

Meeting of Lanarkshire NHS
Board to be held on
24 March 2010
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SUBJECT: CLINICAL GOVERNANCE AND RISK MANAGEMENT (CGRM)
STANDARDS AND BEST VALUE: PROPOSALS FOR BOARD AND COMMITTEE
WORKING

1. PURPOSE

To propose changes to the way the Board and its Committees work so that they can more readily demonstrate that the CGRM standards and Best Value requirements are continuously being met in the day-to-day business.

2. CONTENT/SUMMARY OF KEY ISSUES

2.1 Background

The Board received a report at its meeting in September 2009 following the review by NHS Quality Improvement Scotland (NHSQIS) of the extent to which NHS Lanarkshire met the CGRM standards. While meeting the required target of 9 overall, greater achievement was constrained by the lack of prospective monitoring and review processes.

The Board's Audit Committee also received a report on the need to demonstrate it meets the requirements of Best Value at its meeting on 8 September 2009. This forms part of the statement on internal control which is required, among others, to provide audited assurance on the use of public finance.

Both issues have implications for the way in which the Board and its Committees conduct business and the proposals set out below are designed to meet the CGRM standards and the Best Value requirements. The recent initiative to review Board effectiveness, which includes a survey of Board members views and a subsequent development programme, is another related strand.

Two other pieces of work related to CGRM standards are being progressed through the Board's executive team. They are:

- Improved arrangements for the formulation, classification and control of policies
- Strengthened arrangements for compliance with legislative or other directives

3. ACTIONS

3.1 The Board

It is proposed that the Board should:

- Ensure there is an explicit remit and scheme of delegation to Board Committees and all groups reporting to those Board Committees
- Have assurance about the work of its Committees by:

- Agreeing an annual work plan for each Committee
- Having each Committee fulfil its responsibilities under the Best Value framework
- Requiring each Committee to produce a succinct annual report in May to coincide with the Board's Statement of Internal Control in June this can then feed into the Board's Accountability Review by the Scottish Government and the Annual Report of the Board

3.2 The Board's Committees

The Board will wish to consider whether the following should apply to all Board Committees or just recognised Governance Committees – Audit, Clinical Governance, and Staff Governance.

It is proposed that Committees should:

- Identify the groups reporting to it and confirm their appropriateness. A matrix of such groups is being finalised for consideration by each committee
- Have a clear statement of remit and powers (scheme of delegation) with a 2 yearly review of these by the Board
- Have an annual programme of work to be confirmed in April each year and to be part of the Board's corporate objectives. That programme of work needs to take account of the capacity of officers to support the work programme and should include consideration of the following remaining items below:
- Ensure new policy, strategy or significant change brought before it for its approval:
 - Identifies risks and benefits
 - Identifies the resource changes (financial and human)
 - Assesses the impact on the environment¹ and diversity
 - Identifies how it is to be implemented, monitored and reviewed
- Be periodically informed about performance against implementation plans
- Undertake a 3 yearly rolling review of selected major issues (policies, strategies, etc) identifying prospectively how and when the review will be undertaken
- Provide an annual report of their previous years activity in May which can feed into the Accountability Review and Annual Report of the Board. This annual report should comprise:
 - The remit and membership of the Committee
 - The work of the Committee during the previous 12 months
 - The improvements overseen by the Committee
 - Matters of concern to the Committee

3.3 Implementation

Depending on the Board's decision it is proposed to implement the above from April 2010 to coincide with the start of the new performance year. These changes will also be discussed at the Board development event currently being planned. The purpose of this event is to consider the themes arising from the completion of the Board Diagnostic tool and sample interviews with a view to developing an action plan focused on the further improvement of Board effectiveness.

4. CONCLUSIONS

¹ All relevant aspects: carbon reduction, amenity and ecology

The Board is asked to agree the proposed changes because they will provide a more explicit framework for the exercise of governance overall and specifically will meet the need to demonstrate annually Best Value processes and the CGRM standards in preparation for future reviews by NHSQIS.

5. FURTHER INFORMATION

For further information please contact Morag Holmes, Head of Internal Audit on 01698 863291, Pamela Milliken, Head of Clinical Governance and Risk Management on 01698 245034 or Susan Dunne, Deputy Director, Organisation Development on 01698 206390.

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