

**NHS BOARD COMMITTEE  
ANNUAL REPORT 2009-2010**

**Name of Committee:**

North Lanarkshire Community Health Partnership Operating Management Committee

**Committee Chair:**

Mr John Anning, Non Executive Director NHSL

**Committee Members:**

Mr David Clark, Non Executive Director NHSL  
Non Executive Director, Greater Glasgow and Clyde (by Standing Invitation)

**Officer Attendees**

Mr Colin Sloey, Director of North Lanarkshire CHP  
Mr Duncan Mackay, Head of Social Work Development (NLC)  
Mr Stephen Kerr, Head of Planning and Performance  
Mrs Fiona Porter, Deputy Director of Finance (Acting)  
Mr David Boyd, Staff Side Representative  
Mr Kenny Small, Director of Organisational Development  
Dr Philip McMenemy, Associate Medical Director (Primary Care)  
Mrs Anne Armstrong, Divisional Director of Nursing (Primary Care)  
Mr Bob Smith, Public Partnership Representative  
Mr Felix Mulholland, Public Partnership Representative  
Ms June Vallance, Public Partnership Representative  
Ms Ann Teale Public Partnership Representative (Carers)  
Dr A Langa, Acting Associate Medical Director (Mental Health/ Learning Disabilities)  
Mrs Mary Castles, Director of Housing and Social Work, NLC  
Dr Tasmin Sommerfield, Public Health Consultant  
Mrs Marion Mark, General Manager (Acute Division)  
Non Executive Director, Greater Glasgow and Clyde (by standing invitation)  
Ms Christine Jack (Committee Secretary)  
Ms Pam Milliken (Clinical Governance/Risk Management)  
Mr Graeme Walsh (Complaints/Claims)  
Mr Calvin Brown (Communications)

**Meetings held during the year**

Meetings are held bi-monthly and have all been quorate: 1<sup>st</sup> April 2009, 10<sup>th</sup> June 2009, 5<sup>th</sup> August 2009 4<sup>th</sup> November 2009, 2<sup>nd</sup> December 2009, 20<sup>th</sup> January 2010, 25<sup>th</sup> March 2010. An additional development event was held on Long Term Conditions and the OMC also visited the newly opened Bellshill Community Clinic.

**The work of the Committee during the year:**

The Operating Management Committee is a governance committee of NHSL with a specific remit for overseeing the performance of services managed within North Lanarkshire CHP.

The Committee has an established agenda covering Planning, Performance and Governance and monitors performance against the goals and targets set out within:

1. Corporate Objectives
2. Local Delivery Plan
3. Single Outcome Agreement
4. Service Strategies for all community care groups

Over the last year, reports and discussions have been held on the following issues:

### Planning

The Committee discussed and agreed the provisions of the Single Outcome Agreement for North Lanarkshire as they were developed. Progress against delivery has been the subject of ongoing review. The Clyde Valley Review report has also been noted at the Committee and will be the subject of further consideration in the coming year. Work continues on the development of Locality Delivery Plans.

The Committee considered the Director of Public Health Report 08/09 and received a presentation on the most up to date information contained within the Health and Wellbeing profiles produced by ScotPHO. The data emerging from these reports was discussed in terms of addressing the health inequalities agenda. While good progress was noted via a number of initiatives including Keep Well, Equally Well and the work being taken forward by the Alcohol and Drug Partnership agenda, significant challenges remain.

Development and implementation of service strategies including Mental Health, Learning Disabilities, Alcohol and Drug Partnership, Long Terms Conditions, Stroke MCN and Optometry have all featured on the Committee Agenda and progress will be reviewed under the workplan for the coming year.

### Performance Management

A standard reporting structure is maintained within the Committee on a range of Performance Measures as follows:

Waiting Times, Capacity Planning, Community Care Performance and Locality Performance Framework. Progress against Health Improvement targets has also been monitored closely.

Financial performance has been subject to increasing scrutiny and regular reports are received on the NHSL, CHP and individual Locality financial positions. Details on the progress of the CRES projects being managed by the CHP CRES Programme Board have been monitored and a separate presentation on Prescribing was received by the Committee.

The report from the Divisional Director of Nursing has highlighted the various HAI work streams and positive reports by internal/external auditors have been received.

The PPF members have been directly involved in some of the audits. Regular updates and a presentation have been considered on Child Protection and preparation of the forthcoming HMIE inspection.

The Committee has been encouraged by the progress in Human Resource reports with the implementation of eKSF, Absence Management arrangements, Workforce Planning, Recruitment and vacancy management, Employee Relations and Equality and Diversity. North Lanarkshire CHP has achieved particularly good progress in eKSF and in effectively managing sickness absence rates.

Ongoing Operational Issues have been monitored closely within the OMC including management of Pandemic Flu and Vaccination programme during the earlier part of last year. Capital projects for the Kirklands Assessment Unit, Complex Needs Units at Caird House and Coathill, Buchanan Centre and Airdrie Community Health Centre have been progressing well. Outcomes and feedback from visits by the Mental Welfare Commission, QIS, Mental Health Delivery Unit and MSPs have all been noted and further action discussed.

#### Governance/Assurance Items

Standing agenda items include reports on the following:

Communications updates on media campaigns, controversial issues, Freedom of Information requests and compliance

Clinical Governance and Risk management - updates on Quality Strategy, Clinical Governance and Risk Management workplans and Clinical Governance/Risk Management Strategy implementation

Information Governance updates on compliance with information governance policies and procedures, local audits and work overseen by the Information Governance Committee.

Quarterly Complaints and Claims reports are reviewed and compliance against response times noted.

Feedback reports from external assessors and visitors e.g. NHS QIS, HMIE, Mental Welfare Commission and MSPs have been noted and progress against attendant action plans are followed to promote service improvements.

Minutes of meetings from the Health and Care Partnership Board, South Lanarkshire CHP OMC and the Acute Division OMC are noted at each meeting.

#### Improvements overseen by the Committee:

Overall the Committee is pleased to note the progress made by North Lanarkshire CHP in relation to Heat targets and corporate objectives over the last year. The contributions of all staff during the period of Pandemic Flu has been recorded formally at OMC meetings as has the achievements in reducing sickness absence rates and delivery of CRES programmes.

In particular, the Committee has been proactive in overseeing the following developments;

#### Capacity Planning Tool

Development of a comprehensive workforce capacity planning tool that allows waiting times to be predicted based on a number of variables including staff availability and referrals patterns. This allows managers to proactively manage waiting times by responding early to predicted issues and managing resources accordingly.

#### PFPI Engagement

Development of Operational Guidance on consultation with PPF Representatives has helped to manage the demands on public representatives' time to achieve best value from their inputs. Further development events have been held to support the work of the PPFs and the implementation of CEL 4 (2010).

#### Waiting Times Performance

Improvements in waiting times performance has been noted in a number of areas including dietetics, CAMHs and paediatrics.

#### Matters of concern to the Committee

Overall the Committee is working well with good stakeholder participation. We would however like to improve the engagement with young people. Despite early contact with key groups the Committee has been unable to secure regular youth representation through attendance at its meetings. The Committee has worked in partnership with the PPF to seek alternative and more meaningful ways to engage with young people and is currently exploring the possibilities of social networking sites.

Similarly, due to specific circumstances, carer and voluntary sector representation has been patchy over 2009/10 and we are taking steps to ensure that this is restored to capacity in the year ahead.

A specific concern has also been raised about Non Executive numbers – It had been agreed that the NHS Greater Glasgow and Clyde Non Executive Director would not require to attend meetings but an open invitation has been in place. While in practice this has never been a problem there remains a risk that without a third Non Executive Director, in keeping with other similar NHSL Committees, the CHP Committee may not always be quorate.

On planning and performance there is one particular area of emerging concern - The ability to deliver planned savings identified against the Prescribing Budget. While significant progress has been made by successive successful initiatives in reducing the unit cost of prescription drugs, upward pressures in volume and demand present a significant challenge which will be the subject of close attention by the Committee in the coming year.



## **NHS Lanarkshire & NHS Greater Glasgow & Clyde**

### **COMMUNITY HEALTH PARTNERSHIPS**

#### **Terms of Reference**

#### **North Lanarkshire CHP Operating Management Committee (Performance Management)**

##### **1. Membership:**

- Non-Executive Director NHSL – Chair
- Non-Executive Director NHSL – Deputy Chair
- Non-Executive Director – NHS Greater Glasgow & Clyde
- Director of North Lanarkshire CHP
- Deputy Director of Finance
- Acute Division Representation
- Associate Medical Director – Primary Care
- Associate Medical Director – MH & LD
- Divisional Director of Nursing – Primary Care
- Divisional Director of HR – North Lanarkshire CHP
- Head of Planning & Performance
- Public Health Consultant
- Local Authority Representation
- Staff Partnership Representation
- Carer Representation
- Public Representation (selected from the North PFPI Reference Group)
- Voluntary Sector Representation
- Youth Representation

The Committee will reserve the right to invite additional members relevant to the specific Agenda items being covered. A full list of current membership is attached in Appendix 1.

## **2. Remit**

The Operating Management Committee will be responsible for monitoring the performance of services managed within North Lanarkshire CHP including hosted services. The Operating Management Committee will operate as a Standing Committee of both NHS Lanarkshire and NHS Greater Glasgow and Clyde Boards. Working within the framework of policies, strategies and priorities determined by the Boards and their partners both nationally and locally, the role of the Committee will be to monitor performance and hold to account the CHP and its member localities against the goals and targets set out within:

- Corporate Objectives
- The Local Delivery Plan
- The Joint Health Improvement Plan
- Service Strategies for all Community Care Groups
- Community Plans

The Committee will develop internal performance management and reporting systems to ensure a comprehensive monitoring structure is in place to ensure that risk areas are identified and remedial action plans implemented.

The Committee will also ensure that all financial targets are being achieved and will monitor expenditure against partnership funds and projects.

### **Governance Role**

The Committee will perform a Governance Role in respect of activities associated with:

- Patient services including Complaints Management
- Clinical Effectiveness
- Risk Management

## **3. Conduct of Business**

- Meetings will be held bi-monthly
- The Committee will reserve the rights to call extra meetings as appropriate
- Meetings will be deemed quorate when a minimum of one Non-Executive, one Director and six other members are in attendance. Named Deputies may attend by exception.
- The Agenda and accompanying papers will be issued to members one week in advance. The Chair will set the Agenda with the support of the CHP Director. Progress reports will be submitted in accordance with an agreed Reporting Schedule. Copies of the Agenda and associated papers will be copied to all members of the PFPI Reference Group.
- All meetings will be minuted and copies circulated to members within one week of the meeting being held. Approved minutes will be submitted to Lanarkshire and Greater Glasgow and Clyde NHS Boards and will be published on the NHS Lanarkshire Internet.

Members wishing to raise Agenda items should forward them to the Director to comply with this timescale.

- The office of the CHP Director will provide secretarial support to the Committee.
- An annual programme of Committee meetings will be agreed
- An Annual Report will be produced and submitted to the NHS Board.

## **Operating Management Committee Membership**

Non Executive Director – NHSL – Chair	-	John Anning
Non-Executive Director – NHSL – Deputy Chair	-	David Clark
Non-Executive Director – NHS Greater Glasgow & Clyde	-	<i>Open Invitation</i>
Director of North Lanarkshire CHP	-	Colin Sloey
Depute Director of Finance	-	John York
Acute Division Representation -	-	Judith Hope
Associate Medical Director	-	Philip McMenemy
Associate Medical Director – MH & LD	-	Arturo Langa
Divisional Director of Nursing – Primary Care	-	Anne Armstrong
Divisional Director of HR – North Lanarkshire CHP	-	Kenny Small
Head of Planning & Performance	-	Stephen Kerr
Public Health Consultant	-	Jennifer Darnborough
Local Authority Representation	-	Mary Castles & Duncan MacKay
Staff Partnership Representation	-	David Boyd
Carer Representation	-	Margaret Moncrieff
Public Representation (selected from the North PFPI		
Reference Group	-	Bob Smith & Felix Mulholland
Voluntary Sector Representation	-	June Vallance
Youth Representation	-	Fiona Beaton

**NHS BOARD COMMITTEE  
ANNUAL REPORT 2009-2010**



**Name of Committee: South Lanarkshire Community Health Partnership  
Operating Management Committee**

**Committee Chair: Mrs Neena Mahal - Non-Executive Director NHSL**

**Committee Members:**

Margaret Nelson – Non-Executive Director NHSL – (Deputy Chair)  
Cllr James Handibode - Non-Executive Director NHSGG&C

**Officer Attendees:**

Alan Lawrie -	Director of South Lanarkshire CHP
Harry Stevenson -	Director of Social Work, South Lanarkshire Council
Fiona Porter -	Depute Director of Finance
Ruth Hibbert -	Divisional Director of HR
Dr Chris Mackintosh -	Associate Medical Director
Frances Leckie -	Associate Director of Nursing – Primary care
Peter McCrossan -	Associate Director of AHPs
Dr Lesley Armitage -	Consultant in Public Health Medicine
Craig Cunningham -	Head of Planning and Performance
Marion Mark -	Acute Operating Division Representative
Mary Samson -	Staff Partnership Representative
Robert Anderson -	South Lanarkshire Carers Network
Irene Miller -	South Lanarkshire PPF
John Mitchell -	South Lanarkshire PPF
Joyce Mouriki -	Voluntary Sector Representative
Jayne Miller -	Support Services Manager
Jennifer Halyburton -	Secretariat
Graeme Walsh -	Complaints Manager
Calvin Brown -	Communications Officer

**Meetings held during the year: 6**

1 June 2009  
24 August 2009  
5 October 2009  
30 November 2009  
25 January 2010  
29 March 2010

In addition to the regular meetings, there were 2 workshops held on 24 August 2009 and 6 October 2009, to allow Committee Members opportunities to have more in depth consideration of issues around Improving Health in Partnership, the work of the Long Terms Conditions Collaborative and the principles and outcomes derived from Care Management.

### **The Work of the Committee during the year:**

There is a range of standing items on each agenda to allow the Committee, and in particular, Non-Executive Directors of NHS Lanarkshire and NHS Greater Glasgow & Clyde, to review the performance of the CHP management team across a range of Corporate, Financial and Clinical Governance areas. Standing items include : -

Financial Performance – assessing budgetary performance across the full range of expenditure headings and assessing progress against financial targets/efficiency savings.

Workforce Performance – assessing vacancy levels, sickness absence reporting, the use of bank/overtime staffing and comparisons of performance in each of these areas against other parts of NHS Lanarkshire and national targets.

Clinical Governance – receiving reports on H1N1 preparations and subsequent implementation of plans, the proposed revisions to the clinical governance arrangements in support of the new NHS Scotland Quality Strategy, regular nursing reports and also complaints/Ombudsman's reports – highlighting any issues of significance and respective corrective actions.

Corporate Performance – receiving reports on HEAT targets and respective waiting time reports. In particular, the Committee received these in a 'traffic light' arrangement with more detailed information being provided on those targets marked red/amber and the respective action plans/trajectories in place to ensure achievement of the target to the respective timescale. This is in keeping with the 'balanced scorecard' methodology and reporting of HEAT targets as part of the annual accountability review process. The Committee also receives a regular 'Communications' report, highlighting any issues of public interest, press coverage or MSP Parliamentary Questions.

The Committee also receives reports and updates on Joint Services arrangements with South Lanarkshire Council and others, covering areas such as the Single Outcome Agreement, Health and Care Partnership working, South Lanarkshire Carers' Strategy, and the South Lanarkshire Public Partnership Forum 'Working Agreement'. As well as the Director of Social Work of South Lanarkshire Council being a member of the Committee, so too is the Convenor of the Social Work Committee, Cllr Handibode. This arrangement ensures maximum opportunity is identified for joined up approaches with Council colleagues in meeting the shared challenges of health and social care provision.

As well as these standing items, various topics were considered as part of presentations to the Committee or papers brought by officers to update on a particular issue. These are listed below in order of their sequential appearance on agendas over the course of the year and cover areas of planning, performance, and governance.

Equality, Diversity and Spirituality  
Carers Information Action Plan  
Equally Well  
Blake Stevenson CHP Evaluation  
Plans for the Re-provision of MRU Uddingston  
e-health Update(s)  
Demonstration of NHSL Website  
Information Governance – Status Report on FOI (Freedom of Information)  
Care Homes Contract Update  
nGMS Quality and Outcomes Framework Presentation  
The Annual report of the Director of Public Health  
Clinical Governance Workplan  
CHP Management Reorganisation  
The Role of Optometry in Shifting the Balance of Care  
Prescribing Action Plan

In addition, the Committee received regular copies of minutes from the various committees and groups listed below with the subsequent opportunity to consider/comment/raise questions on the same.

Staff Partnership Forum  
South Lanarkshire PPF  
Health and Care Partnership  
Lanarkshire Data Sharing Partnership  
North Lanarkshire CHP OMC  
Lanarkshire Acute OMC  
Information Governance

#### **Improvements overseen by the Committee:**

Items of particular note during 2009/10 were the development of the South Lanarkshire Single Outcome Agreement; the preparation for and subsequent enactment of plans associated with the management of Influenza H1N1 – including mass vaccination; e-health developments which could have far-reaching advantages across the entire health system; selection as one of the six CHPs in Scotland to participate in the second stage of the Blake Stevenson ‘Study of Community Health Partnerships’; and the development of CRES savings to meet the current financial challenges – chief of which were the development of the Prescribing Action Plan and the reorganisation of CHPs thereby releasing significant sums from the CHP’s management costs.

**Matters of concern to the Committee:**

There have been no specific matters of concern to the Committee in the past year. However, in recognising the forthcoming significant financial and subsequent organisational challenges, the work plan for the coming year will focus on

- progress against financial targets – including those associated with hosted services;
- clinical governance topics;
- further opportunities to develop closer working with Council/Social Work colleagues to maximise efficiency - with a view to reflecting opportunities arising from the SOA and Clyde Valley Review; and
- on-going review of performance against the NHS Lanarkshire Local Delivery Plan and Corporate Objectives.

The Committee will also receive a copy of, and update on, the CHP Risk Register and respective mitigating actions associated with reducing the risk in each of the areas highlighted above.



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- Acute Division Representation
- Associate Medical Director – Primary Care
- Associate Director of Nursing – Primary Care
- Associate Director of Nursing and AHPs NHSL
- Divisional Director of HR – South Lanarkshire CHP
- Head of Planning & Performance
- Public Health Consultant
- Local Authority Representation
- Staff Partnership Representation
- Carer Representation
- Public Representation (Chair and Vice Chair of South Lanarkshire Public Partnership Forum)
- Voluntary Sector Representation
- Support Services Manager South Lanarkshire CHP (secretariat)

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**Operating Management Committee  
Membership**

Non Executive Director – NHSL – Chair	-	Neena Mahal
Non-Executive Director – NHSL – Deputy Chair	-	Margaret Nelson
Non-Executive Director – NHS GG&C	-	Cllr James Handibode
Director of South Lanarkshire CHP	-	Alan Lawrie
Depute Director of Finance	-	Fiona Porter
Acute Division Representation -	-	Judith Hope
Associate Medical Director	-	Dr Chris Mackintosh
Associate Director of Nursing – Primary Care	-	Frances Leckie
Associate Director of Nursing and AHPs NHSL	-	Peter McCrossan
Divisional Director of HR – South Lanarkshire CHP	-	Ruth Hibbert
Head of Planning & Performance	-	Roy Watts
Public Health Consultant	-	Lesley Armitage
Local Authority Representation, Director of Social Work	-	Harry Stevenson
Staff Partnership Representation	-	Mary Samson
Carer Representation	-	Robert Anderson
South Lanarkshire Public Partnership Forum	-	John Mitchell & Irene Miller
Voluntary Sector Representation	-	Joyce Mouriki
Support Services Manager (secretariat)	-	Jayne Miller

NHS BOARD COMMITTEE  
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**Name of Committee:**      **Equality, Diversity and Spirituality (EDS)  
Governance Committee**

**Committee Chair:**      **Sandra Smith – Non-Executive Director ( Chair )**

**Committee Members:**

**Bill Sutherland – NHSL Vice Chairman & Non Executive Director**  
**Neena Mahal – Non Executive Director**  
**Eddie McAvoy – Non Executive Director**  
**Jim McCabe – Non Executive Director**

**Officer Attendees:**

**Tim Davison – Chief Executive**  
**Alison Graham – Medical Director**  
**Paul Wilson – Director of Nursing**  
**Kenneth Small – Director of Organisational Development**  
**Shona Welton – Head of Patient Affairs**  
**Hina Sheikh – Equality and Diversity Development Manager**  
**Bob Devenny – Head of Spiritual Care**  
**Josephine Donaghy - PFPI**  
**Representative – Public Health**

**Meetings held during the year:**

**1<sup>st</sup> April 2009** (originally 23<sup>rd</sup> March 2009)  
**23<sup>rd</sup> June 2010** (rescheduled to 19<sup>th</sup> June 2010 then cancelled)  
**15<sup>th</sup> September 2009**  
**17<sup>th</sup> November 2009** (originally 15<sup>th</sup> December 2009)  
**23<sup>rd</sup> March 2010**

**The Work of the Committee during the year:**

- **Single Equality Scheme** : The Committee sponsored a significant and groundbreaking piece of work which resulted in the development and publication of an integrated Single Quality Scheme which articulates the Board's understanding and commitment across all strands of the equalities agenda. The Scheme includes an Action Plan for 2010/11 which the EDS Committee will adopt as their annual plan for 2010/11.

- **Clinical Governance and Risk Management QIS Review** : The Committee exercised oversight of the preparation and presentation of work which resulted in the successful outcome of Level 3 rating for the Board's equality and diversity work.
- **Spiritual Care** : The Committee supported and influenced the review and re-launch of the Board's Spiritual Care Policy and the related ongoing achievement of progress in delivery of the Board's vision for spiritual care provision for patients, carers, relatives and staff.
- **Staff Development** : The Committee encouraged and monitored ongoing investment in the delivery of staff training and development in equality and diversity linked to the Agenda for Change Knowledge Skills Framework, and in the continued roll out of the NHS Lanarkshire model of Diversity Champions in the workplace.

#### **Improvements overseen by the Committee:**

- ISD Patient Ethnicity Data Collection : NHS Lanarkshire became the top performing NHS Board in Scotland in 2009/10 for the capture and recording of ethnicity data for inpatients and outpatients.
- Successful achievement of 250 + fully trained and supported Diversity Champions in the NHS Lanarkshire workplace.
- Establishment of the Lanarkshire Equalities Network and the resultant opportunities for joint and shared work with the Local Authorities, Strathclyde Police, Strathclyde Passenger Transport and Voluntary Sector.
- Introduction of a model of spiritual care, increasingly meeting the needs of patients, carers, relatives and staff on a 24/7 basis.

#### **Matters of concern to the Committee:**

- Meeting the challenge of mainstreaming the equality, diversity and spirituality agenda in the thinking and work programmes of senior and middle managers.
- Embedding Equality Impact Assessment as routine practice in the development of strategy, policy, service re-design etc. Ensure that those concerned have the necessary knowledge, skill and, where necessary, support to undertake and accept influence from the equality impact assessment work.



## **NHS LANARKSHIRE EQUALITY, DIVERSITY AND SPIRITUALITY COMMITTEE**

### **TERMS OF REFERENCE**

#### **Role of the Committee**

To provide strategic leadership and ensure the effective discharge of Corporate Governance by NHS Lanarkshire in the areas of Equality, Diversity and Spirituality.

This will be achieved by mainstreaming the equality, diversity and spirituality agenda throughout all areas of health improvement, healthcare and employment practice activity.

The Committee will promote the effective development and implementation of Policy on behalf of the Board of NHS Lanarkshire to :

- ❖ Eliminate discrimination, value diversity and ensure equality of care, treatment and access to services which are appropriate and sensitive to individuals needs.
- ❖ Recognise and promote the importance of spiritual care in the overall health, treatment and well-being of patients and staff.
- ❖ Support the Board of NHS Lanarkshire in maintaining contemporary knowledge and understanding of equality, diversity and spirituality matters, and to ensure that such matters are of influence in the strategic / operational thinking and decision-making of the Board.
- ❖ Establish an effective system of performance management / monitoring to ensure progress against statutory requirements, agreed policies and action plans.

#### **Key Areas of Activity for the Committee will include Monitoring of Progress :**

- ❖ Energising the Board and staff of NHS Lanarkshire, strategic partners and the people of Lanarkshire to create the widest possible understanding and impact on equality, diversity and spirituality issues.
- ❖ Developing effective and inclusive methods of communications, improving access to and availability of advocacy where needed to engage with and reflect the views of staff and the communities of Lanarkshire.

- ❖ Policy development and implementation of good practice to promote the enhanced performance of NHS Lanarkshire consistent with national statutory requirements and with close regard to the demographic and health status of the communities of Lanarkshire.
- ❖ Community relations / development and the achievement of Patient Focus and Public Involvement working in Partnership with Local Authorities, Voluntary Sector, Community Groups etc. to create open and influential relations with communities.
- ❖ Development of methods to identify and continuously monitor the diverse health and healthcare needs of the different communities of Lanarkshire. Ensure that such needs assessment is of influence in planning and decision-making.
- ❖ Development of Human Resource Policies and practice to promote the performance of NHS Lanarkshire as an exemplar employer, to deliver equality, fairness and consistency in management decision-making and to eliminate discrimination across all areas of employment practice.
- ❖ Introduction of staff development and training programmes to create continuous improvement in the skills, knowledge and confidence of staff recognising and valuing the positive impact of equality, diversity and spirituality as features of a high quality, progressive, caring, public / patient focussed NHS.
- ❖ Review and develop systems of data collection to support and inform effective performance management, reporting and decision-making.

## **TITLE**

NHS Lanarkshire Equality, Diversity and Spirituality Committee. This Committee is a formal sub-committee of the NHS Lanarkshire Board.

## **CHAIRPERSON**

The Chairperson will be a Non-Executive Director appointed by the NHS Lanarkshire Board, currently Hugh Sweeney.

## **MEMBERS**

One or more Non-Executive Directors in addition to the Chairperson of the Committee will be appointed by the NHS Lanarkshire Board to serve as members.

### *Current members :*

Bill Sutherland – Non-Executive Director  
Neena Mahal – Non-Executive Director  
Eddie McAvoy – Non-Executive Director  
Jim McCabe – Non-Executive Director

The NHS Lanarkshire Board in partnership with other appropriate agencies will identify public / patient representation to serve on the Committee.

## **IN ATTENDANCE**

The following members of staff will normally attend each meeting.

Tim Davison – Chief Executive  
Alison Graham – Medical Director  
Paul Wilson – Director of Nursing  
Kenneth Small – Director of Organisational Development  
Gordon Walker – Director of Human Resources (or nominee)  
Hina Sheikh – Diversity and Equality Co-ordinator

## **RIGHT OF ATTENDANCE**

The NHS Lanarkshire Board Chairman, and other Non-Executive Directors will have a right of attendance at any meeting

## **QUORUM**

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

## **FREQUENCY OF MEETINGS**

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

## **MINUTES**

A formal Minute of all meetings and decisions taken will be recorded and circulated.

## **REPORTING**

The Equality, Diversity and Spirituality Committee will report direct to the NHS Lanarkshire Board.

Minutes of each meeting of the Committee will be submitted to the NHS Lanarkshire Board, and will be made freely available to staff and the public.

Other reports will be provided at the request of the NHS Lanarkshire Board, or as deemed appropriate by the Committee.

The Committee will produce an Annual Report for submission to NHS Lanarkshire Board.

**NHS BOARD COMMITTEE  
ANNUAL REPORT 2009-2010**



**Name of Committee:**

Area Clinical Forum

**Committee Chair:**

Anne Armstrong, Divisional Nurse Director, Primary Care and Community Services; Chair, Area Nursing and Midwifery Advisory Committee

**Committee Members:**

Susan Stewart, Associate Director of Nursing and Midwifery; Vice Chair, Area Nursing and Midwifery Advisory Committee

Andrew Docherty, Consultant Cardiologist; Chair, Area Medical Advisory Committee

Tyra Hogben, General Medical Practitioner; Vice Chair, Area Medical Advisory Committee

Iain Allan, Community Pharmacist; Chair, Area Pharmaceutical Advisory Committee

Gordon Stewart, General Dental Practitioner; Chair, Area Dental Advisory Committee

Mike Devine, Director of Salaried Primary Care Dental Service; Area Dental Advisory Committee

Frank Munro, Optometrist; Chair, Area Optometric Advisory Committee

Arthur McHugh, Optometrist; Area Optometric Advisory Committee

Pauline McCartan, Professional Lead/Head of Service, Speech and Language Therapy; Chair, Area Allied Health Professions Advisory Committee

Maureen Lees, Professional Lead/Head of Service, Dietetics; Vice Chair, Area Allied Health Professions Advisory Committee.

Irene Winning, Senior Biomedical Scientist;  
Chair, Area Healthcare Sciences Advisory  
Committee

Ross Milligan, Superintendent Medical  
Illustrator; Vice Chair, Area Healthcare  
Sciences Advisory Committee

Jennifer Borthwick, Consultant Clinical  
Psychologist; Chair, Area Psychology  
Professional Advisory Group

**Officer Attendees:**

Alison Graham, Medical Director  
Ian Ross, Director of Planning  
Rosemary Lyness, Director of Acute  
Services  
Neil Agnew, Board Secretary/Corporate  
Affairs Manager

**Meetings held during the year:** 8 October 2009  
19 November 2009  
21 January 2010

**The Work of the Committee during the year:**

**Finance** – the Area Clinical Forum has been closely involved in the development of the Financial Savings Plan to deliver the Cash Releasing Efficiency Savings requirement of £15.6m in 2010/11. This involvement has been evidenced in several ways, including: the Area Clinical Forum Chairs position as a Non Executive Director of the NHS Board, where consideration of the Financial challenges has been a major focus; attendance at meetings of the Corporate Management Team, which has overseen the development of the Financial Savings Plan; and the input of Professional Advisory Committee Chairs to the combined Financial Savings Group, bringing together the Corporate Management Team, representatives from the Area Partnership Forum and representatives from the Area Clinical Forum. This involvement has been an important factor in ensuring Clinical Engagement with the processes, particularly around the Area Clinical Forum contribution to the development of a set of Core Principles to underpin the development of key projects to deliver the Financial Savings requirement.

**Quality** – the Area Clinical Forum, and indeed the Parent Professional Advisory Committees, have had the opportunity, during the year, to contribute to the consultations on the Healthcare Quality Strategy for Scotland, launched by the Cabinet Secretary for Health and Wellbeing on 10 May 2010. The preparatory work for the launch of the Strategy has involved substantial work within NHS Lanarkshire, including detailed consideration of the issues highlighted within the Mid Staffordshire Foundation Trust Inquiry Report, and

the development of a Quality Dashboard, as a basis for enhanced reporting on quality to the NHS Board.

**Area Clinical Forums Guidance** – during the year, the Area Clinical Forum and the Parent Professional Advisory Committees, had opportunities to contribute to the consultations on the development of the revised national Guidance on the Role and Responsibilities of Area Clinical Forums and Area Clinical Forum Chairs, issued to the service in May, under cover of Chief Executive Letter 16. Work has already commenced on scoping the work that will need to be done in Lanarkshire to ensure that the Area Clinical Forum and the Parent Professional Advisory Committees operate in accordance with the revised Guidance. The proposals arising from this work will be the subject of a report to the NHS Board over the coming months.

**Area Clinical Forum Chairs' Group for Scotland** – through the input of the Area Clinical Forum Chair to the national Chairs' Group, there has been an opportunity for the Lanarkshire ACF to contribute to dialogue at a national level, including with the Cabinet Secretary for Health and Wellbeing, and to contribute to the development of the ACF Chairs' Group Annual Workplan.

**Medical Workforce** – As part of the work on developing the Financial Savings Plan, there have been opportunities to consider the implications of workforce changes, including the impact on a range of professions across the system.

**Clinical Engagement** – during the year, Clinical Engagement in the planning arrangement was taken forward within the context of the previously agreed Clinical Engagement Framework, and included Clinical Engagement in the Modernisation Board, the Service Improvement Boards and the individual Clinical Service Improvement Groups. Given the scale of the financial challenges facing the NHS Board, the opportunity is being taken to review the Clinical Engagement Framework, to assess the extent to which it might require to be updated.

**Parent Professional Advisory Committees** – meetings of the Area Clinical Forum have routinely included opportunities for the Chairs and other representatives from the Parent Professional Advisory Committees to highlight the principal issues which the individual Committees have been considering.

#### **Improvements overseen by the Committee during the year:**

Through the Area Clinical Forum involvement in the key areas outlined in the previous section of this report, the Area Clinical Forum has had the opportunity to contribute to enhanced levels of Clinical Engagement in the planning processes, and has had valuable opportunities to contribute to at a strategic level through the Corporate Management Team and the NHS Board to the discussion and debate on some of the key challenges and risks which NHS Lanarkshire currently faces, notably in relation to the Financial Position and Medical Workforce.

**Issues of concern to the Committee:**

The Financial challenge which the Board faces for future years will, without doubt, bring a number of pressures and risks to the system. In delivering the Cash Releasing Efficiency Savings requirement, it will be essential for the approach to be underpinned by robust processes of Risk Management, to ensure that the safety and quality of care is sustained at a high level, consistent with the commitments within the National Healthcare Quality Strategy.

The Area Clinical Forum is aware of workforce pressures within the system, particularly relating to Medical Workforce, as a consequence of the implementation of Modernising Medical Careers and the European Working Time Directive 48 Hour Working Week. ACF Members have been encouraged by the extent to which addressing these pressures and sustaining services has been and continued to be a major focus of attention, and is encouraged by the upcoming event involving Stakeholders, aimed at identifying sustainable solutions for Accident and Emergency Services in the medium and longer term.

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NJA/OD  
19 May 2010



## **AREA CLINICAL FORUM**

### **Constitution and Remit**

#### **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, which emphasised that NHS Boards should both:

- draw on the full range of professional skills and expertise in their area for advice on clinical matters: and
- ensure that efficient and effective systems are in place which promote the active involvement of all clinicians from across their local NHS system in the decision-making process.

#### **2. Remit**

To represent the multi-professional view of the advisory structures for: medical; dental; nursing and midwifery; pharmaceutical; optometric; allied health professions; and Healthcare Sciences, to the Lanarkshire NHS Board, ensuring the involvement of all professions across the local NHS system in the decision-making process.

#### **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 Committees to ensure a co-ordinated approach on clinical matters among the different professions and within the component parts of the local NHS system;
- promoting work on service design, redesign and development priorities and playing an active role in advising the Board of NHS Lanarkshire on potential for service improvement;
- contributing, materially, to planning and development through engagement in the Modernisation Board, including ensuring that there is appropriate Clinical engagement in the Service

Improvement Boards and in the Clinical Service Improvement Groups.

- sharing best practice among the different professions and actively promoting multi-disciplinary working – in both health care and health improvement;
- engaging widely with local clinicians and other professionals, with a view to encouraging broader participation in the work of the Area Professional Committees;
- providing the Lanarkshire NHS Board with a clinical perspective on the development of the Local Health Plan and the Board's strategic objectives.

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 periodically, in collaboration with the Lanarkshire NHS Board, to ensure that they continue to fit local priorities and developments.

#### **4. Composition**

The Forum will comprise 14 members, 2 from each professional committee (medical; dental; nursing and midwifery; pharmacy; optometric; allied health professions; Healthcare Sciences). Seven of the members will be the chairs of the professional committees. The remaining members will be appointed by each Professional Committee. If unable to attend any meeting, members may nominate a deputy to attend on their behalf.

#### **5. Deputies**

The second members from Parent Committees can be represented at meetings by nominated Deputies from their respective Parent Committees. Where a second member is unable to attend a meeting, it will be their responsibility to arrange for their Deputy's attendance, and to pass to them any relevant papers.

When a Parent Committee Chair is unable to attend a meeting, the Vice Chairman of the Parent Committee can deputise for them. Where

the Vice Chairman of the Parent Committee is already the second member of the Forum, their Deputy from the Parent Committee can attend the meeting.

Deputies attending meetings will have voting rights.

## **6. Quorum**

No business shall be transacted unless at least 8 members, of which 5 should be Chairs of Parent 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. Chairman**

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 Chairman 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 Minister for Health and Community Care, serve as a Non Executive Director of the Board of NHS Lanarkshire.

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.

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 have 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. Vice Chairman**

A Vice Chairman 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 Chairman will be based on a majority of votes cast, by a set date.

The Vice Chairman will deputise, as appropriate, for the Chairman, 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 Chairman 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.

## **10. Frequency of Meetings**

The Area Clinical Forum will meet monthly at a date, time and venue to be agreed.

## **11. Notice of Meetings**

Notice of Meetings will be issued at least one week in advance of the meeting date.

## **12. Agenda for Meetings**

The Agenda for meetings will, routinely, include a verbal report from the Parent Committee Chairs on the key issues of significance that the Parent Committee is taking forward.

Where the Parent Committee Chair is unable to attend, the report should be by way of a brief paper, forwarded to the Secretary. Any issues of materiality arising from Parent Committee Chair's reports, can be the subject of a more developed paper for indepth discussion at subsequent meetings.

### **13. Attendees**

In recognition of the importance of the Forum developing strong linkages with the Corporate Management Team, the Chief Executive, the Director of Planning, the Director of Acute Services and the Medical Director will be standing attendees at Forum Meetings.

Other Members of the Corporate Management Team may be invited to attend meetings for relevant items of business.

### **14. Secretariat**

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

### **15. 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 Chairman 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.

### **16. Annual General Meeting**

The Area Clinical Forum shall hold an Annual General Meeting, not later than June each year, to consider the eligibility of members, including the Chairman and Vice Chairman, and to receive an Annual Report from the Chairman. The Annual Report will include details of possible and actual attendance by members during the year, and will identify attendance by Deputies. Members of all professional committees shall be entitled to attend the Annual General Meeting, but only members of the Area Clinical Forum may vote on the appointment of the Chairman and Vice Chairman of the Forum. The Annual Report will be submitted to the Lanarkshire NHS Board: and to each Professional Committee.

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NJA/OD  
21 September 2009

