

## NHS LANARKSHIRE

### AUDIT COMMITTEE ANNUAL REPORT 2019/20

#### 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 Brian Moore

#### 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-Knight, 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 2019 to 31 March 2020 as follows:

4 June 2019  
26 June 2019  
3 September 2019  
3 December 2019  
3 March 2020

## 8. Attendance of Members

Name of member	4 June 2019	26 June 2019	3 September 2019	3 December 2019	3 March 2020
Mr Brian Moore	√	√	√	√	√
Mrs Lilian Macer	√	X	√	√	x
Mr Phil Campbell	√	X	√	X	√
Dr Avril Osborne	√	√	X	√	x
Cllr Jim McGuigan	X	√	√	√	√

## 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 2019.
- The Committee fulfilled its remit throughout the year, considering a full programme of work, linked to the audit cycle, which included:
  - Reviewed 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 31<sup>st</sup> March 2019 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 26<sup>th</sup> June 2019.
- 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.
- Throughout 2016/17 to 2019/20 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 2019/20 accounts process.

- **Property Transactions:** The committee received the mandatory annual report on property transactions in September 2019 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 agreeing to 3 yearly review timetable unless major changes in arrangements necessitated an earlier review
- **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 2020 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 2019/20 will take place at the committee's meeting of 2 June 2020. The national guidance schedule of information designed to achieve this will be considered and approved by the Committee in March 2020.
- **The committee** considered the following reports from external auditors:

**Audit Scotland:**

- Annual Report;
- Draft External Audit Plan 2019/20;
- Management report (2019/20 Controls report)
- **Risk Management:** The 2018/19 annual report was considered at its meeting of 4 June 2019 with the 2019/20 report scheduled for June 2020. Enhanced arrangements for oversight of corporate risks and seeking assurances on the risk management process had been put in place in 2018/19 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 2020. The June 2020 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 2019
  - Fraud & Irregularity Update 2018-19
  - Workforce Planning Part 2
  - Privately Financed Infrastructure Investment: The Non-Profit Distributing (NPD) and Hub Models
- 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 3 September 2019.

- 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 2020 meeting the committee will consider whether the governance statement disclosures in 2018/19 relating to TTG would require reporting again in the 2019/20 Governance Statement and whether the difficulties in maintaining unscheduled care performance against rising demand should be included.

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.

Brian Moore  
Committee Chair

Laura Ace  
Executive Lead

17 April 2020

**LANARKSHIRE NHS BOARD**

**COMMITTEE TERMS OF REFERENCE**

**COMMITTEE: AUDIT**

**DATE: SEPTEMBER 2019**

<p><b>1. Purpose</b></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><b>2. Membership and Quoracy</b></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><b>3. Reporting Arrangements</b></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;
- ◇ Assurances relating to the Corporate Governance requirements for the organisation;
- ◇ 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, and will submit this to the Board for approval by February of the preceding financial 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. The mid year review will be submitted to and approved by the NHS Board. The mid year review will be submitted to the NHS Board no later than November each 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:**

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, the Charter/Terms of Reference of the Internal Audit Directorate and quality assurance reports on the Internal Audit function;
- ◇ 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;
- ◇ A report on the Counter Fraud and Bribery arrangements and performance;
- ◇ 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:	3 September 2019
Ratified by Lanarkshire NHS Board:	
Review Date:	August 2020

# NHS LANARKSHIRE

## STAFF GOVERNANCE COMMITTEE

### ANNUAL REPORT 2019/20

#### 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., Brian Moore, Non-Executive Director  
Mr Tom Wilson, RCN Representative  
Mr. Robert Foubister, Unison Representative  
Ms. Liz Airns, Unite Representative  
Ms Margaret Anne Hunter, Unison Representative (joined Aug 2019)  
Mr Andy McCormick, Unite Representative (joined Aug 2019)  
Mrs C McGinty, Unison Representative (joined Aug 2019)

**Attendees:** Mr. Calum Campbell, Chief Executive  
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, Organisational Development Programme Manager  
Mr. Calvin, Brown, Director of Communications  
Mr. Mark Kennedy, General Manager, (SALUS)  
Mrs Neena Mahal, Board Chair

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 2019 to 31 March 2020 as follows:

3<sup>rd</sup> June 2019  
26<sup>th</sup> August 2019  
25<sup>th</sup> November 2019  
24<sup>th</sup> February 2020

## 7. Attendance of Members

Name of Member	3/6/2019	26/8/2019	25/11/2019	24/2/20
Lilian Macer	√	√	√	√
Philip Campbell	X	X	X	X
Margaret Morris	√	√	X	X
Brian Moore	√	X	√	√
Liz Airns	X	√	X	X
Robert Foubister	√	√	√	√
Tom Wilson	X	X	√	√
Cathy McGinty	X	X	X	X
Margaret Anne Hunter		√	√	X
Andy McCormick		√	√	√

## 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 2018/19 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
  - Workforce Planning
  - SALUS Personal Independence Payments Service
- 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 Reports.
- 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 2019.

## 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 guided the successful development of arrangements for the 2018/19 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 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 2020.
- The Committee has oversight of the Board responses to the Sturrock Review into cultural issues related to allegations of bullying and harassment in NHS Highland.
- The Committee continues to note challenges associated with Attendance Management and the range of support and improvement measures in place to work towards reducing sickness absence by 0.5% per annum over 3 years in line with NHS Circular PCS (AFC) 2019/2..

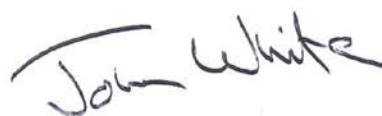
#### 11. Conclusion:

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 24/2/2020

**LANARKSHIRE NHS BOARD  
COMMITTEE TERMS OF REFERENCE**

**COMMITTEE: STAFF GOVERNANCE**

**DATE: AUGUST 2018**

**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 and Quoracy**

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**

### **Meetings**

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

### **Minutes**

A formal Minute of all meetings and decisions taken will be recorded and circulated. The minutes will be circulated seven days prior to the meeting.

### **Annual Workplan**

In order to ensure that the Committee 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 Committee.

### **Mid-Year Review**

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 Workplan 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 NHS Board.



## **Annual Report**

In accordance with Best Value for 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 Annual Workplan 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 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 Statement of Internal Control. The Annual Report shall go to the March meeting for approval and then to the April Board meeting.

A verbal report along with a Summary briefing shall go to the NHS Board in the absence of the minutes. The minute would then go to the next meeting of the Board.

## **Action Log**

An Action Log will be produced following each Staff Governance Committee meeting.

## **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 work programme 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 fulfilment 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.

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

**REMUNERATION COMMITTEE**

**ANNUAL REPORT 2019/20**

**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 (until 31 March 2020)  
Ms. Margaret Morris – Non-Executive Director  
Mrs. Lilian Macer – Non-Executive Director  
Mr. Philip Campbell – Non-Executive Director  
Mr Brian Moore – Non-Executive Director (from May 2019)

**5. Attendees** Mr John White – Director of Human Resources (until Feb 2020)  
Mrs Kay Sandilands – Director of Human Resources (from Feb 2020)

**6. Executive Lead** Mr John White – Director of Human Resources (until Feb 2020)  
Mrs Kay Sandilands – Director of Human Resources (from Feb 2020)

## 7. Meetings held during the year:

The Committee / Group / Forum met 4 times during the year from 1<sup>st</sup> April 2019 to 31<sup>st</sup> March 2020 as follows:

- 21<sup>st</sup> May 2019
- 2<sup>nd</sup> July 2019
- 21<sup>st</sup> November 2019
- 11<sup>th</sup> March 2020

During the reporting year, the following actions were approved by email and ratified at the next meeting of the Committee:

- Directors Recruitment – Approval to advertise the posts of the Director of Nursing, Midwifery and Allied Health Professions and the Director of Human Resources (Approved November 2019 meeting).
- Salary Approval Requests – Approval of additional remuneration to cover the acting up to Chief Executive and Director of Acute (Approved March 2020 meeting)

## 8. Attendance of Members

Name of member	21 <sup>st</sup> May 2019	2 <sup>nd</sup> July 2019	21 <sup>st</sup> November 2019	11 <sup>th</sup> March 2020
Neena Mahal	√	√	√	√
Michael Fuller	√	√	√	√
Margaret Morris	√	√	X	√
Lilian Macer	√	√	√	√
Philip Campbell	X	√	X	X
Brian Moore	√	√	√	X

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

During 2019/20 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 2019/20.
- Establishment of Executive Director's Personal Objectives 2019/20.
- Oversight and approval of the Executive and Senior Manager Performance Management arrangements for 2019/20.
- Consideration of and contribution to the NHSScotland and local Leadership and Talent Management initiative ( i.e. Project Lift ).

- Design and delivery of arrangements for a number of Director and Senior Manager appointments in 2019/10, including Director of Human Resources and Director of Nursing, Midwifery and Allied Health Professions.
- Approved acting arrangements and remuneration for Chief Executive, Director of Acute Services and Medical Management Fee for Acting Medical Director.
- Consideration and approval of processes in relation to awarding of Discretionary points.
- Oversight of Mid -Year Reviews of Chief Executive and Corporate Management Team
- Oversight of Corporate Objectives to inform Executive Director and Senior Manager annual Personal Objectives.
- Review and refresh of the Remuneration Committee Terms of Reference and undertaken Remuneration Committee Self-Assessment.
- Revision of Remuneration Committee membership to reflect upcoming completion of 8 year term of office of Non -Executive Director
- Received a number of national circulars for information.
- Received and reviewed new guidance provided for Remuneration Committees and attended workshop and planned future Remuneration Committee training.

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.

Implemented revised electronic process across all sites for the awarding of discretionary points. This revised process ensures improved ease of access for applications, significantly enhances ability to monitor diversity of applications and breakdown of successful/unsuccessful applications.

Introduction of a mid-year review of appraisals to identify At Risk areas within the remit of Corporate Management Team members and gain assurance on actions being taken..

Improved consistency of process with implementation of revised Remuneration Committee guidance and Training.

#### **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. However, the Committee acknowledged the need for ongoing succession planning and talent management to mitigate potential risks.

There were no matters of concern to the Committee in 2019/20, although it was acknowledged that there would be a level of change within the membership of the Remuneration Committee over the next 12 months and the Chair was putting measures into place in relation to succession planning and training.

## 12. Conclusion:

From the review of the performance of the Remuneration Committee it can be confirmed that the Committee has met the Terms of Reference and has fully fulfilled its remit in 2019/20.

Signatures of



Committee Chair



Executive Lead

Date: 6<sup>th</sup> March 2020

---

### *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 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 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, informed by self-assessment of performance against the Remuneration Committee Self-Assessment Handbook, on the delivery of the Committee's Remit and Workplan 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 Workplan**

In order to ensure that the Committee functions in accordance with its agreed Terms of Reference / Remit and delivers its Annual Workplan, 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 Workplan 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 Workplan 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 2020**

HEALTHCARE QUALITY ASSURANCE & IMPROVEMENT COMMITTEE

ANNUAL REPORT 2019 - 2020

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. Name of Committee:

Healthcare Quality Assurance & Improvement Committee

3. Committee Chair:

Mr Michael Fuller, Non-Executive Director (until 31 March 2020)

4. Committee Members:

Mrs Maureen Lees, Chair, Area Clinical Forum

Dr Avril Osborne, Non-Executive Director

Mrs Margaret Morris, Non-Executive Director (until 11<sup>th</sup> July 2019)

Mrs Lesley Thomson, Non-Executive Director

5. Attendees:

Mr Calum Campbell, Chief Executive

Mr Paul Cannon, Board Secretary

Dr Alastair Cook, Medical Director, North Lanarkshire Health and Social Care Partnership

Dr Linda Findlay, Medical Director, South Lanarkshire Health and Social Care Partnership

Mrs Karon Cormack, Director of Quality

Mrs Laura Drummond, Head of Assurance

Mrs Marjorie McGinty, Head of Improvement

Mrs Amanda Minns, Head of Evidence

Mrs Elizabeth Currie, Quality Programme Manager, Business Support

Mrs Anne Armstrong, Nurse Director, North Lanarkshire Health and Social Care Partnership

Mrs Maria Doherty, Nurse Director, South Lanarkshire Health and Social Care Partnership  
 Mrs Margaret Cranmer, Staff Side Representative  
 Dr Kay Currie, Professor of Nursing and Applied Healthcare Research, Glasgow Caledonian University  
 Mr Gabe Docherty, Director of Public Health  
 Mrs Neena Mahal, NHS Board Chair  
 Mrs Carol McGhee, Corporate Risk Manager  
 Mrs Christine Gilmour, Director of Pharmacy  
 Dr John Keane, Associate Medical Director, Acute Services  
 Mrs Susan Friel, Nurse Director, Acute Services

5. Executive Leads;

Mrs Irene Barkby, Director for Nurses, Midwives and Allied Health Professionals  
 Dr Jane Burns, Medical Director

6. Meetings held during the year;

The Committee met 4 times during the year from 1<sup>st</sup> April 2019 to 31<sup>st</sup> March 2020 as follows:

- 9<sup>th</sup> May 2019
- 11<sup>th</sup> July 2019
- 12<sup>th</sup> September 2019
- 14<sup>th</sup> November 2019
- 12<sup>th</sup> March 2020 (cancelled due to Covid 19)

7. Attendance of Members

Name of member	Meeting 1 9 <sup>th</sup> May 2019	Meeting 2 11 <sup>th</sup> July 2019	Meeting 3 12 <sup>th</sup> September 2019	Meeting 4 14 <sup>th</sup> November 2019
Dr Avril Osborne	✓	✓		✓
Mrs Maureen Lees	✓	✓	✓	✓
Mrs Margaret Morris	✓	✓		
Mrs Lesley Thomson	✓	✓	✓	✓

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)

- Minutes - Minutes of previous meetings were submitted for approval
- Action Log - Action Logs, tracking the progress of agreed actions, were considered
- Terms of Reference – these were due for review in March 2020, however the meeting was cancelled. The Terms of Reference will therefore be carried forward to a future meeting in 2020

- 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
  - Safety Plan Steering Group
  - Clinical Effectiveness Group
  - Lanarkshire Infection Control Committee
  - Radiation Safety Committee
  - Information Governance Committee
  - Public Protection Group
  - Area Drugs & Therapeutics Committee
  - Independent Sector Governance Group
  - Research & Development Committee
  - Resuscitation Committee
  - Bereavement Committee
  - Organ Donation Committee
  - Transfusion Governance Committee
  - Food, Fluid & Nutrition Steering Group

Please see the attached Committee Work-plan 2019-2020 to see the full range of updates provided to the Committee throughout the year.

#### 9. Improvements overseen by the Committee;

The Committee would wish to highlight the following areas:

- Significant progress has been made with regard to Clinical Guidelines & Pathways, including the development of a Guidelines Strategy and website development.
- An aEQUIP for Leaders programme developed in collaboration with Organisational Development. The first cohort was planned for Spring 2020 but delayed due to Covid 19 and will be planned for later in 2020.
- Successful delivery of the third NHS Lanarkshire Quality Week 2019 which included the first meeting of a QI Network for NHSL.
- The Medicines Quality Strategy was approved by the Quality Planning & Professional Governance Group in June 2019 and a sub group developed and commenced roll out of an Implementation Plan.
- The Falls Prevention Strategy has completed its consultation phase which included presentations to NMAHP Professional Governance Group and the Corporate Management Team. Falls Strategy

sub groups have been developed and will support the implementation plan across the whole system.

- Maternity and Neonatal have had a focused approach to quality improvement, supported by their Improvement Midwife. Preterm neonatal mortality improvement work to focus on achieving 85% compliance with 3 agreed MCQIC measures (steroids, cord clamping and magnesium sulphate).
- A review of the adverse events pathways, procedures and documentation was carried out and agreed changes made to the various documents. An official launch date of 1<sup>st</sup> January 2020 was agreed to commence using the new pathways, procedures and documentation.
- There have been many changes and updates made to the Datix System to support improvement particularly in the SAER process; these will result in the system being much more intuitive and user friendly for all staff accessing and recording detail and information for decision making on adverse events.
- 800+ people shared their experiences of NHS Lanarkshire services through Care Opinion during 2019-20. More than 500 submissions were wholly positive, recognising the professionalism, dedication, care and compassion of staff. Whilst some critical feedback was around care, communication and information; food and car parking was to the fore. Some of the changes as a result of feedback include:
  - Training – on the use of medical gases, breastfeeding and medicines awareness.
  - Communication - changes to patient letters and formation of a “Signage Group” to review hospital signs.
  - Information – changes to patient leaflets.
  - Food – new menus were introduced.
  - Car parking – already under review by the Planning Dept with new solutions planned for May 2020 onwards.
- NHS Lanarkshire was successful in their application to participate in the new Value Management collaborative which launched on the 19th November 2019. The collaborative is led by the Healthcare Improvement Scotland (HIS) ihub, working in partnership with NHS Education for Scotland (NES) and the Institute for Healthcare Improvement (IHI). It will run until March 2022.
- Mortality case note reviews have been completed at University Hospital Hairmyres (UHH) and University Hospital Wishaw (UHW) for 2019/2020, with 52 case notes reviewed at each site. Final reports and action plans will be developed and shared with staff to support learning.
- A total of 39 Leadership Walkrounds were undertaken across NHS Lanarkshire sites as follows; 12 at University Hospital Hairmyres, 4 at University Hospital Monklands, 14 at University Hospital Wishaw and 9 across community settings (Airbles Road Centre, Beckford Lodge, Cleland Hospital, Coathill Hospital and Wester Moffat Hospital).
- A Prioritised Development Plan for Complaint handling was developed in 2019, progress includes:
  - Complaints staff achieved Queen Margaret University Public Sector Complaint Management accreditation in August 2019. The learning from this has been used to review all complaints processes and supporting documentation, based on best-practice complaint handling.
  - NHS Lanarkshire hosted 3 workshops on the Power of Apology during 2019 for senior clinical staff and managers involved in managing and responding to complaints.

- The complaints dataset was reviewed and a new DatixWeb configuration went live with complaints received from 1 April 2020. This will improve the data and reporting capability moving forward.

#### 10. Matters of concern to the Committee;

- The Healthcare Assurance & Improvement Committee meeting scheduled for Thursday 12<sup>th</sup> March 2020 was cancelled at short notice due to the escalating Covid 19 situation. The items scheduled to be reported to the Committee at this meeting have been recorded and will be carried over to a future meeting in 2020 to ensure due diligence. The Information Governance (IG) Annual Report 2019/20 that was to have been discussed at that meeting was circulated virtually to all IG Members and HQAIC members.
- Quality Planning & Professional Governance Group – the group failed to be quorate on 2 out of 5 meetings in 2019 and the meeting scheduled for February 2020 was cancelled due to the number of apologies received. A “virtual” meeting was arranged in February 2020 to allow the appropriate updates, information and reports to be shared with group members. A review of this Governance Group will be completed in 2020.

#### 11. Conclusion;

From the review of the performance of the Healthcare Assurance & 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 Healthcare Assurance & Improvement Committee, adequate and effective arrangements were in place throughout the year.

Michael Fuller (until 31 March 2020)  
Dr Lesley Thomson (from 1 April 2020)  
Committee Chair(s)

Dr Jane Burns, Medical Director  
Eddie Docherty, Nurse Director  
Executive Lead(s)

21 May 2020

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 Review<sup>1</sup> 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.*

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

<sup>1</sup> 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



## **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:

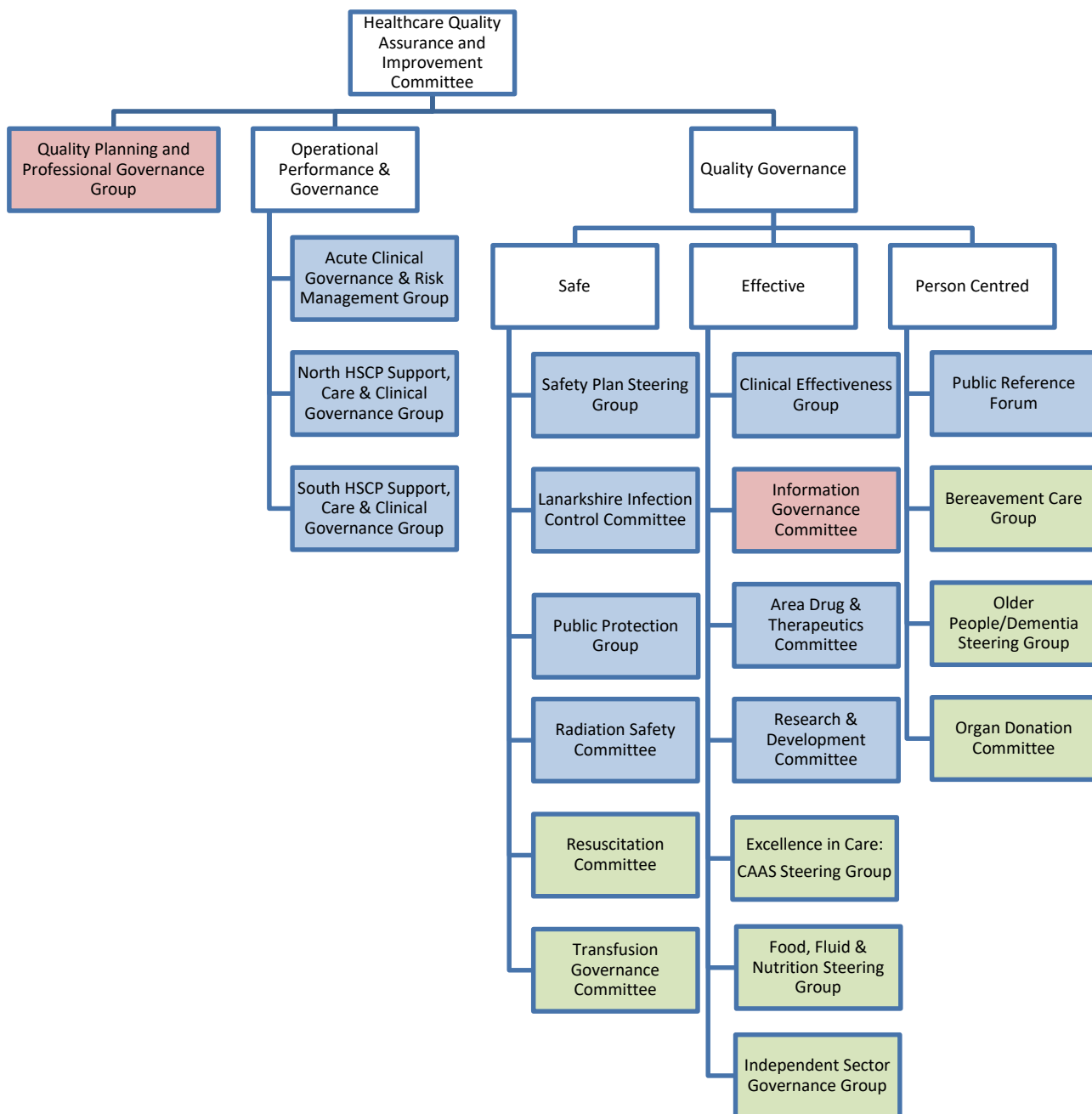
- Support the Chair in ensuring that the Committee Remit is based on the latest guidance and relevant legislation, and the Board's Best Value framework;
- Liaise with the Chair in agreeing a programme of meetings for the business year, as required by its remit;

<ul style="list-style-type: none"> <li>• 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;</li> <li>• Agree with the Chair an agenda for each meeting, having regard to the Committee's Remit and Work Programme;</li> <li>• 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;</li> <li>• 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.</li> </ul>
<b>8. Access</b>
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.
<b>9. Rights</b>
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

<b>Ratified by:</b>	Lanarkshire NHS Board
<b>Reviewed by Committee:</b>	Agreed by Committee on 12 <sup>th</sup> June 2014 & revisions agreed on 11 <sup>th</sup> December 2014 on 11 <sup>th</sup> May 2017. Further revisions made March 2018 and reviewed in March 2019.
<b>Ratified by NHS Board:</b>	27 <sup>th</sup> August 2014 & Revisions ratified on 28 <sup>th</sup> January 2015 Further revisions ratified 28 March 2018 and 29 May 2019
<b>Authors:</b>	Mrs K Cormack, Director of Quality, Mrs E Currie, Quality Programme Manager, Business Support
<b>Review date:</b>	Was to have been reviewed in March 2020 – meeting cancelled due to COVID-19 Next Review in June 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

### ANNUAL REPORT 2019 / 20

#### 1. Introduction

The Population Health, Primary Care and 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 action of organisations;
- Provide support to the governance 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 Care and Community Services Governance Committee

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 B Moore, Non-Executive Director  
Councillor J McGuigan, Non-Executive Director (from April 2019)

#### 4. Attendees:

Mrs A Armstrong, Director of Nursing NHSCP  
Mr P Cannon, Board Secretary  
Dr A Cook, Medical Director NHSCP  
Mr C Cunningham, Head of Planning, Performance & Assurance, SHSCP  
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  
Ms A Goodfellow, Consultant Public Health (from November 2019)  
Mrs M Hayward, Head of Health SHSCP  
Mr R McGuffie Chief Officer NHSCP  
Dr J Pravinkumar, Consultant Public Health Medicine  
Ms M Reid, Interim Head of Health Improvement (til September 2019)  
Mrs E Russell, Head of Health Improvement (from September 2019)  
Dr T Sommerfield, Consultant Public Health Medicine (til November 2019)

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

#### 6. Meetings held during the year:

The Committee / Group / Forum met 5 times during the year from 1 April 2019 to 31 March 2020 as follows:



14 May 2019  
 16 July 2019  
 03 September 2019  
 12 November 2019  
 03 March 2020

7. Attendance of Members

Name of member	May	July	September	November	March
Ms M Morris	√	√	√	√	√
Mr M Fuller	√	√	√	√	√
Mrs M Lees	√	√	√	X	√
Mr B Moore	√	√	√	√	√
Councillor J McGuigan (from April 19)	√	√	√	√	√

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 Service
- Children & Adolescent Mental Health Services (CAMHS)
- Adult Psychological Therapy Services
- Review of Integration North & South (HSCPs)
- Strategic Commissioning Plan NHSCP
- NHSCP Rehabilitation Model
- SPLT CPY Service Performance Pressures
- Redesign of service provision Lockhart Hospital
- OoH Performance
- Clydesdale Community Hospital Staffing pressures
- Annual Report of Director of Public Health 2018/19
- Public Health Situation Reports: Hepatitis A; Buchanan/St Ambrose High School situation; Covid-19
- SHSCP & NHSCP: Child Poverty Report
- Integrated Population Health Plan
- Review of Frequent Attenders Project in line with transformational change
- Blood Borne Viruses (BBV) Network Annual Report
- NHSL Screening Services Reports
- Patient Musculoskeletal MSK Improvement Plan
- Palliative Care Service Plan
- N&S HSCP Health & Homelessness Action Plans including Rapid Housing Initiative
- Lanarkshire Healthy Weight Strategy Implementation and Steering Group Annual Report
- Lanarkshire Children & Young People's Health Plan
- Tobacco Control Strategy: Annual Report
- Winter Planning Update
- Staff flu vaccination programme and uptake reports
- CMO Health Promoting & Health Services Annual Return
- Climate Change: Impact on Population Health
- NHS Lanarkshire Risk Register

- Framework for the Prevention, Early Detection and Early Intervention of Type II Diabetes
- Equality & Diversity: Annual Report and Action Plan
- Our Natural Health Service – The Lanarkshire Green Health Partnership – Bi-Annual Report
- Children Experiencing Homelessness: Health Needs Assessment
- Oral Health including Childsmile

9. Improvements overseen by the Committee;

- Primary Care Improvement Plan
- Review of Integration North & South HSCPs
- NHSCP Rehabilitation Model
- Mental Health Strategy
- Review of Frequent Attenders Project in line with transformational change
- Our Natural Health Service: The Lanarkshire Green Health Partnership
- Patient Musculoskeletal MSK Improvement Plan
- Oral Health including Childsmile
- Staff flu vaccination uptake rates

10. Matters of concern to the Committee;

- Urgent Care Out of Hours performance pressures
- CAMHS performance pressures
- Tackling inequalities and investing in prevention
- Climate Change: Impact on Population Health

11. Conclusion;

From the review of the performance of the Population Health & Primary Care and Community Services 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 PHPCCSGC, adequate and effective arrangements were in place throughout the year.

Committee Chair: *Margaret Morris*

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

Date: 11/05/2020

**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 (to be carried forward as Committee meetings were stood down in line with Covid-19 response in March 2020 and revised Board Governance arrangements (April 2020))

# NHS LANARKSHIRE

## MONKLANDS REPLACEMENT OVERSIGHT BOARD

### ANNUAL REPORT 2019 / 20

#### 1. Introduction

The NHS Lanarkshire 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. Name of Committee:

Monklands Replacement Oversight Board

#### 3. Committee Chair:

Dr Lesley Thomson, Non-Executive Director, NHSL Board

#### 4. Committee Members:

Michael Fuller	Non-Executive Director, NHSL Board (retired 31 March 2020)
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 (Cumbernauld)
John Wilson	North Patient/Public Forum (Northern Corridor)
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

#### 4. Attendees:

Graeme Reid	Project Director, NHS Lanarkshire
Lisa Elliott	Board Secretary, NHS Lanarkshire
Laura Ace	Director of Finance, NHS Lanarkshire
Alan Morrison	Deputy Director Health Capital Investment and NHS Facilities
Richard McCallum	Interim Director of Health Finance and Governance
Calvin Brown	Director of Communications, NHS Lanarkshire
Dr Jane Burns	Medical Director, NHS Lanarkshire
Craig Cunningham	Head of Commissioning and Performance South H&SCP
Karen Goudie	Chief of Nursing Services, University Hospital Monklands, NHS Lanarkshire
Dr Rory Mackenzie	Chief of Medical Services, University Hospital Monklands, NHS Lanarkshire
Margaret Meek	Director of Hospital Services, NHS Lanarkshire

Iain Buchan	Buchan Associates Healthcare Planners
Douglas Ross	Currie & Brown, Lead Advisor Team
Graham Johnston	Head of Planning and Development, NHS Lanarkshire
Heather Knox	Director of Acute Services/Deputy Chief Executive, NHS Lanarkshire
Judith Park	Director of Access/Deputy Director of Acute Services
Morag Dendy	Head of Planning, Performance and Quality Assurance, NHS Lanarkshire
Stuart Brown	Principal Estates Director, Health Facilities Scotland
Donald Wilson	Director of Information and Digital Technology, NHS Lanarkshire

5. Executive Lead:

Colin Lauder, Director of Planning, Property and Performance, NHS Lanarkshire

6. Meetings held during the year:

The Oversight Board met 4 times during the year from 1 April 2019 to 31 March 2020 as follows

7. Attendance of Members

Name of member	28.10.2019	26.11.2019	06.01.2020	19.02.2020	30.03.2020 cancelled
Dr Lesley Thomson	√	√	√	√	
Brian Moore	√	√	x	√	
Lilian Macer	√	x	√	√	
Professor Sir Harry Burns	√	x	x	√	
Dr Mike Higgins	√	√	√	√	
Donald Masterson	√	√	√	√	
John Wilson	x	√	√	√	
Margaret Moncrieff	√	x	√	√	
Robert Craig	x	√	√	x	
Richard O'Hara *				√	
Sharon Craig *				x	
Teresa Mullen *				√	
Michael Fuller **	√	√	√	√	

\*joined January 2020

\*\* retired March 2020

## 8. Issues Considered by the Committee over the year

- During the year the Oversight Board considered items in line with its remit and schedule of reporting, as follows:-
- The remit of the Oversight Board was considered at Development Day in September 2019.
- The Oversight Board fulfilled its remit throughout the term, considering the programme of works in relation to the Monklands Replacement Programme, which included:
- Review and endorsement of the Site selection process, nomination process, participants and assessment of alternative site locations.
- Review and endorsement of the Communication and Engagement plan supported by the Consultation Institute (tCI) as an independent engagement advisor to NHS Lanarkshire.
- Review and endorsement the MRP (Monklands Replacement Project) methodology for developing the scheme costs from IA (Initial Agreement) to OBC (Outline Business Case) and the reporting methods to the Oversight Board.
- Review and endorsement of the MRP (Monklands Replacement Project) governance structure which sets out the monthly reporting to the Project Team by the sub-groups which include: the Key Decisions Group, the Infection Control Group, the Clinical Advisory Group and the Equipment Group.
- Scottish Centre for Reducing Infection and Risks in the Healthcare Built Environment Programme: The Oversight Board considered the implications for the Monklands Replacement Project as a review of the project will be scheduled for April 2020-21. The Oversight Board are assured the MRP (Monklands Replacement Project) team has a developed and defined governance and decision approval process.
- Progress against annual budget: The Oversight Board considered the annual budget and received regular updates against forecasted spend.
- Risk Management: An update on Project Risks was reported at each Oversight Board with enhanced arrangements to focus on current high risks presented in February 2020. The board members are assured that the risk management process is robust and continues to work well with members having an opportunity to highlight and discuss any existing or new risks.
- Ground conditions at shortlisted sites: The Oversight Board provided assurance on the information published which included site summary reports for all three sites under consideration, as well as ground condition reports. The MRP (Monklands Replacement Project) team carried out engagement work with the relevant landowners to supplement this information by undertaking physical site investigation works at the sites. The final reports endorsed by the board members allowed both site summaries and costs to be determined for the site.
- The terms of reference (appendix 1) was reviewed and updated in January 2020 and March 2020 to include new membership to the board.

9. Improvements overseen by the Committee;

- The Oversight Board demonstrated its own commitment to develop the actions arising from the Monklands Project Independent Review and the subsequent correspondence between the Chair and the Cabinet Secretary for Health and Sport.
- During the year the Oversight Board continued to suggest improvements and additions to the risk management process.
- During the year the Oversight Board continued to suggest improvements and additions to the communication and engagement process.
- The Oversight Board considered and will continue to receive updates on the progress on the Scottish Centre for Reducing Infection and Risks in the Healthcare Built Environment Programme.
- The Oversight Board considered and will continue to receive updates on the Monklands Replacement Governance structure and staffing requirements to support the programme from OBC (Outline Business Case) to FBC (Full Business Case).

10. Matters of concern to the Committee;


- The Oversight Board continues to note challenges associated with the Site Selection process for the Monklands Replacement Project. The Oversight Board recognises the importance of the successful Site Selection in order to move forward with the OBC (Outline Business Case) in spring 2021. The Oversight Board remains supportive of the Monklands Replacement Project team in driving this forward and appreciates the sensitivity of local opinion and the political interest in this process.

11. Conclusion;

From the review of the performance of the Oversight Board, 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 Oversight Board, adequate and effective arrangements were in place throughout the year.

Dr Lesley Thomson  
Committee Chair

Colin Lauder, Director of Planning, Performance & Property  
Executive Lead



Date 4 May 2020

## APPENDIX 1

### 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)
Ally Boyle (joined April 2020)	Non-Executive Director, NHSL Board
Michael Fuller (retired March 2020)	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:	Lisa Elliott, MRP Business Manager/ MROB secretary Graeme Reid, MR Project Director Paul Cannon, NHS Board Secretary Colin Lauder, Director of Planning, Property & Performance
Ratified by Lanarkshire NHS Board:	29 January 2020
Review Date:	January 2021

## Monklands Replacement Oversight Board Membership – March 2020

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

## NHS LANARKSHIRE

### PLANNING, PERFORMANCE & RESOURCES COMMITTEE

#### ANNUAL REPORT 2019/20

##### 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 (until 31 March 2020)

Dr. J Burns, Medical Director

Mr. C Campbell, Chief Executive

Mr. P Campbell, Non-Executive Director

Mr. E Docherty, Director for Nurses, Midwives and Allied Health Professionals (from February 2020)

Mr. G Docherty Director of Public Health (from 1 June 2019)

Mr. M Fuller, Non-Executive Director (until 31 March 2020)

Councillor. P Kelly, Non-Executive Director

Mrs. M Lees, Chair, Area Clinical Forum

Mrs. L Macer, Employee Director

Ms. L McDonald (from 1 February 2020)

Mr. B Moore, Non-Executive Director

Ms. M Morris, Non-Executive Director

Councillor. J McGuigan, Non-Executive Director

Dr. A Osborne, Non-Executive Director

Dr L Thomson, Non-Executive Director

##### 4. Attendees:

Mr. C Brown, Head of Communications

Mr. P Cannon, Board Secretary

Mr. R McGuffie, Chief Accountable Officer, North Lanarkshire Health and Social Care Partnership

Ms. H Knox, Director of Acute Services / Deputy Chief Executive

Mr. J White, Director of Human Resources (until 31 March 2020)

Mr. C. Lauder, Director of Planning, Property and Performance  
 Mrs. V de Souza, Director, South Lanarkshire Health and Social Care Partnership  
 Mr. J White, Director of Human Resources  
 Mr. D Wilson, Director of Information & Digital Technology

5. Executive Lead:

Mr. Calum Campbell, Chief Executive.

6. Meetings held during the year:

The Committee met 6 times during the year from 1 April 2019 to 31 March 2020 as follows

11<sup>th</sup> April 2019  
 24<sup>th</sup> April 2019  
 26<sup>th</sup> June 2019  
 25<sup>th</sup> September 2019  
 10<sup>th</sup> December 2019  
 26<sup>th</sup> February 2020

7. Attendance of Members:

Member	11 April 2019	24 April 2019	26 June 2019	25 Sept 2019	10 Dec 2019	26 Feb 2020
Mrs. L Ace	√	√	√	√	√	√
Mrs. I Barkby	√	√	√	x	√	√
Mr. A Boyle (elect) * <sup>1</sup>						√
Dr. J Burns	√	√	√	x	x	x
Mr. C Campbell	√	√	√	√	√	√
Mr. P Campbell	x	√	x	x	√	x
Mr. E Docherty						√
Mr. G Docherty	√	√	√	√	√	√
Mr. M Fuller* <sup>2</sup>	√	√	√	x	x	√
Councillor. P Kelly	√	√	√	√	x	√
Mrs. M Lees	√	√	√	√	x	√
Ms. L McDonald * <sup>3</sup>						√
Mrs. L Macer	√	√	x	√	√	√
Mr. B. Moore	√	√	√	√	√	√
Miss. M Morris	x	√	√	√	√	x
Councillor. J McGuigan	√	√	√	x	√	x
Dr. A Osborne	√	√	√	√	√	x
Dr L. Thomson	√	√	√	√	√	√

\*<sup>1</sup> from February 2020

\*<sup>2</sup> until 31 March 2020

\*<sup>3</sup> from 8 February 2020

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

- 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 2020 and beyond - reports on the emerging Draft Financial Plan, encompassing efficiency schemes (CRES). This was in addition to the Board Development Sessions on Financial Planning, and CRES discussions
- 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, used a pipeline approach to monitoring, and followed an agreed schedule of reporting throughout the year
- Monklands Hospital - the Committee was kept up to date with the site selection consultation process, and received regular updates from the Project Director
- Monklands Hospital Business Continuity Plans
- Trauma and Orthopaedics - regular update reports on the implementation of a phased programme of service redesign
- BREXIT preparations
- Resilience Annual Report
- Integrated Corporate Performance Report – this was subject to review in early 2019 and the targets and key performance indicators were refreshed, and the monitoring of these delegated to specific Governance Committees, where appropriate
- Clinical Engagement - promoting the work of the Area Clinical Forum and the parent Advisory Committees
- The development of strategic partnerships with the University of the West of Scotland and Strathclyde University
- Corporate Risk Register - regular reports on the elements of the Corporate Risk Register for which the Planning, Performance & Resources Committee was the designated 'assurance source'
- Winter Planning
- Integration issues including measuring performance under integration, and the MSG Integration Review
- Property & Asset Management Strategy and Annual Update
- Corporate Objectives
- Annual Fire Safety Report
- Winter Flu Staff Immunisation Plan
- Health & Social Care Integration Scheme Reviews
- Digital Strategy
- Child & Adolescent Mental Health Services Deep Dive
- Annual Operational Plan for 2020/21 and beyond
- Mental Health Hospital Based Complex Care
- Workforce Reports
- Realistic Medicine
- Independent Review of St Ambrose and Buchanan High School Campus public health concerns
- Long Term Conditions
- Car Parking
- Unscheduled care Deep Dive
- Urgent Care Out of Hours Services

- Commissioning Plans – North and South Lanarkshire H&SCP
- Workplan - the Committee 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

The review of the Committee Terms of Reference were to have been discussed at the April 2020 Committee meeting, however revised Governance arrangements were put in place in response to the Covid-19 pandemic, which meant that Committee meetings were replaced by Board meetings to allow the Board to meet monthly. The Committee's Terms of Reference will be reviewed once the Committee resumes its normal meeting cycle.

#### 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 held a special meeting of the Committee in April 2019 to address, in significant detail, the risks being managed on the current site. It was a source of frustration that the development of the Outline Business Case has taken longer than envisaged, and this has added to the risks that are already of concern to the Committee.

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

Of particular note in the last Annual Report was the acknowledgement of the development of a Resilience Team, under the leadership of the Director of Public Health, which had provided additional expert support and capacity building. The Team played a significant part in preparing (and continuing to prepare) for the EU Withdrawal, and also for ensuring that the Board had robust pandemic response structures in place in advance of responding to this global threat to public health.

#### 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 meeting efficiency savings targets, at a time when its strategic aspirations, reflected in the development of 'Achieving Excellence', had never been greater.

In keeping with last year, despite the challenges that the Board faced to achieve financial balance, this was on track to be achieved again in 2019/20 (subject to audit). However, the impact of the global pandemic and the need to realign services, at pace, in late February / March 2020, and the costs

incurred, are likely to threaten that closing balance without Scottish Government support for these additional costs. It is noted that discussions are ongoing with Scottish Government about support for these additional, exceptional and unforeseen costs, without which the Committee is confident that the Board would have reported achievement of all three financial targets.

In the last Annual Report (April 2019) it was noted that the impact of Regional Planning had not materialised as quickly as was forecast, however it is pleasing to reflect that there was significant progress in 2019/20 in important developments such as Regional Trauma Networks and Regional Forensic Medical Services.

Finally, the Committee would like to underline their frustration and deep concern about the ongoing risks being managed by the Board at the current Monklands Hospital site, while the development of the Monklands Outline Business Case has been delayed. The level of risk being managed by the Board is considerable, and has been highlighted to Scottish Government on many occasions. The meeting of the Committee in April 2019 was arranged to specifically discuss key infrastructure risks including infection control, fire safety, service sustainability and environmental challenges, and at the earliest opportunity the Committee will convene a follow up meeting to review the risks.

The Board embraced the recommendations of the Independent Review in June 2019, but it has not been able to proceed as quickly as desired, and clinicians are increasingly frustrated by the lack of progress on site selection which has hampered progress in submitting an Outline Business Case for the replacement of Monklands Hospital.

The impact of the global pandemic has undoubtedly been the main focus for the Board in the early part of 2020, but it is hoped that as we exit Covid-19 crisis management at local and national level, progress can be made on the development, and approval, of the Outline Business Case.

#### 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 2020



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

## **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 (to be carried forward as Committee meetings were stood down in line with Covid-19 response in March 2020 and revised Board Governance arrangements (April 2020))

**NHS LANARKSHIRE**  
**ACUTE GOVERNANCE COMMITTEE**  
**ANNUAL REPORT 2019/2020**

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. Further to the outbreak of the Covid 19 pandemic, regular telephone conversations were held between the Director of Acute Services and the Chair of the Acute Governance Committee to provide updates on all areas of performance, but particularly Covid mobilisation and recovery.
- 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. As a result of Covid 19, NHS Lanarkshire agreed to postpone all non urgent inpatient and outpatient activity. The approach being taken still takes cognisance of urgent or new suspected cancer patients, which will remain to be seen and relevant clinical assessments to be undertaken.
- 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

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/Deputy Chief Executive  
Dr John Keaney, Divisional Medical Director  
Mrs Frances Dodd, Acute Nurse Director (Until January 2020)  
Mrs Susan Friel, Acute Nurse Director (From February 2020)  
Mrs Judith Park, Director of Access/Deputy Director of Acute Services  
Mrs Annmarie Campbell, Head of Human Resources  
Mr Russell Coulthard, Hospital Site Director, University Hospital Hairmyres  
Mrs Margaret Meek, Hospital Site Director, University Hospital Monklands (from July 2019)  
Mr Stephen Peebles, Hospital Site Director, University Hospital Wishaw (from July 2019)  
Mrs Anne Lindsay, Vice Chair South Public Partnership Forum Representative (until September 2019)  
Mr Donald Masterton, Chair, North Public Partnership Forum Representative (until September 2019)  
Mr David Downie, Vice Chair of South H&SC Forum (from September 2019)  
Mr Duncan McLean, Chair of North PPF (September 2019)  
Mr John Wilson, Chair of North PPF (from November 2019)  
Mrs Jackie McColl, Communications Manager  
Mr Derek Yuille, Finance Director (until May 2019)  
Mr Michael McLuskey, Deputy Finance Director (from July 2019)  
Ms Margaret-Anne Hunter, Partnership Representative  
Mrs Fiona Anderson (nee 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/Deputy Chief Executive

#### 7. Meetings held during the year:

The Acute Governance Committee were due to meet 5 times during the year from 1 April 2019 to 31 March 2020 as follows. Due to the Covid 19 Pandemic the Committee did not meet on 18<sup>th</sup> March 2020.

Heather Knox and Avril Osborne communicated regularly via telephone during this time to ensure Avril was sighted on activity within the Acute Division:

15<sup>th</sup> May 2019  
24<sup>th</sup> July 2019  
18<sup>th</sup> September 2019  
20<sup>th</sup> November 2019  
18<sup>th</sup> March 2020



## 8. Attendance of Members

Member	15 <sup>th</sup> May 2019	24 <sup>th</sup> July 2019	18 <sup>th</sup> September 2019	20 <sup>th</sup> November 2019
Avril Osborne	✓	✓	✓	✓
Michael Fuller	✓	✓	✓	✓
Margaret Morris	x	✓	x	✓
Paul Kelly	x	x	x	✓
Lesley Thomson	✓	✓	x	✓
Heather Knox	✓	✓	✓	x
John Keaney	x	x	✓	x
Frances Dodd	✓	✓	✓	✓
Russell Coulthard	✓	✓	✓	✓
Margaret Meek	n/a	✓	✓	✓
Stephen Peebles	✓	✓	✓	✓
Anne Lindsay	✓	x	n/a	n/a
Donald Masterton	✓	✓	n/a	n/a
Jackie McColl	x	✓	✓	✓
Judith Park	✓	✓	✓	✓
Annmarie Campbell	✓	✓	✓	✓
Derek Yuille	✓	n/a	n/a	n/a
Michael McLuskey	n/a	✓	✓	✓
Margaret-Anne Hunter	✓	✓	✓	x
David Downie	n/a	n/a	✓	✓
Duncan McLean	n/a	n/a	✓	n/a
John Wilson	n/a	n/a	n/a	✓
Fiona Anderson	x	x	✓	✓

## 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

- Vascular
- Trauma & Orthopaedics
- Monklands Replacement Project
- General Surgery

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.

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 had improved significantly during the year against outpatient waiting time guarantees and was making progress in relation to the year-end TTG trajectory. However this has been adversely impacted by Covid 19. A recovery plan is being produced with a focus on treating clinically urgent patients. Delivery of cancer waiting time standard has been maintained.

**Nurse Staffing** - During the course of the year work has continued in terms of developing workforce monitoring arrangements. Development of an NMAHP Workforce Dashboard has been commissioned and is almost complete. This will enable the Chief Nurses and Chief Midwife to monitor staffing levels in real time and will be an essential tool to help meet the Health & Care (Staffing) (Scotland) Legislation. A number of areas have undertaken the workload and workforce planning tools and are developing their reports to highlight challenges and improvements. This work has paused due to Covid 19, but will remain a priority in our recovery plan.

**Developments in Care** - The team previously reported that a range of approaches were introduced to develop continuous improvement in care 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. Tests of change are well underway to deliver values based ward management in University Hospital Wishaw, which is the pilot site for this work.

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.

**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.

In preparedness for Covid19 there was a substantial amount of preparation work carried out to ensure the nationally agreed Personal Protective Equipment (PPE) was in place and that staff understood the use of this in the clinical environment. Although availability of PPE nationally has fluctuated, the Acute Division has worked with the Infection Prevention Control Team and clinical staff have had access to appropriate PPE at all time. Escalation processes are in place to support staff should they have any concerns regarding PPE.

#### 11. Matters of concern to the Committee;

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

**TTG** - The number of patients breaching the TTG at the end of the year was impacted by the ceasing of planned care activity due to Covid 19 Preparedness work. Delivery of TTG remained challenging through 2019/2020. The Committee should note that despite the impact of Covid 19, NHSL delivered the year end outpatient trajectory, NHS Lanarkshire have established a Recovery and Redesign Board due to the Covid 19 Pandemic and discussions with Scottish Government are ongoing regarding a recovery plan.

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

Overall performance has continued to be a challenge throughout 2019/2020 period. Whilst University Hospital Monklands has in the main achieved monthly performances above 90%, both University Hospital Hairmyres and University Hospital Wishaw have not. Whilst neither site experienced an unusual seasonal impact such as influenza all sites have experienced an exceptional impact due to COVID-19.

Whilst attendances for NHS Lanarkshire in 2019/2020 have merely increased by 1.24% compared to the same point in 2018/2019 this is impacted by a 30% decrease on attendances in March 2020 in respect of social isolation & distancing guidance for COVID-19. This decrease equates to -33% attendances for University Hospital Hairmyres, -30% at University Hospital Monklands and -27% at University Hospital Wishaw.

Additionally whilst attendances were reduced in March each site was subjected to continued breach incidence due to IPCT guidance to delay to cubicle cleaning by one hour thus inducing delays within Emergency Departments notwithstanding the need for all admissions to single rooms. This did affect the month end performance and overall end of year performance at 86.34% compared to 91.72% in the preceding year.

The Lanarkshire Unscheduled Care Improvement Board was re-purposed with a focus for strategic planning and service redesign, working with the acute hospitals and both North and South Partnerships. Agreed areas of focus for 2019/2020 has been on four main topics;

- Palliative Care – managing end of life care in the community. Action in progress include: Across North and South partnerships patients who are end of life are being reviewed daily. Promoting the use of ACPs is progressing. Marie Curie has had a contract with Lanarkshire for some time. This is being reviewed and a new model of delivery is being developed and CLAN is now in place, delivered by St Andrews and Kilbryde Hospices supporting befriending for People at end of life.
- Front Door – Reducing Reliance on ED. The whole system plan is aiming for 3% redirection across all three sites in Lanarkshire. At the moment this is variable with Hairmyres achieving over 2%, Wishaw, 2% and Monklands 0.5%. Work is on-going across all three sites to improve this equitably.
- Back Door – reducing discharge delays with both HSCP are aiming to reduce the delays through care at home. This work is on-going through both HSCPs. A number of initiatives are being tested to support the pathways. These include discharge to assess as well, social work presence in the hospitals, and reviewing all pathways and procedures.
- Intermediate Care – impacting on enhanced re-ablement in the community. Both Health and Social Care Partnerships have developed their services in Intermediate Care. The SL HSCP committed to opening 21 intermediate care beds over the winter period. This was achieved and the beds have been utilised. The SL HSCP is currently reviewing the pathway for patients through these beds to ensure this is as efficient as possible.

Likewise, each acute site has an unscheduled improvement group which focusses around the 6 key essentials actions. In addition to this Rapid Cycle Change improvements had begun on all three sites investing in Minors flow improvement with additional minors practitioners and or training, to help manage increased minor flow attendances, extending ambulatory models of care for admission avoidance and discharge models of care that fit with HSCP work streams.

There has been considerable effort applied to address the performance issues in relation to unscheduled care. The benefits of a ‘whole system’ approach have been a greater understanding of pressures on all areas, governance around issues that evolve and a positive action planning approach to any learning.

Planned Unscheduled Care workshops in April and May 2020 have had to be cancelled due to the impact of COVID-19 however the vision associated with these events will remain once a recovery position is in place.

**Finance** - Financial performance within the Acute Division has continued to be challenging during 2019-20, primarily due to unscheduled care pressures throughout much of the year. Provisionally, the division has ended the financial year £3.989m overspent. This is a £0.305m deterioration on 2018/19. The Division returned savings of £4.414m for the year. Pay costs overspent by £3.126m with non-pay costs overspent by £0.866m.

For 2019-20, the financial impact of the response to the COVID-19 outbreak totalled £0.396m, for which, we have assumed full funding in the Division’s financial position. Costs incurred in the short term related to increased nursing costs in areas such as ICUs and the Infectious Diseases unit, additional costs of specific medicines, PPE (Personal Protective Equipment) and costs equipping specific areas to be ready for increased numbers of COVID-19 patients.

It is anticipated that costs to support additional ICU and Bed capacity along with an expected increase in staff absence will continue for much of 2020-21. Robust reporting mechanisms have been put in place at pace to predict and monitor these costs for internal reporting and onward reporting to Scottish Government. This year's end position was on track with the forecast position for acute services and is net of Covid 19 related expenditure. The Board was given an early assurance from Scottish Government that Covid 19 expenditure identified within the mobilisation plan would be covered.

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 - Doctors in Training -** The team had a joint Enhanced Monitoring visit from NES and the GNC to the Trauma and Orthopaedic Service at Wishaw. The visitors were very impressed with the changes made to the training environment and have returned the service to routine monitoring. Medical training at Hairmyres also had a routine visit which was also favourable.

The team continue to successfully recruit to our Clinical Fellow and Clinical Teaching Fellow posts. The Clinical Fellow posts have replaced the disestablished GP training posts.

Career Grade Doctors - The team continue to have recruitment challenges in some specialties. Hotspots are Respiratory Medicine and Emergency Medicine at Hairmyres, Dermatology and General Surgery at Monklands and Gastroenterology and Acute Medicine at Wishaw. In the past few months we have recruited 3 Gastroenterologists, 3 Dermatologists and 3 Emergency Medicine consultants at Monklands, all of which had long standing vacancies. In addition, the team are hopeful that 2 candidates who interviewed for Respiratory posts at Hairmyres will accept the offer and 2 Gastroenterologists have recently taken up post there.

Safer staffing will have an impact on our strategy in the future. Workforce tools are only validated for Doctors in the Emergency Departments and have demonstrated a deficit of both Medical and Nursing staff. A business case has been submitted to DMT which would address this.

**Healthcare Environment Inspectorate HealthCare Associated Infection -** The Infection Prevention and Control team have continued to carry out a limited number of Healthcare Associated Infection Inspections, 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.

**Covid19 –** The later part of the financial year 2019/2020 has been somewhat dominated by preparations for safely managing the outbreak. This necessitated planning and supporting staff to work differently. An example of this was preparing to upskill our peri-operative nursing staff to support their ITU colleagues and manage the significant increase in demand on our ITUs. Covid and Non-Covid Pathways (Red and Green zones) were developed and have proved effective in all clinical areas across the Acute Hospitals to support the safe flow of all patients during this outbreak. During this time staff supports have been put in place in recognition of the emotional impact on staff of the pandemic. Moving forward the focus will be on recovery.

12. Conclusion;

From the review of the performance of the Acute Governance Committee, it can be confirmed that the Committee has met in line with the Terms of Reference, and has fulfilled its remit via its four meetings and by reporting to the Chair. 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

11<sup>th</sup> May 2020

## COMMITTEE TERMS OF REFERENCE

### ACUTE GOVERNANCE COMMITTEE

<b>1. Purpose</b>
<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>
<b>2. Membership</b>
<p>Membership as Appendix 1.</p>
<b>3. Reporting Arrangements</b>
<ul style="list-style-type: none"> <li>• The Acute Governance Committee reports to the Board.</li> <li>• An Exception Report will be submitted to the NHS Lanarkshire Board.</li> <li>• An Annual Report on the work of the Committee will be submitted to the NHS Lanarkshire Board in May each year.</li> <li>• The Committee will work closely with other Governance Committees in areas of mutual interest where key responsibilities overlap.</li> </ul>
<b>4. Key Responsibilities</b>
<ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• Develop systems of assurance that demonstrate that the Division has an improvement culture in place, and is regularly reviewing the Divisional Risk Register.</li> <li>• Promote financial governance in supporting financial balance within the Division, ensuring all CRES Plans for the Division are identified and delivered.</li> <li>• Monitor and scrutinise the Acute Division in delivery of the quality strategy, including complaints and Ombudsman cases.</li> <li>• Ensuring an appropriate governance route for clinical governance/risk management, HAI, business continuity by working closely with other Governance Committees of the Board.</li> </ul>

- 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:

- 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:	27 May 2020
Review Date:	November 2020

## Acute Governance Committee Membership - September 2019

<b>Name</b>	<b>Represents</b>
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	<b>Head of Employee Relations</b>
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

**AREA CLINICAL FORUM**  
**ANNUAL REPORT 2019/20**

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 Medical Director attends the meeting regularly.

4. Attendees: The Board's Executive Medical Director is a standing attendee.

5. Sponsor: Paul Cannon, Board Secretary

6. Meetings held during the year:

The Forum met 5 times during the year from 1 April 2019 to 31 March 2020 as follows:-

7. Attendance of Committee Representatives

Committee represented	April 2019	June 2019	Sept 2019	Nov 2019	Feb 2020
Allied Health Professions	√	√	√	√	√
Dental	√	x	√	√	√
Healthcare Sciences	x	√	√	√	√
Medical	√	x	√	√	√
Nursing & Midwifery	x	x	x	x	x
Optometric	x	√	x	√	x
Pharmaceutical*	√	x	x	x	x
Psychology	√	√	√	√	√

*\*the Chair of the Area Pharmaceutical Committee passed from a secondary care representative to a contractor representative in 2019, and it has been difficult for the contractor representative to attend meetings due to their own work commitments. Updates have been provided by the Board Secretary who also supports the Area Pharmaceutical Committee and issues are raised by email where required.*

## 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, including CRES savings
- Risk Register
- Waiting Times and Access Targets
- Achieving Excellence
- Refurbishment / Replacement of University Hospital Monklands
- Realistic Medicine
- Primary Care Improvement Plan / General Medical Services Contract
- NHS Board meeting updates

Specific topics raised by committee members were as follows

- Winter Planning
- NHS Board meeting updates
- Scottish Access Collaborative
- BREXIT
- North Lanarkshire Health & Social Care Strategic Commissioning Plan
- Car Parking Test of Change
- Full capacity protocol
- Coronavirus (February 2020 meeting)
- Promoting the work of the Forum
- Feedback from the National Area Clinical Forum Chairs' meetings
- Mental Health & Wellbeing Strategy

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.

Plans to establish a web page for the Forum, and thereafter replicate this template to include details about parent Advisory Committees, had to be put on hold because of the pressures on web designers to manage the communications around the Monklands Replacement Project in late 2019, and the pandemic in early 2020. The preparations continue to be made albeit when other pressures allow this to progress, and a template for the Forum has been agreed and will be uploaded on to the Web site shortly. Work to replicate this template across Advisory Committees will be taken forward after feedback has been received on the Forum template.

The work of the Forum was highlighted in an article in the Board's Newsletter, *Pulse*, which was well received.

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.

The support arrangements to the Forum and the parent Advisory Committees was raised in the last Annual Report, and the additional assistance provided to the Board Secretary by the

secondment of the Board Secretary of the State Hospitals Board for Scotland to NHS Lanarkshire (1 day per week) greatly assisted in refocussing support to the Area Clinical Forum. Both Board Secretaries have also been supporting the National Area Clinical Forum Chairs' meeting while discussions were being taken forward with Scottish Government to secure longer term support for the group. This has been agreed and it is hoped that substantive arrangements can be put in place to support the National Group in 2020.

In relation to CRES schemes, the Forum has continued to provide advice and support to the Board, along with the Area Partnership Forum, in shaping the savings programme for the coming year, and a joint meeting with the Chief Executive and Director of Finance to discuss the schemes coming forward is now firmly established as part of the consultation process.

#### 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 specialties and professional groups; albeit the Forum did acknowledge that the Board had a statutory duty to live within the allocation set by Scottish Government, and was one of the few NHS Boards that had continued to meet all three financial targets.

Members continued to express significant concerns over the delays in identifying a site for the replacement for Monklands Hospital, and the effect that this delay was having on local staff and the provision of safe and effective patient care at the Hospital.

Unfortunately, during the year the Chair and Vice Chair of the Nursing & Midwifery Advisory Committee both stood down due to work commitments, and plans were put in place to support the continuation of the meeting of this important Advisory Committee by being chaired by the Chair of the Area Clinical Forum and supported by the Board Secretary. There was an appetite from current Members to continue to meet, and to promote the work of the Committee to encourage new Members to join. However, the meeting had to be postponed when the pandemic emerged in early 2020, and this will be rescheduled in the summer months, albeit this may need to be a virtual meeting, in line with other Board and Committee meetings. Nursing is the largest clinical workforce in the Board, and the Committee has an important role in shaping nursing developments in NHS Lanarkshire in the future.

#### 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. No changes to the Terms of Reference were required during the year, and these were to have been formally adopted (unchanged) at the April 2020 meeting, however this meeting had to be postponed due to the emerging pandemic and the need to free up staff to address the public health crisis.

The workplan for the Forum was discussed at each meeting of the Forum. 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

12 May 2020

## **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 priorities 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, it's 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.

Adopted February 2019