

NHS LANARKSHIRE

COMMITTEE TERMS OF REFERENCE

ACUTE GOVERNANCE COMMITTEE

<p>1. Purpose</p> <p>The Acute Governance Committee is responsible for monitoring and reviewing the provision of services by the Acute Division.</p> <p>The Committee operates as a sub-Committee of the NHS Lanarkshire Board.</p>
<p>2. Membership</p> <p>Membership as Appendix 1.</p>
<p>3. Reporting Arrangements</p> <ul style="list-style-type: none"> • The Acute Governance Committee reports to the Board. • An Exception Report will be submitted to the NHS Lanarkshire Board. • An Annual Report on the work of the Committee will be submitted to the NHS Lanarkshire Board in May each year. • The Committee will work closely with other Governance Committees in areas of mutual interest where key responsibilities overlap.
<p>4. Key Responsibilities</p> <ul style="list-style-type: none"> • 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 monitor and review 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.

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.

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:

- Exception Report.

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:

<ul style="list-style-type: none"> • 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 • 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:	November 2019
Ratified by Lanarkshire NHS Board:	
Review Date:	November 2020

APPENDIX 1**Acute Governance Committee Membership - September 2019**

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 Keaney	Divisional Medical Director
Frances Dodd	Deputy Nursing Director
Michael McLuskey	Interim Deputy Divisional Finance Director
Ann Marie Campbell	Head of Employee Relations
Judith Park	Director of Access
Margaret Meek	Hospital Site Director, Monklands
Stephen Peebles	Hospital Site Director, Wishaw
Russell Coulthard	Hospital Site Director, Hairmyres
Jackie McColl	Divisional Communications Manager
Margaret Anne Hunter	Divisional Partnership Representative
John Wilson	North Health & Social Care Representative
David Downie	South Health & Social Care Representative
Fiona Anderson	Secretariat