

NHS Highland



Meeting: NHS Highland Board
Meeting date: 26 March 2022
Title: Amendments to Area Clinical Forum Constitution
Responsible Executive/Non-Executive: Pam Dudek, Chief Executive
Report Author: Ruth Daly, Board Secretary

1 Purpose

This is presented to the Board for:

- Decision

This report relates to a:

- Legal Requirement
- Local policy

This aligns to the following NHSScotland quality ambition(s):

- Effective

This report relates to the following Corporate Objective(s)

Clinical and Care Excellence <ul style="list-style-type: none"> • Improving health • Keeping you safe • Innovating our care 	X	Partners in Care <ul style="list-style-type: none"> • Working in partnership • Listening and responding • Communicating well 	X
A Great Place to Work <ul style="list-style-type: none"> • Growing talent • Leading by example • Being inclusive • Learning from experience • Improving wellbeing 		Safe and Sustainable <ul style="list-style-type: none"> • Protecting our environment • In control • Well run 	X X

2 Report summary

2.1 Situation

This report proposes amendments to the Area Clinical Forum constitution for Board agreement.

2.2 Background

At the last meeting of the Area Clinical Forum in January 2022, the Chair called for nominations for the position of Vice Chair and a process has been initiated to fill the position. Responses from Forum members has prompted a revision of its Constitution to permit more than one individual to fill the position of Vice Chair.

2.3 Assessment

Having considered the nominations for the position of Vice Chair, the Forum Chair has identified the benefits of the role being undertaken by two individuals from differing professional backgrounds. The nominees bring complementary experiences and different professional perspectives and have both agreed to act as Vice Chairs should this be possible.

From a governance perspective there are some clear advantages to the role being filled by two individuals, however the Forum's Constitution requires to be amended to permit this to take place.

A revised Constitution which includes the option to appoint two Vice Chairs has been considered and agreed at the most recent meeting of the Forum on 17 March 2022. The proposed changes are highlighted in the revised draft which is attached to this report at **Appendix 1** and the Board's approval is now being sought.

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial
Limited

X

Moderate
None

3 Impact Analysis

3.1 Quality/ Patient Care

3.2 Workforce

3.3 Financial

The provision of robust governance arrangements is key to NHS Highland delivering on its key objectives and to improving workforce, clinical and financial governance.

3.4 Risk Assessment/Management

A risk assessment has not been carried out for this paper.

3.5 Data Protection

This report does not involve personally identifiable information.

3.6 Equality and Diversity, including health inequalities

There are no equality or diversity implications arising from this paper.

3.7 Other impacts

No other impacts

3.8 Communication, involvement, engagement and consultation

The Area Clinical Forum has been notified of the Vice-Chair vacancy at its meeting in January 2022. Further communication has been undertaken with the Forum to explain the proposed way forward to appoint two vice chairs and the draft Constitution considered and agreed at the meeting of 17 March 2022.

3.9 Route to the Meeting

The contents of this report have been considered by the Area Clinical Forum on 17 March 2022.

4 Recommendation

The Board is invited to **agree** the revised Area Clinical Forum Constitution as shown in Appendix 1 to this report;

4.1 List of appendices

The following appendices are included with this report:

- Appendix 1 draft revised ACF Constitution highlighting the proposed changes

DRAFT

NHS HIGHLAND AREA CLINICAL FORUM CONSTITUTION



Date of Forum Approval: March 2022

Date of Board Approval: March 2022

1. THE COMMITTEE

The Committee will be called the NHS Highland Area Clinical Forum.

2. DUTIES AND FUNCTIONS

Generally, to co-ordinate and formulate advice from all of the professions in Highland to the Highland NHS Board on matters of broad health care and in particular strategic issues. The Committee should be proactive as well as reactive on these issues.

- To escalate any issues to the NHS Highland Board if serious concerns are identified about the quality and safety of provision of care in the services delivered across NHS Highland. Specifically, this will provide a clinical perspective to NHS Highland Strategies and Plans and to the prioritisation of the use of resources.
- Supporting the NHS Highland Board in the conduct of its business through the provision of professional advisory committee (PAC) advice.
- Provision of a clinical perspective in the development of the Annual Operating Plan (AOP), the Strategic Plan and the strategic objectives of the NHS Highland Board.
- Ensuring effective and efficient engagement of professional advisory committees in service design, development and improvement, thereby aiming to increase the broader participation in the PACs by clinicians and professionals.
- Reviewing the business of the professional advisory committees to ensure a co-ordinated approach on clinical and professional matters across each of the professional groups.
- Taking an integrated clinical and professional perspective on the impact of national policies at a local level.
- Through the ACF Chair, being fully engaged in NHS Highland Board business.
- Sharing best practice and encouraging multi professional working in health and social care.

The Committee will not concern itself with the remuneration and conditions of service.

3. MEMBERSHIP OF THE COMMITTEE

The Committee will consist of two representatives from each of the following Advisory Committees (one of whom must be the Chair or Vice-Chair of their professional Committee).

Area Adult Social Work and Social Care Advisory Committee – 2 members
Area Dental Committee – 2 members
Area Healthcare Science Forum – 2 members
Area Medical Committee – 2 members
Area Nursing, Midwifery and Allied Health Professions Advisory Committee
(represented by four members of that Committee including both the Chair and
Vice-Chair) – 4 members
Area Optometric Committee – 2 members
Area Pharmaceutical Committee – 2 members
Psychology Advisory Group – 2 members

In addition, the following will also be members of the Committee:

- *A clinical representative from each of the 4 operational areas, via, the Argyll & Bute Health & Social Care Partnership, North & West Highland and South & Mid Highland and Raigmore Hospital.*
- The NHS Highland Employee Director

The above members will be eligible to vote at Committee meetings or in writing for planned written votes.

Deputies

In the event that a member cannot attend it is expected that a deputy will attend in his/her place, provided that the deputy is from the same Professional Advisory Committee or Operational Unit. The Deputy will have voting rights at that meeting.

Quorum

A quorum of the Committee will be seven members.

Attending

Persons other than members may be invited to attend a meeting for discussion of specific items at the request of the Chair or Professional Secretary. That person will be allowed to take part in the discussion but not have a vote.

The Area Clinical Forum should have close links with the Chief Executive and the Executive Directors to support the forum in developing, supporting and driving its business. In this respect there should be attendance from at least one Clinical Executive Director or the Chief Executive at meetings. This will also support the development of a culture of dignity, respect and inclusivity in relation to the working relationship with staff.

Non-Executive Board members will be invited to attend on a rotational basis

The Committee will reserve the right to seek opinion or advice from patient/public via Scottish Health Council who will signpost the Forum appropriately.

Non-Attendance

In the event that a member, or his/her deputy, does not attend for three consecutive meetings, the Chair will seek to understand why this is occurring. The member will be expected to give the chair reasonable explanation for the non-attendance and if this is

not forthcoming the chair can then terminate such membership by written notification to such member.

4. SUB-COMMITTEES

The Committee may appoint ad hoc Sub-Committees as appropriate to consider and provide advice on specific issues.

5. TENURE OF OFFICE

Members will be appointed by their respective Advisory Committees/Operational Units and can hold office, on the Area Clinical Forum, initially for up to four years, with re-appointment possible to a maximum of eight years. It is recommended, however, that the Advisory Committees review their nominations on an annual basis.

6. OFFICERS OF THE COMMITTEE

The Chair will be a Member of the Highland NHS Board functioning as a full Highland NHS Board Member. Only those Area Clinical Forum members who represent their Professional Advisory Committee will be eligible to hold the office of Chair. As with other Non-Executive Directors, this will be a ministerial appointment on the recommendation of the Chair of NHS Highland. The Chair will be elected for an initial term of four years and will be eligible for re-election for a second term of four years and therefore hold office for a maximum of eight years. Should the Chair of the Area Clinical Forum change, however, through for example resignation or retirement and a new Chair appointed, then this appointment needs to be further approved by the Minister, on the recommendation of the Chair of NHS Highland. The Chair will have discretionary powers to act on behalf of the Committee but in doing so will be answerable to the Committee.

The Chair of the Area Clinical Forum will be expected to participate in the NHS Board members development programme. The Chair will also be expected to link with the national ACF Chairs group on a regular basis.

The Committee will also elect a Vice-Chair every four years, and this person will be eligible for re-election for a second term of four years and therefore hold office for a maximum of eight years.

The Committee may choose to appoint two Vice Chairs for a period of four years, both eligible for re-election for a second term of four years, and therefore holding office for a maximum of eight years.

Officers will be appointable from within voting members of the Committee. It is recommended that the Chair and Vice-Chair(s) are appointed from different Professional Advisory Committees.

The Vice Chair may deputise for the Chair at Highland NHS Board meetings but will not have voting rights. Where two Vice Chairs are appointed, only one individual shall deputise for the Chair at Highland NHS Board meetings.

7. NOTICE OF MEETINGS

The NHS Highland Board Committee Secretariat will issue the agenda and relevant papers at least five working days before the meeting,

8. MINUTES

The NHS Highland Board Committee Secretariat will service the Committee and copies of the minutes will be sent to each member with the agenda and papers for the next meeting, if not previously distributed. Once draft minutes have been virtually ratified by the forum they will be shared with all other professional advisory committees to the Board.

9. MEETINGS

The Forum will meet at least five times a year. Meetings will be arranged to dovetail with meetings of NHS Highland Board.

Meetings will normally be held at Highland NHS Board, Assynt House, Inverness on the Thursday prior to a Highland NHS Board meeting, but this can be varied at the discretion of the Chair.

The Committee has the right to alter or vary these arrangements to cover holiday months or other circumstances.

10. COMMITTEE DECISION

Where the Committee is asked to give advice on a matter and a majority decision is reached the Chair or Professional Secretary will report the majority view, but will also make known any minority opinions, and present the supporting arguments for both view points.

11. ALTERATIONS TO THE CONSTITUTION AND STANDING ORDERS

Alterations to the Constitution and Standing Orders may be recommended at any meeting of the Committee provided a notice of the proposed alteration is circulated with the notice of meeting and that the proposal is seconded and supported by two-thirds of the members present and voting at the meeting.

Any alterations must be submitted to the NHS Highland Board for approval before any change is made.

Updated: March 2022