

NHS Board
25 May 2022

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SUBJECT: GOVERNANCE COMMITTEE ANNUAL REPORTS 2021/22

1. PURPOSE

This paper is coming to the Board:

For approval	<input type="checkbox"/>	For endorsement	<input checked="" type="checkbox"/>	For consideration	<input type="checkbox"/>
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2. ROUTE TO BOARD

This paper has been:

Prepared	<input checked="" type="checkbox"/>	Reviewed and considered	<input type="checkbox"/>	Endorsed	<input type="checkbox"/>
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by the Board Secretary. Individual Committee Annual Reports have been considered by the respective Governance Committees / Chairs.

At the start of the pandemic in 2020 many Committee meetings were stood down, and for the 2020/21 submission Committees were asked to complete a template identifying areas of risk that had not been covered. However, in 2021/22 the Committees were able to meet more regularly, at least with limited Covid focussed agendas, with each Committee asked to prioritise reviewing their own Risk Registers when they did meet.

In addition to the Committees meeting when they could, the Board also met on a monthly basis in order to provide assurance for those Committees during short periods when they had to be stood down, and to support the Executive Team in agile decision making.

3. SUMMARY OF KEY ISSUES

Attached are Annual Reports from the Board's Governance Committees, viz:

Committee	Chair	Lead Director
Audit Committee	Brian Moore	Laura Ace
Staff Governance Committee	Lilian Macer	Kay Sandilands
Remuneration Sub-Committee	Ally Boyle	Kay Sandilands
Healthcare Quality Assurance and Improvement Committee	Dr Lesley Thomson	Dr Jane Burns/Eddie Docherty
Acute Governance Committee	Lesley McDonald	Judith Park
Population Health, Primary Care & Community Services	Ally Boyle	Soumen Sengupta / Ross McGuffie / Josephine Pravinkumar
Area Clinical Forum	Maureen Lees	Jane Burns
Planning, Performance and Resources Committee	Martin Hill	Paul Cannon

These Annual Reports cover: Committee Membership and Attendees; Meetings held during the year; the key issues considered by the Committees; Improvements overseen by the Committees; Matters of concern to the Committees.

During 2021/22 the remit for the Planning, Performance and Resources Committee was altered to include oversight of the Monklands Replacement Project. In January 2022, the Board established a new Committee, the Monklands Replacement Project Governance Committee, which only started meeting in April 2022. There is therefore no report from that Committee this year.

The Committees also, as appropriate, provided assurance statements about the adequacy and effectiveness of Governance arrangements. The Annual Reports confirm that the Committees have reviewed their workplans on a regular basis.

4. STRATEGIC CONTEXT

This paper links to the following:

Corporate Objectives	<input checked="" type="checkbox"/>	AOP	<input type="checkbox"/>	Government Policy	<input type="checkbox"/>
Government Directive	<input type="checkbox"/>	Statutory Requirement	<input checked="" type="checkbox"/>	AHF/Local Policy	<input type="checkbox"/>
Urgent Operational Issue	<input type="checkbox"/>	Other	<input type="checkbox"/>		

5. CONTRIBUTION TO QUALITY

This paper aligns to the following elements of safety and quality improvement:

Three Quality Ambitions:

Safe	<input type="checkbox"/>	Effective	<input checked="" type="checkbox"/>	Person Centred	<input type="checkbox"/>
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Six Quality Outcomes:

Everyone has the best start in life and is able to live longer healthier lives; (Effective)	<input type="checkbox"/>
People are able to live well at home or in the community; (Person Centred)	<input type="checkbox"/>
Everyone has a positive experience of healthcare; (Person Centred)	<input type="checkbox"/>
Staff feel supported and engaged; (Effective)	<input checked="" type="checkbox"/>
Healthcare is safe for every person, every time; (Safe)	<input checked="" type="checkbox"/>
Best use is made of available resources. (Effective)	<input checked="" type="checkbox"/>

6. MEASURES FOR IMPROVEMENT

The key improvements overseen by the Board and its Governance Committees are summarised within each report.

7. FINANCIAL IMPLICATIONS

There are no specific financial implications.

8. RISK ASSESSMENT/MANAGEMENT IMPLICATIONS

No further risk analysis required.

9. FIT WITH BEST VALUE CRITERIA

This paper aligns to the following best value criteria:

Vision and leadership	<input type="checkbox"/>	Effective partnerships	<input type="checkbox"/>	Governance and accountability	<input checked="" type="checkbox"/>
Use of resources	<input type="checkbox"/>	Performance management	<input type="checkbox"/>	Equality	<input type="checkbox"/>
Sustainability	<input type="checkbox"/>				

10. EQUALITY AND DIVERSITY IMPACT ASSESSMENT

These are Annual Reports on business considered during the year, for which EDIAs would have been considered when the issues were first raised.

11. CONSULTATION AND ENGAGEMENT

Other than the consideration given to the Annual Reports by the respective Committees, consultation and engagement is not relevant to this item.

12. ACTIONS FOR THE BOARD

The Board is asked to:

Approve	<input type="checkbox"/>	Endorse	<input checked="" type="checkbox"/>	Identify further risks	<input type="checkbox"/>
Consider	<input type="checkbox"/>	Accept the risk identified	<input type="checkbox"/>		<input type="checkbox"/>

The NHS Board is asked to:

- a) endorse the Annual Reports, which form a key part of the evidence in support of the Annual Accounts Governance Statement; and
- b) note that the Annual Reports will be considered by the Audit Committee on 7 June 2022.

13. FURTHER INFORMATION

For further information about any aspect of this paper, please contact Paul Cannon, Board Secretary, Telephone: 01698 752868 or email at paul.cannon@lanarkshire.scot.nhs.uk