

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
Cllr Jim McGuigan, Non Executive Director (until May 2022)
Mrs Siobhan White, Non Executive Director (from April 2022)
Cllr Eileen Logan, Non Executive Director (from August 2022)
Cllr Michael Coyle, Non Executive Director (from August 2022)

5. Attendees:

Mrs Laura Ace, Director of Finance
Mr Martin Hill, Chair
Mrs Heather Knox, Chief Executive (retired November 2022)
Professor Jann Gardner, Chief Executive (from December 2022)
Mrs Carol McGhee, Corporate Risk Manager (retired 30 September 2022)
Ms Charlotte Hope, Corporate Risk Manager (from March 2023)
Mr Tony Gaskin, Chief Internal Auditor FTF Internal Audit Consortium
Mrs Morag Holmes, Internal Audit
Mr Peter Lindsay, Audit Scotland (until September 2022)
Mrs Sarah Lawton, Audit Scotland (until September 2022)
Mrs Fiona Mitchell-Knight, Audit Scotland (until September 2022)
Mr Mark Ferris, Audit Scotland (from March 2023)

6. Executive Lead:

Mrs Laura Ace

7. Meetings held during the year:

The Committee met 5 times during the year from 1 April 2022 to 31 March 2023 as follows:

7 June 2022
29 June 2022
6 September 2022
6 December 2022
7 March 2023

8. Attendance of Members

Name of member	7 June 2022	29 June 2022	6 September 2022	6 December 2022	7 March 2023
Mr Brian Moore	√	√	√	√	√
Mrs Lilian Macer	√	√	√	√	√
Mrs Siobhan White	√	√	√	√	√
Cllr Eileen Logan	-	-	√	√	√
Cllr Michael Coyle	-	-	x	x	x

9. Issues Considered by the Committee over the year

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

- The remit of the Committee, was reviewed by the Committee in September 2022.
- The Committee fulfilled its remit throughout the year, considering a full programme of work, linked to the audit cycle, which included:
- Reviewing 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 2023 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 28th June 2023.
- 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 until September 2022 the committee received 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 2022/23 a series of Risks relating to Covid-19 were captured in a separate section of the register and later merged with the Corporate Risk Register. The December 2022 Audit Committee received an abbreviated report up to end September 2022 on corporate risks although the governance committees continued to review the individual risks assigned to them for review and risk owners continued to manage live risks. Overall risk reporting to the Committee resumed in summary from March 2023 with the appointment of a new risk manager. The June 2023 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 2022/23 accounts process.
- Property Transactions: The committee received the mandatory annual report on property transactions in September 2022 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 2023 the committee receives an interim controls evaluation from the Chief Internal Auditor and will receive the annual report in June 2023. In June 2022 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; (29 June 2022)
- Draft External Audit Plan 2022/23; (March 2023)
- Management report 2021/22 (1 June 2022)

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

- Briefing – Scotland’s Public Finances – Challenges & Risks;
 - Fraud & Irregularity 2021/22;
 - NHS in Scotland 2022.
-
- 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 6 September 2022. 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 2022/23 will take place at the committee’s meeting of 6 June 2023. The national guidance schedule of information designed to achieve this will be considered and approved by the Committee in March 2023.

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. A development session for all Board members was held in July 2022 which provided an opportunity to review risk register and risk assurance arrangements. Actions from the session will be taken forward in 23/24.

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.

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.

Signatures of 



Committee Chair

Executive Lead

Date 20/4/23

20/4/23

**LANARKSHIRE NHS BOARD
COMMITTEE TERMS OF REFERENCE**

COMMITTEE: AUDIT AND RISK

DATE: SEPTEMBER 2022

<p>1. Purpose</p>
<p>The Board has established an Audit and Risk 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 Board’s strategic and operational plans. 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</p>

the submission of any appropriate assurance to the Chief Executive at the year-end, as part of the Governance Statement.

4. Key Responsibilities

The Audit Committee will advise the Board and Accountable Officer on:

- ◇ The strategic processes for risk, control and governance and the Governance Statement;
- ◇ The accounting policies, accounts, and Governance Statement of the organisation, prior to approval by the Board;
- ◇ The process for review of the accounts prior to submission for audit, levels of error identified, and management's letter of representation to the external auditors;
- ◇ The planned activity and results of both internal and external audit;
- ◇ The adequacy of management response to issues identified by audit activity, including external audit's management letter/report;
- ◇ The adequacy and effectiveness of the internal control environment;
- ◇ The acceptability of any proposed changes to the Standing Orders, Scheme of Delegation or Standing Financial Instructions prior to approval by the Board;
- ◇ Assurances relating to the Corporate Governance requirements for the organisation;
- ◇ Policies for countering fraud, bribery and corruption and arrangements for special investigations.
- ◇ Risks and mitigating controls and actions around the Board's procurement activities
- ◇ The adequacy of arrangements in place to secure Best Value

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. Should an item require audit committee approval in advance of the next meeting the Chair would have discretion either to call a further meeting or for the item to be discussed and approved by email.

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, bribery or corruption 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, Bribery and Corruption 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:	6 September 2022
Ratified by Lanarkshire NHS Board:	31 May 2023
Review Date:	August 2023

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. Robert Foubister, Unison Representative
Ms. Liz Airns, Unite Representative
Ms Margaret Anne Hunter, Unison Representative
Mr Andy McCormick, Unite Representative
Mrs Cathy McGinty, Unison Representative
Ms Lesley McDonald, Non Executive Director
Mr Nauman Dar, Non Executive Director
Mr Colin Lee, Non Executive Director

Attendees: Ms. Jann Gardner, Chief Executive
Mrs. Kay Sandilands, Director of Human Resources
Ms. Ruth Hibbert, Head of HR – Policy and Governance
Mrs. Kirsty Cole, Dunne, Head of Organisational Development
Mr. Calvin, Brown, Director of Communications
Mr. Mark Kennedy, General Manager, (SALUS)
Mr. Martin Hill, Board Chair
Mrs Marlene Fraser, Head of Human Resources
Mr Jonathan Pender, Head of HR Workforce
Ms. Annmarie Campbell, Head of HR Employee Relations

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 2022 to 31 March 2023 as follows:

7. Attendance of Members

Name of Member	23/5/22	5/9/22	28/11/22	6/3/23
Lilian Macer	√	√	√	√
Nauman Dar	√	√	X	√
Colin Lee	√	√	√	√
Liz Airns	X	X	X	√
Robert Foubister	√	X	√	√
Cathy McGinty	X	√	X	√
Margaret Anne Hunter	√	√	√	√
Andy McCormick	√	√	√	√
Lesley McDonald	√	√	√	√
Neil Findlay	√	√		
Philip Couser				√

Mr B Moore left the Committee on 1st April 2022
 Mr T Wilson left the Committee on 31st March 2022
 Mr N Findlay left the Committee on 31st October 2022
 Mr N Dar joined the Committee on 1st April 2022
 Mr C Lee joined the Committee on 1st April 2022
 Mr Couser joined the Committee on 6th March 2023

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 2021/22 as follows:
 - Whistleblowing
 - Practice Development
 - Organisational Development and Learning
 - Medical Education
 - Internal Audit
 - Salus
 - Staff Governance Monitoring
 - Staff Involved in Decisions
 - Workforce Plan
 - Staff Communication and Annual Report
 - Employee Networks
 - Staff Communication Annual Report
 - Employee Networks
- Summarised reports from meetings of the Remuneration Committee throughout the year.
- Regular reports were also received on Workforce Metrics, Sickness Absence & OHS; |i-Matter; Corporate Risk Register,, Employee network development; Health and Wellbeing; Strategy Development; Yearly Directorate Reviews; Celebrations of Success

- 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 5th September 2022.

9. Improvements overseen by the Committee:

- The Committee worked throughout the year with a reformatted agenda specifically aligned to the Staff Governance Standards
- Introduction of new programme of Directorate Reviews as a standing item rotating across the different Directorates during the year.
- Introduction of a celebrating success section and consequently noted new coaching service, progress with International recruitment and development of the Staff Health and Wellbeing Strategy
- Introduction of annual reports on Staff Communications and Staff Involved in Decisions in line with the staff governance standards.

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 March 2023

**LANARKSHIRE NHS BOARD
COMMITTEE TERMS OF REFERENCE**

COMMITTEE: STAFF GOVERNANCE

DATE: SEPTEMBER 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:	September 2022
Ratified by Lanarkshire NHS Board:	31 May 2023
Review Date:	September 2023

REMUNERATION COMMITTEE

ANNUAL REPORT 2022/23

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:** Mr. A. Boyle – Chair
- 4. Committee Members:** Mrs. Lilian Macer – Non-Executive Director
Mr M Hill – Non Executive Director and Board Chair
Mr Brian Moore – Non-Executive Director
Dr L Thomson – Non Executive Director
- 5. Attendees** Mrs Kay Sandilands – Director of Human Resources
- 6. Executive Lead** Mrs Kay Sandilands – Director of Human Resources

7. Meetings held during the year:

The Committee / Group / Forum met 3 times during the year from 1st April 2022 to 31st March 2023 as follows:

- 2nd May 2022
- 30th June 2022
- 2nd February 2023 (Rescheduled from 1st December 2022)

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

- SBAR – Medical Director – Responsible Officer (21st December 2022)
- Discretionary Points 2022-23 (5th December 2022)
- Discretionary Points Schemes for Consultants 2021-2022 (22nd July 2022)
- Framework for ESM Salary Appointment – Chief Executive (30th September 2022)

8. Attendance of Members

Name of member	2 nd May 2022	30 th June 2022	3 rd February 2023
Ally Boyle	√	√	√
Lilian Macer	√	√	√
Lesley Thomson	√	√	√
Brian Moore	√	√	X
Martin Hill	√	√	X

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

During 2022/23 the Committee fulfilled the remit set out in the Terms of Reference for the Remuneration Committee through a full programme of work, including:

- Design and delivery against an overarching Remuneration Committee Annual Work plan for 2022/23.
- Establishment of Executive Director's Personal Objectives 2022/23.
- Oversight and approval of the Executive and Senior Manager Performance Management arrangements for 2021/22.

- The Committee applied a consistent approach to the appointment process for Executives and Senior Managers using the ESM Salary Framework to ensure consistency and fairness.
- The Committee reviewed and supported the retirement arrangements for the Chief Executive, Medical Director and Director of Human Resources.
- Design and delivery of arrangements for the recruitment of the Chief Executive, Medical Director and Director of Human Resources.
- 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.
- Received a number of national circulars for information.

As set out in the Terms of Reference, a routine Report on progress was submitted to the Board through the Staff Governance Committee, ensuring compliance with the Staff Governance Standard and previous Audit recommendations.

10. Improvements overseen by the Committee:

The Committee maintained a regime through which there was routine reflection on the Framework of Key Questions set out in Part 2 of the Audit Scotland Remuneration Committee Self-Assessment Pack to ensure that the Committee had the proper authority, information, understanding, ownership and confidence in terms of public accountability and probity in reaching all decisions made at its meetings.

The Committee maintained production and monitoring of an Action Log as a routine agenda item at each meeting.

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

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

11. Matters of concern to the Committee:

The Committee continues to monitor changes in senior posts and recognises the importance of successful appointments and of smooth transition to new postholders. The Committee acknowledged the challenges of ESM recruitment due to current market conditions and the subsequent impact in filling role. Therefore, there is ongoing need for succession planning and talent management to mitigate potential risks.

There were no significant matters of concern raised to the Committee in 2022/23.

12. Conclusion:

From the review of the performance of the Remuneration Committee it can be confirmed that the Committee has met the Terms of Reference and has fully fulfilled its remit in 2022/23.

Signatures of



Committee Chair



Executive Lead

Date: 12th May 2023

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 Members of Committee
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 its 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;
 - Review the progress against the Annual Workplan at each meeting, 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 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 members of the Committee.

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.

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, the workplan will be subject to a review by the Committee at each meeting. The Terms of Reference will be reviewed annually.

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.

May 2023

NHS LANARKSHIRE
HEALTHCARE QUALITY, ASSURANCE & IMPROVEMENT COMMITTEE
ANNUAL REPORT 2022-2023



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:

Mrs Maureen Lees, Non-Executive Director & Head of Profession, Dietetics

4. Committee Members:

Mr Ally Boyle, Non-Executive Director
Mr Philip Couser, Non-Executive Director
Mr Colin Lee, Non-Executive Director
Mr Donald Reid, Non-Executive Director

5. Attendees:

Mrs Heather Knox, Chief Executive (Last Meeting 21/04/2022)
Mrs Jann Gardner, Chief Executive (First Meeting 09/02/2023)
Mr Paul Cannon, Board Secretary
Ms Charlotte Hope, Corporate Risk Manager (First Meeting 20/04/2023)
Mr Martin Hill, NHS Board Chair
Dr Lucy Munro, Medical Director, North Lanarkshire Health and Social Care Partnership
Mrs Trudi Marshall, Nurse Director, North Lanarkshire Health and Social Care Partnership
Dr Linda Findlay, Medical Director, South Lanarkshire Health and Social Care Partnership (Last Meeting 09/06/2022)
Dr Mark Russell, Medical Director, South Lanarkshire Health and Social Care Partnership (First Meeting 09/02/2023)
Mrs Lesley Thomson, Nurse 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 Margaret Cranmer, Staff Side Representative
 Dr Josephine Pravinkumar, Director of Public Health
 Mrs Christine Gilmour, Director of Pharmacy
 Dr John Keaney, Associate Medical Director, Acute Services
 Mrs Ruth Thompson, Nurse Director, Acute Services, (First Meeting 09/02/2023)
 Mr Eddie Docherty, Executive Nurse Director
 Mr Peter McCrossan, Director for Allied Health Professionals

5. Executive Lead:

Dr Jane Burns, Executive Medical Director (Last Meeting 10/11/2022)
 Dr Chris Deighan, Executive Medical Director (First Meeting 09/02/2023)

6. Meetings held during the year:

The Committee met six times during the year from 1st April 2022 to 31st March 2023 as follows:

- 21st April 2022
- 24th May 2022 (Annual Report Meeting)
- 9th June 2022
- 8th September 2022
- 10th November 2022
- 9th February 2023

7. Attendance of Members

Name of member	Meeting 1 21/04/2022	Meeting 2 24/05/2022 Annual Report	Meeting 3 09/06/2022	Meeting 4 08/09/2022	Meeting 5 10/11/2022	Meeting 6 09/02/2023
Mrs Maureen Lees (Chair)	✓	✓		✓	✓	✓
Mr Ally Boyle	✓		Chair ✓	✓	✓	✓
Mr Philip Couser		✓	✓	✓	✓	✓
Mr Colin Lee	✓		✓	✓	✓	
Mr Donald Reid	✓	✓	✓	✓	✓	✓

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 reviewed in February 2023.

The Committee sought regular updates from sub groups including:

- Quality Planning & Professional Governance Group
- Acute Clinical Governance & Risk Management Group
- North Health & Social Care Partnership Support, Care & Clinical Governance Group
- South Health & Social Care Partnership Support, Care & Clinical Governance Group
- Safe Care Plan Steering Group
- Clinical Effectiveness Group
- Person Centred Health and Care Group (inclusive of Public Reference Forum)
- Lanarkshire Infection Control Committee
- Information Governance Committee
- Public Protection Group
- Independent Sector Governance Group
- Research & Development Committee
- Excellence in Care Group (previously CAAS Steering Group)
- Bereavement Committee

It was agreed that the following sub groups would no longer report directly to HQAIC and would report to the Quality Planning & Professional Governance Group instead:

- Radiation Safety Committee
- Area Drugs & Therapeutic Committee
- Resuscitation 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:

- Adverse Events – further improvements made to the Learning Bulletin, including the addition of learning from Complaints. The Significant Adverse Event Review (SAER) toolkit was updated to share improvements with staff across the organisation and further improvements were made to the Datix system to improve accuracy for reporting, recording and monitoring incidents. 6 SAER training sessions were provided which were well attended by staff from across the organisation during 2022-2023.
- The first HQAIC Annual Report meeting took place in May 2022. This improved the standardisation of reports and members were able to review them near the end of the reporting year. The one focused meeting also facilitated comparison and themes to emerge across the breadth of the Annual Reports.
- Safety Culture Cards resource from NES – shared with staff across NHS Lanarkshire to support conversations in teams, helping team psychological safety; guidance for use was developed and shared and a module created for staff to record via LanQip.

- Continued development of the NHS Lanarkshire Clinical Guidelines App for guidelines and pathways.
- Quality & Safety dashboard – the stroke bundle dashboard was created to support improvement work across all sites with stroke bundle compliance. Whole system indicators have also been developed, now including the North & South Health & Social Care Partnerships, together with Acute services.
- The Professional Governance Framework was reviewed, updated and shared with Managers, Clinical Directors and staff groups.
- A HMP Shotts category 1 incident review was completed and an improvement plan developed to support the work required to improve prisoner healthcare.
- Completed Mortality Case-note Reviews in each of the 3 acute hospital sites and action plans developed, focusing on sharing, continuous improvement and learning.
- Monitoring of the Quality Strategy Implementation Plan 2022-2023 at every meeting, reviewing progress and discussing future actions planned.
- Development of the new Quality Strategy 2023-2029, including completion of staff and public engagement; the final version of the Strategy will be shared with members for approval in April 2023 and launched across NHS Lanarkshire during Quality Week (week beginning 15th May 2023).
- Complaints & Patient Affairs staff across NHS Lanarkshire came together as one team, improving standardisation, efficiency and supporting staffing capacity across the organisation.
- The Realistic Medicine team was further strengthened following the recruitment of additional staff and a new, public facing website was developed to support patient engagement.
- An inspection of Adult Support & Protection services was completed, highlighting very good practice within the service, commending the work of NHS Lanarkshire staff.
- The information governance report has provided assurance at each meeting on the systems in place to identify and prevent cyber attacks.

10. Matters of concern to the Committee:

- The Committee noted ongoing concerns regarding the prolonged capacity issues experienced in all 3 acute hospital sites, reporting consistently greater than 100% capacity and the significant, long term impact of this on patient care and staffing. Similar concerns were noted across all areas of health and social care as a result of staffing capacity and ongoing demand.

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: 

Date: 17th April 2023

Executive Lead: 

Date: 17th April 2023

1. Purpose

The Healthcare Quality Assurance and Improvement Committee (HQAIC) was established to support the Board in its responsibilities for overseeing and managing issues relating to Clinical Governance through a process of constructive challenge.

The Committee is responsible for ensuring NHS Lanarkshire operates in accordance with the 7 Pillars of Governance, i.e. Clinical Effectiveness, Risk Management, Patient & Public Involvement, Monitoring & Audit, Staff Management, Education & Training and Information.



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, regardless of where and when they access services.

To achieve our quality vision, the Board is committed to transforming the quality of health care in Lanarkshire through investment in and continuous reliable implementation of patient safety processes. Through this, the Board aims to:

- ▶ provide a safe and effective health and care system
- ▶ have no avoidable deaths and 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

HQAIC 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. The review by Don Berwick ¹ describes this well;

"Place the quality of patient care, especially patient safety, above all other aims. Engage, empower, and hear patients and carers at all times. Embrace transparency unequivocally and everywhere, in the service of accountability, trust, and the growth of knowledge"

2. Membership

Membership of HQAIC will be drawn from the Non-Executive Director component of the NHS Board. There will be a minimum of four Non-Executive Director Members, 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 regarding the assignment of Committee portfolios.

3. Reporting Arrangements

The NHS Lanarkshire Quality Planning & Professional Governance Group (QPPGG) is the main sub-group of the Committee. The purpose of the QPPGG is to provide assurance to HQAIC that:

1. There is oversight of the agreed NHS Lanarkshire Quality Strategy and associated Plans that link to the overall NHS Lanarkshire strategic plan by preparing regular Highlight Reports for HQAIC of achievements and challenges/delays or amendments
2. Effective processes for health care professional practice are in place and implemented and the professional leadership oversees development, support and monitoring of the workforce and compliance with agreed accountability and governance frameworks. This will be captured in a Framework for Professional Governance that includes such core elements as:
 - Codes of conduct
 - Standards of practice
 - Policies and procedures
 - Resource utilisation and stewardship
 - Evidence-based practice and research
 - Use of technology, innovation and new procedures
 - Quality and performance improvement
 - Appraisal and revalidation, supervision and peer review.

HQAIC will report to the NHS Board following each meeting. This will be through a verbal report and the minutes of the meeting. A Summary report on the key issues considered by the Committee will be provided for the Board if there has been insufficient time to produce the minute. 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 meeting.

The Committee will review the Annual Work Programme at every meeting, as part of the process to ensure that the Work Programme is delivered.

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*

In accordance with Best Value for NHS Board and Committee working, the Committee will submit an Annual Report to the NHS Board in May which will inform the submission of any appropriate assurance to the Chief Executive at the year-end, as part of the Governance Statement.

If the Committee reviews and amends the Terms of Reference, the revised Terms of Reference must be submitted to the NHS Board for approval.

4. Key Responsibilities

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

- Endorsing the NHS Lanarkshire Quality Strategy 2023-2029 “Quality is everyone’s business” 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 Significant Adverse Events & Duty of Candour;
- Being assured that NHS Lanarkshire has in place a managed system for clinical policies;
- Ensuring HQAIC 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 6 times a year. This will include an Annual Report meeting in May each year, dedicated to the review of Annual Reports as required from the designated Governance Committees, Groups or service areas. 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 appointed Chair will be one of the member Non-Executive Directors. Although not a requirement for quoracy, it is expected that one of the following Executive Directors will be in attendance at meetings: the Executive Medical Director; the Executive Nurse Director.
- 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 being unable to attend, the appointed Chair will be one of the other member Non-Executive Directors. 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 Executive Medical Director and the Chair of the Committee, with other officer input, as appropriate.
- Agenda papers should be submitted to the Quality Directorate Business Manager and Management Team Secretary in sufficient time to enable the agenda and papers for meetings to be issued not later than two weeks before meetings of the Committee.

Action Minutes:

- A draft minute of each meeting of the Committee will be produced and formatted to clearly highlight key decisions, actions and risk management. This will be available to the Chair of the Committee and the Executive Medical Director for consideration within three weeks of the meeting date.

Once agreed with the Chair of the Committee and the Executive 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 through the submission of a Summary report (when Board meetings occur soon after the HQAIC meeting). 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 be uploaded to the relevant 'Meetings' section on Firstport and added to the Admin Control system for members who do not have access to 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 Executive Medical Director. The Executive 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. This is then reviewed at each meeting to ensure that all items have been attended to.

Terms of Reference

- The terms of reference will be reviewed annually to ensure they remain in line with the objectives of the Committee.

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.
- A summary of improvements overseen by the Committee;
- A summary of 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.

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 improvement, analysis of significant adverse events and duty of candour, and operational performance data.
- c) Additional information and requirements that may arise and be required in year, in order to enable the Committee to fulfil its purpose.
- d) Highlight reports and annual reports from other committees that provides information that delivers assurance and confidence in the healthcare system.

7. Executive Support and Attendance

Executive Lead:

Executive Medical Director

Other Support:

Executive Nurse Director

Executive Director of Public Health & Health Policy
Director of Quality

Other Attendees:

Chief Executive
Board Chairperson
Board Secretary
Corporate Risk Manager
Chair of the Acute Clinical Governance & Risk Management Group
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

External Attendees:

Expert external representation will be sought from NHS Lanarkshire's academic partners including the University of Strathclyde, the University of West of Scotland and Glasgow Caledonian University from clinical and academic professions.

Executive Director Lead:

The designated Executive Lead will support the Chair of HQAIC 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, Work Programme and reporting schedule;
- 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 HQAIC.

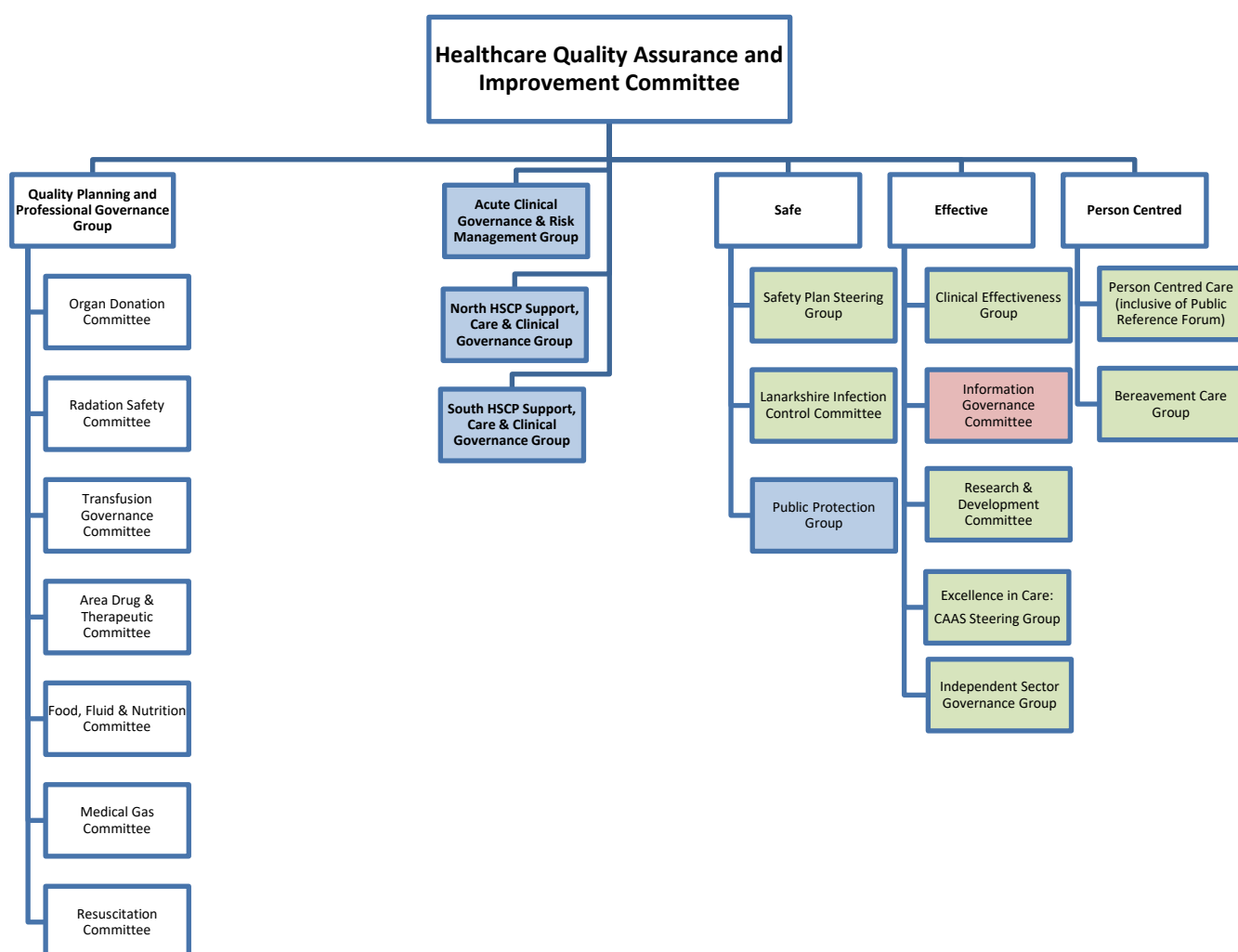
9. Rights

HQAIC may approve ad hoc advice at the expense of the organisation, subject to budgets agreed by the NHS Board or the Accountable Officer.

Version Control

Ratified by:	NHS Lanarkshire
Reviewed by Committee:	Agreed by Committee on 12 th June 2014 & revisions agreed (Dec 2014, May 2017, Dec 2014, May 2017, Mar 2018, Mar 2019, May 2020, Mar 2021, Feb 2022. Most recent review, February 2023.
Ratified by NHS Board:	27 th August 2014 & Revisions ratified on 28 th January 2015. Further revisions ratified 28 March 2018. Ratified in March 2019, 2020, 2021, 2022.
Authors:	Mrs K Cormack, Director of Quality, Mrs E Currie, Quality Programme Manager, Business Support.
Review date:	Next review in February 2024.

NHS Lanarkshire Strategic Healthcare Quality Assurance and Improvement Committee 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)

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.
- 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.
- 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.
- 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:

Ms Lesley McDonald, Non-Executive Director

4. Committee Members:

Ms Lesley McDonald, Non-Executive Director

Dr Lesley Thomson, Non-Executive Director

Mr Ally Boyle, Non-Executive Director

Mrs Siobhan White, Non-Executive Director

Mr James Muir, Non-Executive Director

5. Attendees;

Dr John Keaney, Divisional Medical Director
Mrs Susan Friel, Acute Nurse Director (until November 2023)
Mrs Ruth Thompson, Acute Nurse Director (from January 2023)
Mr Martin Hill, NHS Lanarkshire Board Chair
Mrs Annmarie Campbell, Head of Human Resources
Mr Russell Coulthard, Deputy Director of Acute Services
Mrs Margaret Meek, Hospital Site Director, University Hospital Hairmyres Hospital
Mr Stephen Peebles, Hospital Site Director, University Hospital Monklands
Mrs Claire Ritchie, Hospital Site Director, University Hospital Wishaw
Mr David Downie, Vice Chair of South H&SC Forum
Mr John Duffy, Chair of North PPF
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;

The Acute Governance Committee met 5 times during the year from 1 April 2022 to 31 March 2023. The Committee met on 05 May 2022, 20th July 2022, 21st September 2022, 23rd November 2022 and 22nd March 2023. Mrs Judith Park, Ms Lesley McDonald and Mrs Fiona Anderson communicated regularly via telephone during this time to ensure Ms McDonald was sighted on activity within the Acute Division.

8. Attendance of Members

Member	5th May 2022	20th July 2022	1st September 2022	23rd November 2022	22nd March 2023
Judith Park	✓	✓	x	✓	✓
Lesley McDonald	✓	✓	✓	✓	✓
Martin Hill	x	✓	✓	x	x
Lesley Thomson	✓	✓	✓	✓	✓
Siobhan White	✓	✓	✓	✓	x
Ally Boyle	✓	✓	x	x	x
James Muir	x	x	x	x	x
John Keaney	✓	✓	✓	✓	✓
Susan Friel	✓	x	✓	✓	n/a
Ruth Thompson	n/a	n/a	n/a	n/a	✓
Russell Coulthard	✓	✓	✓	x	✓
Margaret Meek	x	✓	✓	x	x
Stephen Peebles	✓	x	✓	✓	✓
Claire Ritchie	✓	✓	✓	x	x
Craig McKay	✓	x	✓	✓	x
Annmarie Campbell	x	✓	✓	✓	✓
Michael McLuskey	✓	✓	✓	x	✓
Margaret-Anne Hunter	✓	✓	✓	✓	✓

David Downie	✓	✓	✓	✓	✓
John Duffy	x	✓	✓	x	✓
Fiona Anderson	✓	✓	✓	✓	✓

In Attendance:

20th July 2022

Ms. N. Summers, Deputy Hospital Site Director, UHM
 Mr. G. Reid, Monklands Replacement Project Director
 Mr. D. Reid, Non-Executive Director
 Mrs. M. Lees, Non-Executive Director
 Mr. P. Couser, Non-Executive Director

21st September 2022

Mrs. D. Patrick, HR Business Partner
 Mr. J. Pender, Head of Workforce
 Miss. N. McCulloch, Management Team Secretary

23rd November 2022

Mrs. L. Mack, Service Manager – Cancer Services
 Mr. S. Murdoch, Interim Head of Finance
 Mr. G. Simpson, Deputy Hospital Site Director, UHW
 Mr. T. Mitchell, Management Team Secretary

22nd March 2023

Prof. J. Gardner, Chief Executive
 Miss. C. Hope, Corporate Risk Manager
 Mrs. E. Forbes, Vice Chair of South H&SC Forum
 Councillor. M. Coyle, North Lanarkshire Council
 Mr. R. Edwards, Surgical Service Manager, UHH
 Mr. T. Siddiqui, Deputy Clinical Director/Consultant Vascular 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:

- **Waiting Times and Clinical Prioritisation** – assessing progress against Scottish Government Performance targets.
- **Unscheduled Care, Redesign of Urgent Care and Planned Date of Discharge** – assessing progress in delivering the unscheduled care target.
- **Cancer Performance** - assessing progress in delivering the cancer target.
- **Finance** – assessing budgetary performance across the full range of expenditure headings and clinical divisions, and assessing progress against financial targets and efficiency savings.
- **Clinical Governance** – reports on Healthcare Associated Infection (HAI) issues, and any actions arising from inspections; arrangements and support of the NHS Quality Strategy.
- **Acute Site Updates** – reports from Hospital Site Directors on key issues related to site performance and linkages across Acute services.
- **Human Resources and Workforce** – focus on assessing sickness absence reporting and staff well-being.
- **Media Monitoring** – reports on media coverage.
- **Risk Management** – reports on risk register focusing on very high risks and mitigating controls.
- **Workforce Pressures**
- **Staff well being**
- **Laboratory Managed Service Contract**

- **Communication** - effectively communicating the 'Right care right place' message to the public to ease service pressures.

The 2022/2023 work plan was reviewed and revised during the year taking the site pressures into consideration. At the meeting in March 2023, the Committee discussed trialling a new way of working and a work plan for 2023/2024 will be formulated and discussed at the meeting of May 2023.

As well as a range of standing items described above, various topics were considered as part of presentations;

- Monklands Replacement Project
- Cancer services
- Vascular Services
- Workforce pressures

The specialist interest items listed above provided an opportunity for Non-Executive Directors to hear first-hand from clinical staff about services and new developments. Special Interest Items are chosen in discussion with the Hospital Sites and reflect the priority work being presented to the Committee at that time.

In addition, the Committee received regular copies of minutes from various committees and groups listed below, with the subsequent opportunity to consider/comment/raise questions on any issues. This helps Committee members to understand how decisions taken in Acute impact on community and also provides an opportunity for the Acute Operating Division to inform the Committee of the various work going on at Divisional level across NHS Lanarkshire.

- North Lanarkshire Integration Joint Board
- South Lanarkshire Integration Joint Board

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.

In response to the overcrowding and increased occupancy in our hospitals Operation Flow commenced in February 2023 with a Firebreak week commencing on the 23rd February. The goal was to reduce occupancy levels to create flow from the front of the hospital through the wards and back to the community.

The Committee were updated regarding Flow bundles and also the process of structured ward rounds, noting that early results showed great promise with 2 sites out of full capacity and having beds available in the morning. This helped to reduce patient waits in the Emergency Departments. This has been achieved by a phenomenal team effort across the whole of Lanarkshire's health and social care system.

The Committee noted continuing review and improvement of the Acute Risk Register in keeping with NHS Lanarkshire's Risk Management Policy.

The Committee received updates regarding SAER timescales and were assured that NHS Lanarkshire is better performing than the national average. The Scottish average for completion of SAERs within 90 days is 3.4% whereas NHSL achieved 39%. The Scottish 50 percentile for completion is 408 days. NHS Lanarkshire achieved this in 121 days.

The Committee were advised that the number of Cardiac Arrests per site is relatively small in number as most deaths are expected and patients should have a Treatment Escalation Plan (TEP) in place. The review of every unexpected death has given us the opportunity to explore cases where deterioration was not recognised or a TEP was not in place appropriately. It also highlighted problems with equipment and communication which occasionally arise and facilitated shared learning.

The Committee were updated on the introduction of a new surgical consent form and all 3 sites carrying out an improvement programme. The compliance with the use of the new form has increased from 50% to 83% and all forms had been signed by a practitioner. The operation notes matched the consent form in 90% of cases.

The Patientrak system has been expanded and has offered advice regarding its role in patient safety. This system displays real time data on patients' observations and alerts staff to patients at risk of deterioration, kidney injury and sepsis. It can also indicate the burden of deteriorating patients in any given ward and site.

The Committee were assured that NHS Lanarkshire's HSMR is at the Scottish average and that this reflects good quality care has been maintained despite the very challenging environment of the last year.

The Acute and Associated Hospitals continue to work on targeted aspects of quality and safety plans; regularly reporting to the Acute Clinical Governance and Risk Management Committee, the Safety and Quality Steering Group and local hospital Safety Meetings. The new Director of Nursing for Acute is currently seeking to understand the challenges for each site and develop a plan with key stakeholders to prioritise and refresh working groups.

The Committee were assured that the improvement work on stillbirth continues as a priority. NHS Lanarkshire are participating in national improvement groups via SPSP to garner learning from other boards with a view to test ideas if suitable for us.

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.

Planned Care Waiting Times – The numbers of patients waiting beyond 12 weeks for outpatient and TTG eligible treatment has been an area of concern for the Acute Governance Committee. As has the volume of these patients who have experienced very long waits for care.

In July 2022 the then Cabinet Secretary announced a series of interim milestones for the reduction in long waits for both outpatient and TTG care. NHS Lanarkshire made progress against these milestones and successfully eradicated the waits over 104 and 78 weeks in most specialties by the expected dates during 22/23. Continued progress in reducing these waits has been difficult due to continued challenges with recruitment, particularly in the peri-op and consultant workforces, the changes to national capacity planning funding in the quarter 3 of the year and the significant and ongoing emergency pressures within the acute sites requiring the allocation of staff resource from planned to unplanned work and the availability of inpatient beds for planned care.

The Division has continued to allocate planned care capacity based on clinical prioritisation to maximise elective capacity wherever possible. During 22/23 elective theatres have been restored to c90% of 2019 levels, from around 50% at the beginning of the year.

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

In 2022/2023 the level of emergency attendances was 93% of pre pandemic (2018/2019) levels. Attendance volumes month on month were reasonably steady. There have 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 30% in 2022/2023 from 2018/2019, and was 14% less than 2021/2022. This could be attributed to changing public behaviour relating to accessing care for minor injuries and illness.

In parallel to this reduction, there was a 34% increase in the non-admitted medical presentation category (Flow 2) compared with 2018/2019 and a 13% increase on 2021/2022. This increase reflects actual or perceived changes in the ability to access to other parts of the health service. 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.

Using last year's performance as point of reference, the deterioration in delivery against the 95% target for the 4-hour Emergency Access Standard is clear. NHS Lanarkshire's performance in 2021/2022 was 70%. Performance for 2022/2023 was 56.6%, reflecting a deterioration replicated in the NHS Scotland position. Whilst 2022/2023 activity was lower than 2021/2022, it remained close to pre-Covid attendance levels, albeit with changes in volumes between flow groups. Very high site occupancy, and prolonged periods in some of the acute sites of overcapacity also contributed to long waits for beds and consequently impacted on performance. These factors were reflected in the sustained escalation to black risk level.

December 2022 into January 2023 the ability to meet the Urgent and Unscheduled care demands were exacerbated due to significant challenges in establishing and maintaining system flow. This has had a significant negative impact of both patient safety and staff well-being.

Operation FLOW has and continues to involve considerable whole-system development work undertaken jointly by NHS Lanarkshire, Health and Social Care North Lanarkshire, South Lanarkshire Health and Social Care Partnership and Scottish Ambulance Service. This has included weekly whole-system development sessions in the run up to the firebreak; roadshows for all staff on the acute hospital sites; development planning and discussions within acute and community teams.

Consequently, we implemented a nine-day firebreak with the key objective of stabilising our system by reducing occupancy levels to below 100%. The Firebreak ran from Thursday 23rd February until Friday 3rd March 2023, including the weekend period. The Firebreak was also supported by the introduction of a Flow Foundations Bundle and Pathway. The Flow Foundation Bundle is a combined set of simple rules for all receiving and inpatient wards to improve patient flow and prevent unnecessary waiting for patients. The bundle includes:

- Daily Discharge Beat for each ward
- Criteria to reside for each inpatient
- Multi-Disciplinary Team (MDT) board rounds (three times a day)
- Planned Date of Discharge (PDD)
- Criteria-led discharge
- Pre-noon discharge and use of discharge lounge
- Real time updating of patient movements on Trakcare

Firebreak made a significant impact across our system by successfully reducing occupancy levels to 94% (from 105%) and led to notable improvement in patients meeting the four-hour emergency standard (71.1% at end of Firebreak compared to 49.7% prior to commencement).

Maintaining good flow across our system is key to the success of Operation Flow. Consequently, a 13-point plan, which takes account of the learning from Firebreak, and includes areas of focused improvement identified and developed in collaboration by leaders across the whole system. This has evolved into a revised structure encompassing 5 Task and Finish Groups focussed on key objectives, and building on the success experienced through some of the Firebreak actions.

Finance - Financial performance within the Acute Division reports a provisional year end overspend of £17.948m. The Division has returned savings of £0.724m to the end of March 2023.

Pay costs reported an overspend by £12.703m and non-pay costs overspent by £5.245m.

For the year 2022/2023, the financial impact of the continued response to the Covid 19 pandemic totalled £8.305m, 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.

Service pressures and continued higher than planned sickness and other absence has stretched the available workforce and necessitated a range of measures to increase available resources. These measures include the recruitment of additional clinical fellow posts, continued high spend on Medical and Nurse staff bank and agency workers all of which remain unfunded and a financial pressure to the Board.

The financial impact of the challenges will continue to be felt on the Division in 2023/2024, when a strong focus on sound financial management will be required to ensure delivery of the overall Board financial targets.

Nurse Staffing - During the course of the year work has continued in terms of developing workforce monitoring arrangements. NHS Lanarkshire had a very successful recruitment process. As with previous years, we have had induction programmes on each site to support the Newly Qualified Nurses (NQN), with support from Practice Development colleagues. This was more important than ever as these NQNs undertook their training during COVID and have had a different experience to previous cohorts. International Recruits have been employed across NHS Lanarkshire, 22 are currently working as a registered nurse with a further 7 awaiting their NMC registration. The Acute Division continues to rely on agency staff, each site has Workforce Governance Groups and the division will fully engage with the soon to be established working group to reduce agency nursing utilisation.

Site capacity, patient acuity and unscheduled care pressures continue to have an impact on care delivery across the division as there continue to be extra patients in the wards resulting in patients being cared for in treatment areas and four or six-bedded rooms. Staffing levels remain compromised. A focus on both staff and patient well-being is therefore essential. The Director of Nursing for Acute (SF) led work on development and implementation of a work plan, reflecting actions that will make a difference to nursing staff over the winter.

Clinical teams continue to work on individual improvement plans as part of the NHS Lanarkshire IPC Breakthrough Collaborative.

There is a risk that patients diagnosed with diabetic eye disease and Glaucoma will come to harm because of insufficient capacity within the hospital eye service (HES) to provide timeous review and treatment leading to irreversible sight loss that would otherwise be preventable.

Crude mortality has settled round a higher median than pre-pandemic. The Committee noted that this is likely due to the decrease in elective patients who have a very low mortality rate changing the denominator. Crude Mortality which reflects all the safety work being done across our Health care system remains stable.

Sepsis mortality has maintained a median round 20% over a number of years with a lot of variability. Analysis of the figures shows the number of reported cases each month demonstrates random variation. A new Sepsis Audit tool is being developed which may lead to more consistent capture of cases.

Compliance with the Stroke Bundle continues to give cause for concern. There has been a deterioration in performance over the past year. Whilst our compliance with CT scanning and Aspirin administration remains high, our compliance with swallow screening remains challenged. The Committee were assured that all 3 sites are focusing on improvement.

Medical Staffing

The vast majority of rota gaps are filled due to the success of our Clinical Fellow programme which was oversubscribed again this year. Medical receiving is under pressure in all 3 hospitals with more patients arriving later in the day and teams dealing with a backlog late into the night. In addition, the increase in the footprint of specialties has led to inefficiencies. An example in the new ward at Wishaw which is used for the initial assessment of patients and has increased the medical footprint by 19 beds with no increase in staffing. An increase in activity in the Vascular unit at Hairmyres has led to increased intensity of work. The Emergency Department middle grade rota at Monklands and Wishaw is very stretched to provide 24/7 cover.

All 3 Emergency Departments have a mismatch between capacity and demand and will need an uplift in staffing to achieve balance and reduce time to first assessment.

There is an increasing trend of Doctors in Training opting to do Less Than Full Time training which creates gaps on rotas that are difficult to fill.

The Committee received regular updates regarding the Laboratory Managed Contract and assurance was provided that there are no apparent operational risks.

Positive feedback following the unannounced visit from Health Improvement Scotland to University Hospital Wishaw on 16th January 2023 and the response to the letter of concern submitted by the Emergency Department Team was shared with the Committee.

General Surgery

The Acute Governance Committee has monitored the development and implementation of business continuity arrangements implemented within General Surgical services in response to critical workforce and safety issues on the University Hospital Monklands site. These arrangements have been in place for most of 22/23 and involved the provision of emergency general surgery services by 2 teams in NHS Lanarkshire delivered across the 3 acute sites. These arrangements will be reviewed in 23/24 to ensure a safe and sustainable service will continue until such time as a full review of general surgery services is completed for the Board.

Workforce pressures and staff wellbeing - The Acute Governance Committee discussed staffing availability, staff resilience and staff well-being.

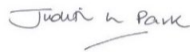
12. Conclusion;

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

Signatures of



Committee Chair
Lesley McDonald
19th May 2023



Executive Lead
Judith Park
19th May 2023

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 cohort 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:	31 May 2023
Review Date:	March 2024

NHS LANARKSHIRE

POPULATION HEALTH & PRIMARY AND COMMUNITY SERVICES

GOVERNANCE COMMITTEE

ANNUAL REPORT 2022 / 23

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 and Community Services Governance Committee

3. Committee Chair:

Mr Ally Boyle

Non-Executive Director

4. Committee Members:

Mr Phillip Couser

Non-Executive Director

Mr Neil Findlay

Non-Executive Director (Removed
October 2022)

Mrs Maureen Lees

Non-Executive Director

Mr Donald Reid

Non-Executive Director (Joined January
2023)

5. Attendees:

Mrs Stacey Anderson Ms Celia Briffa-Watt	Support Service, Project Manager Public Health
---------------------------------------------	---------------------------------------------------

Dr Jane Burns Mr Paul Cannon Miss Stacey Connor (Minutes) Mr Craig Cunningham	Executive Medical Director (until 31 December 2022) Board Secretary Governance Support Manager Head of Planning, Performance & Assurance SLHSCP
Ms Morag Dendy	Head of Planning, Performance & Assurance NLHSCP
Mrs Marianne Hayward	Head of Health SLHSCP
Ms Christine Jack	Business & Operations Manager
Dr Cathy Johnman	Consultant in Public Health Medicine
Ms Trudi Marshall	Director of Nursing NLHSCP
Dr Lucy Munro	Medical Director NLHSCP
Mrs Kirsty Orr	Head of Planning & Development
Dr Henry Prempeh	Public Health Consultant
Ms Claire Rae	Head of Health SHSCP
Mrs Elspeth Russell	Head of Health Improvement
Dr Mark Russell	Associate Medical Director NLHSCP
Ms Lesley Thomson	Director of Nursing SLHSCP
Ms Maggs Thomson	Head of Health NLHSCP
Ms Kerri Todd	Head of Health Improvement

5. Executive Lead:

Professor Ross McGuffie	Chief Officer, NLHSCP
Professor Josephine Pravinkumar	Director of Public Health
Professor Soumen Sengupta	Chief Officer, SLHSCP

6. Meetings held during the year:

The Committee / Group / Forum met 6 times during the year from 1 April 2022 to 31 March 2023 as follows:

Tuesday 3 rd May 2022	2.00pm-5pm
Tuesday 5 th July 2022	2.00pm-5pm
Tuesday 1 st September 2022	2.00pm-5pm
Tuesday 1 st November 2022	2.00pm-5pm
Wednesday 18 th January 2023	2.00pm-5pm
Tuesday 21 st March 2023	2.00pm-5pm

7. Attendance of Members

(- indicates were not a member of committee at this time)

<u>Name</u>	3rd May 2022	5th July 2022	6th September 2022	1st November 2022	18th January 2023	21st March 2023
Mrs Stacey Anderson	=	=	=	=	=	√
Mr Ally Boyle	√	√	√	√	√	√
Ms Celia Briffa-Watt	√	X	√	X	√	√
Dr Jane Burns	X	X	X	X	=	=
Mr Paul Cannon	√	√	X	√	X	√
Mr Phillip Couser	√	√	√	√	√	√
Mr Craig Cunningham	√	√	X	√	√	√
Ms Morag Dendy	√	√	X	√	x	√
Dr Linda Findlay	X	√	X	X	=	=
Mr Neil Findlay	√	X	X	X	=	=
Mrs Marianne Hayward	X	X	X	X	X	X
Ms Christine Jack	√	X	=	=	=	=

<u>Name</u>	3rd May 2022	5th July 2022	6th September 2022	1st November 2022	18th January 2023	21st March 2023
Dr Cathy Johnman	√	√	X	√	X	X
Mrs Maureen Lees	√	√	√	√	√	√
Ms Trudi Marshall	√	√	X	X	X	√
Mr Ross McGuffie	√	√	√	√	√	√
Dr Lucy Munro	=	=	=	√	√	√
Mrs Kirsty Orr	=	=	X	√	X	√
Dr Josephine Pravinkumar	√	√	√	√	√	√
Dr Henry Prempeh	=	X	X	√	X	X
Ms Claire Rae	X	X	√	√	√	√
Mr Donald Reid	=	=	=	=	√	√
Mrs Elspeth Russell	√	X	x	√	√	√
Dr Mark Russell	X	X	x	X	√	√
Mr Soumen Sengupta	√	X	√	√	X	√
Ms Lesley Thomson	X	√	x	X	√	X

<u>Name</u>	3rd May 2022	5th July 2022	6th September 2022	1st November 2022	18th January 2023	21st March 2023
Ms Maggs Thomson	=	√	X	√	√	X
Ms Kerri Todd	√	X	√	√	X	√

8. Issues Considered by the Committee over the year

(including confirmation of delivery of the Annual Workplan and a statement that the Workplan was reviewed during the year)

- Corporate Risk Register
- Anchor Institutions Self-Assessment Update
- Scottish Parliament's Health, Social Care and Sport Committee inquiry into health inequalities in Scotland
- "Inequalities Strategy Development
 - Anchor Institutions
 - Realistic Medicine
 - Individual Service Approaches
- SHSCP-Technology Enabled Care Report
- Inequalities/Screening Work
- Cervical Screening Programme in NHS Lanarkshire Annual Report 2019-21
- Breast Screening – Biggar location
- PCIP Update
- PCOOH Sustainability
- Vaccination Programme – Update
- Weekly Briefing: COVID 19
- Annual Report
- North Access Report
- South Access Report
- PCOOH
- Abdominal Aortic Aneurysm Screening Programme in NHS Lanarkshire Annual Report 2019-2021
- Evaluating the impact of Our Health Together.
- Equality Act 2010
- Investment in IT to Support Care Delivery
- Strategic Commissioning Plan
- Vaccination Programme – Update
- Weekly Briefing: COVID 19
- NL and SL Local Child Poverty Action Reports
- Breast Screening report for the screening round 2018-2021
- Screening Update
- Vaccination Programme – Update
- Weekly Briefing: COVID 19
- "Blood Borne Virus (BBV)
- Cost of Living
- Keeping Physically Active and Socially Connected in Lanarkshire
- Health Schools Framework
- Diabetic Eye Screening Programme
- Cervical Screening Incident Update
- E Coli SBAR
- Monkeypox SBAR
- Alcohol and Drug Prevention
- CAMHS

- Suicide prevention
- Cancer Inequalities
- Detect Cancer Early SBAR
- Bowel Screening Annual Report
- NSS Screening Update
- Cost of Living Response Update
- Draft Strategic Commissioning Plan 2023-26
- Primary Care OT
- Cancer Inequalities Data
- Screening Inequalities Action Plan Report 2021-23
- NHS Lanarkshire Equalities Progress Report 2020-22
- Health Promoting Health Service
- Chryston Update
- Balance of Care
- Strategic Commissioning Plan
- Equipment & Adaption Service
- Chief Executive Q2 Report (North & South)

A template will be provided for this section to add as an Appendix.

9. Improvements overseen by the Committee; series of bullet points

- Adoption of oversight and governance of Anchor institutions
- Transformation of committee to support thematic discussion around areas of importance or risk
- Focus on considering and reducing cancer inequalities
- Cancer screening
- CAMHS
- New Chryston development
- ADP progress towards MAT standards
- Covid vaccinations
- New Strategic Commissioning Plans

10. Matters of concern to the Committee;

The main focus of the Committee is not only to improve health outcomes and reduce inequalities at a population level, but to increasingly see the Committee's role to highlight inequalities across Lanarkshire, especially in our most deprived communities.

11. Conclusion;

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

It is important to place on record our thanks to Committee members and attendees for their enthusiastic and passionate participation. The standard of papers, presentations

and participation has been excellent and, along with delivering the purposeful scrutiny required, has greatly enriched the conversation and resulting output. It continues to be an extremely challenging time for Health and Social Care across Lanarkshire and we would like to recognise the challenges faced by both the community and those delivering our services. A focus on reducing inequalities and of ensuring we deliver our intentions around prevention and early intervention will be vital if we are to keep pace with demand.

Signatures of

Committee Chair



Executive Lead



Date May 2023

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

5x 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
- Acute 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 NHS's services to have a greater emphasis on prevention and inequalities.

Key Duties of the Committee: -

- Ensure the development, implementation and monitoring of a strategic plan for public health ensuring that the three domains of public health are covered: health protection, health improvement and improving services;
- Monitor the implementation of the Board's prioritised Health Inequalities Action Plan;
- Support Public Health in its advocacy role with stakeholders, partners, national bodies and Governments in promoting health;
- Oversee the funding allocated to Public Health activities;
- Consider funding applications for the development of public health interventions (approved by the CMT) and to make recommendations to the NHS Board;
- Review and scrutinise the delivery of the Board Public Health Department's work plan;
- 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, and a Trauma informed approach

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 for follow up reports is kept.

Annual Workplan:

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

Mid-Year Review:

- The Committee will conduct a 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:	15 May 2023
Ratified by Lanarkshire NHS Board:	31 May 2023
Review Date:	May 2024

MONKLANDS REPLACEMENT COMMITTEE
(MRC)

ANNUAL REPORT

2022/23

Reporting to:

Planning, Performance & Resources Committee

(PPRC)

Author:	Jacqueline Eye, Business Manager, Monklands Replacement Project (MRP)
Contributing Author(s):	Colin Lauder, Senior Responsible Officer, MRP Fiona Cowan, Clinical Lead Nursing, MRP Kathryn Henderson, Senior Project Manager, MRP
Responsible Lead:	Lesley Thomson, KC, Vice Chair, NHS Lanarkshire Board
Endorsing Committee:	Planning, Performance & Resources Committee (PPRC)
Governance or Assurance Committee:	Monklands Replacement Committee (MRC)
Date Approved:	19 May 2023

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NHS LANARKSHIRE
MONKLANDS REPLACEMENT COMMITTEE
ANNUAL REPORT 2022 / 23

1. Introduction

The purpose of this report is to provide assurance to NHS Lanarkshire’s Planning Performance Resource Committee (PPRC) that the Monklands Resource Committee (MRC) has carried out its obligations in accordance with its Terms of Reference for the financial year 2022-2023 and the remit of the group has been fulfilled.

2. Name of Committee

Monklands Replacement Committee (MRC)

3. Committee Chair:

Dr Lesley Thomson KC

4. Committee Members

Name	Function
Dr Lesley Thomson KC	Chairperson
Colin Lauder	Director of Planning, Property & Performance
Donald Reid	Non-executive Director, NHSL Board
James Muir	Non-executive Director, NHSL Board
Nauman Dar	Non-executive Director, NHSL Board
Lilian Macer	Non-executive Director, NHSL Board
Councillor Michael Coyle	Non-executive Director, NHSL Board
Graeme Reid	Project Director, MRP
External Advisors	Function
Professor Sir Harry Burns	Professor of Global Public Health, Strathclyde University
Dr Mike Higgins	Independent Medical Advisor to the Board
Dr Julie Critchley	Director, NHS Assure
Alan Morrison	Chair, Scottish Government Capital Investment Group
Dr Roddy Yarr	Executive Lead Sustainability, Strathclyde University

4. Attendees

Attendees	Function
Fiona Cowan	Clinical Lead, Nursing, MRP
Jacqueline Eve	Business Manager, MRP (Admin)

5. Executive Lead

Colin Lauder

6. Meetings held during the year

The Committee was formed in April 2022.

The Committee has met 6 times during the year from 1 April 2022 to 31 March 2023 as follows:

- 20th April 2022
- 8th June 2022
- 11th August 2022
- 7th September 2022
- 28th November 2022
- 8th February 2023

Committee effectiveness checklist

The committee meets regularly, at least four times a year, and this is set out in the Terms of Reference.

✓

7. Attendance of Members

6 of 6 meetings for April 2022-March 2023 have been quorate.

6 of 6 meetings have had the appointed Chair in attendance.

It is noted that the Chief Executive for NHS Lanarkshire, Heather Knox, retired in November 2022 and a new Chief Executive, Jann Gardner, was appointed.

In general, there has been a relatively consistent attendance from the membership. Attendance and membership continues to be monitored by the Committee via the attendance log.

The membership of the Monklands Replacement Committee was as follows:

Name of member	Meeting Date 20.04.22	Meeting Date 08.06.22	Meeting Date 11.08.22	Meeting Date 07.09.22	Meeting Date 28.11.22	Meeting Date 08.02.23
Lesley Thomson	✓	✓	✓	✓	✓	✓
Colin Lauder	✓	✓	✓	Apol	✓	✓
Graeme Reid	✓	✓	✓	✓	✓	✓
Nauman Dar	✓	✓	✓	✓	✓	✓
Donald Reid	✓	✓	✓	✓	Apol	✓
Harry Burns	X	X	X	X	X	X

Alan Morrison	Apol	✓	Apol	Apol	Apol	Apol
Julie Critchley	S. Brown deputised	✓	✓	✓	Apol	✓
Lilian Macer	✓	✓	✓	✓	✓	Apol
Michael Higgins	✓	✓	✓	✓	✓	Apol
James Muir	✓	✓	✓	✓	✓	✓
Michael Coyle				✓	✓	✓
Roddy Yarr	✓	✓	✓	✓	✓	✓

Committee effectiveness checklist

The Committee has been provided with sufficient membership, authority and resources to perform its role effectively and independently.	✓
The Chair and membership of the Committee has been agreed by the NHS Lanarkshire Board and a quorum set.	✓
Arrangements are in place should the appointed Chair be unavailable to attend a meeting, as set out in the Terms of Reference	✓

8. Remit

The overarching remit of the MRC is to act as a Governance Committee of the NHS Lanarkshire Board, and provide oversight, assurance, and make recommendations, to the NHS Board (with routine reporting to the Planning, Performance & Resources Committee).

The remit of the MRC is:

1. To endorse the scope of the Project, including the clinical service strategy and the benefits to be realised by the development and the reference design, with appropriate stakeholder involvement.
2. To ensure that the resources required to deliver the project are available and committed.
3. To ensure appropriate governance as the Leadership Group (Project Board) progress through Business Case approval within defined process and thereafter the Capital Investment Group at Scottish Government.
4. To monitor and scrutinise the procurement process and appointment of the Construction Partner.
5. To assure the project remains within the framework of the overall project strategy, scope, budget and programme.
6. To review and report changes to the scope of the project e.g., time, cost and quality.
7. To ensure the project is adequately prepared for external reviews e.g., Office of Government Commerce, gateway reviews and the Architecture Design Scotland, National Design Assessment Process and Key Stage Assurance Review.
8. To promote financial governance and monies and report the adherence within the affordability parameters set out by Scottish Government and NHSL.
9. To review the risk management plan, ensuring all risks are identified; that appropriate mitigation strategies are actively applied, managed and escalated as necessary, providing assurance to the NHS Board that all risks are being effectively managed.

10. To ensure that staff, partners and service end users are fully engaged in designing operating policies that inform the detailed design and overall procedures that will apply. This in turn will inform the project agreement, i.e., ensuring that the facilities are service-led rather than building-led.
11. To ensure that the communication plan enables appropriate involvement of, and communication with, all stakeholders, internal and external, throughout the project from conception to operation and evaluation.
12. To oversee and monitor the projects interaction with the PSCP to ensure that the completed facilities are delivered on programme, within budget and are compliant with NHS Lanarkshire’s corporate objectives/ requirements.
13. To ensure appropriate systems of assurance are in place in regard to the functional commissioning of the facilities and operation in respect of the new hospital.
14. To ensure the Project remains aligned with the project evaluation as set out in the business case and the post project evaluation as appropriate.

The **Terms of Reference** for the Monklands Replacement Committee were reviewed and approved April 2022. The Terms of Reference have been reviewed and updated in line with the Committee’s governance arrangements and will be tabled for acceptance at the next scheduled meeting and will subsequently be issued to PPRC.

Committee effectiveness checklist

The Committee has a clear understanding of its role and authority as set out in its terms of reference.	✓
The Committee undertakes an annual review of its remit and terms of reference.	✓

9. Issues Considered by the Committee over the year

The Monklands Replacement Committee dealt with the following headline matters during April 2022-March 2023

NHS Assure Cost Review – April 2022, June 2022, August 2022 and September 2022

Following the Capital Cost review undertaken by NHS Scotland Assure in April 2022, 14 key recommendations were made. To manage these recommendations, a dedicated Cost sub-group was established. This group is also responsible for monitoring the Project’s overall capital cost variations.

The Capital Cost Group presented a report to MRC at each meeting to give the Committee assurance that capital costs were being carefully monitored and that there was clear rationale for any change in capital cost projections. Key factors that were highlighted to the Committee as having impacted capital cost projections from the Initial Agreement to the Outline Business Case included market inflation, the war in Ukraine, Net Zero Carbon, supply chain challenges, changes specifically to Scottish Health Technical Memorandum (SHTM) 03-01 (2022) and site specific issues.

The update to the Committee from the Cost Sub-Group, also included assurance that the 14 recommendations provided by NHS Scotland Assure, were being progressed. This was done through development and issue of an action plan.

The MRC were also assured that project capital costs were being reviewed and monitored by dedicated cost advisors as part of the contracted Lead Advisor service.

Key Stage Assurance Review (KSAR) – April 2022, June 2022, August 2022 and September 2022

The Project was mandated by Scottish Government to carry out a Key Stage Assurance Review (KSAR) for the Outline Business Case stage. KSAR was therefore, a standing agenda item for all Committee Meetings where the Project Director provided verbal and written updates on progress.

The Project Team worked closely with colleagues from NHS Scotland Assure throughout the process to deliver the KSAR workbook and deliverables. The KSAR start date was 16 May with a ‘supported’ status confirmed in October 2022.

The NHS Scotland Assure workbook to support the Outline Business Case KSAR can be found at:

<https://www.nss.nhs.scot/publications/nhs-scotland-assure-outline-business-case-ksar-workbook/>

NHS Scotland Design Assessment Process (NDAP) – June 2022 and September 2022

The Project was mandated by Scottish Government to carry out the NHS Scotland Design Assessment Process (NDAP) for the Outline Business Case stage. NDAP was, therefore, a regular agenda item for Committee meetings where the Project Director provided updates on progress.

The Project Team engaged in a number of focussed workshops with members of Health Facilities Scotland, NHS Scotland Assure and Architecture Design Scotland experts who undertook the NDAP Review. The Project achieved a ‘supported’ NDAP status in December 2022.

Detailed information on the process can be found at:

https://www.pcpd.scot.nhs.uk/Capital/SCIM_Pilot/2017/NHSScotland%20Design%20Assessment%20Process.docx

Outline Business Case (OBC) – June 2022, August 2022, September 2022, November 2022 and February 2023

The Outline Business Case was developed over a period of time and the 5 cases (Strategic, Management, Commercial, Financial and Economic) were presented to the Committee at various stages of development as part of the approval process for preparing the final submission for Scottish Government. The Committee were assured that the Project had a robust approach to developing the OBC and could demonstrate a clear programme to achieve delivery.

Committee comments were incorporated into the final submission for the NHS Lanarkshire Board. Attending the Board’s Approval Meeting were NHSL Board Members, members of staff and members of the public.

The Outline Business Case achieved the following approvals/endorsements before submission to Scottish Government:

- MRC 28 November 2022
- PPRC 30 November 2022
- Board of NHS Lanarkshire – 30th November 2022
- West Regions Delivery Board – 14th December

The Outline Business Case was submitted to the Scottish Government Capital Investment Group (SG CIG) on the 16th December 2022. A special meeting took place between NHS Lanarkshire and SG CIG to consider the submission. The outcome of the CIG is awaited.

Gateway Review 2 – August 2022 and September 2022

The Senior Responsible Officer to the Project requested a Stage 2 Gateway Review to be undertaken in August 2022. Interviews with Project Team, Lead Advisor, staff and patient representatives took place from 16-18 August 2022.

The final report was issued on 30 August 2022. The report assessed the Project as Amber with only one key recommendation made which was to ensure the Project had adequate internal scrutiny of the programme to complete drafting and approval of the OBC and monitor progress.

Responding to this recommendation, the Committee was assured that the Project Team had undertaken a further review of the OBC development and approval programme that was in place to ensure it remained realistic and reflected the various levels of governance through which this OBC would be reviewed prior to submission to Scottish Government.

Procurement – June 2022, August 2022 and September 2022

The Committee has a remit to provide oversight and scrutiny of procurement procedures to appoint the construction partner in line with its agreed Terms of Reference.

The Committee was assured that appropriate and proportionate resources were in place to support this activity. This included the appointment of MacRoberts LLP as legal advisors to the Project in January 2022 and Ernst and Young as financial advisors to the Project in February 2022.

The Committee was also assured that a dedicated Procurement Sub-Group had been established to develop and implement the procurement programme.

Two key reports were submitted to the Committee during the period for endorsements:

- MRP Pre-Procurement Selection Process Summary Report – which set out the early procurement activities undertaken to prepare for, and commence the process of, procuring a construction partner and completion of the short listing evaluation process.
- MRP Contract Tender and Evaluation Summary Paper – which set out the procurement steps that would be followed during the competitive dialogue process and the Invitation to Submit Final Tender and evaluation process that would follow.

The Committee accepted both papers.

The competitive dialogue process commenced on 17 January 2023 and concluded on 4 April 2023.

The Monklands Replacement Committee covered the following key points during April 2022-March 2023

Key discussion points for April 2022-23 were as follows:

April 2022

- Presentation of high level overview of the component part of the Monklands Replacement Project. This included the Net Zero Strategy being presented to the Group.
- Discussion around the challenge of climate and net zero challenges – support from Executive Lead, Sustainability, Strathclyde University offered.
- The final composition of emergency General Surgery within MRP bed model was discussed. The default planning assumption remains as described in the draft OBC and Schedule of Accommodation. There is a possible risk this may change prior to the completion of FBC.
- The Committee requested further detail on the cost build-up.
- Legal advisors had been appointed to advice and progress the procurement strategy.
- The Terms of Reference were discussed with two updates/amendments.

June 2022

- It was confirmed the first stage of the KSAR review, Gap Analysis, was making good progress and on target for completion. The technical review of documents was to commence and continue throughout the Summer.
- The Outline Business Case content and proposed NHSL approvals process was presented and explained.
- Consideration was given to the NHSL Board's awareness of the OBC with OBC approval sessions to be scheduled.
- The NHS Assure Review of Capital Costs Action Plan was shared with the Group. Actions were either completed or well progressed.
- NHS Assure Review recommendations for the MRP Cost Sub-Group were set out.
- Work was still in progress for the proposed review of Revenue Costs.
- There was a discussion around the procurement process for the construction partner.
- It was agreed that a Risk Report be brought to the next meeting as well as the Risk Register.
- A flythrough video of the main entrance and ground floor of the new hospital was shown to the group.

August 2022

- This was a scheduled workshop for the Outline Business Case discussing the timeline around the OBC.

September 2022

- There was an overview of the KSAR review to the Group. It was confirmed to be in the report writing stage. However, feedback was no showstoppers. There were a number of areas to look in more detail.
- Timescale of the report was anticipated to be 12 October.

- An updated presentation of the Cost Review Group was made. There had been significant factors since February including global supply chain pressures and material price escalation.
- A Scrutiny Group was set up to review the revenue costs.
- Star Chamber led by the CEP and Director of Finance was formed to discuss the detail of workforce requirements.
- An intention was made at the end of RIBA Stage 2 to indicate and implement a change control process and design freeze at this stage.

November 2022

- Scottish Government recognise reduction in position for capital health allocation. An agreement was made by the Group to proceed to OBC.
- Slides were presented to the group with an update to OBC.

February 2023

- It was confirmed the Outline Business Case submission to the Capital Investment Group Meeting on 22 February.
- Preparations were underway for the Capital Investment Group Meeting on 22 February with confirmed list of attendees of the meeting being forwarded from the Scottish Government.

Committee effectiveness checklist

The Committee is able to assure the Board that processes and procedures are in place to effectively monitor, the Project in terms of cost, programme and quality.

✓

The committee receives reports relevant to its remit and monitors progress against recommendations.

✓

10. Key Achievements

Key achievements for the Monklands Replacement Committee during April 2022-March 2023 include:

- Completion of the pre-selection short listing of potential construction partners.
- Completion of Stage 2 Gateway.
- Completion of OBC KSAR to supported status.
- Completion of OBC NDAP to supported status.
- Completion of the NHS Scotland Assure Cost Review Recommendations.
- Board approval of OBC.
- Submission of OBC to the Scottish Government Capital Investment Group.

Committee effectiveness checklist

The Committee links well with the Board, and opportunities are taken to share information.

✓

The Committee ensures key links are in place with the Scottish Government and National Review Teams.	✓
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11. Risks

Risks

RISKS

The Committee are assured that there is a robust risk management process in place for the Project that aligns with corporate policy and is compliant with the Scottish Capital Investment Manual.

Risk Management is a standing agenda item at all Committee meetings where the Risk Register, associated action plans are shared.

In addition, a risk report is issued to the MRC for each meeting from the Project Team detailing progress within the period and highlighted changes relating to, for example, risk severity ratings, risk closures or new risks.

Committee effectiveness checklist

The Committee holds Risk as an agenda item including the most up to date Risk Report, Risk Register and Action Plans for very high risks.	✓
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The Committee identifies further risk for consideration and escalation from the papers presented and discussion.	✓
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12. Future Priorities

Future priorities of the Monklands Replacement Committee for April 2023 until March 2024 are summarised as follows:

- Continue to report progress on the MRC work plan to PPRC
- Continue to monitor capital cost, programme and risks
- Review and endorse the recommendation from the tender evaluation
- Monitor progress on key Project dependencies (e.g. pylon relocation programme; East Airdrie Link Road scheme.
- Monitor development of the Full Business Case in alignment with the Scottish Capital Investment Manual.
- Review and endorse the Project's monitoring & Evaluation Report for Scottish Government.
- Review and monitor development and delivery of the benefits realisation plan
- Review and monitor development and delivery of the benefits realisation plan
- Prepare the Committee's Annual Report 2023/24

13. Improvements overseen by the Committee

- Completion of the Outline Business Case and forwarded to the Capital Investment Group for approval.

14. Matters of concern to the Committee

- Awaiting response from CIG Meeting on 22 February.

15. Conclusion

This report has summarised key areas of focus on the MRC and has demonstrated that the Committee has met with its remit set out in the Terms of Reference. Based on assurances received and information presented to the Monklands Replacement Committee, adequate and effective arrangements were in place throughout the year.

Committee Chair Lesley Thomson

Executive Lead Colin Lauder

Date: 19 May 2023

Monklands Replacement Committee

Terms of Reference (ToR)

Authors:	<p>Graeme Reid, MR Project Director</p> <p>Paul Cannon, NHS Board Secretary</p> <p>Colin Lauder, Director of Planning, Property & Performance</p>
Responsible Lead Director:	Colin Lauder, Director of Planning, Property & Performance
Endorsing Body:	PPRC
Governance/Assurance Group:	Monklands Replacement Committee
Implementation Date:	26 January 2022
Version Number:	2.0, FINAL
Review Date:	January 2023
Responsible Person:	Colin Lauder, Director of Planning, Property & Performance

Configuration History			
Date	Author	Change	Version
26.01.22	Graeme Reid, MR Project Director Paul Cannon, NHS Board Secretary Colin Lauder, Director of Planning, Property & Performance	Final	1.0
07.04.22	Jacqueline Eve	Updated ToR with new template	1.1
25.05.22	Jacqueline Eve	Duplication of paragraphs – 4.25 and 4.26. 4.26 removed.	2.0

1.0 Introduction

2.0 Purpose

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

The Monklands Replacement 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.

3.0 Membership and Quorum

3.1 Membership

Name	Function
Lesley Thomson QC	Chairperson
Colin Lauder	Director of Planning, Property & Performance
Graeme Reid	MRP Project Director
Donald Reid	Non-executive Director, NHSL Board
James Muir	Non-executive Director, NHSL Board
Nauman Dar	Non-executive Director, NHSL Board
Lilian Macer	Non-executive Director, NHSL Board
External Advisors	Function
Professor Sir Harry Burns	Professor of Global Public Health, Strathclyde University
Dr Mike Higgins	Independent Medical Advisor to the Board
Dr Julie Critchley	Director, NHS Assure
Alan Morrison	Chair, Capital Investment Group
Dr Roddy Yarr	Executive Lead Sustainability, Strathclyde University
Councillor Michael Coyle	North Lanarkshire Council

Attendees	Function
Fiona Cowan	MRP Clinical Lead, Nursing
Jacqueline Eve	MRP Business Manager

The Monklands Replacement Project Senior Responsible Officer (SRO) is the Executive Lead for the Committee. Other officers, clinicians and external advisors will be in attendance for specific items on the agenda.

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

3.2 Co-opted members

Additional members will be co-opted as required.

3.3 Quorum of Group

A minimum of 3 members of the MRC 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 MRC being absent, another member of the MRC will be designated the Chair for the meeting. Normally the Chair would arrange this in advance.

4.0 Remit of the Group

The remit of the group is to

1. To endorse the scope of the Project, including the clinical service strategy and the benefits to be realised by the development and the reference design, with appropriate stakeholder involvement.
2. To ensure that the resources required to deliver the project are available and committed.
3. To ensure appropriate governance as the Leadership Group progress through Business Case approval within defined process and thereafter the Capital Investment Group at Scottish Government.
4. To monitor and scrutinise the procurement process and appointment of the Principle Supply Chain Partner (PSCP).
5. To assure the project remains within the framework of the overall project strategy, scope, budget and programme.
6. To review and report changes to the scope of the project e.g. time, cost and quality.
7. To ensure the project is adequately prepared for external reviews e.g. Office of Government Commerce, gateway reviews and the Architecture Design Scotland, and National Design Assessment Process.
8. To promote financial governance and monies and report the adherence within the affordability parameters set out by Scottish Government and NHSL.
9. To review the risk management plan, ensuring all risks are identified; that appropriate mitigation strategies are actively applied, managed and escalated as necessary, providing assurance to the NHS Board that all risks are being effectively managed.
10. To ensure that staff, partners and service end users are fully engaged in designing operating policies that inform the detailed design and overall procedures that will apply. This in turn will inform the project agreement, i.e. ensuring that the facilities are service-led rather than building-led.

11. To ensure that the communication plan enables appropriate involvement of, and communication with, all stakeholders, internal and external, throughout the project from conception to operation and evaluation.
12. To oversee and monitor the projects interaction with the PSCP to ensure that the completed facilities are delivered on programme, within budget and are compliant with NHS Lanarkshire's corporate objectives/ requirements.
13. To ensure appropriate systems of assurance are in place in regard to the functional commissioning of the facilities and operation in respect of the new hospital.
14. To ensure the Project remains aligned with the project evaluation as set out in the business case and the post project evaluation as appropriate.

4.1 Governance & Assurance

4.2 Reporting

1. The MRC will report routinely to the Planning, Performance & Resources Committee (PPRC) following each meeting. This will be through the submission of approved Minutes of Meetings and a summary of key issues arising.
2. Decisions in relation to the Project will be made in accordance with the scheme of delegation and any decisions required to be taken at Board level will be by the full Board
3. Where a decision requires to be taken at the full Board, NHS Assure and any other specialist advisors may be invited to attend, alongside the Responsible Officers to assist the Board in making decisions at key stages. The MRC will submit to the NHS Board in May an Annual Report, encompassing: the name of the MRC; the Board Chair; members; the Executive Lead and officer supports/attendees; frequency and dates of meetings; the activities of the MRC during the year.
4. The MRC will undertake an Annual Workplan aligned with the Project programme which will be submitted along with the Annual Report. This will include improvements overseen by the Project Board; matters of concern to the Project Board, confirmation that the Project Board has fulfilled its remit and of the adequacy and effectiveness of internal control in NHS Lanarkshire.
5. The MRC will undertake an annual review of the Terms of Reference. Where the review of the Terms of Reference results in amendment, the revised Terms of Reference must be submitted to the NHS Board for approval. The MRC Annual Report will inform the submission of any appropriate assurance to the Chief Executive at the year-end, as part of the Governance Statement.

5.0 Conduct of Business

Meetings:

The procedures for meetings are:

1. The MRC will normally meet bi-monthly. The Chair may convene additional meetings or change frequency, as he/she deems necessary;
2. The MRC may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters;
3. The NHS Board may ask the MRC to convene further meetings to discuss particular issues on which they want the MRC's advice.

Agenda & Papers:

- The workplan for the year will map to the remit of the MRC;
- The agenda will be set by the Director of Planning, Property and Performance (SRO) in discussion with the MRC Chair 10 working days in advance on the meeting;
- Papers will be submitted to the Director of Planning, Property and Performance at least seven working days before the date of the meeting;
- Agenda papers will be issued to remaining members and attendees at least 6 days before the date of the meeting.

Minutes:

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

Annual Workplan:

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

Annual Report:

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

- The name of the MRC, the MRC Chair, Membership, Executive Lead and Officer support/attendees;
- Frequency, dates of meetings and attendance;
- The activities of the MRC over the year, including confirmation of delivery of the Annual Workplan and review of the Terms of Reference. Where such a review results in an amendment, a revised Terms of Reference must be submitted to the NHS Board for approval;
- Improvements overseen by the MRC;
- Matters of concern to the MRC including Risk;
- Confirmation that the MRC 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 PPRC following each meeting:

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

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

Action Log:

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

5.0 Executive Lead and Attendance

Executive Lead

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

- ◇ support the Chair in ensuring that the MRC remit is based on the latest guidance and relevant legislation;
- ◇ liaise with the Chair in agreeing a programme of meetings for the business year, as required by its remit; to oversee the development and ongoing monitoring of an Annual Workplan for the MRC 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 MRC's Remit and Workplan;
- ◇ oversee the production of an Annual Report on the delivery of the MRC's Remit and Workplan, for endorsement by the MRC and submission to the NHS Board

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

7.0 Review Date:

Terms of reference of the Monklands Replacement Project Committee will be reviewed annually.

AREA CLINICAL FORUM

ANNUAL REPORT 2022/23

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 Executive 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 2022 to 31 March 2023 as follows: -

7. Attendance of Committee Representatives

Committee represented	April 2022	June 2022	Sept 2022	Nov 2022	Feb 2023
Allied Health Professions	√	√	√	√	√
Dental	x	√	√		
Healthcare Sciences	√	√	√	√	√
Medical	√	√	√		
Nursing & Midwifery	√	√		√	√
Optometric	√		√		√
Pharmaceutical*					
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
- The Quality Strategy
- Global Citizenship
- Sustainability Strategy
- Fragility Update
- Our Health Together Strategy
- Once for Scotland Workforce Polices Consultation
- Digital Strategy
- Operation FLOW
- Staff Awards
- Draft Health & Social Care Integrated Workforce #Plan 2-22-2025
- Audit Scotland Report (2021)
- Whistleblowing Reports
- Winter Planning
- Psychological Services Staff Support Team
- 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 continued to dominate the early part of the year's discussion and the recovery efforts associated with the pandemic.

Forum members continued to be 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

three 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 2023.

The Forum was very pleased to play a significant part in the Board's deliberations around a number of emerging Plans and Strategies including the Digital Strategy, Sustainability & Climate Change Plan, and Our Health Together.

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 coming year will also see a refresh of the Hospital representation on the Area Medical Committee.

The Board Secretary continued to support the National Area Clinical Forum Chairs' meetings, until summer 2022, and the support for the National Group was taken over by National Services Scotland. This was first raised in 2020 with the Scottish Government and it was very pleasing to have this in place at the time that the Chair, Mrs Lees, stepped down as Chair of the National Group.

Meetings have continued on TEAMS but it is hoped that in 2023 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 last Annual report highlighted the impact of the introduction of a National Care Service which was causing some concern amongst members, however, little information has emerged on this topic. It will be kept on the work plan for the Forum. Recovery and renewal continues to challenge services and this is taking a significant effort on the part of all staff to recover to at least pre pandemic levels of activity, in the face of increasing demand and many years of unmet need.

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.

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 2023

AREA CLINICAL FORUM

Terms of Reference

1. Introduction

The Area Clinical Forum is constituted under ‘Rebuilding our National Health Service’ – A Change Programme for Implementing ‘Our National Health’ Plan for Action, A Plan for Change, A Framework for Reform: Devolved Decision Making: Moving Towards Single System Working and CEL16 (2010) which clearly sets out the roles and responsibilities of Area Clinical Forums and their Chairs in NHS Scotland. These documents emphasise the importance of establishing an effective Area Clinical Forum and Professional Advisory Committee structures within NHS Boards ensuring:

- Effective systematic clinical engagement is established,
- The profile and status of the Area Clinical Forum is raised, maximising the contribution clinicians of all disciplines to the planning and delivery of services harnessing their knowledge, skills and commitment to the delivery of effective and efficient healthcare.
- They play a significant role in progressing the key dimensions of the NHSScotland Healthcare Quality Strategy.

2. Remit

To support the NHS Lanarkshire Board in the conduct of its business through the provision of multi-professional advice maximising the contribution of clinicians in all aspects of the NHS Boards work. In doing so represent the integrated multi-professional view of the advisory structures for: Allied Health Professions, Dental, Healthcare Sciences, Medical; Nursing and Midwifery; Optometric, Pharmaceutical and Psychology.

3. Functions

The core functions of the Area Clinical Forum will be to support the work of the Lanarkshire NHS Board by:

- Reviewing the business of the Area Professional Advisory Committees to ensure a co-ordinated approach is achieved on clinical matters across professions and within the component parts of the organisation;
- The provision of a clinical perspective on the development of the Annual Operational Plan and the strategic objectives of the NHS Board;
- Sharing best practice and encouraging multi-professional working in healthcare and health improvement;
- Ensuring effective and efficient engagement of clinicians in service design, development and improvement playing an active role in advising the NHS Board on potential priorities for service improvement;
- Contributing, materially, to planning and development through engagement in the Achieving Excellence Programme and associated activity;
- Providing an integrated local clinical and professional perspective on national policy

issues;

- Ensuring local strategic and corporate developments fully reflect clinical service delivery;
- Taking an integrated clinical and professional perspective on the impact of national policies at local level;
- Engaging widely with local clinicians and other professionals, with a view to encouraging broader participation in the work of the Area Professional Committees.

At the request of the Lanarkshire NHS Board, the Area Clinical Forum may also be called upon to perform one or more of the following functions:

- Investigate and take forward particular issues on which clinical input is required on behalf of the Board, taking into account the evidence-base, best practice, Clinical Governance, etc; and make proposals for their resolution;
- Advise the Lanarkshire NHS Board on specific proposals to improve the integration of services, both within the local NHS systems and across health and social care.

The Area Clinical Forum will review its functions annually, in collaboration with the Lanarkshire NHS Board, to ensure that the Forum continues to be fit for purpose, reflects local circumstances and provides authoritative advice to the NHS Board on relevant matters.

4. Composition

The Forum will comprise 17 members, 2 from each professional committee (Allied Health Professions, Dental, Healthcare Sciences, Medical, Nursing and Midwifery, Optometric, Pharmacy, Psychology) and third from the Committee which the Chairperson is a member. Eight of the members will be the chairs of the professional committees. The remaining members will be appointed by each Professional Committee.

5. Deputies

In order to improve attendance at the Forum meetings any 2 members may represent the parent Committee, it is no longer restricted to the Chair or Vice Chair.

Deputies attending meetings will have voting rights.

6. Quorum

No business shall be transacted unless at least 5 of the professional committees are in attendance.

7. Term of Office

The term of office for members will, ordinarily, be 4 years, with eligibility for reappointment for a further 4 year term, subject to serving a maximum of 8 years, before a break of 2 years, beyond which, they will again be eligible to serve as members of the Forum. Individuals shall cease to be members of the Area Clinical Forum on ceasing to be members of their professional Committee.

8. Chairperson

The Chair of the Area Clinical Forum will be chosen by members of the Forum from the chairs of the professional committees, in consultation with the Chair of the Lanarkshire NHS Board. Selection of the Chair will be an open process, and all professional committee chairs may put themselves forward as candidates for the position.

Election of the Chairperson will be based on a majority of votes cast, by a set date.

The Chair of the Area Clinical Forum will, subject to formal appointment by the Cabinet Secretary for Health & Sport, serve as a Non Executive Director of the NHS Lanarkshire Board.

Membership of the Lanarkshire NHS Board is specific to the office rather than to the person. The normal term of appointment for Board members is for periods up to 4 years. Appointments may be renewed, subject to Ministerial approval.

The Appointee as Chair will serve for a period of 4 years, regardless of how long they have left to serve as Chair of their Professional Advisory Committee, provided that they remain a member of that Professional Advisory Committee.

Where the members of the Area Clinical Forum chose to replace the Chair before the expiry of their term of appointment as a member of the Board of NHS Lanarkshire, the new Chair will require to be formally appointed by the Minister as a member of the Board of NHS Lanarkshire. In the same way, if Board membership expires, and is not renewed, the individual must resign as Chair of the Area Clinical Forum, but may continue as a member of the Forum - in this eventuality, the Area Clinical Forum will appoint a new chair, in consultation with the chair of the Lanarkshire NHS Board, with that individual's nomination to the Lanarkshire NHS Board being formally submitted to the Minister.

9. Remit of the Chairperson

The Chairperson is a Non-Executive Member of the NHS Board and will be subject to the annual appraisal process for Non Executive Directors by the Chair of NHS Lanarkshire. The post holder is responsible for:

- Providing a multi-professional clinical perspective on strategy development and service delivery issues considered by the NHS Board
- Explaining the work of the NHS Board and promoting opportunities for clinicians to be involved in decision making locally
- Championing multi-professional co-operation across the clinical disciplines and providing a vital link between the NHS Board and Area Clinical Forum
- Actively participating in national arrangements to promote and develop the role of Area Clinical Forums

10. Vice Chairperson

A Vice Chairperson of the Area Clinical Forum will be chosen by the members of the Forum from among their number. Selection of the Vice Chair of the Forum will be an open process, and all members of the Forum may put themselves forward as candidates for the position.

Election of the Vice Chairperson will be based on a majority of votes cast, by a set date.

The Vice Chairperson will deputise, as appropriate, for the Chairperson, but where this involves participation in the business of the Board of NHS Lanarkshire, they will not be functioning as a

Non Executive member.

The Vice Chairperson will serve for a period of 4 years, and will be eligible for reappointment for a further 4 years, subject to serving a maximum of 8 years, before a break of 2 years, beyond which they will again be eligible to serve on the Forum.

11. Frequency of Meetings

The Area Clinical Forum will meet 5 times per annum.

12. Notice of Meetings

An annual meetings schedule will be established in March each year for the following year.

13. Agenda for Meetings

The Agenda for meetings will be set 1 week in advance of the meeting. Standing items will include updates of key issues from the professional committees, national chairs of the Area Clinical Forums, NHS Board, Achieving Excellence Programme Board, progress against the Area Clinical Forum Annual Work plan and local implementation of the NHS Scotland Healthcare Quality Strategy.

14. Annual Workplan

An annual workplan will be developed in March of each year for the following year and submitted to the NHS Board for approval in March of each year. This will cover all aspects of the Forums remit and ensure it continues to effectively fulfil its role and function as outlined in CEL16 (2010). Progress against the workplan will be reviewed at least mid year ensuring it is achieved in full.

15 Executive Director Lead (Sponsor)

The Forum and professional committees will have an identified Executive Director Lead (Sponsor). The Lead will be responsible for attending at least 3 meetings per annum.

Generally the designated Executive Lead (Sponsor) will support the Chair of the Forum in ensuring that the Forum operates according to / in fulfilment of, its agreed Terms of Reference. Specifically they will:

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

16 Attendees

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

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

17. Secretariat

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

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 Monklands Replacement Project

2. Committee Chair:

Mr Martin Hill

3. Committee Members:

Mrs L Ace, Director of Finance

Mr A Boyle, Non Executive Director

Dr J Burns, Medical Director (until 31 December 2022)

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

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

Dr C Deighan, Executive Medical Director (from 16 January 2023)

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

Mr N Findlay, Non Executive Director (until 1 December 2022)

Councillor M Coyle (from 21 June 2022)

Councillor E Logan Non Executive Director (from 21 June 2022)

Professor J Gardner, Chief Executive (from 1 December 2022)

Ms H Knox, Chief Executive (until 1 December 2022)

Mr C Lee, Non Executive Director

Mrs M Lees, Chair, Area Clinical Forum

Mrs L Macer, Employee Director

Mr B Moore, Non Executive Director

Ms L McDonald, Non Executive Director

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

Prof J Pravinkumar, Director of Public Health

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

Mrs K Sandilands, Director of Human Resources

Mr D Wilson, Director of Information & Digital Technology

5. Executive Lead;

Professor J Gardner, Chief Executive.

6. Meetings held during the year;

The Committee met 5 times during the year from 1 April 2022 to 31 March 2023 as set out below.

7. Attendance of Members;

Member	27 April 2022	29 June 2022	28 Sept 2022	30 Nov 2022	22 Feb 2023
Mrs L Ace	A	√	√	√	√
Mr A Boyle	√	√	√	√	√
Dr J Burns	√	A	√	√	
Mr P Couser	√	√	√	√	√
Councillor M Coyle		A	√	A	√
Mr N Dar	√	√	√	√	√
Dr C Deighan					√
Prof J Gardner					√
Mr E Docherty	√	√	√	√	A
Mr N Findlay	√	A	√	√	
Councillor P Kelly	A				
Councillor E Logan		A	√	√	√
Ms H Knox	√	√	√	A	
Mr C Lee	√	√	A	A	√
Mrs M Lees	√	√	√	√	√
Mrs L Macer	A	√	√	√	√
Mr B Moore	√	√	√	√	√
Ms L McDonald	√	√	√	√	√
Councillor McGuigan	√				
Mr J Muir	√	A	A	√	√
Prof J Pravinkumar	√	A	A	A	√
Dr L Thomson	√	√	A	√	A
Mr D Reid	√	√	A	√	√
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
- 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, and ongoing assurance
- Achieving Excellence / Our Health Together
- Service Pressures

- Operation FLOW
- Personal Independence Payments – submission of tender
- 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
- Service Remobilisation
- Sustainability and Climate Strategy
- Annual Fire Safety Report
- Internal Audit Reports
- Annual SCART (Statutory Compliance Audit and Risk Tool) Report
- Workforce Reports
- Medical Education & Training Update
- Soft FM services at University Hospital Wishaw
- eHealth Strategy Annual Report
- Resilience Annual Report
- Laboratory Managed Services Contract
- Mental Health Hospital Based Complex Care
- Child & Adolescent Mental Health Services Improvement Plan
- National Treatment Centre – Strategic Agreement
- Workplan - the workplan was reviewed at each meeting
- 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.

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 and service remobilisation.

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.

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.

10. Matters of concern to the Committee:

In previous Reports, the principal area of concern for the Committee has been the substantial financial challenge in meeting efficiency savings targets, at a time when its strategic aspirations, reflected in the

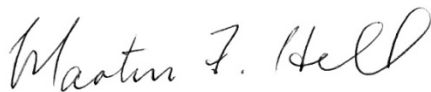
development of 'Our Health Together', and remobilising services post Covid, had never been greater.

The cost pressures brought about by continuing to provide covid related activity (such as the vaccination programme) without the same levels of national funding were also of concern to the Committee.

The demand on the whole system is of concern to the Committee, but Members were heartened by the close working relationships between all parties in the Health Board, and the Local Authorities, and Community Planning Partnership, and other key statutory partners, such as the Scottish Ambulance Service, and in particular would wish to highlight the success of Operation FLOW, in bringing about reduced levels of pressure across the system in February / March 2023, albeit these improvements have been difficult to sustain.

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. Based on assurances received and information presented to the Committee, adequate and effective arrangements were in place throughout the year, and the Workplan was reviewed at each meeting.



Mr M Hill
Committee Chair

April 2023



Professor J Gardner
Executive Lead

<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 • Provide assurance for the Monklands Replacement Project
<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 draft 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 annual 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
- A performance report on the progression of the Annual Delivery Plan
- A report on risk management activity.
- An updated workplan showing achievement to date
- Draft Minutes form the Monklands Replacement Project Governance Committee

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 April 2023
Ratified Lanarkshire Board:	by NHS	31 May 2023
Review Date:		April 2024