primary Care Improvement Plan
- General Medical Services Sustainability
- New GP contract
- Adult Mental Health Services
- Children & Adolescent Mental Services (CAMHS)
- Adult Psychological Therapy Services
- Review of Integration North & South HSCPs
- NHSCP Rehabilitation Model
- Redesign of service provision Lockhart Hospital
- Annual Report of Director of Public Health 17/18
- Public Health Situation Reports: Hep A
- Review of Frequent Attenders Project in line with transformational change
- Blood Borne Viruses (BBV) Network Annual Report
- Lanarkshire Healthy Weight Strategy Implementation and Steering Group Annual Report
- Lanarkshire Children and Young People's Health Plan
- North and South HSCPs Child Poverty Report
- Tobacco Control Strategy: Annual Report
- Winter Planning update
- Staff flu vaccination programme and uptake reports
- CMO Health Promoting & Health Services Annual Return
- NHS Lanarkshire Risk Register

- North & South HSCPs Health & Homelessness Action plans including Rapid Housing Initiative
- Framework for the Prevention, Early Detection and Early Intervention of Type II Diabetes
- Equality & Diversity: Annual Report; Action Plan; Shared British Sign Language Plan 2018-2024

9. Improvements overseen by the Committee;

- Primary Care Improvement Plan
- Review of Integration North & South HSCPs
- NHSCP Rehabilitation Model
- Redesign of service provision Lockhart Hospital
- Review of Frequent Attenders Project in line with transformational change
- Staff flu vaccination programme and uptake reports
- North & South HSCPs Health & Homelessness Action plans including Rapid Housing Initiative
- Framework for the Prevention, Early Detection and Early Intervention of Type II Diabetes

10. Matters of concern to the Committee;

- CAMHS - performance pressures
- Sustainability of the GMS contract
- Tackling inequalities and investing in prevention
- Staff flu vaccination uptake rates

11. Conclusion;

From the review of the performance of the PHPCCSGC it can be confirmed that the Committee has met in line with the Terms of Reference, and has fulfilled its remit. Based on assurances received and information presented to the PHPCCSGC adequate and effective arrangements were in place throughout the year.

Committee Chair: *Margaret Morris*

Executive Leads: *Gabe Docherty | Val de Souza | Ross McGuffie*

Date: 15/05/2019

COMMITTEE TERMS OF REFERENCE

**POPULATION HEALTH, PRIMARY CARE & COMMUNITY SERVICES
GOVERNANCE COMMITTEE**

1. Purpose

The Population Health, Primary Care & Community Services Governance Committee (hereinafter referred to as ‘The Committee’) will

- govern the actions of NHS Lanarkshire in protecting and improving the health of the population with particular emphasis on addressing inequalities and on delivering effective primary care services. The focus will be on populations and the actions of organisations;
- provide support to the governance and delivery of Community based services by Health and Social Care Partnerships given their role in the delivery of programmes and services that impact on public health; and
- be responsible for monitoring the governance of mental health (including learning disability) services.

2. Membership

- 4 x Non-Executive Directors NHSL;
- Operational Delivery Director, North Lanarkshire HSCP;
- Operational Delivery Director, South Lanarkshire HSCP;
- Health & Social Care Partnership Medical Director (North & South);
- Health & Social Care Partnership Nurse Director (North & South);
- Board Director of Public Health;
- Medical Director
- Director of NMAHPs
- Two Consultants/Specialists in Public Health;
- Head of Health Promotion/Health Improvement;
- Head of Planning, Performance & Assurance, North Lanarkshire HSCP;
- Head of Commissioning & Performance, South Lanarkshire HSCP;
- Representative from Mental Health
- Staff Partnership Representation; and
- Voluntary Sector Representation.

Attendees may be invited to the Committee at the discretion of the Chair.

The Lead Directors for the Committee shall be the Board Director of Public Health and the Operational Delivery Directors for North Lanarkshire HSCP and South Lanarkshire HSCP.

3. Meetings

The Committee will normally meet 5 times per year, and conduct its proceedings in compliance with the Standing Orders of the Board.

Meeting dates will be set taking account of the meeting cycle for business meetings of the NHS Board, to enable timely reporting from the Committee to the NHS Board.

One of the Non-Executive Director Members will be designated as Chair of the Committee. The appointment of the Chair of the Committee will be decided by the NHS Board Chair, in discussion with Non-Executive Directors about the assignment of Committee portfolios.

4. Key Responsibilities

The remit of the Committee will reflect three key domains, as follows:

Public Health & Health Inequalities

To provide assurance to the NHS Board that public health governance is being discharged in relation to the Board's statutory duty for quality of care and to ensure the development, implementation and monitoring of a strategic public health plan with a focus on inequalities, and reshaping NHS's services to have a greater emphasis on prevention and inequalities.

Key Duties of the Committee:-

- Ensure the development, implementation and monitoring of a strategic plan for public health ensuring that the three domains of public health are covered: health protection, health improvement and improving services;
- Monitor the implementation of the Board's prioritised Health Inequalities Action Plan;
- Support Public Health in its advocacy role with stakeholders, partners, national bodies and Governments in promoting health;
- Oversee the funding allocated to Public Health activities;
- Consider funding applications for the development of public health interventions (approved by the CMT) and to make recommendations to the NHS Board;
- Review and scrutinise the delivery of the Board Public Health Department's work plan;
- Undertake scrutiny of individual topics/projects/work-streams to promote the health of the population, including NHS Lanarkshire staff;
- Ensure there are effective partnership working arrangements between NHS Lanarkshire and both Health and Social Care Partnerships, and with both Community Planning Partnerships;
- Ensure that Public Health is fully embedded in other key areas of work of the Board such as "Achieving Excellence" and Realistic Medicine;
- Ensure that policy and practice are effectively and consistently informed by public health intelligence and underpins implementation of "Achieving Excellence" and both Health and Social Care Strategic Commissioning Plans; and
- Receive regular updates from the Public Health Delivery Workplan Group.

Primary Care and Community Services (including Independent Contractors*)

* Medical, Dental, Ophthalmic and Pharmaceutical services

NHS Lanarkshire and North & South Lanarkshire Councils have established Integrated Joint Boards under the Public Bodies (Joint Working) (Scotland) Act 2014 to create a single system for the Joint Strategic Commissioning of Health & Social Care Services.

However, notwithstanding the above, NHS Lanarkshire and Councils must ensure that there are mechanisms in place to provide the necessary assurance that integrated services are being delivered in line with their responsibilities. The Integration Scheme does not provide a framework for this reporting.

The establishment of the Population Health & Primary Care Governance Committee, covering Primary Care service delivery, will fulfil the Board's obligation to seek assurance on the quality of these services.

The Committee will develop reporting systems to ensure a comprehensive performance management structure is in place to link with key Scottish Government, NHS Board, and Health & Social Care Partnership objectives.

Key Duties of the Committee:-

- Receive assurance that the operational delivery of primary care and community services are meeting national standards, meeting financial, clinical and staff governance requirements and that robust mitigating actions are in place to address very high risks in the Board's Corporate Risk Register.
- Receive assurance that there is equity in the provision of care, treatment and access to services, which incorporates the diverse needs of individuals and population sub-groups, is appropriate and sensitive to the delivery of person-centred care, across a range of primary care and community based services.

Mental Health inpatient and community services (including Learning Disability services)

The Committee will ensure the alignment of local reporting systems to provide for a comprehensive performance management structure across NHS Lanarkshire, linked with the Scottish Government Mental Health Strategy (2017-2027), by working to improve:

- Prevention and early intervention;
- Access to treatment, and joined up accessible services;
- The physical wellbeing of people with mental health problems; and
- Rights, information use, and planning.

By focussing on:-

- Urgent Care Transformation;
- Child and Adolescent Mental Health Services (CAMHS);
- the delivery of learning disability services;
- Prevention and early intervention for pregnant women and new mothers;
- Prevention and early intervention for infants, children and young people;
- New models of supporting mental health in primary care;
- Supporting people to manage their own mental health;
- Improving access to mental health services and make them more efficient, effective and safe – which is also part of early intervention;

- Improving the physical health of people with severe and enduring mental health problems to address premature mortality;
- ‘All of Me’ - to ensure parity between mental health and physical health; and
- The human rights of people with mental health problems.

5. Conduct of Business

Declarations of Interest:

A Member must consider whether they have an interest to declare in relation to any matter which is to be considered as soon as possible. A Member should consider whether any item on the agenda raises any issue of declaration of interest. The declaration should be made as soon as practicable at the meeting that the interest arises.

Meetings:

The Committee will normally meet at least 5 times a year. The Chair of the Committee may convene additional meetings, as they deem necessary. The NHS Board or Accountable Officer may ask the Committee to convene further meetings to discuss particular issues on which they want the Committee’s advice.

Quorum:

- A quorum is one third of the whole number of Members, of which at least two are Non-Executive Members. No business shall be transacted at a meeting unless this is met. Deputies should also attend where the named officer is unable to attend such that the committee remains quorate. No business shall be transacted at a meeting unless this is met.
- If a quorum is not present ten minutes after the time specified for the start of a meeting, the Chair, subject to the business to be conducted, will seek agreement to adjourn the meeting or reschedule.
- If during any meeting, a Member or Members are called away, and the Chair finds that the meeting is no longer quorate, the meeting shall be suspended. If a quorum is not present at the end of ten minutes, the Chair will seek agreement to adjourn the meeting or reschedule.
- Where, due to the number of apologies received, it becomes apparent that a rescheduled meeting will not be quorate, the Chair will adjudge on the postponement and rescheduling of the meeting.

Absence of Chair:

- In the event of the Chair of the Committee being unable to attend, the NHS Board Vice-Chair or another member of the Committee will be designated the Chair for the meeting. Normally the Chair of the Committee would arrange this in advance.

Agenda papers:

- Administrative support will be provided by a member of the Public Health Department, with professional support provided by the Board Secretary.
- The Agenda and accompanying papers will be sent to members one week in advance of the meeting. The Chair will set the Agenda with the support of the Chief Executive and the Director of Public Health. The agenda will be aligned to the remit of the Committee. Progress reports against Matters Arising will be submitted in accordance with an agreed Reporting Schedule. Members wishing to raise agenda items should forward them to the Committee Secretary within the agreed timescale.

Action Points Note and Minutes:

- An Action Points note should be produced and circulated to all Members within 5 working days.
- All meetings will be minutes and copied to members within 3 weeks of the meeting being held.
- Approved minutes along with minute summary will be submitted to the NHS Lanarkshire Board and will be published on the NHS Lanarkshire website.

Action Log:

- A rolling action log will be produced and updated at each Committee meeting. This allows the Committee to track progress of particular issues and ensures that a scheduled for follow up reports is kept.

Annual Workplan:

- The Committee will produce an Annual Workplan that sets out the business and activities to be covered during the year and will submit this to the Board for approval by March of the preceding financial year.

Mid Year Review:

- The Committee will conduct a midyear review of progress made against the Workplan, to ensure that it is delivering on its plan, and that additional actions are put in place to ensure full delivery of any slippage by the business year end. As part of the Annual Report, the Committee will also review its Terms of Reference, and the need for any amendment or update, which, in the event, will require to be submitted to and approved by the NHS Board.

Annual Report:

In accordance with Best Value for Board and Committee Working, the Committee will prepare, and submit to the Board in May each year, an Annual Report that will include:

- Name of Committee, Committee Chair, membership, Executive Lead and officer supports / attendees;
- Frequency, dates of meetings and attendance;

- The activities of the Committee over the year including confirmation of delivery of the Annual Workplan and Review of the Committee Terms of Reference. Where such a review results in amendment, a revised Terms of Reference must be submitted to the NHS Board for approval;;
- Improvements overseen by the Committee;
- Matters of concern to the Committee;
- Confirmation that the Committee has fulfilled its remit and of the adequacy and effectiveness of internal control in NHS Lanarkshire;
- Additionally, the Annual Report will inform the submission of any appropriate assurance to the Chief Executive at the year-end as part of the Governance Statement.

Submissions to Board following each meeting:

- Summary briefing and approved Minute.
- Procedure in event of Committee meeting taking place too close to Board to allow written submission (see Board Secretary Schedule of Reporting on this) - verbal report followed by written at next Board.

6. Information Requirements

The Committee will be provided with:

- Performance reports from key groups;
- A report on risk management activity; and
- An updated workplan showing achievement to date.

7. Executive Lead and Attendance

The Director of Public Health & Operational Delivery Directors for North Lanarkshire HSCP and South Lanarkshire HSCP will support the Chair of the Committee in ensuring that the Committee operates according to / in fulfillment of its agreed Terms of Reference.

The Committee will be provided with a secretariat function by the Board Secretary.

Deputies may represent any member of the Committee unable to attend meetings.

The Committee may ask any other officers of NHS Lanarkshire and North and South Lanarkshire Health & Social Care Partnerships to attend to assist with its discussions on any particular matter.

10. Access

No special rights of access are necessary.

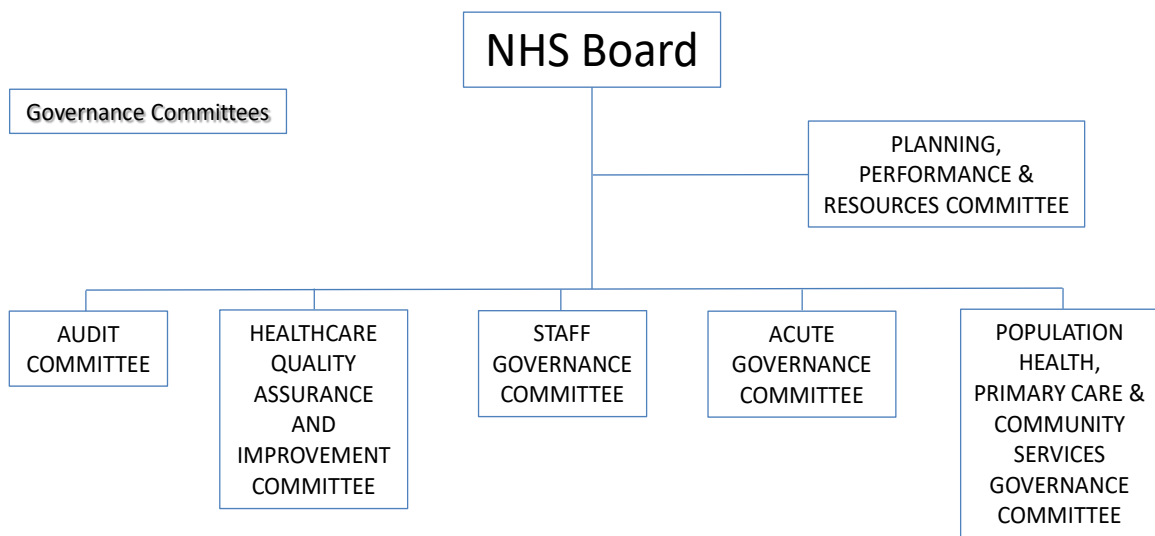
11. Rights

The Committee may procure specialist ad hoc advice at the expense of the organisation, subject to budgets agreed by the Board or Accountable Officer.

Version Control

Reviewed by Committee:	May 2019
Ratified by Lanarkshire NHS Board:	May 2019
Review Date:	May 2020

NHS Lanarkshire – Governance Committee Structure



1 MARCH 2018

NHS LANARKSHIRE

PLANNING, PERFORMANCE & RESOURCES COMMITTEE

ANNUAL REPORT 2018/19

1. Introduction

The Planning, Performance & Resources Committee is accountable to the NHS Lanarkshire Board, and is responsible for

- overseeing policy and strategy development, including the development of the Financial Strategy;
- endorsing strategies and refer them to the NHS Board for approval;
- acting as the Performance Management Committee of the Board;
- strategic oversight of the Service Redesign Programme of the Board and act as the Service Redesign Committee
- exercising strategic oversight of Achieving Excellence; and
- influencing the early development of the strategic direction of the Board.

2. Committee Chair:

Mrs Neena Mahal, NHS Board Chair

3. Committee Members:

Mrs. L Ace, Director of Finance
Mrs. I Barkby, Director for Nurses, Midwives and Allied Health Professionals
Mr. C Campbell, Chief Executive
Mr. P Campbell, Non-Executive Director
Mr. M Fuller, Non-Executive Director
Councillor. P Kelly, Non-Executive Director
Mrs. M Lees, Chair, Area Clinical Forum
Mrs. L Macer, Employee Director
Mr B Moore (from 1 September 2018)
Miss. M Morris, Non-Executive Director
Councillor. J McGuigan, Non-Executive Director
Dr. A Osborne, Non-Executive Director
Mr. T Steele, Non-Executive Director (until June 2018)
Dr L Thomson (from 1 September 2018)
Dr. I Wallace, Medical Director (until September 2018)
Dr. J Burns (from October 2018)

4. Attendees:

Mr. C Brown, Head of Communications
Mr. P Cannon, Board Secretary
Mr G Docherty, Director of Public Health and Health Policy
Ms. J Hewitt, Chief Accountable Officer, North Lanarkshire Health and Social Care Partnership (until September 2018)
Mr. R McGuffie, Interim Chief Accountable Officer, North Lanarkshire Health and Social Care Partnership (from September 2018)
Ms. H Knox, Director of Acute Services / Deputy Chief Executive
Mr. K A Small, Director of Human Resources (until February 2018)

Mr. C Sloey, Director of Strategic Planning and Performance (until July 2018)
 Mr. C Lauder, Director of Planning, Property & Performance (from July 2018)
 Mrs. V de Souza, Director, South Lanarkshire Health and Social Care Partnership
 Mr. J White, Director of Human Resources (from February 2018)
 Mr. D Wilson, Director of Information & Digital Technology (from July 2018)

5. Executive Lead:

Mr. Calum Campbell, Chief Executive.

6. Meetings held during the year:

The Committee met 4 times during the year from 1 April 2018 to 31 March 2019 as follows

25th April 2018
 27th June 2018
 26th September 2018
 27th February 2019

The Committee was scheduled to meet on 28th November 2018 but this date was used for a Board meeting, as it was anticipated that the Monklands Replacement / Refurbishment Consultation Report would be submitted to the NHS Board for discussion. However, the Cabinet Secretary asked for the process to be paused and an Independent Review Team was established in December 2018.

7. Attendance of Members:

Member	25 April 2018	27 June 2018	26 September 2018	27 February 2019
Mrs. L Ace	√	√	√	√
Mrs. I Barkby	√	√	√	√
Mr. C Campbell	√	√	√	√
Mr. P Campbell	√	√	×	×
Mr. M Fuller	√	√	√	√
Mrs. M Lees	√	√	√	√
Councillor. P Kelly	×	√	×	×
Mrs. L Macer	√	√	√	√
Miss. M Morris	√	×	√	√
Councillor. J McGuigan	√	×	×	×
Dr. A Osborne	√	√	√	√
Mr. T Steele *1	√	×		
Dr. I Wallace *2	√	√	√	
Dr. J Burns *3				√

*1 Until June 2018

*2 Until September 2018

*3 From October 2018

8. Issues Considered by the Committee over the year:

During the year the Committee considered items in line with its remit and schedule of reporting, as follows:-

- Minutes - Minutes of previous meetings were submitted for approval
- Action Log - Action Logs, tracking the progress of agreed actions, were considered
- Terms of Reference - Updated Terms of Reference were endorsed by the Committee on 24 April 2019.

- Finance - reports on financial performance, describing Revenue and Capital expenditure, and performance towards delivery of the Board's Revenue and Capital Plans
- Financial Planning for 2019/20 - reports on the emerging Draft Financial Plan, encompassing efficiency schemes (CRES). This was in addition to the Development Session held on 6 March 2019 on Financial Planning, and CRES discussion on 11 April 2019.
- Access Targets - reports on Waiting Times performance for Scheduled and Unscheduled Care, Delayed Discharge trajectories, and performance within Health and Social Care Partnerships; which highlighted areas of pressure and challenge; and described the actions being taken and planned, aimed at delivering sustained improvement
- Achieving Excellence – this major strategic plan was endorsed by the Cabinet Secretary in April 2017, and the Committee received regular and detailed updates on progress, developed a pipeline approach to monitoring, and agreed a schedule of reporting throughout the year.
- Monklands Hospital - the Committee was kept up to date with the Consultation process, and received regular updates from the Project Director.
- Trauma and Orthopaedics - regular update reports on the implementation of a phased programme of service redesign
- Integrated Corporate Performance Report - Integrated Corporate Performance Reports, encompassing: a list of Key Performance Indicators and Narrative Reports; an Exceptions Report summarising Red and Amber KPIs from the ICPR; Narrative Reports due; the agreed forward programme of reports. The ICPR also included linkage to the electronic ICPR Dashboard and its alignment with NSS Discovery
- Clinical Engagement - promoting the work of the Area Clinical Forum and the parent Advisory Committees
- Land Disposals
- The development of a strategic partnership with Glasgow Caledonian University
- Monklands Fire Warning and Detection System – remedial actions
- Corporate Risk Register - PP&RC Assurance Report - regular reports on the elements of the Corporate Risk Register for which the Planning, Performance & Resources Committee was the designated 'assurance source'
- High Risk issues within the Risk Register including
 - Lockhart Hospital – sustainable GP services
 - GP Out of Hours Workforce Review
 - Sustaining GP Services
- Winter Planning
- Integration issues including measuring performance under integration, and the MSG Integration Review
- Significant Adverse Event – Cyber attacks
- Neonatology Services
- Resilience Reports
- Property & Asset Management Strategy and Annual Update – considered in June 2018
- Corporate Objectives - Year-end report – considered in June 2018
- e-Health Strategy
- Annual Fire Safety Report – considered in September 2018
- Sustainability Development Action Plan
- Winter Flu Staff Immunisation Plan
- Draft Communications Strategy
- Commissioning Plans – South Lanarkshire H&SCP
- EU Withdrawal
- TURAS updates

- Bed Reconfiguration - an update on service redesign in relation Health & Social Care beds across NHS Lanarkshire in a whole system review of bed modelling in February 2019
- Regional Planning - the Committee considered regular reports of meetings of the West of Scotland Regional Planning Group
- Workplan - the Committee approved its Workplan for 2018/19, and reviewed the Workplan at each meeting, making adjustments where necessary. These reflected the key strands of the Committee's remit within its Terms of Reference
- Risk - the Committee considered whether, from the business discussed at each meeting any new, emerging risks needed to be added to the Corporate Risk Register, or whether, for current risks on the Corporate Risk Register, the discussion materially altered the assessed level of risk/risk tolerance and/or the mitigating controls. Business meetings of the Planning, Performance and Resources Committee were followed by Board Development Events

9. Improvements overseen by the Committee:

During the course of what has been a busy year, the Committee has considered a number of positive issues, including: the endorsement of key strategies, and Annual Reports confirming positive performance in a number of important areas of the Board's responsibilities, and regular reports on performance against targets for key areas of operational delivery.

A major consideration for the Committee has been monitoring the implementation of the aspirations within 'Achieving Excellence', the Healthcare Strategy for Lanarkshire, which reflects partnership working with the Integration Joint Boards for North and for South Lanarkshire, and their respective Strategic Commissioning intentions.

The Committee considered regular reports on the development of the Outline Business Case for the Replacement / Refurbishment of Monklands Hospital, and awaits the outcome of an Independent Review being conducted at the request of the Cabinet Secretary. The Committee were advised of the additional costs that the delay in the Project will incur, and received a detailed presentation, and discussion, on the current risks being managed on the Hospital site (albeit this was out-with the reporting timeframe for this Annual Report – 11 April 2019). This is a much-needed development and is central to the delivery of a number of the aspirations in 'Achieving Excellence'.

The Committee also maintained a keen focus on performance during the year in the key areas of Finance, Waiting Times, Corporate Objectives, Palliative Care, e-Health, Winter Planning, and Legislative requirements such as Fire Safety and Property and Asset Management.

Of particular note has been the development of a Resilience Team, under the leadership of the Director of Public Health, which has provided additional expert support and capacity building. The Team has played a significant part in preparing (and continuing to prepare) for the EU Withdrawal.

10. Matters of concern to the Committee:

In the last Annual Report the principal area of concern for the Committee was the substantial financial challenge in realising approximately efficiency savings, at a time when its strategic aspirations, reflected in the development of 'Achieving Excellence', had never been greater. However, despite the challenge the Board achieved financial balance again in 2018/19 (subject to audit). The Committee noted, with some concern, that a significant number of NHS Boards had not achieved financial balance, and had been provided with additional funding in 2018/19, and that it was imperative that the NHS Board were allocated sufficient resources to maintain waiting times and services, and continue to achieve financial balance.

In the last Annual Report (April 2018) it was anticipated that, in 2018/19, the impact of Regional Planning would come to the fore, however progress in this area has not materialised as quickly as was forecast, albeit some important developments are being taken forward, such as Regional Trauma Networks and Regional Forensic Medical Services.

11. Conclusion:

From the review of the performance of the Planning, Performance & Resources Committee, it can be confirmed that the Committee has met in line with the Terms of Reference, and has fulfilled its remit. Based on assurances received and information presented to the Committee, adequate and effective arrangements were in place throughout the year.

Mrs Neena Mahal
Committee Chair

Mr Calum Campbell
Executive Lead

April 2019

<p>1. Purpose</p> <ul style="list-style-type: none"> • To oversee policy and strategy development, including the development of the Financial Strategy • To endorse strategies and refer them to the NHS Board for approval • To act as the Performance Management Committee of the Board • To have strategic oversight of the Service Redesign Programme of the Board and act as the Service Redesign Committee • To influence the early development of the strategic direction of the Board
<p>2. Membership</p> <ul style="list-style-type: none"> • Membership of the Planning, Performance and Resources Committee (hereinafter referred to as ‘The Committee’), will include all Board Members. • Attendees may be invited to the Committee at the discretion of the Chair. • The Lead Officer for the Committee shall be the Chief Executive.
<p>3. Reporting Arrangements</p> <ul style="list-style-type: none"> • The Committee reports to the Board, through the submission of a summary report to the Board on key issues considered by the Committee at each meeting. • The minute of Planning, Performance and Resources Committee meetings will be submitted to the next meeting of the Committee for approval. • The minute will then be presented to the following Ordinary Meeting of the Board for noting.
<p>4. Key Responsibilities</p> <p>4.1 Strategy Development</p> <p>The Committee will have an important role in shaping the development of the Strategic Framework of the Board through Achieving Excellence (April 2017).</p> <ul style="list-style-type: none"> • The Committee will ensure detailed and appropriate scrutiny of the development of all strategies, including the Annual Operational Plan and, following endorsement, refer them to the NHS Board for approval • The Committee will work closely with the Standing Committees of the Board in discharging their functions. • The Committee will ensure that strategies are compliant with the duties of the Board in respect of meeting legislative and good practice requirements. • The Committee will also ensure that there is an integrated approach to workforce, finance and service planning.

4.2 Service Redesign

The Committee will act as the Service Redesign Committee of the Board. The Committee will ensure that there is a robust Service Redesign Programme for the Board, with particular emphasis on ensuring collaborative working across health, social care and other organisations, and explicit links between the service redesign programme, workforce planning and the strategic priorities for NHS Scotland.

4.3 Financial Framework

The Committee will oversee the development of a Financial Strategy that is consistent with national and local priorities, and specifically:

- The Committee shall oversee the development of the Board Financial Strategy in support of the Annual Operational Plan.
- The Committee shall recommend to the Board annual revenue and capital budgets, and financial plans consistent with its statutory financial responsibilities.
- The Committee shall, at every meeting, examine in detail the financial plan for NHS Lanarkshire to ensure that planning assumptions are soundly based and reflect known pressures, potential investments and opportunities for cost reduction.
- The Committee shall review the financial impact of planned future policies and known or foreseeable future developments.
- The Committee shall review the capital plan of NHS Lanarkshire no less frequently than twice per year and consider the impact of development opportunities and any risks arising from the delivery of the current programme.
- The Committee shall review the Asset Management Strategy (including the acquisition and disposal of property).

4.4 Performance Management

The Committee shall have oversight of systems and processes to secure economy, efficiency and effectiveness in the use of resources. The Committee will, from time to time, review individual services in relation to performance management, ensuring that health care is delivered to an efficient and cost-effective level. Specifically, the Committee will:

- Ensure a rigorous and systematic approach to the monitoring of delivery of national and local priorities, including monitoring of Corporate Objectives.
- Promote an integrated approach to performance management and risk.
- Oversee an effective approach to prioritisation of resources, supported by appropriate and relevant benchmarking and comparative information to inform decision-making.
- Ensure the organisation works with other partners to secure effective and integrated systems of performance management.

In tandem with the Remuneration Sub-Committee, the Committee will ensure that there is a well-defined and integrated approach to the development and monitoring of corporate and individual objectives.

4.5 Best Value

The Committee is responsible for reviewing those aspects of the Best Value work plan which are

delegated to it from the Board. The Committee will put in place arrangements which will provide assurance to the Chief Executive as Accountable Officer, that NHS Lanarkshire has systems and processes in place to secure best value for these delegated areas.

5. Conduct of Business

Declaration of Interest:

- A Member must consider whether they have an interest to declare in relation to any matter which is to be considered as soon as possible. A Member should consider whether any item on the agenda raises any issue of declaration of interest. The declaration should be made as soon as practicable at the meeting that the interest arises.

Meetings:

- The Committee will normally meet at least 5 times a year. The Chair of the Committee may convene additional meetings, as they deem necessary. The NHS Board or Accountable Officer may ask the Committee to convene further meetings to discuss particular issues on which they want the Committee's advice

Quorum:

- A quorum is one third of the whole number of Members, of which at least three are Non-Executive Members. No business shall be transacted at a meeting unless this is met.
- If a quorum is not present ten minutes after the time specified for the start of a meeting, the Chair, subject to the business to be conducted, will seek agreement to adjourn the meeting or reschedule.
- If during any meeting, a Member or Members are called away, and the Chair finds that the meeting is no longer quorate, the meeting shall be suspended. If a quorum is not present at the end of ten minutes, the Chair will seek agreement to adjourn the meeting or reschedule.
- Where, due to the number of apologies received, it becomes apparent that a rescheduled meeting will not be quorate, the Chair will adjudge on the postponement and rescheduling of the meeting.

Absence of Chair:

- In the event of the Chair of the Committee being unable to attend, the NHS Board Vice-Chair or another member of the Committee will be designated the Chair for the meeting. Normally the Chair of the Committee would arrange this in advance.

Agenda papers:

- The Agenda and accompanying papers will be sent to members one week in advance of the meeting. The Chair will set the Agenda with the support of the Chief Executive and the Director of Strategic Planning & Performance. The agenda will be aligned to the remit of the Committee. Progress reports against Matters Arising will be submitted in

accordance with an agreed Reporting Schedule. Members wishing to raise agenda items should forward them to the Committee Secretary within the agreed timescale.

Action Points Note and Minutes:

- An Action Points note should be produced and circulated to all Members within 5 working days.
- All meetings will be minutes and copied to members within 3 weeks of the meeting being held.
- Approved minutes along with minute summary will be submitted to the NHS Lanarkshire Board and will be published on the NHS Lanarkshire website.

Action Log:

- A rolling action log will be produced and updated at each Committee meeting. This allows the Committee to track progress of particular issues and ensures that a scheduled for follow up reports is kept.

Annual Workplan:

- The Committee will produce an Annual Workplan that sets out the business and activities to be covered during the year and will submit this to the Board for approval by May of each year.

Mid Year Review:

- The Committee will conduct a midyear review of progress made against the Workplan, to ensure that it is delivering on its plan, and that additional actions are put in place to ensure full delivery of any slippage by the business year end. As part of the midyear review, the Committee will also review its Terms of Reference, and the need for any amendment or update, which, in the event, will require to be submitted to and approved by the NHS Board.

Annual Report:

In accordance with Best Value for Board and Committee Working, the Committee will prepare, and submit to the Board in May each year, an Annual Report that will include:

- Name of Committee, Committee Chair, membership, Executive Lead and officer support/ attendees;
- Frequency, dates of meetings and attendance;
- The activities of the Committee over the year including confirmation of delivery of the Annual Workplan and Review of the Committee Terms of Reference. Where such a review results in amendment, a revised Terms of Reference must be submitted to the NHS Board for approval;
- Improvements overseen by the Committee;
- Matters of concern to the Committee;
- Confirmation that the Committee has fulfilled its remit and of the adequacy and effectiveness of internal control in NHS Lanarkshire;
- Additionally, the Annual Report will inform the submission of any appropriate assurance

to the Chief Executive at the year-end as part of the Governance Statement.

Submissions to Board following each meeting:

- Summary briefing and approved Minute.
- Procedure in event of Committee meeting taking place too close to Board to allow written submission (see Board Secretary Schedule)

6. Information Requirements

In order to fulfil its remit the Committee may obtain whatever professional advice it requires, and require other individuals to attend meetings as required.

The Committee is authorised by the Board to investigate any activity within its terms of reference, and is authorised to seek any information it requires from any employee. The Committee is required to review its Terms of Reference on an annual basis.

The Committee will be provided with:

- Performance reports from key groups (Property Strategy Group, Capital Investment Group, eHealth Strategy Executive Action Group, Prescribing Quality & Efficiency Programme Board Prescribing Management Board, *Achieving Excellence* Strategic Delivery Team.
- A performance report on the progression of the Annual Operational Plan and JSCPs.
- A report on risk management activity.
- An updated workplan showing achievement to date.

7. Executive Lead and Attendance

- The Chief Executive will support the Chair of the Committee in ensuring that the Committee operates according to / in fulfillment of its agreed Terms of Reference.
- The Committee will be provided with a secretariat function by the Board Secretary.
- Deputies may represent any member of the Committee unable to attend meetings.
- The Committee may ask any other officers of NHS Lanarkshire and North and South Lanarkshire Health & Social Care partnerships to attend to assist with its discussions on any particular matter.

8. Access

No special rights of access are necessary.

9. Rights

The Committee may procure specialist ad hoc advice at the expense of the organisation, subject to budgets agreed by the Board or Accountable Officer.

Version Control

Reviewed Committee:	by	24 April 2019
Ratified Lanarkshire Board:	by NHS	29 May 2019
Review Date:		April 2020

NHS LANARKSHIRE
ACUTE GOVERNANCE COMMITTEE
ANNUAL REPORT 2018/19

1. Introduction

The Acute Governance Committee is responsible for monitoring and reviewing the provision of services by the Acute Division.

The Committee operates as a Standing sub-Committee of the NHS Lanarkshire Board.

The Committee is responsible for:

- monitoring and reviewing the provision of services by the Acute Division, to ensure that services are provided as efficiently and effectively as possible to meet recognised standards, within available resources, and that services, increasingly, are designed and operated to deliver an integrated patient service.
- developing and generating internal performance management and reporting systems to ensure a comprehensive structure is in place to monitor the delivery of targets in relation to the performance targets which are contained within the NHS Lanarkshire Annual Operational Plan and support the delivery of the Board's Corporate Objectives.
- developing systems of assurance that demonstrate that the Division has an improvement culture in place, and is regularly reviewing the Divisional Risk Register.
- promoting financial governance in supporting financial balance within the Division, ensuring all CRES Plans for the Division are identified and delivered.
- monitoring and scrutinising the Acute Division in delivery of the quality strategy, including complaints and Ombudsman cases.
- ensuring an appropriate governance route for clinical governance/risk management, HAI and business continuity by working closely with other Governance Committees of the Board.
- reviewing the progress being made in the delivery of patient centred care and the patient safety agenda.
- considering any aspect of the work of the Acute Division, pertaining to the provision of health services, and to seek any information the committee requires to assist in the discharge of its remit.
- ensuring that the NHS Lanarkshire Board can operate as a strategic Board of Governance and avoid involvement in day to day management issues in particular regarding Unscheduled Care and Planned Care activity.
- ensuring that budgetary and decision-making powers are devolved to the most appropriate level within the Acute Division and that delegated budget holders are held to account for such delivery.

2. Name of Committee:

Acute Governance Committee (formerly Acute Operating Management Committee)

3. Committee Chair: Dr Avril Osborne, Non-Executive Director

4. Committee Members:

Mr Michael Fuller, Non-Executive Director

Mrs Margaret Morris, Non-Executive Director

Ms Lesley Thomson, Non-Executive Director

Councillor Paul Kelly, Non-Executive Director

5. Attendees;

Ms Heather Knox, Director of Acute Services

Dr Jane Burns, Divisional Medical Director (Until September 2018)

Dr John Keaney, Divisional Medical Director (From November 2018)

Mrs Frances Dodd, Acute Nurse Director

Mrs Joanne Edwards, Hospital Site Director, University Hospital Hairmyres (Until February 2019)

Mrs Andrea Fyfe, Hospital Site Director, University Hospital Monklands (Until December 2018)

Ms Marion Mark, Hospital Site Director, University Hospital Wishaw

Ms Nichola Summers, Deputy Hospital Site Director, University Hospital Monklands (From January 2019)

Mrs Margaret Meek, Deputy Hospital Site Director, University Hospital Hairmyres (From February 2019)

Mrs Anne Lindsay, Vice Chair Clydesdale Health & Social Care Forum

Mr Donald Masterton, Public Partnership Forum Representative – North Lanarkshire

Mr Craig McKay, Communications Officer

Mrs Judith Park, Director of Access

Mrs Annmarie Campbell, Head of Human Resources

Mr Derek Yuille, Divisional Finance Director

Mr Michael McLuskey, Deputy Finance Director

Ms Margaret-Anne Hunter, Partnership Representative

Ms Fiona Watson, Operational Support Services Manager

Mrs Nichola Brown, Management Team Secretary (deputy for Operational Support Services Manager)

6. Executive Lead;

Ms Heather Knox, Director of Acute Services

7. Meetings held during the year;

The Acute Operating Management Committee/ Acute Governance Committee met 5 times during the year from 1 April 2018 to 31 March 2019 as follows:

25th May 2018

18th July 2018

19th September 2018

21st November 2018

20th March 2019

8. Attendance of Members

Member	25 th May 2018	18 th July 2018	19 th September 2018	21st November 2018	20 th March 2019
Avril Osborne	✓	✓	✓	✓	✓
Michael Fuller	✓	✓	✓	✓	X
Margaret Morris	x	✓	✓	✓	✓
Paul Kelly	✓	X	X	x	✓
Lesley Thomson *1	n/a	n/a	✓	✓	✓

*1 – Lesley Thomson, joined committee September 2018

9. Issues Considered by the Committee over the year (including confirmation of delivery of the Annual Workplan)

During the year the Acute Operating/Governance Committee gave consideration to a number of standing items related to performance in line with its remit and schedule of reporting as follows:

- **Waiting Times** – assessing progress against Scottish Government Performance targets.
- **Unscheduled Care** – assessing progress in delivering the unscheduled care target.
- **Finance** – assessing budgetary performance across the full range of expenditure headings and clinical divisions, and assessing progress against financial targets and efficiency savings.
- **Human Resources and Workforce** – focus on assessing sickness absence reporting, the use of bank/overtime staffing, and comparisons of performance in each of these areas against other parts of NHS Lanarkshire and National targets. Reports on vacancy and sickness levels.
- **Clinical Governance** – reports on Healthcare Associated Infection (HAI) issues, and any actions arising from inspections; arrangements and support of the NHS Quality Strategy, and updates on the NHS Lanarkshire Quality Assurance and Improvement endeavour, complaints, patient experience.
- **Acute Site Updates** – reports from Hospital Site Directors on key issues related to site performance and linkages across Acute services.
- **Media Monitoring** – reports on media coverage of health and health services, with a particular focus on reporting in relation to Acute services performance and Freedom of Information reports.
- **Risk Management** – reports on risk register focusing on mitigating controls.

As well as a range of standing items described above, various topics were considered as part of presentations

- Trauma & Orthopaedics
- Modernisation of Outpatient Services
- Reduction in Long Term Sickness Absence

The specialist interest items listed above provided an opportunity for Non-Executive Directors to hear first hand from clinical staff about services and new developments. Special Interest Items are chosen in discussion with the Hospital Sites and reflect the priority work being presented to the Committee at that time. The Non-Executive Directors visited the Command Centre at University Hospital Monklands.

In addition, the Committee received regular copies of minutes from various committees and groups listed below, with the subsequent opportunity to consider/comment/raise questions on any issues. This helps Committee members to understand how decisions taken in Acute impact on community and also provides an opportunity for the Acute Operating Division to inform the Committee of the various work going on at Divisional level across NHS Lanarkshire.

- North Lanarkshire Health & Social Care Joint Integration Board
- South Lanarkshire Health & Social Care Joint Integration Board

10. Improvements overseen by the Committee:

Waiting Times - NHS Lanarkshire has improved significantly during the year against waiting time guarantees and as of 31st March 2019 87.5% of outpatients have been seen within 12 weeks. In regards

to TTG, 80.4% of patients have been treated within 12 weeks. Delivery of cancer waiting time standards has been maintained at 95%.

Nurse Staffing - During the course of the year work has been ongoing in terms of developing workforce monitoring arrangements. This has resulted in improved reporting and sharing of the work undertaken in Acute services with colleagues in H&SCP, as well as AHP colleagues. There remain challenges in maintaining staff in post and recruitment at the level set by the Acute Division, this has resulted in a number of approaches to support staff recruitment, these include widening our recruitment field to include other Higher Education Institutions in our recruitment events, as well as supporting local and national recruitment activity to attract candidates to NHS Lanarkshire.

The acute division have undertaken a detailed risk assessment of the workforce in relation to a range of factors including age profile, legislation, skills gaps. This work has been assessed against a risk matrix and has prioritised these elements of the workforce and is using this information in collaboration with the sites to understand actions that need to be taken.

Developments in Care - We previously reported that a range of approaches were introduced to develop care at a ward and department based level and that a multi-professional approach is being taken to develop and improve care where the site Chiefs of Medicine and Nursing, supported by the Site Directors have developed site based plans, encouraging shared learning and a collective leadership approach to developing care.

This work continues throughout the Acute Division and we have realised a site based dashboard to track progress against a range of quality indicators which are being utilised to understand any progress and developments in site based improvement work. Staff at all levels across the system influence how care is delivered and are involved in improvement work supporting the delivery of higher standards of care. The division continue to look for and encourage opportunities for shared learning from errors, near misses as well as other sources of feedback.

The Division have introduced an opportunity to review special interest items of improvement work through the formal clinical governance structures, these have proven to be very useful in identifying areas of good practice within the division and looking to see how these could be adapted at site level. There is a hope that the site based dashboards will be available at directorate and ward/departmental level within the next few months.

Healthcare Associated Infection (HAI) Services - Some of the HAI targets in the Local Delivery Plan remain challenging to achieve. The Infection Prevention and Control team and site based teams continue to collaborate to develop care and services for patients in line with agreed standards. Site based Hospital Hygiene groups are working with colleagues in PSSD and IP&C team to develop improvement plans for the sites and this level of collaborative working is working very well.

11. Matters of concern to the Committee;

During the course of the year some issues have been a particular focus for the Acute Operating Management Committee/Acute Governance Committee, as follows.

TTG – The numbers of patients breaching the TTG at year end has improved from the same position in March 2018. However, delivery of TTG remains challenging.

Unscheduled Care – Performance against the 4hour Emergency Access Standard continues to present challenges in NHS Lanarkshire. NHS Lanarkshire regularly reports performance above the Scottish average, however there is variation between sites.

Overall performance has been sustained for University Hospital Monklands, however both University Hospital Hairmyres and University Hospital Wishaw have been challenged in maintaining above 92%. Whilst neither site experienced an unusual seasonal impact such as last year's influenza outbreak, all sites have experienced increased activity.

Attendances for NHS Lanarkshire in 2018/2019 has increased compared to the same point in 2017/2018. The overall increase in attendances is up by 11.6%, of which University Hospital Hairmyres has seen an increase of 14%, University Hospital Monklands by 12% and University Hospital Wishaw by 9%.

The Lanarkshire Unscheduled Care Improvement Board continues to provide a forum for strategic planning and service redesign, working with both North and South Partnerships. Agreed areas of focus for 2018/2019 has been on three main topics; To reduce Frequent Attendees and reliance on Emergency Departments, To enhance Front door senior decision making and on Frailty Assessment at the Front Door, known locally as 3F's.

Each site has an improvement plan in place based around the 6 key essentials to support changes to improve the delivery of unscheduled care.

Medical staffing pressures continue within our Emergency Departments across all 3 sites; this is a particular problem out of hours and over the weekend period. Mitigating actions have introduced additional advanced nurse support, and or locum cover, however this is also reliant on the availability of this role and expertise.

As described above, University Hospital Wishaw is particularly challenged with the issue of shortage of sufficient numbers of senior decision makers in ED. A number of initiatives are being considered to respond to these challenges including maximising the use of Ambulatory Emergency care and Ambulatory Planned care to reduce the demand on the ED and inpatient beds respectively. University Hospital Hairmyres continues to see an increase in patient numbers and a high occupancy level. As part of winter planning post code re-alignment was undertaken to support balanced occupancy levels across all three sites. In addition University Hospital Hairmyres has had a clear focus of improvement in the development of a medical assessment and ambulatory care unit for rapid assessment and diagnosis of patients. This unit was moved to a non inpatient area within the hospital and has managed to sustain an 85% discharge rate.

The ED medical staffing model is being reorganised to provide as much senior decision maker cover as possible 24/7 and as previously mentioned there are plans to develop Advanced Clinical Practitioners to assist in bridging the medical staffing shortfall. A nationally recognised model for improving discharge processes (Daily Dynamic Discharge) is being rolled out across sites to improve and standardise discharge processes to reduce Length of Stay to free up beds earlier in the day, thus enable streamlined flow for patients.

Finance - The Financial performance within the Acute Division has continued to be challenging during 2018/19. The division has ended the financial year £3.684m overspent. This is a £0.565m improvement on 2017/18. This improvement in the overspend comes at a time when the Acute Division delivered a £6.010m savings programme, of which was £2.939m cash releasing efficiency savings. Pay costs overspent by £1.530m with non-pay costs overspent by £2.154m. The Capacity Plan budget for delivery of the Access targets reports a break-even position.

The financial performance within the Acute Division is, and will continue to be, a focus for significant discussion at each meeting of the Acute Governance Committee, in order that all appropriate action may be taken to contain and further reduce the overspend position.

Medical Staffing - In the past 12 months we have had Training Quality Visits to our Programmes in Trauma and Orthopaedics, General Surgery at Monklands and Obstetrics and Gynaecology. T&O remains in Enhanced Monitoring but the visit noted continued improvement and was positive about the planned changes for August 2019. The General Surgery visit was very positive and a recommendation to remove Enhanced Monitoring has been made. The visit to Obstetrics and Gynaecology was also very positive.

The withdrawal of 21 GP trainee posts last August presented all 3 sites with a significant challenge. However expansion of our Clinical Fellow scheme proved very successful and all posts were filled with high quality candidates. This scheme will be used again this year and there is considerable interest in the posts.

Consultant recruitment can be a challenge in some specialties and sites. Gastroenterology and Dermatology at Monklands and Respiratory and Acute Medicine at Hairmyres are particularly challenging to recruit to. Specialties are looking at Pan Lanarkshire solutions. After some years of vacancies we have had recent success in recruiting to Emergency Medicine at Wishaw.

We continue to work with Nursing Colleagues in developing a non-medical workforce to support hard pressed areas, mainly the front line specialties of Emergency Medicine and the Receiving Units.

Healthcare Environment Inspectorate HealthCare Associated Infection - The Acute hospitals were subject to a limited number of Healthcare Associated Infection Inspections from our colleagues in the Infection Prevention and Control team which have helped us to develop systems and processes of care to support improvements in the environmental and practice elements of multiprofessional care. Delivering and maintaining the required cleanliness standards continues to be a substantial focus within the Division, supported by the Lanarkshire Infection Prevention and Control Department. This remains a priority focus and the site teams continue to develop improvement works to tackle these issues, this remains a work in progress.

12. Conclusion;

From the review of the performance of the Acute Operating Management Committee/Acute Governance Committee, it can be confirmed that the Committee has met in line with the Terms of Reference, and has fulfilled its remit. Based on assurances received and information presented to the Acute Operating Management Committee/Acute Governance Committee adequate and effective arrangements were in place throughout the year.

Signatures of



Committee Chair
Avril Osborne



Executive Lead
Heather Knox

7th May 2019

ACUTE GOVERNANCE COMMITTEE

1. Purpose

The Acute Governance Committee is responsible for monitoring and reviewing the provision of services by the Acute Division.

The Committee operates as a sub-Committee of the NHS Lanarkshire Board.

2. Membership

Membership as Appendix 1.

3. Reporting Arrangements

- The Acute Governance Committee reports to the Board.
- The approved Minutes will be submitted to the NHS Lanarkshire Board.
- Should a meeting take place too close to a Board meeting to have a Summary Briefing and / or Minutes available the Chair of the Committee will provide a verbal report to the Board and the approved minutes will be submitted to the following Board meeting.
- An Annual Report on the work of the Committee will be submitted to the NHS Lanarkshire Board in May each year.
- A Mid-Year Review of the agreed workplan and Terms of Reference will take place and be reported to the NHS Lanarkshire Board.
- The Committee will work closely with other Governance Committees in areas of mutual interest where key responsibilities overlap.

4. Key Responsibilities

- The Committee will monitor and review the provision of services by the Acute Division, to ensure that services are provided as efficiently and effectively as possible to meet recognised standards, within available resources, and that services, increasingly, are designed and operated to deliver an integrated patient service.
- The Committee will develop and generate internal performance management and reporting systems to ensure a comprehensive structure is in place to monitor the delivery of targets in relation to the HEAT targets which are contained within the NHS Lanarkshire Annual Operational Plan and support the delivery of the Board's Corporate Objectives.
- Develop systems of assurance that demonstrate that the Division has an improvement culture in place, and is regularly reviewing the Divisional Risk Register.
- Promote financial governance in supporting financial balance within the Division, ensuring all CRES Plans for the Division are identified and delivered.
- Monitor and scrutinise the Acute Division in delivery of the quality strategy, including complaints and Ombudsman cases.
- Ensuring an appropriate governance route for clinical governance/risk management, HAI, business continuity by working closely with other Governance Committees of the Board.

- Review the progress being made in the delivery of patient centred care and the patient safety agenda.
- To consider any aspect of the work of the Acute Division, pertaining to the provision of health services, and to seek any information the committee requires to assist in the discharge of its remit.
- To function to ensure that the NHS Lanarkshire Board can operate as a strategic Board of Governance and avoid involvement in day to day management issues in particular regarding Unscheduled Care and Planned Care activity.
- To ensure that budgetary and decision-making powers are devolved to the most appropriate level within the Acute Division and that delegated budget holders are held to account for such delivery.

5. Conduct of Business

Declaration of Interest:

- A Member must consider whether they have an interest to declare in relation to any matter which is to be considered as soon as possible. A Member should consider whether any item on the agenda raises any issue of declaration of interest. The declaration should be made as soon as practicable at the meeting that the interest arises.

Meetings:

- 5 meetings will be held each year.

Quorum:

- Meetings will be deemed quorate when a minimum of 2 Non-Executive Directors and 3 Acute Divisional Directors are in attendance.
- In the event of a meeting becoming inquorate once convened, the Chair may elect to continue to receive papers and presentations from those attending, as described in the agenda for the meeting, and to allow the Members present the opportunity to ask questions. The minute of the meeting will clearly state the point at which the meeting became inquorate, but notes of the presentation and discussion will be included with the Minute. Every item discussed once the meeting became inquorate will be brought back in summary from matters arising to the next meeting, and ratified, as appropriate.

Absence of Chair:

- Designation of alternative Chair will be agreed in advance between the Chair and another Non-Executive Director

Agenda Papers:

- The Agenda will be set by the Chair with the support of the Director of Acute Services and Secretariat.
- The Agenda and accompanying papers will be issued to members, as far as possible, one week in advance. It is acknowledged that on occasion and in the effort in providing the most up to date information to the Committee, papers particularly relating to Waiting Times may be delayed.

Action Points Note and Minutes:

- An Action Points note should be produced and circulated to all Members within 5 working days.
- All meetings will be minutes and copied to members within 3 weeks of the meeting being held.
- Approved minutes along with minute summary will be submitted to the NHS Lanarkshire Board and will be published on the NHS Lanarkshire website.

Action Log:

- A rolling action log will be produced and updated at each Committee meeting. This allows the Committee to track progress of particular issues and ensures that a scheduled for follow up reports is kept.

Annual Workplan:

- The Committee will produce an Annual Workplan that sets out the business and activities to be covered during the year.

Mid Year Review:

- The Committee will conduct a midyear review of progress made against the Workplan, to ensure that it is delivering on its plan, and that additional actions are put in place to ensure full delivery of any slippage by the business year end. As part of the midyear review, the Committee will also review its Terms of Reference, and the need for any amendment or update, which, in the event, will require to be submitted to and approved by the NHS Board.

Annual Report:

In accordance with Best Value for Board and Committee working, the Committee will prepare, and submit to the Board in May each year, an Annual Report that will include:

- The name of the Committee, the Committee Chair, Membership, Executive Lead and Officer support/attendees;
- Frequency, dates of meetings and attendance;
- The activities of the Committee over the year, including confirmation of delivery of the Annual Workplan and review of the Committee Terms of Reference. Where such a review results in an amendment, a revised Terms of Reference must be submitted to the NHS Board for approval;
- Improvements overseen by the Committee;
- Matters of concern to the Committee;
- Confirmation that the Committee has fulfilled its remit, and of the adequacy and effectiveness of Internal Control;
- Additionally, the Annual Report will inform the submission of any appropriate assurance to the Chief Executive at the year-end, as part of the Governance Statement.

Submissions to Board following each meeting:

- Summary briefing and approved Minute.
- Procedure in event of Committee meeting taking place too close to Board to allow written submission (see Board Secretary Schedule of Reporting on this) - verbal report followed by written at next Board.

6. Information Requirements

Information on performance in keeping with the NHS Lanarkshire Annual Operational Plan, Acute Divisional Management Team and other relevant reporting requirements will be made available at the Committee. This will also include information on patient safety, patient centered care, cultural survey and complaints.

7. Executive Lead and Attendance

The Executive Lead will support the Chair of the Committee in ensuring that the Committee operates according to/in fulfilment of the Terms of Reference. Specifically, they will:

- liaise with the Chair in agreeing a programme of meetings for the business year, as required by its remit
- oversee the development of an Annual Workplan for the Committee which is congruent with its remit and the need to provide appropriate assurance at the year-end, for endorsement by the Committee and approval by the NHS Board
- agree with the Chair an agenda for each meeting, having regard to the Committee's Terms of Reference and Workplan
- lead a mid-year review of the Committee Terms of Reference and progress against the Annual Workplan, as part of the process to ensure that the Workplan is fulfilled
- oversee the production of an Annual Report on the delivery of the Committee's Terms of Reference and Workplan, for endorsement by the Committee and submission to the NHS Board
- support the Chair in ensuring that the Committee Terms of Reference is based on the latest guidance and relevant legislation, and the Board's Best Value framework
- provide dedicated secretarial support

8. Access

Access to the Chair is available to all.

9. Rights

The Committee has the right to procure specialist ad hoc advice within recognised SFI allowances.

Version Control

Reviewed by Committee:	by	May 2019
Ratified Lanarkshire NHS Board:	by	May 2019

Review Date:	May 2020
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APPENDIX 1

Acute Governance Committee Membership - March 2018

Name	Represents
Avril Osborne	Non-Executive Director, NHSL Board (Chair)
Michael Fuller	Non-Executive Director, NHSL Board
Paul Kelly	Non-Executive Director, NHSL Board
Margaret Morris	Non-Executive Director, NHSL Board
Lesley Thomson	Non-Executive Director, NHSL Board
Heather Knox	Director of Acute Services
John Keane	Divisional Medical Director
Frances Dodd	Deputy Nursing Director
Derek Yuille	Divisional Finance Director
Ann Marie Campbell	Divisional HR Director
Judith Park	Director of Access
Nichola Summers	Interim Hospital Site Director, Monklands
Marion Mark	Hospital Site Director, Wishaw
Russell Coulthard	Hospital Site Director, Hairmyres
Vacancy	Divisional Communications Manager
Margaret Anne Hunter	Divisional Partnership Representative
Donald Masterton	North Health & Social Care Representative
Anne Lindsay	South Health & Social Care Representative
Fiona Watson	Secretariat

NHS LANARKSHIRE

AREA CLINICAL FORUM

ANNUAL REPORT 2018/19

1. Introduction

The role of the Area Clinical Forum is to support the NHS Lanarkshire Board in the conduct of its business through the provision of multi-professional advice maximising the contribution of clinicians in all aspects of the NHS Boards work. In doing so represent the integrated multi-professional view of the advisory structures for: Allied Health Professions, Dental, Healthcare Sciences, Medical; Nursing and Midwifery; Optometric, Pharmaceutical and Psychology.

2. Name of Committee: Area Clinical Forum

3. Committee Chair: Mrs Maureen Lees, Non Executive Director

4. Committee Members:

The Forum comprises 17 members, 2 from each professional committee (Allied Health Professions, Dental, Healthcare Sciences, Medical, Nursing and Midwifery, Optometric, Pharmacy, Psychology) and a third from the Committee which the Chairperson is a member. The Board's Clinical Effectiveness Manager is also a standing attendee.

The Terms of Reference for the Forum were updated in February 2019 to reflect the correct title for the Cabinet Secretary and updating the term chairman or vice chairman (with ... person).

4. Attendees:

The Board's Executive Directors and Clinical Effectiveness Manager are standing attendees.

5. Sponsor: Paul Cannon, Board Secretary

6. Meetings held during the year:

The Forum met 5 times during the year from 1 April 2018 to 31 March 2019 as follows:-

7. Attendance of Committee Representatives

Committee represented	April 2018	June 2018	Sept 2018	Nov 2018	Feb 2019
Chair, Maureen Lees	√	√	√	√	√
Allied Health Professions	√	x	x	√	x
Dental	√	√	√	√	√
Healthcare Sciences	x	√	√	x	√
Medical	√	√	√	x	√
Nursing & Midwifery	√	√	x	x	x
Optometric	x	√	√	√	√
Pharmaceutical	x	√	x	√	√
Psychology	√	x	x	x	√

8. Issues Considered by the Committee over the year (including confirmation of delivery of the Annual Workplan)

During the year the Area Clinical Forum considered a number of standing items including

- Finance
- Risk Register
- Waiting Times and Access Targets
- Achieving Excellence
- Refurbishment / Replacement of University Hospital Monklands*

The September 2018 meeting was devoted to a presentation by the MRRP Project Team as part of the Consultation process.

Specific topics raised by committee members were as follows

- Winter Planning
- Realistic Medicine
- BREXIT
- Fairer Scotland Interim Guidance
- South Lanarkshire Health & Social Care Strategic Commissioning Plan 2019/2022
- GMS Contract - progress updates
- University Branding
- Annual Review 2018

The Forum also received exception reports from each of the committee representatives present.

9. Improvements overseen by the Committee;

The Chair of the Forum continued to seek innovative ways to promote the work of the Forum and has been attending as many parent Committee meetings as possible in the last year to enhance the profile of the Forum and the voice that this gives to the clinical community. The NHS Board Chair also attended a Forum meeting (April 2018) as part of widening that engagement.

The Forum Chair has also presented the work of the Forum to the NHS Board during the year as part of the raising awareness programme. This will continue in early 2019 with the launch of a dedicated section within the Board's web site about the work of the Area Clinical Forum, and the parent Committees, and there will be a series of articles in the Board's Newsletter, *Pulse*, to continue to encourage a wider sense of ownership amongst clinical staff in the business of the Forum.

The Chair has taken on the role as Vice Chair of the National Clinical Forum and is drawing on the experience of other Chairs in developing our own profile and workplan.

10. Annual Review – 2 November 2018 / 3 April 2019

Representatives of the Area Clinical Forum met with the Cabinet Secretary on 2 November 2018 as part of the NHS Lanarkshire Annual Review and this was a very productive and fruitful meeting.

The issues raised by members included

- Monklands Replacement/Refurbishment Project
- Impact of CRES savings

- GP contract and GP Sustainability
- Interface between Hospital and Out of Hospital Care
- The role and profile of the Area Clinical Forum

This was followed up by a Public Session on 3 April 2019 which was attended by over 100 members of staff and public.

10. Matters of concern to the Committee;

The financial reports provided to each Forum inevitably raised questions over the impact of cash releasing efficiency savings across a wide range of specialities and professional groups; albeit the Forum did acknowledge that the Board had a statutory duty to live within the allocation set by Scottish Government. However, the additional funds allocated to several NHS Boards that did not meet their financial targets, while NHS Lanarkshire was one of the few that did, was commented upon frequently by clinical staff who felt that the approach adopted was not equitable or fair.

The support arrangements to the Forum and the parent Advisory Committees was raised at a recent meeting of the Forum and the Board Secretary and the Chair of the Area Clinical Forum are looking at how best to address these.

11. Conclusion;

From the review of the performance of the Area Clinical Forum it can be confirmed that the Committee has met in line with the Terms of Reference, and has fulfilled its remit. Based on assurances received and information presented to the Area Clinical Forum adequate and effective arrangements were in place throughout the year.

Maureen Lees
Committee Chair

18 April 2019

AREA CLINICAL FORUM

Terms of Reference

1. Introduction

The Area Clinical Forum is constituted under 'Rebuilding our National Health Service' – A Change Programme for Implementing 'Our National Health' Plan for Action, A Plan for Change, A Framework for Reform: Devolved Decision Making: Moving Towards Single System Working and CEL16 (2010) which clearly sets out the roles and responsibilities of Area Clinical Forums and their Chairs in NHS Scotland. These documents emphasise the importance of establishing an effective Area Clinical Forum and Professional Advisory Committee structures within NHS Boards ensuring:

- Effective systematic clinical engagement is established,
- The profile and status of the Area Clinical Forum is raised, maximising the contribution clinicians of all disciplines to the planning and delivery of services harnessing their knowledge, skills and commitment to the delivery of effective and efficient healthcare.
- They play a significant role in progressing the key dimensions of the NHSScotland Healthcare Quality Strategy.

2. Remit

To support the NHS Lanarkshire Board in the conduct of its business through the provision of multi-professional advice maximising the contribution of clinicians in all aspects of the NHS Boards work. In doing so represent the integrated multi-professional view of the advisory structures for: Allied Health Professions, Dental, Healthcare Sciences, Medical; Nursing and Midwifery; Optometric, Pharmaceutical and Psychology.

3. Functions

The core functions of the Area Clinical Forum will be to support the work of the Lanarkshire NHS Board by:

- Reviewing the business of the Area Professional Advisory Committees to ensure a co-ordinated approach is achieved on clinical matters across professions and within the component parts of the organisation;
- The provision of a clinical perspective on the development of the Annual Operational Plan and the strategic objectives of the NHS Board;
- Sharing best practice and encouraging multi-professional working in healthcare and health improvement;

- Ensuring effective and efficient engagement of clinicians in service design, development and improvement playing an active role in advising the NHS Board on potential prioritise for service improvement;
- Contributing, materially, to planning and development through engagement in the Achieving Excellence Programme and associated activity;
- Providing an integrated local clinical and professional perspective on national policy issues;
- Ensuring local strategic and corporate developments fully reflect clinical service delivery;
- Taking an integrated clinical and professional perspective on the impact of national policies at local level;
- Engaging widely with local clinicians and other professionals, with a view to encouraging broader participation in the work of the Area Professional Committees.

At the request of the Lanarkshire NHS Board, the Area Clinical Forum may also be called upon to perform one or more of the following functions:

- Investigate and take forward particular issues on which clinical input is required on behalf of the Board, taking into account the evidence-base, best practice, Clinical Governance, etc; and make proposals for their resolution;
- Advise the Lanarkshire NHS Board on specific proposals to improve the integration of services, both within the local NHS systems and across health and social care.

The Area Clinical Forum will review its functions annually, in collaboration with the Lanarkshire NHS Board, to ensure that the Forum continues to be fit for purpose, reflects local circumstances and provides authoritative advice to the NHS Board on relevant matters.

4. Composition

The Forum will comprise 17 members, 2 from each professional committee (Allied Health Professions, Dental, Healthcare Sciences, Medical, Nursing and Midwifery, Optometric, Pharmacy, Psychology) and third from the Committee which the Chairperson is a member. Eight of the members will be the chairs of the professional committees. The remaining members will be appointed by each Professional Committee.

5. Deputies

In order to improve attendance at the Forum meetings any 2 members may represent the parent Committee, it is no longer restricted to the Chair or Vice Chair.

Deputies attending meetings will have voting rights.

6. Quorum

No business shall be transacted unless at least 5 of the professional committees are in attendance.

7. Term of Office

The term of office for members will, ordinarily, be 4 years, with eligibility for reappointment for a further 4 year term, subject to serving a maximum of 8 years, before a break of 2 years, beyond which, they will again be eligible to serve as members of the Forum. Individuals shall cease to be members of the Area Clinical Forum on ceasing to be members of their professional Committee.

8. Chairperson

The Chair of the Area Clinical Forum will be chosen by members of the Forum from the chairs of the professional committees, in consultation with the Chair of the Lanarkshire NHS Board. Selection of the Chair will be an open process, and all professional committee chairs may put themselves forward as candidates for the position.

Election of the Chairperson will be based on a majority of votes cast, by a set date.

The Chair of the Area Clinical Forum will, subject to formal appointment by the Cabinet Secretary for Health & Sport, serve as a Non Executive Director of the NHS Lanarkshire Board.

Membership of the Lanarkshire NHS Board is specific to the office rather than to the person. The normal term of appointment for Board members is for periods up to 4 years. Appointments may be renewed, subject to Ministerial approval.

The Appointee as Chair will serve for a period of 4 years, regardless of how long they have left to serve as Chair of their Professional Advisory Committee, provided that they remain a member of that Professional Advisory Committee.

Where the members of the Area Clinical Forum chose to replace the Chair before the expiry of their term of appointment as a member of the Board of NHS Lanarkshire, the new Chair will require to be formally appointed by the Minister as a member of the Board of NHS Lanarkshire. In the same way, if Board membership expires, and is not renewed, the individual must resign as Chair of the Area Clinical Forum, but may continue as a member of the Forum - in this eventuality, the Area Clinical Forum will appoint a new chair, in consultation with the chair of the Lanarkshire NHS Board, with that individual's nomination to the Lanarkshire NHS Board being formally submitted to the Minister.

9. Remit of the Chairperson

The Chairperson is a Non-Executive Member of the NHS Board and will be subject to the annual appraisal process for Non Executive Directors by the Chair of NHS Lanarkshire. The post holder is responsible for:

- Providing a multi-professional clinical perspective on strategy development and service delivery issues considered by the NHS Board
- Explaining the work of the NHS Board and promoting opportunities for clinicians to be involved in decision making locally
- Championing multi-professional co-operation across the clinical disciplines and providing a vital link between the NHS Board and Area Clinical Forum
- Actively participating in national arrangements to promote and develop the role of Area Clinical Forums

10. Vice Chairperson

A Vice Chairperson of the Area Clinical Forum will be chosen by the members of the Forum from among their number. Selection of the Vice Chair of the Forum will be an open process, and all members of the Forum may put themselves forward as candidates for the position.

Election of the Vice Chairperson will be based on a majority of votes cast, by a set date.

The Vice Chairperson will deputise, as appropriate, for the Chairperson, but where this involves participation in the business of the Board of NHS Lanarkshire, they will not be functioning as a Non Executive member.

The Vice Chairperson will serve for a period of 4 years, and will be eligible for reappointment for a further 4 years, subject to serving a maximum of 8 years, before a break of 2 years, beyond which they will again be eligible to serve on the Forum.

11. Frequency of Meetings

The Area Clinical Forum will meet 5 times per annum.

12. Notice of Meetings

An annual meetings schedule will be established in March each year for the following year.

13. Agenda for Meetings

The Agenda for meetings will be set 1 week in advance of the meeting. Standing items will include updates of key issues from the professional committees, national chairs of the Area Clinical Forums, NHS Board, Achieving Excellence Programme Board, progress against the Area Clinical Forum Annual Work plan and local implementation of the NHS Scotland Healthcare Quality Strategy.

14. Annual Workplan

An annual workplan will be developed in March of each year for the following year and submitted to the NHS Board for approval in March of each year. This will cover all aspects of the Forums remit and ensure it continues to effectively fulfil its role and function as outlined in CEL16 (2010). Progress against the workplan will be reviewed at least mid year ensuring it is achieved in full.

15 Executive Director Lead (Sponsor)

The Forum and professional committees will have an identified Executive Director Lead (Sponsor). The Lead will be responsible for attending at least 3 meetings per annum.

Generally the designated Executive Lead (Sponsor) will support the Chair of the Forum in ensuring that the Forum operates according to / in fulfilment of, its agreed Terms of Reference. Specifically they will:

- Support the chair in ensuring that the Forums remit is based on the latest guidance and relevant legislation, and the Boards best value framework;
- Liaise with the Chair in agreeing a programme of meetings for the business year, as required by its remit;
- Oversee the development of an Annual Work plan which is congruent with its remit and the need to provide appropriate assurance at the year end for endorsement by the Forum and approval by the NHS Board;
- Agree with the Chair and agenda for each meeting, having regard to the Forums remit and work plan;
- Lead a mid year review of the Forums terms of reference and progress against the Annual Work plan as part of the process to ensure the work plan is fulfilled;
- Oversee the production of an annual report on the delivery of the Forums Remit and Work plan for endorsement by the Forum and submission to the NHS Board.

16 Attendees

In recognition of the Forums responsibility for championing the local implementation of the NHS Scotland Healthcare Quality Strategy the Clinical Effectiveness Manager will be a standing attendee at Forum meetings.

It is important that the Forum develops strong linkages with the Corporate Management Team; Executive Directors will be standing attendees at Forum Meetings and invited to attend meetings

17. Secretariat

Secretariat support to the Area Clinical Forum will be provided by the office of the Board Secretary.

18. Minutes

Minutes of Meetings of the Area Clinical Forum will be produced in draft within one week of the meeting date and will be agreed with the Chairperson of the Forum, prior to submission to the next Forum meeting, for approval.

Minutes will be submitted to the next formal meeting of the Lanarkshire NHS Board. Minutes will also be circulated to each Professional Committee and logged on the Area Clinical Forum section of the intranet.

19. Mid-Year Review of Terms Of Reference And Annual Workplan

In order to ensure that the Forum functions in accordance with its agreed Terms of Reference/Remit, and delivers its Annual Workplan, both documents will be the subject of a mid-year review by the Forum, to identify any areas of slippage on timescales / tasks, and put in place any additional actions to ensure full delivery of the Forums Remit and Workplan, by the business year end. This review will also provide an opportunity for the Forum to consider the need for any amendment/update to the Terms of Reference, which, in the event, will require to be approved by the NHS Board.

20. Annual Report

In accordance with Best Value for Board and Committee Working, the Forum will submit to the NHS Board in May an Annual Report, encompassing : the name of the Forum; the Forum Chair; members; the Executive Lead (Sponsor) and officer supports/attendees; frequency and dates of meetings; the activities of the Forum during the year, including confirmation of delivery of the Annual Work plan and review of the Forums Terms of Reference; improvements overseen by the Forum; matters of concern to the Forum. Where the review by the Forum of its Terms of Reference results in amendment, the revised Terms of Reference must be submitted to the NHS Board for approval. The Forum's Annual Report will inform the submission of any appropriate assurance to the Chief Executive at the year-end, as part of the Statement of Internal Control.

In addition the annual report which will be circulated to the professional committees, heads of professions for further dissemination across the organisation and logged on the Area Clinical Forum section of the intranet.