

**AUDIT COMMITTEE  
ANNUAL REPORT 2020/21**

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 (until May 2020)  
Mrs Heather Knox, Chief Executive (from June 2020)  
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 6 times during the year from 1 April 2020 to 31 March 2021 as follows:

20 May 2020  
16 June 2020  
26 August 2020  
1 September 2020  
19 January 2021  
2 March 2021

## 8. Attendance of Members

Name of member	20 May 2020	16 June 2020	26 August 2020	1 September 2020	19 January 2021	2 March 2021
Mr Brian Moore	√	√	√	√	√	
Mrs Lilian Macer	√	√	√	√	√	
Mr Phil Campbell	√	X	√	√	X	
Dr Avril Osborne	√	√	√	√	X	
Cllr Jim McGuigan	√	√	√	√	√	

## 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 2020.
- 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 2020 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> August 2020.
- 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.
- Risk Management: The Audit Committee has responsibility for gaining assurance that there is an adequate and effective risk management system in place. The workplan includes reviewing the risk management strategy and annual report, and receiving a structured evaluation of the adequacy and effectiveness of the system derived from the Public Sector Audit Committee Handbook.. At each quarterly meeting the committee receives reports setting out KPIs on the operation of the system and an overview of the Corporate risk register, a HEAT Map and key changes. During 2020/21 a series of Risks relating to Covid were captures in a separate section of the register and later merged with the Corporate Risk register . The June 2021 committee has a structured process in place for the audit committee to consider whether adequate and effective arrangements are in place.

- 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 assurances will be reviewed for the 2020/21 accounts process.
- Property Transactions: The committee received the mandatory annual report on property transactions in September 2020 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 January 2021. The next full review will be in 2024 although unless major changes in arrangements necessitated an earlier review
- Internal Audit: The committee gains direct assurance on the operation of the control system from a programme of work carried out by Internal Audit and reported to each committee. 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 January 2021 the committee received an interim controls evaluation from the Chief Internal Auditor and will receive the annual report in June 2021. In March 2021 the Committee met in private with the Internal auditors as good practice dictates.
- External Audit: The committee gains direct assurance from the Board's external auditors (Audit Scotland) on the appropriateness of accounting policies, the truth and fairness of the statutory annual accounts and wider aspects of the Boards risk management and performance. External Auditors attend each meeting and a private meeting with the External auditors is programmed in to the workplan as good practice dictates. The committee considered the following formal reports from external auditors relating specifically to NHS Lanarkshire:
  - Annual Report; (26 August 2020)
  - Draft External Audit Plan 2020/21; (January 2021)
  - Management report 2019/20 (16 June 2020)

The committee also considered a number of Audit Scotland reports with wider NHS relevance.

- NHS in Scotland 2020;
- Covid 19: Going Concern in the Public Sector;
- Covid 19: Guide for audit & Risk Committees.
- 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 1 September 2020. It noted that due to Covid – 19 the normal small sample of practice visits to look at enhanced service claims had been suspended in line with national guidance.

- 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.
- Governance During Covid 19: the Committee undertook as specific review of the impact of any changes to Governance processes or risk management process during the Covid 19 pandemic
- Governance Statement: All of the above feed in to a final review of the adequacy and effectiveness of internal control during 2020/21 will take place at the committee's meeting of 1 June 2021. The national guidance schedule of information designed to achieve this will be considered and approved by the Committee in March 2021.

#### 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. External training was commissioned and a non executive director session run to reflect on enhancements that could be made.
- During the year the committee continued to suggest improvements to the risk management process including looking at reporting and risk appetite

#### 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 determined that the difficulties in reaching the TTG and A & E access targets should be reflected in the governance statement disclosures.

#### 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.

April 2021

## BOARD ASSURANCE FRAMEWORK - REVIEW OF WORKPLAN 2020/21

Date of Meeting	Workplan Item	Overseen by Committee?	Alternative Control/Assurance			
			If NO, was there any other management / governance oversight? (Please detail this)	Deferred and discussed at another meeting in 20/21	Carried forward to 21/22 workplan?	Any other comments / gaps*
20 <sup>th</sup> May 2020	Final draft of Audit Committee annual report for 2019/20 to be signed off by chair for submission to May NHS Lanarkshire Board meeting.	Yes		Y/N	Y/N	Initial draft endorsed by Audit Committee in March 2020.
	Overview of Governance Arrangements During Covid 19 including paper for Consideration on Current Risk Management Systems	Yes		Y/N	Y/N	
16 June 2020	Action log	Yes		Y/N	Y/N	
	Internal Audit progress report on the 2019/20 programme	Yes		Y/N	Y/N	
	Internal Audit report on 2019/20 follow up of previous recommendations	Yes		Y/N	Y/N	
	Annual Internal Audit Report	Yes		Y/N	Y/N	
	External Audit Management report	Yes		Y/N	Y/N	
	Fraud update	Yes		Y/N	Y/N	
	Procurement update	Yes		Y/N	Y/N	
	Governance Statement draft for endorsement after consideration of sources of assurance including committee annual reports, risk management annual report, assurances from Directors, cross assurances from IJB's* and service auditors' reports	Yes		Y/N	Y/N	*Cross assurances from IJB and endowment trustees not available for 4 June IJB reports considered at the January 2021 meeting.
Approval of letter of Notification to the Health, Wellbeing and Cities Strategy Audit Risk Committee	Yes		No	No		

## BOARD ASSURANCE FRAMEWORK - REVIEW OF WORKPLAN 2020/21

Date of Meeting	Workplan Item	Overseen by Committee?	Alternative Control/Assurance			
			If NO, was there any other management / governance oversight? (Please detail this)	Deferred and discussed at another meeting in 20/21	Carried forward to 21/22 workplan?	Any other comments / gaps*
	Corporate Risk Register, Quarterly Risk Management Compliance Report, Risk Management Summary report	Yes		Y/N	Y/N	
	Report on Assurance Mapping	No	CMT approved suspension	Yes	Yes	Verbal update, work was suspended due to Covid - 19 pandemic
	Primary care payment verification report and Patient Exemption checking annual overview	No		Y/N	Y/N	Picked up in September
	Structured Review of the Fraud Risk	Yes		Y/N	Y/N	
	Salus annual report setting out arrangements for review of external income, 2019/20 outturn and 2020/21 risks	No	No deferred to September	Yes	No	Deferred to and considered at the September 2020 meeting due to Covid
26 August 2020	External Audit - Independent Auditors Report	Yes		Y/N	Y/N	
	External Audit Annual Report to the Board & the Auditor General	Yes		Y/N	Y/N	
	Consideration of the Annual Accounts for NHS Lanarkshire for the year ended 31 March 2020	Yes		Y/N	Y/N	
	Consideration of external audit report on endowment fund accounts and patient funds in terms of any issues to be aware of since consolidated into NHS Lanarkshire accounts	Yes		Y/N	Y/N	
	Approval of letter of Notification to the Health, Wellbeing and Cities Strategy Audit Risk Committee	Yes		Y/N	Y/N	
1 Sept 2020	Action log	Yes		Y/N	Y/N	
	Internal Audit Progress report on 2020/21 Audit Plan	Yes		Y/N	Y/N	

## BOARD ASSURANCE FRAMEWORK - REVIEW OF WORKPLAN 2020/21

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			If NO, was there any other management / governance oversight? (Please detail this)	Deferred and discussed at another meeting in 20/21	Carried forward to 21/22 workplan?	Any other comments / gaps*
Deferred from June 2020	Internal Audit follow up report	Yes		Y/N	Y/N	
	Internal Audit Post Transaction Monitoring Report	Yes		Y/N	Y/N	
	Review of arrangements for securing efficiency	Yes		Y/N	Y/N	
	Fraud report	Yes		Y/N	Y/N	
	Counter Fraud Services Annual report	Yes		Y/N	Y/N	Included in the Fraud paper
	Procurement Update: SFI Waivers	Yes		Y/N	Y/N	
	Primary Care Payment Verification report: new arrangements for 2020/21 and any significant issues	No		Y/N	Y/N	Picked up in March 2021 – new circular issued October and arrangements put in place then
	Quarterly Risk Management Compliance Report, Risk Management Summary report	Yes		Y/N	Y/N	
	Review of terms of reference and any proposed changes to standing orders	Yes		Y/N	Y/N	
	Salus annual report setting out arrangements for review of external income, 2019/20 outturn and 2020/21 risks	Yes		Y/N	Y/N	
Scheduled for 1 December 2020, however, rescheduled to	Primary care payment verification report 2019/20 and Patient Exemption checking annual overview – for noting	Yes		Y/N	Y/N	
	Action log	Yes		Y/N	Y/N	
	Internal Audit Progress report on 2020/21 Audit Plan	Yes		Y/N	Y/N	
	Internal Audit follow up report	Yes		Y/N	Y/N	
	Fraud report	Yes		Y/N	Y/N	

BOARD ASSURANCE FRAMEWORK - REVIEW OF WORKPLAN 2020/21

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			If NO, was there any other management / governance oversight? (Please detail this)	Deferred and discussed at another meeting in 20/21	Carried forward to 21/22 workplan?	Any other comments / gaps*
19 January 2021	Procurement Update	Yes		Y/N	Y/N	
	Management of Efficiency: Update	Yes		Y/N	Y/N	
	Corporate Risk Register, Quarterly Compliance Report and Risk Management Summary Report	Yes		Y/N	Y/N	
	Audit Scotland Report on NHS Financial Performance 2019/20	No	No as moved to March 2021 meeting	Yes	No	Considered at March 2021 meeting
	Audit Scotland report on Covid 19: Going Concern in the Public Sector	Yes		Y/N	Y/N	Report Added
	Audit Committee Self Assessment exercise	No	No	Yes	No	Deferred until March 2021
	IJB annual audit reports	Yes		Y/N	Y/N	
Deferred from September 2020 meeting	Approach to assurance mapping – verbal update	Yes		Y/N	Yes	Work has recommenced, however, is now not expected to be concluded until December 2021
Added	Best Value	Yes		Y/N	Y/N	
	Covid-19 Risk self assessment against Covid 19: Guide for Audit & Risk Committees, Audit Scotland, August 2020	Yes		Y/N	Y/N	
	Internal Control Interim Evaluation	Yes		Y/N	Y/N	
	External Audit Plan for 2020/21	Yes		Y/N	Y/N	
	Risk Management Strategy	Yes		Y/N	Y/N	
	Risk Appetite & Risk Register Benchmarking	Yes		Y/N	Y/N	
March 2021	Action log	Yes		Y/N	Y/N	
	Internal Audit Progress report on 2020/21 Audit Plan	Yes		Y/N	Y/N	
	Internal Audit follow up report	Yes		Y/N	Y/N	



## BOARD ASSURANCE FRAMEWORK - REVIEW OF WORKPLAN 2020/21

Date of Meeting	Workplan Item	Overseen by Committee?	Alternative Control/Assurance			
			If NO, was there any other management / governance oversight? (Please detail this)	Deferred and discussed at another meeting in 20/21	Carried forward to 21/22 workplan?	Any other comments / gaps*
	Internal Audit plan for 21/22	No	No	Y/N	Y/N	Verbal update given with plan to be circulated later
	Internal Audit Mid Year Review	Yes	No as brought forward in January 2021	Yes	No	Considered in January 2021 – confirmed at meeting actions in place
	Fraud report	Yes		Y/N	Y/N	
	External audit plan for 2020/21	Yes	Not required	No	No	Plan taken in January 2021 so committee already considered
	Any matters to report from External Audit on interim work	Yes		Y/N	Y/N	
	Primary Care Payment Verification report – verbal update, no significant issues	Yes		Y/N	Y/N	Confirmed circular issued and implemented in October
	Corporate Risk Register, Quarterly Compliance Report and Risk Management Summary Report	Yes		Y/N	Y/N	
	Final report on Assurance Mapping	No	CMT will continue to have updates	Yes	Yes	Work has recommenced with verbal update, however, is now not expected to be concluded until December 2021
	Consideration of performance against Key Lines of Enquiry for Audit Committees	Yes		Y/N	Y/N	
	Draft Annual Report	Yes		Y/N	Y/N	
	List of evidence for Governance Statement	Yes		Y/N	Y/N	
	Discussion on Audit Committee training needs	Yes		Y/N	Y/N	Noted a summary outcome report from recent training and

## BOARD ASSURANCE FRAMEWORK - REVIEW OF WORKPLAN 2020/21

Date of Meeting	Workplan Item	Overseen by Committee?	Alternative Control/Assurance			
			If NO, was there any other management / governance oversight? (Please detail this)	Deferred and discussed at another meeting in 20/21	Carried forward to 21/22 workplan?	Any other comments / gaps*
						agreed that there will be consideration for some annual training
	Audit Committee Draft Workplan 2021/22	Yes		Y/N	Y/N	
	Review of SFIs to ensure fit with current guidance and circumstances	Yes		Y/N	Y/N	
	Review of SoD	Yes		Y/N	Y/N	
	Private meeting with Internal Audit	Yes		Y/N	Y/N	
	Structured Review of the Fraud Risk	Yes	Not required	Y/N	No	Verbally confirmed covered by previous work and referenced in Fraud report
Added	Covid-19 Risk self assessment against Covid 19: Guide for Audit & Risk Committees, Audit Scotland, August 2020	Yes		Y/N	Y/N	Final report received
	Audit Scotland Report on NHS Financial Performance 2019/20	Yes		Y/N	Y/N	As deferred from December 2020 / January 2021 meeting

**STAFF GOVERNANCE COMMITTEE**

**ANNUAL REPORT 2020/2021**

**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 (joined December 2018)  
Mr Tom Wilson, RCN Representative  
Mr. Robert Foubister, Unison Representative  
Ms. Liz Airns, Unite Representative  
Ms Margaret Anne Hunter, Unison Representative  
Mr Andy McCormick, Unite Representative  
Mrs Cathy McGinty, Unison Representative  
Ms Lesley McDonald, Non Executive Director

**Attendees:** Ms. Heather Knox, Chief Executive  
Mrs. Kay Sandilands, Director of Human Resources  
Mrs. Ruth Hibbert, Divisional Director of Human Resources  
Mrs. Kirsty Cole, 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  
Mrs Marlene Fraser, Head of Human Resources  
Mr Jonathan Pender, Head of HR Workforce

**5. Executive Lead:** Mrs Kay Sandilands, HR Director

## 6. Meetings held during the year:

The Committee met 3 times during the year from 1 April 2020 to 31 March 2021 as follows:

1<sup>st</sup> June 2020 - Cancelled

31<sup>st</sup> August 2020

23<sup>rd</sup> November 2020

1<sup>st</sup> March 2021

## 7. Attendance of Members

Name of Member	1/6/2020	31/8/20	23/11/20	1/3/21
Lilian Macer	Meeting	√	√	√
Philip Campbell	cancelled	X	X	X
Margaret Morris		√	√	√
Brian Moore		√	√	√
Liz Airns		X	X	√
Robert Foubister		√	√	√
Tom Wilson		X	√	√
Cathy McGinty		√	√	√
Margaret Anne Hunter		√	√	√
Andy McCormick		√	√	√
Lesley McDonald		√	√	√

## 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 2019/20 as follows:
  - Equalities Action Plan 2019/20 end of year review.
  - Organisational Development and Learning
  - Medical Education
  - Practice Development
  - Voluntary Services
  - Salus
  - Equalities Monitoring – End of Year Review
  - Whistleblowing
  - Equality and Diversity
- Summarised reports from meetings of the Remuneration Committee throughout the year. Regular reports were also received from i-Matter Implementation; Staff Awards Scheme); Corporate Risk Register, Quarterly Workforce Reports, Staff Health & Wellbeing, Everyone Matters, BAME network development.
- 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 2020

## 9. Improvements overseen by the Committee:

- The Committee maintained oversight of the implementation of i-Matter (Employee Experience) system and noted the change in process through a national survey.
- The Committee maintained oversight and recognised/noted the temporary pause of the implementation of TURAS Appraisal (Employee Performance) system.
- The Committee received and discussed workforce issues in relation to the Covid 19 pandemic. The committee recognised the establishment of the BAME network and will have oversight of the action.
- The Committee embedded oversight of the HR/OD/Salus Risk Registers and continue to monitor and review.

## 10. Matters of concern to the Committee:

- The Committee continues to note the delay associated with the implementation of the Whistleblowing Standards and welcomed the Boards proactive approach to provide assurance.
- 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 however, noted a the pause in relation to action planning as a consequence of Covid 19.
- 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. However, recognises the absence in relation to Covid 19 and the additional pressures within the workforce.

## 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. The committee agreed that additional work is required to reduce duplication within SGC, APF and HRF. 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 24/2/2021

Date of Meeting	Workplan Item	Overseen by Committee?	Alternative Control/Assurance			
			If NO, was there any other management / governance oversight? (Please detail this)	Deferred and discussed at another meeting in 20/21	Carried forward to 21/22 workplan?	Any other comments / gaps*
1 June 2020 (meeting cancelled due to COVID)	Action Log	No		Yes	Y/N	
	i-Matter Progress Implementation Report	No		No	No	Not available due to Covid
	Turas	No		No	Y/N	
	Corporate Risk Register	No		Yes	Y/N	
	Personal Independent Payments Annual Progress Report – <b>Moved to August meeting</b>	No		No	Y/N	
	Draft Annual Workforce Plan	No		Yes	Y/N	
	HR Directorate Report	No		Yes	Y/N	
	Modern Apprenticeship Progress Report (Youth Employment) – <b>Moved to November meeting</b>	No		No	Y/N	
	Significant employment issues	No		Yes	Y/N	
	Voluntary Services Annual Report – <b>Moved to August meeting</b>	No		Yes	Y/N	
	Attendance Management	No		No	Y/N	
	Disclosure Annual Report – <b>Moved to November meeting</b>	No		No	Y/N	
	Everyone Matters 2020 Workforce Implementation Action Plan 19/20 – End of Year Review – <b>Moved to August meeting</b>	No		Yes	Y/N	
	HRF Report	No		Yes	Y/N	
	Integration Joint Board Update	No		No	Y/N	
	Staff Governance Committee Workplan	No		Yes	Y/N	
	Minutes for Noting: APF and Remuneration Committee	No		Yes	Y/N	
Action Log	Yes			Yes	Y/N	

## GOVERNANCE COMMITTEE ANNUAL REPORTS

## BOARD ASSURANCE FRAMEWORK - REVIEW OF WORKPLAN 2020/21

Date of Meeting	Workplan Item	Overseen by Committee?	Alternative Control/Assurance			
			If NO, was there any other management / governance oversight? (Please detail this)	Deferred and discussed at another meeting in 20/21	Carried forward to 21/22 workplan?	Any other comments / gaps*
31 August 2020	Workforce Report	Yes		No	Y/N	
	i-Matter Progress Implementation Report – Not available	No		No	Y/N	Not available due to Covid
	Turas – Not available	No		No	Y/N	Not available due to Covid
	Staff Governance Committee Terms of Reference	Yes		No	Y/N	
	HRF Report	Yes		No	Y/N	
	E & D Annual Report – <b>Moved to November meeting</b>	No		Yes	Y/N	
	Staff Awards Scheme Progress Report	Yes		No	Y/N	
	Corporate Risk Register	Yes		No	Y/N	
	SALUS Annual Report	Yes		No	Y/N	
	Significant employment issues	Yes		No	Y/N	
	Health and Safety Governance Framework – <b>Moved to November meeting – Now deferred to 2021 due to Covid</b>	No		No	Yes	Deferred to 2021 due to Covid
	HSE Action Plan – <b>Deferred to 2021</b>	No		No	Yes	Deferred to 2021.
	Whistleblowing Report	Yes		No	Y/N	
	Integration Joint Board update –No report	No		No	Y/N	
	Flash Reports	Yes		No	Y/N	
	National Staff Experience Report – (Removed from agenda)	No		No	Y/N	Removed from agenda.
	Staff Governance Committee Workplan	Yes		No	Y/N	
	Equality Strategy Action Plan 2019/20	Yes		No	Y/N	
	Everyone Matters 2020 Workforce Implementation Action Plan 2019 20 End of	Yes		No	Y/N	

GOVERNANCE COMMITTEE ANNUAL REPORTS

BOARD ASSURANCE FRAMEWORK - REVIEW OF WORKPLAN 2020/21

Date of Meeting	Workplan Item	Overseen by Committee?	Alternative Control/Assurance			
			If NO, was there any other management / governance oversight? (Please detail this)	Deferred and discussed at another meeting in 20/21	Carried forward to 21/22 workplan?	Any other comments / gaps*
	Year Review – <b>Moved from June meeting</b>					
	Personal Independent Payments Annual Progress Report – <b>Moved from June meeting</b> (Removed from Agenda)	No		No	Y/N	Removed from agenda.
	Voluntary Services Annual Report – <b>Moved from June meeting</b>	Yes		No	Y/N	
	Minutes for Noting: APF and Remuneration Committee	Yes		No	Y/N	
	BAME	Yes		No		
23 November 2020	Action Log	Yes		No	Y/N	
	Everyone Matters 2020 Workforce Implementation Action Plan – Mid Year Review	Yes		No	Y/N	
	i-Matter Progress Implementation Report – No report	No		No	Y/N	No report available due to Covid
	Turas – No report	No		No	Y/N	No report available due to Covid
	Equality Strategy Action Plan 2021 – Mid Year Review	Yes		No	Y/N	
	Workforce Report	Yes		No	Y/N	
	HRF Report	Yes		No	Y/N	
	Corporate Risk Register	Yes		No	Y/N	
	Staff Governance Committee Workplan	Yes		No	Y/N	
	Significant employment issues	Yes		No	Y/N	
Integration Joint Board update	No		No	Y/N		



GOVERNANCE COMMITTEE ANNUAL REPORTS

BOARD ASSURANCE FRAMEWORK - REVIEW OF WORKPLAN 2020/21

Date of Meeting	Workplan Item	Overseen by Committee?	Alternative Control/Assurance			
			If NO, was there any other management / governance oversight? (Please detail this)	Deferred and discussed at another meeting in 20/21	Carried forward to 21/22 workplan?	Any other comments / gaps*
	Health and Safety Governance Framework – <b>Moved from August meeting</b>	No		No	Y/N	Been extended due to Covid to September 2021.
	HRF Terms of Reference	Yes		No	Y/N	
	E & D Annual Report – <b>Moved from August meeting</b>	No		Yes	Y/N	
	Disclosure Annual Report – <b>Moved from June meeting</b>	No		No	Y/N	
	Youth Employment – <b>Moved from June meeting</b>	No		No	Y/N	Not now required on agenda.
	Minutes for Noting: APF and Remuneration Committee	Yes		No	Y/N	
	BAME Feedback	Yes		No		
	SBAR Trans Policy	Yes		No		
	Staff Health and Wellbeing Policy	Yes		No		
	Whistleblowing Session	Yes		No		
1 March 2021	Action Log	Yes		No	Y/N	
	Staff Governance Committee Annual Report	Yes		No	Y/N	
	i-Matter Progress Implementation Report – No report – Pulse Report	Yes		No	Y/N	NHS Scotland 2020 Everyone Matters Pulse Survey/i-Matter received.
	Turas	Yes		No	Y/N	
	Workforce Report	Yes		No	Y/N	
	HRF Report	No		No	Y/N	No meetings had taken place since last SGC meeting.

GOVERNANCE COMMITTEE ANNUAL REPORTS

BOARD ASSURANCE FRAMEWORK - REVIEW OF WORKPLAN 2020/21

Date of Meeting	Workplan Item	Overseen by Committee?	Alternative Control/Assurance			
			If NO, was there any other management / governance oversight? (Please detail this)	Deferred and discussed at another meeting in 20/21	Carried forward to 21/22 workplan?	Any other comments / gaps*
	Corporate Risk Register	Yes		No	Y/N	
	Staff Governance Committee Workplan 2020/21	Yes		No	Y/N	
	Staff Governance Committee Workplan 2021/22 – discussed – to be worked on.	Yes		No	Y/N	
	Legislative Compliance Register	No		No	Y/N	Deferred to 21/22
	Significant employment issues	Yes		No	Y/N	
	Integration Joint Board update – No report	No		No	Y/N	
	Minutes to Note: APF and Remuneration Committee	No		No	Y/N	No meetings had taken place within the timeframe.
	Draft Terms of Reference Workforce Planning Group – for info	Yes		No		
	Whistleblowing Update	Yes		No		
	Staff Wellbeing	Yes		No		

**REMUNERATION COMMITTEE**

**ANNUAL REPORT 2020/21**

**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 ensuring 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 Chair 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:** Ms. Margaret Morris – Non-Executive Director  
Mrs. Lilian Macer – Non-Executive Director  
Mr. Philip Campbell – Non-Executive Director  
Mr Brian Moore – Non-Executive Director

**5. Attendees** Mrs Kay Sandilands – Director of Human Resources

**6. Executive Lead** Mrs Kay Sandilands – Director of Human Resources

## 7. Meetings held during the year:

The Committee / Group / Forum met 9 times during the year from 1<sup>st</sup> April 2020 to 31<sup>st</sup> March 2021 as follows:

- 13<sup>th</sup> May 2020
- 10<sup>th</sup> June 2020
- 15<sup>th</sup> June 2020
- 22<sup>nd</sup> July 2020
- 15<sup>th</sup> September 2020
- 21<sup>st</sup> October 2020
- 19<sup>th</sup> January 2021
- 24<sup>th</sup> February 2021
- 25<sup>th</sup> March 2021

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

- Remuneration of Interim Director of Clinical Service Reconfiguration and Recovery (Approved 16<sup>th</sup> April 2020)
- Appointment Process and Salary – Acting Deputy Chief Executive Officer (Approved 24<sup>th</sup> June 2020)
- Salary Approval – Acting Chief Executive Officer (9<sup>th</sup> July 2020)
- Cover Arrangements for Director of Finance Absence (12<sup>th</sup> November 2020)
- Consultants Discretionary Points (Approved 2<sup>nd</sup> December 2020)
- Director of Acute Services Appointment Addendum (Approved 22<sup>nd</sup> December 2020)

## 8. Attendance of Members

Name of member	13 <sup>th</sup> May 2020	20 <sup>th</sup> June 2020	15 <sup>th</sup> June 2020	22 <sup>nd</sup> July 2020	15 <sup>th</sup> Sept 2020	21 <sup>st</sup> October 2020	19 <sup>th</sup> Jan 2021	24 <sup>th</sup> Feb 2021	25 <sup>th</sup> March 2021
Neena Mahal	√	√	√	√	√	√	√	√	√
Margaret Morris	√	√	√	√	√	√	√	√	√
Lilian Macer	√	√	√	√	X	√	√	√	√
Philip Campbell	√	√	√	√	√	X	√	√	√
Brian Moore	√	√	√	√	√	√	√	√	√

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

During 2020/21 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.
- Design and delivery of arrangements for a number of Director and Senior Manager appointments in 2020/21, including Interim Director of Clinical Service Reconfiguration and Recovery, Chief Executive, and Director of Acute.
- Approved acting arrangements and remuneration for Chief Executive, Deputy Chief Executive, Director of Acute, Deputy Director of Acute and Director of Finance.
- Approved secondment arrangements for the Chief Executive to NHS Greater Glasgow and Clyde.
- Consideration and approval of processes in relation to awarding of Discretionary points including the reporting of equality and diversity data.
- 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.

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.

The Committee applied a consistent approach to the appointment process for Executives and Senior Managers including the introduction of a Salary Framework to ensure consistency and fairness.

Members approved an approach to requests for transfer from the Executive and Senior Manager to Agenda for Change to provide a framework for consistency within the organisation.

The Committee continued to benchmark their work against practice in other Committees and endorsed the approach to the equality and diversity reporting of the awarding of discretionary points.

## 11. Matters of concern to the Committee:

The Committee continues to monitor changes in senior posts and recognises the importance of successful appointments and of smooth transition to new postholders. 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 2020/21, 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 2020/21.

Signatures of



Committee Chair



Executive Lead

Date: 11<sup>th</sup> March 2021

Date of Meeting	Workplan Item	Overseen by Committee?	Alternative Control/Assurance			
			If NO, was there any other management / governance oversight? (Please detail this)	Deferred and discussed at another meeting in 20/21	Carried forward to 21/22 workplan?	Any other comments / gaps*
13 <sup>th</sup> May 2020	Notes of Meeting – 11 <sup>th</sup> March 2020	Yes		Y/N	Y/N	
	Matters Arising / Remuneration Committee Action Log	Yes		Y/N	Y/N	
	Chair's Report	Yes		Y/N	Y/N	
	Executive Director Personal Objectives (2020/21) – <i>deferred due to COVID-19</i>	No		No	No	
	Review of Terms of Reference	Yes		Y/N	Y/N	
	Remuneration Sub-Committee Annual Report 2019	Yes		Y/N	Y/N	
	Salary Approval Request – Interim Director for Clinical Services Reconfiguration and Recovery (ratify decision by email on 16 <sup>th</sup> April 2020)	Yes		Y/N	Y/N	
	Remuneration Committee Workplan 2020/21	Yes		Y/N	Y/N	

GOVERNANCE COMMITTEE ANNUAL REPORTS

BOARD ASSURANCE FRAMEWORK - REVIEW OF WORKPLAN 2020/21

Date of Meeting	Workplan Item	Overseen by Committee?	Alternative Control/Assurance			
			If NO, was there any other management / governance oversight? (Please detail this)	Deferred and discussed at another meeting in 20/21	Carried forward to 21/22 workplan?	Any other comments / gaps*
	For Information: <ul style="list-style-type: none"> <li>COVID-19 – Workforce Director’s Letters / Circulars received to-date</li> <li>SBAR – Executive and Senior Manager Overtime Payment</li> <li>SBAR – Standing down of Acting CEO and Director of Acute</li> </ul>	Yes		Y/N	Y/N	
	Remuneration Committee Self-Assessment	Yes		Y/N	Y/N	
	AOCB <ul style="list-style-type: none"> <li>Secondment of Chief Executive to NHS Lothian</li> </ul>	Yes		Y/N	Y/N	
10 <sup>th</sup> June 2020	CEO Secondment Arrangements	Yes		Y/N	Y/N	
	Interim Chief Executive Salary	Yes		Y/N	Y/N	
15 <sup>th</sup> June 2020	Notes of Meeting – 10 <sup>th</sup> June 2020	Yes		Y/N	Y/N	
	Consideration of Interim CEO salary request and principles used in decision making	Yes		Y/N	Y/N	



GOVERNANCE COMMITTEE ANNUAL REPORTS

BOARD ASSURANCE FRAMEWORK - REVIEW OF WORKPLAN 2020/21

Date of Meeting	Workplan Item	Overseen by Committee?	Alternative Control/Assurance			
			If NO, was there any other management / governance oversight? (Please detail this)	Deferred and discussed at another meeting in 20/21	Carried forward to 21/22 workplan?	Any other comments / gaps*
	Feedback from Remuneration Committee	Yes		Y/N	Y/N	
	Acting Director of Acute – Appointment / Salary	Yes		Y/N	Y/N	
	Future Posts and Process – Internal and External	Yes		Y/N	Y/N	
	Deputy Chief Executive Post	Yes		Y/N	Y/N	
22 <sup>nd</sup> July 2020	Notes of Previous Meeting – 15 <sup>th</sup> June 2020	Yes		Y/N	Y/N	
	Matters Arising / Remuneration Committee Action Log	Yes				
	Discretionary Point 2019/20	Yes		Y/N	Y/N	
	CEO Recruitment – verbal update	Yes		Y/N	Y/N	
	Carry Over Annual Leave	Yes		Y/N	Y/N	
	Chair’s Report	Yes		Y/N	Y/N	

GOVERNANCE COMMITTEE ANNUAL REPORTS

BOARD ASSURANCE FRAMEWORK - REVIEW OF WORKPLAN 2020/21

Date of Meeting	Workplan Item	Overseen by Committee?	Alternative Control/Assurance			
			If NO, was there any other management / governance oversight? (Please detail this)	Deferred and discussed at another meeting in 20/21	Carried forward to 21/22 workplan?	Any other comments / gaps*
	Executive Director / Senior Manager Performance Appraisals (2019/20) – <b>Paused due to Covid-19</b>	No		Yes	No	Discussed at both September and October meetings of the Committee.
	Remuneration Committee Work Plan 2020/21	Yes		Y/N	Y/N	
	Electronic Approval Requests <ul style="list-style-type: none"> <li>• Appointment Process and Salary – Acting Deputy Chief Executive</li> <li>• Salary Approval – Acting CEO</li> </ul>	Yes		Y/N	Y/N	
	Remuneration Committee Self-Assessment	Yes		Y/N	Y/N	
15 <sup>th</sup> September 2020	Notes of Previous Meeting – 22 <sup>nd</sup> July 2020	Yes		Y/N	Y/N	
	Matters Arising / Remuneration Committee Action Log	Yes		Y/N	Y/N	
	Chair’s Report	Yes		Y/N	Y/N	
	CEO Recruitment – Verbal Update	Yes		Y/N	Y/N	

GOVERNANCE COMMITTEE ANNUAL REPORTS

BOARD ASSURANCE FRAMEWORK - REVIEW OF WORKPLAN 2020/21

Date of Meeting	Workplan Item	Overseen by Committee?	Alternative Control/Assurance			
			If NO, was there any other management / governance oversight? (Please detail this)	Deferred and discussed at another meeting in 20/21	Carried forward to 21/22 workplan?	Any other comments / gaps*
	Executive Director / Senior Manager Performance Appraisals (2019/20)	Yes		Y/N	Y/N	
	Cover Arrangements for Director of Finance - Funding	Yes		Y/N	Y/N	
	Remuneration Committee Work Plan 2020/21	Yes		Y/N	Y/N	
	Remuneration Committee Self-Assessment	Yes		Y/N	Y/N	
	For Information: <ul style="list-style-type: none"> <li>DL(2020)23 – 3% Remuneration Increase 2020-21: Chairs and Non-Executive Members</li> </ul>	Yes		Y/N	Y/N	
	AOCB	Yes		Y/N	Y/N	
21 <sup>st</sup> October 2020	Notes of Previous Meeting – 15 <sup>th</sup> September 2020	Yes				
	Matters Arising / Remuneration Committee Action Log	Yes		Y/N	Y/N	
	Chair’s Report	Yes		Y/N	Y/N	

GOVERNANCE COMMITTEE ANNUAL REPORTS

BOARD ASSURANCE FRAMEWORK - REVIEW OF WORKPLAN 2020/21

Date of Meeting	Workplan Item	Overseen by Committee?	Alternative Control/Assurance			
			If NO, was there any other management / governance oversight? (Please detail this)	Deferred and discussed at another meeting in 20/21	Carried forward to 21/22 workplan?	Any other comments / gaps*
	Executive Director / Senior Manager Performance Appraisals (2019/20) – Outstanding Appraisal Paperwork 2019/20	Yes		Y/N	Y/N	
	Executive Director / Senior Manager Performance Appraisals (2019/20) - Report	Yes		Y/N	Y/N	
	SBAR – Recruitment of Director of Acute	Yes		Y/N	Y/N	
	SBAR – Transfer from Executive & Senior Manager to Agenda for Change	Yes		Y/N	Y/N	
	Mid-Year Review <ul style="list-style-type: none"> <li>• Work Plan 2020/21</li> <li>• Terms of Reference</li> </ul>	Yes		Y/N	Y/N	
	Proposed Future Meeting Dates	Yes		Y/N	Y/N	
	Remuneration Committee Self-Assessment	Yes		Y/N	Y/N	
19 <sup>th</sup> January 2021	Notes of Previous Meeting – 21 <sup>st</sup> October 2020	Yes		Y/N	Y/N	

GOVERNANCE COMMITTEE ANNUAL REPORTS

BOARD ASSURANCE FRAMEWORK - REVIEW OF WORKPLAN 2020/21

Date of Meeting	Workplan Item	Overseen by Committee?	Alternative Control/Assurance			
			If NO, was there any other management / governance oversight? (Please detail this)	Deferred and discussed at another meeting in 20/21	Carried forward to 21/22 workplan?	Any other comments / gaps*
Moved from November 2020	Matters Arising / Remuneration Committee Action Log	Yes		Y/N	Y/N	
	Chair's Report	Yes		Y/N	Y/N	
	Chief Executive Objectives	Yes		Y/N	Y/N	
	Executive and Senior Manager Cohort – Mid-Year Appraisals – CE Direct Reports Nov 2020 – <b>deferred to next meeting</b>	No		Yes	No	Submitted to and discussed at March 2021 meeting.
	Papers submitted to Corporate Management Team: <ul style="list-style-type: none"> <li>Action 19 – SBAR – Transfer from ESM to AFC</li> <li>Action 11 – SBAR – Appraisal Learning &amp; Cycle</li> <li>Letter from John Connaghan re Exec &amp; Senior Manager Appraisal 2020/21</li> </ul>	Yes		Y/N	Y/N	
	Electronic Approval Requests: <ul style="list-style-type: none"> <li>Consultant Discretionary Points</li> </ul>	Yes		Y/N	Y/N	

GOVERNANCE COMMITTEE ANNUAL REPORTS

BOARD ASSURANCE FRAMEWORK - REVIEW OF WORKPLAN 2020/21

Date of Meeting	Workplan Item	Overseen by Committee?	Alternative Control/Assurance			
			If NO, was there any other management / governance oversight? (Please detail this)	Deferred and discussed at another meeting in 20/21	Carried forward to 21/22 workplan?	Any other comments / gaps*
	<ul style="list-style-type: none"> <li>Director of Acute Services Appointment Addendum</li> </ul>					
	NPMC Approval of Executive and Senior Manager Appraisals 2019/20	Yes		Y/N	Y/N	
	For information: <ul style="list-style-type: none"> <li>Director of Acute Services Appointment</li> <li>PCS(ESM)2021-1 Performance Based Increments</li> <li>NPMC Letter of Assurance</li> </ul>	Yes		Y/N	Y/N	
	Remuneration Committee Self-Assessment	Yes		Y/N	Y/N	
	AOCB	Yes		Y/N	Y/N	
24 <sup>th</sup> February 2021	SBAR - ESM Time Off In Lieu (Toil)	Yes		Y/N	Y/N	
25 <sup>th</sup> March 2021	Notes of Previous Meeting – 19 <sup>th</sup> January 2021 and 24 <sup>th</sup> February 2021	Yes		Y/N	Y/N	

## GOVERNANCE COMMITTEE ANNUAL REPORTS

## BOARD ASSURANCE FRAMEWORK - REVIEW OF WORKPLAN 2020/21

Date of Meeting	Workplan Item	Overseen by Committee?	Alternative Control/Assurance			
			If NO, was there any other management / governance oversight? (Please detail this)	Deferred and discussed at another meeting in 20/21	Carried forward to 21/22 workplan?	Any other comments / gaps*
	Matters Arising / Remuneration Committee Action Log	Yes		Y/N	Y/N	
	Chair's Report	Yes		Y/N	Y/N	
	Draft Corporate Objectives 2021/22 - <i>deferred</i>	No		Yes	Yes	Will be discussed following discussion at Board.
	Executive and Senior Manager Cohort – Mid-Year Appraisals – CE Direct Reports Nov 2020 – <i>deferred from November meeting</i>	Yes		Y/N	Y/N	
	Draft Remuneration Sub-Committee Annual Report 2020/21	Yes		Y/N	Y/N	
	Review of Terms of Reference	No		Y/N	Yes	Will be taken to future meeting
	SBAR – eHealth Management Job Evaluations	Yes		Y/N	Y/N	
	Draft Remuneration Committee Workplan 2021/22	Yes		Y/N	Y/N	
	Remuneration Committee Workplan 2020/21	Yes		Y/N	Y/N	

BOARD ASSURANCE FRAMEWORK - REVIEW OF WORKPLAN 2020/21

Date of Meeting	Workplan Item	Overseen by Committee?	Alternative Control/Assurance			
			If NO, was there any other management / governance oversight? (Please detail this)	Deferred and discussed at another meeting in 20/21	Carried forward to 21/22 workplan?	Any other comments / gaps*
	Remuneration Committee Self-Assessment	Yes		Y/N	Y/N	
	AOCB	Yes		Y/N	Y/N	



## NHS LANARKSHIRE

### HEALTHCARE QUALITY, ASSURANCE & IMPROVEMENT COMMITTEE

#### ANNUAL REPORT 2020-2021

##### 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:

Dr Lesley Thomson, Non-Executive Director

##### 4. Committee Members:

Mrs Maureen Lees, Chair, Area Clinical Forum

Dr Avril Osborne, Non-Executive Director

Mr Ally Boyle, Non-Executive Director

Mrs L McDonald, Non-Executive Director

Mrs M Morris, Non-Executive Director

##### 5. Attendees:

Mrs Heather Knox, Chief Executive

Mr Paul Cannon, Board Secretary

Dr Lucy Munro, 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 Trudi Marshall, Nurse Director, North Lanarkshire Health and Social Care Partnership

Mrs Lesley Thomson, 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 Nina Mahal, NHS Board Chair  
 Mrs Carol McGhee, Corporate Risk Manager  
 Mrs Christine Gilmour, Director of Pharmacy  
 Dr John Keaney, Associate Medical Director, Acute Services  
 Mrs Susan Friel, Nurse Director, Acute Services

5. Executive Leads;

Dr Jane Burns, Medical Director  
 Mr Eddie Docherty, Director for Nurses, Midwives and Allied Health Professionals

6. Meetings held during the year;

The Committee met five times during the year from 1<sup>st</sup> April 2020 to 31<sup>st</sup> March 2021 as follows:

- 14<sup>th</sup> May 2020
- 22<sup>nd</sup> July 2020
- 10<sup>th</sup> September 2020
- 12<sup>th</sup> November 2020
- 11<sup>th</sup> March 2021

7. Attendance of Members

Name of member	Meeting 1 14 <sup>th</sup> May 2020	Meeting 2 22 <sup>nd</sup> July 2020	Meeting 3 10 <sup>th</sup> September 2020	Meeting 4 12 <sup>th</sup> November 2020	Meeting 5 11 <sup>th</sup> March 2021
Dr Avril Osborne	✓	✓	✓	✓	✓
Mrs Maureen Lees	✓	✓	✓	✓	✓
Mr Ally Boyle	✓	✓	✓	✓	✓
Mrs L McDonald	✓	✓	✓	✓	✓
Mrs M Morris	✓	✓			

8. Issues Considered by the Committee over the year (including confirmation of delivery of the Annual Work-plan and a statement that the Work-plan 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 were therefore reviewed at the May 2020 meeting.
- 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 2020-2021 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:

- The Area Drug & Therapeutic Committee held additional meetings in response to requests from the command and control structure, to help fast track urgent, medicine protocols during the Covid 19 pandemic;
- The Public Protection Group completed the 2018 and 2019 review recommendations, therefore have established a good foundation on which to build and continue their work. New datasets have been created and the team are working closely with clinical colleagues to pull quarterly reports together and share these with North and South HSCPs;
- Realistic Medicine continues to be embedded into practice e.g. use of the TELP (treatment escalation / limitation plan) during the pandemic. NHS Lanarkshire has had a successful bid for Scottish Government funding to employ a Project Officer and fund additional clinical sessions for realistic medicine;
- the Clinical Audit team developed a centralised database to hold the PHS lists of shielding patients in Lanarkshire and to record the responses regarding medications delivery and clinician contact needs for this group of patients. Later revised to only include medication delivery support requests following a change to process;
- Monitoring and weekly reporting of enquiries, concerns, Stage 1 and Stage 2 complaints directly or indirectly related to COVID-19 was established and reported at the Silver Command (Communications) meeting. To support this, a COVID-19 indicator was added to Datix on 16 April 2020 as a mandatory field, with Patient Affairs Team retrospectively inputting from 1 April 2020;
- Corporate Complaints established links with the Communications team via Silver Command to ensure consistency of communication around COVID-19 enquiries;
- An additional question was incorporated onto Datix to capture COVID-19 related incidents. Communication was sent out to all hospitals sites and areas to make staff aware of this and to encourage them to record the information. Guidance was issued to

Risk Facilitators and Operational Unit Chiefs to promote continuity of Adverse Events recording / management during the COVID-19 crisis. Daily monitoring of incidents recorded relating to COVID-19 was carried out and weekly reports produced and submitted each Monday morning to CMT;

- The Data & Measurement team supported development and collation of a COVID-19 Dashboard for weekly review at Corporate Management Team (CMT) and Gold Command meetings. The dashboard continues to evolve and includes COVID-19 related measures for the following areas:
  - Public Health
  - Community Hub
  - Care homes
  - Out of Hours services
  - A&E Waiting times
  - COVID-19 Results
  - Staff absences
  - Hospital & ICU occupancy
  - Recoveries
  - Deaths
- The Improvement team supported work to identify shielding, high risk and vulnerable groups and put arrangements in place for the circulation of the Coping With Crisis Booklets throughout NHS Lanarkshire and sharing of the Treatment Escalation/Limitation Plans (TELPs);
- The team were responsible for reviewing the updated Death Registration guidance from Scottish Government. From this, they produced a SBAR and process algorithm in consultation with Head of Health Records to implement an administrative process that supports medical staff and next of kin to register the death of a loved one;
- The Improvement Team worked in collaboration with the PPE leads to improve the systems and processes to ensure that stock levels for PPE were adequate across all sites, in particular for Aerosol Generating Procedure PPE;
- The Improvement Team provided first line responses to the Care Opinion platform to help improve capacity for operational staff during the COVID-19 pandemic;
- Improvement Advisors have been working on site at University Hospital Hairmyres and University Hospital Wishaw to provide QI expertise to the senior site triumvirate with their COVID-19 Action Plans;
- The Evidence team supported NHS Lanarkshire colleagues with evidence searches and summaries relating to COVID-19 since March 2020;
- NHS Lanarkshire has been a partner in the development of the national COVID-19 search platform. The platform supports the searching requirement of COVID 19 for all Boards;
- The Evidence team worked with Public Health to set up the COVID-19 Public Health page on First Port. This page is the single source of COVID-19 information on FirstPort;
- The Evidence Team developed an App for COVID-19 Guidelines;
- Internal Audit reviewed the Committee and produced a very positive report with regard to the systems and processes in place for the management of the Committee. The report was shared with members and attendees at the meeting in March 2021.

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

- Two exception meetings of the Healthcare Assurance & Improvement Committee took place, one in June 2020 and a follow up in January 2021 to discuss the Care Homes Review

undertaken during the Covid 19 pandemic. Minutes and actions logs from both meetings were shared with Committee members and attendees, providing information and context in terms of the situation, communication with key stakeholders e.g. Scottish Government and a timeline was produced documenting the decisions and actions of NHS Lanarkshire. It was agreed to develop a narrative to evidence the impact on care home staff and patients as result of these decisions and actions, based on the review of data captured. A progress update will be presented to the Committee at the meeting in May 2021, with a further more detailed update to be presented at the July 2021 meeting.

#### 11. Conclusion;

From the review of the performance of the Healthcare Quality, Assurance & Improvement Committee, it can be confirmed that the Committee has met in line with the Terms of Reference, and has fulfilled its remit. The Committee received regular detailed updates from the Information Governance Committee and a copy of the IG Committee Annual Report was shared with Members virtually for assurance. Based on assurances received and information presented to the Healthcare Quality, Assurance & Improvement Committee, adequate and effective arrangements were in place throughout the year.

April 2021

Date of Meeting	Workplan Item	Overseen by Committee?	Alternative Control/Assurance			
			If NO, was there any other management / governance oversight? (Please detail this)	Deferred and discussed at another meeting in 20/21	Carried forward to 21/22 workplan?	Any other comments / gaps*
14 May 2020	<b>QUALITY PLANNING &amp; PROFESSIONAL GOVERNANCE</b>					
	Setting the Context Presentation Including: Silver Command Update (replacing Acute Clinical Governance & Risk Management Group Highlight Report, North HSCP Support, Care & Clinical Governance Group Highlight Report and South HSCP Support, Care & Clinical Governance Group Highlight Report)	Yes		No	No	
	Quality & Safety Dashboard – Covid-19 Update Report	Yes		No	No	
	Clinical Risk Management in Covid-19 Pandemic presentation	Yes		No	No	
	<b>OPERATIONAL PERFORMANCE &amp; GOVERNANCE</b>					
	Quality Assurance and Improvement – Highlight Report	Yes		No	No	
	Quality Strategy – Highlight Report	Yes		No	No	
	Research & Development Update	Yes		No	No	
	<b>QUALITY GOVERNANCE</b>					
	Lanarkshire Infection Control Committee – Covid-19 Update Report	Yes		No	No	
	Adverse Event – Highlight Report:			Y/N		
	• Duty of Candour	Yes		No	No	
	• Adverse Events Procedures	Yes		No	No	
Complaints – Highlight Report	Yes		No	No		

GOVERNANCE COMMITTEE ANNUAL REPORTS - HQAIC

BOARD ASSURANCE FRAMEWORK - REVIEW OF WORKPLAN 2020/21

Date of Meeting	Workplan Item	Overseen by Committee?	Alternative Control/Assurance			
			If NO, was there any other management / governance oversight? (Please detail this)	Deferred and discussed at another meeting in 20/21	Carried forward to 21/22 workplan?	Any other comments / gaps*
	Extract of Corporate Risk Register (Clinical) and High Value Claims	Yes		No	No	
<b>COMMITTEE ASSURANCE</b>						
	HQAI Committee Workplan 2020/21	Yes		No	No	
	HQAI Committee Annual Report (Including Terms of Reference)	Yes		No	No	
	Self-assessment & Effectiveness Review Checklist	Yes		No	No	
<b>FOR INFORMATION</b>						
	NHS Lanarkshire Consent Policy	Yes		No	No	
	Safety Group (previously Patient Safety Strategic Steering Group) <i>*February '20 meeting cancelled therefore "virtual" agenda circulated</i>	Yes		No	No	
	Quality Planning and Professional Governance Group – Highlight Report <i>*February '20 meeting was cancelled therefore "virtual" agenda circulated</i>	Yes		No	No	
<b>OPERATIONAL PERFORMANCE &amp; GOVERNANCE</b>						
	Shotts Prison Report – SBAR – moved to Quality Planning & Professional Governance Committee and deferred to June 2020	Yes		No	No	
<b>Safe</b>						
	Radiation Safety Committee – Mid Year Highlight Report – deferred to June 2020	No		Yes	No	Moved to the Quality Planning & Professional Governance Group and deferred to June 2020

GOVERNANCE COMMITTEE ANNUAL REPORTS - HQAIC


BOARD ASSURANCE FRAMEWORK - REVIEW OF WORKPLAN 2020/21

Date of Meeting	Workplan Item	Overseen by Committee?	Alternative Control/Assurance			
			If NO, was there any other management / governance oversight? (Please detail this)	Deferred and discussed at another meeting in 20/21	Carried forward to 21/22 workplan?	Any other comments / gaps*
	Public Protection Group – Mid Year Highlight Report – deferred to June 2020	No		Yes	No	Moved to the Quality Planning & Professional Governance Group and deferred to June 2020
<b>Effective</b>						
	Information Governance Committee – Annual Report – moved to Quality Planning & Professional Governance Committee and deferred to June 2020	No		Yes	No	Moved to the Quality Planning & Professional Governance Group and deferred to June 2020
	Information Assurance Report – deferred to June 2020	No		Yes	No	Moved to the Quality Planning & Professional Governance Group and deferred to June 2020
	Clinical Effectiveness Group – Mid Year Highlight Report – deferred to June 2020	No		Yes	No	Moved to the Quality Planning & Professional Governance Group and deferred to June 2020
	Review of Clinical Effectiveness Report – deferred to June 2020 Clinical Guidelines – Highlight Report – deferred to June 2020	No		Yes	No	Moved to the Quality Planning & Professional Governance Group and deferred to June 2020
	Food, Fluid & Nutrition Steering Group – Annual Report – moved to Quality Planning & Professional Governance Committee and deferred to June 2020	No		Yes	No	Moved to the Quality Planning & Professional Governance Group and deferred to June 2020
<b>Person Centred</b>						
	SPSO Update Report – replaced by Complaints Development Report	Yes		No	No	



GOVERNANCE COMMITTEE ANNUAL REPORTS - HQAIC

BOARD ASSURANCE FRAMEWORK - REVIEW OF WORKPLAN 2020/21

Date of Meeting	Workplan Item	Overseen by Committee?	Alternative Control/Assurance			
			If NO, was there any other management / governance oversight? (Please detail this)	Deferred and discussed at another meeting in 20/21	Carried forward to 21/22 workplan?	Any other comments / gaps*
	including Covid-19 Patient Affairs Activity and Scottish Public Services Ombudsman (SPSO)					
	Report Inpatient Visiting Policy – deferred to June 2020	No		Yes	No	Moved to the Quality Planning & Professional Governance Group and deferred to June 2020
<b>HOC – NOT INCLUDED DUE TO REDUCED AGENDA</b>						
	Issues of concern – by exception only			Y/N		
	○ Operational	No		Yes	No	Discussed by HQAIC later in the 2020/2021 period
	○ Safety	No		Yes	No	Discussed by HQAIC later in the 2020/2021 period
	○ Independent Sector Governance Group (Previously Contract Monitoring Group)	No		Yes	No	Discussed by HQAIC later in the 2020/2021 period
	○ Staffing	No		Yes	No	Discussed by HQAIC later in the 2020/2021 period
	<b><u>Please see embedded document with proposed and agreed reporting to HQAIC and Quality Planning and Professional Governance Group</u></b>   Proposal for HQAIC schedule.docx	Y/N		Y/N	Y/N	

GOVERNANCE COMMITTEE ANNUAL REPORTS - HQAIC

BOARD ASSURANCE FRAMEWORK - REVIEW OF WORKPLAN 2020/21

Date of Meeting	Workplan Item	Overseen by Committee?	Alternative Control/Assurance			
			If NO, was there any other management / governance oversight? (Please detail this)	Deferred and discussed at another meeting in 20/21	Carried forward to 21/22 workplan?	Any other comments / gaps*
22 July 2020	<b>QUALITY PLANNING &amp; PROFESSIONAL GOVERNANCE</b>					
	Quality Planning & Professional Governance Committee – Highlight Report	Yes		No	No	
	<b>OPERATIONAL PERFORMANCE &amp; GOVERNANCE</b>					
	Acute Clinical Governance & Risk Management Group – Highlight Report	Yes		No	No	
	<b>QUALITY GOVERNANCE</b>					
	Care Home - Update	Yes		Y/N	Y/N	
	Quality & Safety Dashboard	Yes		Y/N	Y/N	
	Quality Strategy – Highlight Report	Yes		Y/N	Y/N	
	<b>Safe</b>					
	Extract of Corporate Risk Register (Clinical)	Yes		Y/N	Y/N	
	Adverse Event Update Report (Duty of Candour) – Annual Report	Yes		Y/N	Y/N	
	Resuscitation Committee – Annual Report	Yes		Y/N	Y/N	
	<b>Effective</b>					
	Realistic Medicine – Update Report (to be presented at September 2020 meeting)	Yes		Y/N	Y/N	
	Information Governance Committee – Annual Report	Yes		Y/N	Y/N	
	SBAR Covid-19 Breach Press Release	Yes		Y/N	Y/N	
	Area Drug & Clinical Policies Endorsement Process - Highlight Report	Yes		Y/N	Y/N	
	Therapeutics Committee – Highlight Report	Yes		Y/N	Y/N	

GOVERNANCE COMMITTEE ANNUAL REPORTS - HQAIC

BOARD ASSURANCE FRAMEWORK - REVIEW OF WORKPLAN 2020/21

Date of Meeting	Workplan Item	Overseen by Committee?	Alternative Control/Assurance			
			If NO, was there any other management / governance oversight? (Please detail this)	Deferred and discussed at another meeting in 20/21	Carried forward to 21/22 workplan?	Any other comments / gaps*
<b>Person Centred</b>						
	SPSO Update Report – Annual Report	Yes		Y/N	Y/N	
	Report on Feedback, Comments, Concerns & Complaints – Annual Report	Yes		Y/N	Y/N	
	Person Centred Health & Care Report (inclusive of Public Reference Forum) – Annual Report	Yes		Y/N	Y/N	
	Organ Donation – Annual Report	Yes		Y/N	Y/N	
<b>COMMITTEE ASSURANCE</b>						
	HQAI Committee Workplan 2020/21	Yes		Y/N	Y/N	
<b>AD HOC</b>						
	Issues of concern – by exception only			Y/N		
	o Operational	Yes		Y/N	Y/N	
	o Safety	Yes		Y/N	Y/N	
	o Independent Sector Governance Group (Previously Contract Monitoring Group)	Yes		Y/N	Y/N	
	o Staffing	Yes		Y/N	Y/N	
<b>AOCB</b>						
	SBAR in Patient Suicide	Yes		Y/N	Y/N	
	HQAIC & QPPGG Reporting Schedule	Yes		Y/N	Y/N	
10 Sept 2020	<b>QUALITY PLANNING &amp; PROFESSIONAL GOVERNANCE</b>					
	Quality Planning & Professional Governance Committee – Highlight Report	Yes		Y/N	Y/N	
	<b>OPERATIONAL PERFORMANCE &amp; GOVERNANCE</b>					
	North HSCP Support, Care & Clinical Governance Group – Highlight Report	Yes		Y/N	Y/N	

GOVERNANCE COMMITTEE ANNUAL REPORTS - HQAIC

BOARD ASSURANCE FRAMEWORK - REVIEW OF WORKPLAN 2020/21

Date of Meeting	Workplan Item	Overseen by Committee?	Alternative Control/Assurance			
			If NO, was there any other management / governance oversight? (Please detail this)	Deferred and discussed at another meeting in 20/21	Carried forward to 21/22 workplan?	Any other comments / gaps*
<b>QUALITY GOVERNANCE</b>						
	Case-note Reviews			Y/N		
	o University Hospital Hairmyres	Yes		Y/N	Y/N	
	o University Hospital Wishaw	Yes		Y/N	Y/N	
	o University Hospital Monklands	Yes		Y/N	Y/N	
	Quality Strategy – Verbal Update	Yes		Y/N	Y/N	
	Care Homes Update	Yes		Y/N	Y/N	
<b>Safe</b>						
	Extract of Corporate Risk Register (Clinical)	Yes		Y/N	Y/N	
	Adverse Event Update Report (Duty of Candour)	Yes		Y/N	Y/N	
	Organisational Duty of Candour – First Year Review	Yes		Y/N	Y/N	
	Safety Group (previously Patient Safety Strategic Steering Group) – Annual Report	Yes		Y/N	Y/N	
	Lanarkshire Infection Control Committee – Annual Report	Yes		Y/N	Y/N	
	Falls Presentation	Yes		Y/N	Y/N	
<b>Effective</b>						
	Realistic Medicine – Update Report (to be presented at November 2020 meeting)	No		Yes	No	November 2020 meeting
	Information Governance Committee – Highlight Report	Yes		Y/N	Y/N	
	Excellence in Care – Highlight Report	Yes		Y/N	Y/N	
<b>Person Centred</b>						
	SPSO Update Report	Yes		Y/N	Y/N	

GOVERNANCE COMMITTEE ANNUAL REPORTS - HQAIC

BOARD ASSURANCE FRAMEWORK - REVIEW OF WORKPLAN 2020/21

Date of Meeting	Workplan Item	Overseen by Committee?	Alternative Control/Assurance			
			If NO, was there any other management / governance oversight? (Please detail this)	Deferred and discussed at another meeting in 20/21	Carried forward to 21/22 workplan?	Any other comments / gaps*
	Care Opinion – Annual Review	Yes		Y/N	Y/N	
	<b>COMMITTEE ASSURANCE</b>					
	HQAI Committee Workplan 2020/21	Yes		Y/N	Y/N	
	<b>AD HOC</b>					
	Issues of concern– by exception only			Y/N		
	o Operational	Yes		Y/N	Y/N	
	o Safety	Yes		Y/N	Y/N	
o Independent Sector Governance Group (Previously Contract Monitoring Group)	Yes		Y/N	Y/N		
o Staffing	Yes		Y/N	Y/N		
Clinical Governance & Assurance – future Covid-19 Escalation Triggers Presentation	Yes		Y/N	Y/N		
12 November 2020	<b>QUALITY PLANNING &amp; PROFESSIONAL GOVERNANCE</b>					
	Quality Planning & Professional Governance Committee – Highlight Report	Yes		Y/N	Y/N	
	<b>OPERATIONAL PERFORMANCE &amp; GOVERNANCE</b>					
	South HSCP Support, Care & Clinical Governance Group – Highlight Report	Yes		Y/N	Y/N	
	Care Home – Update Report	Yes		Y/N	Y/N	
	<b>QUALITY GOVERNANCE</b>					
	Case-note Reviews			Y/N		
o University Hospital Wishaw (UHW)	Yes		Y/N	Y/N		
o University Hospital Monklands (UHM)	Yes		Y/N	Y/N		
Quality & Safety Dashboard	Yes		Y/N	Y/N		

GOVERNANCE COMMITTEE ANNUAL REPORTS - HQAIC

BOARD ASSURANCE FRAMEWORK - REVIEW OF WORKPLAN 2020/21

Date of Meeting	Workplan Item	Overseen by Committee?	Alternative Control/Assurance			
			If NO, was there any other management / governance oversight? (Please detail this)	Deferred and discussed at another meeting in 20/21	Carried forward to 21/22 workplan?	Any other comments / gaps*
	Quality Strategy Implementation Plan – Highlight Report	Yes		Y/N	Y/N	
<b>Safe</b>						
	Extract of Corporate Risk Register (Clinical)	Yes		Y/N	Y/N	
	Adverse Event Update Report (Duty of Candour)	Yes		Y/N	Y/N	
	Public Protection Group – Annual Report	Yes		Y/N	Y/N	
<b>Effective</b>						
	Realistic Medicine – Update Report	Yes		Y/N	Y/N	
	Information Governance Committee – Highlight Report	Yes		Y/N	Y/N	
	Clinical Effectiveness – Annual Report	Yes		Y/N	Y/N	
	Independent Sector Governance Group (previously Contract Monitoring Group) – Annual Report (to be presented at March 2021 Meeting)	No		Yes	Y/N	Presented at March 2021 meeting
<b>Person Centred</b>						
	SPSO Update Report	Yes		Y/N	Y/N	
	Bereavement Care Group – Annual Report (to be presented at March 2021 Meeting)	No		No	Yes	Group has not met. Deferred to May 2021 meeting
<b>COMMITTEE ASSURANCE</b>						
	HQAI Committee Workplan 2020/21	Yes		Y/N	Y/N	
<b>AD HOC</b>						
	Issues of concern– by exception only			Y/N		
	○ Operational	Yes		Y/N	Y/N	
	○ Safety	Yes		Y/N	Y/N	

GOVERNANCE COMMITTEE ANNUAL REPORTS - HQAIC

BOARD ASSURANCE FRAMEWORK - REVIEW OF WORKPLAN 2020/21

Date of Meeting	Workplan Item	Overseen by Committee?	Alternative Control/Assurance			
			If NO, was there any other management / governance oversight? (Please detail this)	Deferred and discussed at another meeting in 20/21	Carried forward to 21/22 workplan?	Any other comments / gaps*
	<ul style="list-style-type: none"> <li>○ Independent Sector Governance Group (Previously Contract Monitoring Group)</li> <li>○ Staffing</li> </ul>	Yes		Y/N	Y/N	
		Yes		Y/N	Y/N	
11 March 2021	<b>QUALITY PLANNING &amp; PROFESSIONAL GOVERNANCE</b>					
	Quality Planning & Professional Governance Committee – Highlight Report	Yes		Yes	Yes	QPPGG in Feb 2021 was cancelled therefore papers shared electronically with a return slip, requesting comments, questions, etc. HQAIC members were not assured by the information provided, therefore asked for these items to reviewed by QPPG in April '21 and come back to the Committee in May 2021
	Review of Clinical Governance Committee (HQAIC) 2020/2021 - (L14-21)	Yes		Y/N	Y/N	
	HQAIC Terms of Reference	Yes		Y/N	Y/N	
	<b>OPERATIONAL PERFORMANCE &amp; GOVERNANCE</b>					
	University Hospital Wishaw Covid-19 SBAR	Yes		Y/N	Y/N	Final SBAR will be presented to the Committee at the May 2021 meeting for noting.
Lanarkshire Hepatitis A Outbreak 2017 Report	Yes		Y/N	Y/N		

GOVERNANCE COMMITTEE ANNUAL REPORTS - HQAIC

BOARD ASSURANCE FRAMEWORK - REVIEW OF WORKPLAN 2020/21

Date of Meeting	Workplan Item	Overseen by Committee?	Alternative Control/Assurance			
			If NO, was there any other management / governance oversight? (Please detail this)	Deferred and discussed at another meeting in 20/21	Carried forward to 21/22 workplan?	Any other comments / gaps*
	Feedback from the Sharing Intelligence for Health & Care Group – NHS Lanarkshire	Yes		Y/N	Y/N	
<b>QUALITY GOVERNANCE</b>						
	Quality & Safety Dashboard	Yes		Y/N	Y/N	
	Quality Strategy Implementation Plan 2020-2021 Highlight Report	Yes		Y/N	Y/N	
<b>Safe</b>						
	Extract of Corporate Risk Register (Clinical)	Yes		Y/N	Y/N	
	Adverse Event Update Report (Duty of Candour)	Yes		Y/N	Y/N	
<b>Effective</b>						
	Information Governance Committee – Highlight Report	Yes		Y/N	Y/N	
	Clinical Policies Endorsement Process - Highlight Report	Yes		Y/N	Y/N	
	Independent Sector Governance Group (previously Contract Monitoring Group) – Annual Report	Yes		Y/N	Y/N	
<b>Person Centred</b>						
	SPSO Update Report	Yes		Y/N	Y/N	
	Report on Feedback, Comments, Concerns & Complaints – Mid Year Highlight Report	Yes		Y/N	Y/N	
	Bereavement Care Group – Annual Report	No		Y/N	Yes	Deferred to May 2021 Meeting.



GOVERNANCE COMMITTEE ANNUAL REPORTS - HQAIC

BOARD ASSURANCE FRAMEWORK - REVIEW OF WORKPLAN 2020/21

Date of Meeting	Workplan Item	Overseen by Committee?	Alternative Control/Assurance			
			If NO, was there any other management / governance oversight? (Please detail this)	Deferred and discussed at another meeting in 20/21	Carried forward to 21/22 workplan?	Any other comments / gaps*
<b>COMMITTEE ASSURANCE</b>						
	HQAI Committee Workplan 2020/21	Yes		Y/N	Y/N	
<b>AD HOC</b>						
	Issues of concern– by exception only			Y/N		
	○ Operational	Yes		Y/N	Y/N	
	○ Safety	Yes		Y/N	Y/N	
	○ Independent Sector Governance Group (Previously Contract Monitoring Group)	Yes		Y/N	Y/N	
	○ Staffing	Yes		Y/N	Y/N	

**NHS LANARKSHIRE**  
**ACUTE GOVERNANCE COMMITTEE**  
**ANNUAL REPORT 2020/2021**

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 had to, at times postpone all non-urgent inpatient and outpatient activity. The approach taken still took cognisance of urgent or new suspected cancer patients, with relevant clinical assessments 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:

Mrs Margaret Morris, Non-Executive Director  
Ms Lesley Thomson, Non-Executive Director  
Mrs Lesley McDonald, Non-Executive Director  
Councillor Paul Kelly, Non-Executive Director

#### 5. Attendees:

Dr John Keaney, Divisional Medical Director  
Mrs Susan Friel, Acute Nurse Director  
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  
Mr Stephen Peebles, Hospital Site Director, University Hospital Wishaw  
Mr David Downie, Vice Chair of South H&SC Forum (from September 2019)  
Mr John Wilson, Chair of North PPF (from November 2019)  
Mrs Jackie McColl, Communications Manager  
Mr Michael McLuskey, Deputy Finance Director (from July 2019)  
Ms Margaret-Anne Hunter, Partnership Representative  
Mrs Fiona Anderson, Operational Support Services Manager

#### 6. Executive Lead:

Mrs Judith Park, Director of Acute Services

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

On the advice of Lanarkshire NHS Board, interim arrangements for Governance were agreed in response to Covid 19. The Acute Governance Committee were due to meet 5 times during the year from 1 April 2020 to 31 March 2021 as follows. Due to the Covid 19 Pandemic the Committee met on 3<sup>rd</sup> September 2020, 22<sup>nd</sup> January 2021 and 24<sup>th</sup> March 2021. Mrs Judith Park and Dr Avril Osborne communicated regularly via telephone during this time to ensure Dr Osborne was sighted on activity within the Acute Division. At the meeting on 22<sup>nd</sup> January 2021 the invitation to attend was extended to all Non-Executive Directors.

#### 8. Attendance of Members

Due to the Covid 19 response, most executive leads were excused from meeting to concentrate efforts on operational management.

<b>Member</b>	<b>3<sup>rd</sup> September 2020</b>	<b>22<sup>nd</sup> January 2021</b>	<b>24<sup>th</sup> March 2021</b>
Avril Osborne	✓	✓	✓
Judith Park	✓	✓	✓
Lesley Thomson	x	x	✓
Margaret Morris	x	x	✓
Paul Kelly	✓	✓	✓
Lesley McDonald	✓	✓	✓
John Keaney	x	✓	✓
Russell Coulthard	✓	x	✓
Margaret Meek	✓	x	x

Stephen Peebles	✓	x	x
Jackie McColl	x	x	x
Annmarie Campbell	✓	x	x
Michael McLuskey	✓	x	x
Margaret-Anne Hunter	x	x	✓
David Downie	✓	✓	x
John Wilson	✓	✓	x
Mr Ans Khan	✓	N/A	N/A
Dr Rory MacKenzie	✓	N/A	N/A
Fiona Anderson	✓	✓	✓

In attendance on 22<sup>nd</sup> January 2021.

Councilor John McGuigan
Brian Moore
Ally Boyle
Maureen Lees

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

During the year the Acute Governance Committee received updates regarding performance in line with its remit and schedule of reporting as follows:

- **Covid**
- **Waiting Times and Clinical Prioritisation**
- **Unscheduled Care, Redesign of Urgent Care and Planned Date of Discharge**
- **Delayed Discharges**
- **Cancer Performance**
- **Finance**
- **Human Resources and Workforce** – focus on assessing sickness absence reporting and staff well-being.
- **Acute Site Updates** – reports on key issues related to site performance and linkages across Acute services.
- **Media Monitoring** – reports on media coverage.
- **Risk Management** – reports on risk register focusing on very high risks and mitigating controls.
- **Vascular Services**
- **Hand Hygiene**

The 2020/2021 work plan was reviewed and revised during the year taking the Covid Pandemic into consideration. At the meeting in March 2021, the work plans were reviewed and any items not heard in 2020/2021 were carried forwarded into the 2021/2022 work plan. Please note appendix 1 embedded within the annual report.

#### 10. Improvements overseen by the Committee:

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. Inevitably due to Covid 19, key focus had to be on the current situation. The Committee noted continuing review and improvement of the Acute Risk Register in keeping with NHS Lanarkshire's Risk Management Policy.

## 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.

**Treatment Time Guarantee (TTG)** – Of concern to the Acute Governance Committee was the number of patients who breached their TTG due to non-emergency elective activity being paused due to Covid 19. Assurance was provided regarding implementation of the National Clinical Prioritisation tool. The Division are in discussion with Scottish Government regarding Remobilisation and Restoration and the Committee have received regular updates regarding a recovery plan.

**Unscheduled Care, Redesign of Urgent Care and Planned Date of Discharge** – 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. All sites have experienced an exceptional impact due to COVID19.

Attendances for NHS Lanarkshire in 2020/2021 have decreased significantly (22.5%) compared to the same point in 2019/2020. This overall is impacted by the national response to the pandemic and the associated regulations that supported this. This decrease equates to -25% attendances for University Hospital Hairmyres, -23.5% at University Hospital Monklands and -18% at University Hospital Wishaw.

Whilst attendances reduced by 22.5% emergency admission had a reduction of 16%. Significantly, for University Hospital Wishaw this equates to a mere 5% reduction, whilst the other two hospitals had 20-23% reduced admissions. Despite reduced activity breach incidences have continued and in the main due to IPCT guidance for social distancing, isolation and frequent bed reconfiguration. As a result of this the year end performance (as calculated @ 21<sup>st</sup> March 2021) is 87.11% which compares favourably to the previous year of 84.86%. This performance over the year has mirrored that of the national picture.

The Lanarkshire Unscheduled Care Improvement Board continues to focus on strategic planning and service redesign, working with the acute hospitals and both North and South Partnerships. In particular, the national response to redesign urgent care has been of significant focus with the work presented and progressed through the NHS Lanarkshire board and strategically managed by the Redesign Urgent Care Programme board.

Principally, the redesign was introduced to support urgent care in the right place with the right team at the right time, first time. The key elements are to:

- Establish an emergency care system that benefits everyone
- Deliver care as close to home as possible by minimising unnecessary face-to-face contact and maximising access to a senior decision
- Make sure patients are seen in the most appropriate clinical environment to minimise the risk of harm and ensure
- Safely deliver a whole-system, multi-agency, multi-disciplinary, person-centred approach that ensures right care, right, place, right time, first time
- Deliver strong public messaging to support any changes to care to allow the public to use the system responsibly and ensure that it is linked to self-care and management and healthier life choices

- Maximise and build upon digital solutions such as NHS near me, and virtual wards
- Establish a single national access route which delivers simple, clear, and effective access to patients

The established Flow Navigation Centre went live on 1<sup>st</sup> December 2020 and required the development of key pathways of care. These are standardised across Scotland (as much as was possible given the timescale to implement). Future planning will, however, review all these ensuring they are maintained and current and necessary to local requirements.

Additionally, a key focus has been to reduce delays within hospital thus approaching the similar components to support care in the right place with the right team and timely. NHSL Lanarkshire has developed the Planned Day of Discharge Programme. Improving delayed discharge rates from hospital is a key performance indicator and priority for HSCPs in Lanarkshire, and indeed nationally. PDD has already reduced delayed discharge in South Lanarkshire HSCP from one of the highest in the country - to one of the lowest. This has also enhanced the availability of acute beds for those patients who need them. This approach is now being scaled up in NHS Lanarkshire's three acute sites in close partnership with North Lanarkshire HSCP and partners.

PDD was born in challenging times. Yet the onset of Covid provided an opportunity to look at the discharge process differently. The key feature of PDD is multidisciplinary teams of health and care professionals working together with hospital staff and looking at discharge planning with the patient and family as soon as possible. A PDD – a specific date of discharge from hospital – is identified at the earliest opportunity with plans made to agree a safe and appropriate transition back home.

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.

**Finance** - Financial performance within the Acute Division reports a year to date underspend of £0.108m at February and forecasting an underspend of £0.150m by the year end. The Division has returned savings of £1.727m to the end of February.

Pay costs are overspending by £0.289m and non-pay costs underspending by £0.397m.

For 2020-21, to the end of February, the financial impact of the response to the COVID-19 outbreak totals £16.442m, for which, we have received full funding in the Division's financial position. Costs incurred are a direct result of scaling up additional hospital bed capacity both in general and ICU/Critical Care areas, further staffing costs to backfill staff absence and shielding, costs of screening and testing for the virus, costs of specific medicines, PPE (Personal Protective Equipment) and the costs of equipping specific areas to be ready for and treat increased numbers of COVID-19 patients. Robust reporting mechanisms have been put in place to predict and monitor these costs for internal reporting and reporting to Scottish Government.

The Acute Division will report a balanced financial position for 2020-21, mainly resulting from a combination of a reduced elective programme and lower than expected medicines growth. Whilst the financial impact of Covid 19 will continue to be felt on the Division, as services recover throughout financial year 21-22 we expect to see a return to a more challenging financial position when a focus on sound financial management will be required to ensure delivery of the overall Board financial targets.

**Covid 19** - During 2020/2021 the main operational focus in the Acute Division has been our response to Covid 19.

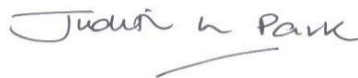
## 12. Conclusion;

It can be confirmed that despite some curtailment of meetings and attendances, the Acute Governance Committee has met in line with the Terms of Reference and has fulfilled its remit. Based on assurances received and information presented to the Acute Governance Committee adequate and effective arrangements were in place throughout the year.

Signatures of



Committee Chair  
Avril Osborne



Executive Lead  
Judith Park

16<sup>th</sup> April 2021

Date of Meeting	Workplan Item	Overseen by Committee?	Alternative Control/Assurance			
			If NO, was there any other management / governance oversight? (Please detail this)	Deferred and discussed at another meeting in 20/21	Carried forward to 21/22 workplan?	Any other comments / gaps*
21 May 2020 (No meeting due to COVID19)	<b>Performance &amp; Planning</b>					
	Unscheduled Care	No	Director of Acute Services had regular Microsoft Teams Meetings with the Chair of the Committee to keep her updated regarding the current situation.  Discussed at DMT and Strategic Command.	Yes	Yes	Standing Item at all Acute Governance Committee Meetings.
	Waiting Times / Delayed discharge	No	Director of Acute Services had regular Microsoft Teams Meetings with the Chair of the Committee to keep her updated regarding the current situation.  Discussed at DMT and Strategic Command.	Yes	Yes	Standing Item at all Acute Governance Committee Meetings.
	Finance	No	Director of Acute Services had regular Microsoft Teams	Yes	Yes	Standing Item at all Acute Governance Committee Meetings.



GOVERNANCE COMMITTEE ANNUAL REPORTS

BOARD ASSURANCE FRAMEWORK - REVIEW OF WORKPLAN 2020/21

Date of Meeting	Workplan Item	Overseen by Committee?	Alternative Control/Assurance			
			If NO, was there any other management / governance oversight? (Please detail this)	Deferred and discussed at another meeting in 20/21	Carried forward to 21/22 workplan?	Any other comments / gaps*
			Meetings with the Chair of the Committee to keep her updated regarding the current situation.  Discussed at DMT and Strategic Command.			Special Interest Item planned for meeting in May 2021.
	Media Monitoring	No	Director of Acute Services had regular Microsoft Teams Meetings with the Chair of the Committee to keep her updated regarding the current situation.  Discussed at DMT and Strategic Command.	Yes	Yes	Standing Item at all Acute Governance Committee Meetings.
<b>Governance</b>						
	Risk Register	No	Director of Acute Services had regular Microsoft Teams Meetings with the Chair of the Committee to keep her updated	Yes	Yes	Standing Item at all Acute Governance Committee Meetings.

GOVERNANCE COMMITTEE ANNUAL REPORTS

BOARD ASSURANCE FRAMEWORK - REVIEW OF WORKPLAN 2020/21

Date of Meeting	Workplan Item	Overseen by Committee?	Alternative Control/Assurance			
			If NO, was there any other management / governance oversight? (Please detail this)	Deferred and discussed at another meeting in 20/21	Carried forward to 21/22 workplan?	Any other comments / gaps*
			regarding the current situation.  Discussed at DMT and Strategic Command.			
	Quality Assurance & Improvement (Clinical Governance)	No	Director of Acute Services had regular Microsoft Teams Meetings with the Chair of the Committee to keep her updated regarding the current situation.  Discussed at DMT and Strategic Command.	Yes	Yes	Standing Item at all Acute Governance Committee Meetings.
	Human Resources	No	Director of Acute Services had regular Microsoft Teams Meetings with the Chair of the Committee to keep her updated regarding the current situation.  Discussed at DMT and Strategic Command.	Yes	Yes	Standing Item at all Acute Governance Committee Meetings.

BOARD ASSURANCE FRAMEWORK - REVIEW OF WORKPLAN 2020/21

Date of Meeting	Workplan Item	Overseen by Committee?	Alternative Control/Assurance			
			If NO, was there any other management / governance oversight? (Please detail this)	Deferred and discussed at another meeting in 20/21	Carried forward to 21/22 workplan?	Any other comments / gaps*
	Healthcare Acquired Infection (HAI)	No	Director of Acute Services had regular Microsoft Teams Meetings with the Chair of the Committee to keep her updated regarding the current situation.	Yes	Yes	Standing Item at all Acute Governance Committee Meetings.
	Medical Staffing	No	Director of Acute Services had regular Microsoft Teams Meetings with the Chair of the Committee to keep her updated regarding the current situation.  Discussed at DMT and Strategic Command.	Yes	Yes	Standing Item at all Acute Governance Committee Meetings.
<b>Information Items</b>						
	North JIB Minute	No	No update required from Acute.	Yes	Yes	Would be discussed at North JIB meeting.  Standing Item at all Acute Governance Committee Meetings.

GOVERNANCE COMMITTEE ANNUAL REPORTS

BOARD ASSURANCE FRAMEWORK - REVIEW OF WORKPLAN 2020/21

Date of Meeting	Workplan Item	Overseen by Committee?	Alternative Control/Assurance			
			If NO, was there any other management / governance oversight? (Please detail this)	Deferred and discussed at another meeting in 20/21	Carried forward to 21/22 workplan?	Any other comments / gaps*
	South JIB Minute	No	No update required from Acute.	Yes	Yes	Would be discussed at South JIB meeting.  Standing Item at all Acute Governance Committee Meetings.
22 July 2020  (No meeting due to COVID19)	<b>Special Interest Item</b>					
	Modernising Outpatients	No	Discussed at Acute Recovery Board.	No	Yes	Special Interest Item scheduled for meeting in March 2022.
	<b>Performance &amp; Planning</b>					
	Unscheduled Care	No	Director of Acute Services had regular Microsoft Teams Meetings with the Chair of the Committee to keep her updated regarding the current situation.  Discussed at DMT and Strategic Command.	Yes	Yes	Standing Item at all Acute Governance Committee Meetings.
	Waiting Times / Delayed discharge	No	Director of Acute Services had regular Microsoft Teams Meetings with the Chair	Yes	Yes	Standing Item at all Acute Governance Committee Meetings.

GOVERNANCE COMMITTEE ANNUAL REPORTS

BOARD ASSURANCE FRAMEWORK - REVIEW OF WORKPLAN 2020/21

Date of Meeting	Workplan Item	Overseen by Committee?	Alternative Control/Assurance			
			If NO, was there any other management / governance oversight? (Please detail this)	Deferred and discussed at another meeting in 20/21	Carried forward to 21/22 workplan?	Any other comments / gaps*
			of the Committee to keep her updated regarding the current situation.  Discussed at DMT and Strategic Command.			
	Finance	No	Director of Acute Services had regular Microsoft Teams Meetings with the Chair of the Committee to keep her updated regarding the current situation.  Discussed at DMT and Strategic Command.	Yes	Yes	Standing Item at all Acute Governance Committee Meetings.  Special Interest Item Planned May 2021
	Media Monitoring	No	Director of Acute Services had regular Microsoft Teams Meetings with the Chair of the Committee to keep her updated regarding the current situation.	Yes	Yes	Standing Item at all Acute Governance Committee Meetings.

GOVERNANCE COMMITTEE ANNUAL REPORTS

BOARD ASSURANCE FRAMEWORK - REVIEW OF WORKPLAN 2020/21

Date of Meeting	Workplan Item	Overseen by Committee?	Alternative Control/Assurance			
			If NO, was there any other management / governance oversight? (Please detail this)	Deferred and discussed at another meeting in 20/21	Carried forward to 21/22 workplan?	Any other comments / gaps*
			Discussed at DMT and Strategic Command.			
<b>Governance</b>						
	Risk Register	No	Director of Acute Services had regular Microsoft Teams Meetings with the Chair of the Committee to keep her updated regarding the current situation.  Discussed at DMT and Strategic Command.	Yes	Yes	Standing Item at all Acute Governance Committee Meetings.
	Quality Assurance & Improvement (Clinical Governance)	No	Director of Acute Services had regular Microsoft Teams Meetings with the Chair of the Committee to keep her updated regarding the current situation.  Discussed at DMT and Strategic Command.	Yes	Yes	Standing Item at all Acute Governance Committee Meetings.

BOARD ASSURANCE FRAMEWORK - REVIEW OF WORKPLAN 2020/21

Date of Meeting	Workplan Item	Overseen by Committee?	Alternative Control/Assurance			
			If NO, was there any other management / governance oversight? (Please detail this)	Deferred and discussed at another meeting in 20/21	Carried forward to 21/22 workplan?	Any other comments / gaps*
	Human Resources	No	Director of Acute Services had regular Microsoft Teams Meetings with the Chair of the Committee to keep her updated regarding the current situation.  Discussed at DMT and Strategic Command.	Yes	Yes	Standing Item at all Acute Governance Committee Meetings.
	Healthcare Acquired Infection (HAI)	No	Director of Acute Services had regular Microsoft Teams Meetings with the Chair of the Committee to keep her updated regarding the current situation.  Discussed at DMT and Strategic Command.	Yes	Yes	Standing Item at all Acute Governance Committee Meetings.
	Medical Staffing	No	Director of Acute Services had regular Microsoft Teams Meetings with the Chair of the Committee to	Yes	Yes	Standing Item at all Acute Governance Committee Meetings.

GOVERNANCE COMMITTEE ANNUAL REPORTS

BOARD ASSURANCE FRAMEWORK - REVIEW OF WORKPLAN 2020/21

Date of Meeting	Workplan Item	Overseen by Committee?	Alternative Control/Assurance			
			If NO, was there any other management / governance oversight? (Please detail this)	Deferred and discussed at another meeting in 20/21	Carried forward to 21/22 workplan?	Any other comments / gaps*
			keep her updated regarding the current situation.  Discussed at DMT and Strategic Command.			
<b>Information Items</b>						
	North JIB Minute	No	No update required from Acute.	Yes	Yes	Would be discussed at North JIB meeting.  Standing Item at all Acute Governance Committee Meetings.
	South JIB Minute	No	No update required from Acute.	Yes	Yes	Would be discussed at South JIB meeting.  Standing Item at all Acute Governance Committee Meetings.
<b>Special Interest Item</b>						
23 September 2020  Meeting cancelled	Risk Management	No	Director of Acute Services had regular Microsoft Teams Meetings with the Chair of the Committee to keep her updated	Yes	Yes	Special interest item planned for September 2021



GOVERNANCE COMMITTEE ANNUAL REPORTS

BOARD ASSURANCE FRAMEWORK - REVIEW OF WORKPLAN 2020/21

Date of Meeting	Workplan Item	Overseen by Committee?	Alternative Control/Assurance			
			If NO, was there any other management / governance oversight? (Please detail this)	Deferred and discussed at another meeting in 20/21	Carried forward to 21/22 workplan?	Any other comments / gaps*
due to Covid. Committee met on 3 <sup>rd</sup> September 2020 with reduced agenda.			regarding the current situation.			
	<b>Performance &amp; Planning</b>					
	Unscheduled Care	Yes		Y/N	Y/N	
	Waiting Times / Delayed discharge	Yes		Y/N	Y/N	
	Finance	Yes		Y/N	Y/N	
	Media Monitoring	No	Director of Acute Services had regular Microsoft Teams Meetings with the Chair of the Committee to keep her updated regarding the current situation.  Discussed at DMT and Strategic Command.	Yes	Yes	Standing Item at all Acute Governance Committee Meetings.
	<b>Governance</b>					
	Risk Register	Yes		Y/N	Y/N	
	Quality Assurance & Improvement (Clinical Governance)	No	Director of Acute Services had regular Microsoft Teams Meetings with the Chair of the Committee to keep her updated	Yes	Yes	Standing Item at all Acute Governance Committee Meetings.

BOARD ASSURANCE FRAMEWORK - REVIEW OF WORKPLAN 2020/21

Date of Meeting	Workplan Item	Overseen by Committee?	Alternative Control/Assurance			
			If NO, was there any other management / governance oversight? (Please detail this)	Deferred and discussed at another meeting in 20/21	Carried forward to 21/22 workplan?	Any other comments / gaps*
			regarding the current situation.  Discussed at DMT and Strategic Command.			
	Human Resources	Yes		Y/N	Y/N	
	Healthcare Acquired Infection (HAI)	No	Director of Acute Services had regular Microsoft Teams Meetings with the Chair of the Committee to keep her updated regarding the current situation.  Discussed at DMT and Strategic Command.	Yes	Yes	Standing Item at all Acute Governance Committee Meetings.
	Medical Staffing	Yes		Y/N	Y/N	
<b>Information Items</b>						
	North JIB Minute	No	No update required from Acute.	Yes	Yes	Would be discussed at North JIB meeting.  Standing Item at all Acute Governance Committee Meetings.
	South JIB Minute	No	No update required from Acute.	Yes	Yes	Would be discussed at South JIB meeting.

GOVERNANCE COMMITTEE ANNUAL REPORTS

BOARD ASSURANCE FRAMEWORK - REVIEW OF WORKPLAN 2020/21

Date of Meeting	Workplan Item	Overseen by Committee?	Alternative Control/Assurance			
			If NO, was there any other management / governance oversight? (Please detail this)	Deferred and discussed at another meeting in 20/21	Carried forward to 21/22 workplan?	Any other comments / gaps*
						Standing Item at all Acute Governance Committee Meetings.
18 November 2020  Meeting cancelled due to Covid	<b>Special Interest Item</b>					
	T&O	No	Director of Acute Services had regular Microsoft Teams Meetings with the Chair of the Committee to keep her updated regarding the current situation.  Discussed at DMT and Strategic Command.	Yes	Yes	Special Interest Item planned July 2021
	<b>Performance &amp; Planning</b>					
	Unscheduled Care	No	Director of Acute Services had regular Microsoft Teams Meetings with the Chair of the Committee to keep her updated regarding the current situation.	Yes	Yes	Standing Item at all Acute Governance Committee Meetings.

GOVERNANCE COMMITTEE ANNUAL REPORTS

BOARD ASSURANCE FRAMEWORK - REVIEW OF WORKPLAN 2020/21

Date of Meeting	Workplan Item	Overseen by Committee?	Alternative Control/Assurance			
			If NO, was there any other management / governance oversight? (Please detail this)	Deferred and discussed at another meeting in 20/21	Carried forward to 21/22 workplan?	Any other comments / gaps*
			Discussed at DMT and Strategic Command.			
	Waiting Times / Delayed discharge	No	Director of Acute Services had regular Microsoft Teams Meetings with the Chair of the Committee to keep her updated regarding the current situation.  Discussed at DMT and Strategic Command.	Yes	Yes	Standing Item at all Acute Governance Committee Meetings.
	Finance	No	Director of Acute Services had regular Microsoft Teams Meetings with the Chair of the Committee to keep her updated regarding the current situation.  Discussed at DMT and Strategic Command.	Yes	Yes	Standing Item at all Acute Governance Committee Meetings.  Special Interest item planned May 2021
	Media Monitoring	No	Director of Acute Services had regular Microsoft Teams	Yes	Yes	Standing Item at all Acute Governance Committee Meetings.

GOVERNANCE COMMITTEE ANNUAL REPORTS

BOARD ASSURANCE FRAMEWORK - REVIEW OF WORKPLAN 2020/21

Date of Meeting	Workplan Item	Overseen by Committee?	Alternative Control/Assurance			
			If NO, was there any other management / governance oversight? (Please detail this)	Deferred and discussed at another meeting in 20/21	Carried forward to 21/22 workplan?	Any other comments / gaps*
			Meetings with the Chair of the Committee to keep her updated regarding the current situation.  Discussed at DMT and Strategic Command.			
<b>Governance</b>						
	Risk Register	No	Director of Acute Services had regular Microsoft Teams Meetings with the Chair of the Committee to keep her updated regarding the current situation.  Discussed at DMT and Strategic Command.	Yes	Yes	Standing Item at all Acute Governance Committee Meetings.
	Quality Assurance & Improvement (Clinical Governance)	No	Director of Acute Services had regular Microsoft Teams Meetings with the Chair of the Committee to keep her updated	Yes	Yes	Standing Item at all Acute Governance Committee Meetings.

GOVERNANCE COMMITTEE ANNUAL REPORTS

BOARD ASSURANCE FRAMEWORK - REVIEW OF WORKPLAN 2020/21

Date of Meeting	Workplan Item	Overseen by Committee?	Alternative Control/Assurance			
			If NO, was there any other management / governance oversight? (Please detail this)	Deferred and discussed at another meeting in 20/21	Carried forward to 21/22 workplan?	Any other comments / gaps*
			regarding the current situation.			
	Human Resources	No	Director of Acute Services had regular Microsoft Teams Meetings with the Chair of the Committee to keep her updated regarding the current situation.  Discussed at DMT and Strategic Command.	Yes	Yes	Standing Item at all Acute Governance Committee Meetings.
	Healthcare Acquired Infection (HAI)	No	Director of Acute Services had regular Microsoft Teams Meetings with the Chair of the Committee to keep her updated regarding the current situation.	Yes	Yes	Standing Item at all Acute Governance Committee Meetings.

GOVERNANCE COMMITTEE ANNUAL REPORTS

BOARD ASSURANCE FRAMEWORK - REVIEW OF WORKPLAN 2020/21

Date of Meeting	Workplan Item	Overseen by Committee?	Alternative Control/Assurance			
			If NO, was there any other management / governance oversight? (Please detail this)	Deferred and discussed at another meeting in 20/21	Carried forward to 21/22 workplan?	Any other comments / gaps*
	Medical Staffing	No	Director of Acute Services had regular Microsoft Teams Meetings with the Chair of the Committee to keep her updated regarding the current situation.  Discussed at DMT and Strategic Command.	Yes	Yes	Standing Item at all Acute Governance Committee Meetings.
<b>Information Items</b>						
	North JIB Minute	No	No update required from Acute.	Yes	Yes	Would be discussed at North JIB meeting.  Standing Item at all Acute Governance Committee Meetings.
	South JIB Minute	No	No update required from Acute.	Yes	Yes	Would be discussed at South JIB meeting.  Standing Item at all Acute Governance Committee Meetings.
	Risk Register Report	Yes		Yes	Yes	

GOVERNANCE COMMITTEE ANNUAL REPORTS

BOARD ASSURANCE FRAMEWORK - REVIEW OF WORKPLAN 2020/21

Date of Meeting	Workplan Item	Overseen by Committee?	Alternative Control/Assurance			
			If NO, was there any other management / governance oversight? (Please detail this)	Deferred and discussed at another meeting in 20/21	Carried forward to 21/22 workplan?	Any other comments / gaps*
3 September 2020 (Revised Workplan)	Mobilisation Plan, short and medium term	Yes		Y/N	Y/N	
	Principles and response to Covid-19	Yes		Y/N	Y/N	
	Priorities and Redesign	Yes		Y/N	Y/N	
	Finance Update	Yes		Y/N	Y/N	
	Human Resources	Yes		Y/N	Y/N	
18th November 2020 (Revised Workplan)  Meeting cancelled due to covid	<b>Planned and Projected Programmes/Models</b>					
	Vascular Update	No		Yes	Yes	Updated provided at meeting in March 2021.
	Other Regional Working	No		No	Yes	
	Redesign of urgent care, patient flow at ED, inpatients and discharges.	No	Director of Acute Services had regular Microsoft Teams Meetings with the Chair of the Committee to keep her updated regarding the current situation.  Discussed at DMT and Strategic Command.	Yes	Yes	Standing Item at all Acute Governance Committee Meetings.
<b>Performance</b>						
	Unscheduled care: emergency and urgent	No	Director of Acute Services had regular Microsoft Teams Meetings with the Chair of the Committee to keep her updated	Yes	Yes	Standing Item at all Acute Governance Committee Meetings.



GOVERNANCE COMMITTEE ANNUAL REPORTS

BOARD ASSURANCE FRAMEWORK - REVIEW OF WORKPLAN 2020/21

Date of Meeting	Workplan Item	Overseen by Committee?	Alternative Control/Assurance			
			If NO, was there any other management / governance oversight? (Please detail this)	Deferred and discussed at another meeting in 20/21	Carried forward to 21/22 workplan?	Any other comments / gaps*
			regarding the current situation.  Discussed at DMT and Strategic Command.			
	Elective Performance in and out of area	No	Director of Acute Services had regular Microsoft Teams Meetings with the Chair of the Committee to keep her updated regarding the current situation.  Discussed at DMT and Strategic Command.	Yes	Yes	Standing Item at all Acute Governance Committee Meetings.
	Finance	No	Director of Acute Services had regular Microsoft Teams Meetings with the Chair of the Committee to keep her updated regarding the current situation.  Discussed at DMT and Strategic Command.	Yes	Yes	Standing Item at all Acute Governance Committee Meetings.

GOVERNANCE COMMITTEE ANNUAL REPORTS

BOARD ASSURANCE FRAMEWORK - REVIEW OF WORKPLAN 2020/21

Date of Meeting	Workplan Item	Overseen by Committee?	Alternative Control/Assurance			
			If NO, was there any other management / governance oversight? (Please detail this)	Deferred and discussed at another meeting in 20/21	Carried forward to 21/22 workplan?	Any other comments / gaps*
<b>Overall Governance &amp; Assurance</b>						
	Risk Register	No	Director of Acute Services had regular Microsoft Teams Meetings with the Chair of the Committee to keep her updated regarding the current situation.  Discussed at DMT and Strategic Command.	Yes	Yes	Would be discussed at South JIB meeting.  Standing Item at all Acute Governance Committee Meetings.
	Quality Assurance & Improvement (Clinical Governance)	No	Director of Acute Services had regular Microsoft Teams Meetings with the Chair of the Committee to keep her updated regarding the current situation.  Discussed at DMT and Strategic Command.	Yes	Yes	Standing Item at all Acute Governance Committee Meetings.
	Workforce	No	Director of Acute Services had regular Microsoft Teams Meetings with the Chair	Yes	Yes	Standing Item at all Acute Governance Committee Meetings.

GOVERNANCE COMMITTEE ANNUAL REPORTS

BOARD ASSURANCE FRAMEWORK - REVIEW OF WORKPLAN 2020/21

Date of Meeting	Workplan Item	Overseen by Committee?	Alternative Control/Assurance			
			If NO, was there any other management / governance oversight? (Please detail this)	Deferred and discussed at another meeting in 20/21	Carried forward to 21/22 workplan?	Any other comments / gaps*
			of the Committee to keep her updated regarding the current situation.  Discussed at DMT and Strategic Command.			
<b>HSC Partnership Updates</b>						
	North JIB Minute	No	No update required from Acute.	Yes	Yes	Would be discussed at South JIB meeting.  Standing Item at all Acute Governance Committee Meetings.
	South JIB Minute	No	No update required from Acute.	Yes	Yes	Would be discussed at South JIB meeting.  Standing Item at all Acute Governance Committee Meetings.
24 March 2021 (Revised Workplan)	<b>Planned and Projected Programmes/Models</b>					
	Service Reconfiguration	Yes		Y/N	Y/N	
	<b>Performance</b>					
	Unscheduled care: emergency and urgent	Yes		Y/N	Y/N	
	Elective Performance in and out of area	Yes		Y/N	Y/N	

GOVERNANCE COMMITTEE ANNUAL REPORTS

BOARD ASSURANCE FRAMEWORK - REVIEW OF WORKPLAN 2020/21

Date of Meeting	Workplan Item	Overseen by Committee?	Alternative Control/Assurance			
			If NO, was there any other management / governance oversight? (Please detail this)	Deferred and discussed at another meeting in 20/21	Carried forward to 21/22 workplan?	Any other comments / gaps*
	Finance	Yes		Y/N	Y/N	
<b>Overall Governance &amp; Assurance</b>						
	Risk Register	Yes		Y/N	Y/N	
	Preparedness/Response to Covid-19	Yes		Y/N	Y/N	
	Quality Assurance & Improvement (Clinical Governance)	Yes		Y/N	Y/N	
	Workforce	Yes		Y/N	Y/N	
<b>HSC Partnership Updates</b>						
	North JIB Minute	Yes		Y/N	Y/N	
	South JIB Minute	Yes		Y/N	Y/N	

The Committee met in January 2021 with an invitation extended to all Non-Executive. At this meeting the Director of Acute Services provided assurance regarding;

- Staffing
- Delayed Discharges
- 8/12 Hour Waits
- Capacity
- TTG
- Cancer
- Redesign of Urgent Care
- Risk Management

**AREA CLINICAL FORUM  
ANNUAL REPORT 2020/21**

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 X times during the year from 1 April 2020 to 31 March 2021 as follows:-

7. Attendance of Committee Representatives

Committee represented	April 2020	June 2020	Sept 2020	Nov 2020	Feb 2021
Allied Health Professions	√	√	√	√	√
Dental	√	√	√	√	√
Healthcare Sciences	√	√	√	√	x
Medical	√	√	x	√	x
Nursing & Midwifery	x	x	x	x	√
Optometric	√	√	√	√	√
Pharmaceutical*	√	x	x	√	x
Psychology Services	√	√	√	√	√

*\*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
- Replacement of University Hospital Monklands
- Realistic Medicine
- Primary Care Improvement Plan / General Medical Services Contract
- NHS Board meeting updates

As 2020 unfolded it became clear that the pandemic was going to impact on the workplan for the Forum, however most of these items were discussed in addition to an increased focus on the Board's response to the pandemic. Throughout 2020/21, the Forum was provided with a range of Covid related information the pandemic emerged and developed and a number of papers that set out how the Board was addressing the challenges.

Specific topics were also raised by committee members as follows

- Remobilisation and Recovery Planning
- Testing and Tracing
- Care Homes updates
- Strathclyde Modelling
- Winter Planning
- Scottish Access Collaborative
- BREXIT
- Feedback from the National Area Clinical Forum Chairs' meetings

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

## 9. Improvements overseen by the Committee:

Plans were in place for the Forum to continue to promote the work of the Forum, however with the emergence of the pandemic, and bearing in mind that much of this was to be delivered through the development of the website, this was paused until resources could be deployed to this without impacting on Covid workload.

The Forum was very pleased to play a significant part in the Board's deliberations around the selection of a site for the new University Hospital Monklands, and held a joint meeting with the Area Partnership Forum in November 2020 to discuss the options being presented to the Board in December 2020. Mr. Lauder and his team took both Forum members through the proposals and both Forum submitted their views on the selection of the site.

It was heartening to see the prominence that the Board placed on the views of both groups, especially the views of the clinical community.

The development of a very stable and well attended Psychology Services Advisory Committee was very positive for the Forum, this group had lacked some direction and leadership but this was improved greatly with the commitment of the newly appointed chair of the Committee.

The Board Secretary has also been supporting the National Area Clinical Forum Chairs' meetings. An agreement has been reached with Scottish Government that funding is available to support the work of the group, but in light of the pandemic this has not been progressed. It is hoped that substantive arrangements can be put in place to support the National Group in 2021.

During the pandemic arrangements were swiftly put in place to allow the Forum to meet virtually via Microsoft Teams and this arrangement has worked particularly well during this period, however all Forum Members are keen to return to some face to face meetings and therefore when circumstances allow a blend of meetings may be put in place.

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

Covid dominated the discussion at most meetings, and the Forum members were impressed by the agility and sensitivity of Board Directors in addressing the issues as these emerged. All Forum representatives spoke highly about the levels of engagement and the way in which the Board tackled the unprecedented issues it faced throughout 2020, and into 2021.

As mentioned in the last Annual Report 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. 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 meetings had to be postponed when the pandemic emerged in early 2020, and these meetings are being rescheduled now. The Director Nursing is fully engaged in revitalizing the Committee as an effective vehicle for engagement and advice. 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.

In 2021 the Independent Report into the Review of Adult Social Care (the Feeley Report) emerged and while we await the formal response from the new Scottish Government, it is clear that this will have a significant impact on all Forum Members, and will feature on the agenda for the Forum in 2021/22.

#### 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.

In April 2021, Mrs. Maureen Lees was re-elected Chair of the Forum for a further four-year term from June 2021.

In addition, it should be noted that Mrs. Lees is also Chair of the National Area Clinical Forum Chairs' Group.

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

20 May 2021



## **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, its agreed Terms of Reference. Specifically they will:

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

## **16 Attendees**

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

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

## **17. Secretariat**

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

## **18. Minutes**

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

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

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

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

## **20. Annual Report**

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

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

Adopted February 2019

# NHS LANARKSHIRE

## MONKLANDS REPLACEMENT OVERSIGHT BOARD

### ANNUAL REPORT 2020 / 21

#### 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:

Ally Boyle	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 (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
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
Judith Park	Director of Acute Services, NHS Lanarkshire
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 twice during the year from 1 April 2020 to 31 March 2021 as follows

7. Attendance of Members

Name of member	22 June 2020	26 November 2020
Dr Lesley Thomson	√	√
Brian Moore	√	√
Lilian Macer	x	√
Professor Sir Harry Burns	x	x
Dr Mike Higgins	√	√
Donald Masterson	√	x
John Wilson	√	√
Margaret Moncrieff	x	√
Robert Craig	√	√
Richard O'Hara	√	√
Sharon Craig	x	x
Teresa Mullen	√	x
Ally Boyle	√	√

8. Issues Considered by the Committee over the year

- 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 postal scoring process, weighting process, nomination process, site information pack and participant scoring information pack.
- 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 of the MRP (Monklands Replacement Project) Equality and Diversity Impact Assessments (EDIA) in relation to the postal scoring exercise.
- Risk Management: At each meeting the board members considered any new and emerging risks. 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.

- Endorsed the Decision Making Framework which provided a structured process for the consideration of the various factors which will be considered in the determination of the preferred location for the replacement of University Hospital Monklands.
- The terms of reference will be reviewed by the NHS Lanarkshire Board in March 2021. Any revisions will form part of the annual report 2021/22. The current terms of reference are shown as appendix 2.

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

- The Oversight Board provided assurance that NHS Lanarkshire, through the Monklands Project Team, has fully complied with the processes required and sought validation in each of the following:
- The recommendations made by the Independent Review Panel and subsequent Cabinet Secretary recommendations have been fully met;
- The guidance within the Scottish Capital Investment Manual (SCIM) has been followed, and externally validated;
- CEL 4 (2010) Informing, engaging and Consulting People In Developing Health and Community Care Services has been followed, and externally validated;
- A Fairer Scotland Duty Assessment has been conducted and externally validated;
- Equality and Diversity Impact Assessments have been undertaken and validated.
- During the year the Oversight Board continued to suggest improvements and additions to the communication and engagement process.
- The Oversight Board will continue to receive updates on the progress on the NHS Assure Programme formally known as the Scottish Centre for Reducing Infection and Risks in the Healthcare Built Environment Programme.
- The Oversight Board 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). A further update will be shared in the first meeting of 2021.

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

- The Oversight Board continues to note challenges associated with engagement during the Covid-19 pandemic and will ensure the Outline Business Case (OBC) Programme continues to develop in a safe and effective manner. The Oversight Board recognises the importance of the submission of an OBC to Scottish Government. 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.

Date 16<sup>th</sup> April 2021

Date of Meeting	Workplan Item	Overseen by Committee?	Alternative Control/Assurance			
			If NO, was there any other management / governance oversight? (Please detail this)	Deferred and discussed at another meeting in 20/21	Carried forward to 21/22 workplan?	Any other comments / gaps*
16 April 2020 (meeting cancelled)	Outcome of the scoring event 10 <sup>th</sup> March 2020	No	The MROB board secretary wrote to members on 12 <sup>th</sup> March 2020 to advise NHS Lanarkshire would be withdrawing the results from the scoring exercise as they were not satisfied these were robust nor representative. In order to address this issue, NHS Lanarkshire planned to undertake an additional scoring process via a postal submission. The process would be wholly managed by The Consultation Institute (tCi) from the production and issuing of information through to the collection and collation of scores.	Yes	No	
22 June 2020	Approval of Minute of meeting held on 19 <sup>th</sup> February 2020	Yes		Y/N	Y/N	
	Consideration of updated Action Log	Yes		Y/N	Y/N	
	MRP Option Appraisal – Postal Scoring Exercise Update	Yes		Y/N	Y/N	

GOVERNANCE COMMITTEE ANNUAL REPORTS

BOARD ASSURANCE FRAMEWORK - REVIEW OF WORKPLAN 2020/21

Date of Meeting	Workplan Item	Overseen by Committee?	Alternative Control/Assurance			
			If NO, was there any other management / governance oversight? (Please detail this)	Deferred and discussed at another meeting in 20/21	Carried forward to 21/22 workplan?	Any other comments / gaps*
	Update from the Consultation Institute	Yes		Y/N	Y/N	
	Risk arising from the Board deliberations	Yes		Y/N	Y/N	
20 August 2020 (meeting cancelled)	Outcome of postal scoring exercise	No	tCi ran the postal scoring exercise which concluded with a scoring report 22 <sup>nd</sup> August 2020. A recommendation from the tCi indicated that additional risk assessment be completed to allow the NHS Lanarkshire board members to make a recommendation to Scottish Government.	Yes	No	
21 October 2020 (meeting cancelled)	Update on the engagement process following the postal scoring exercise. The engagement process concluded	No	This meeting was cancelled as the NHS Lanarkshire Board will consider at their meeting on 28th October 2020 a proposal to adopt a Decision-Making Framework which will provide a structured process for the consideration of the various factors to assist	Yes	No	

GOVERNANCE COMMITTEE ANNUAL REPORTS

BOARD ASSURANCE FRAMEWORK - REVIEW OF WORKPLAN 2020/21

Date of Meeting	Workplan Item	Overseen by Committee?	Alternative Control/Assurance			
			If NO, was there any other management / governance oversight? (Please detail this)	Deferred and discussed at another meeting in 20/21	Carried forward to 21/22 workplan?	Any other comments / gaps*
			in the determination of the preferred location for the replacement of University Hospital Monklands. The Board agreed that MROB should therefore consider the various stages of the process at their next meeting in order to provide assurance that all of the compliance aspects of the process have been followed satisfactorily.			
26 November 2020	Approval of Minute of meeting held on 22 <sup>nd</sup> June 2020	Yes		Y/N	Y/N	
	Consideration of updated Action Log	Yes		Y/N	Y/N	
	Completion of the Monklands Replacement Project (MRP) Stakeholder Engagement and Options Appraisal Process	Yes		Y/N	Y/N	
	Project Team Update	Yes		Y/N	Y/N	
	Risk arising from the Board deliberations	Yes		Y/N	Y/N	
			Y/N		Y/N	Y/N
23 February 2021	Approval of Minute of meeting held on 26 <sup>th</sup> November 2020	No	The MROB board secretary wrote to	No	Yes	

GOVERNANCE COMMITTEE ANNUAL REPORTS

BOARD ASSURANCE FRAMEWORK - REVIEW OF WORKPLAN 2020/21

Date of Meeting	Workplan Item	Overseen by Committee?	Alternative Control/Assurance			
			If NO, was there any other management / governance oversight? (Please detail this)	Deferred and discussed at another meeting in 20/21	Carried forward to 21/22 workplan?	Any other comments / gaps*
(meeting cancelled)			members on 29 <sup>th</sup> January 2021 to confirm formal Scottish Government approval of the Wester Moffat site as preferred site. An MROB meeting was arranged for February 2021 but subsequently cancelled in order that the MROB formal membership and TOR would be reviewed by the NHS Lanarkshire board members in March 2021. The MROB was formally dissolved in April 2021 and replaced by a PPRC / Monklands Oversight Assurance Committee.			
	Annual review of Terms of Reference	No		Y/N	Y/N	
	Cabinet Secretary update on Site Selection	No		Y/N	Y/N	
	Project Director Update	No		Y/N	Y/N	
	Approval of meeting schedule	No		Y/N	Y/N	
	Approval of Workplan 2021	No		Y/N	Y/N	
	Risk arising from the Board deliberations	No		Y/N	Y/N	