**NHS Greater Glasgow and Clyde**

**Acute Services Committee**

**Terms of Reference**

1. **Introduction**
	1. The Terms of Reference for Standing Committees within NHS Greater Glasgow and Clyde are created in line with the approach to Active Governance ensuring effective Assurance Operating Requirements.
	2. The Acute Services Committee is established in accordance with NHS Greater Glasgow and Clyde Board Standing Orders and Scheme of Delegation and is a Standing committee of the NHS Board.
	3. The Standing Orders for the Proceedings and Business of the NHS Board shall apply, where relevant, to the conduct of business of all Standing Committees of the NHS Board.
2. **Membership**
	1. The Committee membership shall be nominated by the NHS Board Chair and be approved by the NHS Board.  Committee membership will consist of Non-Executive Board Members and the Executive Lead (when also a NHS Board Member). Other relevant members of the Executive Leadership team will be expected to attend as required. The Committee membership will be subject to review, at least annually and the allocation of Members will be recorded on the Board Members Responsibility template approved by the Board.  The NHS Board Chair and Chief Executive will be ex officio members of the Committee.
	2. Other officers may be invited to attend for all or part of any meeting as and when appropriate.
3. **Arrangement for Conduct of Business**
	1. **Chairing the Committee**

The Chair and Vice Chair of Committees of the Board shall be nominated by the Board Chair and approved annually at the meeting of the NHS Board in April or at a meeting to be held as soon as convenient thereafter. In the event of the Chair of the Committee being unable to attend for all or part of the meeting, the meeting will be chaired by the Vice Chair.

* 1. **Quorum**

Meetings will be considered quorate when four Non Executive Members are present.

* 1. **Voting**

Should a vote need to be taken, all of the voting members of the Committee shall be allowed to vote, either by a show of hands, or a ballot.

* 1. **Frequency of Meetings**

 The Acute Services Committee shall meet a minimum of six times per year. Additional meetings may be arranged at the discretion of the Committee Chair after consulting with the Vice Chair, NHS Board Chair and Chief Executive.

* 1. **Declarations of Interest**

Declarations of Interest will be a standing agenda item. If any member has an interest, pecuniary or otherwise, in any matter, and is present at the meeting at which the matter is under discussion, and considers the objective test is met, they will declare that interest as requested at the start of the meeting and shall not participate in the discussions. Should the member consider that the objective test has not been met, they do not require to declare the interest and can participate in the discussion and decisions made. The Chair will have the authority to request that member to withdraw until the Committee’s consideration has been completed.

All declarations of interest will be minuted.

Any actions taken outside the meeting will be reported and minuted at the next available meeting of the Committee.

**3.6 Administrative Support**

Administrative support for the Committee will be provided by the Secretariat Team within Corporate Services.

The administrative support to the Committee will attend to take the minutes of the meeting, maintain a log of actions and a Committee Annual Cycle of Business, provide appropriate support to the Chair and Committee members, and support the preparation of an Annual Report on the work of the Committee for presentation to the Board.

1. **Remit**
	1. The remit of the Acute Services Committee is to scrutinise key areas and provide assurance to the NHS Board regarding performance management and improvement across Acute Services, efficiency, effectiveness and quality of services delivered to patients in Acute care; financial planning and management of Acute Services; and appropriate governance in respect of risks allocated to the Acute services Committee.

This includes approval of the delivery of Corporate Objectives (Appendix 1as approved and allocated to the Committee by the NHS Board, and any operational objectives, as required.

1. **Key Duties of the Committee**
	1. The key duties of the Acute Services Committee are to receive and review reports and, as appropriate, seek direct feedback from staff in respect of:

 **Performance Management:**

* Ensuring a coordinated approach to the management of performance across Acute Services scrutinising areas of challenge, highlighting risk and seeking remedial action
* Supporting the Acute Services aspects of Remobilisation Plan/Annual Operational Plan and oversight of implementation
* Highlight positive performance and sharing learning on improvement
* Monitor and scrutinise key data and information as per the Board’s Assurance Information Framework as part of Active Governance

 **Resources:**

* Monitoring in-year financial performance of revenue resources within Acute Services at agreed frequency of reporting and where necessary, exception reporting
* Monitoring in-year financial performance of capital resources within Acute Services at agreed frequency of reporting and where necessary, exception reporting
* Reflecting on role of Finance Planning and Performance Committee in the overall monitoring of the Boards financial position across the whole system

 **Quality:**

* Ensuring an integrated approach is taken to delivery of priorities within the Quality Strategy in respect of Acute Care ensuring efficiency and effectiveness in service provision
* Seeking assurance that systems for monitoring and development are in place within Acute Services and which ensuring that clinical governance and clinical risk management arrangements are working effectively to safeguard and improve the quality of clinical care referring to the Clinical Care Governance Committee as required
* Reviewing, as relevant to Acute Services, the Clinical Governance Strategy and respective implementation plans
* Monitoring Acute Services activities in connection with the person-centeredness approach and oversee patient experience initiatives, complaints/feedback arrangements and monitoring of SPSO recommendations in line with Acute

 **Risk Management:**

* To ensure appropriate governance in respect of risks, as allocated to the Acute Services Committee by the Audit and Risk Committee; reviewing risk identification, assessment and mitigation in line with the NHS Board’s risk appetite in agreeing appropriate escalation

**Capital Projects:**

* By exception receive reports on Acute Capital schemes and monitor the delivery of these schemes
* Provide advice to the Finance, Planning and Performance Committee on business cases to be submitted to SGHD for approval (usually above £5m). However it is for the Finance, Planning and Performance Committee to approve such business cases
1. **Authority**
	1. The Acute Services Committee is a Standing Committee of the NHS Board.
2. **Reporting Arrangements**
	1. The Acute Services Committee will report to the NHS Board.
	2. The draft minutes will be reviewed by the nominated Executive Lead prior to clearance by the Chair of the Acute Services Committee and distribution to the Committee for ratification at the next Committee meeting.
	3. In addition, the NHS Board Meeting will receive a Chair’s Report, which summarises the key issues considered at the most recent meeting of the Committee.
	4. The Committee Chair approved minutes of the Acute Services Committee meetings will be presented to the NHS Board for noting.
	5. The Acute Services Committee will produce an Annual Report to be presented to the NHS Board as part of the Annual Review of Governance.

1. **Conduct of the Committee**
	1. All members will have due regard to and operate within the Board’s Standing Orders, Standing Financial Instructions and the Code of Conduct for Members.
	2. The Committee will participate in an annual review of the Committee’s remit and membership, to be submitted to the NHS Board in June of each year, and more frequently if required by the NHS Board, for approval.

|  |  |
| --- | --- |
| **Version Control** | **June 2023**  |
| Author: | Director of Corporate Services and Governance |
| Responsible Executive Lead: | Chief Operating Officer  |
| Approved by: | Acute Services Committee  |
| Approved date: | May 2023 |
| Date for review:  | March 2024 |
| Replaces previous version:  | June 2022 |

**APPENDIX 1**

|  |
| --- |
| **Corporate Objectives Approved June 2022** |

|  |  |  |
| --- | --- | --- |
| **Code**  | **Corporate Objective**  | **Lead Committee** |
|  | **Better Health**  |  |
| COBH1 | To reduce the burden of disease on the population through health improvement programmes that deliver a measurable shift to prevention rather than treatment.  | Population Health and Wellbeing Committee  |
| COBH2 | To reduce health inequalities through advocacy and community planning. | Population Health and Wellbeing Committee |
| COBH3 | To reduce the premature mortality rate of the population and the variance in this between communities.  | Population Health and Wellbeing Committee |
| COBH4 | To ensure the best start for children with a focus on developing good health and wellbeing in their early years. | Population Health and Wellbeing Committee |
| COBH5 | To promote and support good mental health and wellbeing at all ages. | Population Health and Wellbeing Committee |

|  |  |  |
| --- | --- | --- |
| **Code**  | **Corporate Objective**  | **Lead Committee** |
|  | **Better Care** |  |
| COBC6 | To provide safe and appropriate working practices that minimise the risk of infection, injury or harm to our patients and our people. | Clinical & Care Governance Committee  |
| COBC7 | To ensure services are timely and accessible to all parts of the community we serve. | Finance, Planning and Performance Committee /Acute Services Committee  |
| COBC8 | To deliver person centred care through a partnership approach built on respect, compassion and shared decision making. | Lead Committee: Clinical & Care Governance Committee /Acute Services Committee  |
| COBC9 | To continuously improve the quality of care, engaging with our patients and our people to ensure healthcare services meet their needs. | Clinical & Care Governance Committee/Acute Services Committee  |
| COBC10 | To shift the reliance on hospital care towards proactive and co-ordinated care and support in the community. | Finance, Planning & Performance Committee  |

|  |  |  |
| --- | --- | --- |
| **Code**  | **Corporate Objective**  | **Lead Committee** |
|  | **Better Value**  |  |
| COBV11 | To ensure effective financial planning across the healthcare system that supports financial sustainability and balanced budgets. | Finance, Planning & Performance Committee  |
| COBV12 | To reduce variation, improve productivity and eliminate waste through clinical engagement and a robust system of efficiency savings management. | Finance, Planning & Performance Committee  |
| COBV13 | To exploit the potential for research, digital technology and innovation to reform service delivery and reduce costs. | Finance, Planning & Performance Committee |
| COBV14 | To utilise and improve our capital assets to support the reform of healthcare. | Finance, Planning & Performance Committee |

|  |  |  |
| --- | --- | --- |
| **Code**  | **Corporate Objective**  | **Lead Committee** |
|  | **Better Workplace**  |  |
| COBW15 | To ensure our people are treated fairly and consistently, with dignity and respect, and work in an environment where diversity is valued. | Staff Governance Committee |
| COBW16 | To ensure our people are well informed. | Staff Governance Committee  |
| COBW17 | To ensure our people are appropriately trained and developed. | Staff Governance Committee |
| COBW18 | To ensure our people are involved in decisions that affect them. | Staff Governance Committee |
| COBW19 | To promote the health and wellbeing of our people. | Staff Governance Committee  |
| COBW20 | To provide a continuously improving and safe working environment. | Staff Governance Committee  |