

NHS LANARKSHIRE

AUDIT COMMITTEE ANNUAL REPORT 2021/22

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.

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 (until 31 August 2021)

Dr Avril Osborne, Non-Executive Director (until 28 February 2022)

Cllr Jim McGuigan, Non Executive Director

Ms Lesley McDonald (from June 2021)

5. Attendees:

Mrs Laura Ace, Director of Finance

Mrs Neena Mahal, Chair (until 31 December 2021)

Mr Martin Hill (from 1 January 2022)

Mrs Heather Knox, Chief Executive

Mrs Carol McGhee, Corporate Risk Manager

Mr Tony Gaskin, Chief Internal Auditor FTF Internal Audit Consortium

Mrs Morag Holmes, Internal Audit

Mr Peter Lindsay, Audit Scotland

Mrs Sarah Lawton, Audit Scotland

Mrs Fiona Mitchell-Knight, Audit Scotland

6. Executive Lead:

Mrs Laura Ace

7. Meetings held during the year:

The Committee met 5 times during the year from 1 April 2021 to 31 March 2022 as follows:

1 June 2021

30 June 2021

7 September 2021

7 December 2021

1 March 2022

8. Attendance of Members

Name of member	1 June 2021	30 June 2021	7 September 2021	7 December 2021	1 March 2022
Mr Brian Moore	√	√	√	√	√
Mrs Lilian Macer	√	√	√	√	√
Mr Phil Campbell	√	X	-	-	-
Dr Avril Osborne	√	√	√	√	-
Cllr Jim McGuigan	√	√	√	√	√
Ms Lesley McDonald	√	√	√	√	√

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 2021.
- 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 31st March 2021 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 30th June 2021.
- 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 2021/22 a series of Risks relating to Covid-19 were captures in a separate section of the register and later merged with the Corporate Risk Register. The June 2022 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 2021/22 accounts process.
- Property Transactions: The committee received the mandatory annual report on property transactions in September 2021 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 March 2022 the committee received an interim controls evaluation from the Chief Internal Auditor and will receive the annual report in June 2022. In June 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; (30 June 2021)
 - Draft External Audit Plan 2021/22; (March 2022)
 - Management report 2020/21 (1 June 2021)

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

- NHS in Scotland 2021;
 - PPE;
 - Fraud & Irregularity 2020/21.
 - Social care
- 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 7 September 2021. 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: During 2020/21 the Committee undertook a 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 2021/22 will take place at the committee's meeting of 7 June 2022. The national guidance schedule of information designed to achieve this will be considered and approved by the Committee in March 2022.

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 review of the risk register policy. The committee received updates on the progression of the assurance mapping work that was re-established in year, including a paper setting out governance committee assurance principles with a specific section on risk register. The committee also had sight of a driver diagram that set out the work required to improve the assurance reporting as considered and approved through CMT, noting the areas of work that had been completed, or were in progress. Through the key line of enquiry received 1 February 2022, the committee noted the re-establishment of the risk management facilitator network and the areas for improvement in 2022/23.

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.

Brian Moore
Committee Chair

Laura Ace
Executive Lead

March 2022

DATE: SEPTEMBER 2021

<p>1. Purpose</p>
<p>The Board has established an Audit Committee as a Committee of the Board to support them in their responsibilities for issues of risk, control and governance and associated assurance through a process of constructive challenge, including considering of the internal control environment governing the implementation of the Health and Social Care delivery plan. The role of the Audit Committee is mandated by the Scottish Public Finance Manual Audit Committee Handbook.</p>
<p>2. Membership and Quoracy</p>
<p>Membership of the Audit Committee will be drawn from the Non Executive Director component of the NHS Board. There will be 5 Non Executive Director Members of the Audit Committee, one of whom will be designated as Chair of the Committee. The NHS Board Chair cannot be a member of the Audit Committee. A minimum of 3 members of the Audit Committee will be present for the meeting to be deemed quorate.</p>
<p>3. Reporting Arrangements</p>
<p>The Audit Committee will report to the NHS Board and to the Accountable Officer following each meeting. This will be through the submission of Minutes of Meetings and a summary of key issues arising.</p> <p>The Committee will submit to the NHS Board in May an Annual Report, encompassing: the name of the Committee; the Committee Chair; members; the Executive Lead and officer supports/attendees; frequency and dates of meetings; the activities of the Committee during the year, including confirmation of delivery of the Annual Workplan and review of the Committee Terms of Reference; improvements overseen by the Committee; matters of concern to the Committee, confirmation that the Committee has fulfilled its remit and of the adequacy and effectiveness of internal control in NHS Lanarkshire. Where the review by the Committee of its Terms of Reference results in amendment, the revised Terms of Reference must be submitted to the NHS Board for approval. The Committee Annual Report will inform the submission of any appropriate assurance to the Chief Executive at the year-end, as part of the Governance Statement.</p>
<p>4. Key Responsibilities</p>
<p>The Audit Committee will advise the Board and Accountable Officer on:</p> <ul style="list-style-type: none"> ◇ The strategic processes for risk, control and governance and the Governance Statement; ◇ The accounting policies, accounts, and Governance Statement of the organisation, prior to approval by the Board; ◇ the process for review of the accounts prior to submission for audit, levels of error identified, and management's letter of representation to the external auditors; ◇ The planned activity and results of both internal and external audit;

- ◇ The adequacy of management response to issues identified by audit activity, including external audit's management letter/report;
- ◇ The adequacy and effectiveness of the internal control environment;
- ◇ The acceptability of any proposed changes to the Standing Orders, Scheme of Delegation or Standing Financial Instructions prior to approval by the Board;
- ◇ Assurances relating to the Corporate Governance requirements for the organisation;
- ◇ Anti-fraud policies and arrangements for special investigations.

Other issues to be considered by the Audit Committee include

- ◇ Proposals for purchase of non-audit services from contractors who provide audit services;
- ◇ Proposals to change the management arrangements, or means by which the internal audit function is delivered;
- ◇ Overseeing controls and risk assessment processes for Salus business-related activity.

The Audit Committee will also review its own effectiveness and report the results of that review to the Board and Accountable Officer.

5. Conduct of Business

This should cover:

Meetings:

The procedures for meetings are:

- ◇ The Audit Committee will meet at least four times a year. The Chair of the Audit Committee may convene additional meetings, as he/she deems necessary;
- ◇ The Audit Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters;
- ◇ The Board or Accountable Officer may ask the Audit Committee to convene further meetings to discuss particular issues on which they want the Committee's advice.

Quorum:

A minimum of 3 members of the Audit Committee will be present for the meeting to be deemed quorate. In the event of a meeting becoming inquorate, once convened, the Chair may elect to continue to receive papers and presentations from those attending, and to allow the members present the opportunity to ask questions. The minute will clearly state the point at which the meeting became inquorate, but notes of the presentation and discussion will be included with the minute. Every item discussed once the meeting became inquorate will be brought back in summary form under matters arising to the next meeting and ratified as appropriate.

Absence of Chair:

In the event of the Chair of the Committee being unable to attend, another member of the Committee will be designated the Chair for the meeting. Normally the Chair of the Committee would arrange this in advance.

Agenda Papers:

- The workplan for the year will map to the remit of the Committee;

- The agenda will be set by the Director of Finance in discussion with the Audit Committee Chair;
- Papers will be submitted to the Director of Finance at least seven working days before the date of the meeting;
- Agenda papers will be issued to Audit Committee members and attendees at least 6 days before the date of the meeting.

Minutes:

- All meetings will be minuted, and copies circulated to members within four weeks of the meeting being held. The minutes will clearly record decisions, actions, responsibilities, actions against identified risks and follow-up. Minutes will be submitted to the NHS Board, and published on the NHS Lanarkshire website.

Annual Workplan:

The Audit Committee will produce an Annual Workplan that sets out the business and activities to be covered during the year, and will submit this to the Board for approval by February of the preceding financial year.

Mid Year Review:

The Committee will conduct a mid year review of progress made against the Workplan, to ensure that it is delivering on its plan, and that additional actions are put in place to ensure full delivery of any slippage by the business year end. As part of the mid year review, the Committee will also review its Terms of Reference, and the need for any amendment or update, which, in the event, will require to be submitted to and approved by the NHS Board. The mid year review will be submitted to and approved by the NHS Board. The mid year review will be submitted to the NHS Board no later than November each year.

Annual Report:

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

- The name of the Committee, the Committee Chair, Membership, Executive Lead and Officer support/attendees;
- Frequency, dates of meetings and attendance;
- The activities of the Committee over the year, including confirmation of delivery of the Annual Workplan and review of the Committee Terms of Reference. Where such a review results in an amendment, a revised Terms of Reference must be submitted to the NHS Board for approval;
- Improvements overseen by the Committee;
- Matters of concern to the Committee;
- Confirmation that the Committee has fulfilled its remit, and of the adequacy and effectiveness of Internal Control;
- Additionally, the Annual Report will inform the submission of any appropriate assurance to the Chief Executive at the year-end, as part of the Governance Statement.

Submissions to Board following each meeting:

A draft minute of each meeting of the Committee, formatted to clearly highlight key decisions, actions and risk management, should be produced and should be available to the Chair of the Committee and the Director of Finance for consideration within three weeks of the meeting date. Once agreed with the Chair of the Committee and Director of Finance the minute will be submitted to the next scheduled meeting of the NHS Board

for information. Prior to that, the key issues considered by the Committee will, as appropriate, be the subject of reporting to the NHS Board, either verbally or through the submission of a Summary Report. Minutes of meetings of the Committee do not need to be approved by the Committee prior to their submission to the NHS Board for information. Agendas and papers for meetings of the Committee will, routinely, be uploaded to the relevant 'Meetings' section on Firstport.

Action Log:

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

6. Information Requirements

For each meeting the Audit Committee will be provided with:

- ◇ A report summarising any significant changes to the organisation's Risk Register;
- ◇ A progress report from the Chief Internal Auditor summarising:
 - work performed (and a comparison with work planned);
 - key issues emerging from Internal Audit work;
 - management response to audit recommendations;
 - significant changes to the audit plan;
 - any resourcing issues affecting the delivery of Internal Audit objectives;
- ◇ A progress report from the External Audit representative summarising work done and emerging findings;
- ◇ A report on any fraud investigations or fraud prevention activity since the previous meeting;
- ◇ A report on risk management activity and agreed indicators;
- ◇ An updated workplan showing achievement to date.

Annually the Committee will be provided with the NHS Scotland guidance on the Governance Statement and will determine the information it required in order to conclude on the adequacy and effectiveness of internal control and endorse the NHS Lanarkshire governance statement for approval by the Accountable Officer and Board. Currently these are:

- ◇ Reports from all standing governance committees of the board confirming whether they have fulfilled their remits and, based on assurances received, that there are adequate and effective governance arrangements in place. This includes matters relating to clinical, staff and information governance and risk management.
- ◇ Formal assurance from executive directors and senior managers that adequate and effective internal controls and risk management have been in place across their areas of responsibility and that any breaches of Standing Orders or Standing Financial Instructions and all significant failures of internal control have been reported to the Chief Executive;
- ◇ Report from the Chief Internal Auditor or equivalent confirming whether:
 - Based on the work undertaken, there were adequate and effective internal controls in place throughout the year;
 - The Accountable Officer has implemented a governance framework in line with required guidance sufficient to discharge the responsibilities of this role; and
 - The Internal Audit plan has been delivered in line with Public Sector Internal Audit Standards.
- ◇ Advice from both Internal and External Audit on whether there are any exceptions around the following:
 - Consistency of the Governance Statement with the information they are aware of from their work;
 - The process adopted in reviewing the adequacy and effectiveness of the system of internal control;

- The format and content of the Governance Statement in relation to the relevant guidance; and
- The disclosure of all relevant issues
- ◇ Quality assurance reports on the Internal Audit function;
- ◇ The draft Annual Accounts of the organisation;
- ◇ The draft Governance Statement;
- ◇ The risk management annual report and key lines of enquiry;
- ◇ A report on any changes to accounting policies;
- ◇ A summary (or full text if appropriate) of any reports by external assessment bodies (such as Healthcare Improvement Scotland or the Health and Safety Executive) which will not be considered by another governance committee of the Board and which contain significant issues which the committee needs to take into account directly in its assessment of internal control arrangements;
- ◇ Confirmation that the Chief Executive has discharged his responsibilities as Accountable Officer as set out in the Accountable Officer Memorandum last issued May 2012;
- ◇ External Audit Interim management Report;
- ◇ Board Self Assessment;
- ◇ Output from Best Value Assurance Framework;
- ◇ Patient Exemption Checking from Counter Fraud Services.

As and when appropriate the Committee will also be provided with:

- ◇ External Audit's management letter/report;
- ◇ External Audit's annual plan;
- ◇ Proposals for the Terms of Reference of Internal Audit;
- ◇ The Internal Audit strategy, the Charter/Terms of Reference of the Internal Audit Directorate and quality assurance reports on the Internal Audit function;
- ◇ A report on any proposals to tender for audit functions;
- ◇ A report on co-operation between Internal and External Audit;
- ◇ The executive summary of any relevant national Audit Scotland reports, the key implications for the Board and assurances as to how these will be actioned;
- ◇ A report on the Counter Fraud and Bribery arrangements and performance;
- ◇ Reports from the Salus Commercial Business Management Group.

The above list suggested minimum requirements for the inputs which should be provided to the Audit Committee. In some cases more may be provided.

7. Executive Lead and Attendance

Executive Director Lead

Generally, the designated Executive Lead will support the Chair of the Committee in ensuring that the Committee operates according to/in fulfilment of, its agreed Terms of Reference. Specifically, he or she will:

- ◇ support the Chair in ensuring that the Committee Remit is based on the latest guidance and relevant legislation, and the Board's Best Value framework;
- ◇ liaise with the Chair in agreeing a programme of meetings for the business year, as required by its remit; to oversee the development and ongoing monitoring of an Annual Workplan for the Committee which is congruent with its remit and the need to provide appropriate assurance at the year-end
- ◇ agree with the Chair an agenda for each meeting, having regard to the Committee's Remit and Workplan;
- ◇ oversee the production of an Annual Report on the delivery of the Committee's Remit and Workplan, for endorsement by the Committee and submission to the NHS Board

Audit Committee meetings will normally be attended by the Finance Director, the NHS Board Chair, the Chief Internal Auditor and a representative of External Audit and by the Accountable Officer as appropriate.

The Audit Committee may ask any other officials of the organisation to attend to assist it with its discussions on any particular matter.

The Committee shall reserve the right to ask all attendees to withdraw from meetings at any time and shall meet in private with the internal and external auditors at least annually.

The Audit Committee will be provided with a secretariat function by the Director of Finance, NHS Lanarkshire.

8. Access

The designated Chief Internal Auditor and the representative of External Audit will have free and confidential access to the Chair of the Audit Committee.

9. Rights

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

Authors:	Tony Gaskin, Chief Internal Auditor and Laura Ace, Director of Finance
Reviewed by Committee:	7 September 2021
Ratified by Lanarkshire NHS Board:	
Review Date:	August 2022

STAFF GOVERNANCE COMMITTEE

ANNUAL REPORT 21/22

1. Introduction

The Board has established a Staff Governance Committee as a Committee of the Board to support them in their responsibilities for the Staff Governance Standard which was issued in June 2012 and required all NHS Boards to demonstrate that staff are:

- Well informed;
- Appropriately trained and developed;
- Involved in decisions;
- Treated fairly and consistently, with dignity and respect, in an environment where diversity is valued; and
- Provided with a continuously improving and safe working environment, promoting the health and wellbeing of staff, patients and the wider community.

2. Name of Committee: Staff Governance Committee

3. Committee Chair: Lilian Macer, Employee Director

4. Committee Members: Mr Philip Campbell, Non-Executive Director
Mrs. Margaret Morris, Non-Executive Director
Mr., Brian Moore, Non-Executive Director
Mr Tom Wilson, RCN Representative
Mr. Robert Foubister, Unison Representative
Ms. Liz Airns, GMB Representative
Ms Margaret Anne Hunter, Unison Representative
Mr Andy McCormick, Unite Representative
Mrs Cathy McGinty, Unison Representative
Ms Lesley McDonald, Non Executive Director
Ms. Lesley Thomson, Non Executive Director
Mr Neil Findlay, 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 4 times during the year from 1 April 2021 to 31 March 2022 as follows:

7. Attendance of Members

Name of Member	7/6/21	6/9/21	29/11/21	28/2/22
Lilian Macer	√	√	X	√
Phil Campbell	X	X	X	X
Margaret Morris	√	X	X	X
Brian Moore	√	√	√	√
Liz Airns	√	X	√	X
Robert Foubister	√	√	√	√
Tom Wilson	√	√	√	X
Cathy McGinty	√	√	X	X
Margaret Anne Hunter	√	√	√	√
Andy McCormick	√	√	√	X
Lesley McDonald	√	√	√	√
Lesley Thomson		X	√	√
Neil Findlay			X	√

Mr P Campbell and Mrs. M. Morris stood down on 31st August 2021.

Ms. L. Thomson, joined the Committee on 23rd May 2021.

Mr. N. Findlay joined the Committee on 1st October 2021.

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 2021/22 as follows:
 - Whistleblowing
 - Practice Development
 - Organisational Development and Learning
 - Medical Education
 - Personal Independent Payments
 - Salus
 - Staff Governance Monitoring
 - Workforce Plan (interim)
- In addition, the committee reviewed Employability developments, the Legislative Compliance Register and the Health and Safety Governance Framework,
- Summarised reports from meetings of the Remuneration Committee throughout the year. Regular reports were also received on i-Matter; Corporate Risk Register, Quarterly Workforce Reports, Everyone Matters, Employee network development.
- Minutes were received and noted of the regular meetings of the Area Partnership Forum and Human Resources Forum.
- Committee Terms of Reference were reviewed in August 2021

9. Improvements overseen by the Committee:

- The Committee noted the reintroduction of i-Matter (Employee Experience) system in 2021 following the national pulse survey for 2020 .
- The Committee received and discussed workforce issues in relation to the Covid 19 pandemic and noted the range of wellbeing initiatives and support on offer to staff.

- The committee recognised the development of the both the Ethnic Minority Employee Network (ENME) and the LGBTI+ Employee Network.
- The committee noted the development of Employability schemes across NHSL in 2021/22
- The Committee monitored the implementation of the Workforce Planning action plan from the workforce planning internal audit.
- The Committee undertook a review to ensure the effective deliver of the staff governance standards and is in the process of implementing the developments proposed.
- The committee received presentation to enhance their understanding of the NHSL Workforce Dashboards and the Job Train recruitment systems.
- The committee approved the Equality Strategy Action Plan 2021-25
- The Committee noted the progress with the implementation of the Whistleblowing Standards and gained assurance from the quarterly reports.

10. Matters of concern to the Committee:

- The Committee noted a range of workforce challenges including sickness and covid absence levels, high levels of recruitment, use of supplementary staffing and impact on staff wellbeing.

11. Conclusion:

From the review of the performance of the Staff Governance Committee it can be confirmed that the Committee has met in line with the Terms of Reference, and has fulfilled its remit. Based on assurances received and information presented to the Staff Governance Committee adequate and effective arrangements were in place throughout the year.

Signatures of

Lilian Macer

Committee Chair



Executive Lead

Date 11/2/22



**LANARKSHIRE NHS BOARD
COMMITTEE TERMS OF REFERENCE**

**COMMITTEE: STAFF GOVERNANCE
DATE: FEBRUARY 2022**

1. Purpose

The Staff Governance Committee (SGC) exists to ensure that the workforce elements of 'Our Health Together' are implemented and ensure compliance with the NHS Scotland Staff Governance Standard for NHS Lanarkshire.

In addition the Staff Governance Committee will develop, support and maintain the existence of a culture and employment arrangements across NHS Lanarkshire to achieve the highest possible standards in people management.

The SGC will promote acceptance of collective rights and responsibilities, the importance of effective partnership and collaborative working and will energise continuous improvement to endeavour to make NHS Lanarkshire the employer of choice in recruitment and retention of staff.

Staff Governance is enshrined in legislation as part of the NHS Reform (Scotland) Act 2004, the standard calls for an informed and participative workforce, working in a safe environment. The health board has a legal duty in relation to the governance of staff. It shall be the duty of each Health Board and Special Health Board and of the Agency to put and keep in place arrangements for the purposes of: (a) improving the management of the officers employed by it; (b) monitoring such management; and (c) workforce planning.

The Standard requires all NHS Boards to demonstrate that staff are:

1. Well informed;
2. appropriately trained and developed
3. involved in decisions;
4. treated fairly and consistently, with dignity and respect
5. provided with a safe working environment, promoting the health and wellbeing of staff, patients and the wider community

The Standard also requires all staff to

- keep themselves up to date with developments relevant to their job within the organisation
- commit to continuous personal and professional development
- adhere to the standards set by their regulatory bodies

- actively participate in discussions on issues that affect them either directly or via their trade union/professional organisation.
- treat all staff and patients with dignity and respect while valuing diversity ;and
- ensure that their actions maintain and promote the health, safety and wellbeing of all staff, patients and carers.

2. Membership and Quoracy

Membership of the Staff Governance Committee will consist of 4 non-Executive Directors, one of which must be the Employee Director and 6 Staff Side Chairs of Operating Divisions (1 Acute, 2 IJBs, 1 PSSD, Chair HRF and Corporate).

Also in attendance will be the Chief Executive, Human Resource Director and other members of the CMT and / or HR Directorate to present agenda items.

One of the Non-Executive Director Members will be designated as Chair of the Committee. The appointment of the Chair of the Committee will be decided by the Board Chair, in discussion with the Non Executive Director about the assignment of Committee portfolios.

To be quorate meetings will require the attendance of two non-executive Directors of Lanarkshire NHS Board.

3. Reporting Arrangements

The Staff Governance Committee will report to the Board following each meeting. This will be through a verbal report or a written summary report on the key issues submitted by the Committee and by the submission of minutes of the meetings to NHS Lanarkshire Board.

The Committee will prepare an Action Log that will monitor and update at each subsequent meeting.

The Committee will conduct a mid-year review of progress against the Annual Workplan, as part of the process to ensure that the Work Programme is delivered. This mid-year review will be aligned to the Committee Terms of Reference.

In accordance with Best Value for NHS Lanarkshire Board and Committee working, the Committee will submit to the NHS Board in May an Annual Report, encompassing: the name of the Committee; the Committee Chair; Members; the Executive Lead and officer supports/attendees; frequency and dates of meetings; the activities of the Committee during the year, including confirmation of delivery of the Work Programme, and review of the Committee Terms of Reference; improvements overseen by the Committee; matters of concern to the Committee; confirmation that the Committee has fulfilled its remit, and confirmation of the adequacy and effectiveness of the Staff Governance Committee and improvement arrangements in NHS Lanarkshire.

The Committee Annual Report will inform the submission of any appropriate assurance to the Chief Executive at the year-end, as part of the Governance Statement.

Where the review by the Committee of its Terms of Reference results in amendment, the revised Terms of Reference must be submitted to the NHS Board for approval.

4. Key Responsibilities

The specific responsibilities of the SGC are to:

- Ensure a robust workforce plan is prepared and monitored that enables effective service delivery and achievement of the workforce 2020 vision
- Through routine receipt of reports and minutes from the Area Partnership Forum and focused agenda management, monitor progress and achievement against the 5 component parts of the Staff Governance Standard and progress in enabling a positive and engaging staff experience:
 1. Well informed
 2. Appropriately trained and developed
 3. Involved in decisions which affect them
 4. Treated fairly and consistently, with dignity and respect
 5. provided with a safe working environment, promoting the health and wellbeing of staff, patients and the wider community
- Approve and monitor and evaluate strategies and plans developed to deliver continuous improvement in people management
- Monitor the effectiveness of partnership and people management structures and processes to ensure delivery against the Staff Governance Standard.
- Monitor and influence the effectiveness of policy development and the development and deployment of people management strategies across NHS Lanarkshire, this to include oversight of implementation of the workforce implications of the NHS Lanarkshire Single Equality Scheme.
- Exercise oversight of the effective discharge of responsibility by the NHS Lanarkshire Remuneration Committee.
- Monitor the arrangements and content of the timely submission of Staff Governance information and evidence for national monitoring arrangements.
- Exercise oversight in the production of Staff Governance information for the annual governance statement.
- Key risks to the Board
-

5. Conduct of Business

Meetings

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

Quorum

To be quorate meetings will require the attendance of two non-executive Directors of Lanarkshire NHS Board. If the meeting is inquorate the Committee will continue to go through the agenda for the Staff Governance Committee. However, no decisions will be taken until a quorate meeting is convened.

Absence of Chair

A non Executive members would be asked to Chair the meeting.

Agenda Papers

Papers and reports and cover sheet should be submitted to the admin support one week prior to the meeting for the issuing of papers. The agenda is agreed and set by

the Secretary and Chair of the Staff Governance Committee. Papers will be circulated one week in advance of the meeting.

Minutes

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

Annual Workplan

In order to ensure that the Committee functions in accordance with its agreed Terms of Reference / Remit and delivers its Annual Workplan, both documents will be the subject of a mid-year review by the Committee.

Mid-Year Review

The Review will identify any areas of slippage on timescales/tasks and put in place any additional actions to ensure full delivery of the Committee's Remit and Workplan by the business year end.

This review will also provide an opportunity for the Committee to consider the need for any amendment/update to the Terms of Reference which, in the event, will require to be approved by the NHS Board.

Annual Report

In accordance with Best Value for Board and Committee Working, the Committee will submit to the NHS Board in May an Annual Report, encompassing: the name of the Committee; the Committee Chair; members; the Executive Lead and officer supports / attendees; frequency and dates of meetings; the activities of the Committee during the year, including confirmation of delivery of the Annual Workplan and review of the Committee Terms of Reference; improvements overseen by the Committee; matters of concern to the Committee.

Where the review by the Committee of its Terms of Reference results in amendment the revised Terms of Reference must be submitted to the NHS Board for approval. The Committee Annual Report will inform the submission of any appropriate assurance to the Chief Executive at the year-end, as part of the Statement of Internal Control. The Annual Report shall go to the March meeting for approval and then to the April Board meeting.

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

Action Log

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

6. Information Requirements

The Committee will consider information, as appropriate, in order to fulfil its remit and deliver its work programme.

The Committee will oversee an Annual work programme to progress the Staff Governance Standard and a reporting schedule to provide assurance to the Committee will include.

NHS Lanarkshire's Workforce Plan
Staff Governance Audits
Staff Governance Standard Monitoring Framework (Compliance)
NHS Lanarkshire's Our Health Together
NHS Lanarkshire's Equality Strategy
NHS Lanarkshire Health & Wellbeing Strategy

Workforce Metrics Reports
Whistleblowing report – quarterly
Minutes from HRF, APF and the Remuneration Committee

Annual Reports –Communications, Involved in Decisions, Whistleblowing, Employee Networks, SALUS, H&S Governance, Health and Wellbeing, iMatter

Annual Flash Report - Medical Education , NMAHP Practice Development , Organisational Development

7. Executive Lead and Attendance

The Director of HR is the designated Executive Lead and will support the Chair of the Committee in ensuring that the Committee operates according to / in fulfilment of its agreed Terms of Reference.

Support the Chair in ensuring that the Committee Remit is based on the latest guidance and relevant legislation, and the Board's Best Value framework.

Liaise with the Chair in agreeing a programme of meetings for the business year, as required by its remit.

Oversee the development of an Annual Workplan for the Committee which is congruent with its remit and the need to provide appropriate assurance at the year-end, for endorsement by the Committee and approval by the NHS Board.

Agree with the Chair an agenda for each meeting, having regard to the Committee's Remit and Workplan.

Lead a mid-year review of the Committee Terms of Reference and progress against the Annual Workplan, as part of the process to ensure that the Workplan is fulfilled.

Oversee the production of an Annual Report on the delivery of the Committee's Remit and Workplan for endorsement by the Committee and submission to the NHS Board.

8. Access

Does anyone (including from outwith the Committee membership) have the right of free and confidential access to the Chair.

No

9. Rights

Does the Committee have the right to procure specialist ad hoc advice, at the expense of the organization?

Yes, but in accordance with Standing Financial Instructions.

Authors:	Lilian Macer, Employee Director and Kay Sandilands, Director of HR
Reviewed by Committee:	February 2022
Ratified by Lanarkshire NHS Board:	
Review Date:	August 2022

REMUNERATION COMMITTEE

ANNUAL REPORT 2021/22

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 (April 2021 – December 2021)
Mr. Ally Boyle – Chair (From January 2022)

4. Committee Members: Mrs. Lilian Macer – Non-Executive Director
Mr Ally Boyle – Non-Executive Director (April – December 2021)
Ms. Margaret Morris – Non-Executive Director (April – July 2021)
Mr. Philip Campbell – Non-Executive Director (April – July 2021)
Mr Brian Moore – Non-Executive Director
Dr Lesley Thomson – Non Executive Director
Mr Martin Hill – Non Executive Director (From February 2022)

5. Executive Lead Mrs Kay Sandilands – Director of Human Resources

6. Meetings held during the year:

The Committee / Group / Forum met 7 times during the year from 1st April 2021 to 31st March 2022 as follows:

- 29th April 2021
- 17th May 2021
- 16th June 2021
- 13th July 2021
- 7th August 2021
- 6th October 2021
- 2nd February 2022

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

- Implementation of PCS(ESM)2021/2 – TRA for Nurse Director (12th April 2021)
- SBAR – Deputy CEO Role (20th May 2021)
- Updated Appraisal documentation (Approved 27th July 2021)
- Job Pack – Director of Public Health (Approved 9th September 2021)
- SBAR – Acting Deputy CEO (29th October 2021)
- CEO Objectives 2021/22 (2nd December 2021)

7. Attendance of Members

Name of member	29 th April 2021	17 th May 2021	16 th June 2021	13 th July 2021	7 th September 2021	6 th October 2021	2 nd February 2022
Neena Mahal (April – Dec)	√	√	√	√	√	√	
Ally Boyle	√	√	√	√	√	√	√
Philip Campbell (April – July)	X	X	√	√			
Margaret Morris (April – July)	X	√	√	√			
Lilian Macer	√	√	X	X	√	√	√
Lesley Thomson	√	√	√	√	√	√	√
Brian Moore	√	√	√	√	√	√	√
Martin Hill							√

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

During 2021/22 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 2021/22.
- Establishment of Executive Director's Personal Objectives 2021/22.
- Oversight and approval of the Executive and Senior Manager Performance Management arrangements for 2020/21.
- The Committee reviewed and supported the retirement arrangements for the Director of Public Health and noted Scottish Government agreement with the arrangements.
- Design and delivery of arrangements for the recruitment of the Director of Public Health.
- Approved acting arrangements and remuneration for Deputy Chief Executive.
- 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
- Monitoring of development 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 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.

9. 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 undertook Remuneration Committee National Training facilitated by NPMC to enhance understanding of role.

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 reviewed the 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.

10. 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.

11. 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: 3rd February 2022

TERMS OF REFERENCE

TITLE

1. The Committee shall be known as the Remuneration Committee of NHS Lanarkshire. It will be a standing Committee of NHS Lanarkshire and will make decisions on behalf of NHS Lanarkshire.

COMPOSITION

2. Members of the Remuneration Committee will be appointed by the Board of NHS Lanarkshire and will comprise:
 - The Chair of NHS Lanarkshire
 - The Employee Director
 - 3 other Non-Executive Directors
3. The Director of Human Resources will be the Executive Director Lead and will attend meetings of the Remuneration Committee as Advisor and to provide administrative support. The Committee will apply discretion on the Board employees that can be present when the Terms and Conditions for other board employees are being discussed.

One of Non-Executive Directors will be appointed by the Board of NHS Lanarkshire as Chair of the Remuneration Committee.

Executive Director Lead

Generally, the designated Executive Lead will support the Chair of the Committee in ensuring that the Committee operates according to / in fulfilment of it's agreed Terms of Reference. Specifically, they will:

- support the Chair of the Committee in ensuring that the Committee Remit is based on the latest guidance and relevant legislation, and the Board's Best Value framework;
- liaise with the Chair of the Committee in agreeing a programme of meetings for the business year, as required by its remit;
- oversee the development of an Annual Workplan for the Committee which is congruent with its remit and the need to provide appropriate assurance at the year-end, for endorsement by the Committee and approval by the Board;
- agree with the Chair of the Committee an agenda for each meeting, having regard to the Committee's Remit and Workplan;

- lead a mid-year review of the Committee Terms of Reference and progress against the Annual Workplan, as part of the process to ensure that the Workplan is fulfilled;
 - oversee the production of an Annual Report, informed by self-assessment of performance against the Remuneration Committee Self Assessment Handbook, on the delivery of the Committee's Remit and Workplan for endorsement by the Committee and submission to the Board.
4. The Chief Executive will only attend Remuneration Committees when issues of performance other than his/her own are being discussed although he/she may be invited to attend for other specific issues. It should be made clear in the agenda and in the minutes the reason for the Chief Executive's attendance. Where issues with financial implications are to be discussed at the Remuneration Committee the implications will first have been discussed with the Director of Finance and, where appropriate, the Director of Finance may be invited to attend meetings of the Remuneration Committee.
 5. The quorum for the Remuneration Committee will be attendance by 3 Non-Executive Directors.

FUNCTIONS

6. To oversee and agree the remuneration arrangements and terms and conditions of employment of Executive Directors and Senior Managers of NHS Lanarkshire, to include:
 - content and format of job descriptions
 - terms of employment including tenure
 - remuneration
 - benefits including pension or superannuation arrangements
 - annual salary review
 - involvement in appeals hearings for Senior Manager or Clinicians
 - oversight of process for implementation of organisational change
 - involvement in the design and implementation of the appointments process for executive appointments
7. To ensure arrangements are in place for the assessment of the performance of NHS Lanarkshire and to monitor the performance of NHS Lanarkshire against pre-determined performance criteria to inform oversight of Objective setting and support for decisions on individual performance appraisal.
8. To agree NHS Lanarkshire's arrangements for performance management and ensure that the performance of the Executive Directors is rigorously assessed against agreed Objectives within the terms of the performance management arrangements referred to above.
9. To ensure that clear Objectives are established for Executive Directors of NHS Lanarkshire early in the year in which performance is assessed by
 - receiving a report from the Board Chair on the agreed Objectives for the Chief Executive

- receiving a report from the Chief Executive on the agreed Objectives for the other Executive Directors of the Board.
10. To monitor arrangements for the pay and conditions of service of other Senior Managers on Executive Pay arrangements and on Professional/Management Transitional pay arrangements in accordance with appropriate guidance and to implement annual pay uplifts and pay progression in accordance with national guidance.
 11. To approve NHS Lanarkshire's arrangements for the grading of posts and to oversee these arrangements by receiving regular reports from the Director of Human Resources.
 12. To ensure that arrangements are in place to determine the remuneration, terms and conditions and performance assessment for staff employed under the Executive and Senior Management Pay arrangements. To receive formal reports (at least annually) providing evidence of the effective operation of these arrangements.
 13. To be the source of governance monitoring and approval for all other terms and conditions of service issues not covered by Direction or Regulation - such as Discretionary Points for Medical Staff, Voluntary Severance, Early Retirements, Removal Expenses and use of Compromise Agreements.
 14. To fulfil its functions, the Remuneration Committee will take into account a range of factors which will include
 - regular reports from the Director of Human Resources
 - the Remuneration Committee Self Assessment Handbook
 - guidance issued by the Scottish Government Health Department
 - an annual report on the application of pay awards and pay movements
 - the need to recruit and retain appropriately qualified and skilled Directors, General and Senior managers
 - equitable pay and benefits for the level of work performed

CONDUCT OF BUSINESS

15. Meetings of the Committee will be called by the Chair of the Committee with items of business circulated to members one week before the date of the meeting.
16. The Committee will seek specialist guidance and advice as appropriate.
17. All business of the Committee will be conducted in strict confidence.

REGULARITY OF MEETINGS

18. Meetings of the Remuneration Committee will be held as necessary to conduct its business. At a minimum, the Committee should meet twice per annum, once to approve the performance assessments and annual Objectives of the Executive Directors and once to approve the annual application of pay awards and pay progression.

REPORTING ARRANGEMENTS

19. The Remuneration Committee will report to the Board. Regular reports on meetings and activity will be submitted to the Board through the Staff Governance Committee. A Report on meetings of the Remuneration Committee will be issued to the Non Executive Directors of the Board and members of the Staff Governance Committee.
Membership of the Remuneration Committee will be reported to and agreed by the Board. Appropriate details of Executive Members remuneration will be published in NHS Lanarkshire's Annual Report.

Mid-Year Review of Terms Of Reference and Annual Workplan

In order to ensure that the Committee functions in accordance with its agreed Terms of Reference / Remit and delivers its Annual Workplan, both documents will be subject to a mid-year review by the Committee.

The review will identify any areas of slippage on timescales / tasks and put in place any additional actions to ensure full delivery of the Committee's Remit and Workplan by the business year end.

This review will also provide an opportunity for the Committee to consider the need for any amendment / update to the Terms of Reference which, in the event, will require to be approved by the Board.

Annual Report

In accordance with Best Value for Board and Committee Working, the Committee will submit to the Board in May each year an Annual Report, encompassing : the name of the Committee; the Committee Chair; members; the Executive Lead and officer supports / attendees; frequency and dates of meetings; the activities of the Committee during the year, including confirmation of delivery of the Annual Workplan and review of the Committee Terms of Reference; improvements overseen by the Committee; matters of concern to the Committee.

Where the review by the Committee of its Terms of Reference results in amendment the revised Terms of Reference must be submitted to the Board for approval. The Committee Annual Report will inform the submission of any appropriate assurance to the Chief Executive at the year-end, as part of the Statement of Internal Control.

20. When required, advice will be sought by the Committee from Scottish Government Health Workforce Directorate.

February 2022

NHS LANARKSHIRE

HEALTHCARE QUALITY, ASSURANCE & IMPROVEMENT COMMITTEE

ANNUAL REPORT 2021-2022

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 (last meeting on February 2022)

Mr Ally Boyle, Non-Executive Director

Mrs Lesley McDonald, Non-Executive Director

Mr Donald Reid, Non-Executive Director (October 2021)

5. Attendees:

Mrs Heather Knox, Chief Executive

Mr Paul Cannon, Board Secretary

Mr Martin Hill, NHS Board Chair (first meeting in February 2022)

Dr Lucy Munro, Medical Director, North Lanarkshire Health and Social Care Partnership

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

Dr Rory MacKenzie, Information Governance Committee Chair

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 (last meeting November 2021)

Mr Gabe Docherty, Director of Public Health (last meeting October 2021)

Mrs Nina Mahal, NHS Board Chair (last meeting July 2021)

Mrs Christine Gilmour, Director of Pharmacy

Dr John Keaney, Associate Medical Director, Acute Services

5. Executive Lead;

Dr Jane Burns, Executive Medical Director

6. Meetings held during the year;

The Committee met six times during the year from 1st April 2021 to 31st March 2022 as follows:

- 13th May 2021
- 8th July 2021
- 9th September 2021
- 20th October 2021 (Exception meeting)
- 11th November 2021
- 10th February 2022

7. Attendance of Members

Name of member	Meeting 1 13 th May 2021	Meeting 2 8 th July 2021	Meeting 3 9 th September 2021	Meeting 4 20 th October 2021	Meeting 5 11 th November 2021	Meeting 6 10 th February 2022
Dr Lesley Thomson	✓	✓	✓	✓	✓	✓
Dr Avril Osborne	✓	✓	✓	✓	✓	✓
Mrs Maureen Lees	✓	✓	✓	✓	✓	✓
Mr Ally Boyle	✓	✓	✓	✓	✓	✓
Mrs Lesley McDonald	✓	✓	✓	✓	✓	✓
Mr Donald Reid	n/a	n/a	n/a	✓		✓

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 February 2022.

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
- Person Centred Care 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

9. Improvements overseen by the Committee;

The Committee would wish to highlight the following areas:

- Continued development of the NHS Lanarkshire Clinical Guidelines App for guidelines and pathways.
- Completed Mortality Case-note Reviews in each of the 3 acute hospital sites and action plans developed, focusing on sharing the learning.
- Monitoring of the Quality Strategy Implementation Plan at every meeting, reviewing progress and discussing future actions planned.
- Quality & Safety Dashboard development, including a new, easier to read format, providing further narrative and raw data.
- Development of a Major Haemorrhage flowchart and checklist, shared across all 3 acute hospital sites to improve patient safety.
- Datix system improvements, including the launch of an actions module and the addition of more categories to further improve accuracy of reporting.
- Complaints developments, including the creation of a Complaints toolkit and merging of the teams across acute, primary care and corporate to improve consistency and support staffing capacity across the organisation.
- Palliative Care “just in time grab boxes” rolled out throughout South Health & Social Care Partnership.
- Quality Week 2021, where staff had the opportunity to participate in learning and development. The programme offered a blended approach including live MS teams sessions, pre-recorded sessions and face to face.

- Creation of the Adverse Events Bulletin to capture and share the learning across the organisation from Adverse Events. This continues to evolve and now includes learning from Complaints and Information Governance incidents and has been renamed the Learning Bulletin.
- An HQAIC Development session for members, resulting in the creation of a Committee Toolkit with guidance for members regarding meeting etiquette, Annual Report writing guidance and a new Annual Report template to improve quality and consistency. Agreement on the addition of a new Annual Report meeting each year.
- Maternity & Neonatal Services review in relation to the Covid 19 impact; staff worked in collaboration with Health Improvement Scotland (HIS) to develop an improvement plan aimed at reducing stillbirths.
- Public Protection Team Learning & Development Strategy launch and implementation plan developed to support staff.
- SPSP Collaborative launches for the reduction of Falls, Cardiac Arrest and Infection Control.

10. Matters of concern to the Committee;

- One exception meeting of the Healthcare Assurance & Improvement Committee took place in October 2021 to discuss the Care Home review that was completed to provide assurance regarding how patients were cared for during the Covid 19 pandemic. A Data & Measurement Masterclass was also delivered to members in the first half of the meeting. A minute from the meeting was shared with Committee members and an update provided to the Board.
- The Committee noted that it was not possible to complete all of the actions on the Quality Strategy Implementation plan for 2021- 2022. The unexpected capacity issues experienced by the service due to numbers of patients requiring care in hospital and the community combined with staff absence, directly influenced the ability to participate in improvement work.

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. Based on assurances received and information presented to the Healthcare Quality, Assurance & Improvement Committee, adequate and effective arrangements were in place throughout the year.

Signatures of

Committee Chair

Executive Lead

Date

COMMITTEE TERMS OF REFERENCE

HEALTHCARE QUALITY ASSURANCE & IMPROVEMENT COMMITTEE

<p>1. Purpose</p> <p>The Board has established a Healthcare Quality Assurance and Improvement Committee as a Committee of the Board to support the Board in its responsibilities for issues of clinical risk, control and governance and associated assurance in the area of Clinical Governance, through a process of constructive challenge. The Committee’s purpose will be set within a context for the overall implementation of the 20:20 Vision for the NHS in Scotland and the associated Route Map.</p> <p>NHS Lanarkshire’s quality vision is to achieve transformational improvement in the provision of safe, person-centred and effective care for patients, and for patients to be confident that this is what they will receive, no matter where and when they access services.</p> <p>To achieve our quality vision, the Board is committed to transforming the quality of health care in Lanarkshire through investment in and continuous reliable implementation of patient safety processes. Through this, the Board aims to:</p> <ul style="list-style-type: none">▶ be the safest health and care system in Scotland▶ have no avoidable deaths▶ reduce avoidable harm▶ deliver care in partnership with patients that is responsive to their needs▶ meet the highest standards of evidence based best practice▶ be an employer of choice▶ develop a culture of learning and improvement, characterised by our values of Fairness, Respect, Quality and Working Together▶ ensure equity of access so that all individuals, whatever their background, achieve the maximum benefit from services and interventions provided, within available resources <p>The Healthcare Quality Assurance and Improvement Committee is responsible for providing assurance at all levels across the organisation that the health improvement and care we provide fulfils the Quality Ambitions of being Safe, Effective and Person-Centred and that staff at all levels, are given the necessary support to identify areas for quality improvement and the training and development to implement change. Or, as the Berwick Review¹ eloquently put it;</p> <p><i>"Place the quality of patient care, especially patient safety, above all other aims. Engage, empower, and hear patients and carers at all times.</i></p>

¹ A promise to learn - a commitment to act. Improving the Safety of Patients in England. National Advisory Group on the Safety of Patients in England. 2013

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

2. Membership

Membership of the Healthcare Quality Assurance and Improvement Committee will be drawn from the Non-Executive Director component of the NHS Board. There will be four Non-Executive Director Members of the Healthcare Quality Assurance and Improvement Committee, one of whom will be the Chair of the Area Clinical Forum. One of the Non-Executive Director Members will be designated as Chair of the Committee. The appointment of the Chair of the Committee will be decided by the NHS Board Chair, in discussion with Non-Executive Directors about the assignment of Committee portfolios.

3. Reporting Arrangements

The Healthcare Quality Assurance and Improvement Committee will report to the NHS Board following each meeting. This will be through a verbal report or a written Summary Report on the key issues considered by the Committee, and by the submission of minutes of meetings to the NHS Board. The Committee will work closely with other Governance Committees in areas of mutual interest where key responsibilities overlap.

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

The Committee will conduct a mid-year review of progress against the annual Work Programme, as part of the process to ensure that the Work Programme is delivered. This mid-year review will be aligned to the Committee Terms of Reference.

In accordance with Best Value for NHS Board and Committee working, the Committee will submit to the NHS Board in May an Annual Report, encompassing: the name of the Committee; the Committee Chair; Members; the Executive Lead and officer supports/attendees; frequency and dates of meetings; the activities of the Committee during the year, including confirmation of delivery of the Work Programme, and review of the Committee Terms of Reference; improvements overseen by the Committee; matters of concern to the Committee; confirmation that the Committee has fulfilled its remit, and confirmation of the adequacy and effectiveness of the Healthcare Quality Assurance and Improvement arrangements in NHS Lanarkshire.

The Committee Annual report will inform the submission of any appropriate assurance to the Chief Executive at the year-end, as part of the Governance Statement.

Where the review by the Committee of its Terms of Reference results in amendment, the revised Terms of Reference must be submitted to the NHS Board for approval.

4. Key Responsibilities

To provide systems of assurance that healthcare quality assurance and improvement mechanisms including those relating to clinical risk management are in place and effective throughout NHS Lanarkshire. This remit includes:

- Endorsing the NHS Lanarkshire Quality Strategy 2018-2023, “The Quality Approach to Achieving Excellence” prior to approval from the NHS Board;
- Bringing to the attention of the Lanarkshire NHS Board regular reports on the operation of the system, and specific reports on any problems that emerge and necessary corrective actions being taken;
- Ensuring leadership, strategic direction and implementation of quality improvement as well as demonstrating its impact;
- Ensuring equity in the provision of care, treatment and access to services, which incorporates the diverse needs of individuals and population sub-groups, and is appropriate and sensitive to the delivery of person-centred care;
- As appropriate, critically reviewing reports and action plans arising from the work of internal audit, external audit, review agencies and inspectorates, as they relate to assurance on the effectiveness of clinical risk management and quality improvement;
- Ensuring that recommendations made by the Scottish Public Services Ombudsman are implemented;
- Providing oversight on, behalf of the Board, of key governance groups and arrangements responsible for compliance with the Scottish Government Health and Social Care Directorate’s directions, including, Healthcare Associated Infection, Information Governance, Independent Sector Monitoring, Research and Development, Organ Donation, Area Drug & Therapeutics and Duty of Candour;
- Being assured that NHS Lanarkshire has in place a managed system for clinical policies;
- Ensuring the Healthcare Quality Assurance and Improvement Committee discharges its role in relation to Assuring Best Value.

5. Conduct of Business

Declaration of Interest:

A Member must consider whether they have an interest to declare in relation to any matter which is to be considered as soon as possible. A Member should consider whether any item on the agenda raises any issue of declaration of interest. The declaration should be made as soon as practicable at the meeting that the interest arises.

Meetings:

- The Committee will meet at least 5 times a year. The Chair of the Committee may convene additional meetings as he/she deems necessary.

Quorum:

- To be quorate, meetings will require the attendance of 2 Non-Executive Director Members. In the absence of the designated Chair, the remaining Members will appoint a Chair from amongst their number. Although not a requirement for Quoracy, it is expected that one of the following Executive Directors will be in attendance at Meetings, viz: the Medical Director; the Director for Nurses, Midwives and the Allied Health Professions.
- In the event of a meeting becoming inquorate once convened, the Chair may elect to continue to receive papers and presentations from those attending, as described in the agenda for the meeting, and to allow the Members present the opportunity to ask questions. The minute of the meeting will clearly state the point at which the meeting became inquorate, but notes of the presentation and discussion will be included with the Minute. Every item discussed once the meeting became inquorate will be brought back in summary from matters arising to the next meeting, and ratified, as appropriate.

Absence of Chair:

- In the event of the designated Chair of the Healthcare Quality Assurance and Improvement Committee being unable to attend, another member of the Committee will be designated by the Chair for the meeting. Normally, the Chair of the Committee will arrange this in advance.

Agenda and Papers:

- Agenda for meetings of the Committee will be formulated having regard to: Matters Arising from the previous meeting; the Committee Work Programme and reporting schedule; and the Committee Terms of Reference. The agenda will be agreed at an agenda-setting meeting involving the Medical Director and the Chair of the Committee, with other officer input, as appropriate. Agenda papers, should be submitted to the Board Secretary, or other designated officer(s) in sufficient time to enable the agenda and papers for meetings to be issued not later than one week before meetings of the Committee.

Action Minutes:

- A draft minute of each meeting of the Committee (and a Summary paper, when Board meetings occur soon after the Committee), formatted to clearly highlight key decisions, actions and risk management, should be produced and available to the Chair of the Committee and the Medical Director for consideration within three weeks of the meeting date. Once agreed with the Chair of the Committee and the Medical Director, the minute will be submitted to the next scheduled meeting of the NHS Board for information. Prior to that, the key issues considered by the Committee will, as appropriate, be the subject of reporting to the NHS Board, either verbally or through the submission of a Summary Report. Minutes of meetings of the Committee do not need to be approved by the Committee prior to their submission to the NHS Board for information. Agendas and papers for meetings of the Committee will, routinely, be uploaded to the relevant 'Meetings' section on Firstport.

Action Log:

- An Action Log, setting out the key actions agreed at each meeting of the Committee will be produced, and agreed with the Committee Chair and the Medical Director. The Medical Director, with officer support provided by the Director of Quality, will ensure that actions are followed through timeously to completion. Updated action logs will be provided to each meeting of the Committee.

Annual Workplan:

- The Committee will produce an Annual Workplan that sets out the business and activities to be covered during the year and will submit this to the Board for approval by March of the preceding financial year.

Mid-year Review:

- The Committee will note a mid-year review of progress in the delivery of the Annual Workplan and reporting schedule. This mid-year review will also be aligned to the Committee's Terms of Reference. Indicatively, the mid-year review will be undertaken by the Committee at its meeting in November, with the outcome being reported to the next NHS Board meeting.

Annual Report:

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

- The name of the Committee, the Committee Chair, Membership, Executive Lead and Officer support/attendees;
- Frequency, dates of meetings and attendance;
- The activities of the Committee over the year, including confirmation of delivery of the Annual Workplan and review of the Committee Terms of Reference. Where such a review results in an amendment, a revised Terms of Reference must be submitted to the NHS Board for approval;
- Improvements overseen by the Committee;
- Matters of concern to the Committee;
- Confirmation that the Committee has fulfilled its remit, and of the adequacy and effectiveness of Internal Control;
- Additionally, the Annual Report will inform the submission of any appropriate assurance to the Chief Executive at the year-end, as part of the Governance Statement.

Submissions to Board following each meeting:

- Summary briefing and approved Minute;
- Procedure in event of Committee meeting taking place too close to Board to allow written submission (see Board Secretary Schedule of Reporting on this) - verbal report followed by written at next Board.

6. Information Requirements

The Committee will consider information, as appropriate, in order to fulfil its remit and deliver its work programme. This will include:

- a) Consistent, focussed data and risk driven Performance Management Reports;
- b) Triangulated data on feedback and complaints, staff feedback, quality, analysis of incidents and critical incidents, and operational performance data;
- c) Additional information and requirements that may arise and be required in year, in order to enable the Committee to properly fulfil its purpose.

Work Programme and Reporting Schedule

The Committee will oversee an annual work programme to progress the Board's Quality Assurance and Improvement Strategy, and a reporting schedule to provide assurance to the Committee (as per page 8).

7. Executive Support and Attendance

Executive Lead:

Medical Director

Other Executive Support :

Director for Nurses, Midwives and the Allied Health Professions
Director of Quality
Director of Public Health & Health Policy

Other Attendees:

Chief Executive
Corporate Risk Manager
Divisional Medical Director, Acute Services
Chair, Support Care and Clinical Governance, North HSCP
Chair, Support Care and Clinical Governance, South HSCP
Head of Assurance
Head of Evidence
Head of Improvement
Staff Partnership Representative
Consultant in Critical Care, Chair IGC

Expert External Attendees:

To be confirmed

Executive Director Lead:

The designated Executive Lead will support the Chair of the Healthcare Quality Assurance and Improvement Committee in ensuring that the Committee operates according to/in fulfillment of, its agreed Terms of Reference. Specifically, they will:

- Support the Chair in ensuring that the Committee Remit is based on the latest guidance and relevant legislation, and the Board's Best Value framework;
- Liaise with the Chair in agreeing a programme of meetings for the business year, as required by its remit;
- Oversee the development of an Annual Work Programme for the Committee which is congruent with its remit and the need to provide appropriate assurance at the year-end, for endorsement by the Committee and approval by the NHS Board;
- Agree with the Chair an agenda for each meeting, having regard to the Committee's Remit and Work Programme;
- Lead an annual review of the Committee Terms of Reference and progress against the Annual Work Programme, as part of the process to ensure that the Work Programme is fulfilled;
- Oversee the production of an Annual Report on the delivery of the Committee's Remit and Work Programme, for endorsement by the Committee and submission to the NHS Board.

8. Access

The designated Chief Internal Auditor and the representative of External Audit will have free and confidential access to the Chair of the Healthcare Quality Assurance and Improvement Committee.

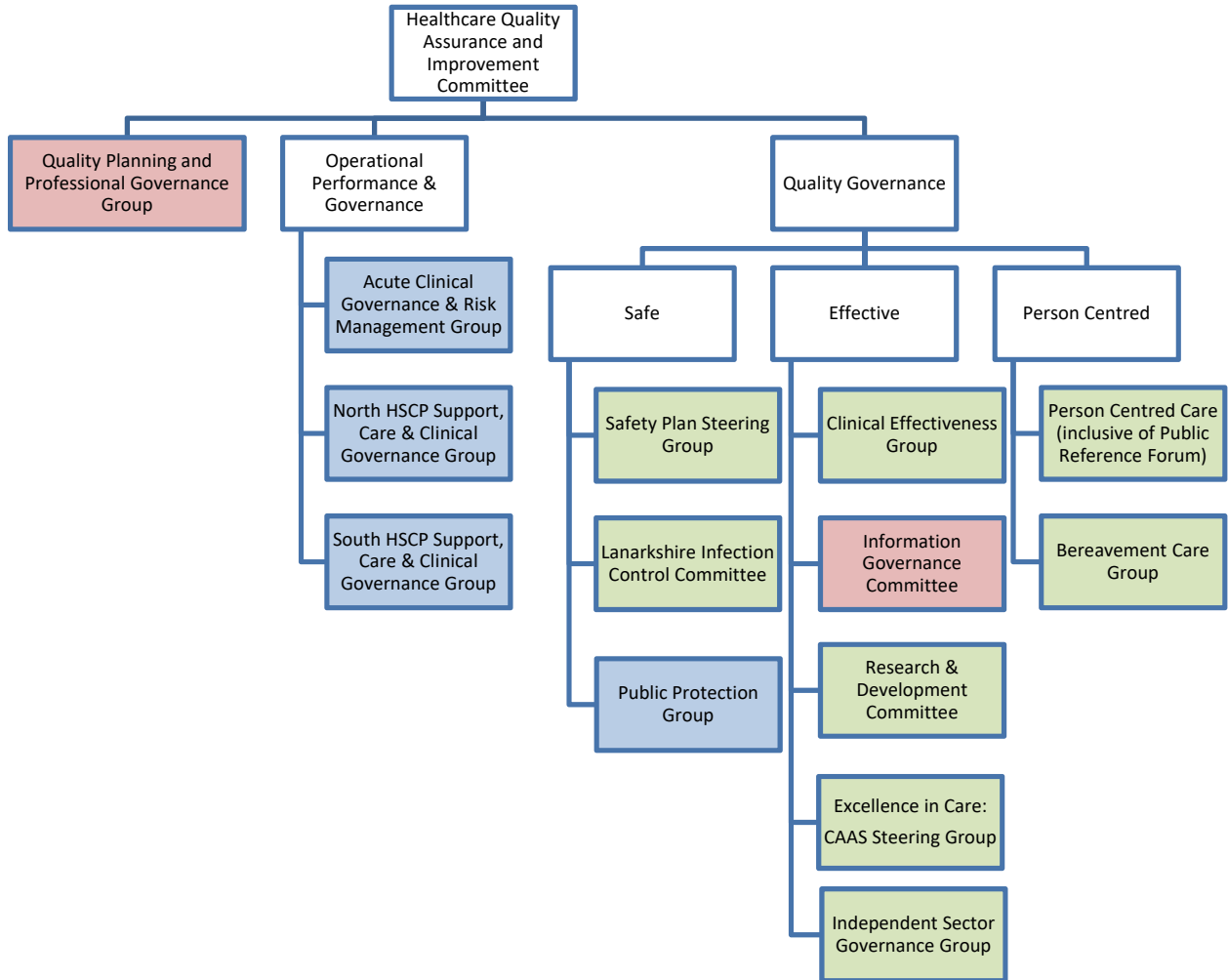
9. Rights

The Healthcare Quality Assurance and Improvement Committee may approve adhoc advice at the expense of the organisation, subject to budgets agreed by the NHS Board or the Accountable Officer.

Version Control

Ratified by:	Lanarkshire NHS Board
Reviewed by Committee:	Agreed by Committee on 12 th June 2014 & revisions agreed on 11 th December 2014 on 11 th May 2017. Further revisions made March 2018 and reviewed in March 2019. Reviewed and agreed in May 2020. Reviewed and agreed in March 2021. Reviewed and agreed in March 2022.
Ratified by NHS Board:	27 th August 2014 & Revisions ratified on 28 th January 2015. Further revisions ratified 28 March 2018.
Authors:	Mrs K Cormack, Director of Quality, Mrs E Currie, Quality Programme Manager, Business Support.
Review date:	Next Review in March 2023.

NHS Lanarkshire Strategic Healthcare Quality Assurance and Improvement Structure



HQAIC Reporting Schedule

Highlight Report	Every meeting
Progress Report	Six monthly – year end with following year priorities, and mid-year review (with escalation of items of concern by exception as necessary)
Annual Report	Annually (with escalation of items of concern by exception as necessary)

**NHS LANARKSHIRE
ACUTE GOVERNANCE COMMITTEE
ANNUAL REPORT 2021/2022**

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 and Chair Elect of the Acute Governance Committee to provide updates on all areas of performance, but particularly Covid 19 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 performance 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 Cash Releasing Efficiency Saving (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, Healthcare Acquired Infection (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 (until February 2022)
Ms Lesley McDonald, Non-Executive Director (from March 2022)

4. Committee Members:

Ms Lesley McDonald, Non-Executive Director
Dr Avril Osborne, Non-Executive Director (until February 2022)
Dr Lesley Thomson, Non-Executive Director
Ms Margaret Morris, Non-Executive Director (until June 2021)
Councillor Paul Kelly, Non-Executive Director
Mr James Muir, Non-Executive Director (from December 2021)

5. Attendees:

Dr John Keaney, Divisional Medical Director
Mrs Susan Friel, Acute Nurse Director (seconded to another role from November 2021 to December 2021)
Mrs Anne Leitch, Acting Acute Nurse Director (from November 2021 to December 2021)
Mrs Neena Mahal, NHS Lanarkshire Board Chair (until December 2021)
Mr Martin Hill, NHS Lanarkshire Board Chair (from January 2022)
Mrs Annmarie Campbell, Head of Human Resources
Mr Russell Coulthard, Hospital Site Director, University Hospital Hairmyres (until June 2021)
Mr Russell Coulthard, Deputy Acute of Acute Services (from June 2021)
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
Mr John Duffy, Chair of North PPF (from May 2021)
Mrs Jackie McColl, Communications Manager/ Mr Craig McKay, Communications Manager
Mr Michael McLuskey, Deputy Finance Director
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 arrangement 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 2021 to 31 March 2022. Due to the Covid 19 Pandemic the Committee met on 19 May 2021, 1 December 2021 and 23 March 2022. Mrs Judith Park, Dr Avril Osborne, Ms Lesley McDonald and Mrs Fiona Anderson communicated regularly via telephone during this time to ensure Dr Osborne and Ms McDonald were sighted on activity within the Acute Division.

8. Attendance of Members

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

Member	19 th May 2021	1 st December 2021	23 rd March 2022
Avril Osborne	✓	✓	n/a
Judith Park	✓	✓	✓
Lesley McDonald	✓	✓	✓
Neena Mahal	x	✓	n/a
Martin Hill	n/a	n/a	✓

Lesley Thomson	✓	✓	✓
Margaret Morris	✓	x	n/a
Paul Kelly	✓	✓	x
James Muir	n/a	X	✓
John Keaney	✓	✓	✓
Susan Friel	✓	n/a	✓
Anne Leitch	n/a	✓	n/a
Russell Coulthard	✓	✓	✓
Margaret Meek	✓	x	✓
Stephen Peebles	✓	x	x
Jackie McColl/Craig McKay	CMcK ✓	x	x
Annmarie Campbell	✓	x	✓
Michael McLuskey	✓	x	✓
Margaret-Anne Hunter	x	x	✓
David Downie	x	✓	✓
John Duffy	✓	✓	✓
Fiona Anderson	✓	✓	✓

In Attendance:

19th May 2021 - Mrs. L. Mack, Service Manager Cancer, Haematology, Breast & Plastics

23rd March 2022 – Mr. J. Saldanha, Chief of Medicine Peri-op Services/General Surgeon

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 19**
- **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.
- **Cancer Services**
- **Workforce Pressures**
- **Staff well being**
- **Winter Planning**
- **Laboratory Managed Contract**
- **Robotic Assisted Surgery**

The 2021/2022 work plan was reviewed and revised during the year taking the Covid 19 Pandemic into consideration. At the meeting in March 2022, the work plan will be reviewed and any items not heard in 2021/2022 were carried forwarded into the 2022/2023 work plan.

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– Performance against the 4-hour 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 Covid 19.

Emergency Attendances for NHS Lanarkshire decreased by 22.5% during 2020/2021, compared to previous years. In 2021/2022 the level of emergency attendances had rebounded to 97% of pre pandemic (2018/2019) levels. There was significant variability in activity across the year with some months more than 10% higher than pre-pandemic period and some months more than 10% lower. This reflects local incidence of Covid 19 “waves” and the national and local response to the pandemic and the associated regulations that supported this.

In addition to changes in the total attendance numbers there has also been noticeable changes in the nature of these attendances (as indicated by the flow groups registered in EDs). The minor injury/illness (Flow 1) group of attendances reduced by 15% in 2021/2022 from 2018/2019 levels (which is the last complete year, pre Covid 19). This likely reflects changing public behaviour related to Covid 19 restrictions and prevalence in the community. In parallel to this reduction there was a 24% increase in the non-admitted medical presentation category (Flow 2) when comparing these two years. This increase will reflect actual or perceived changes in access to other parts of the health service and reduced ability to manage medical conditions during the pandemic waves. The implications of these activity changes on EDs are significant. High volume minor presentations are typically less staff resource intensive to manage and would be expected to take less time to appropriately treat and discharge. The disproportionate workload associated with managing medical presentations in the emergency setting is likely to have contributed to ongoing challenges in delivering the 4-hour performance standard.

Again, using the pre-Covid 19 period (2018/2019) as well as last year's performance as points of reference, the deterioration in delivery against the 95% target for the 4-hour Emergency Access Standard is clear. NHS Lanarkshire's performance in 2018/2019 was 90.7%. NHS Lanarkshire's performance in 2019/2020 was 84.9%, this is not reflective of the previous years due to Covid 19.

2020/2021's performance was 87.1% in the context of variable although significantly reduced attendances, and a range of other factors related to the pandemic experience. Performance for 2021/2022 was 69.9%, reflecting a deterioration replicated in the NHS Scotland position. As described previously, 2021/2022 activity was much closer to pre-Covid 19 levels and influenced by

changes in presentation type and ongoing workforce challenges (largely related to Covid 19) and continued environmental restrictions related to Infection Prevention and Control management. Very high site occupancy, and the persistence of periods in some of the acute sites of prolonged over capacity lasting several weeks at a time also contributed to long waits for beds and consequent impacts on performance. These factors were reflected in the sustained escalation to black risk level for most of the second half of the year.

The Lanarkshire Unscheduled Care Improvement Board continued to focus on strategic planning and service redesign, working with the acute hospitals and both North and South Partnerships, although the work was necessarily restricted to reflect the ongoing need to respond to the Covid 19 situation. The National Redesign of Urgent Care work commissioned in 2020/2021 continued to develop in 2021/2022 with further embedding the Flow Navigation Centre work and developing additional patient pathways to provide alternative routes of care.

Scottish Government Launched the National Interface Care programme in October 2021 with a particular focus on developing pathways to support admission avoidance and reduce hospital lengths of stay for specific conditions. The first phase of this work focusses on 3 areas, Hospital@Home, Outpatient Parenteral Antibiotic Therapy (OPAT) and community respiratory services. NHS Lanarkshire has progressed work in all these areas with full system working groups and oversight through the Unscheduled Care Board structure.

The Acute Governance committee were updated on improvement initiatives being explored, e.g., interface care, new therapies.

Finance - Financial performance within the Acute Division reports a provisional year end overspend of £3.294m. The Division has returned savings of £0.575m to the end of March 2022.

Pay costs reported an overspend by £1.280m and non-pay costs overspent by £2.013m.

For the year 2021/2022, the financial impact of the continued response to the Covid 19 outbreak totalled £14.046m, 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 absence, costs of screening and testing for the virus and costs associated with specific medicines. Robust reporting mechanisms have continued to be in place to predict and monitor these costs for internal reporting and reporting to Scottish Government.

Whilst the financial impact of Covid 19 continued to be felt on the Division in 2021/2022, we will see a more challenging financial position when a focus on sound financial management will be required to ensure delivery of the overall Board financial targets.

Workforce pressures and staff wellbeing

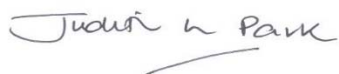
The Acute Governance Committee discussed staffing availability, staff resilience, staff well-being, support and the long term emotional impact on staff. The Acute Governance Committee commended the ongoing commitment of all staff to the service with patient safety at its core.

The Acute Governance Committee noted the positive impact of MACA support and the bid for extended support.

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

A handwritten signature in black ink that reads "Judith Park". The signature is written in a cursive style with a horizontal line underneath the name.

Lesley McDonald

Committee Chair
Lesley McDonald
20 May 2022

Executive Lead
Judith Park
20 May 2022

COMMITTEE TERMS OF REFERENCE

ACUTE GOVERNANCE COMMITTEE

1. Purpose

The Acute Governance Committee is responsible for monitoring and reviewing the provision of services by the Acute Division.

The Acute Governance Committee operates as a Committee of the NHS Lanarkshire Board and

- monitors and reviews performance, quality, staffing and finance against agreed key metrics
- monitors and reviews the provision of outsourced secondary care
- monitors and reviews how the principles of addressing health inequalities and equal access to services are built into the provision of secondary care
- monitors and reviews how all aspects of acute care are and will be provided in an aligned manner with primary care and with social care
- monitors and reviews performance in any area of support service which impacts on patient care, as remitted to Committee from the Board, Performance Planning Resource Committee (PPRC) or the Audit Committee

2. Membership

Membership of the Acute Governance Committee will be drawn from the Non-Executive Director component of the NHS Board. There will be five Non-Executive Director Members of the Acute Governance Committee, one of whom will be the Chair. The appointment of the Chair of the Committee will be decided by the NHS Board Chair, in discussion with Non-Executive Directors about the assignment of Committee portfolios.

Other members include;

- Director of Acute Services
- Deputy Director of Acute Services/Director of Access
- Acute Nurse Director
- Acute Medical Director
- Divisional Finance Director
- Head of Employee Relations
- Hospital Site Directors – University Hospitals Hairmyres, Monklands & Wishaw
- Divisional Communications Manager
- Divisional Partnership Representative
- North Partnership Forum Representative
- South Health and Social Care Representative
- Secretariat

Attendees may be invited to the Committee at the discretion of the Chair.

3. Reporting Arrangements

The Acute Governance Committee reports to the Board.

- An Exception Report will be submitted to the NHS Lanarkshire Board.
- An Annual Report on the work of the Committee will be submitted to the NHS

Lanarkshire Board in May each year.

- The Committee will work closely with other Governance Committees in areas of mutual interest where key responsibilities overlap.

4. Key Responsibilities

- The Committee will monitor and review Performance management and improvement across all services provided by the Acute Services consistent with Corporate Objectives, relevant Annual Operating Plan targets, locally-based targets and priorities ensuring that services are provided as efficiently and effectively as possible to meet key metrics , within available resources, including available staff resources and that services, increasingly, are designed and operated to deliver an integrated patient experience .
- The Committee will monitor and review internal performance management and reporting systems to ensure a comprehensive structure is in place to monitor the delivery of targets in relation to the HEAT targets which are contained within the NHS Lanarkshire Annual Operational Plan or equivalent e.g. Remobilisation Plan and support the delivery of the Board's Corporate Objectives.
- Develop systems of appropriate governance and assurance that demonstrate that the Division has an improvement culture in place, and is regularly reviewing the Divisional Risk Register. The Committee will consider the Acute Risk register at each meeting and consider any requirement to update the current risks in terms of controls in place or the risk level or any urgent actions required to be undertaken and review risk identification, assessment and mitigation in line with the NHS Board's risk appetite and agreeing appropriate escalation.
- Promote financial governance in supporting financial balance within the Division, ensuring all CRES Plans for the Division are identified and delivered, whether current or developing Acute service proposals and are aligned in terms of financial modelling and resource availability.
- To ensure that budgetary and decision-making powers are devolved to the most appropriate level within the Acute Division and that delegated budget holders are held to account for such delivery.
- Monitor and scrutinise the Acute Division in delivery of the quality strategy, including complaints, Ombudsman cases and media activity.
- Review the progress being made in the delivery of person centred care and the patient safety agenda.
- Oversee and provide scrutiny within the annual workplan on models of service delivery, locally and regionally that impact or will impact on the quality of provision of secondary care.
- To consider any aspect of the work of the Acute Division, pertaining to the provision of health services, and to seek any information the committee requires to assist in the discharge of its remit.
- To function to ensure that the NHS Lanarkshire Board can operate as a strategic Board of Governance and avoid involvement in day to day management issues in particular regarding Unscheduled Care and Planned Care activity.
- Ensuring an appropriate governance route for clinical governance/risk management, HAI, business continuity by working closely with other Governance Committees of the Board.

5. Conduct of Business

Declaration of Interest:

- A Member must consider whether they have an interest to declare in relation to any matter which is to be considered as soon as possible. A Member should consider whether any item on the agenda raises any issue of declaration of interest. The declaration should be made as soon as practicable at the meeting that the interest arises.

Meetings:

- 5 meetings will be held each year.

Quorum:

- Meetings will be deemed quorate when a minimum of 2 Non-Executive Directors and 3 Acute Divisional Directors are in attendance.
- In the event of a meeting becoming inquorate once convened, the Chair may elect to continue to receive papers and presentations from those attending, as described in the agenda for the meeting, and to allow the Members present the opportunity to ask questions. The minute of the meeting will clearly state the point at which the meeting became inquorate, but notes of the presentation and discussion will be included with the Minute. Every item discussed once the meeting became inquorate will be brought back in summary from matters arising to the next meeting, and ratified, as appropriate.

Absence of Chair:

- Designation of alternative Chair will be agreed in advance between the Chair and another Non-Executive Director, whenever possible.

Agenda Papers:

- The Agenda will be set by the Chair with the support of the Director of Acute Services and Secretariat.
- The Agenda and accompanying papers will be issued to members, as far as possible, one week in advance. It is acknowledged that on occasion and in the effort in providing the most up to date information to the Committee, papers particularly relating to performance data may be delayed.

Action Points Note and Minutes:

- An Action Points note should be produced and circulated to all Members within 5 working days.
- All meetings will be minuted and copied to members within 3 weeks of the meeting being held.

Action Log:

- A rolling action log will be produced and updated at each Committee meeting. This allows the Committee to track progress of particular issues and ensures that a schedule for follow up reports is kept.

Annual Workplan:

- The Committee will produce an Annual Workplan that sets out the business and activities to be covered during the year, and will submit this to the Board for approval by March of the preceding financial year.

Annual Report:

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

- The name of the Committee, the Committee Chair, Membership, Executive Lead and Officer support/attendees;
- Frequency, dates of meetings and attendance;
- The activities of the Committee over the year, including confirmation of delivery of the Annual Workplan and review of the Committee Terms of Reference. Where such a review results in an amendment, a revised Terms of Reference must be submitted to the NHS Board for approval;
- Improvements overseen by the Committee;
- Matters of concern to the Committee;
- Confirmation that the Committee has fulfilled its remit, and of the adequacy and effectiveness of Internal Control;
- Additionally, the Annual Report will inform the submission of any appropriate assurance to the Chief Executive at the year-end, as part of the Governance Statement.

Submissions to Board following each meeting:

- Exception Report.

6. Information Requirements

Information on performance in keeping with the NHS Lanarkshire Annual Operational Plan, Remobilisation Plan, and other relevant reporting requirements will be made available at the Committee. This will also include information on information on performance in elective and unscheduled care, patient safety, patient centred care, finance, staffing levels and related issues, external quality/inspection reports, complaints.

7. Executive Lead and Attendance

The Executive Lead will support the Chair of the Committee in ensuring that the Committee operates according to/in fulfilment of the Terms of Reference. Specifically, they will:

- liaise with the Chair in agreeing a programme of meetings for the business year, as required by its remit.
- oversee the development of an Annual Workplan for the Committee which is congruent with its remit and the need to provide appropriate assurance at the year-end, for endorsement by the Committee and approval by the NHS Board.
- agree with the Chair an agenda for each meeting, having regard to the Committee's Terms of Reference and Workplan.
- oversee the production of an Annual Report on the delivery of the Committee's Terms of Reference and Workplan, for endorsement by the Committee and submission to the NHS Board.
- support the Chair in ensuring that the Committee Terms of Reference is based on the latest guidance and relevant legislation, and the Board's Best Value framework.
- provide dedicated secretarial support.

8. Access

Confidential access to the Chair of the Acute Governance Committee is available to all.

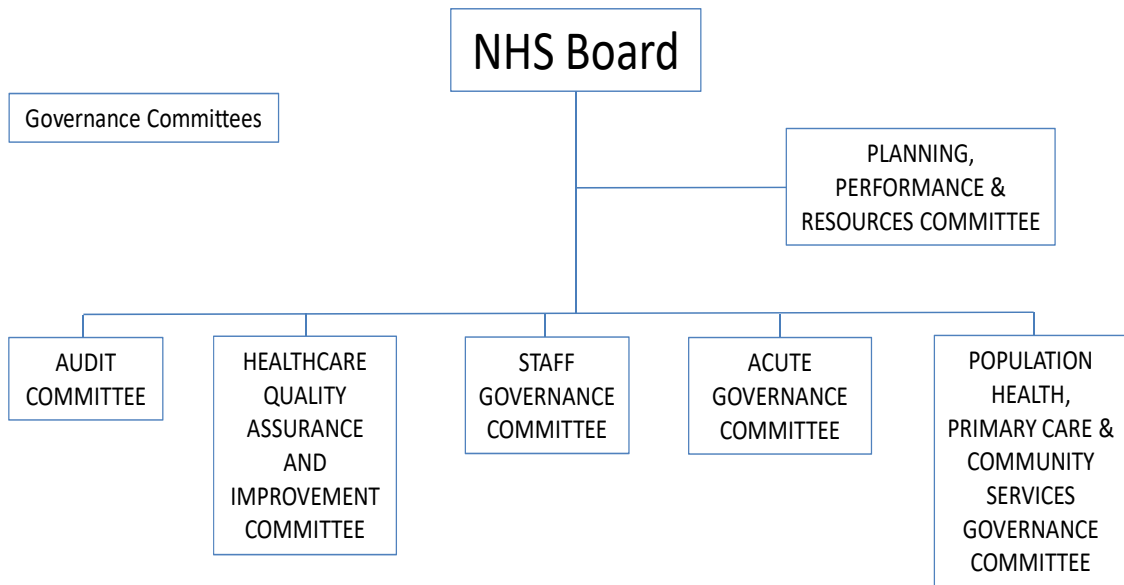
9. Rights

The Acute Governance Committee has the right to procure specialist ad hoc advice at the expense of the organisation, subject to budgets agreed by the NHS Board.

Version Control

Reviewed by Committee:	23 rd March 2022
Ratified by Lanarkshire NHS Board:	
Review Date:	

NHS Lanarkshire – Governance Committee Structure



AREA CLINICAL FORUM

ANNUAL REPORT 2021/22

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: Executive Medical Director

6. Meetings held during the year:

The Forum met 5 times during the year from 1 April 2021 to 31 March 2022 as follows: -

7. Attendance of Committee Representatives

Committee represented	April 2021	June 2021	Sept 2021	Nov 2021	Feb 2022
Allied Health Professions	√	√	√	√	√
Dental	x	x	√	x	√
Healthcare Sciences	√	√	√	√	√
Medical	√	√	√	√	√
Nursing & Midwifery	√	√	x	√	√
Optometric	√	√	√	√	x
Pharmaceutical*	x	x	x	x	x
Psychology Services	√	√	√	√	√

**the Chair of the Area Pharmaceutical Committee passed from a secondary care representative to a contractor representative, 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

- Covid Updates
- Recovery Issues
- Finance
- Corporate Risk Register
- Waiting Times and Access Targets
- Our Health Together
- Staff Wellbeing
- Replacement of University Hospital Monklands
- Various NHS Board meeting updates

As in 2020-21 the pandemic continued to have a significant 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 2021/22, the Forum was provided with a range of Covid related information as the pandemic emerged, and developed, and a number of papers that set out how the Board was addressing the challenges were shared with the Forum Members.

Specific topics were also raised by committee members as follows

- Remobilisation and Recovery Planning
- Test and Trace
- Vaccination Programme – the Programme Manager attended the November 2021 meeting to update Members
- Care Homes updates
- National Care Service consultation
- Trauma & Orthopaedic service changes
- Winter Planning
- Scottish Access Collaborative
- BREXIT
- Whistleblowing Standards – Ms. Lesley McDonald came along to the September 2021 meeting to raise awareness and promote the Standards.
- 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;

Covid dominated the discussion at most meeting, 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 in the past two years.

As referenced in the previous report, plans were in place for the Forum to promote the work of the Forum via a refreshed web page on the Board public web site, however with the continued pressures caused by the need to respond to the pandemic, this was paused until resources could be deployed to this without impacting on Covid workload. This is being re-prioritised for 2022.

The Forum was very pleased to play a significant part in the Board's deliberations around Trauma & Orthopaedics service changes in late 2021. Mr. Lauder and his team took Forum members through the proposals and the Forum submitted their views on the changes proposed.

It is heartening to see the prominence that the Board places on the views of the Forum, especially the views of the clinical community, and the steps taken by the Board to ensure that staff were supported, and their wellbeing safeguarded.

The development of a more stable and well attended Nursing & Midwifery Committee was very welcome development during the year, this group had lacked some direction and leadership but this was improved greatly with the commitment of the Executive Nurse Director.

The Board Secretary has also been supporting the National Area Clinical Forum Chairs' meetings, but this should cease in June 2022 as another individual has been identified by Scottish Government to take this task on as part of their substantive role.

Meetings have continued on TEAMS but it is hoped that at some point in the coming year we will be able to convene in person again. All Forum Members are keen to return to some face to face meetings when circumstances allow.

10. Matters of concern to the Committee;

The impact of the introduction of a National Care Service will have a significant impact on all Forum Members, and will feature on the agenda for the Forum in the coming year, along with recovery and renewal.

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.

Mrs. Lees is also Chair of the National Area Clinical Forum Chairs' Group but stood down at the March 2022 meeting.

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

May 2022

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 prioritise 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.

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.

18. 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.

19. 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.

May 2021

NHS LANARKSHIRE

PLANNING, PERFORMANCE & RESOURCES COMMITTEE

ANNUAL REPORT 2021/22

1. Introduction

The Planning, Performance & Resources Committee is accountable to the NHS Lanarkshire Board, and its purpose is to

- Oversee policy and strategy development, including the development of the Financial Strategy
- Endorse strategies and refer them to the NHS Board for approval
- Act as the Performance Management Committee of the Board
- Have strategic oversight of the service redesign
- Influence the early development of the strategic direction of the Board
- Provide assurance for the development of the Outline Business Case for the Monklands Replacement Project

In May 2021 the role of the Committee was changed to act as an assurance function for the Board in relation to the Monklands Replacement Project. It carried out this responsibility until January 2022 when the Board reviewed the governance arrangements for the Monklands Replacement Project, and established a Monklands Replacement Project Governance Committee, which was put in place from 1 April 2022.

2. Committee Chair:

Mrs Neena Mahal, NHS Board Chair (until 31 December 2021)

Mr Martin Hill (from 1 January 2022)

3. Committee Members:

Mrs L Ace, Director of Finance

Mr A Boyle, Non Executive Director

Dr J Burns, Medical Director

Mr P Campbell, Non Executive Director (until 30 August 2021)

Mr P Couser, Non Executive Director (from 1 February 2022)

Mr N Dar, Non Executive Director (from 1 February 2022)

Mr G Docherty, Director of Public Health (until 1 December 2021)

Mr E Docherty, Director of Nursing, Midwifery and Allied Health Professionals

Mr N Findlay, Non Executive Director (from 1 October 2021)

Councillor P Kelly, Non Executive Director

Ms H Knox, Chief Executive

Mr C Lee, Non Executive Director (from 1 February 2022)

Mrs M Lees, Chair, Area Clinical Forum

Mrs L Macer, Employee Director

Mr B Moore, Non Executive Director

Ms M Morris, Non Executive Director (until 30 August 2021)

Ms L McDonald, Non Executive Director

Councillor J McGuigan, Non Executive Director

Mr J Muir, Non Executive Director (from 1 October 2021)

Dr A Osborne, Non Executive Director (until 28 February 2022)

Prof J Pravinkumar, Director of Public Health (from 1 December 2021)

Dr L Thomson, Non Executive Director

Mr D Reid, Non Executive Director (from 1 October 2021)

Mrs S White, Non Executive Director (from 1 February 2022)

4. Attendees:

Mr C Brown, Director of Communications

Mr P Cannon, Board Secretary

Mr C Lauder, Director of Planning, Property & Performance

Mr R McGuffie, Chief Officer, North Lanarkshire Health & Social Care Partnership

Mrs J Park, Director of Acute Services

Mr S Sengupta, Director, South Lanarkshire Health & Social Care Partnership (to Minute 05)

Mrs K Sandilands, Director of Human Resources

Mr D Wilson, Director of Information & Digital Technology

5. Executive Lead:

Mrs H Knox, Chief Executive.

6. Meetings held during the year:

The Committee met 7 times during the year from 1 April 2021 to 31 March 2022 as set out below.

The Committee was stood down after the February 2020 meeting due to Covid pressures and a monthly Board meeting put in its place, until the Committee was stood up again in May 2021.

7. Attendance of Members:

Member	26 May 2021	30 June 2021	28 July 2021	29 Sept 2021	27 Oct 2021	24 Nov 2021	23 Feb 2022
Mrs L Ace	√	√	√	√	√	√	√
Mr A Boyle	√	√	√	√	√	√	√
Dr J Burns	√	√	√	√	√	√	√
Mr P Campbell	√	-	√				
Mr P Couser							√
Mr N Dar							√
Mr E Docherty	√	√	√	-	-	-	√
Mr G Docherty	-	-	-	-	√	√	
Mr N Findlay					√	√	√
Councillor P Kelly	√	√	-	-	√	√	√
Ms H Knox	√	√	√	√	√	√	√
Mr C Lee							√
Mrs M Lees	√	√	√	√	√	√	√
Mrs L Macer	-	√	-	√	√	√	√
Mr B Moore	√	√	√	√	√	√	√
Ms L McDonald	√	√	√	√	√	√	√
Councillor McGuigan	√	√	-	√	√	√	√
Mr J Muir					-	√	√
Miss M Morris	√	√	√				
Councillor J McGuigan	√	√	√	√	√	√	√
Dr A Osborne	√	√	√	√	√	√	√
Prof J Pravinkumar	√	√	√	√	√	√	√
Dr L Thomson	√	√	√	√	√	-	√
Mr D Reid					√	√	√
Mrs S White							√

8. Issues Considered by the Committee over the year:

During the year the Committee considered items in line with its remit and schedule of reporting, as follows: -

- Minutes - Minutes of previous meetings were submitted for approval
- Action Log - tracking the progress of agreed actions, were considered

- Finance - reports on financial performance, describing Revenue and Capital expenditure, and performance towards delivery of the Board's Revenue and Capital Plans
- Financial Planning for 2021/22
- Access Targets - reports on Waiting Times performance for Scheduled and Unscheduled Care, Delayed Discharge trajectories, and performance within Health and Social Care Partnerships; which highlighted areas of pressure and challenge; and described the actions being taken and planned, aimed at delivering sustained improvement
- Monklands Replacement Project – assurance around the development of the Outline Business Case. A significant proportion of the agenda was given over to discussing the development of the Outline Business Case
- Monklands Hospital Business Continuity Plans (seminar)
- Achieving Excellence / Our Health Together
- Trauma and Orthopaedics - regular update reports on the implementation of a phased programme of service redesign
- Preparations for COP26
- BREXIT implications
- Resilience Annual Report
- Integrated Corporate Performance Report – this was subject to review in early 2019 and the targets and key performance indicators were refreshed, and the monitoring of these delegated to specific Governance Committees, where appropriate
- Corporate Risk Register - regular reports on the elements of the Corporate Risk Register for which the Planning, Performance & Resources Committee was the designated 'assurance source'
- Winter Planning
- Property & Asset Management Strategy and Annual Update
- Corporate Objectives
- Sustainability and Climate Strategy
- Annual Fire Safety Report
- National Signposting & Redirection Guidance
- Laboratory Managed Service Contract updates
- Health & Social Care Integration Scheme Reviews
- Child & Adolescent Mental Health Services
- Remobilisation Planning
- Annual SCART (Statutory Compliance Audit and Risk Tool) Report
- Child Poverty Action Plans
- Workforce Reports
- Commissioning Plans – North and South Lanarkshire H&SCP
- Workplan - the workplan was amended to accommodate the need to provide an assurance remit around the Monkland's Replacement Project
- Risk - the Committee considered whether, from the business discussed at each meeting any new, emerging risks needed to be added to the Corporate Risk Register, or whether, for current risks on the Corporate Risk Register, the discussion materially altered the assessed level of risk/risk tolerance and/or the mitigating controls.

The review of the Committee Terms of Reference were to have been discussed at the April 2020 Committee meeting, however revised Governance arrangements were put in place in response to the Covid-19 pandemic, which meant that Committee meetings were replaced by Board meetings to allow the Board to meet monthly in public. The Committee last met on February 2020 and was stood up again in May 2021.

In May 2021 the terms of reference for the Committee were updated in order to provide assurance in relation to the development of the Outline Business Case for the Monklands Replacement Project. These arrangements were subject to further change in January 2022 when the Board approved the establishment of a Monklands Replacement Project Governance Committee, from 1 April 2022.

9. Improvements overseen by the Committee:

During the course of what has been a busy year, the Committee has considered a number of positive issues, including: the endorsement of key strategies, and Annual Reports confirming positive performance in a number of important areas of the Board's responsibilities, and regular reports on performance against targets for key areas of operational delivery. The Committee also received regular updates on service pressures caused by the Covid-19 pandemic.

A major consideration for the Committee has been providing assurance in relation to the development of an Outline Business Case for the Monklands Replacement Project, and the agendas throughout the year reflected this additional responsibility.

As well as considering regular reports on the development of the Outline Business Case for the Replacement of Monklands Hospital, Committee Members also held a seminar in November 2021 to address, in significant detail, the risks being managed on the current site.

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

Of particular note was the scrutiny of the Committee of the Corporate Risk Register and in particular the arrangements in place to manage risks across Covid-19 pandemic, Brexit implications, COP 26 and the Euro football finals in Glasgow. The Committee were very pleased to see the robust nature of the planning and mitigation, which ultimately served the Board extremely well.

10. Matters of concern to the Committee:

In the last Annual Report, in April 2020, the principal area of concern for the Committee was the substantial financial challenge in meeting efficiency savings targets, at a time when its strategic aspirations, reflected in the development of 'Achieving Excellence', had never been greater. However, we were not to foresee the significant challenges faced during the Covid pandemic, from February 2020, and while the majority of the additional costs have been met fully by Scottish Government, the next financial year will prove to be extremely difficult to maintain a balanced position, given that some additional Covid expenditure is being incurred and longer term funding for this is uncertain. This, at the same time as we are trying to remobilise services and deal with unprecedented waiting time backlogs and current demands across the whole health& social care system.

The demand on the whole system is of concern to the Committee, but Members are heartened by the close working relationships between all parties in the Health Board, and the Local Authorities, and Community Planning Partnership.

The impact of the global pandemic has undoubtedly been the main focus for the Board throughout 2021/22, but it is hoped that as we exit Covid-19 crisis management at local and national level, progress can be made on the development, and approval, of the Outline Business Case.

11. Conclusion:

From the review of the performance of the Planning, Performance & Resources Committee, it can

be confirmed that the Committee has met in line with the Terms of Reference, which were adapted in May 2021 to accommodate an assurance function, and reversed in January 2022 with the establishment of a new Governance Committee in relation to the Monklands Replacement Project. Based on assurances received and information presented to the Committee, adequate and effective arrangements were in place throughout the year.

Mr M Hill
Committee Chair

Mrs H Knox
Executive Lead

April 2022

<p>1. Purpose</p> <ul style="list-style-type: none"> To oversee policy and strategy development, including the development of the Financial Strategy To endorse strategies and refer them to the NHS Board for approval To act as the Performance Management Committee of the Board To have strategic oversight of the Service Redesign Programme of the Board and act as the Service Redesign Committee To influence the early development of the strategic direction of the Board
<p>2. Membership</p> <ul style="list-style-type: none"> Membership of the Planning, Performance and Resources Committee (hereinafter referred to as ‘The Committee’), will include all Board Members. Attendees may be invited to the Committee at the discretion of the Chair. The Lead Officer for the Committee shall be the Chief Executive.
<p>3. Reporting Arrangements</p> <ul style="list-style-type: none"> The Committee reports to the Board, through the submission of a summary report to the Board on key issues considered by the Committee at each meeting. The minute of Planning, Performance and Resources Committee meetings will be submitted to the next meeting of the Committee for approval. The minute will then be presented to the following Ordinary Meeting of the Board for noting.
<p>4. Key Responsibilities</p> <p>4.1 Strategy Development</p> <p>The Committee will have an important role in shaping the development of the Strategic Framework of the Board through Achieving Excellence (April 2017).</p> <ul style="list-style-type: none"> The Committee will ensure detailed and appropriate scrutiny of the development of all strategies, including the Annual Operational Plan and, following endorsement, refer them to the NHS Board for approval The Committee will work closely with the Standing Committees of the Board in discharging their functions. The Committee will ensure that strategies are compliant with the duties of the Board in respect of meeting legislative and good practice requirements. The Committee will also ensure that there is an integrated approach to workforce, finance and service planning.

4.2 Service Redesign

The Committee will act as the Service Redesign Committee of the Board. The Committee will ensure that there is a robust Service Redesign Programme for the Board, with particular emphasis on ensuring collaborative working across health, social care and other organisations, and explicit links between the service redesign programme, workforce planning and the strategic priorities for NHS Scotland.

4.3 Financial Framework

The Committee will oversee the development of a Financial Strategy that is consistent with national and local priorities, and specifically:

- The Committee shall oversee the development of the Board Financial Strategy in support of the Annual Operational Plan.
- The Committee shall recommend to the Board annual revenue and capital budgets, and financial plans consistent with its statutory financial responsibilities.
- The Committee shall, at every meeting, examine in detail the financial plan for NHS Lanarkshire to ensure that planning assumptions are soundly based and reflect known pressures, potential investments and opportunities for cost reduction.
- The Committee shall review the financial impact of planned future policies and known or foreseeable future developments.
- The Committee shall review the capital plan of NHS Lanarkshire no less frequently than twice per year and consider the impact of development opportunities and any risks arising from the delivery of the current programme.
- The Committee shall review the Asset Management Strategy (including the acquisition and disposal of property).

4.4 Performance Management

The Committee shall have oversight of systems and processes to secure economy, efficiency and effectiveness in the use of resources. The Committee will, from time to time, review individual services in relation to performance management, ensuring that health care is delivered to an efficient and cost-effective level. Specifically, the Committee will:

- Ensure a rigorous and systematic approach to the monitoring of delivery of national and local priorities, including monitoring of Corporate Objectives.
- Promote an integrated approach to performance management and risk.
- Oversee an effective approach to prioritisation of resources, supported by appropriate and relevant benchmarking and comparative information to inform decision-making.
- Ensure the organisation works with other partners to secure effective and integrated systems of performance management.

In tandem with the Remuneration Sub-Committee, the Committee will ensure that there is a well-defined and integrated approach to the development and monitoring of corporate and individual objectives.

4.5 Best Value

The Committee is responsible for reviewing those aspects of the Best Value work plan which are

delegated to it from the Board. The Committee will put in place arrangements which will provide assurance to the Chief Executive as Accountable Officer, that NHS Lanarkshire has systems and processes in place to secure best value for these delegated areas.

5. Conduct of Business

Declaration of Interest:

- A Member must consider whether they have an interest to declare in relation to any matter which is to be considered as soon as possible. A Member should consider whether any item on the agenda raises any issue of declaration of interest. The declaration should be made as soon as practicable at the meeting that the interest arises.

Meetings:

- The Committee will normally meet at least 5 times a year. The Chair of the Committee may convene additional meetings, as they deem necessary. The NHS Board or Accountable Officer may ask the Committee to convene further meetings to discuss particular issues on which they want the Committee's advice

Quorum:

- A quorum is one third of the whole number of Members, of which at least three are Non-Executive Members. No business shall be transacted at a meeting unless this is met.
- If a quorum is not present ten minutes after the time specified for the start of a meeting, the Chair, subject to the business to be conducted, will seek agreement to adjourn the meeting or reschedule.
- If during any meeting, a Member or Members are called away, and the Chair finds that the meeting is no longer quorate, the meeting shall be suspended. If a quorum is not present at the end of ten minutes, the Chair will seek agreement to adjourn the meeting or reschedule.
- Where, due to the number of apologies received, it becomes apparent that a rescheduled meeting will not be quorate, the Chair will adjudge on the postponement and rescheduling of the meeting.

Absence of Chair:

- In the event of the Chair of the Committee being unable to attend, the NHS Board Vice-Chair or another member of the Committee will be designated the Chair for the meeting. Normally the Chair of the Committee would arrange this in advance.

Agenda papers:

- The Agenda and accompanying papers will be sent to members one week in advance of the meeting. The Chair will set the Agenda with the support of the Chief Executive and the Director of Strategic Planning & Performance. The agenda will be aligned to the remit of the Committee. Progress reports against Matters Arising will be submitted in

accordance with an agreed Reporting Schedule. Members wishing to raise agenda items should forward them to the Committee Secretary within the agreed timescale.

Action Points Note and Minutes:

- An Action Points note should be produced and circulated to all Members within 5 working days.
- All meetings will be minutes and copied to members within 3 weeks of the meeting being held.
- Approved minutes along with minute summary will be submitted to the NHS Lanarkshire Board and will be published on the NHS Lanarkshire website.

Action Log:

- A rolling action log will be produced and updated at each Committee meeting. This allows the Committee to track progress of particular issues and ensures that a scheduled for follow up reports is kept.

Annual Workplan:

- The Committee will produce an Annual Workplan that sets out the business and activities to be covered during the year and will submit this to the Board for approval by May of each year.

Mid-Year Review:

- The Committee will conduct a midyear review of progress made against the Workplan, to ensure that it is delivering on its plan, and that additional actions are put in place to ensure full delivery of any slippage by the business year end. As part of the midyear review, the Committee will also review its Terms of Reference, and the need for any amendment or update, which, in the event, will require to be submitted to and approved by the NHS Board.

Annual Report:

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

- Name of Committee, Committee Chair, membership, Executive Lead and officer support/ attendees;
- Frequency, dates of meetings and attendance;
- The activities of the Committee over the year including confirmation of delivery of the Annual Workplan and Review of the Committee Terms of Reference. Where such a review results in amendment, a revised Terms of Reference must be submitted to the NHS Board for approval;
- Improvements overseen by the Committee;
- Matters of concern to the Committee;
- Confirmation that the Committee has fulfilled its remit and of the adequacy and effectiveness of internal control in NHS Lanarkshire;
- Additionally, the Annual Report will inform the submission of any appropriate assurance

to the Chief Executive at the year-end as part of the Governance Statement.

Submissions to Board following each meeting:

- Summary briefing and approved Minute.
- Procedure in event of Committee meeting taking place too close to Board to allow written submission (see Board Secretary Schedule

6. Information Requirements

In order to fulfil its remit, the Committee may obtain whatever professional advice it requires, and require other individuals to attend meetings as required.

The Committee is authorised by the Board to investigate any activity within its terms of reference, and is authorised to seek any information it requires from any employee. The Committee is required to review its Terms of Reference on an annual basis.

The Committee will be provided with:

- Performance reports from key groups (Property Strategy Group, Capital Investment Group, eHealth Strategy Executive Action Group, Prescribing Quality & Efficiency Programme Board Prescribing Management Board, *Achieving Excellence* Strategic Delivery Team.
- A performance report on the progression of the Annual Operational Plan and JSCPs.
- A report on risk management activity.
- An updated workplan showing achievement to date.

7. Executive Lead and Attendance

- The Chief Executive will support the Chair of the Committee in ensuring that the Committee operates according to / in fulfillment of its agreed Terms of Reference.
- The Committee will be provided with a secretariat function by the Board Secretary.
- Deputies may represent any member of the Committee unable to attend meetings.
- The Committee may ask any other officers of NHS Lanarkshire and North and South Lanarkshire Health & Social Care partnerships to attend to assist with its discussions on any particular matter.

8. Access

No special rights of access are necessary.

9. Rights

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

Version Control

Reviewed Committee:	by	24 April 2019
Ratified Lanarkshire Board:	by NHS	29 May 2019
Review Date:		April 2020 (to be carried forward as Committee meetings were stood down in line with Covid-19 response in March 2020 and revised Board Governance arrangements (April 2020))

COMMITTEE TERMS OF REFERENCE

PLANNING, PERFORMANCE & RESOURCES COMMITTEE

<p>1. Purpose</p> <ul style="list-style-type: none"> • To oversee policy and strategy development, including the development of the Financial Strategy • To endorse strategies and refer them to the NHS Board for approval • To act as the Performance Management Committee of the Board • To have strategic oversight of the service redesign • To influence the early development of the strategic direction of the Board
<p>2. Membership</p> <ul style="list-style-type: none"> • Membership of the Planning, Performance and Resources Committee, will include all Board Members. • Attendees may be invited to the Committee at the discretion of the Chair. • The Lead Officer for the Committee shall be the Chief Executive.
<p>3. Reporting Arrangements</p> <ul style="list-style-type: none"> • The Committee reports to the Board, through the submission of a summary report to the Board on key issues considered by the Committee at each meeting. • The minute of Planning, Performance and Resources Committee meetings will be submitted to the next meeting of the Committee for approval. • The minute will then be presented to the following Ordinary Meeting of the Board for noting.
<p>4. Key Responsibilities</p> <p>4.1 Strategy Development</p> <p>The Committee will have an important role in shaping the development of the Strategic Framework of the Board.</p> <ul style="list-style-type: none"> • The Committee will ensure detailed and appropriate scrutiny of the development of all strategies, including the Annual Operating Plan and, following endorsement, refer them to the NHS Board for approval • The Committee will work closely with the Standing Committees of the Board in discharging their functions. • The Committee will ensure that strategies are compliant with the duties of the Board in respect of meeting legislative and good practice requirements. • The Committee will also ensure that there is an integrated approach to workforce, finance and service planning. <p>4.2 Service Redesign</p>

The Committee will act as the Service Redesign Committee of the Board. The Committee will ensure that there is a robust Service Redesign Programme for the Board, with particular emphasis on ensuring collaborative working across health, social care and other organisations, and explicit links between the service redesign programme, workforce planning and the strategic priorities for NHS Scotland.

4.3 Financial Framework

The Committee will oversee the development of a Financial Strategy that is consistent with national and local priorities, and specifically:

- The Committee shall oversee the development of the Board Financial Strategy in support of the Annual Operational Plan.
- The Committee shall recommend to the Board annual revenue and capital budgets, and financial plans consistent with its statutory financial responsibilities.
- The Committee shall, at every meeting, examine in detail the financial plan for NHS Lanarkshire to ensure that planning assumptions are soundly based and reflect known pressures, potential investments and opportunities for cost reduction.
- The Committee shall review the financial impact of planned future policies and known or foreseeable future developments.
- The Committee shall review the capital plan of NHS Lanarkshire no less frequently than twice per year and consider the impact of development opportunities and any risks arising from the delivery of the current programme.
- The Committee shall review the Asset Management Strategy (including the acquisition and disposal of property).

4.4 Performance Management

The Committee shall have oversight of systems and processes to secure economy, efficiency and effectiveness in the use of resources. The Committee will, from time to time, review individual services in relation to performance management, ensuring that health care is delivered to an efficient and cost-effective level. Specifically, the Committee will:

- Ensure a rigorous and systematic approach to the monitoring of delivery of national and local priorities, including monitoring of Corporate Objectives.
- Promote an integrated approach to performance management and risk.
- Oversee an effective approach to prioritisation of resources, supported by appropriate and relevant benchmarking and comparative information to inform decision-making.
- Ensure the organisation works with other partners to secure effective and integrated systems of performance management.

In tandem with the Remuneration Sub-Committee, the Committee will ensure that there is a well-defined and integrated approach to the development and monitoring of corporate and individual objectives.

4.5 Best Value

The Committee is responsible for reviewing those aspects of the Best Value work plan which are delegated to it from the Board. The Committee will put in place arrangements which will provide

assurance to the Chief Executive as Accountable Officer, that NHS Lanarkshire has systems and processes in place to secure best value for these delegated areas.

4.6. Monklands Replacement Project Governance Committee

The Monklands Replacement Committee (MRC) is a Governance Committee of the NHS Lanarkshire Board, and will provide oversight and assurance, and make recommendations, to the NHS Board (with routine reporting to the Planning, Performance & Resources Committee) in line with its remit.

5. Conduct of Business

Declaration of Interest:

- A Member must consider whether they have an interest to declare in relation to any matter which is to be considered as soon as possible. A Member should consider whether any item on the agenda raises any issue of declaration of interest. The declaration should be made as soon as practicable at the meeting that the interest arises.

Meetings:

- The Committee will normally meet at least 5 times a year. The Chair of the Committee may convene additional meetings, as they deem necessary. The NHS Board or Accountable Officer may ask the Committee to convene further meetings to discuss particular issues on which they want the Committee's advice

Quorum:

- A quorum is one third of the whole number of Members, of which at least three are Non-Executive Members. No business shall be transacted at a meeting unless this is met.
- If a quorum is not present ten minutes after the time specified for the start of a meeting, the Chair, subject to the business to be conducted, will seek agreement to adjourn the meeting or reschedule.
- If during any meeting, a Member or Members are called away, and the Chair finds that the meeting is no longer quorate, the meeting shall be suspended. If a quorum is not present at the end of ten minutes, the Chair will seek agreement to adjourn the meeting or reschedule.
- Where, due to the number of apologies received, it becomes apparent that a rescheduled meeting will not be quorate, the Chair will adjudge on the postponement and rescheduling of the meeting.

Absence of Chair:

- In the event of the Chair of the Committee being unable to attend, the NHS Board Vice-Chair or another member of the Committee will be designated the Chair for the meeting. Normally the Chair of the Committee would arrange this in advance.

Agenda papers:

- The Agenda and accompanying papers will be sent to members one week in advance of the meeting. The Chair will set the Agenda with the support of the Chief Executive and the Director of Strategic Planning & Performance. The agenda will be aligned to the remit of the Committee. Progress reports against Matters Arising will be submitted in accordance with an agreed Reporting Schedule. Members wishing to raise agenda items should forward them to the Committee Secretary within the agreed timescale.

Action Points Note and Minutes:

- An Action Points note should be produced and circulated to all Members within 5 working days.
- All meetings will be minutes and copied to members within 3 weeks of the meeting being held.
- Approved minutes along with minute summary will be submitted to the NHS Lanarkshire Board and will be published on the NHS Lanarkshire website.

Action Log:

- A rolling action log will be produced and updated at each Committee meeting. This allows the Committee to track progress of particular issues and ensures that a scheduled for follow up reports is kept.

Annual Workplan:

- The Committee will produce an Annual Workplan that sets out the business and activities to be covered during the year and will submit this to the Board for approval by May of each year.

Mid Year Review:

- The Committee will conduct a midyear review of progress made against the Workplan, to ensure that it is delivering on its plan, and that additional actions are put in place to ensure full delivery of any slippage by the business year end. As part of the year end review, the Committee will also review its Terms of Reference, and the need for any amendment or update, which, in the event, will require to be submitted to and approved by the NHS Board.

Annual Report:

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

- Name of Committee, Committee Chair, membership, Executive Lead and officer support/ attendees;
- Frequency, dates of meetings and attendance;
- The activities of the Committee over the year including confirmation of delivery of the Annual Workplan and Review of the Committee Terms of Reference. Where such a

review results in amendment, a revised Terms of Reference must be submitted to the NHS Board for approval;

- Improvements overseen by the Committee;
- Matters of concern to the Committee;
- Confirmation that the Committee has fulfilled its remit and of the adequacy and effectiveness of internal control in NHS Lanarkshire;
- Additionally, the Annual Report will inform the submission of any appropriate assurance to the Chief Executive at the year-end as part of the Governance Statement.

Submissions to Board following each meeting:

- Summary briefing and approved Minute.
- Procedure in event of Committee meeting taking place too close to Board to allow written submission (see Board Secretary Schedule)

6. Information Requirements

In order to fulfil its remit the Committee may obtain whatever professional advice it requires, and require other individuals to attend meetings as required.

The Committee is authorised by the Board to investigate any activity within its terms of reference, and is authorised to seek any information it requires from any employee. The Committee is required to review its Terms of Reference on an annual basis.

The Committee will be provided with:

- Performance reports from the Acute Division and Health & Social Care Partnerships
- A performance report on the progression of the AOP / Remobilisation Plan
- A report on risk management activity
- An updated workplan showing achievement to date

7. Executive Lead and Attendance

- The Chief Executive will support the Chair of the Committee in ensuring that the Committee operates according to / in fulfillment of its agreed Terms of Reference.
- The Committee will be provided with a secretariat function by the Board Secretary.
- Deputies may represent any member of the Committee unable to attend meetings.
- The Committee may ask any other officers of NHS Lanarkshire and North and South Lanarkshire Health & Social Care Partnerships to attend to assist with its discussions on any particular matter.

8. Access

No special rights of access are necessary.

9. Rights

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

Version Control

Reviewed Committee:	by	26 May 2021 & 30 June 2021 to reflect Monklands assurance role 27 April 2022 - reverted to previous Terms of Reference
Ratified Lanarkshire Board:	by NHS	25 May 2022
Review Date:		April 2023

NHS LANARKSHIRE

Population Health, Primary Care and Community Services Governance Committee

ANNUAL REPORT 2021 / 22

1. Introduction

The Population Health, Primary Care & Community Services Governance Committee:

- Governs the actions of NHS Lanarkshire in protecting and improving the health of the population focusing on addressing and reducing inequalities in line with the Board strategy 'Our Health Together' and on delivering effective primary care services to facilitate this;
- Provides support to the governance and delivery of Community based services by Health and Social Care Partnerships given their role in the delivery of programmes and services that impact on public health;
- Is responsible for monitoring the governance of mental health (including learning disability) services; and
- Provides assurance and scrutiny with regard to the reduction of inequalities through NHS Lanarkshire operating as an Anchor Institution.

2. Name of Committee:

Population Health, Primary Care and Community Services Governance Committee.

3. Committee Chair:

Ms Margaret Morris, Non-Executive Director (until August 2021)

Mr Ally Boyle, Non-Executive Director (from August 2021)

4. Committee Members:

Mr Neil Findlay	Non-Executive Director (from 15 December 2021)
Mrs Maureen Lees	Non-Executive Director
Mr Brian Moore	Non-Executive Director (until 1 April 2022)
Cllr Jim McGuigan	Non-Executive Director (until 1 April 2022)

4. Attendees:

Ms Celia Briffa-Watt	Consultant in Public Health
Dr Jane Burns	Executive Medical Director
Mr Paul Cannon	Board Secretary
Miss Stacey Connor (Minutes)	Business Support Manager
Mr Craig Cunningham	Head of Planning, Performance & Assurance SLHSCP
Ms Morag Dendy	Head of Planning, Performance & Quality Assurance, NLHSCP
Dr Linda Findlay	Medical Director SLHSCP
Mrs Marianne Hayward	Head of Health, SLHSCP
Ms Christine Jack	Business & Operations Manager, NLHSCP
Dr Cathy Johnman	Consultant in Public Health Medicine
Ms Trudi Marshall	Director of Nursing, NLHSCP
Mr Ross McGuffie	Chief Officer NLHSCP
Dr Josephine Pravinkumar	Director of Public Health
Ms Claire Rae	Head of Health SLHSCP
Mrs Elspeth Russell	Consultant in Public Health

ITEM 17

Dr Mark Russell	Associate Medical Director NLHSCP
Mr Soumen Sengupta	Director, SLHSCP
Ms Lesley Thomson	Director of Nursing SLHSCP
Ms Kerri Todd	Head of Health Improvement (from 05 Jan 2022)

5. Executive Lead:

Ross McGuffie, Chief Officer North Lan HSCP, Soumen Sengupta, Director, South Lan HSCP, Dr Josephine Pravinkumar, Director of Public Health.

6. Meetings held during the year:

The Committee / Group / Forum met 5 times during the year from 1 April 2021 to 31 March 2022 as follows:

6th May 2021
 26th August 2021
 2nd November 2021
 19th January 2022
 1st March 2022

7. Attendance of Members

<u>Name</u>	<u>6th May 2021</u>	<u>26th August 2021</u>	<u>2nd November 2021</u>	<u>19th January 2022</u>	<u>1st March 2022</u>
<u>Mr Ally Boyle</u>	√	√	√	√	√
<u>Ms Celia Briffa-Watt</u>	X	X	√	X	X
<u>Dr Jane Burns</u>	X	X	X	X	X
<u>Mr Paul Cannon</u>	X	X	√	√	X
<u>Mr Craig Cunningham</u>	√	√	X	√	√
<u>Ms Morag Dendy</u>	X	√	√	X	√
<u>Mrs Val De Souza</u>	√	<u>Retired</u>			
<u>Mr Gabe Docherty</u>	√	X	√	<u>Retired</u>	
<u>Dr Linda Findlay</u>	√	X	X	√	√
<u>Mr Neil Findlay</u>	<u>Joined Dec 2022</u>			√	√
<u>Mrs Marianne Hayward</u>	√	√	√	X	X
<u>Ms Christine Jack</u>	X	X	X	X	√
<u>Dr Cathy Johnman</u>	X	X	X	√	√
<u>Mrs Maureen Lees</u>	√	√	√	√	√
<u>Ms Trudi Marshall</u>	X	√	X	√	√
<u>Ms Lesley McDonald</u>	x	X	√	X	X
<u>Mr Ross McGuffie</u>	√	√	√	√	√
<u>Cllr Jim McGuigan</u>	√	√	√	X	√
<u>Miss Margaret Morris</u>	√	√	<u>Retired Sept 2021</u>		
<u>Mr Brian Moore</u>	√	√	√	√	√

ITEM 17

<u>Ms A Smith Palmer</u>	√				
<u>Dr Josephine Pravinkumar</u>	√	√	√	√	√
<u>Mrs Elspeth Russell</u>	X	√	√	X	X
<u>Dr Mark Russell</u>	X	√	X	X	X
<u>Mr Soumen Sengupta</u>	X	√	√	√	√
<u>Ms Lesley Thomson</u>	X	X	√	√	X
<u>Ms Kerri Todd</u>		<u>Joined in Jan 2022</u>		√	√

For the year covering this report the Committee was operating within an environment whereby the NHS in Scotland was on an emergency footing. The Committee was one of the Governance Committees asked to stand down after the May 2020 meeting, to release capacity within the Corporate Management Team to deal with the pandemic, and only started to meet, for a limited Covid related agenda, in May 2021. At the same time, the Board met on a monthly basis throughout this period and looked issues and risks across the Corporate Risk Register, including those normally overseen by the Committee.

8. Issues Considered by the Committee over the year

The Committee was only able to meet in limited circumstances and many of the meetings were focussed on Covid related activities and limited to 1 hour in duration. Within the confines of these restrictions the Committee discussed

- Public Health activities in addressing Covid
- Briefings from both Health & Social Care Partnerships on the Covid response
- Technology Enabled Care
- Population Screening Programmes updates
- Risk Register
- Health Inequalities (in particular the planning for a series of seminars and workshops with Community Planning Partners in June 2022)
- Children and Young People's Plan
- Child & Adolescent Mental Health (CAMHS) and Psychological Therapies Recovery Planning
- GMS Premises
- System Pressures
- GMS Sustainability
- Primary Care Improvement Plan
- Urgent Care
- Out of Hour Service – workforce updates
- Vaccination Programme - progress updates
- No Smoking Policy
- Interpreting Services
- Mental Health and Wellbeing Strategy
- Local Child Poverty Action Reports
- Corporate Parenting Strategy
- Mental Health Recovery & Renewal Funding for CAMHS

ITEM 17

- Shaping Places National Programme
- South Lanarkshire Strategic Commission Plan
- Carer Support

9. Improvements overseen by the Committee;

The Committee, despite being limited in the number of times it could meet, and the duration of meetings, was nevertheless able to input positively to a number of developing Strategies and Policies, most notably in Health Inequalities, Children and Young People's Services, Child & Adolescent Mental Health and Psychological Therapies, the refreshed Board-wide No Smoking Policy, Child Poverty, Corporate Parenting and the Shaping Places National Programme

10. Matters of concern to the Committee;

There were no material concerns raised. In fact, it is remarkable that during the pandemic, when much of the urgent business of the Committee was escalated to the Board, that the Committee still managed to meet, discuss and shape so many areas within its remit, as listed above.

11. Conclusion;

From the review of the performance of the Population Health, Primary Care and Community Services Governance Committee, it can be confirmed that the Committee has met in line with the Terms of Reference, and has fulfilled its remit to the best of its ability. The issues normally considered by the Committee when it was only able to meet within the confines of the emergency footing were raised, discussed and reviewed by the full Board, which met on a monthly basis through 2021/2022.

Based on assurances received and information presented to the Population Health, Primary Care and Community Services Governance Committee, adequate and effective arrangements were in place throughout the year.

I would also like to place on record my thanks to the outgoing Committee Chair, Ms Margaret Morris, who established the Committee on 2018 and steered the Committee through the early years of its formation, and for the solid foundations she built for the Committee.

I would also wish to record my thanks to Gabe Docherty, the outgoing Director of Public Health, who did so much to support the Committee since its formation, for his input and tireless championing of health inequalities and social deprivation.

2021-22 has undoubtedly been a very difficult year for the NHS in general and in particular in Lanarkshire. This area had, prior to Covid, one of the highest concentrations of poverty and deprivation in the country, and this has been exacerbated by the pandemic. The Committee is determined in the coming year to play a full part in driving the Board's ambitions around *Our Health Together* and reducing health inequalities and shining a light on what more can be done to improve the health and wellbeing of our poorest citizens.

Signatures of

Committee Chair

Executive Lead(s)

Date

COMMITTEE TERMS OF REFERENCE

**POPULATION HEALTH, PRIMARY CARE & COMMUNITY SERVICES
GOVERNANCE COMMITTEE**

1. Purpose

The Population Health, Primary Care & Community Services Governance Committee (hereinafter referred to as ‘The Committee’) will:

- Govern the actions of NHS Lanarkshire in protecting and improving the health of the population focusing on addressing and reducing inequalities in line with the Board strategy ‘Our Health Together’ and on delivering effective primary care services to facilitate this;
- Provide support to the governance and delivery of Community based services by Health and Social Care Partnerships given their role in the delivery of programmes and services that impact on public health;
- Be responsible for monitoring the governance of mental health (including learning disability) services.
- Provide assurance and scrutiny with regard to the reduction of inequalities through NHS Lanarkshire operating as an Anchor Institution.

2. Membership

- 4 x Non-Executive Directors NHSL; (intention is that this will become 5)
- Operational Delivery Director, North Lanarkshire HSCP;
- Operational Delivery Director, South Lanarkshire HSCP;
- Health & Social Care Partnership Medical Director (North & South);
- Health & Social Care Partnership Nurse Director (North & South);
- Board Director of Public Health;
- Medical Director
- Director of NMAHPs
- Two Consultants/Specialists in Public Health;
- Head of Health Promotion/Health Improvement;
- Head of Planning, Performance & Assurance, North Lanarkshire HSCP;
- Head of Commissioning & Performance, South Lanarkshire HSCP;
- Representative from Mental Health
- Staff Partnership Representation; and
- Voluntary Sector Representation.

Attendees may be invited to the Committee at the discretion of the Chair.

The Primary Directors for the Committee shall be the Board Director of Public Health and

the Operational Delivery Directors for North Lanarkshire HSCP and South Lanarkshire HSCP. The Role of Lead Executive will rotate between the three Primary Directors.

3. Meetings

The Committee will normally meet 5 times per year, and conduct its proceedings in compliance with the Standing Orders of the Board.

Meeting dates will be set taking account of the meeting cycle for business meetings of the NHS Board, to enable timely reporting from the Committee to the NHS Board.

One of the Non-Executive Director Members will be designated as Chair of the Committee. The appointment of the Chair of the Committee will be decided by the NHS Board Chair, in discussion with Non-Executive Directors about the assignment of Committee portfolios.

4. Key Responsibilities

The remit of the Committee will reflect three key domains, as follows:

Public Health & Health Inequalities

To provide assurance to the NHS Board that public health governance is being discharged in relation to the Board's statutory duty for quality of care and to ensure the development, implementation and monitoring of a strategic public health plan with a focus on inequalities, and reshaping NHSL's services to have a greater emphasis on prevention and inequalities.

Key Duties of the Committee: -

- Ensure the development, implementation and monitoring of a strategic plan for public health ensuring that the three domains of public health are covered: health protection, health improvement and improving services;
- Monitor the implementation of the Board's prioritised Health Inequalities Action Plan;
- Support Public Health in its advocacy role with stakeholders, partners, national bodies and Governments in promoting health;
- Oversee the funding allocated to Public Health activities;
- Consider funding applications for the development of public health interventions (approved by the CMT) and to make recommendations to the NHS Board;
- Review and scrutinise the delivery of the Board Public Health Department's work plan;
- Review and scrutinise the impact on inequalities through NHS Lanarkshire operating as an Anchor Institution;
- Undertake scrutiny of individual topics/projects/work-streams to promote the health of the population, including NHS Lanarkshire staff;
- Ensure there are effective partnership working arrangements between NHS Lanarkshire and both Health and Social Care Partnerships, and with both Community Planning Partnerships;
- Ensure that Public Health is fully embedded in other key areas of work of the Board such as "Our Health Together" and Realistic Medicine;
- Ensure that policy and practice are effectively and consistently informed by public

health intelligence and underpins implementation of “Our Health Together” and both Health and Social Care Strategic Commissioning Plans; and

- Receive regular updates from the Public Health Delivery Workplan Group.

Primary Care and Community Services (including Independent Contractors*)

* Medical, Dental, Ophthalmic and Pharmaceutical services

NHS Lanarkshire and North & South Lanarkshire Councils have established Integrated Joint Boards under the Public Bodies (Joint Working) (Scotland) Act 2014 to create a single system for the Joint Strategic Commissioning of Health & Social Care Services.

However, notwithstanding the above, NHS Lanarkshire and Councils must ensure that there are mechanisms in place to provide the necessary assurance that integrated services are being delivered in line with their responsibilities. The Integration Scheme does not provide a framework for this reporting.

The establishment of the Population Health & Primary Care Governance Committee, covering Primary Care service delivery, will fulfil the Board’s obligation to seek assurance on the quality of these services.

The Committee will develop reporting systems to ensure a comprehensive performance management structure is in place to link with key Scottish Government, NHS Board, and Health & Social Care Partnership objectives.

Key Duties of the Committee:-

- Receive assurance that the operational delivery of primary care and community services are meeting national standards, meeting financial, clinical and staff governance requirements and that robust mitigating actions are in place to address very high risks in the Board’s Corporate Risk Register.
- Receive assurance that there is equity in the provision of care, treatment and access to services, which incorporates the diverse needs of individuals and population sub-groups, is appropriate and sensitive to the delivery of person-centred care, across a range of primary care and community based services.

Mental Health inpatient and community services (including Learning Disability services)

The Committee will ensure the alignment of local reporting systems to provide for a comprehensive performance management structure across NHS Lanarkshire, linked with the Scottish Government Mental Health Strategy (2017-2027), by working to improve:

- Prevention and early intervention;
- Access to treatment, and joined up accessible services;
- The physical wellbeing of people with mental health problems; and
- Rights, information use, and planning.

By focussing on:-

- Urgent Care Transformation;
- Child and Adolescent Mental Health Services (CAMHS);
- The delivery of learning disability services;

- Prevention and early intervention for pregnant women and new mothers;
- Prevention and early intervention for infants, children and young people;
- New models of supporting mental health in primary care;
- Supporting people to manage their own mental health;
- Improving access to mental health services and make them more efficient, effective and safe – which is also part of early intervention;
- Improving the physical health of people with severe and enduring mental health problems to address premature mortality;
- ‘All of Me’ - to ensure parity between mental health and physical health; and
- The human rights of people with mental health problems.

5. Conduct of Business

Declarations of Interest:

A Member must consider whether they have an interest to declare in relation to any matter which is to be considered as soon as possible. A Member should consider whether any item on the agenda raises any issue of declaration of interest. The declaration should be made as soon as practicable at the meeting that the interest arises.

Meetings:

The Committee will normally meet at least 5 times a year. The Chair of the Committee may convene additional meetings, as they deem necessary. The NHS Board or Accountable Officer may ask the Committee to convene further meetings to discuss particular issues on which they want the Committee’s advice.

Quorum:

- A quorum is one third of the whole number of Members, of which at least two are Non-Executive Members. No business shall be transacted at a meeting unless this is met. Deputies should also attend where the named officer is unable to attend such that the committee remains quorate. No business shall be transacted at a meeting unless this is met.
- If a quorum is not present ten minutes after the time specified for the start of a meeting, the Chair, subject to the business to be conducted, will seek agreement to adjourn the meeting or reschedule.
- If during any meeting, a Member or Members are called away, and the Chair finds that the meeting is no longer quorate, the meeting shall be suspended. If a quorum is not present at the end of ten minutes, the Chair will seek agreement to adjourn the meeting or reschedule.
- Where, due to the number of apologies received, it becomes apparent that a rescheduled meeting will not be quorate, the Chair will adjudge on the postponement and rescheduling of the meeting.

Absence of Chair:

- In the event of the Chair of the Committee being unable to attend, the NHS Board Vice-Chair or another member of the Committee will be designated the Chair for the meeting. Normally the Chair of the Committee would arrange this in advance.

Agenda papers:

- Administrative support will be provided by a member of staff determined by the Lead Executive with professional support provided by the Board Secretary.
- The Agenda and accompanying papers will be sent to members one week in advance of the meeting. The Chair will set the Agenda with the support of the Director of Public Health, the Chief Officer of the North HSCP and the Chief Officer of the South HSCP.
- The agenda will be aligned to the remit of the Committee. Progress reports against Matters Arising will be submitted in accordance with an agreed Reporting Schedule.
- Members wishing to raise agenda items should forward them to the Committee Secretary within the agreed timescale.

Action Points Note and Minutes:

- An Action Points note should be produced and circulated to all Members within 5 working days.
- All meetings will be minuted and copied to members within 3 weeks of the meeting being held.
- Approved minutes along with minute summary will be submitted to the NHS Lanarkshire Board and will be published on the NHS Lanarkshire website.

Action Log:

- A rolling action log will be produced and updated at each Committee meeting. This allows the Committee to track progress of particular issues and ensures that a scheduled follow up reports is kept.

Annual Workplan:

- The Committee will produce an Annual Workplan that sets out the business and activities to be covered during the year and will submit this to the Board for approval by March of the preceding financial year.

Mid-Year Review:

- The Committee will conduct a mid-year review of progress made against the Workplan, to ensure that it is delivering on its plan, and that additional actions are put in place to ensure full delivery of any slippage by the business year end. As part of the Annual Report, the Committee will also review its Terms of Reference, and the need for any amendment or update, which, in the event, will require to be submitted to

and approved by the NHS Board.

Annual Report:

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

- Name of Committee, Committee Chair, membership, Executive Lead and officer supports / attendees;
- Frequency, dates of meetings and attendance;
- The activities of the Committee over the year including confirmation of delivery of the Annual Workplan and Review of the Committee Terms of Reference. Where such a review results in amendment, a revised Terms of Reference must be submitted to the NHS Board for approval;
- Improvements overseen by the Committee;
- Matters of concern to the Committee;
- Confirmation that the Committee has fulfilled its remit and of the adequacy and effectiveness of internal control in NHS Lanarkshire;
- Additionally, the Annual Report will inform the submission of any appropriate assurance to the Chief Executive at the year-end as part of the Governance Statement.

Submissions to Board following each meeting:

- Summary briefing and approved Minute.
- Procedure in event of Committee meeting taking place too close to Board to allow written submission (see Board Secretary Schedule of Reporting on this) - verbal report followed by written at next Board.

6. Information Requirements

The Committee will be provided with:

- Performance reports from key groups;
- A report on risk management activity; and
- An updated workplan showing achievement to date.

7. Executive Lead and Attendance

The Director of Public Health & Operational Delivery Directors for North Lanarkshire HSCP and South Lanarkshire HSCP will support the Chair of the Committee in ensuring that the Committee operates according to / in fulfillment of its agreed Terms of Reference. One of these Executives will fulfill the role of Lead Executive with this role swapping between each at agreed intervals.

The Committee will be provided with a secretariat function by the Lead Executive, supported by the Board Secretary.

Deputies may represent any member of the Committee unable to attend meetings.

The Committee may ask any other officers of NHS Lanarkshire and North and South

Lanarkshire Health & Social Care Partnerships to attend to assist with its discussions on any particular matter.

10. Access

No special rights of access are necessary.

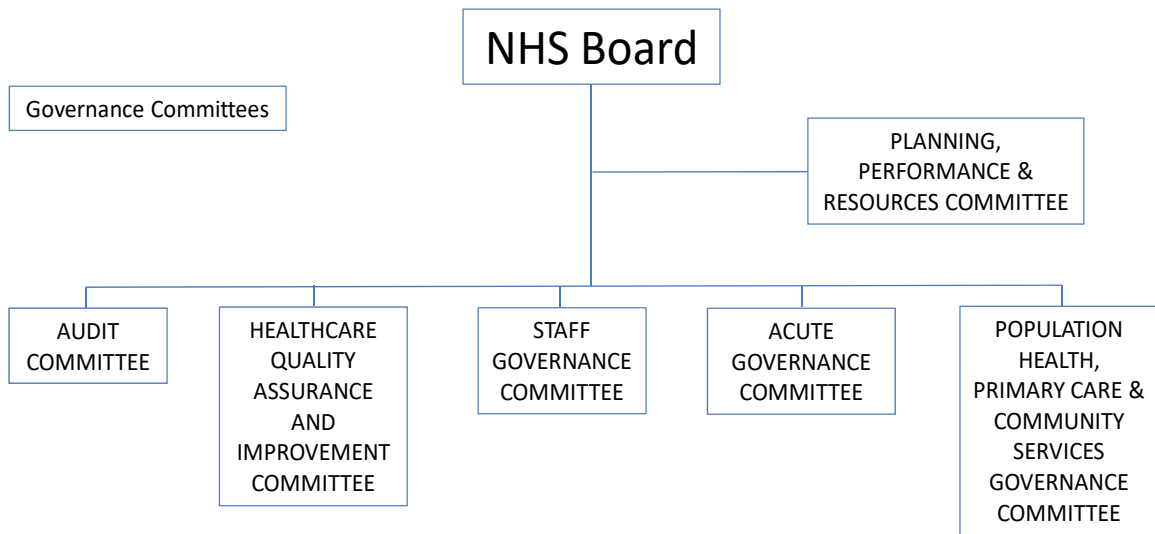
11. Rights

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

Version Control

Reviewed by Committee:	March 2022
Ratified by Lanarkshire NHS Board:	
Review Date:	

NHS Lanarkshire – Governance Committee Structure



1 MARCH 2018

NHS LANARKSHIRE

AUDIT COMMITTEE ANNUAL REPORT 2021/22

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.

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 (until 31 August 2021)

Dr Avril Osborne, Non-Executive Director (until 28 February 2022)

Cllr Jim McGuigan, Non Executive Director

Ms Lesley McDonald (from June 2021)

5. Attendees:

Mrs Laura Ace, Director of Finance

Mrs Neena Mahal, Chair (until 31 December 2021)

Mr Martin Hill (from 1 January 2022)

Mrs Heather Knox, Chief Executive

Mrs Carol McGhee, Corporate Risk Manager

Mr Tony Gaskin, Chief Internal Auditor FTF Internal Audit Consortium

Mrs Morag Holmes, Internal Audit

Mr Peter Lindsay, Audit Scotland

Mrs Sarah Lawton, Audit Scotland

Mrs Fiona Mitchell-Knight, Audit Scotland

6. Executive Lead:

Mrs Laura Ace

7. Meetings held during the year:

The Committee met 5 times during the year from 1 April 2021 to 31 March 2022 as follows:

1 June 2021

30 June 2021

7 September 2021

7 December 2021

1 March 2022

8. Attendance of Members

Name of member	1 June 2021	30 June 2021	7 September 2021	7 December 2021	1 March 2022
Mr Brian Moore	√	√	√	√	√
Mrs Lilian Macer	√	√	√	√	√
Mr Phil Campbell	√	X	-	-	-
Dr Avril Osborne	√	√	√	√	-
Cllr Jim McGuigan	√	√	√	√	√
Ms Lesley McDonald	√	√	√	√	√

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 2021.
- 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 31st March 2021 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 30th June 2021.
- 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 2021/22 a series of Risks relating to Covid-19 were captures in a separate section of the register and later merged with the Corporate Risk Register. The June 2022 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 2021/22 accounts process.
- Property Transactions: The committee received the mandatory annual report on property transactions in September 2021 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 March 2022 the committee received an interim controls evaluation from the Chief Internal Auditor and will receive the annual report in June 2022. In June 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; (30 June 2021)
 - Draft External Audit Plan 2021/22; (March 2022)
 - Management report 2020/21 (1 June 2021)

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

- NHS in Scotland 2021;
 - PPE;
 - Fraud & Irregularity 2020/21.
 - Social care
- 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 7 September 2021. 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: During 2020/21 the Committee undertook a 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 2021/22 will take place at the committee's meeting of 7 June 2022. The national guidance schedule of information designed to achieve this will be considered and approved by the Committee in March 2022.

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 review of the risk register policy. The committee received updates on the progression of the assurance mapping work that was re-established in year, including a paper setting out governance committee assurance principles with a specific section on risk register. The committee also had sight of a driver diagram that set out the work required to improve the assurance reporting as considered and approved through CMT, noting the areas of work that had been completed, or were in progress. Through the key line of enquiry received 1 February 2022, the committee noted the re-establishment of the risk management facilitator network and the areas for improvement in 2022/23.

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.

Brian Moore
Committee Chair

Laura Ace
Executive Lead

March 2022

DATE: SEPTEMBER 2021

<p>1. Purpose</p>
<p>The Board has established an Audit Committee as a Committee of the Board to support them in their responsibilities for issues of risk, control and governance and associated assurance through a process of constructive challenge, including considering of the internal control environment governing the implementation of the Health and Social Care delivery plan. The role of the Audit Committee is mandated by the Scottish Public Finance Manual Audit Committee Handbook.</p>
<p>2. Membership and Quoracy</p>
<p>Membership of the Audit Committee will be drawn from the Non Executive Director component of the NHS Board. There will be 5 Non Executive Director Members of the Audit Committee, one of whom will be designated as Chair of the Committee. The NHS Board Chair cannot be a member of the Audit Committee. A minimum of 3 members of the Audit Committee will be present for the meeting to be deemed quorate.</p>
<p>3. Reporting Arrangements</p>
<p>The Audit Committee will report to the NHS Board and to the Accountable Officer following each meeting. This will be through the submission of Minutes of Meetings and a summary of key issues arising.</p> <p>The Committee will submit to the NHS Board in May an Annual Report, encompassing: the name of the Committee; the Committee Chair; members; the Executive Lead and officer supports/attendees; frequency and dates of meetings; the activities of the Committee during the year, including confirmation of delivery of the Annual Workplan and review of the Committee Terms of Reference; improvements overseen by the Committee; matters of concern to the Committee, confirmation that the Committee has fulfilled its remit and of the adequacy and effectiveness of internal control in NHS Lanarkshire. Where the review by the Committee of its Terms of Reference results in amendment, the revised Terms of Reference must be submitted to the NHS Board for approval. The Committee Annual Report will inform the submission of any appropriate assurance to the Chief Executive at the year-end, as part of the Governance Statement.</p>
<p>4. Key Responsibilities</p>
<p>The Audit Committee will advise the Board and Accountable Officer on:</p> <ul style="list-style-type: none"> ◇ The strategic processes for risk, control and governance and the Governance Statement; ◇ The accounting policies, accounts, and Governance Statement of the organisation, prior to approval by the Board; ◇ the process for review of the accounts prior to submission for audit, levels of error identified, and management's letter of representation to the external auditors; ◇ The planned activity and results of both internal and external audit;

- ◇ The adequacy of management response to issues identified by audit activity, including external audit's management letter/report;
- ◇ The adequacy and effectiveness of the internal control environment;
- ◇ The acceptability of any proposed changes to the Standing Orders, Scheme of Delegation or Standing Financial Instructions prior to approval by the Board;
- ◇ Assurances relating to the Corporate Governance requirements for the organisation;
- ◇ Anti-fraud policies and arrangements for special investigations.

Other issues to be considered by the Audit Committee include

- ◇ Proposals for purchase of non-audit services from contractors who provide audit services;
- ◇ Proposals to change the management arrangements, or means by which the internal audit function is delivered;
- ◇ Overseeing controls and risk assessment processes for Salus business-related activity.

The Audit Committee will also review its own effectiveness and report the results of that review to the Board and Accountable Officer.

5. Conduct of Business

This should cover:

Meetings:

The procedures for meetings are:

- ◇ The Audit Committee will meet at least four times a year. The Chair of the Audit Committee may convene additional meetings, as he/she deems necessary;
- ◇ The Audit Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters;
- ◇ The Board or Accountable Officer may ask the Audit Committee to convene further meetings to discuss particular issues on which they want the Committee's advice.

Quorum:

A minimum of 3 members of the Audit Committee will be present for the meeting to be deemed quorate. In the event of a meeting becoming inquorate, once convened, the Chair may elect to continue to receive papers and presentations from those attending, and to allow the members present the opportunity to ask questions. The minute will clearly state the point at which the meeting became inquorate, but notes of the presentation and discussion will be included with the minute. Every item discussed once the meeting became inquorate will be brought back in summary form under matters arising to the next meeting and ratified as appropriate.

Absence of Chair:

In the event of the Chair of the Committee being unable to attend, another member of the Committee will be designated the Chair for the meeting. Normally the Chair of the Committee would arrange this in advance.

Agenda Papers:

- The workplan for the year will map to the remit of the Committee;

- The agenda will be set by the Director of Finance in discussion with the Audit Committee Chair;
- Papers will be submitted to the Director of Finance at least seven working days before the date of the meeting;
- Agenda papers will be issued to Audit Committee members and attendees at least 6 days before the date of the meeting.

Minutes:

- All meetings will be minuted, and copies circulated to members within four weeks of the meeting being held. The minutes will clearly record decisions, actions, responsibilities, actions against identified risks and follow-up. Minutes will be submitted to the NHS Board, and published on the NHS Lanarkshire website.

Annual Workplan:

The Audit Committee will produce an Annual Workplan that sets out the business and activities to be covered during the year, and will submit this to the Board for approval by February of the preceding financial year.

Mid Year Review:

The Committee will conduct a mid year review of progress made against the Workplan, to ensure that it is delivering on its plan, and that additional actions are put in place to ensure full delivery of any slippage by the business year end. As part of the mid year review, the Committee will also review its Terms of Reference, and the need for any amendment or update, which, in the event, will require to be submitted to and approved by the NHS Board. The mid year review will be submitted to and approved by the NHS Board. The mid year review will be submitted to the NHS Board no later than November each year.

Annual Report:

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

- The name of the Committee, the Committee Chair, Membership, Executive Lead and Officer support/attendees;
- Frequency, dates of meetings and attendance;
- The activities of the Committee over the year, including confirmation of delivery of the Annual Workplan and review of the Committee Terms of Reference. Where such a review results in an amendment, a revised Terms of Reference must be submitted to the NHS Board for approval;
- Improvements overseen by the Committee;
- Matters of concern to the Committee;
- Confirmation that the Committee has fulfilled its remit, and of the adequacy and effectiveness of Internal Control;
- Additionally, the Annual Report will inform the submission of any appropriate assurance to the Chief Executive at the year-end, as part of the Governance Statement.

Submissions to Board following each meeting:

A draft minute of each meeting of the Committee, formatted to clearly highlight key decisions, actions and risk management, should be produced and should be available to the Chair of the Committee and the Director of Finance for consideration within three weeks of the meeting date. Once agreed with the Chair of the Committee and Director of Finance the minute will be submitted to the next scheduled meeting of the NHS Board

for information. Prior to that, the key issues considered by the Committee will, as appropriate, be the subject of reporting to the NHS Board, either verbally or through the submission of a Summary Report. Minutes of meetings of the Committee do not need to be approved by the Committee prior to their submission to the NHS Board for information. Agendas and papers for meetings of the Committee will, routinely, be uploaded to the relevant 'Meetings' section on Firstport.

Action Log:

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

6. Information Requirements

For each meeting the Audit Committee will be provided with:

- ◇ A report summarising any significant changes to the organisation's Risk Register;
- ◇ A progress report from the Chief Internal Auditor summarising:
 - work performed (and a comparison with work planned);
 - key issues emerging from Internal Audit work;
 - management response to audit recommendations;
 - significant changes to the audit plan;
 - any resourcing issues affecting the delivery of Internal Audit objectives;
- ◇ A progress report from the External Audit representative summarising work done and emerging findings;
- ◇ A report on any fraud investigations or fraud prevention activity since the previous meeting;
- ◇ A report on risk management activity and agreed indicators;
- ◇ An updated workplan showing achievement to date.

Annually the Committee will be provided with the NHS Scotland guidance on the Governance Statement and will determine the information it required in order to conclude on the adequacy and effectiveness of internal control and endorse the NHS Lanarkshire governance statement for approval by the Accountable Officer and Board. Currently these are:

- ◇ Reports from all standing governance committees of the board confirming whether they have fulfilled their remits and, based on assurances received, that there are adequate and effective governance arrangements in place. This includes matters relating to clinical, staff and information governance and risk management.
- ◇ Formal assurance from executive directors and senior managers that adequate and effective internal controls and risk management have been in place across their areas of responsibility and that any breaches of Standing Orders or Standing Financial Instructions and all significant failures of internal control have been reported to the Chief Executive;
- ◇ Report from the Chief Internal Auditor or equivalent confirming whether:
 - Based on the work undertaken, there were adequate and effective internal controls in place throughout the year;
 - The Accountable Officer has implemented a governance framework in line with required guidance sufficient to discharge the responsibilities of this role; and
 - The Internal Audit plan has been delivered in line with Public Sector Internal Audit Standards.
- ◇ Advice from both Internal and External Audit on whether there are any exceptions around the following:
 - Consistency of the Governance Statement with the information they are aware of from their work;
 - The process adopted in reviewing the adequacy and effectiveness of the system of internal control;

- The format and content of the Governance Statement in relation to the relevant guidance; and
- The disclosure of all relevant issues
- ◇ Quality assurance reports on the Internal Audit function;
- ◇ The draft Annual Accounts of the organisation;
- ◇ The draft Governance Statement;
- ◇ The risk management annual report and key lines of enquiry;
- ◇ A report on any changes to accounting policies;
- ◇ A summary (or full text if appropriate) of any reports by external assessment bodies (such as Healthcare Improvement Scotland or the Health and Safety Executive) which will not be considered by another governance committee of the Board and which contain significant issues which the committee needs to take into account directly in its assessment of internal control arrangements;
- ◇ Confirmation that the Chief Executive has discharged his responsibilities as Accountable Officer as set out in the Accountable Officer Memorandum last issued May 2012;
- ◇ External Audit Interim management Report;
- ◇ Board Self Assessment;
- ◇ Output from Best Value Assurance Framework;
- ◇ Patient Exemption Checking from Counter Fraud Services.

As and when appropriate the Committee will also be provided with:

- ◇ External Audit's management letter/report;
- ◇ External Audit's annual plan;
- ◇ Proposals for the Terms of Reference of Internal Audit;
- ◇ The Internal Audit strategy, the Charter/Terms of Reference of the Internal Audit Directorate and quality assurance reports on the Internal Audit function;
- ◇ A report on any proposals to tender for audit functions;
- ◇ A report on co-operation between Internal and External Audit;
- ◇ The executive summary of any relevant national Audit Scotland reports, the key implications for the Board and assurances as to how these will be actioned;
- ◇ A report on the Counter Fraud and Bribery arrangements and performance;
- ◇ Reports from the Salus Commercial Business Management Group.

The above list suggested minimum requirements for the inputs which should be provided to the Audit Committee. In some cases more may be provided.

7. Executive Lead and Attendance

Executive Director Lead

Generally, the designated Executive Lead will support the Chair of the Committee in ensuring that the Committee operates according to/in fulfilment of, its agreed Terms of Reference. Specifically, he or she will:

- ◇ support the Chair in ensuring that the Committee Remit is based on the latest guidance and relevant legislation, and the Board's Best Value framework;
- ◇ liaise with the Chair in agreeing a programme of meetings for the business year, as required by its remit; to oversee the development and ongoing monitoring of an Annual Workplan for the Committee which is congruent with its remit and the need to provide appropriate assurance at the year-end
- ◇ agree with the Chair an agenda for each meeting, having regard to the Committee's Remit and Workplan;
- ◇ oversee the production of an Annual Report on the delivery of the Committee's Remit and Workplan, for endorsement by the Committee and submission to the NHS Board

Audit Committee meetings will normally be attended by the Finance Director, the NHS Board Chair, the Chief Internal Auditor and a representative of External Audit and by the Accountable Officer as appropriate.

The Audit Committee may ask any other officials of the organisation to attend to assist it with its discussions on any particular matter.

The Committee shall reserve the right to ask all attendees to withdraw from meetings at any time and shall meet in private with the internal and external auditors at least annually.

The Audit Committee will be provided with a secretariat function by the Director of Finance, NHS Lanarkshire.

8. Access

The designated Chief Internal Auditor and the representative of External Audit will have free and confidential access to the Chair of the Audit Committee.

9. Rights

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

Authors:	Tony Gaskin, Chief Internal Auditor and Laura Ace, Director of Finance
Reviewed by Committee:	7 September 2021
Ratified by Lanarkshire NHS Board:	
Review Date:	August 2022

STAFF GOVERNANCE COMMITTEE

ANNUAL REPORT 21/22

1. Introduction

The Board has established a Staff Governance Committee as a Committee of the Board to support them in their responsibilities for the Staff Governance Standard which was issued in June 2012 and required all NHS Boards to demonstrate that staff are:

- Well informed;
- Appropriately trained and developed;
- Involved in decisions;
- Treated fairly and consistently, with dignity and respect, in an environment where diversity is valued; and
- Provided with a continuously improving and safe working environment, promoting the health and wellbeing of staff, patients and the wider community.

2. Name of Committee: Staff Governance Committee

3. Committee Chair: Lilian Macer, Employee Director

4. Committee Members: Mr Philip Campbell, Non-Executive Director
Mrs. Margaret Morris, Non-Executive Director
Mr., Brian Moore, Non-Executive Director
Mr Tom Wilson, RCN Representative
Mr. Robert Foubister, Unison Representative
Ms. Liz Airns, GMB Representative
Ms Margaret Anne Hunter, Unison Representative
Mr Andy McCormick, Unite Representative
Mrs Cathy McGinty, Unison Representative
Ms Lesley McDonald, Non Executive Director
Ms. Lesley Thomson, Non Executive Director
Mr Neil Findlay, 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 4 times during the year from 1 April 2021 to 31 March 2022 as follows:

7. Attendance of Members

Name of Member	7/6/21	6/9/21	29/11/21	28/2/22
Lilian Macer	√	√	X	√
Phil Campbell	X	X	X	X
Margaret Morris	√	X	X	X
Brian Moore	√	√	√	√
Liz Airns	√	X	√	X
Robert Foubister	√	√	√	√
Tom Wilson	√	√	√	X
Cathy McGinty	√	√	X	X
Margaret Anne Hunter	√	√	√	√
Andy McCormick	√	√	√	X
Lesley McDonald	√	√	√	√
Lesley Thomson		X	√	√
Neil Findlay			X	√

Mr P Campbell and Mrs. M. Morris stood down on 31st August 2021.

Ms. L. Thomson, joined the Committee on 23rd May 2021.

Mr. N. Findlay joined the Committee on 1st October 2021.

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 2021/22 as follows:
 - Whistleblowing
 - Practice Development
 - Organisational Development and Learning
 - Medical Education
 - Personal Independent Payments
 - Salus
 - Staff Governance Monitoring
 - Workforce Plan (interim)
- In addition, the committee reviewed Employability developments, the Legislative Compliance Register and the Health and Safety Governance Framework,
- Summarised reports from meetings of the Remuneration Committee throughout the year. Regular reports were also received on i-Matter; Corporate Risk Register, Quarterly Workforce Reports, Everyone Matters, Employee network development.
- Minutes were received and noted of the regular meetings of the Area Partnership Forum and Human Resources Forum.
- Committee Terms of Reference were reviewed in August 2021

9. Improvements overseen by the Committee:

- The Committee noted the reintroduction of i-Matter (Employee Experience) system in 2021 following the national pulse survey for 2020 .
- The Committee received and discussed workforce issues in relation to the Covid 19 pandemic and noted the range of wellbeing initiatives and support on offer to staff.

- The committee recognised the development of the both the Ethnic Minority Employee Network (ENME) and the LGBTI+ Employee Network.
- The committee noted the development of Employability schemes across NHSL in 2021/22
- The Committee monitored the implementation of the Workforce Planning action plan from the workforce planning internal audit.
- The Committee undertook a review to ensure the effective deliver of the staff governance standards and is in the process of implementing the developments proposed.
- The committee received presentation to enhance their understanding of the NHSL Workforce Dashboards and the Job Train recruitment systems.
- The committee approved the Equality Strategy Action Plan 2021-25
- The Committee noted the progress with the implementation of the Whistleblowing Standards and gained assurance from the quarterly reports.

10. Matters of concern to the Committee:

- The Committee noted a range of workforce challenges including sickness and covid absence levels, high levels of recruitment, use of supplementary staffing and impact on staff wellbeing.

11. Conclusion:

From the review of the performance of the Staff Governance Committee it can be confirmed that the Committee has met in line with the Terms of Reference, and has fulfilled its remit. Based on assurances received and information presented to the Staff Governance Committee adequate and effective arrangements were in place throughout the year.

Signatures of

Lilian Macer

Committee Chair



Executive Lead

Date 11/2/22



**LANARKSHIRE NHS BOARD
COMMITTEE TERMS OF REFERENCE**

**COMMITTEE: STAFF GOVERNANCE
DATE: FEBRUARY 2022**

1. Purpose

The Staff Governance Committee (SGC) exists to ensure that the workforce elements of 'Our Health Together' are implemented and ensure compliance with the NHS Scotland Staff Governance Standard for NHS Lanarkshire.

In addition the Staff Governance Committee will develop, support and maintain the existence of a culture and employment arrangements across NHS Lanarkshire to achieve the highest possible standards in people management.

The SGC will promote acceptance of collective rights and responsibilities, the importance of effective partnership and collaborative working and will energise continuous improvement to endeavour to make NHS Lanarkshire the employer of choice in recruitment and retention of staff.

Staff Governance is enshrined in legislation as part of the NHS Reform (Scotland) Act 2004, the standard calls for an informed and participative workforce, working in a safe environment. The health board has a legal duty in relation to the governance of staff. It shall be the duty of each Health Board and Special Health Board and of the Agency to put and keep in place arrangements for the purposes of: (a) improving the management of the officers employed by it; (b) monitoring such management; and (c) workforce planning.

The Standard requires all NHS Boards to demonstrate that staff are:

1. Well informed;
2. appropriately trained and developed
3. involved in decisions;
4. treated fairly and consistently, with dignity and respect
5. provided with a safe working environment, promoting the health and wellbeing of staff, patients and the wider community

The Standard also requires all staff to

- keep themselves up to date with developments relevant to their job within the organisation
- commit to continuous personal and professional development
- adhere to the standards set by their regulatory bodies

- actively participate in discussions on issues that affect them either directly or via their trade union/professional organisation.
- treat all staff and patients with dignity and respect while valuing diversity ;and
- ensure that their actions maintain and promote the health, safety and wellbeing of all staff, patients and carers.

2. Membership and Quoracy

Membership of the Staff Governance Committee will consist of 4 non-Executive Directors, one of which must be the Employee Director and 6 Staff Side Chairs of Operating Divisions (1 Acute, 2 IJBs, 1 PSSD, Chair HRF and Corporate).

Also in attendance will be the Chief Executive, Human Resource Director and other members of the CMT and / or HR Directorate to present agenda items.

One of the Non-Executive Director Members will be designated as Chair of the Committee. The appointment of the Chair of the Committee will be decided by the Board Chair, in discussion with the Non Executive Director about the assignment of Committee portfolios.

To be quorate meetings will require the attendance of two non-executive Directors of Lanarkshire NHS Board.

3. Reporting Arrangements

The Staff Governance Committee will report to the Board following each meeting. This will be through a verbal report or a written summary report on the key issues submitted by the Committee and by the submission of minutes of the meetings to NHS Lanarkshire Board.

The Committee will prepare an Action Log that will monitor and update at each subsequent meeting.

The Committee will conduct a mid-year review of progress against the Annual Workplan, as part of the process to ensure that the Work Programme is delivered. This mid-year review will be aligned to the Committee Terms of Reference.

In accordance with Best Value for NHS Lanarkshire Board and Committee working, the Committee will submit to the NHS Board in May an Annual Report, encompassing: the name of the Committee; the Committee Chair; Members; the Executive Lead and officer supports/attendees; frequency and dates of meetings; the activities of the Committee during the year, including confirmation of delivery of the Work Programme, and review of the Committee Terms of Reference; improvements overseen by the Committee; matters of concern to the Committee; confirmation that the Committee has fulfilled its remit, and confirmation of the adequacy and effectiveness of the Staff Governance Committee and improvement arrangements in NHS Lanarkshire.

The Committee Annual Report will inform the submission of any appropriate assurance to the Chief Executive at the year-end, as part of the Governance Statement.

Where the review by the Committee of its Terms of Reference results in amendment, the revised Terms of Reference must be submitted to the NHS Board for approval.

4. Key Responsibilities

The specific responsibilities of the SGC are to:

- Ensure a robust workforce plan is prepared and monitored that enables effective service delivery and achievement of the workforce 2020 vision
- Through routine receipt of reports and minutes from the Area Partnership Forum and focused agenda management, monitor progress and achievement against the 5 component parts of the Staff Governance Standard and progress in enabling a positive and engaging staff experience:
 1. Well informed
 2. Appropriately trained and developed
 3. Involved in decisions which affect them
 4. Treated fairly and consistently, with dignity and respect
 5. provided with a safe working environment, promoting the health and wellbeing of staff, patients and the wider community
- Approve and monitor and evaluate strategies and plans developed to deliver continuous improvement in people management
- Monitor the effectiveness of partnership and people management structures and processes to ensure delivery against the Staff Governance Standard.
- Monitor and influence the effectiveness of policy development and the development and deployment of people management strategies across NHS Lanarkshire, this to include oversight of implementation of the workforce implications of the NHS Lanarkshire Single Equality Scheme.
- Exercise oversight of the effective discharge of responsibility by the NHS Lanarkshire Remuneration Committee.
- Monitor the arrangements and content of the timely submission of Staff Governance information and evidence for national monitoring arrangements.
- Exercise oversight in the production of Staff Governance information for the annual governance statement.
- Key risks to the Board
-

5. Conduct of Business

Meetings

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

Quorum

To be quorate meetings will require the attendance of two non-executive Directors of Lanarkshire NHS Board. If the meeting is inquorate the Committee will continue to go through the agenda for the Staff Governance Committee. However, no decisions will be taken until a quorate meeting is convened.

Absence of Chair

A non Executive members would be asked to Chair the meeting.

Agenda Papers

Papers and reports and cover sheet should be submitted to the admin support one week prior to the meeting for the issuing of papers. The agenda is agreed and set by

the Secretary and Chair of the Staff Governance Committee. Papers will be circulated one week in advance of the meeting.

Minutes

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

Annual Workplan

In order to ensure that the Committee functions in accordance with its agreed Terms of Reference / Remit and delivers its Annual Workplan, both documents will be the subject of a mid-year review by the Committee.

Mid-Year Review

The Review will identify any areas of slippage on timescales/tasks and put in place any additional actions to ensure full delivery of the Committee's Remit and Workplan by the business year end.

This review will also provide an opportunity for the Committee to consider the need for any amendment/update to the Terms of Reference which, in the event, will require to be approved by the NHS Board.

Annual Report

In accordance with Best Value for Board and Committee Working, the Committee will submit to the NHS Board in May an Annual Report, encompassing: the name of the Committee; the Committee Chair; members; the Executive Lead and officer supports / attendees; frequency and dates of meetings; the activities of the Committee during the year, including confirmation of delivery of the Annual Workplan and review of the Committee Terms of Reference; improvements overseen by the Committee; matters of concern to the Committee.

Where the review by the Committee of its Terms of Reference results in amendment the revised Terms of Reference must be submitted to the NHS Board for approval. The Committee Annual Report will inform the submission of any appropriate assurance to the Chief Executive at the year-end, as part of the Statement of Internal Control. The Annual Report shall go to the March meeting for approval and then to the April Board meeting.

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

Action Log

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

6. Information Requirements

The Committee will consider information, as appropriate, in order to fulfil its remit and deliver its work programme.

The Committee will oversee an Annual work programme to progress the Staff Governance Standard and a reporting schedule to provide assurance to the Committee will include.

NHS Lanarkshire's Workforce Plan
Staff Governance Audits
Staff Governance Standard Monitoring Framework (Compliance)
NHS Lanarkshire's Our Health Together
NHS Lanarkshire's Equality Strategy
NHS Lanarkshire Health & Wellbeing Strategy

Workforce Metrics Reports
Whistleblowing report – quarterly
Minutes from HRF, APF and the Remuneration Committee

Annual Reports –Communications, Involved in Decisions, Whistleblowing, Employee Networks, SALUS, H&S Governance, Health and Wellbeing, iMatter

Annual Flash Report - Medical Education , NMAHP Practice Development , Organisational Development

7. Executive Lead and Attendance

The Director of HR is the designated Executive Lead and will support the Chair of the Committee in ensuring that the Committee operates according to / in fulfilment of its agreed Terms of Reference.

Support the Chair in ensuring that the Committee Remit is based on the latest guidance and relevant legislation, and the Board's Best Value framework.

Liaise with the Chair in agreeing a programme of meetings for the business year, as required by its remit.

Oversee the development of an Annual Workplan for the Committee which is congruent with its remit and the need to provide appropriate assurance at the year-end, for endorsement by the Committee and approval by the NHS Board.

Agree with the Chair an agenda for each meeting, having regard to the Committee's Remit and Workplan.

Lead a mid-year review of the Committee Terms of Reference and progress against the Annual Workplan, as part of the process to ensure that the Workplan is fulfilled.

Oversee the production of an Annual Report on the delivery of the Committee's Remit and Workplan for endorsement by the Committee and submission to the NHS Board.

8. Access

Does anyone (including from outwith the Committee membership) have the right of free and confidential access to the Chair.

No

9. Rights

Does the Committee have the right to procure specialist ad hoc advice, at the expense of the organization?

Yes, but in accordance with Standing Financial Instructions.

Authors:	Lilian Macer, Employee Director and Kay Sandilands, Director of HR
Reviewed by Committee:	February 2022
Ratified by Lanarkshire NHS Board:	
Review Date:	August 2022

REMUNERATION COMMITTEE

ANNUAL REPORT 2021/22

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 (April 2021 – December 2021)
Mr. Ally Boyle – Chair (From January 2022)

4. Committee Members: Mrs. Lilian Macer – Non-Executive Director
Mr Ally Boyle – Non-Executive Director (April – December 2021)
Ms. Margaret Morris – Non-Executive Director (April – July 2021)
Mr. Philip Campbell – Non-Executive Director (April – July 2021)
Mr Brian Moore – Non-Executive Director
Dr Lesley Thomson – Non Executive Director
Mr Martin Hill – Non Executive Director (From February 2022)

5. Executive Lead Mrs Kay Sandilands – Director of Human Resources

6. Meetings held during the year:

The Committee / Group / Forum met 7 times during the year from 1st April 2021 to 31st March 2022 as follows:

- 29th April 2021
- 17th May 2021
- 16th June 2021
- 13th July 2021
- 7th August 2021
- 6th October 2021
- 2nd February 2022

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

- Implementation of PCS(ESM)2021/2 – TRA for Nurse Director (12th April 2021)
- SBAR – Deputy CEO Role (20th May 2021)
- Updated Appraisal documentation (Approved 27th July 2021)
- Job Pack – Director of Public Health (Approved 9th September 2021)
- SBAR – Acting Deputy CEO (29th October 2021)
- CEO Objectives 2021/22 (2nd December 2021)

7. Attendance of Members

Name of member	29 th April 2021	17 th May 2021	16 th June 2021	13 th July 2021	7 th September 2021	6 th October 2021	2 nd February 2022
Neena Mahal (April – Dec)	√	√	√	√	√	√	
Ally Boyle	√	√	√	√	√	√	√
Philip Campbell (April – July)	X	X	√	√			
Margaret Morris (April – July)	X	√	√	√			
Lilian Macer	√	√	X	X	√	√	√
Lesley Thomson	√	√	√	√	√	√	√
Brian Moore	√	√	√	√	√	√	√
Martin Hill							√

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

During 2021/22 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 2021/22.
- Establishment of Executive Director's Personal Objectives 2021/22.
- Oversight and approval of the Executive and Senior Manager Performance Management arrangements for 2020/21.
- The Committee reviewed and supported the retirement arrangements for the Director of Public Health and noted Scottish Government agreement with the arrangements.
- Design and delivery of arrangements for the recruitment of the Director of Public Health.
- Approved acting arrangements and remuneration for Deputy Chief Executive.
- 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
- Monitoring of development 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 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.

9. 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 undertook Remuneration Committee National Training facilitated by NPMC to enhance understanding of role.

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 reviewed the 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.

10. 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.

11. 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: 3rd February 2022

TERMS OF REFERENCE

TITLE

1. The Committee shall be known as the Remuneration Committee of NHS Lanarkshire. It will be a standing Committee of NHS Lanarkshire and will make decisions on behalf of NHS Lanarkshire.

COMPOSITION

2. Members of the Remuneration Committee will be appointed by the Board of NHS Lanarkshire and will comprise:
 - The Chair of NHS Lanarkshire
 - The Employee Director
 - 3 other Non-Executive Directors
3. The Director of Human Resources will be the Executive Director Lead and will attend meetings of the Remuneration Committee as Advisor and to provide administrative support. The Committee will apply discretion on the Board employees that can be present when the Terms and Conditions for other board employees are being discussed.

One of Non-Executive Directors will be appointed by the Board of NHS Lanarkshire as Chair of the Remuneration Committee.

Executive Director Lead

Generally, the designated Executive Lead will support the Chair of the Committee in ensuring that the Committee operates according to / in fulfilment of it's agreed Terms of Reference. Specifically, they will:

- support the Chair of the Committee in ensuring that the Committee Remit is based on the latest guidance and relevant legislation, and the Board's Best Value framework;
- liaise with the Chair of the Committee in agreeing a programme of meetings for the business year, as required by its remit;
- oversee the development of an Annual Workplan for the Committee which is congruent with its remit and the need to provide appropriate assurance at the year-end, for endorsement by the Committee and approval by the Board;
- agree with the Chair of the Committee an agenda for each meeting, having regard to the Committee's Remit and Workplan;

- lead a mid-year review of the Committee Terms of Reference and progress against the Annual Workplan, as part of the process to ensure that the Workplan is fulfilled;
 - oversee the production of an Annual Report, informed by self-assessment of performance against the Remuneration Committee Self Assessment Handbook, on the delivery of the Committee's Remit and Workplan for endorsement by the Committee and submission to the Board.
4. The Chief Executive will only attend Remuneration Committees when issues of performance other than his/her own are being discussed although he/she may be invited to attend for other specific issues. It should be made clear in the agenda and in the minutes the reason for the Chief Executive's attendance. Where issues with financial implications are to be discussed at the Remuneration Committee the implications will first have been discussed with the Director of Finance and, where appropriate, the Director of Finance may be invited to attend meetings of the Remuneration Committee.
 5. The quorum for the Remuneration Committee will be attendance by 3 Non-Executive Directors.

FUNCTIONS

6. To oversee and agree the remuneration arrangements and terms and conditions of employment of Executive Directors and Senior Managers of NHS Lanarkshire, to include:
 - content and format of job descriptions
 - terms of employment including tenure
 - remuneration
 - benefits including pension or superannuation arrangements
 - annual salary review
 - involvement in appeals hearings for Senior Manager or Clinicians
 - oversight of process for implementation of organisational change
 - involvement in the design and implementation of the appointments process for executive appointments
7. To ensure arrangements are in place for the assessment of the performance of NHS Lanarkshire and to monitor the performance of NHS Lanarkshire against pre-determined performance criteria to inform oversight of Objective setting and support for decisions on individual performance appraisal.
8. To agree NHS Lanarkshire's arrangements for performance management and ensure that the performance of the Executive Directors is rigorously assessed against agreed Objectives within the terms of the performance management arrangements referred to above.
9. To ensure that clear Objectives are established for Executive Directors of NHS Lanarkshire early in the year in which performance is assessed by
 - receiving a report from the Board Chair on the agreed Objectives for the Chief Executive

- receiving a report from the Chief Executive on the agreed Objectives for the other Executive Directors of the Board.
10. To monitor arrangements for the pay and conditions of service of other Senior Managers on Executive Pay arrangements and on Professional/Management Transitional pay arrangements in accordance with appropriate guidance and to implement annual pay uplifts and pay progression in accordance with national guidance.
 11. To approve NHS Lanarkshire's arrangements for the grading of posts and to oversee these arrangements by receiving regular reports from the Director of Human Resources.
 12. To ensure that arrangements are in place to determine the remuneration, terms and conditions and performance assessment for staff employed under the Executive and Senior Management Pay arrangements. To receive formal reports (at least annually) providing evidence of the effective operation of these arrangements.
 13. To be the source of governance monitoring and approval for all other terms and conditions of service issues not covered by Direction or Regulation - such as Discretionary Points for Medical Staff, Voluntary Severance, Early Retirements, Removal Expenses and use of Compromise Agreements.
 14. To fulfil its functions, the Remuneration Committee will take into account a range of factors which will include
 - regular reports from the Director of Human Resources
 - the Remuneration Committee Self Assessment Handbook
 - guidance issued by the Scottish Government Health Department
 - an annual report on the application of pay awards and pay movements
 - the need to recruit and retain appropriately qualified and skilled Directors, General and Senior managers
 - equitable pay and benefits for the level of work performed

CONDUCT OF BUSINESS

15. Meetings of the Committee will be called by the Chair of the Committee with items of business circulated to members one week before the date of the meeting.
16. The Committee will seek specialist guidance and advice as appropriate.
17. All business of the Committee will be conducted in strict confidence.

REGULARITY OF MEETINGS

18. Meetings of the Remuneration Committee will be held as necessary to conduct its business. At a minimum, the Committee should meet twice per annum, once to approve the performance assessments and annual Objectives of the Executive Directors and once to approve the annual application of pay awards and pay progression.

REPORTING ARRANGEMENTS

19. The Remuneration Committee will report to the Board. Regular reports on meetings and activity will be submitted to the Board through the Staff Governance Committee. A Report on meetings of the Remuneration Committee will be issued to the Non Executive Directors of the Board and members of the Staff Governance Committee.
Membership of the Remuneration Committee will be reported to and agreed by the Board. Appropriate details of Executive Members remuneration will be published in NHS Lanarkshire's Annual Report.

Mid-Year Review of Terms Of Reference and Annual Workplan

In order to ensure that the Committee functions in accordance with its agreed Terms of Reference / Remit and delivers its Annual Workplan, both documents will be subject to a mid-year review by the Committee.

The review will identify any areas of slippage on timescales / tasks and put in place any additional actions to ensure full delivery of the Committee's Remit and Workplan by the business year end.

This review will also provide an opportunity for the Committee to consider the need for any amendment / update to the Terms of Reference which, in the event, will require to be approved by the Board.

Annual Report

In accordance with Best Value for Board and Committee Working, the Committee will submit to the Board in May each year an Annual Report, encompassing : the name of the Committee; the Committee Chair; members; the Executive Lead and officer supports / attendees; frequency and dates of meetings; the activities of the Committee during the year, including confirmation of delivery of the Annual Workplan and review of the Committee Terms of Reference; improvements overseen by the Committee; matters of concern to the Committee.

Where the review by the Committee of its Terms of Reference results in amendment the revised Terms of Reference must be submitted to the Board for approval. The Committee Annual Report will inform the submission of any appropriate assurance to the Chief Executive at the year-end, as part of the Statement of Internal Control.

20. When required, advice will be sought by the Committee from Scottish Government Health Workforce Directorate.

February 2022

NHS LANARKSHIRE

HEALTHCARE QUALITY, ASSURANCE & IMPROVEMENT COMMITTEE

ANNUAL REPORT 2021-2022

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 (last meeting on February 2022)

Mr Ally Boyle, Non-Executive Director

Mrs Lesley McDonald, Non-Executive Director

Mr Donald Reid, Non-Executive Director (October 2021)

5. Attendees:

Mrs Heather Knox, Chief Executive

Mr Paul Cannon, Board Secretary

Mr Martin Hill, NHS Board Chair (first meeting in February 2022)

Dr Lucy Munro, Medical Director, North Lanarkshire Health and Social Care Partnership

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

Dr Rory MacKenzie, Information Governance Committee Chair

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 (last meeting November 2021)

Mr Gabe Docherty, Director of Public Health (last meeting October 2021)

Mrs Nina Mahal, NHS Board Chair (last meeting July 2021)

Mrs Christine Gilmour, Director of Pharmacy

Dr John Keaney, Associate Medical Director, Acute Services

5. Executive Lead;

Dr Jane Burns, Executive Medical Director

6. Meetings held during the year;

The Committee met six times during the year from 1st April 2021 to 31st March 2022 as follows:

- 13th May 2021
- 8th July 2021
- 9th September 2021
- 20th October 2021 (Exception meeting)
- 11th November 2021
- 10th February 2022

7. Attendance of Members

Name of member	Meeting 1 13 th May 2021	Meeting 2 8 th July 2021	Meeting 3 9 th September 2021	Meeting 4 20 th October 2021	Meeting 5 11 th November 2021	Meeting 6 10 th February 2022
Dr Lesley Thomson	✓	✓	✓	✓	✓	✓
Dr Avril Osborne	✓	✓	✓	✓	✓	✓
Mrs Maureen Lees	✓	✓	✓	✓	✓	✓
Mr Ally Boyle	✓	✓	✓	✓	✓	✓
Mrs Lesley McDonald	✓	✓	✓	✓	✓	✓
Mr Donald Reid	n/a	n/a	n/a	✓		✓

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 February 2022.

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
- Person Centred Care 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

9. Improvements overseen by the Committee;

The Committee would wish to highlight the following areas:

- Continued development of the NHS Lanarkshire Clinical Guidelines App for guidelines and pathways.
- Completed Mortality Case-note Reviews in each of the 3 acute hospital sites and action plans developed, focusing on sharing the learning.
- Monitoring of the Quality Strategy Implementation Plan at every meeting, reviewing progress and discussing future actions planned.
- Quality & Safety Dashboard development, including a new, easier to read format, providing further narrative and raw data.
- Development of a Major Haemorrhage flowchart and checklist, shared across all 3 acute hospital sites to improve patient safety.
- Datix system improvements, including the launch of an actions module and the addition of more categories to further improve accuracy of reporting.
- Complaints developments, including the creation of a Complaints toolkit and merging of the teams across acute, primary care and corporate to improve consistency and support staffing capacity across the organisation.
- Palliative Care “just in time grab boxes” rolled out throughout South Health & Social Care Partnership.
- Quality Week 2021, where staff had the opportunity to participate in learning and development. The programme offered a blended approach including live MS teams sessions, pre-recorded sessions and face to face.

- Creation of the Adverse Events Bulletin to capture and share the learning across the organisation from Adverse Events. This continues to evolve and now includes learning from Complaints and Information Governance incidents and has been renamed the Learning Bulletin.
- An HQAIC Development session for members, resulting in the creation of a Committee Toolkit with guidance for members regarding meeting etiquette, Annual Report writing guidance and a new Annual Report template to improve quality and consistency. Agreement on the addition of a new Annual Report meeting each year.
- Maternity & Neonatal Services review in relation to the Covid 19 impact; staff worked in collaboration with Health Improvement Scotland (HIS) to develop an improvement plan aimed at reducing stillbirths.
- Public Protection Team Learning & Development Strategy launch and implementation plan developed to support staff.
- SPSP Collaborative launches for the reduction of Falls, Cardiac Arrest and Infection Control.

10. Matters of concern to the Committee;

- One exception meeting of the Healthcare Assurance & Improvement Committee took place in October 2021 to discuss the Care Home review that was completed to provide assurance regarding how patients were cared for during the Covid 19 pandemic. A Data & Measurement Masterclass was also delivered to members in the first half of the meeting. A minute from the meeting was shared with Committee members and an update provided to the Board.
- The Committee noted that it was not possible to complete all of the actions on the Quality Strategy Implementation plan for 2021- 2022. The unexpected capacity issues experienced by the service due to numbers of patients requiring care in hospital and the community combined with staff absence, directly influenced the ability to participate in improvement work.

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. Based on assurances received and information presented to the Healthcare Quality, Assurance & Improvement Committee, adequate and effective arrangements were in place throughout the year.

Signatures of

Committee Chair

Executive Lead

Date

COMMITTEE TERMS OF REFERENCE

HEALTHCARE QUALITY ASSURANCE & IMPROVEMENT COMMITTEE

<p>1. Purpose</p> <p>The Board has established a Healthcare Quality Assurance and Improvement Committee as a Committee of the Board to support the Board in its responsibilities for issues of clinical risk, control and governance and associated assurance in the area of Clinical Governance, through a process of constructive challenge. The Committee’s purpose will be set within a context for the overall implementation of the 20:20 Vision for the NHS in Scotland and the associated Route Map.</p> <p>NHS Lanarkshire’s quality vision is to achieve transformational improvement in the provision of safe, person-centred and effective care for patients, and for patients to be confident that this is what they will receive, no matter where and when they access services.</p> <p>To achieve our quality vision, the Board is committed to transforming the quality of health care in Lanarkshire through investment in and continuous reliable implementation of patient safety processes. Through this, the Board aims to:</p> <ul style="list-style-type: none">▶ be the safest health and care system in Scotland▶ have no avoidable deaths▶ reduce avoidable harm▶ deliver care in partnership with patients that is responsive to their needs▶ meet the highest standards of evidence based best practice▶ be an employer of choice▶ develop a culture of learning and improvement, characterised by our values of Fairness, Respect, Quality and Working Together▶ ensure equity of access so that all individuals, whatever their background, achieve the maximum benefit from services and interventions provided, within available resources <p>The Healthcare Quality Assurance and Improvement Committee is responsible for providing assurance at all levels across the organisation that the health improvement and care we provide fulfils the Quality Ambitions of being Safe, Effective and Person-Centred and that staff at all levels, are given the necessary support to identify areas for quality improvement and the training and development to implement change. Or, as the Berwick Review¹ eloquently put it;</p> <p><i>"Place the quality of patient care, especially patient safety, above all other aims. Engage, empower, and hear patients and carers at all times.</i></p>

¹ A promise to learn - a commitment to act. Improving the Safety of Patients in England. National Advisory Group on the Safety of Patients in England. 2013

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

2. Membership

Membership of the Healthcare Quality Assurance and Improvement Committee will be drawn from the Non-Executive Director component of the NHS Board. There will be four Non-Executive Director Members of the Healthcare Quality Assurance and Improvement Committee, one of whom will be the Chair of the Area Clinical Forum. One of the Non-Executive Director Members will be designated as Chair of the Committee. The appointment of the Chair of the Committee will be decided by the NHS Board Chair, in discussion with Non-Executive Directors about the assignment of Committee portfolios.

3. Reporting Arrangements

The Healthcare Quality Assurance and Improvement Committee will report to the NHS Board following each meeting. This will be through a verbal report or a written Summary Report on the key issues considered by the Committee, and by the submission of minutes of meetings to the NHS Board. The Committee will work closely with other Governance Committees in areas of mutual interest where key responsibilities overlap.

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

The Committee will conduct a mid-year review of progress against the annual Work Programme, as part of the process to ensure that the Work Programme is delivered. This mid-year review will be aligned to the Committee Terms of Reference.

In accordance with Best Value for NHS Board and Committee working, the Committee will submit to the NHS Board in May an Annual Report, encompassing: the name of the Committee; the Committee Chair; Members; the Executive Lead and officer supports/attendees; frequency and dates of meetings; the activities of the Committee during the year, including confirmation of delivery of the Work Programme, and review of the Committee Terms of Reference; improvements overseen by the Committee; matters of concern to the Committee; confirmation that the Committee has fulfilled its remit, and confirmation of the adequacy and effectiveness of the Healthcare Quality Assurance and Improvement arrangements in NHS Lanarkshire.

The Committee Annual report will inform the submission of any appropriate assurance to the Chief Executive at the year-end, as part of the Governance Statement.

Where the review by the Committee of its Terms of Reference results in amendment, the revised Terms of Reference must be submitted to the NHS Board for approval.

4. Key Responsibilities

To provide systems of assurance that healthcare quality assurance and improvement mechanisms including those relating to clinical risk management are in place and effective throughout NHS Lanarkshire. This remit includes:

- Endorsing the NHS Lanarkshire Quality Strategy 2018-2023, “The Quality Approach to Achieving Excellence” prior to approval from the NHS Board;
- Bringing to the attention of the Lanarkshire NHS Board regular reports on the operation of the system, and specific reports on any problems that emerge and necessary corrective actions being taken;
- Ensuring leadership, strategic direction and implementation of quality improvement as well as demonstrating its impact;
- Ensuring equity in the provision of care, treatment and access to services, which incorporates the diverse needs of individuals and population sub-groups, and is appropriate and sensitive to the delivery of person-centred care;
- As appropriate, critically reviewing reports and action plans arising from the work of internal audit, external audit, review agencies and inspectorates, as they relate to assurance on the effectiveness of clinical risk management and quality improvement;
- Ensuring that recommendations made by the Scottish Public Services Ombudsman are implemented;
- Providing oversight on, behalf of the Board, of key governance groups and arrangements responsible for compliance with the Scottish Government Health and Social Care Directorate’s directions, including, Healthcare Associated Infection, Information Governance, Independent Sector Monitoring, Research and Development, Organ Donation, Area Drug & Therapeutics and Duty of Candour;
- Being assured that NHS Lanarkshire has in place a managed system for clinical policies;
- Ensuring the Healthcare Quality Assurance and Improvement Committee discharges its role in relation to Assuring Best Value.

5. Conduct of Business

Declaration of Interest:

A Member must consider whether they have an interest to declare in relation to any matter which is to be considered as soon as possible. A Member should consider whether any item on the agenda raises any issue of declaration of interest. The declaration should be made as soon as practicable at the meeting that the interest arises.

Meetings:

- The Committee will meet at least 5 times a year. The Chair of the Committee may convene additional meetings as he/she deems necessary.

Quorum:

- To be quorate, meetings will require the attendance of 2 Non-Executive Director Members. In the absence of the designated Chair, the remaining Members will appoint a Chair from amongst their number. Although not a requirement for Quoracy, it is expected that one of the following Executive Directors will be in attendance at Meetings, viz: the Medical Director; the Director for Nurses, Midwives and the Allied Health Professions.
- In the event of a meeting becoming inquorate once convened, the Chair may elect to continue to receive papers and presentations from those attending, as described in the agenda for the meeting, and to allow the Members present the opportunity to ask questions. The minute of the meeting will clearly state the point at which the meeting became inquorate, but notes of the presentation and discussion will be included with the Minute. Every item discussed once the meeting became inquorate will be brought back in summary from matters arising to the next meeting, and ratified, as appropriate.

Absence of Chair:

- In the event of the designated Chair of the Healthcare Quality Assurance and Improvement Committee being unable to attend, another member of the Committee will be designated by the Chair for the meeting. Normally, the Chair of the Committee will arrange this in advance.

Agenda and Papers:

- Agenda for meetings of the Committee will be formulated having regard to: Matters Arising from the previous meeting; the Committee Work Programme and reporting schedule; and the Committee Terms of Reference. The agenda will be agreed at an agenda-setting meeting involving the Medical Director and the Chair of the Committee, with other officer input, as appropriate. Agenda papers, should be submitted to the Board Secretary, or other designated officer(s) in sufficient time to enable the agenda and papers for meetings to be issued not later than one week before meetings of the Committee.

Action Minutes:

- A draft minute of each meeting of the Committee (and a Summary paper, when Board meetings occur soon after the Committee), formatted to clearly highlight key decisions, actions and risk management, should be produced and available to the Chair of the Committee and the Medical Director for consideration within three weeks of the meeting date. Once agreed with the Chair of the Committee and the Medical Director, the minute will be submitted to the next scheduled meeting of the NHS Board for information. Prior to that, the key issues considered by the Committee will, as appropriate, be the subject of reporting to the NHS Board, either verbally or through the submission of a Summary Report. Minutes of meetings of the Committee do not need to be approved by the Committee prior to their submission to the NHS Board for information. Agendas and papers for meetings of the Committee will, routinely, be uploaded to the relevant 'Meetings' section on Firstport.

Action Log:

- An Action Log, setting out the key actions agreed at each meeting of the Committee will be produced, and agreed with the Committee Chair and the Medical Director. The Medical Director, with officer support provided by the Director of Quality, will ensure that actions are followed through timeously to completion. Updated action logs will be provided to each meeting of the Committee.

Annual Workplan:

- The Committee will produce an Annual Workplan that sets out the business and activities to be covered during the year and will submit this to the Board for approval by March of the preceding financial year.

Mid-year Review:

- The Committee will note a mid-year review of progress in the delivery of the Annual Workplan and reporting schedule. This mid-year review will also be aligned to the Committee's Terms of Reference. Indicatively, the mid-year review will be undertaken by the Committee at its meeting in November, with the outcome being reported to the next NHS Board meeting.

Annual Report:

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

- The name of the Committee, the Committee Chair, Membership, Executive Lead and Officer support/attendees;
- Frequency, dates of meetings and attendance;
- The activities of the Committee over the year, including confirmation of delivery of the Annual Workplan and review of the Committee Terms of Reference. Where such a review results in an amendment, a revised Terms of Reference must be submitted to the NHS Board for approval;
- Improvements overseen by the Committee;
- Matters of concern to the Committee;
- Confirmation that the Committee has fulfilled its remit, and of the adequacy and effectiveness of Internal Control;
- Additionally, the Annual Report will inform the submission of any appropriate assurance to the Chief Executive at the year-end, as part of the Governance Statement.

Submissions to Board following each meeting:

- Summary briefing and approved Minute;
- Procedure in event of Committee meeting taking place too close to Board to allow written submission (see Board Secretary Schedule of Reporting on this) - verbal report followed by written at next Board.

6. Information Requirements

The Committee will consider information, as appropriate, in order to fulfil its remit and deliver its work programme. This will include:

- a) Consistent, focussed data and risk driven Performance Management Reports;
- b) Triangulated data on feedback and complaints, staff feedback, quality, analysis of incidents and critical incidents, and operational performance data;
- c) Additional information and requirements that may arise and be required in year, in order to enable the Committee to properly fulfil its purpose.

Work Programme and Reporting Schedule

The Committee will oversee an annual work programme to progress the Board's Quality Assurance and Improvement Strategy, and a reporting schedule to provide assurance to the Committee (as per page 8).

7. Executive Support and Attendance

Executive Lead:

Medical Director

Other Executive Support :

Director for Nurses, Midwives and the Allied Health Professions
Director of Quality
Director of Public Health & Health Policy

Other Attendees:

Chief Executive
Corporate Risk Manager
Divisional Medical Director, Acute Services
Chair, Support Care and Clinical Governance, North HSCP
Chair, Support Care and Clinical Governance, South HSCP
Head of Assurance
Head of Evidence
Head of Improvement
Staff Partnership Representative
Consultant in Critical Care, Chair IGC

Expert External Attendees:

To be confirmed

Executive Director Lead:

The designated Executive Lead will support the Chair of the Healthcare Quality Assurance and Improvement Committee in ensuring that the Committee operates according to/in fulfillment of, its agreed Terms of Reference. Specifically, they will:

- Support the Chair in ensuring that the Committee Remit is based on the latest guidance and relevant legislation, and the Board's Best Value framework;
- Liaise with the Chair in agreeing a programme of meetings for the business year, as required by its remit;
- Oversee the development of an Annual Work Programme for the Committee which is congruent with its remit and the need to provide appropriate assurance at the year-end, for endorsement by the Committee and approval by the NHS Board;
- Agree with the Chair an agenda for each meeting, having regard to the Committee's Remit and Work Programme;
- Lead an annual review of the Committee Terms of Reference and progress against the Annual Work Programme, as part of the process to ensure that the Work Programme is fulfilled;
- Oversee the production of an Annual Report on the delivery of the Committee's Remit and Work Programme, for endorsement by the Committee and submission to the NHS Board.

8. Access

The designated Chief Internal Auditor and the representative of External Audit will have free and confidential access to the Chair of the Healthcare Quality Assurance and Improvement Committee.

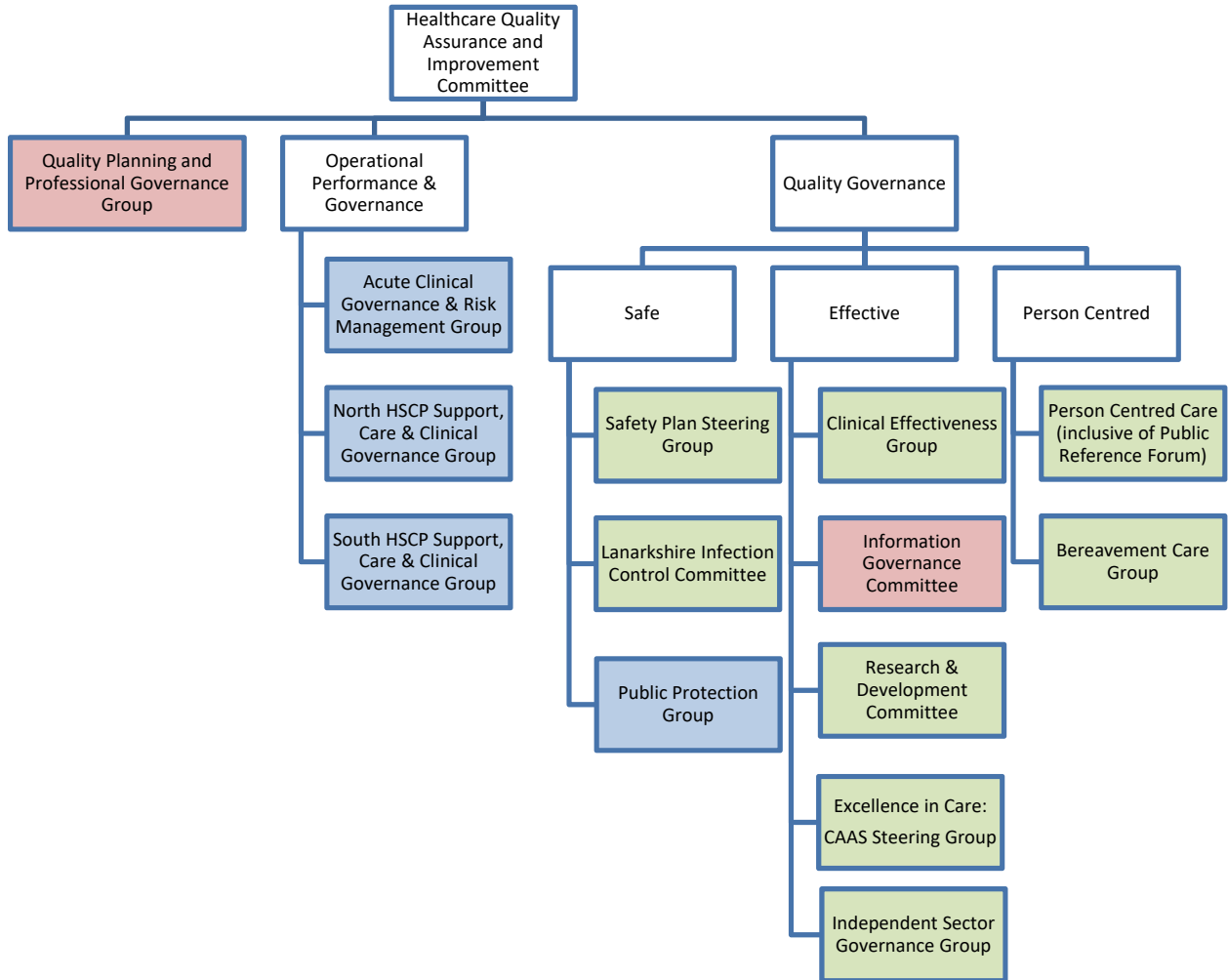
9. Rights

The Healthcare Quality Assurance and Improvement Committee may approve adhoc advice at the expense of the organisation, subject to budgets agreed by the NHS Board or the Accountable Officer.

Version Control

Ratified by:	Lanarkshire NHS Board
Reviewed by Committee:	Agreed by Committee on 12 th June 2014 & revisions agreed on 11 th December 2014 on 11 th May 2017. Further revisions made March 2018 and reviewed in March 2019. Reviewed and agreed in May 2020. Reviewed and agreed in March 2021. Reviewed and agreed in March 2022.
Ratified by NHS Board:	27 th August 2014 & Revisions ratified on 28 th January 2015. Further revisions ratified 28 March 2018.
Authors:	Mrs K Cormack, Director of Quality, Mrs E Currie, Quality Programme Manager, Business Support.
Review date:	Next Review in March 2023.

NHS Lanarkshire Strategic Healthcare Quality Assurance and Improvement Structure



HQAIC Reporting Schedule

Highlight Report	Every meeting
Progress Report	Six monthly – year end with following year priorities, and mid-year review (with escalation of items of concern by exception as necessary)
Annual Report	Annually (with escalation of items of concern by exception as necessary)

AREA CLINICAL FORUM

ANNUAL REPORT 2021/22

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: Executive Medical Director

6. Meetings held during the year:

The Forum met 5 times during the year from 1 April 2021 to 31 March 2022 as follows: -

7. Attendance of Committee Representatives

Committee represented	April 2021	June 2021	Sept 2021	Nov 2021	Feb 2022
Allied Health Professions	√	√	√	√	√
Dental	x	x	√	x	√
Healthcare Sciences	√	√	√	√	√
Medical	√	√	√	√	√
Nursing & Midwifery	√	√	x	√	√
Optometric	√	√	√	√	x
Pharmaceutical*	x	x	x	x	x
Psychology Services	√	√	√	√	√

**the Chair of the Area Pharmaceutical Committee passed from a secondary care representative to a contractor representative, 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

- Covid Updates
- Recovery Issues
- Finance
- Corporate Risk Register
- Waiting Times and Access Targets
- Our Health Together
- Staff Wellbeing
- Replacement of University Hospital Monklands
- Various NHS Board meeting updates

As in 2020-21 the pandemic continued to have a significant 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 2021/22, the Forum was provided with a range of Covid related information as the pandemic emerged, and developed, and a number of papers that set out how the Board was addressing the challenges were shared with the Forum Members.

Specific topics were also raised by committee members as follows

- Remobilisation and Recovery Planning
- Test and Trace
- Vaccination Programme – the Programme Manager attended the November 2021 meeting to update Members
- Care Homes updates
- National Care Service consultation
- Trauma & Orthopaedic service changes
- Winter Planning
- Scottish Access Collaborative
- BREXIT
- Whistleblowing Standards – Ms. Lesley McDonald came along to the September 2021 meeting to raise awareness and promote the Standards.
- 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;

Covid dominated the discussion at most meeting, 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 in the past two years.

As referenced in the previous report, plans were in place for the Forum to promote the work of the Forum via a refreshed web page on the Board public web site, however with the continued pressures caused by the need to respond to the pandemic, this was paused until resources could be deployed to this without impacting on Covid workload. This is being re-prioritised for 2022.

The Forum was very pleased to play a significant part in the Board's deliberations around Trauma & Orthopaedics service changes in late 2021. Mr. Lauder and his team took Forum members through the proposals and the Forum submitted their views on the changes proposed.

It is heartening to see the prominence that the Board places on the views of the Forum, especially the views of the clinical community, and the steps taken by the Board to ensure that staff were supported, and their wellbeing safeguarded.

The development of a more stable and well attended Nursing & Midwifery Committee was very welcome development during the year, this group had lacked some direction and leadership but this was improved greatly with the commitment of the Executive Nurse Director.

The Board Secretary has also been supporting the National Area Clinical Forum Chairs' meetings, but this should cease in June 2022 as another individual has been identified by Scottish Government to take this task on as part of their substantive role.

Meetings have continued on TEAMS but it is hoped that at some point in the coming year we will be able to convene in person again. All Forum Members are keen to return to some face to face meetings when circumstances allow.

10. Matters of concern to the Committee;

The impact of the introduction of a National Care Service will have a significant impact on all Forum Members, and will feature on the agenda for the Forum in the coming year, along with recovery and renewal.

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.

Mrs. Lees is also Chair of the National Area Clinical Forum Chairs' Group but stood down at the March 2022 meeting.

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

May 2022

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 prioritise 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.

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.

18. 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.

19. 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.

May 2021

NHS LANARKSHIRE

PLANNING, PERFORMANCE & RESOURCES COMMITTEE

ANNUAL REPORT 2021/22

1. Introduction

The Planning, Performance & Resources Committee is accountable to the NHS Lanarkshire Board, and its purpose is to

- Oversee policy and strategy development, including the development of the Financial Strategy
- Endorse strategies and refer them to the NHS Board for approval
- Act as the Performance Management Committee of the Board
- Have strategic oversight of the service redesign
- Influence the early development of the strategic direction of the Board
- Provide assurance for the development of the Outline Business Case for the Monklands Replacement Project

In May 2021 the role of the Committee was changed to act as an assurance function for the Board in relation to the Monklands Replacement Project. It carried out this responsibility until January 2022 when the Board reviewed the governance arrangements for the Monklands Replacement Project, and established a Monklands Replacement Project Governance Committee, which was put in place from 1 April 2022.

2. Committee Chair:

Mrs Neena Mahal, NHS Board Chair (until 31 December 2021)

Mr Martin Hill (from 1 January 2022)

3. Committee Members:

Mrs L Ace, Director of Finance

Mr A Boyle, Non Executive Director

Dr J Burns, Medical Director

Mr P Campbell, Non Executive Director (until 30 August 2021)

Mr P Couser, Non Executive Director (from 1 February 2022)

Mr N Dar, Non Executive Director (from 1 February 2022)

Mr G Docherty, Director of Public Health (until 1 December 2021)

Mr E Docherty, Director of Nursing, Midwifery and Allied Health Professionals

Mr N Findlay, Non Executive Director (from 1 October 2021)

Councillor P Kelly, Non Executive Director

Ms H Knox, Chief Executive

Mr C Lee, Non Executive Director (from 1 February 2022)

Mrs M Lees, Chair, Area Clinical Forum

Mrs L Macer, Employee Director

Mr B Moore, Non Executive Director

Ms M Morris, Non Executive Director (until 30 August 2021)

Ms L McDonald, Non Executive Director

Councillor J McGuigan, Non Executive Director

Mr J Muir, Non Executive Director (from 1 October 2021)

Dr A Osborne, Non Executive Director (until 28 February 2022)

Prof J Pravinkumar, Director of Public Health (from 1 December 2021)

Dr L Thomson, Non Executive Director

Mr D Reid, Non Executive Director (from 1 October 2021)

Mrs S White, Non Executive Director (from 1 February 2022)

4. Attendees:

Mr C Brown, Director of Communications

Mr P Cannon, Board Secretary

Mr C Lauder, Director of Planning, Property & Performance

Mr R McGuffie, Chief Officer, North Lanarkshire Health & Social Care Partnership

Mrs J Park, Director of Acute Services

Mr S Sengupta, Director, South Lanarkshire Health & Social Care Partnership (to Minute 05)

Mrs K Sandilands, Director of Human Resources

Mr D Wilson, Director of Information & Digital Technology

5. Executive Lead:

Mrs H Knox, Chief Executive.

6. Meetings held during the year:

The Committee met 7 times during the year from 1 April 2021 to 31 March 2022 as set out below.

The Committee was stood down after the February 2020 meeting due to Covid pressures and a monthly Board meeting put in its place, until the Committee was stood up again in May 2021.

7. Attendance of Members:

Member	26 May 2021	30 June 2021	28 July 2021	29 Sept 2021	27 Oct 2021	24 Nov 2021	23 Feb 2022
Mrs L Ace	√	√	√	√	√	√	√
Mr A Boyle	√	√	√	√	√	√	√
Dr J Burns	√	√	√	√	√	√	√
Mr P Campbell	√	-	√				
Mr P Couser							√
Mr N Dar							√
Mr E Docherty	√	√	√	-	-	-	√
Mr G Docherty	-	-	-	-	√	√	
Mr N Findlay					√	√	√
Councillor P Kelly	√	√	-	-	√	√	√
Ms H Knox	√	√	√	√	√	√	√
Mr C Lee							√
Mrs M Lees	√	√	√	√	√	√	√
Mrs L Macer	-	√	-	√	√	√	√
Mr B Moore	√	√	√	√	√	√	√
Ms L McDonald	√	√	√	√	√	√	√
Councillor McGuigan	√	√	-	√	√	√	√
Mr J Muir					-	√	√
Miss M Morris	√	√	√				
Councillor J McGuigan	√	√	√	√	√	√	√
Dr A Osborne	√	√	√	√	√	√	√
Prof J Pravinkumar	√	√	√	√	√	√	√
Dr L Thomson	√	√	√	√	√	-	√
Mr D Reid					√	√	√
Mrs S White							√

8. Issues Considered by the Committee over the year:

During the year the Committee considered items in line with its remit and schedule of reporting, as follows: -

- Minutes - Minutes of previous meetings were submitted for approval
- Action Log - tracking the progress of agreed actions, were considered

- Finance - reports on financial performance, describing Revenue and Capital expenditure, and performance towards delivery of the Board's Revenue and Capital Plans
- Financial Planning for 2021/22
- Access Targets - reports on Waiting Times performance for Scheduled and Unscheduled Care, Delayed Discharge trajectories, and performance within Health and Social Care Partnerships; which highlighted areas of pressure and challenge; and described the actions being taken and planned, aimed at delivering sustained improvement
- Monklands Replacement Project – assurance around the development of the Outline Business Case. A significant proportion of the agenda was given over to discussing the development of the Outline Business Case
- Monklands Hospital Business Continuity Plans (seminar)
- Achieving Excellence / Our Health Together
- Trauma and Orthopaedics - regular update reports on the implementation of a phased programme of service redesign
- Preparations for COP26
- BREXIT implications
- Resilience Annual Report
- Integrated Corporate Performance Report – this was subject to review in early 2019 and the targets and key performance indicators were refreshed, and the monitoring of these delegated to specific Governance Committees, where appropriate
- Corporate Risk Register - regular reports on the elements of the Corporate Risk Register for which the Planning, Performance & Resources Committee was the designated 'assurance source'
- Winter Planning
- Property & Asset Management Strategy and Annual Update
- Corporate Objectives
- Sustainability and Climate Strategy
- Annual Fire Safety Report
- National Signposting & Redirection Guidance
- Laboratory Managed Service Contract updates
- Health & Social Care Integration Scheme Reviews
- Child & Adolescent Mental Health Services
- Remobilisation Planning
- Annual SCART (Statutory Compliance Audit and Risk Tool) Report
- Child Poverty Action Plans
- Workforce Reports
- Commissioning Plans – North and South Lanarkshire H&SCP
- Workplan - the workplan was amended to accommodate the need to provide an assurance remit around the Monkland's Replacement Project
- Risk - the Committee considered whether, from the business discussed at each meeting any new, emerging risks needed to be added to the Corporate Risk Register, or whether, for current risks on the Corporate Risk Register, the discussion materially altered the assessed level of risk/risk tolerance and/or the mitigating controls.

The review of the Committee Terms of Reference were to have been discussed at the April 2020 Committee meeting, however revised Governance arrangements were put in place in response to the Covid-19 pandemic, which meant that Committee meetings were replaced by Board meetings to allow the Board to meet monthly in public. The Committee last met on February 2020 and was stood up again in May 2021.

In May 2021 the terms of reference for the Committee were updated in order to provide assurance in relation to the development of the Outline Business Case for the Monklands Replacement Project. These arrangements were subject to further change in January 2022 when the Board approved the establishment of a Monklands Replacement Project Governance Committee, from 1 April 2022.

9. Improvements overseen by the Committee:

During the course of what has been a busy year, the Committee has considered a number of positive issues, including: the endorsement of key strategies, and Annual Reports confirming positive performance in a number of important areas of the Board's responsibilities, and regular reports on performance against targets for key areas of operational delivery. The Committee also received regular updates on service pressures caused by the Covid-19 pandemic.

A major consideration for the Committee has been providing assurance in relation to the development of an Outline Business Case for the Monklands Replacement Project, and the agendas throughout the year reflected this additional responsibility.

As well as considering regular reports on the development of the Outline Business Case for the Replacement of Monklands Hospital, Committee Members also held a seminar in November 2021 to address, in significant detail, the risks being managed on the current site.

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

Of particular note was the scrutiny of the Committee of the Corporate Risk Register and in particular the arrangements in place to manage risks across Covid-19 pandemic, Brexit implications, COP 26 and the Euro football finals in Glasgow. The Committee were very pleased to see the robust nature of the planning and mitigation, which ultimately served the Board extremely well.

10. Matters of concern to the Committee:

In the last Annual Report, in April 2020, the principal area of concern for the Committee was the substantial financial challenge in meeting efficiency savings targets, at a time when its strategic aspirations, reflected in the development of 'Achieving Excellence', had never been greater. However, we were not to foresee the significant challenges faced during the Covid pandemic, from February 2020, and while the majority of the additional costs have been met fully by Scottish Government, the next financial year will prove to be extremely difficult to maintain a balanced position, given that some additional Covid expenditure is being incurred and longer term funding for this is uncertain. This, at the same time as we are trying to remobilise services and deal with unprecedented waiting time backlogs and current demands across the whole health& social care system.

The demand on the whole system is of concern to the Committee, but Members are heartened by the close working relationships between all parties in the Health Board, and the Local Authorities, and Community Planning Partnership.

The impact of the global pandemic has undoubtedly been the main focus for the Board throughout 2021/22, but it is hoped that as we exit Covid-19 crisis management at local and national level, progress can be made on the development, and approval, of the Outline Business Case.

11. Conclusion:

From the review of the performance of the Planning, Performance & Resources Committee, it can

be confirmed that the Committee has met in line with the Terms of Reference, which were adapted in May 2021 to accommodate an assurance function, and reversed in January 2022 with the establishment of a new Governance Committee in relation to the Monklands Replacement Project. Based on assurances received and information presented to the Committee, adequate and effective arrangements were in place throughout the year.

Mr M Hill
Committee Chair

Mrs H Knox
Executive Lead

April 2022

<p>1. Purpose</p> <ul style="list-style-type: none"> To oversee policy and strategy development, including the development of the Financial Strategy To endorse strategies and refer them to the NHS Board for approval To act as the Performance Management Committee of the Board To have strategic oversight of the Service Redesign Programme of the Board and act as the Service Redesign Committee To influence the early development of the strategic direction of the Board
<p>2. Membership</p> <ul style="list-style-type: none"> Membership of the Planning, Performance and Resources Committee (hereinafter referred to as ‘The Committee’), will include all Board Members. Attendees may be invited to the Committee at the discretion of the Chair. The Lead Officer for the Committee shall be the Chief Executive.
<p>3. Reporting Arrangements</p> <ul style="list-style-type: none"> The Committee reports to the Board, through the submission of a summary report to the Board on key issues considered by the Committee at each meeting. The minute of Planning, Performance and Resources Committee meetings will be submitted to the next meeting of the Committee for approval. The minute will then be presented to the following Ordinary Meeting of the Board for noting.
<p>4. Key Responsibilities</p> <p>4.1 Strategy Development</p> <p>The Committee will have an important role in shaping the development of the Strategic Framework of the Board through Achieving Excellence (April 2017).</p> <ul style="list-style-type: none"> The Committee will ensure detailed and appropriate scrutiny of the development of all strategies, including the Annual Operational Plan and, following endorsement, refer them to the NHS Board for approval The Committee will work closely with the Standing Committees of the Board in discharging their functions. The Committee will ensure that strategies are compliant with the duties of the Board in respect of meeting legislative and good practice requirements. The Committee will also ensure that there is an integrated approach to workforce, finance and service planning.

4.2 Service Redesign

The Committee will act as the Service Redesign Committee of the Board. The Committee will ensure that there is a robust Service Redesign Programme for the Board, with particular emphasis on ensuring collaborative working across health, social care and other organisations, and explicit links between the service redesign programme, workforce planning and the strategic priorities for NHS Scotland.

4.3 Financial Framework

The Committee will oversee the development of a Financial Strategy that is consistent with national and local priorities, and specifically:

- The Committee shall oversee the development of the Board Financial Strategy in support of the Annual Operational Plan.
- The Committee shall recommend to the Board annual revenue and capital budgets, and financial plans consistent with its statutory financial responsibilities.
- The Committee shall, at every meeting, examine in detail the financial plan for NHS Lanarkshire to ensure that planning assumptions are soundly based and reflect known pressures, potential investments and opportunities for cost reduction.
- The Committee shall review the financial impact of planned future policies and known or foreseeable future developments.
- The Committee shall review the capital plan of NHS Lanarkshire no less frequently than twice per year and consider the impact of development opportunities and any risks arising from the delivery of the current programme.
- The Committee shall review the Asset Management Strategy (including the acquisition and disposal of property).

4.4 Performance Management

The Committee shall have oversight of systems and processes to secure economy, efficiency and effectiveness in the use of resources. The Committee will, from time to time, review individual services in relation to performance management, ensuring that health care is delivered to an efficient and cost-effective level. Specifically, the Committee will:

- Ensure a rigorous and systematic approach to the monitoring of delivery of national and local priorities, including monitoring of Corporate Objectives.
- Promote an integrated approach to performance management and risk.
- Oversee an effective approach to prioritisation of resources, supported by appropriate and relevant benchmarking and comparative information to inform decision-making.
- Ensure the organisation works with other partners to secure effective and integrated systems of performance management.

In tandem with the Remuneration Sub-Committee, the Committee will ensure that there is a well-defined and integrated approach to the development and monitoring of corporate and individual objectives.

4.5 Best Value

The Committee is responsible for reviewing those aspects of the Best Value work plan which are

delegated to it from the Board. The Committee will put in place arrangements which will provide assurance to the Chief Executive as Accountable Officer, that NHS Lanarkshire has systems and processes in place to secure best value for these delegated areas.

5. Conduct of Business

Declaration of Interest:

- A Member must consider whether they have an interest to declare in relation to any matter which is to be considered as soon as possible. A Member should consider whether any item on the agenda raises any issue of declaration of interest. The declaration should be made as soon as practicable at the meeting that the interest arises.

Meetings:

- The Committee will normally meet at least 5 times a year. The Chair of the Committee may convene additional meetings, as they deem necessary. The NHS Board or Accountable Officer may ask the Committee to convene further meetings to discuss particular issues on which they want the Committee's advice

Quorum:

- A quorum is one third of the whole number of Members, of which at least three are Non-Executive Members. No business shall be transacted at a meeting unless this is met.
- If a quorum is not present ten minutes after the time specified for the start of a meeting, the Chair, subject to the business to be conducted, will seek agreement to adjourn the meeting or reschedule.
- If during any meeting, a Member or Members are called away, and the Chair finds that the meeting is no longer quorate, the meeting shall be suspended. If a quorum is not present at the end of ten minutes, the Chair will seek agreement to adjourn the meeting or reschedule.
- Where, due to the number of apologies received, it becomes apparent that a rescheduled meeting will not be quorate, the Chair will adjudge on the postponement and rescheduling of the meeting.

Absence of Chair:

- In the event of the Chair of the Committee being unable to attend, the NHS Board Vice-Chair or another member of the Committee will be designated the Chair for the meeting. Normally the Chair of the Committee would arrange this in advance.

Agenda papers:

- The Agenda and accompanying papers will be sent to members one week in advance of the meeting. The Chair will set the Agenda with the support of the Chief Executive and the Director of Strategic Planning & Performance. The agenda will be aligned to the remit of the Committee. Progress reports against Matters Arising will be submitted in

accordance with an agreed Reporting Schedule. Members wishing to raise agenda items should forward them to the Committee Secretary within the agreed timescale.

Action Points Note and Minutes:

- An Action Points note should be produced and circulated to all Members within 5 working days.
- All meetings will be minutes and copied to members within 3 weeks of the meeting being held.
- Approved minutes along with minute summary will be submitted to the NHS Lanarkshire Board and will be published on the NHS Lanarkshire website.

Action Log:

- A rolling action log will be produced and updated at each Committee meeting. This allows the Committee to track progress of particular issues and ensures that a scheduled for follow up reports is kept.

Annual Workplan:

- The Committee will produce an Annual Workplan that sets out the business and activities to be covered during the year and will submit this to the Board for approval by May of each year.

Mid-Year Review:

- The Committee will conduct a midyear review of progress made against the Workplan, to ensure that it is delivering on its plan, and that additional actions are put in place to ensure full delivery of any slippage by the business year end. As part of the midyear review, the Committee will also review its Terms of Reference, and the need for any amendment or update, which, in the event, will require to be submitted to and approved by the NHS Board.

Annual Report:

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

- Name of Committee, Committee Chair, membership, Executive Lead and officer support/ attendees;
- Frequency, dates of meetings and attendance;
- The activities of the Committee over the year including confirmation of delivery of the Annual Workplan and Review of the Committee Terms of Reference. Where such a review results in amendment, a revised Terms of Reference must be submitted to the NHS Board for approval;
- Improvements overseen by the Committee;
- Matters of concern to the Committee;
- Confirmation that the Committee has fulfilled its remit and of the adequacy and effectiveness of internal control in NHS Lanarkshire;
- Additionally, the Annual Report will inform the submission of any appropriate assurance

to the Chief Executive at the year-end as part of the Governance Statement.

Submissions to Board following each meeting:

- Summary briefing and approved Minute.
- Procedure in event of Committee meeting taking place too close to Board to allow written submission (see Board Secretary Schedule

6. Information Requirements

In order to fulfil its remit, the Committee may obtain whatever professional advice it requires, and require other individuals to attend meetings as required.

The Committee is authorised by the Board to investigate any activity within its terms of reference, and is authorised to seek any information it requires from any employee. The Committee is required to review its Terms of Reference on an annual basis.

The Committee will be provided with:

- Performance reports from key groups (Property Strategy Group, Capital Investment Group, eHealth Strategy Executive Action Group, Prescribing Quality & Efficiency Programme Board Prescribing Management Board, *Achieving Excellence* Strategic Delivery Team.
- A performance report on the progression of the Annual Operational Plan and JSCPs.
- A report on risk management activity.
- An updated workplan showing achievement to date.

7. Executive Lead and Attendance

- The Chief Executive will support the Chair of the Committee in ensuring that the Committee operates according to / in fulfillment of its agreed Terms of Reference.
- The Committee will be provided with a secretariat function by the Board Secretary.
- Deputies may represent any member of the Committee unable to attend meetings.
- The Committee may ask any other officers of NHS Lanarkshire and North and South Lanarkshire Health & Social Care partnerships to attend to assist with its discussions on any particular matter.

8. Access

No special rights of access are necessary.

9. Rights

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

Version Control

Reviewed Committee:	by	24 April 2019
Ratified Lanarkshire Board:	by NHS	29 May 2019
Review Date:		April 2020 (to be carried forward as Committee meetings were stood down in line with Covid-19 response in March 2020 and revised Board Governance arrangements (April 2020))

COMMITTEE TERMS OF REFERENCE

PLANNING, PERFORMANCE & RESOURCES COMMITTEE

<p>1. Purpose</p> <ul style="list-style-type: none"> • To oversee policy and strategy development, including the development of the Financial Strategy • To endorse strategies and refer them to the NHS Board for approval • To act as the Performance Management Committee of the Board • To have strategic oversight of the service redesign • To influence the early development of the strategic direction of the Board
<p>2. Membership</p> <ul style="list-style-type: none"> • Membership of the Planning, Performance and Resources Committee, will include all Board Members. • Attendees may be invited to the Committee at the discretion of the Chair. • The Lead Officer for the Committee shall be the Chief Executive.
<p>3. Reporting Arrangements</p> <ul style="list-style-type: none"> • The Committee reports to the Board, through the submission of a summary report to the Board on key issues considered by the Committee at each meeting. • The minute of Planning, Performance and Resources Committee meetings will be submitted to the next meeting of the Committee for approval. • The minute will then be presented to the following Ordinary Meeting of the Board for noting.
<p>4. Key Responsibilities</p> <p>4.1 Strategy Development</p> <p>The Committee will have an important role in shaping the development of the Strategic Framework of the Board.</p> <ul style="list-style-type: none"> • The Committee will ensure detailed and appropriate scrutiny of the development of all strategies, including the Annual Operating Plan and, following endorsement, refer them to the NHS Board for approval • The Committee will work closely with the Standing Committees of the Board in discharging their functions. • The Committee will ensure that strategies are compliant with the duties of the Board in respect of meeting legislative and good practice requirements. • The Committee will also ensure that there is an integrated approach to workforce, finance and service planning. <p>4.2 Service Redesign</p>

The Committee will act as the Service Redesign Committee of the Board. The Committee will ensure that there is a robust Service Redesign Programme for the Board, with particular emphasis on ensuring collaborative working across health, social care and other organisations, and explicit links between the service redesign programme, workforce planning and the strategic priorities for NHS Scotland.

4.3 Financial Framework

The Committee will oversee the development of a Financial Strategy that is consistent with national and local priorities, and specifically:

- The Committee shall oversee the development of the Board Financial Strategy in support of the Annual Operational Plan.
- The Committee shall recommend to the Board annual revenue and capital budgets, and financial plans consistent with its statutory financial responsibilities.
- The Committee shall, at every meeting, examine in detail the financial plan for NHS Lanarkshire to ensure that planning assumptions are soundly based and reflect known pressures, potential investments and opportunities for cost reduction.
- The Committee shall review the financial impact of planned future policies and known or foreseeable future developments.
- The Committee shall review the capital plan of NHS Lanarkshire no less frequently than twice per year and consider the impact of development opportunities and any risks arising from the delivery of the current programme.
- The Committee shall review the Asset Management Strategy (including the acquisition and disposal of property).

4.4 Performance Management

The Committee shall have oversight of systems and processes to secure economy, efficiency and effectiveness in the use of resources. The Committee will, from time to time, review individual services in relation to performance management, ensuring that health care is delivered to an efficient and cost-effective level. Specifically, the Committee will:

- Ensure a rigorous and systematic approach to the monitoring of delivery of national and local priorities, including monitoring of Corporate Objectives.
- Promote an integrated approach to performance management and risk.
- Oversee an effective approach to prioritisation of resources, supported by appropriate and relevant benchmarking and comparative information to inform decision-making.
- Ensure the organisation works with other partners to secure effective and integrated systems of performance management.

In tandem with the Remuneration Sub-Committee, the Committee will ensure that there is a well-defined and integrated approach to the development and monitoring of corporate and individual objectives.

4.5 Best Value

The Committee is responsible for reviewing those aspects of the Best Value work plan which are delegated to it from the Board. The Committee will put in place arrangements which will provide

assurance to the Chief Executive as Accountable Officer, that NHS Lanarkshire has systems and processes in place to secure best value for these delegated areas.

4.6. Monklands Replacement Project Governance Committee

The Monklands Replacement Committee (MRC) is a Governance Committee of the NHS Lanarkshire Board, and will provide oversight and assurance, and make recommendations, to the NHS Board (with routine reporting to the Planning, Performance & Resources Committee) in line with its remit.

5. Conduct of Business

Declaration of Interest:

- A Member must consider whether they have an interest to declare in relation to any matter which is to be considered as soon as possible. A Member should consider whether any item on the agenda raises any issue of declaration of interest. The declaration should be made as soon as practicable at the meeting that the interest arises.

Meetings:

- The Committee will normally meet at least 5 times a year. The Chair of the Committee may convene additional meetings, as they deem necessary. The NHS Board or Accountable Officer may ask the Committee to convene further meetings to discuss particular issues on which they want the Committee's advice

Quorum:

- A quorum is one third of the whole number of Members, of which at least three are Non-Executive Members. No business shall be transacted at a meeting unless this is met.
- If a quorum is not present ten minutes after the time specified for the start of a meeting, the Chair, subject to the business to be conducted, will seek agreement to adjourn the meeting or reschedule.
- If during any meeting, a Member or Members are called away, and the Chair finds that the meeting is no longer quorate, the meeting shall be suspended. If a quorum is not present at the end of ten minutes, the Chair will seek agreement to adjourn the meeting or reschedule.
- Where, due to the number of apologies received, it becomes apparent that a rescheduled meeting will not be quorate, the Chair will adjudge on the postponement and rescheduling of the meeting.

Absence of Chair:

- In the event of the Chair of the Committee being unable to attend, the NHS Board Vice-Chair or another member of the Committee will be designated the Chair for the meeting. Normally the Chair of the Committee would arrange this in advance.

Agenda papers:

- The Agenda and accompanying papers will be sent to members one week in advance of the meeting. The Chair will set the Agenda with the support of the Chief Executive and the Director of Strategic Planning & Performance. The agenda will be aligned to the remit of the Committee. Progress reports against Matters Arising will be submitted in accordance with an agreed Reporting Schedule. Members wishing to raise agenda items should forward them to the Committee Secretary within the agreed timescale.

Action Points Note and Minutes:

- An Action Points note should be produced and circulated to all Members within 5 working days.
- All meetings will be minutes and copied to members within 3 weeks of the meeting being held.
- Approved minutes along with minute summary will be submitted to the NHS Lanarkshire Board and will be published on the NHS Lanarkshire website.

Action Log:

- A rolling action log will be produced and updated at each Committee meeting. This allows the Committee to track progress of particular issues and ensures that a scheduled for follow up reports is kept.

Annual Workplan:

- The Committee will produce an Annual Workplan that sets out the business and activities to be covered during the year and will submit this to the Board for approval by May of each year.

Mid Year Review:

- The Committee will conduct a midyear review of progress made against the Workplan, to ensure that it is delivering on its plan, and that additional actions are put in place to ensure full delivery of any slippage by the business year end. As part of the year end review, the Committee will also review its Terms of Reference, and the need for any amendment or update, which, in the event, will require to be submitted to and approved by the NHS Board.

Annual Report:

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

- Name of Committee, Committee Chair, membership, Executive Lead and officer support/ attendees;
- Frequency, dates of meetings and attendance;
- The activities of the Committee over the year including confirmation of delivery of the Annual Workplan and Review of the Committee Terms of Reference. Where such a

review results in amendment, a revised Terms of Reference must be submitted to the NHS Board for approval;

- Improvements overseen by the Committee;
- Matters of concern to the Committee;
- Confirmation that the Committee has fulfilled its remit and of the adequacy and effectiveness of internal control in NHS Lanarkshire;
- Additionally, the Annual Report will inform the submission of any appropriate assurance to the Chief Executive at the year-end as part of the Governance Statement.

Submissions to Board following each meeting:

- Summary briefing and approved Minute.
- Procedure in event of Committee meeting taking place too close to Board to allow written submission (see Board Secretary Schedule)

6. Information Requirements

In order to fulfil its remit the Committee may obtain whatever professional advice it requires, and require other individuals to attend meetings as required.

The Committee is authorised by the Board to investigate any activity within its terms of reference, and is authorised to seek any information it requires from any employee. The Committee is required to review its Terms of Reference on an annual basis.

The Committee will be provided with:

- Performance reports from the Acute Division and Health & Social Care Partnerships
- A performance report on the progression of the AOP / Remobilisation Plan
- A report on risk management activity
- An updated workplan showing achievement to date

7. Executive Lead and Attendance

- The Chief Executive will support the Chair of the Committee in ensuring that the Committee operates according to / in fulfillment of its agreed Terms of Reference.
- The Committee will be provided with a secretariat function by the Board Secretary.
- Deputies may represent any member of the Committee unable to attend meetings.
- The Committee may ask any other officers of NHS Lanarkshire and North and South Lanarkshire Health & Social Care Partnerships to attend to assist with its discussions on any particular matter.

8. Access

No special rights of access are necessary.

9. Rights

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

Version Control

Reviewed by Committee:	26 May 2021 & 30 June 2021 to reflect Monklands assurance role 27 April 2022 - reverted to previous Terms of Reference
Ratified by Lanarkshire NHS Board:	25 May 2022
Review Date:	April 2023

NHS LANARKSHIRE

Population Health, Primary Care and Community Services Governance Committee

ANNUAL REPORT 2021 / 22

1. Introduction

The Population Health, Primary Care & Community Services Governance Committee:

- Governs the actions of NHS Lanarkshire in protecting and improving the health of the population focusing on addressing and reducing inequalities in line with the Board strategy 'Our Health Together' and on delivering effective primary care services to facilitate this;
- Provides support to the governance and delivery of Community based services by Health and Social Care Partnerships given their role in the delivery of programmes and services that impact on public health;
- Is responsible for monitoring the governance of mental health (including learning disability) services; and
- Provides assurance and scrutiny with regard to the reduction of inequalities through NHS Lanarkshire operating as an Anchor Institution.

2. Name of Committee:

Population Health, Primary Care and Community Services Governance Committee.

3. Committee Chair:

Ms Margaret Morris, Non-Executive Director (until August 2021)

Mr Ally Boyle, Non-Executive Director (from August 2021)

4. Committee Members:

Mr Neil Findlay	Non-Executive Director (from 15 December 2021)
Mrs Maureen Lees	Non-Executive Director
Mr Brian Moore	Non-Executive Director (until 1 April 2022)
Cllr Jim McGuigan	Non-Executive Director (until 1 April 2022)

4. Attendees:

Ms Celia Briffa-Watt	Consultant in Public Health
Dr Jane Burns	Executive Medical Director
Mr Paul Cannon	Board Secretary
Miss Stacey Connor (Minutes)	Business Support Manager
Mr Craig Cunningham	Head of Planning, Performance & Assurance SLHSCP
Ms Morag Dendy	Head of Planning, Performance & Quality Assurance, NLHSCP
Dr Linda Findlay	Medical Director SLHSCP
Mrs Marianne Hayward	Head of Health, SLHSCP
Ms Christine Jack	Business & Operations Manager, NLHSCP
Dr Cathy Johnman	Consultant in Public Health Medicine
Ms Trudi Marshall	Director of Nursing, NLHSCP
Mr Ross McGuffie	Chief Officer NLHSCP
Dr Josephine Pravinkumar	Director of Public Health
Ms Claire Rae	Head of Health SLHSCP
Mrs Elspeth Russell	Consultant in Public Health

ITEM 17

Dr Mark Russell	Associate Medical Director NLHSCP
Mr Soumen Sengupta	Director, SLHSCP
Ms Lesley Thomson	Director of Nursing SLHSCP
Ms Kerri Todd	Head of Health Improvement (from 05 Jan 2022)

5. Executive Lead:

Ross McGuffie, Chief Officer North Lan HSCP, Soumen Sengupta, Director, South Lan HSCP, Dr Josephine Pravinkumar, Director of Public Health.

6. Meetings held during the year:

The Committee / Group / Forum met 5 times during the year from 1 April 2021 to 31 March 2022 as follows:

6th May 2021
 26th August 2021
 2nd November 2021
 19th January 2022
 1st March 2022

7. Attendance of Members

<u>Name</u>	<u>6th May 2021</u>	<u>26th August 2021</u>	<u>2nd November 2021</u>	<u>19th January 2022</u>	<u>1st March 2022</u>
<u>Mr Ally Boyle</u>	√	√	√	√	√
<u>Ms Celia Briffa-Watt</u>	X	X	√	X	X
<u>Dr Jane Burns</u>	X	X	X	X	X
<u>Mr Paul Cannon</u>	X	X	√	√	X
<u>Mr Craig Cunningham</u>	√	√	X	√	√
<u>Ms Morag Dendy</u>	X	√	√	X	√
<u>Mrs Val De Souza</u>	√	<u>Retired</u>			
<u>Mr Gabe Docherty</u>	√	X	√	<u>Retired</u>	
<u>Dr Linda Findlay</u>	√	X	X	√	√
<u>Mr Neil Findlay</u>	<u>Joined Dec 2022</u>			√	√
<u>Mrs Marianne Hayward</u>	√	√	√	X	X
<u>Ms Christine Jack</u>	X	X	X	X	√
<u>Dr Cathy Johnman</u>	X	X	X	√	√
<u>Mrs Maureen Lees</u>	√	√	√	√	√
<u>Ms Trudi Marshall</u>	X	√	X	√	√
<u>Ms Lesley McDonald</u>	x	X	√	X	X
<u>Mr Ross McGuffie</u>	√	√	√	√	√
<u>Cllr Jim McGuigan</u>	√	√	√	X	√
<u>Miss Margaret Morris</u>	√	√	<u>Retired Sept 2021</u>		
<u>Mr Brian Moore</u>	√	√	√	√	√

ITEM 17

<u>Ms A Smith Palmer</u>	√				
<u>Dr Josephine Pravinkumar</u>	√	√	√	√	√
<u>Mrs Elspeth Russell</u>	X	√	√	X	X
<u>Dr Mark Russell</u>	X	√	X	X	X
<u>Mr Soumen Sengupta</u>	X	√	√	√	√
<u>Ms Lesley Thomson</u>	X	X	√	√	X
<u>Ms Kerri Todd</u>		<u>Joined in Jan 2022</u>		√	√

For the year covering this report the Committee was operating within an environment whereby the NHS in Scotland was on an emergency footing. The Committee was one of the Governance Committees asked to stand down after the May 2020 meeting, to release capacity within the Corporate Management Team to deal with the pandemic, and only started to meet, for a limited Covid related agenda, in May 2021. At the same time, the Board met on a monthly basis throughout this period and looked issues and risks across the Corporate Risk Register, including those normally overseen by the Committee.

8. Issues Considered by the Committee over the year

The Committee was only able to meet in limited circumstances and many of the meetings were focussed on Covid related activities and limited to 1 hour in duration. Within the confines of these restrictions the Committee discussed

- Public Health activities in addressing Covid
- Briefings from both Health & Social Care Partnerships on the Covid response
- Technology Enabled Care
- Population Screening Programmes updates
- Risk Register
- Health Inequalities (in particular the planning for a series of seminars and workshops with Community Planning Partners in June 2022)
- Children and Young People's Plan
- Child & Adolescent Mental Health (CAMHS) and Psychological Therapies Recovery Planning
- GMS Premises
- System Pressures
- GMS Sustainability
- Primary Care Improvement Plan
- Urgent Care
- Out of Hour Service – workforce updates
- Vaccination Programme - progress updates
- No Smoking Policy
- Interpreting Services
- Mental Health and Wellbeing Strategy
- Local Child Poverty Action Reports
- Corporate Parenting Strategy
- Mental Health Recovery & Renewal Funding for CAMHS

ITEM 17

- Shaping Places National Programme
- South Lanarkshire Strategic Commission Plan
- Carer Support

9. Improvements overseen by the Committee;

The Committee, despite being limited in the number of times it could meet, and the duration of meetings, was nevertheless able to input positively to a number of developing Strategies and Policies, most notably in Health Inequalities, Children and Young People's Services, Child & Adolescent Mental Health and Psychological Therapies, the refreshed Board-wide No Smoking Policy, Child Poverty, Corporate Parenting and the Shaping Places National Programme

10. Matters of concern to the Committee;

There were no material concerns raised. In fact, it is remarkable that during the pandemic, when much of the urgent business of the Committee was escalated to the Board, that the Committee still managed to meet, discuss and shape so many areas within its remit, as listed above.

11. Conclusion;

From the review of the performance of the Population Health, Primary Care and Community Services Governance Committee, it can be confirmed that the Committee has met in line with the Terms of Reference, and has fulfilled its remit to the best of its ability. The issues normally considered by the Committee when it was only able to meet within the confines of the emergency footing were raised, discussed and reviewed by the full Board, which met on a monthly basis through 2021/2022.

Based on assurances received and information presented to the Population Health, Primary Care and Community Services Governance Committee, adequate and effective arrangements were in place throughout the year.

I would also like to place on record my thanks to the outgoing Committee Chair, Ms Margaret Morris, who established the Committee on 2018 and steered the Committee through the early years of its formation, and for the solid foundations she built for the Committee.

I would also wish to record my thanks to Gabe Docherty, the outgoing Director of Public Health, who did so much to support the Committee since its formation, for his input and tireless championing of health inequalities and social deprivation.

2021-22 has undoubtable been a very difficult year for the NHS in general and in particular in Lanarkshire. This area had, prior to Covid, one of the highest concentrations of poverty and deprivation in the country, and this has been exacerbated by the pandemic. The Committee is determined in the coming year to play a full part in driving the Board's ambitions around *Our Health Together* and reducing health inequalities and shining a light on what more can be done to improve the health and wellbeing of our poorest citizens.

Signatures of

Committee Chair

Executive Lead(s)

Date

COMMITTEE TERMS OF REFERENCE

**POPULATION HEALTH, PRIMARY CARE & COMMUNITY SERVICES
GOVERNANCE COMMITTEE**

1. Purpose

The Population Health, Primary Care & Community Services Governance Committee (hereinafter referred to as ‘The Committee’) will:

- Govern the actions of NHS Lanarkshire in protecting and improving the health of the population focusing on addressing and reducing inequalities in line with the Board strategy ‘Our Health Together’ and on delivering effective primary care services to facilitate this;
- Provide support to the governance and delivery of Community based services by Health and Social Care Partnerships given their role in the delivery of programmes and services that impact on public health;
- Be responsible for monitoring the governance of mental health (including learning disability) services.
- Provide assurance and scrutiny with regard to the reduction of inequalities through NHS Lanarkshire operating as an Anchor Institution.

2. Membership

- 4 x Non-Executive Directors NHSL; (intention is that this will become 5)
- Operational Delivery Director, North Lanarkshire HSCP;
- Operational Delivery Director, South Lanarkshire HSCP;
- Health & Social Care Partnership Medical Director (North & South);
- Health & Social Care Partnership Nurse Director (North & South);
- Board Director of Public Health;
- Medical Director
- Director of NMAHPs
- Two Consultants/Specialists in Public Health;
- Head of Health Promotion/Health Improvement;
- Head of Planning, Performance & Assurance, North Lanarkshire HSCP;
- Head of Commissioning & Performance, South Lanarkshire HSCP;
- Representative from Mental Health
- Staff Partnership Representation; and
- Voluntary Sector Representation.

Attendees may be invited to the Committee at the discretion of the Chair.

The Primary Directors for the Committee shall be the Board Director of Public Health and

the Operational Delivery Directors for North Lanarkshire HSCP and South Lanarkshire HSCP. The Role of Lead Executive will rotate between the three Primary Directors.

3. Meetings

The Committee will normally meet 5 times per year, and conduct its proceedings in compliance with the Standing Orders of the Board.

Meeting dates will be set taking account of the meeting cycle for business meetings of the NHS Board, to enable timely reporting from the Committee to the NHS Board.

One of the Non-Executive Director Members will be designated as Chair of the Committee. The appointment of the Chair of the Committee will be decided by the NHS Board Chair, in discussion with Non-Executive Directors about the assignment of Committee portfolios.

4. Key Responsibilities

The remit of the Committee will reflect three key domains, as follows:

Public Health & Health Inequalities

To provide assurance to the NHS Board that public health governance is being discharged in relation to the Board's statutory duty for quality of care and to ensure the development, implementation and monitoring of a strategic public health plan with a focus on inequalities, and reshaping NHSL's services to have a greater emphasis on prevention and inequalities.

Key Duties of the Committee: -

- Ensure the development, implementation and monitoring of a strategic plan for public health ensuring that the three domains of public health are covered: health protection, health improvement and improving services;
- Monitor the implementation of the Board's prioritised Health Inequalities Action Plan;
- Support Public Health in its advocacy role with stakeholders, partners, national bodies and Governments in promoting health;
- Oversee the funding allocated to Public Health activities;
- Consider funding applications for the development of public health interventions (approved by the CMT) and to make recommendations to the NHS Board;
- Review and scrutinise the delivery of the Board Public Health Department's work plan;
- Review and scrutinise the impact on inequalities through NHS Lanarkshire operating as an Anchor Institution;
- Undertake scrutiny of individual topics/projects/work-streams to promote the health of the population, including NHS Lanarkshire staff;
- Ensure there are effective partnership working arrangements between NHS Lanarkshire and both Health and Social Care Partnerships, and with both Community Planning Partnerships;
- Ensure that Public Health is fully embedded in other key areas of work of the Board such as "Our Health Together" and Realistic Medicine;
- Ensure that policy and practice are effectively and consistently informed by public

health intelligence and underpins implementation of “Our Health Together” and both Health and Social Care Strategic Commissioning Plans; and

- Receive regular updates from the Public Health Delivery Workplan Group.

Primary Care and Community Services (including Independent Contractors*)

* Medical, Dental, Ophthalmic and Pharmaceutical services

NHS Lanarkshire and North & South Lanarkshire Councils have established Integrated Joint Boards under the Public Bodies (Joint Working) (Scotland) Act 2014 to create a single system for the Joint Strategic Commissioning of Health & Social Care Services.

However, notwithstanding the above, NHS Lanarkshire and Councils must ensure that there are mechanisms in place to provide the necessary assurance that integrated services are being delivered in line with their responsibilities. The Integration Scheme does not provide a framework for this reporting.

The establishment of the Population Health & Primary Care Governance Committee, covering Primary Care service delivery, will fulfil the Board’s obligation to seek assurance on the quality of these services.

The Committee will develop reporting systems to ensure a comprehensive performance management structure is in place to link with key Scottish Government, NHS Board, and Health & Social Care Partnership objectives.

Key Duties of the Committee:-

- Receive assurance that the operational delivery of primary care and community services are meeting national standards, meeting financial, clinical and staff governance requirements and that robust mitigating actions are in place to address very high risks in the Board’s Corporate Risk Register.
- Receive assurance that there is equity in the provision of care, treatment and access to services, which incorporates the diverse needs of individuals and population sub-groups, is appropriate and sensitive to the delivery of person-centred care, across a range of primary care and community based services.

Mental Health inpatient and community services (including Learning Disability services)

The Committee will ensure the alignment of local reporting systems to provide for a comprehensive performance management structure across NHS Lanarkshire, linked with the Scottish Government Mental Health Strategy (2017-2027), by working to improve:

- Prevention and early intervention;
- Access to treatment, and joined up accessible services;
- The physical wellbeing of people with mental health problems; and
- Rights, information use, and planning.

By focussing on:-

- Urgent Care Transformation;
- Child and Adolescent Mental Health Services (CAMHS);
- The delivery of learning disability services;

- Prevention and early intervention for pregnant women and new mothers;
- Prevention and early intervention for infants, children and young people;
- New models of supporting mental health in primary care;
- Supporting people to manage their own mental health;
- Improving access to mental health services and make them more efficient, effective and safe – which is also part of early intervention;
- Improving the physical health of people with severe and enduring mental health problems to address premature mortality;
- ‘All of Me’ - to ensure parity between mental health and physical health; and
- The human rights of people with mental health problems.

5. Conduct of Business

Declarations of Interest:

A Member must consider whether they have an interest to declare in relation to any matter which is to be considered as soon as possible. A Member should consider whether any item on the agenda raises any issue of declaration of interest. The declaration should be made as soon as practicable at the meeting that the interest arises.

Meetings:

The Committee will normally meet at least 5 times a year. The Chair of the Committee may convene additional meetings, as they deem necessary. The NHS Board or Accountable Officer may ask the Committee to convene further meetings to discuss particular issues on which they want the Committee’s advice.

Quorum:

- A quorum is one third of the whole number of Members, of which at least two are Non-Executive Members. No business shall be transacted at a meeting unless this is met. Deputies should also attend where the named officer is unable to attend such that the committee remains quorate. No business shall be transacted at a meeting unless this is met.
- If a quorum is not present ten minutes after the time specified for the start of a meeting, the Chair, subject to the business to be conducted, will seek agreement to adjourn the meeting or reschedule.
- If during any meeting, a Member or Members are called away, and the Chair finds that the meeting is no longer quorate, the meeting shall be suspended. If a quorum is not present at the end of ten minutes, the Chair will seek agreement to adjourn the meeting or reschedule.
- Where, due to the number of apologies received, it becomes apparent that a rescheduled meeting will not be quorate, the Chair will adjudge on the postponement and rescheduling of the meeting.

Absence of Chair:

- In the event of the Chair of the Committee being unable to attend, the NHS Board Vice-Chair or another member of the Committee will be designated the Chair for the meeting. Normally the Chair of the Committee would arrange this in advance.

Agenda papers:

- Administrative support will be provided by a member of staff determined by the Lead Executive with professional support provided by the Board Secretary.
- The Agenda and accompanying papers will be sent to members one week in advance of the meeting. The Chair will set the Agenda with the support of the Director of Public Health, the Chief Officer of the North HSCP and the Chief Officer of the South HSCP.
- The agenda will be aligned to the remit of the Committee. Progress reports against Matters Arising will be submitted in accordance with an agreed Reporting Schedule.
- Members wishing to raise agenda items should forward them to the Committee Secretary within the agreed timescale.

Action Points Note and Minutes:

- An Action Points note should be produced and circulated to all Members within 5 working days.
- All meetings will be minuted and copied to members within 3 weeks of the meeting being held.
- Approved minutes along with minute summary will be submitted to the NHS Lanarkshire Board and will be published on the NHS Lanarkshire website.

Action Log:

- A rolling action log will be produced and updated at each Committee meeting. This allows the Committee to track progress of particular issues and ensures that a scheduled follow up reports is kept.

Annual Workplan:

- The Committee will produce an Annual Workplan that sets out the business and activities to be covered during the year and will submit this to the Board for approval by March of the preceding financial year.

Mid-Year Review:

- The Committee will conduct a mid-year review of progress made against the Workplan, to ensure that it is delivering on its plan, and that additional actions are put in place to ensure full delivery of any slippage by the business year end. As part of the Annual Report, the Committee will also review its Terms of Reference, and the need for any amendment or update, which, in the event, will require to be submitted to

and approved by the NHS Board.

Annual Report:

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

- Name of Committee, Committee Chair, membership, Executive Lead and officer supports / attendees;
- Frequency, dates of meetings and attendance;
- The activities of the Committee over the year including confirmation of delivery of the Annual Workplan and Review of the Committee Terms of Reference. Where such a review results in amendment, a revised Terms of Reference must be submitted to the NHS Board for approval;
- Improvements overseen by the Committee;
- Matters of concern to the Committee;
- Confirmation that the Committee has fulfilled its remit and of the adequacy and effectiveness of internal control in NHS Lanarkshire;
- Additionally, the Annual Report will inform the submission of any appropriate assurance to the Chief Executive at the year-end as part of the Governance Statement.

Submissions to Board following each meeting:

- Summary briefing and approved Minute.
- Procedure in event of Committee meeting taking place too close to Board to allow written submission (see Board Secretary Schedule of Reporting on this) - verbal report followed by written at next Board.

6. Information Requirements

The Committee will be provided with:

- Performance reports from key groups;
- A report on risk management activity; and
- An updated workplan showing achievement to date.

7. Executive Lead and Attendance

The Director of Public Health & Operational Delivery Directors for North Lanarkshire HSCP and South Lanarkshire HSCP will support the Chair of the Committee in ensuring that the Committee operates according to / in fulfillment of its agreed Terms of Reference. One of these Executives will fulfill the role of Lead Executive with this role swapping between each at agreed intervals.

The Committee will be provided with a secretariat function by the Lead Executive, supported by the Board Secretary.

Deputies may represent any member of the Committee unable to attend meetings.

The Committee may ask any other officers of NHS Lanarkshire and North and South

Lanarkshire Health & Social Care Partnerships to attend to assist with its discussions on any particular matter.

10. Access

No special rights of access are necessary.

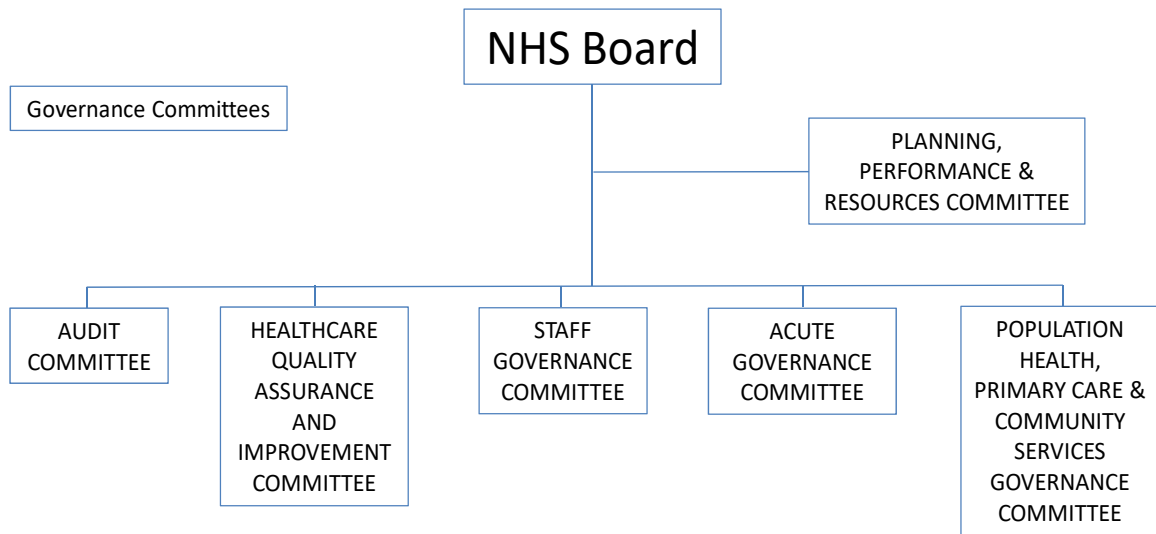
11. Rights

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

Version Control

Reviewed by Committee:	March 2022
Ratified by Lanarkshire NHS Board:	
Review Date:	

NHS Lanarkshire – Governance Committee Structure



1 MARCH 2018