

NHS Greater Glasgow and Clyde

NHS Board Meeting

23 June 2015

Board Paper No: 15/36

Head of Board Administration

NHS Greater Glasgow and Clyde – Annual Review of Governance Arrangements – Update

Recommendation:

The NHS Board is asked to:

Approve the remit and membership of the Acute Services Committee (Appendix 2); the membership of the Area Clinical Forum (Appendix 5) and note the officers authorised to sign on behalf of Scottish Ministers in relation to signing matters relating to the acquisition, management and disposal of land.

BACKGROUND

At the April 2015 NHS Board meeting, the NHS Board approved the corporate governance arrangements for 2015/16 in relation to Standing Orders, standing Committee remits and memberships and associated matters. In addition it had been agreed to bring back to the June NHS Board meeting the arrangements for the new Acute Services Committee (replacing the former Quality and Performance Committee with a Committee with an Acute Services focus); the updated membership of the Area Clinical Forum following the Professional Advisory Committee elections and the election of a Chair of the Area Clinical Forum and the SHGD approved authorised signatories for signing on behalf of Scottish Ministers in relation to property transactions.

i) Acute Services Committee

Remit and membership attached (Appendix 2)

With the organisational changes not taking effect until 1st June 2015, the Quality & Performance Committee was retained until 31 May 2015 and it was agreed to thereafter establish an Acute Services Committee to replicate the role and functions of Integrated Joint Boards (IJBs) for Health & Social Care Partnerships for scrutiny, governance and performance monitoring the services within the Acute Services Division.

The remit and membership of this new Committee has been discussed at Away Sessions with NHS Board Members and also at the Quality & Performance

Committee meetings in January and May 2015. Issues of Board-wide performance and safety issues will be reported to the NHS Board. Once the remit and membership has been approved, it is intended to hold the first meeting of the Acute Services Committee on Tuesday 30 June 2015.

ii) Area Clinical Forum (Appendix 5)

No changes were proposed this year to the remit and the updated Membership is attached for approval. Dr Heather Cameron was again appointed Chair for another two years.

By way of background, in terms of the Membership of the Area Clinical Forum, the Professional Advisory Committees undertake their elections for Chairs and Vice Chairs for their respective Committees in March/April. Once the appointments are made, the Chairs and Vice Chairs are then automatically members of the Area Clinical Forum. It then holds its own election of Chair (who becomes a Non Executive Member of the NHS Board subject to Ministerial approval) and Vice Chair at its June 2015 meeting.

iii) Shadow Integrated Joint Boards

All the six Schemes of Establishment were submitted to SGHD and all but one has been approved. Of the five approved each will now arrange to hold their first formal meeting and appoint a substantive Chief Officer and commence the process to develop their Strategic Plan for approval. Glasgow are working towards amending their Scheme of Establishment for re-submission to SGHD for approval.

Authorised Signatories

In terms of authorisation by Scottish Ministers to officers of NHS Greater Glasgow and Clyde in relation to signing matters relating to the acquisition, management and disposal of land SGHD was asked to approve an up-dated list of senior Directors and the following positions have been authorised to sign on behalf of Ministers:-

Chief Executive
Director of Finance
Director of Planning and Policy
Chief Officer – Acute Services Division

Conclusion

Revised Standing Financial Instructions will be submitted to the NHS Board for approval at its August 2015 meeting. The NHS Board is asked to give consideration to the recommendations on Page 1 of this report.

John C Hamilton
Head of Board Administration
June 2015
0141-201-4608

Acute Services Committee

(1) Objective

The Acute Services Committee will replicate the role and functions of Integrated Joint Boards (IJBs) for Health and Social Care Partnerships for scrutiny, governance and strategic direction for Acute Services; covering the functions below -

- The quality of services delivered to patients;
- Effective patient safety and governance systems;
- Delivery of Corporate Objectives, including those set out in the Local Development Plan as agreed with Scottish Government Health Directorates;
- Financial Planning and Management;
- Staff and patient focused public involvement;
- Ensuring that learning from performance issues drives improvement.

The areas of clinical governance, patient safety, quality and finance have been integrated in reporting terms and there is a focus on organisational change and capability for improvement.

(2) Remit

A Quality

- a) Taking an integrated approach to the key responsibilities within Acute Services of quality, patient safety, patient experience and financial planning and decisions.
- b) Endorsing system-wide guidance on the Policy Framework for quality and reviewing the performance measures for quality within Acute Services in line with the National Quality Strategy and locally agreed priorities.
- c) Being satisfied that quality improvement is carried out within Acute Services in a way which promotes equality, tackles discrimination and addresses health inequalities.
- d) Providing assurance on the actions taken within Acute Services to conform to the Participation Standard Self-assessment and Action Plans.

B Clinical

- a) Provide assurance and an appropriate oversight of the systems for monitoring and development are in place within Acute Services and which ensures that clinical governance and clinical risk management arrangements are working effectively to safeguard and improve the quality of clinical care.

- b) The establishment of clear lines of responsibility and accountability within Acute Services and via the Framework for Service Delivery for HSCPs for the overall quality of care and all reasonable steps are in place to prevent, detect and rectify irregularities or deficiencies in the quality of care provided.
- c) Endorsing the Clinical Governance Strategy and Development Plan and Annual Clinical Governance Assurance Statement to the NHS Board as part of the Internal Control Statement, as per the Duty of Quality set by The Health Act, 1999.
- d) Ensuring that the recommendations made by the Scottish Public Services Ombudsman for Acute Services are implemented.
- e) The minutes of the Clinical Governance Forum will be submitted to the Acute Services Committee (and IJBs) for noting.

C Organisational Performance

- a) Ensuring a co-ordinated approach to the management of performance improvement across all aspects of the Acute Service's responsibilities and activities consistent with Corporate Objectives, HEAT targets, locally-based targets and priorities.
- b) Development of the Acute Services aspects of the Local Delivery Plan for NHS Board approval and oversight of implementation.

D Resources

- a) Monitor in-year financial performance of revenue resources within Acute Services at agreed frequency of reporting and where necessary, exception reporting.
- b) Monitor in-year financial performance of capital resources within Acute Services at agreed frequency of reporting and where necessary, exception reporting.

E Involving People

- a) Monitor through the receipt of Reports from Acute Services activities in connection with the person-centeredness approach and oversee the patient's experience initiatives, complaints/feedback arrangements and monitoring of SPSO recommendations within Acute Services.
- b) Monitor and evaluate the implementation of the Spiritual Care Policy within Acute Services through the receipt of an Annual Report.
- c) Oversee the West of Scotland Research Ethics Service responsibilities in managing the West of Scotland Research Ethics Committees through the receipt of an Annual Report.

F Capital Projects

Carry delegated authority from the NHS Board for individual Acute Services schemes within the approved Capital Plan as follows:

- i) Capital Planning Group to review the process of individual schemes over the value of £1.5m prior to submission to the Acute Services Committee for approval;
- ii) Approval of individual schemes covering the value of £1.5m - £5m: an Initial Agreement and followed by a business case would be required to be submitted for Acute Services Committee's approval;
- iii) Approval of individual schemes covering the value of above £5m: an Initial Agreement, an outline business case followed by a full business case would be required to be submitted for approval;
- iv) Capital Planning Group to review the process of individual IM&T schemes over the value of £1.5m: prior to submission to the Acute Services Committee for approval;
- v) Approval of individual IM&T schemes covering the value over £1.5m: an Initial Agreement followed by a full business case would be required to be submitted for approval. Where approval is over £2m an outline business case will also be required for approval;
- vi) The above approval stages in implementing agreed NHS Board Strategies include where business cases are required to be submitted to SGHD for approval (usually above £5m).

G Property Matters

Delegate to the Property Committee the responsibility to manage the NHS Board's and Endowments property holdings to include:

- a) Maintenance of a Property Strategy;
- b) Appointment of property agents and property advisers/consultants;
- c) Approval of NHS Board's Strategy for investment in GP practices.

Approval of all property transactions (acquisitions, disposals – including leases) as follows:

- a) Annual lease/rentals;
- b) Property disposals/acquisitions.

The Capital Planning Group and Property Committee Minutes will be submitted to the Acute Services Committee for noting.

(3) Composition

- a) The Acute Services Committee will comprise the Convener and 15 Non-Executive Members of the NHS Board.
- b) The Acute Services Committee will normally meet on a 2-monthly cycle and more frequently, if required.
- c) All NHS Board Members who are not a member of the Acute Services Committee will receive a copy of the agenda and papers for information.
- d) The Acute Services Committee will request the attendance of those officers of the NHS Board it requires in order to conduct its business effectively and efficiently.
- e) The quorum for meetings of the Acute Services Committee should be one-third of the membership.
- f) The Chair and Vice Chair of the NHS Board, together with the Chief Executive, have delegated responsibility to collectively deal with urgent matters between meetings which are covered by the Acute Services Committee remit and to report to the next available meeting such matters dealt with using this delegation and seek the Acute Services Committee's endorsement to the actions/decisions taken.
- g) The Acute Services Committee powers do not take away the responsibilities of the NHS Board for taking executive action.

The Minutes of the Acute Services Committee will be prepared by the Head of Board Administration (or authorised nominee) and will be submitted to the NHS Board for information.

(4) Membership (16 Non Executive Members)

- I Lee – Chair
- I Fraser
- M Brown
- Cllr Rooney
- Cllr McIlwee
- D Sime
- Cllr Cunning

- Cllr Lafferty
- Cllr Macmillan
- H Cameron
- A Dominiczak
- A MacLeod
- Cllr O'Donnell
- R Finnie
- R Micklem
- D Lyons

John C Hamilton
Head of Board Administration
0141-201-4608

17 June 2015

ACF MEMBERS AS AT JUNE 2015

<u>Committee</u>	<u>Chair</u>	<u>Term of Office</u>	<u>Vice Chair(s)</u>	<u>Terms of Office</u>
AMC	Andrew McMahon	1 April 2015 - 31 March 2017	Alistair Taylor	1 April 2015 - 31 March 2017
ADC	Yas Aljubouri David McColl	1 April 2015 - 31 March 2017	Not applicable	1 April 2015 - 31 March 2017
APC	Audrey Thompson	1 April 2015 - 31 March 2017	Douglas Malcolmson Joan Miller	1 April 2015 - 31 March 2017
AOC	No appointment	1 April 2015 - 31 March 2017	No appointment	1 April 2015 - 31 March 2017
AN&MC	Kathy Kenmuir	1 April 2015 - 31 March 2017	Julie Tomlinson	1 April 2015 - 31 March 2017
AAHP&HCSC	Heather Cameron	1 April 2015 - 31 March 2017	Samantha Flower	1 April 2015 - 31 March 2017
Advisory Committee in Clinical Psychology	Fiona Alexander	1 April 2015 - 31 March 2017	Audrey Espie	1 April 2015 - 31 March 2017

Chair	:	Heather Cameron 1 April 2015 – 31 March 2017
Vice Chair	:	Fiona Alexander 1 April 2015 – 31 March 2017
Secretary	:	Shirley Gordon, Secretariat Manager

By Invitation – Board Officers

Robert Calderwood	Chief Executive
Jennifer Armstrong	Medical Director
Rosslyn Crocket	Nurse Director
Linda de Caestecker	Director of Public Health
Andrew Robertson	Chairman
John C Hamilton	Head of Board Administration