

REVIEW OF COMMITTEE ARRANGEMENTS

Introduction

1. When, in February 2006, the NHS Board approved the Committee Arrangements that would operate from April 2006, it was on the basis that these arrangements would be subject to review after approximately 6 months of operation. A review of Committee Arrangements was undertaken towards the end of 2006, and was informed, principally, by the outcome of 1:1 meetings which the Board Chairman had with individual Non Executive Directors, and also by other organisational factors.
2. The product of the Review is reflected in the remainder of this report.

Board Committees

3. Attached at Appendix 1 is a chart showing the Board Committees that have been operating since April 2006, viz:
 - Audit committee
 - Staff Governance Committee
 - Remuneration Sub Committee
 - Health and Clinical Governance Committee
 - Equality, Diversity and Spirituality Committee
 - Acute Operating Management Committee
 - North CHP Operating Management Committee
 - South CHP Operating Management Committee
 - CHP Joint Strategy Committee
4. To these has been added a Property Committee as a Sub Committee of the Audit Committee. Experience over the last year, with the number and scale of property transactions, suggests that there is a need to provide a specific Board-level focus for dealing with such transactions, including ensuring that they are set within

a proper Governance framework. Accordingly, it is proposed to establish a Property Committee, as a Sub Committee of the Audit Committee. The proposition is that the PSC will be Chaired by a Non Executive Director, and that this should be the Board Chairman. The Remit of the Property Sub Committee will encompass: Property Disposals; Property Acquisitions; and Leases. Subject to the Board's approval of this proposal, full Terms of Reference and Membership will be worked up, and taken to the Audit Committee for approval.

Committee Memberships

5. Also attached, at Appendix 2, are the Committee Memberships. These are unchanged from the composition previously agreed by the NHS Board, except in the case of the Equality, Diversity and Spirituality Committee where, for workload issues, it is proposed that Neena Mahal demit office as Chair of the Committee, with Chairmanship being taken up by Hugh Sweeney, Employee Director. Although stepping down as Chair, Neena Mahal will continue to serve as a member of the Committee. In addition, it is proposed to expand the Non Executive Membership of the Committee by the appointment of Sandra Smith.

Executive Support for Committees

6. Currently, the Board's principal Committees, which have Non Executive Director Membership, are supported by a number of Executive Directors – for example, Executive Director input to the Audit Committee, typically, involves, the Chief Executive; the Director of Finance; the Director, Acute Services; the Director, North Lanarkshire CHP; the Director, South Lanarkshire CHP, and the Director of Human Resources.
7. In order to make the best use of Executive Director time, and ensure that Executive support to the Board's Committees is set at the right level to ensure the proper discharge of the Committee's functions, it is proposed to rationalise Executive support around a designated Executive Lead, as the core Executive support to each of the Committees, supplemented as appropriate by other Executive Directors, and Senior Managers, as the Committee's business dictates. It will be the responsibility of the designated Executive Lead to decide upon additional Executive and/or Senior Manager input to meetings, depending upon the business to be considered. The details of Executive Leads for the Board's principal Committees are identified at Appendix 2.

Performance Management

8. Members will recall that the Board previously approved arrangements for Performance Management at a Corporate level, involving a Performance Management Group, comprising Members of the Corporate Management Team, the NHS Board Chairman and the Chairs of the Acute and North and South Operating Management Committees. These arrangements have recently been the subject of review and adjustment, as reflected in the papers 'Performance Management at Corporate Level', at Appendix 3. The Board is asked to endorse these revised arrangements.

Patient Focus Public Involvement

9. Patient Focus Public Involvement has had an increasing focus within the service in recent years, but particularly during the last 18 months in Lanarkshire as part of the Consultation on A Picture of Health. Whilst PFPI has a particular importance at key points in strategy development and consultation, it should be firmly embedded in the system, and should have a focus at Board level. PFPI is a prominent feature of the way in which the system works, both at a strategic and at an operational level, for example through the Public Partnership Forum arrangements that operate within each of the Community Health Partnerships. However, it is recognised that there is a need for a Board level overview of the approach to Patient Focus Public Involvement and the system's performance in this regard.
10. Whilst there are inextricable links between Patient Focus and Public Involvement, it is recognised that there are a number of discrete elements to Patient Focus and to Public Involvement. Accordingly, it is felt that it would be appropriate to consider the issues, largely, as separate entities from a Governance perspective. It is proposed, therefore, that Patient Focus should come within the remit of the Health and Clinical Governance Committee, and that Public Involvement, which is substantially about engagement, should come within the remit of the Engagement Group, currently led by the Director for Allied Health Professions, Nursing and Midwifery. The role of the Engagement Group, generally, will be to take a strategic view of Public Involvement, which works at a number of different levels across the system. To ensure that there is appropriate Non Executive Governance around the Board's Public Involvement responsibilities, it is proposed that the NHS Board Chairman should join the Engagement Group, and that Public Involvement/ Engagement should be the subject of periodic reports to the NHS Board.

Non Executive Director Term of Membership on Committees

11. Currently, Non Executive Director Terms of Membership on Board Committees coincide with the duration of their term as Board Members. This may not represent the most effective use of Non Executive Director input, as it does not provide Non Executive Directors with opportunities for direct exposure to the discharge of the full range of the Board's Governance responsibilities. It is proposed, therefore, that the term of membership on and Chairmanship of Committees will be discussed at the Chairman's Annual Review Meetings with individual Non Executive Directors.

Conclusion

12. The NHS Board is asked to:
 - a) Approve the setting up of a Property Committee as a sub-committee of the Audit Committee to consider property disposals, acquisitions and leases, subject to the finalised Terms of Reference and Membership being approved by the Audit Committee.
 - b) Approve the proposed changes to the Chairmanship and Membership of the Equality, Diversity and Spirituality Committee.
 - c) Note the arrangements for Executive support to the Board's committees.
 - d) Endorse the revised arrangements for Performance Management at a Corporate Level.
 - e) Approve the proposed arrangements for the Governance of Patient Focus Public Involvement, with Patient Focus coming within the remit of the Health and Clinical Governance Committee and Public Involvement coming within the remit of the Engagement Group, with the addition of the NHS Board Chairman to the Group's membership.
 - f) Note the intention that members terms of Chairmanship and membership of Committees be included in annual review meetings between the NHS Board Chairman and individual Non-executive Directors.

NJA/OD
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