

LANARKSHIRE NHS BOARD
COMMITTEE TERMS OF REFERENCE



MONKLANDS REPLACEMENT OVERSIGHT BOARD

1. Purpose

The NHS Board has established an Oversight Board to provide the required degree of assurance on the progression of the Monklands Replacement Project in accordance with the Corporate Objectives of NHS Lanarkshire and the appropriate statutory and mandatory standing orders and regulations.

The Monklands Replacement Oversight Board (MROB) is a Governance Committee of the NHS Lanarkshire Board, and will provide oversight and assurance, and make recommendations, to the NHS Board in line with its remit.

2. Membership

Dr Lesley Thomson QC	Non-Executive Director, NHSL Board (Chair)
Michael Fuller	Non-Executive Director, NHSL Board
Brian Moore	Non-Executive Director, NHSL Board
Lilian Macer	Non-Executive Director, NHSL Board
Professor Sir Harry Burns	Professor of Global Public Health, Strathclyde University
Dr Mike Higgins	Independent Medical Advisor to the Board
Donald Masterson	North Patient/Public Forum
John Wilson	North Patient/Public Forum
Margaret Moncrieff	South Patient/Public Forum
Robert Craig	South Patient/Public Forum
Richard O'Hara	Kirkwood Community Council (Coatbridge)
Sharon Craig	North Calder Community (Airdrie)
Theresa Mullen	North Lanarkshire Residents & Tenants Association

Other officers, clinicians and external advisors will be in attendance for specific items on the agenda.

The NHS Board Chair and Chief Executive are not Members of the MROB, but may attend any meetings of the Oversight Board.

3. Reporting Arrangements

1. The MROB will report to the NHS Board following each meeting. This will be through the submission of approved Minutes of Meetings and a summary of key issues arising.
2. The MROB will submit to the NHS Board in May an Annual Report, encompassing: the name of the MROB; the Board Chair; members; the Executive Lead and officer supports/attendees; frequency and dates of meetings; the activities of the MROB during the year.

3. The MROB will undertake an Annual Workplan aligned with the Project programme which will be submitted along with the Annual Report. This will include improvements overseen by the Project Board; matters of concern to the Project Board, confirmation that the Project Board has fulfilled its remit and of the adequacy and effectiveness of internal control in NHS Lanarkshire.
4. The MROB will undertake an annual review of the Terms of Reference. Where the review of the Terms of Reference results in amendment, the revised Terms of Reference must be submitted to the NHS Board for approval. The MROB Annual Report will inform the submission of any appropriate assurance to the Chief Executive at the year-end, as part of the Governance Statement.

4. Key Responsibilities

1. To endorse the scope of the Project, including the clinical service strategy and the benefits to be realised by the development and the reference design, with appropriate stakeholder involvement.
2. To ensure that the resources required to deliver the project are available and committed.
3. To ensure appropriate governance as the Project Team progress through Business Case approval within defined process and thereafter the Capital Investment Group at Scottish Government.
4. To monitor and scrutinise the procurement process and appointment of the Principle Supply Chain Partner (PSCP).
5. To assure the project remains within the framework of the overall project strategy, scope, budget and programme.
6. To review and report changes to the scope of the project e.g. time, cost and quality.
7. To ensure the project is adequately prepared for external reviews e.g. Office of Government Commerce, gateway reviews and the Architecture Design Scotland, and National Design Assessment Process.
8. To promote financial governance and monies and report the adherence within the affordability parameters set out by Scottish Government and NHSL.
9. To review the risk management plan, ensuring all risks are identified; that appropriate mitigation strategies are actively applied, managed and escalated as necessary, providing assurance to the NHS Board that all risks are being effectively managed.
10. To ensure that staff, partners and service end users are fully engaged in designing operating policies that inform the detailed design and overall procedures that will apply. This in turn will inform the project agreement, i.e. ensuring that the facilities are service-led rather than building-led.
11. To ensure that the communication plan enables appropriate involvement of, and communication with, all stakeholders, internal and external, throughout the project from conception to operation and evaluation.
12. To oversee and monitor the projects interaction with the PSCP to ensure that the completed facilities are delivered on programme, within budget and are compliant with NHS Lanarkshire's corporate objectives/ requirements.
13. To ensure appropriate systems of assurance are in place in regard to the functional commissioning of the facilities and operation in respect of the new hospital.
14. To ensure the project remains aligned with the project evaluation as set out in the business case and the post project evaluation as appropriate.

15. To ensure that lessons arising from the KPMG report relating to the Governance Arrangements for the NHS Lothian Royal Hospital for Children and Young People, and the NSS Health Facilities Scotland & Health Protection Scotland Report on NHS Lothian - Royal Hospital for Children and Young People & Department of Clinical Neurosciences (both issued 9 September 2019), and any other National Reviews of NHS Construction Projects, are learned.

5. Conduct of Business

Meetings:

The procedures for meetings are:

1. The MROB will normally meet bi-monthly. The Chair may convene additional meetings or change frequency, as he/she deems necessary;
2. The MROB 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;
3. The NHS Board may ask the MROB to convene further meetings to discuss particular issues on which they want the MROB's advice.

Quorum:

A minimum of 4 members of the MROB will be present for the meeting to be deemed quorate, one of whom must be a Patient/Public Partnership Forum representative.

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 MROB being, another member of the MROB will be designated the Chair for the meeting. Normally the Chair would arrange this in advance.

Agenda Papers:

- The workplan for the year will map to the remit of the MROB;
- The agenda will be set by the Director of Planning, Property and Performance in discussion with the MROB Chair 10 working days in advance on the meeting;
- Papers will be submitted to the Director of Planning, Property and Performance at least seven working days before the date of the meeting;
- Agenda papers will be issued to remaining 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 as part of the NHS Board papers.

Annual Workplan:

The MROB 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 February for the proceeding financial year.

Annual Report:

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

- The name of the MROB, the MROB Chair, Membership, Executive Lead and Officer support/attendees;
- Frequency, dates of meetings and attendance;
- The activities of the MROB over the year, including confirmation of delivery of the Annual Workplan and review of the 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 MROB;
- Matters of concern to the MROB including Risk;
- Confirmation that the MROB 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 MROB, formatted to clearly highlight key decisions, actions and risk management, should be produced and should be available to the Chair of the MROB and the Director of Planning, Property and Performance for consideration within three weeks of the meeting date. Once agreed with the Chair of the MROB and Director of Planning, Property and Performance 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 MROB 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 MROB do not need to be approved by the Project Board prior to their submission to the NHS Board for information. Agendas and papers for meetings of the MROB will, routinely, be uploaded to the relevant 'Meetings' section on Firstport and via AdminControl.

Action Log:

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

6. Information Requirements

For each meeting the MROB will be provided with a report which will include as a minimum:

- ◇ Progress Update (Business Case, Design Updates and Constructions)
- ◇ Current status against other Key Programme Elements
- ◇ Current status against Cost Plan
- ◇ Project Risk Register and description of mitigating actions
- ◇ Stakeholder Engagement and Communications Report

7. Executive Lead and Attendance

Executive Director Lead

The designated Executive Lead (Director of Planning, Property & Performance) will support the Chair of the MROB in ensuring that the MROB operates according to/in fulfilment of, its agreed Terms of Reference. Specifically, he or she will:

- ◇ support the Chair in ensuring that the MROB remit is based on the latest guidance and relevant legislation;
- ◇ 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 MROB 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 MROB's Remit and Workplan;
- ◇ oversee the production of an Annual Report on the delivery of the MROB's Remit and Workplan, for endorsement by the MROB and submission to the NHS Board

The MROB may ask any other officials of the organisation to attend to assist with its discussions on any particular matter. The MROB will be provided with a secretariat function by the MRP Business Manager, NHS Lanarkshire.

8. Access

MROB Members will have free and confidential access to the Chair of the MROB.

9. Rights

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

Authors:

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Ratified by Lanarkshire NHS Board:	
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