

# NHS Ayrshire & Arran



<b>Meeting:</b>	<b>Ayrshire and Arran NHS Board</b>
<b>Meeting date:</b>	<b>Monday 17 August 2020</b>
<b>Title:</b>	<b>Area Professional Committee Annual Reports for 2019/20</b>
<b>Responsible Director:</b>	<b>Mr John Burns, Chief Executive, NHS Ayrshire &amp; Arran</b>
<b>Report Author:</b>	<b>Mr Adrian Carragher, Area Clinical Forum Chair</b>

## 1. Purpose

This is presented to the Board for:

- Decision

This paper relates to:

- Government policy/directive

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

- Safe
- Effective
- Person Centred

## 2. Report summary

### 2.1 Situation

The Area Clinical Forum (ACF) and Professional Committee Terms of Reference are being presented to the NHS Board for approval. The Terms of Reference have been updated to clarify the process to extend a Committee Chair's term of office, if required, to enable completion of the four year ACF Chair term.

The Professional Committees provide an annual assurance report setting out activities and key achievements during the year for assurance purposes. The annual reports have been considered and approved by the relevant Professional Committee either at a meeting or through email due to the meeting schedule.

### 2.2 Background

Rebuilding our National Health Service (2001) emphasised that NHS Boards should draw on the full range of Professional skills and expertise that exists in all parts of their local NHS system. These professions should provide advice on clinical and other professional matters. CEL 16 (2010) Area Clinical Forums (ACFs) suggested that NHS Boards further develop and enhance the role of ACFs and the individual Area Professional Committees which advise on profession specific issues. The current

Professional Committee structure was formed in 2001 and an additional Committee, the Area Healthcare Science Professional Committee, was added in 2011.

ACFs and their constituent members have a key role in supporting the implementation of the key dimensions of the Health and Social Care delivery plan (2016), the development of the Integration Joint Boards and the implementation of other key strategic documents such as: National Clinical Strategy, Realistic Medicine, a Vision for Nursing, Prescription for Excellence, National Active and Independent Living Improvement Plan, both AHP and HCS delivery plans and National Workforce Plan. This will ensure that our staff can support services and planning as we look ahead to care for our citizens. It should be noted that the ACF Chair and Chief Executive agreed on 16 March 2020 that in response to the unprecedented position due to Covid-19, both Professional Committees and the ACF should be stood down in order to ensure staff were focused on the immediate challenges of Covid-19 and could support services and planning and put in new ways of working to care for and support our local citizens throughout the period of the pandemic.

Developing ACFs within this broader strategic context aims to harness the knowledge, skills and commitment of clinicians across NHS Scotland.

## **2.3 Assessment**

- Professional Committees are keen to support the NHS Board's Mobilisation planning in response to Covid-19 as well as the Caring for Ayrshire programme and support and build on new ways of working. The Covid-19 pandemic has required many rapid changes in working practices, including greater use of digital technology in delivering services, and it will be important to continue to support and further develop this work.
- Throughout the year the ACF has been involved in a range of consultations and discussions, helping to influence and support the NHS Board in its ongoing development, at the same time as supporting and influencing at a Scottish level through the National ACF. The ACF is committed to continuing this support. The strength of the ACF lies in the multi-disciplinary nature of its membership and the cross-cutting themes from all Professional Committees over the year are described below.
- The support of the Chief Executive and other Executive Officers is recognised and valued by ACF members.
- ACF and the Professional Committees continue to be involved in a range of improvement programmes across the professions.
- ACF is supportive of the progress being made within integration and keen to strengthen relationships between the ACF, the Professional Committees and the Integration Joint Boards.

### **2.3.1 Quality/patient care**

The engagement and participation of ACF and Professional Committees in taking forward Caring for Ayrshire will positively impact on quality of care and services.

### **2.3.2 Workforce**

Workforce issues are a cause for serious concern for the ACF and the Professional Committees and the ACF is taking a proactive approach to engage with the HR Director on strategic workforce issues. This is also well understood at the national ACF level. However, it should be noted that individual ACF members and in some cases Professional Committees are also proactive in their discussions with colleagues nationally at NES and Scottish Government to ensure that these concerns are understood and acted upon as appropriate.

### **2.3.3 Financial**

There is no financial impact.

### **2.3.4 Risk assessment/management**

This report has been informed by the contribution of the members of the Area Professional Committees and has been approved by each of these Committees.

### **2.3.5 Equality and diversity, including health inequalities**

An impact assessment has not been completed as this is an internal report on Area Professional Committee activities.

### **2.3.6 Other impacts**

The Scottish Government Health and Social Care Directorate stipulates close involvement of clinical staff in leading and developing services.

### **2.3.7 Communication, involvement, engagement and consultation**

This report has been informed by the contribution of the members of the Area Professional Committees and has been approved by each of these Committees.

### **2.3.8 Route to the meeting**

This has previously been considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- The reports have been considered and approved by the relevant Professional Committee either at a meeting or through email due to the meeting schedule.

## **2.4 Recommendation**

Members are asked to:

- To approve update to ACF and Professional Committee Terms of Reference to clarify process to extend a Committee Chair's term of office, if required, to enable completion of the four year ACF Chair term.
- To be aware of the work of the Area Professional Committees during 2019/20 and continue to support this work in the future.
- To be aware of the challenge that exists for those professionals who wish to contribute to Board's strategic agenda and organisational development.

## **3. List of appendices**

The following appendices are included with this report:

- Appendix 1, Area Allied Health Professions Professional Committee
- Appendix 2, Area Dental Professional Committee
- Appendix 3, Area Healthcare Science Professional Committee
- Appendix 4, Area Medical Professional Committee
- Appendix 5, Area Nursing and Midwifery Professional Committee
- Appendix 6, Area Optical Professional Committee
- Appendix 7, Area Pharmaceutical Professional Committee
- Appendix 8, Area Psychology Professional Committee
- Appendix 9, Area Clinical Forum



## **NHS Ayrshire & Arran Area Allied Health Professions Professional Committee**

### **Annual Report for 2019/20**

#### **1. Summary**

1.1 The AAHPPC continues to fulfil its remit as a strategic professional committee of the Board and provides feedback on Board papers and other papers through ACF. We also continue to have a wide ranging open discussion with the AHP Manager/Associate Director of AHP who attend our meetings. Topics discussed include reform and change, finance, workforce, bed/service redesign, primary care development plan, mental health strategy, new models of care, admin review and MSK review.

#### **1.2 Key Messages**

- Workforce is key for existing and new models of care. Recruitment, retention and succession planning are essential. Staff wellbeing should be a high priority in order to reduce workforce stress and to build resilience and wellbeing at this time of reform and change.
- AHPs are, and will continue to be, a vital part of the Health & Care Delivery Plan 2019/22 and Caring for Ayrshire.

#### **2. Remit**

2.1 The Committee's Terms of Reference are detailed at Appendix 1 to this report.

#### **3. Membership**

3.1 The Committee's membership during the reporting period was as follows:

Ms Carol Kirk, Occupational Therapy representative (Chair)  
 Ms Louise Sinclair, Podiatry representative (Vice Chair)  
 Mrs Karen Barclay, Speech and Language Therapy representative  
 Ms Ruth Barclay-Paterson, Dietetics representative  
 Mr Darren Brand, Orthoptics representative  
 Mrs Fiona Ferguson, Radiography representative  
 Ms Nicola Gault, Radiography representative  
 Mrs Vivienne Goldie, Occupational Therapy representative  
 Ms Caryn Gray, Podiatry representative  
 Ms Madelaine Halkett, Physiotherapy representative  
 Mr David Hamilton, Arts Therapies representative  
 Ms Suzanne Kean, Dietetics representative  
 Ms Marion Sloan, Orthoptics Representative  
 Mrs Jane Stewart, Speech and Language Therapy representative  
 Ms Gemma Taylor, Physiotherapy representative

The Associate Director for AHPs (or an AHP Manager) is in attendance at meetings.

#### 4. Meeting

- 4.1 The Committee met on six occasions between 1 April 2019 and 31 March 2020. The meeting planned for 26 March 2020 was cancelled due to the Covid-19 emergency situation.
- 4.2 The NHS Board has previously agreed that attendance at Committee meetings should be recorded in the relevant Annual Report. The attendance record of each member is shown below (x indicates attended).

Member	Dates						
	23.05.19	20.06.19	15.08.19	03.10.19	28.11.19	30.01.20	26.03.20 Cancelled
Carol Kirk (Chair)	X	X		X	X	X	
Louise Sinclair (Vice Chair)	X			X	X	X	
Karen Barclay			X	X			
Ruth Barclay- Paterson	X		X	X		X	
Darren Brand			X	X	X		
Fiona Ferguson							
Nicola Gault				X		X	
Vivienne Goldie							
Caryn Gray				X			
Madelaine Halkett		X	X	X	X		
David Hamilton							
Suzanne Kean		X	X	X	X	X	

Marion Sloan (rotates attendance with Darren Brand)							
Jane Stewart			X	X	X	X	
Gemma Taylor				X		X	

## 5. Committee Activities

### 5.1 Ministerial Annual Review

Chair attended Ministerial Annual Review on 18.03.19.

### 5.2 HSE Stress Awareness Report

Jodi Binning, presented an AHP report on stress in the workplace (conducted in conjunction with the Health & Safety Executive) which included the Physiotherapy Service.

### 5.3 AHP education and quality improvement

Grier McGhee, AHP lead for education and quality improvement, attended to provide an update.

### 5.4 Caring for Ayrshire (CfA)

John Burns, CEO, attended to speak on CfA.

### 5.5 Associate Director for AHPs

On appointment to her new role, Emma Stirling attended committee to discuss her new role and the three priority areas which Emma will be focusing on. Emma will continue to attend AAHPPC meetings.

### 5.6 Groups which a representative from AAHPPC attend

A member of committee attends AHP workforce Group and AHP H&SC clinical governance group and provides feedback to committee members. Hazel Borland, Director of Nursing and AHPs, has kindly invited Chair of AAHPPC to attend the Professional Leadership Group meetings. Whilst it has proved challenging for the current Chair to attend (due to work commitments) with a new Chair being appointed, hopefully, this situation will improve.

### 5.7 Communication between AAHPPC and AHPs

After each meeting, bullet points are circulated to all AHPs of the main topics discussed. Alternatively, approved minutes are sent to all AHPs.

### 5.8 Advice provided to the Board

The Committee continues to fulfil its remit to review and comment on Board papers and other documents. Chair or Vice Chair provides feedback to the Board through Chair of ACF. Papers discussed and feedback given, include, Trauma and orthopaedic surgery remodelling in Acute – an AHP Service Response 17.07.19, Winter Plan 2019/20, Primary

Care Improvement Plan 2020-2022, Mental Health Strategy, the Health & Care (Staffing) Scotland Act and a Paper on Regional Working.

## **6. Priorities for 2020/21**

- 6.1 Committee will continue to be actively involved with all aspects of Caring for Ayrshire; our 10 year strategy to reform health and social care in Ayrshire. AHPs are well placed to be involved in regional redesign of services. The Health and Care Delivery Plan 2019-22 which sets out to improve patient experience, improving health and reduce inequalities are all areas which AHP can contribute to. We are aware there will be new governance arrangements for the delivery of AHP services and we await the draft proposal for comment. AHPs are fortunate to work in a wide range of settings either as lone workers or as part of a MDT. Our commitment continues to be to provide “the healthiest life possible for the people of Ayrshire and Arran”.

## **7. Chair’s Comments**

- 7.1 Another busy year, both for the Committee and for AHPs. The Committee continues to fulfil its remit as an advisory Committee of the Board. AHP staff have been involved in redesign of services and we continue to be proactive and flexible and are already heavily involved in health and social care redesign, including new extended roles, new multi disciplinary teams and expansion of re-enablement services.

Some members have stepped down from the committee and I thank them for their contribution. New members will be joining in 2020 and I thank them for wishing to be part of the committee. I will be stepping down from committee, both as OT representative and chair. I would like to personally thank all past and present members for their pragmatic and thoughtful input to all issues discussed at committee. Without this I would not have been able to fulfil my role as Chair. I wish to thank Angela O’Mahony, Committee Secretary, for invaluable assistance to myself and the committee. I would also like to thank the 3 AHP Managers for their attendance at committee over the past year and also to Emma Stirling, Associate Director of AHPs, who will continue to attend AAHPPC.

**Ms Carol Kirk**  
**Chair – Area Allied Health Professions Professional Committee**



**NHS AYRSHIRE & ARRAN**

**AREA ALLIED HEALTH PROFESSIONS PROFESSIONAL COMMITTEE**

**CONSTITUTION AND TERMS OF REFERENCE**

**1. Title**

The Committee will be called the “Ayrshire and Arran Area Allied Health Professions Professional Committee” (AAHPPC).

For the purposes of this Constitution, unless otherwise indicated, “Committee” means the Ayrshire and Arran Area Allied Health Professions Professional Committee, “NHS Board” means the Ayrshire and Arran National Health Service Board and the “Area” means the Ayrshire and Arran NHS Board Area.

The National Health Service (Scotland) Act 1978, as amended by the National Health Service and Community Care Act 1990, makes provision for the recognition by a Health Board of a Committee representative of the professions in its area. The Health Act 1999 further amended the NHS (Scotland) Act 1978 to extend the remit of professional advisory Committees to include the provision of advice to NHS Trusts. The general principles considered suitable for application to such a Committee are set out in NHS Circular Gen (1992) 17 and NHS Circular Gen (1999) 26.

The Committee shall represent the following professions: -

Arts Therapists (Art, Music, Dramatherapy)  
Dietitians  
Occupational Therapists  
Orthoptists  
Orthotists & Prosthetists  
Physiotherapists  
Podiatrists  
Radiographers  
Speech and Language Therapists

**2. Functions**

The Committee’s role is to advise, at the NHS Board’s request, or on its own initiative, authoritatively and promptly on: -

- The health and professional service needs of the local population
- Professional Issues which impinge on patient care
- The creation and maintenance of effective and ongoing communication with key AHP stakeholders e.g. Associate Director for AHPs and AHP senior managers.
- The creation and maintenance of effective links with all other Area Professional

### Committees

- Any other professional and other functions as may be prescribed in future under the above acts and guidance
- Where appropriate the professional implications associated with contracts for the provision of these services

In so doing the Committee will reflect all AHPs professions locally and not any single profession, faction or geographical grouping.

These functions will support the multi-professional Area Clinical Forum by:

- Reporting 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 (acute services, primary care, health improvement etc) private practitioners and local authorities;
- Providing input on service design, redesign and development priorities and in this way playing an active role in advising the Area Clinical Forum on potential for service improvement;
- 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, leading to broader participation in the work of the Committee;
- Providing the Area Clinical Forum with a clinical perspective on the development of the Strategic Plan and the NHS Board's strategic objectives;
- Investigating and taking forward particular issues on which clinical input is required on behalf of the Area Clinical Forum, taking into account the evidence base, best practice, clinical governance etc and make proposals for their resolution. The Committee should be pro-active as well as re-active on these issues;
- Advising the Area Clinical Forum on specific proposals to improve the integration of services, both within local NHS systems and across health and social care.

### **3. Membership**

- 3.1 The Committee will be representative of the whole of each profession in the area and be elected on the basis of merit, knowledge and experience. It will comprise of no more than two voting members from each of the professions listed under section 1 to reflect as best as practicable the diversity of the profession and hence representation. Those professions who provide services locally and are not employed in Ayrshire and Arran shall attend in a non-voting/advisory capacity.

Associate Director for AHPs will be advised of meetings and they, or another AHP senior manager, may be present in an “in attendance” capacity.

### **4. Roles and Responsibilities of Members**

Each member represents and acts on behalf of their entire professional group. Engagement with professions will involve both early proactive involvement and consultation. For further details of roles, responsibilities and communication systems see AAHPPC Induction Pack.

## 5. Method of Elections

### 5.1 Election of Ordinary Member

Each profession represented by the Committees shall elect members who must be practising in Ayrshire and Arran. To ensure continuity within professional groups each Committee will canvas and elect or nominate professional members in the following way:

- The number of places available on the Committee and the professions requiring representation should be notified by the Chair of the Committee to the Corporate Business Manager.
- The Committee Secretary will make contact with all individuals practising in the particular field identified, where relevant taking due cognisance of the sub-specialisation on particular Committees.
- Current members of the Committee may stand for re-election if their term of office is due for renewal.
- Nomination forms will be sent out by the Committee Secretary, to all individuals inviting interest. Forms, including guidance on the role and remit of Committee membership, must be signed by an individual's line manager in order to indicate service support, competence and capacity. It will contain a deadline date allowing four full weeks, for return of nomination forms. A supporting statement should accompany returned forms.
- Where nominees received are equal to places on the Committee an election will not be required and nominees can be appointed a seat within the Committee.
- Where more nominees come forward than places on the Committee an election will take place and the following process adhered to:
  - Supporting statements and numbered ballot papers will be sent out to all individuals practising in the designated field. Copies of these papers will also be circulated to the members of the Committee for information.
  - A deadline date, allowing two full weeks, will be set for the return of the ballot papers. If more than one ballot paper with the same number is received, all papers with the same number will be deemed 'spoilt'.
  - All ballot papers should be returned to the Corporate Business Manager, NHS Ayrshire & Arran, Eglinton House, Ailsa Hospital, Ayr, KA6 6AB, by close of business on the deadline date.
  - Votes will be counted by the Corporate Business Manager in the presence of two independent witnesses.
  - Where more than two candidates are nominated for election, a Single Transferable Vote system will be used. Under this system, members of the Profession will be invited to rank the candidates on the ballot paper putting a "1" next to their first choice, a "2" next to their second choice and so on.
  - Where a member's first choice candidate has too few votes to be elected, their vote will be transferred to their second choice candidate and so on, until a candidate with the most votes is identified and is elected to the vacancy.

The Corporate Business Manager will notify the nominees and the Chair of the

Professional Committee, of the outcome of the election within 5 working days.

## 5.2 Election of Chair and Vice Chair

- The Officer standing down should give the Committee 6 weeks notice, of their intention. This should be submitted in writing to the Corporate Business Manager.
- Following the announcement an e-mail will be circulated, by those providing administrative support to the Committee within 5 working days. This will be sent to all members of the Committee seeking nominations for the position available. A deadline of one week prior to the next meeting will be set. Upon receipt of nominations the Committee will be advised of candidates wishing to be considered for the role.
- Immediately prior to the next meeting those who have indicated their intention to stand will speak to the Committee with regard to the contribution they would make in the particular role.
- Where one nominee is received the nominee will be appointed to the appropriate vacancy. Where there is more than one nominee, the following process will be adhered to:
  - Numbered ballot papers will be distributed to those attending on the day who are eligible to vote. Members who are unable to attend on the day should indicate their voting preference to the Committee Secretary prior to the meeting.
  - Ballot papers should be completed and returned to the Committee Secretary who will act as returning officer.
  - The Committee Secretary will, in the presence of those members attending on the day, count the votes and announce the result.
  - The Committee meeting will then commence with the successful candidate taking up their new role. Where feasible a period of “handover” will provide support for the incoming Chair from the out-going Chair
  - Where more than two nominees put themselves forward for a position then the Single Transferable Vote system as detailed above will be used. In the event that there are no nominations received for the role of Vice Chair of the Committee, this will rotate among Committee members according to a pre-agreed set period of time.

## 6. Co-option of Members

The Committee may co-opt up to 2 additional members who it considers may have a particular contribution to the work of the Committee. The term of office of co-opted members is at the discretion of the Committee and will be reviewed every 6 months. Co-opted members will act in an advisory capacity.

## 7. Tenure of Office of Members

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**Status:** Draft

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**Author:** Ms Louise Sinclair, AAHPPC Chair

The terms of office of members of the Committee will be 4 years (commencing Feb/March in the relevant year). Where occasional vacancies have not occurred, half of the membership of the Committee will be considered for re-election every two years in a staggered membership cohort. Committee members will be eligible for re-election.

## **8. Election of Officers**

Prior to the first regular meeting in April every other year, the Committee will identify those eligible for re-election and elect from its members, a Chair and Vice-Chair to serve a term of 2 years. The Chair and Vice Chair will be eligible for re-election for a further term of 2 years.

In order to maintain continuity and to succession plan, these positions should not be vacated simultaneously, and therefore in the first year the Vice Chair will be elected for one year and thereafter eligible for two years.

Should a Professional Committee Chair be elected as Chair of the Area Clinical Forum, with agreement from the relevant Professional Committee and Area Clinical Forum and approval of the NHS Board, the term of office of the Professional Committee Chair may be extended to enable the four year term of office of Chair of ACF to be fulfilled.

It is recognised that this will also require consideration of membership terms of office to ensure that no staff are disadvantaged should they wish to be nominated to join a Committee through the normal election process.

## **9. Executive Members**

The Chair and Vice Chair will comprise the Executive of the Committee. The Executive will be empowered to consult with key stakeholders as appropriate and make recommendations on behalf of the Committee where decisions are required, before the next NHS Board meeting. The Executive must report all such decisions to the Committee for ratification.

The Executive will also endorse any recommendations of any sub Committees of the Committee. Where the Executive cannot endorse the recommendations, the matter must be referred to the Committee for consideration.

## **10. Casual Vacancies**

A member who ceases to be representative of their electoral body will vacate his/her seat on the Committee and a casual vacancy will be declared.

Members of the Committee may at any time, by notice in writing by them and delivered to the Committee Secretary, resign their seat.

A casual vacancy will be filled by the appointment of a new representative from the relevant electoral body by the Committee, whose name will be notified to the Committee Secretary forthwith. New representatives will hold office for the

remainder of the term of office of the member in whose place they are appointed. Pending this appointment, the proceedings of the Committee will not be invalid by reasons of a vacancy.

Where a member of the Committee has been absent from three consecutive meetings of the Committee, of which appropriate notice had been given, the Committee may, unless they are satisfied that the member's absence was due to illness or other reasonable cause, declare that the seat on the Committee has been vacated, and, thereupon, a casual vacancy will be declared.

## **11. Representation on the Area Clinical Forum**

The Committee will, pro-actively and as requested by the NHS Board, communicate with and advise the Area Clinical Forum in professional and clinical matters. This will be conducted through the attendance of the Chair or Vice Chair of the Area Professional Committee on the Area Clinical Forum as full members.

## **12. Committee Decision**

Where the Committee is asked to give advice on a matter and a majority decision is reached the Chair will report the majority view and will also make known any minority opinion and present the supporting arguments for all view points.

## **13. Meetings**

Meetings will usually be held on an 8-weekly basis to synchronise with the NHS Board meeting calendar, 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.

### Apologies

In the event of a member of the Committee being unable to attend, apologies for absence should be sent to the Committee Secretary at the earliest opportunity.

### Persons not Members of the Committee

The Committee is able to invite persons who are not members of the Committee to attend meetings as outlined in point 5 of this Constitution.

### Annual Report

The Committee will produce an Annual Report on its work for the year. This should be presented at an Annual General Meeting and submitted to the NHS Board in May each year.

## **14. Quorum**

Representation from 5 professions will be deemed a quorum.

## **15. Notice of Meetings**

The Committee Secretary will send agenda, minutes and notices of meetings to every member of the Committee at least 5 working days before the day of the meeting. Failure by one or more members to receive papers will not invalidate proceedings.

## **16. Minutes**

Draft minutes will be issued within 5 working days of the meeting to the Committee members. Minutes of all meetings will be submitted, once ratified by the Committee, to the Area Clinical Forum and the Chief Executive of the NHS Board.

## **17. Extraordinary Meetings**

Two members may, by writing to the Chair, request an extraordinary meeting of the Committee and should specify the business to be discussed at such a meeting. The Chair's decision on whether to accede to the request will be final, and must be reported to the next ordinary meeting of the Committee.

## **18. Administrative Support**

Administrative support to the Committee will be provided through the Committee Secretary. This will include the review of policy documents, summarising the documents and ensuring that they are issued for consultation appropriately and to the relevant Area Professional Committees. Additionally the Committee Secretary will ensure that copies of the minutes, agenda and other relevant papers are prepared and circulated to the relevant Committees.

## **19. Conduct of Meetings**

The Chair will be responsible for the conduct of the meetings and for ensuring, in close consultation with the NHS Board, that the agreed recommendations of the Committee are conveyed to the Area Clinical Forum and the Chief Executive of the NHS Board.

## **20. Sub-Committees**

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

## **21. Delegated Authority of Sub-Committees**

Sub-Committees will have delegated to them such authority as may be agreed by the parent Committee. The parent Committee will approve all Sub-Committee Constitutions.

## **22. Alteration To Constitution**

The Constitution will be altered only by a majority of not less than two thirds of the

members present at a special meeting of the Committee called for purpose, of which, at least 14 days notice will be given setting out the proposed alteration or amendment. Such alterations or amendments so approved will be intimated to each member of the Committee, and to the NHS Board for approval prior to implementation.

### **23. Confidentiality**

All members of the Committee will be responsible for maintaining the confidentiality of NHS Ayrshire & Arran documents, whilst liaising appropriately in order to fulfil the Committee role and remit. The Chair will rule where necessary to advise on the confidentiality of documents.

### **24. Conflict of Interest**

Members are elected to act objectively and will declare any possible conflict of interests as soon as possible after the commencement of a meeting.

### **25. Area Clinical Forum**

The Chair or Vice-Chair will represent the Committee at the meetings of the Area Clinical Forum. The Chair is eligible for nomination for election to the post of Chair of the Area Clinical Forum.

### **26. Expenses**

Members of the Committee and Sub-Committee who incur reasonable expenses will have travelling and other allowances, including compensation for the loss of remunerative time, defrayed by the NHS Board, subject to the approval of the First Minister. Payments will only be made as respects the exercise of functions conferred and where they are not met by any other body.

### **27. Publicity**

No member of the Committee will make any official statement in public or to the Press, pertaining to the work of the Committees, without prior consultation with the Chair or Vice-Chair.

Version:	Date:	Summary of Changes:	Approved by
00.1	22/03/2018	Clarification of stakeholders and those in attendance.	AAHPPC 22/03/2018 ACF 18/05/2018 NHS Board 21/05/2018
00.2	30/07/2020	Additional wording under "Election of Officers" to clarify process to fulfil ACF Chair role.	AAHPPC



# NHS Ayrshire & Arran Area Dental Professional Committee

## Annual Report for 2019/2020

### 1. Summary

- 1.1 The Area Dental Professional Committee has had a busy year with board and professional engagement on a wide range of issues in the background of both local and national service reform.

The Committee has recognised and debated central discussions regarding the national Oral Health Improvement Plan which will create dental service redesign. Although there has been no formal impact on primary care contractors, the Committee are ambitious to contribute to these discussions.

The Committee has participated and been kept well informed regarding the transformational change agenda. The first of a series of planned workshops targeting the wider dental team organised by dental management has been carried out to improve primary care integration into the wider health services. There was a positive professional response to this event and the model will be repeated under different topics to further the agenda for change.

There has always been a positive participation regarding discussion of papers presented to board with good debate provided with the other Professional Committees in the Area Clinical Forum. The Committee is also represented with membership in two Strategic Planning and Assessment Groups within the Partnerships

The Committee has recognised that it would be beneficial to continue the work developing intra-professional communication through more visual broadcast of the Committees activities. Furthermore, the Committee would have a significant role in the input of planned dental workshops to propagate interaction between independent contractors. The Committee will also plan to have a social media presence locally to further aid its role.

There has been positive discussion regarding Oral Health Strategy and Action Plan for 2019-2023. It was noted that real progress is being made and are on track with the defined milestones. The Committee discussed although there was an upward trend of dental registration generally, 0-2 year old registration was disappointingly behind many of the much stronger indicators. Furthermore, the Committee are engaging in how to improve dental participation figures locally, which reflects the national decreasing trend. The Committee is also providing a Co-Chair for the Quality Improvement Initiative in Dentistry which will build on the Committees' discussions promoting Smoking Cessation.

The Committee has recognised and discussed the composition of its membership

and how it reflects the dental workforce for whom it should represent. The Committee feel that the membership structure should be augmented to include the input of other Dental Care Professionals as they now represent the majority of GDC registrants and are pivotal to providing care at all levels. Work is continuing to allow 2 DCPs to integrate into the Committee structure.

The Committee has been regularly attended by representatives of Senior Health Board management including the Chief Executive Officer. Furthermore there has been positive attendance by Consultants in Dental Public Health, members from Dental Management including the Director of Dentistry, Head of Primary Care and OOH services and Associate Medical Director for Primary Care. They have all added value to the Committees discussions and have been vital for progressing the ambitions of the group

## 1.2 Key Messages

- Access to dental services in Ayrshire remain at a good level.
- Dental registration rates remain high although work is ongoing to achieve an improvement in participation rates.
- The access to specialist dental services is seeing a reduction in wait with the upskilling of 3 enhanced GDPs in domiciliary care with their training supported by the PDS. Work is ongoing to increase these numbers moving forwards.
- The Committee is moving forward with digital working practices with development of clinical mailboxes and negotiations to allow independent contractors sight of centrally collated digital medical histories.
- The Committee and management team continue to support GDPs in obtaining their Quality improvement activity quota.
- The Director of Dentistry has been appointed which mirrors board structures nationally.
- The PDS are adopting a more 'specialist' function with additions to the service of specialist dental officers and a paediatric specialist.
- The membership of the Committee will be restructured to better represent the professional landscape.
- Professional engagement of the Committees' activities will be assimilated with workshops to progress transformational change.
- Formal pathways to refer patients to tobacco cessation activities have been created by integrating Quit Your Way into SCi gateway for independent contractors.

## 2. Remit

2.1 The Committee's Terms of Reference are detailed at Appendix 1 to this report.

## 3. Membership

3.1 The Committee started the cycle with a full membership and generally meetings have been well attended to always allow the group to function. All members provide positive contributions and lively discussion. Mr Dougherty resigned from the Committee and was replaced by Ms Nikki Cowan to complete the membership. Elections in March have exposed a potential vacancy in the GDS representation, however, work is ongoing to change the membership to include DCPs which may dovetail into such vacancies.

#### 4. Meeting

4.1 The Committee met on five occasions between 1 April 2019 and 31 March 2020 with the 24 March 2020 meeting being cancelled due to COVID-19.

4.2 The NHS Board has previously agreed that attendance at Committee meetings should be recorded in the relevant Annual Report. The attendance record of each member is shown below (x indicates attended).

Member	Dates					
	14/5/19	13/8/19	1/10/19	26/11/19	28/1/20	24/3/20
Peter Byrne	X	X	X	X	X	Meeting cancelled due to COVID-19
Malcolm Balfour	X			X		
Edward Coote	X	X	X	X	X	
Ian Donaldson		X	X			
Jonathan Dougherty						
Nikki Cowan (1.10.19)			X	X	X	
Padraig Ferry		X	X			
Stuart Hislop						
Debbie Boyd (26.11.19)		X				
Ioannis Levisianos			X	X		
Joe McConville	X	X		X	X	
Iain McFarlane	X	X	X	X	X	
Gillian Ward	X		X	X	X	
Martin Wishart	X		X	X	X	

#### 5. Committee Activities

- 5.1
- Ayrshire and Arran Oral Health Improvement Plan 2019-2023.
  - Continued participation and contribution with the Board's Agenda for Transformational Change.
  - Assessment of developments in OHIP with discussion how local modelling could influence service design.
  - Digital communication and data access.
  - Improving intra professional communication and interaction.
  - Promotion of Breastfeed Happily Here Ayrshire promotion.

## **6. Priorities for 2020/21**

- 6.1
- Continuation of activities to improve professional engagement using previous successful workshops to further the message for transformational change.
  - Developments and activity in regards to the OHIP are still communicated infrequently due to slow pace of change and can frustrate local progression. The Committee should prioritise local service redesign to best fit the area's needs.
  - Support the PDS in its evolving role as a more 'specialist' service provider.
  - Commitment to the Oral Health Strategy with ambition to focus resources on those indicators, such as participation, which can be improved.
  - Formalisation of new membership strands to better represent the contemporary dental team.
  - Crystallisation of digital communications between secondary and primary care.
  - Access to digital medical records/summaries for independent prescribers groups to improve patient safety.
  - Mindfulness of the possible changing dental landscape during Brexit in regards to service provision.

### **COVID-19**

The final meeting of the cycle was cancelled due to the outbreak of COVID 19. As a professional group our activities, moving forwards, may be impacted more than most due to the ramifications of social distancing and prevention of AGPs. It is noted that the Committee's activities may be more important than ever in order to navigate the uncertainty and disseminate moderated information to the wider dental community during these unprecedented times

## **7. Chair's Comments**

- 7.1 The Chair is grateful for all that attended and participated with this year's Committee activities. The relaxed atmosphere created by all members allows for free discussion and creative debate. While we acknowledge the pace of change of national restructure can frustrate, on a local level we believe we are making good progress in building a better local service for our patients. We are making inroads breaking down historical barriers of communication and moving forwards we are in good place to build on our previous successes. I must also thank the continued input from secretarial team whose support has been invaluable.

**Peter Byrne**  
**Chair – Area Dental Professional Committee**

## Appendix 1

# NHS Ayrshire & Arran

## Area Dental Professional Committee

### Constitution and Terms of Reference

#### 1. Title

The Committee will be called the “Ayrshire and Arran Area Dental Professional Committee”.

For the purposes of this Constitution, unless otherwise indicated, “Committee” means the Ayrshire and Arran Area Dental Professional Committee, “NHS Board” means the Ayrshire and Arran National Health Service Board and the “Area” means the Ayrshire and Arran NHS Board Area.

The Committee is elected by and representative of the dental practitioners of the area administered by the Area NHS Board for Ayrshire and Arran for the purposes of Section 13(1) of the National Health Service (Scotland) Act 1972, and being the Committee recognised by the Secretary of State for Scotland for the purpose of Section 16(1) of that Act.

It will carry out the functions prescribed for Area Dental Committees under the National Health Service (Scotland) Act 1972 and subsequent Acts, and any rules, orders or regulations made there under.

#### 2. Functions

The Committee’s role is to advise, at the NHS Board’s request, or on its own initiative, authoritatively and promptly on:-

- The dental health and professional service needs of the local population
- Issues which impinge on patient care
- To create and maintain effective links with all other Area Professional Committees.
- Any other professional and other functions as may be prescribed in future under the above acts and guidance
- Where appropriate the implications associated with contracts for the provision of these services

In so doing the Committee will reflect the views of the whole profession locally and not any faction or geographical grouping.

These functions will support the multi-professional Area Clinical Forum by:

- Reporting 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 (acute services, primary care, health improvement etc);
- Providing input on service design, redesign and development priorities and in this way playing an active role in advising the Area Clinical Forum on potential for service improvement;
- 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, leading to broader participation in the work of the Committee;
- Providing the Area Clinical Forum with a clinical perspective on the development of the Local Health Plan and the NHS Board's strategic objectives;
- Investigating and taking forward particular issues on which clinical input is required on behalf of the Area Clinical Forum, taking into account the evidence base, best practice, clinical governance etc and make proposals for their resolution. The Committee should be pro-active as well as re-active on these issues;
- Advising the Area Clinical Forum on specific proposals to improve the integration of services, both within local NHS systems and across health and social care.

### **3. Membership**

The Committee will be representative of the whole profession in the area and be elected on the basis of merit, knowledge and experience. It will comprise of no more than twelve voting members to reflect as best as practicable the diversity of the profession and hence representation.

The members must provide treatment in NHS Ayrshire & Arran and membership will be made up of:

1. Seven General Dental Practitioners who provide the full range of NHS treatments for all patient categories or Specialist Primary Care Dental Practitioners listed to provide NHS services.
2. Three from Public Dental Services
3. Two from Hospital Dental Services.

Members must be of good standing within the Dental Profession.

If insufficient dentists of any class are nominated or willing to accept office to attain the foregoing representation, then a dentist from another branch may be elected in lieu.

#### **4. Method of Elections**

##### **4.1 Election of Ordinary Member**

Each profession represented by the Committees shall elect members who must be practising in Ayrshire and Arran. To ensure continuity within professional groups each Committee will canvas and elect or nominate professional members in the following way:

- The number of places available on the Committee and the professions requiring representation, should be notified by the Chair of the Committee, to the Head of Corporate Governance.
- The Corporate Department will make contact with all individuals practising in the particular field identified, where relevant taking due cognisance of the sub-specialisation on particular Committees.
- Current members of the Committee may stand for re-election if their term of office is due for renewal.
- Nomination forms will be sent out by NHS Ayrshire and Arran Corporate Department, to all individuals inviting interest. Forms will contain deadline date allowing four full weeks, for return of nomination forms. A supporting statement should accompany returned forms.
- Where nominees received are equal to places on the Committee an election will not be required and nominees can be appointed a seat within the Committee.
- Where more nominees come forward than places on the Committee an election will take place and the following process adhered to:

Supporting statements and numbered ballot papers will be sent out to all individuals practising in the designated field. Copies of these papers will also be circulated to the members of the Committee for information.

A deadline date, allowing two full weeks, will be set for the return of the ballot papers. If more than one ballot paper with the same number is received, all papers with the same number will be deemed 'spoilt'.

All ballot papers should be returned to the Head of Corporate Governance, NHS Ayrshire and Arran, Corporate Department, Eglinton House, Ailsa Hospital, Ayr, KA6 6AB, by close of business on the deadline date.

Votes will be counted by the Head of Corporate Governance in the presence of

two independent witnesses.

Where more than two candidates are nominated for election, a Single Transferable Vote system will be used. Under this system, members of the Profession will be invited to rank the candidates on the ballot paper putting a "1" next to their first choice, a "2" next to their second choice and so on.

Where a member's first choice candidate has too few votes to be elected, their vote will be transferred to their second choice candidate and so on, until a candidate with the most votes is identified and is elected to the vacancy.

- The Head of Corporate Governance will notify the nominees and the Chair of the Professional Committee, of the outcome of the election within 5 working days.
- Should vacant seats remain following this process, nominations to the remaining seats will be sought at the Annual General Meeting.

#### **4.2 Election of Chair, Vice Chair and Professional Secretary**

- The Officer standing down should give the Committee 6 weeks' notice, of their intention. This should be submitted in writing to the Head of Corporate Governance.
- Following the announcement an e-mail will be circulated, by those providing administrative support to the Committee within 5 working days. This will be sent to all members of the Committee seeking nominations for the position available. A deadline of one week prior to the next meeting will be set. Upon receipt of nominations the Committee will be advised of candidates wishing to be considered for the role.
- Immediately prior to the next meeting those who have indicated their intention to stand will speak to the Committee with regard to the contribution they would make in the particular role.
- Where one nominee is received the nominee will be appointed to the appropriate vacancy. Where there is more than one nominee, the following process will be adhered to:

Numbered ballot papers will be distributed to those attending on the day who are eligible to vote. Members who are unable to attend on the day should indicate their voting preference to the Committee Secretary prior to the meeting.

Ballot papers should be completed and returned to the Committee Secretary who will act as returning officer.

The Committee Secretary will, in the presence of those members attending on the day, count the votes and announce the result.

The Committee meeting will then commence with the successful



candidate taking up their new role.

- Where more than two nominees put themselves forward for a position then the Single Transferable Vote system as detailed above will be used. In the event that there are no nominations received for the role of Vice Chair of the Committee this will rotate among Committee members according to a pre-agreed set period of time.

## **5. Co-option of Members**

The Committee may co-opt up to 2 additional members who it considers may have a particular contribution to the work of the Committee. The term of office of co-opted members is at the discretion of the Committee and will be reviewed every 6 months. Co-opted members will act in an advisory capacity.

## **6. Tenure of Office of Members**

The terms of office of members of the Committee will be 4 years (commencing 1 April in the relevant year). Half of the membership of the Committee will be considered for re-election every two years in a staggered membership cohort. Committee members will be eligible for re-election.

## **7. Election of Officers**

At its first regular meeting in April every other year, the Committee will elect from its members, a Chair and Vice-Chair to serve a term of 2 years. The Chair and Vice Chair will be eligible for re-election for a further term of 2 years but thereafter, unless approved by the Board, will be required to demit office for at least one term.

Should a Professional Committee Chair be elected as Chair of the Area Clinical Forum, with agreement from the relevant Professional Committee and Area Clinical Forum and approval of the NHS Board, the term of office of the Professional Committee Chair may be extended to enable the four year Term of Office of Chair of ACF to be fulfilled.

It is recognised that this will also require consideration of membership Terms of Office to ensure that no staff are disadvantaged should they wish to be nominated to join a Committee through the normal election process.

## **8. Executive Members**

The Chair and Vice Chair will comprise the Executive of the Committee. The Executive will be empowered to consult and make recommendations on behalf of the Committee where decisions are required, before the next NHS Board meeting. The Executive must report all such decisions to the Committee for ratification.

The Executive will also endorse any recommendations of any sub Committees of the Committee. Where the Executive cannot endorse the recommendations, the matter must be referred to the Committee for consideration.

## 9. Casual Vacancies

- A member who ceases to be representative of their electoral body will vacate his/her seat on the Committee and a casual vacancy will be declared.
- Where a member of the Committee has been absent from three consecutive meetings of the Committee, of which appropriate notice had been given, the Committee may, unless they are satisfied that the member's absence was due to illness or other reasonable cause, declare that the seat on the Committee has been vacated and, thereupon, a casual vacancy will be declared.
- Members of the Committee may at any time, by notice in writing by them and delivered to the Committee Secretary, resign their seat.
- A casual vacancy will be filled by the appointment of a new representative from the relevant electoral body by the Committee, whose name will be notified to the Committee Secretary forthwith. New representatives will hold office for the remainder of the term of office of the member in whose place they are appointed. Pending this appointment, the proceedings of the Committee will not be invalid by reasons of a vacancy.

## 10. Representation on the Area Clinical Forum

The Committee will, pro-actively and as requested by the NHS Board, communicate with and advise the Area Clinical Forum in professional and clinical matters. This will be conducted through the attendance of the Chair and/or Vice Chair of the Area Professional Committee on the Area Clinical Forum as full members.

## 11. Committee Decision

Where the Committee is asked to give advice on a matter and a majority decision is reached the Chair will report the majority view and will also make known any minority opinion and present the supporting arguments for all view points.

## 12. Meetings

Meetings will usually be held on an 8-weekly basis to synchronise with the NHS Board meeting calendar, 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.

### Committee Members

In the event of a member of the Committee being unable to attend, apologies

for absence should be sent to the Committee Secretary.

### Persons not Members of the Committee

The Committee is able to invite persons who are not members of the Committee to attend meetings.

### Annual Report

The Committee will produce an Annual Report on its work for the year. This should be presented at an Annual General Meeting and submitted to the NHS Board in May each year.

#### **13. Quorum**

A quorum shall consist of six elected and voting members.

#### **14. Notice of Meetings**

The Committee Secretary will send agenda, minutes and notices of meetings to every member of the Committee 5 working days before the day of the meeting. Failure by one or more members to receive papers will not invalidate proceedings.

#### **15. Minutes**

Draft minutes will be issued to the Committee members. Minutes of all meetings will be submitted, once ratified by the Committee, to the Area Clinical Forum and the Chief Executive of the NHS Board.

#### **16. Requesting Meetings**

Two members may, by writing to the Chair, request an extraordinary meeting of the Committee and should specify the business to be discussed at such a meeting. The Chair's decision on whether to accede to the request will be final, and must be reported to the next ordinary meeting of the Committee.

#### **17. Administrative Support**

Administrative support to the Forum will be provided by the Committee Secretary. This will include the review of policy documents, summarising the documents and ensuring that they are issued for consultation appropriately and to the relevant Area Professional Committees. Additionally the Committee Secretary will ensure that copies of the minutes, agenda and other relevant papers are prepared and circulated to the relevant Committees.

#### **18. Conduct of Meetings**

The Chair will be responsible for the conduct of the meetings and for ensuring, in close consultation with the NHS Board, that the agreed recommendations of the Committee are conveyed to the Area Clinical Forum and the Chief

Executive of the NHS Board.

## **19. Sub-Committees**

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

## **20. Delegated Authority of Sub-Committees**

Sub-Committees will have delegated to them such authority as may be agreed by the parent Committee. The parent Committee will approve all Standing Sub-Committee Constitutions.

## **21. Alteration To Constitution**

The Constitution will be altered only by a majority of not less than two thirds of the members present at a special meeting of the Committee called for purpose, of which, at least 21 days' notice will be given setting out the proposed alteration or amendment. Such alterations or amendments so approved will be intimated to each member of the Committee, and to the NHS Board for approval prior to implementation.

## **22. Confidentiality**

All members of the Committee will be responsible for maintaining the confidentiality of NHS Board documents. The Chair will rule where necessary to advise on the confidentiality of documents.

## **23. Conflict of Interest**

Members are elected to act objectively and will declare any possible conflict of interests as soon as possible after the commencement of a meeting.

## **24. Access**

The Chair and Vice-Chair will represent the Committee at the meetings of the Area Clinical Forum. The Chair is eligible for nomination for election to the post of Chair of the Area Clinical Forum.

## **25. Expenses**

Members of the Committee and Sub-Committee who incur reasonable expenses will have travelling and other allowances, including compensation for the loss of remunerative time, defrayed by the NHS Board, subject to the approval of the First Minister. Payments will only be made as respects the exercise of functions conferred and where they are not met by any other body.

## **26. Publicity**

No member of the Committee will make any official statement in public or to the Press, pertaining to the work of the Committees, without prior consultation

with the Chair or Vice-Chair.

Version:	Date:	Summary of Changes:	Approved by
00.1	21/05/2018	Clarification of stakeholders and those in attendance.	ADPC 20/03/2018 ACF 18/05/2018 NHS Board 21/05/2018
00.2	11/08/2020	Additional clarification to election process (item 8)	ACF 31/1/2020 ADPC  NHS Board

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## **NHS Ayrshire & Arran Area Healthcare Science Professional Committee**

### **Annual Report for 2019/2020**

#### **1. Summary**

- 1.1 The Committee has now entered a stage of stability with elections for two Life Science, one Physiological Science and one Physical Science due for 31 March 2020.

Unfortunately, at the point where elections were taking place, the Organisation had to suspend all Professional Committees and therefore it was not practical at that time to draw the elections to a formal conclusion.

Following the restart of the professional committee as part of the supporting work to help with the mobilisation efforts of the Organisation, the elections will be reviewed and concluded. Formal appointment to positions will follow as part of this process.

#### **2. Remit**

- 2.1 The remit of the Committee continues to be to provide a forum and voice for the Services and Healthcare Scientists employed within NHS Ayrshire & Arran and the development of a work-plan to support both those services and staff as they in turn support the aims and goals of the Organisation.

#### **3. Membership**

- 3.1 The Committee had three vacancies during 2019/20 but these had been included in the elections due for 31 March 2020.

#### **4. Meeting**

- 4.1 The Committee met on four occasions between 1 April 2019 and 31 March 2020 with the meeting on 23 March 2020 being cancelled due to COVID-19.
- 4.2 The NHS Board has previously agreed that attendance at Committee meetings should be recorded in the relevant Annual Report. The attendance record of each member is shown below (x indicates attended).

Member	21/5/19	06/8/19	1/10/19	27/11/19	25/3/20
Adrian Carragher	X	X	X	X	Meeting Cancelled due to COVID-19
Lee Carson				X	
David Dickie (Sharon Sutherland)	X	X	X	X	
Kirsty Galt	X	X	X	X	
Debbi McEwan				X	
Jim McGarvie	X	X			
Holly MacKenzie	X		X	x	
Pauline Paul	X				
Lynsey Porter	Mat L	Mat L	X	x	

## 5. Committee Activities

- 5.1 The Committee has previously prided itself on the annual Healthcare Science event that has been well received year on year. This event was postponed as a result of advice in regard to the risks associated with Covid-19 and large gatherings of people and while it was hoped that this might be reinstated in 2020 it has been agreed that this is not practical and that the Committee will look towards 2021/22 for the next opportunity to hold this event.

Work has started to develop a new vision for the professional committee and our ambition for healthcare science and the workforce here in NHS Ayrshire & Arran. The ambition is “To Build the best Healthcare Science Workforce in NHS Scotland that supports the best training environment for those working in Ayrshire and those aspiring to do so”

This ambition not only supports staff working here but it is hoped that it provides inspiration and draws people to Ayrshire and Arran. While this ambition is bold and very new it is expected that this can support services as they look forward and plan for the future given the changes many services will require to make as we develop our 10-year plan, “Caring for Ayrshire”.

## 5.2 National Issues

Towards the close of 2019 the National Workforce Plan for NHS Scotland was released and alongside this was a plan to support the development of cardiac physiologists with a £1m injection of finance to train several cohorts of cardiac physiologists over the next four years. The detail and how this money is allocated is yet to be shared with Boards but was acknowledged as a genuine boost to this area of the Physiology workforce. It was also noted that training a relatively large number of cardiac physiologists over this period would set particular challenges for Service where the majority of clinical skills are taught and developed by clinicians working in service.

“Delivering Improvement, Delivering Results” the current National Delivery Plan for

Healthcare Science in NHS Scotland concludes at the end of 2020. Work to develop the future aims and a new plan for Scottish Healthcare Science is underway with initial visioning work taking place to identifying the areas of interest that may form a new strategy.

Early feedback has indicated a strong focus on patient pathways, patient involvement, technology and the roles of healthcare scientists. It has also indicated that there is still a need to develop the leadership roles around healthcare science both nationally and at a local level to ensure that Healthcare Science is as visible as all other professions at Government and Board level.

Significant concerns remain around training of new healthcare scientists and the pressures in particular on the physiological and physical science areas.

## **6. Priorities for 2020/21**

- 6.1 As part of the development of an ambition, this will require involvement from all areas of healthcare science locally.

Locally, the Professional Lead for Healthcare Science and the Committee Chair will look to engage with our Services to encourage full participation both at Professional Committee level but more importantly with the work that is needed to realise our ambition.

## **7. Chair's Comments**

- 7.1 Science and Scientists have continued to become more prominent and involved in the fields of health and care; this is expected to continue to grow over the coming years. This should be seen as a great opportunity for healthcare science in general to flourish and to become more prominent within the health and care community and in the local community where future healthcare scientists will need to come from.

Challenges to delivering health and care as part of Caring for Ayrshire will require creative and novel approaches to how we work and deliver services as well as new approaches having to be developed and created in partnership with professionals and service users alike. Changes that we expect to see as part of Caring for Ayrshire are also required to support some of the longer term underlying issues faced by healthcare science such as recruitment and training which while initially quite daunting, should be the start of a new opportunity for healthcare science as well as the people of Ayrshire & Arran.

**Mr Adrian Carragher**  
**Chair - Area Healthcare Science Professional Committee**



## **NHS Ayrshire & Arran**

### **Area Healthcare Science Professional Committee**

#### **Constitution and Terms of Reference**

##### **1. Title**

The Committee will be called the “Ayrshire and Arran Area Healthcare Science Professional Committee” (AHCSPC).

For the purposes of this Constitution, unless otherwise indicated, “Committee” means the Ayrshire and Arran Area Healthcare Science Professional Committee, “NHS Board” means the Ayrshire and Arran National Health Service Board and the “Area” means the Ayrshire and Arran NHS Board Area.

The National Health Service (Scotland) Act 1978, as amended by the National Health Service and Community Care Act 1990, makes provision for the recognition by a Health Board of a Committee representative of the professions in its area. The Health Act 1999 further amended the NHS (Scotland) Act 1978 to extend the remit of Professional Advisory Committees to include the provision of advice to NHS Boards. The general principles considered suitable for application to such a Committee are set out in NHS Circular Gen (1992) 17 and NHS Circular Gen (1999) 26.

##### **2. Functions**

The function of the Committee is to advise, at the NHS Board’s request, or on its own initiative, on the provision of clinical and scientific services and in so doing reflect the views of the professions locally.

The functions shall include:

- Provide advice to the Board on service development, impact and risk assessment of policy and service initiatives.
- Provide the Board with a clinical and scientific perspective on the development of the Local Delivery Plan and strategic objectives.
- Share experience in demand management and approaches to process improvement.
- Foster engagement between Healthcare Scientists (HCS) and workforce planners.
- Develop cross-profession links for sustainable clinical teams and role development.

- Promote multidisciplinary working.
- Share experience and practice development to assure best patient care and clinical governance.
- Improve and unify approaches to professional engagement by Healthcare Scientists.
- Promote HCS leadership in quality assurance of all diagnostic measurement.
- Develop appropriate links with community health partnerships.
- Act as a local horizon-scanning resource for Healthcare Scientists.
- Link with national debate and the Scottish Forum for HCS.
- Maintain a local network of experts to report on local HCS matters.
- Identify opportunities for research in the context of local needs.
- Support engagement with education providers.
- Build a HCS profile at career events.

In so doing the Committee will reflect all HCS professions locally and not any single profession, faction or geographical grouping.

These functions will support the multi-professional Area Clinical Forum by:

- Reporting the business of the Area Professional Committees to ensure a co-ordinated approach on clinical and scientific matters among the different professions and within the component parts of the local NHS system (acute services, primary care, health improvement etc) private practitioners and local authorities;
- Providing the Area Clinical Forum with a clinical and scientific perspective on the development of the Strategic Plan and the NHS Board's strategic objectives;
- Investigating and taking forward particular issues on which clinical and scientific input is required on behalf of the Area Clinical Forum, taking into account the evidence base, best practice, clinical governance etc and make proposals for their resolution. The Committee should be pro-active as well as re-active on these issues;
- Advising the Area Clinical Forum on specific proposals to improve the integration of services, both within local NHS systems and across health and social care.

### **3. Membership**

3.1 Membership will be open to all Healthcare Scientists working in NHS Ayrshire & Arran. Healthcare Scientists are members of the professional groups and associated scientific disciplines shown in Appendix 1. Other disciplines may be included as appropriate.

3.2 Membership of the Committee will comprise of:

a) Up to four members elected by their professional peers, from each of the three sections defined in Appendix 1, namely Life Sciences, Physiological Sciences and Physical Science.

b) The Board nominated HCS Lead (in an "in attendance" capacity, without voting

rights).

- 3.3 Each member of the Committee will also have an alternate from the same professional group who will attend meetings, in the absence of the main member. The main member should advise the alternate of progress, and of availability for meetings.
- 3.4 Persons other than members, may be invited to attend for discussion of specific items, but will not have the right to vote. Notwithstanding this, members of the individual professions may attend for the purpose of professional development.

#### **4. Roles and Responsibilities of Members**

Each member represents and acts on behalf of their entire professional group / strand. Engagement with professions will involve both early proactive involvement and consultation.

#### **5. Method of Elections**

##### **5.1 Election of Ordinary Member**

Each profession represented by the Committees shall elect members who must be practising in Ayrshire and Arran. To ensure continuity within professional groups each Committee will canvas and elect or nominate professional members in the following way:

- The number of places available on the Committee and the professions requiring representation should be notified by the Chair of the Committee to the Head of Corporate Governance.
- The Committee Secretary will make contact with all individuals practising in the particular field identified, where relevant, taking due cognisance of the sub-specialisation on particular Committees.
- Current members of the Committee may stand for re-election if their term of office is due for renewal.
  - Nomination forms will be sent out by the Committee Secretary, to all individuals inviting interest. Forms, including guidance on the role and remit of Committee membership, must be signed by the Profession's Head of Service in order to indicate service support, competence and capacity. It will contain a deadline date allowing four full weeks, for return of nomination forms. A supporting statement should accompany returned forms.
- Where nominees received are equal to places on the Committee an election will not be required and nominees can be appointed a seat within the Committee.
- Where more nominees come forward than places on the Committee an election will take place and the following process adhered to:
  - Supporting statements and numbered ballot papers will be sent out to all individuals practising in the designated field. Copies of these papers will also

be circulated to the members of the Committee for information.

- A deadline date, allowing two full weeks, will be set for the return of the ballot papers. If more than one ballot paper with the same number is received, all papers with the same number will be deemed 'spoilt'.
  - All ballot papers should be returned to the Head of Corporate Governance, NHS Ayrshire & Arran, Eglinton House, Ailsa Hospital, Ayr, KA6 6AB, by close of business on the deadline date.
  - Votes will be counted by the Head of Corporate Governance in the presence of two independent witnesses.
  - Where more than two candidates are nominated for election, a Single Transferable Vote system will be used. Under this system, members of the Profession will be invited to rank the candidates on the ballot paper putting a "1" next to their first choice, a "2" next to their second choice and so on.
  - Where a member's first choice candidate has too few votes to be elected, their vote will be transferred to their second choice candidate and so on, until a candidate with the most votes is identified and is elected to the vacancy.

The Head of Corporate Governance will notify the nominees and the Chair of the Professional Committee, of the outcome of the election within five working days.

## 5.2 Election of Chair and Vice Chair

- The Officer standing down should give the Committee six weeks' notice, of their intention. This should be submitted in writing to the Head of Corporate Governance.
- Following the announcement an e-mail will be circulated, by those providing administrative support to the Committee within five working days. This will be sent to all members of the Committee seeking nominations for the position available. A deadline of one week prior to the next meeting will be set. Upon receipt of nominations the Committee will be advised of candidates wishing to be considered for the role.
- Immediately prior to the next meeting those who have indicated their intention to stand will speak to the Committee with regard to the contribution they would make in the particular role.
- Where one nominee is received the nominee will be appointed to the appropriate vacancy. Where there is more than one nominee, the following process will be adhered to:
  - Numbered ballot papers will be distributed to those attending on the day that are eligible to vote. Members who are unable to attend on the day should indicate their voting preference to the Committee Secretary prior to the meeting.
  - Ballot papers should be completed and returned to the Committee Secretary who will act as returning officer.

- The Committee Secretary will, in the presence of those members attending on the day, count the votes and announce the result.
- The Committee meeting will then commence with the successful candidate taking up their new role. Where feasible a period of “handover” will provide support for the incoming Chair from the outgoing Chair.
- Where more than two nominees put themselves forward for a position then the Single Transferable Vote system as detailed above will be used. In the event that there are no nominations received for the role of Vice Chair of the Committee, this will rotate among Committee members according to a pre-agreed set period of time.

## **6. Co-option of Members**

The Committee may co-opt up to two additional members who it considers may have a particular contribution to the work of the Committee. The term of office of co-opted members is at the discretion of the Committee and will be reviewed every six months. Co-opted members will act in an advisory capacity.

## **7. Tenure of Office of Members**

The terms of office of members of the Committee will be four years (commencing Feb/March in the relevant year). Where occasional vacancies have not occurred, half of the membership of the Committee will be considered for re-election every two years in a staggered membership cohort.

## **8. Election of Officers**

Prior to the first regular meeting in April every other year, the Committee will identify those eligible for re-election and elect from its members, a Chair and Vice-Chair to serve a term of two years. The Chair and Vice Chair will be eligible for re-election for a further term of two years but thereafter, unless approved by the NHS Board, will be required to demit office for at least one term.

In order to maintain continuity and to succession plan, these positions should not be vacated simultaneously, and therefore in the first year the Vice Chair will be elected for one year and thereafter eligible for two years.

Should a Professional Committee Chair be elected as Chair of the Area Clinical Forum, with agreement from the relevant Professional Committee and Area Clinical Forum and approval of the NHS Board, the term of office of the Professional Committee Chair may be extended to enable the four year term of office of Chair of ACF to be fulfilled.

It is recognised that this will also require consideration of membership terms of office to ensure that no staff are disadvantaged should they wish to be nominated to join a Committee through the normal election process.

## **9. Executive Members**

The Chair and Vice Chair will comprise the Executive of the Committee. The Executive will be empowered to consult with key stakeholders as appropriate and make recommendations on behalf of the Committee where decisions are required, before the next NHS Board meeting. The Executive must report all such decisions to the Committee for ratification.

The Executive will also endorse any recommendations of any sub Committees of the Committee. Where the Executive cannot endorse the recommendations, the matter must be referred to the Committee for consideration.

## **10. Casual Vacancies**

A member who ceases to be representative of their electoral body will vacate his/her seat on the Committee and a casual vacancy will be declared.

Members of the Committee may at any time, by notice in writing by them and delivered to the Committee Secretary, resign their seat.

A casual vacancy will be filled by the appointment of a new representative from the relevant electoral body by the Committee, whose name will be notified to the Committee Secretary forthwith. New representatives will hold office for the remainder of the term of office of the member in whose place they are appointed. Pending this appointment, the proceedings of the Committee will not be invalid by reasons of a vacancy.

Where a member of the Committee has been absent from three consecutive meetings of the Committee, of which appropriate notice had been given, the Committee may, unless they are satisfied that the member's absence was due to illness or other reasonable cause, declare that the seat on the Committee has been vacated, and, thereupon, a casual vacancy will be declared.

## **11. Representation on the Area Clinical Forum**

The Committee will, pro-actively and as requested by the NHS Board, communicate with and advise the Area Clinical Forum in professional and clinical matters. This will be conducted through the attendance of the Chair or Vice Chair of the Area Professional Committee on the Area Clinical Forum as full members.

## **12. Committee Decision**

Where the Committee is asked to give advice on a matter and a majority decision is reached the Chair will report the majority view and will also make known any minority opinion and present the supporting arguments for all view points.

## **13. Meetings**

Meetings will usually be held on an eight-weekly basis to synchronise with the NHS Board meeting calendar, 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.

#### Apologies

In the event of a member of the Committee being unable to attend, apologies for absence should be sent to the Committee Chair at the earliest opportunity.

#### Persons not Members of the Committee

The Committee is able to invite persons who are not members of the Committee to attend meetings as outlined in point five of this Constitution.

#### Annual Report

The Committee will produce an Annual Report on its work for the year. This should be presented at an Annual General Meeting and submitted to the NHS Board in May each year.

### **14. Quorum**

A quorum shall consist of six elected and voting members, of which all three strands must be represented.

### **15. Notice of Meetings**

The Committee Secretary will distribute the agenda, minutes and notices of meetings to every member of the Committee at least five working days before the day of the meeting. Failure by one or more members to receive papers will not invalidate proceedings.

### **16. Minutes**

Draft minutes will be issued within five working days of the meeting to the Committee members. Minutes of all meetings will be submitted, once ratified by the Committee, to the Area Clinical Forum and the Chief Executive of the NHS Board.

### **17. Extraordinary Meetings**

Two members may, by writing to the Chair, request an extraordinary meeting of the Committee and should specify the business to be discussed at such a meeting. The Chair's decision on whether to accede to the request will be final, and must be reported to the next ordinary meeting of the Committee.

### **18. Administrative Support**

Administrative support to the Committee will be provided through the Committee Secretary. This will include the review of policy documents, summarising the documents and ensuring that they are issued for consultation appropriately and to the relevant Area Professional Committees. Additionally, the Committee Secretary will ensure that copies of the minutes, agenda and other relevant papers are

prepared and circulated to the relevant Committees.

## **19. Conduct of Meetings**

The Chair will be responsible for the conduct of the meetings and for ensuring, in close consultation with the NHS Board, that the agreed recommendations of the Committee are conveyed to the Area Clinical Forum and the Chief Executive of the NHS Board.

## **20. Sub-Committees**

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

## **21. Delegated Authority of Sub-Committees**

Sub-Committees will have delegated to them such authority as may be agreed by the parent Committee. The parent Committee will approve all Sub-Committee Constitutions.

## **22. Alteration To Constitution**

The Constitution will be altered only by a majority of not less than two thirds of the members present at a special meeting of the Committee called for purpose, of which, at least 14 days notice will be given setting out the proposed alteration or amendment. Such alterations or amendments so approved will be intimated to each member of the Committee, and to the NHS Board for approval prior to implementation.

## **23. Confidentiality**

All members of the Committee will be responsible for maintaining the confidentiality of NHS Ayrshire and Arran documents, whilst liaising appropriately in order to fulfil the Committee role and remit. The Chair will rule where necessary to advise on the confidentiality of documents.

## **24. Conflict of Interest**

Members are elected to act objectively and will declare any possible conflict of interests as soon as possible after the commencement of a meeting.

## **25. Area Clinical Forum**

The Chair or Vice-Chair will represent the Committee at the meetings of the Area Clinical Forum. The Chair is eligible for nomination for election to the post of Chair of the Area Clinical Forum.

## **26. Expenses**



Members of the Committee and Sub-Committee who incur reasonable expenses will have travelling and other allowances, including compensation for the loss of remunerative time, defrayed by the NHS Board, subject to the approval of the First Minister. Payments will only be made as respects the exercise of functions conferred and where they are not met by any other body.

## 27. Publicity

No member of the Committee will make any official statement in public or to the Press, pertaining to the work of the Committees, without prior consultation with the Chair or Vice-Chair.

Version:	Date:	Summary of Changes:	Approved by
00.1	11/12/2017	Clarification of stakeholders and those in attendance.	AHCSPC 05/12/2017 ACF 06/10/2017 NHS Board 11/12/2017
00.2	27/11/2019	Additional clarification to election process (item 8)	AHCSPC 27/11/2019 ACF 31/1/2020



# **NHS Ayrshire & Arran Area Medical Professional Committee**

## **Annual Report for 2019/2020**

### **1. Summary**

- 1.1 The committee is formed of members from its two sub-committees i.e. the GP sub-committee and Hospital sub-committee. The Medical Director, AMD for primary care and the clinical leads from HSCPs are also invited. The GP sub-committee has met regularly over the last year with a busy and productive agenda specifically focusing on the new GMS contract whilst the Hospital sub-committee has been reinvigorated over the last year and is meeting regularly once again. The committee met across two sites via video conferencing pre-Covid. However, due to workload issues with Covid, met on a reduced basis on the last two occasions, with two members from HPSC and two from GP sub. This meeting of clinical members from across the committees hopes to ensure that the professional advice to the Board via the Area Medical Professional Committee has understanding from front line clinical staff and it was important to keep engagement active during pandemic.

The committee regularly reviews all Board papers and also minutes of GP sub and Hospital sub committees.

### **1.2 Key Messages**

Previously medical manpower was a challenge to attendance at committee meetings. The situation improved in the last year. We continue to seek ways to improve ways of working as a whole medical community to improve lives of people of Ayrshire and as professionals.

We note with concern the continued vacancy in one health and social care partnership which has been lacking clinical leadership for a prolonged spell.

The committee is keen to see a change in the way it is asked to provide advice to the Board and would rather work with the Board in the development of papers before being offered the chance to comment on papers that are already confirmed to be presented to the Board the following week.

The committee was able to express its concern re NHS Pensions and HMRC rules, impacting on the retention and working practices of senior medical staff. The CEO was able to provide an opportunity for a Q&A session with members of HSC, which was well received.

Both during and subsequent to the Covid pandemic we have explored new ways of working and the AMPC is hopeful that many of these will become integrated as we go forward with Caring for Ayrshire.

One clear example was the increased direct communication between GPs and Consultant staff for advice and information exchange, the AMPC hopes to encourage more of these positive developments.

Finally, the Co-Chairs were delighted to be asked to represent the profession in the interview process for the Executive Medical Director.

## 2. Remit

2.1 The Committee's Terms of Reference are detailed at Appendix 1 in this report.

## 3. Membership

3.1 The Committee's membership during the reporting period.

### Hospital Sub-Committee:

Mr R Currie (Co-Chair), Dr Tom Hopkins, Dr Lucie Buck, Mr James Press and Dr Aileen Helps

### GP Sub-Committee:

Dr Hugh Brown (Co-Chair), Dr Chris Black, Dr Rachel Fraser, Dr Hal Maxwell and Dr S McCulloch

### In attendance:

Medical Director, AMD Primary Care and Clinical Leads HSCP

## 4. Meeting

4.1 The Committee met on three occasions between 1 April 2019 and 31 March 2020.

4.2 The NHS Board has previously agreed that attendance at Committee meetings should be recorded in the relevant Annual Report. The attendance record of each member is shown below (x indicates attended).

	22 May 2019	14 August 2019	2 October 2019
Dr Hugh Brown	X	X	
Mr Roger Currie	X	X	X
Dr Chris Black	X		X
Dr Lucie Buck			
Dr Rachel Fraser	X	X	X
Dr Tom Hopkins	X		X
Dr Hal Maxwell	X	X	X
Dr John Freestone			X
Dr Crawford McGuffie		X	
Dr Aileen Helps		X	
Mr James Press			
Dr Scott McCulloch			

## **5. Committee Activities**

- 5.1 The committee has been engaged in time in each other's shoes through a buddy scheme where members of hospital sub spent time with members of GP sub in each other's workplace. We have been encouraged by the excellent fill rate of GP training posts again due to ongoing engagement across Ayrshire.

## **6. Priorities for 2020/21**

- 6.1 We seek to continue joint work on recruitment and education for all. The need for non-medical management support is well recognized. We will continue to offer advice in the recovery from impacts of the pandemic. The committee will continue to advise on ongoing medical issues as well as help strive for real transformational change for the citizens of Ayrshire and Arran.

## **7. Chairs' Comments**

- 7.1 As joint chairs we are keen to build on good progress in the last 12 months as we seek to make Ayrshire and Arran an even better place for staff and patients alike.

**Dr Hugh Brown/Mr Roger Currie**  
**Co-Chairs – Area Medical Professional Committee**

## Appendix 1

# NHS AYRSHIRE and ARRAN AYRSHIRE & ARRAN AREA MEDICAL PROFESSIONAL COMMITTEE CONSTITUTION AND TERMS OF REFERENCE

## 1. TITLE

The Committee will be called the “Ayrshire and Arran Area Medical Professional Committee”.

For the purposes of this Constitution, unless otherwise indicated, “Committee” means the Ayrshire and Arran Area Medical Professional Committee, “NHS Board” means the Ayrshire and Arran National Health Service Board and the “Area” means the Ayrshire and Arran NHS Board Area.

The National Health Service (Scotland) Act 1978, as amended by the National Health Service and Community Care Act 1990, makes provision for the recognition by a Health Board of a Committee representative of the professions in its area. The Health Act 1999 further amended the NHS (Scotland) Act 1978 to extend the remit of professional advisory Committees to include the provision of advice to NHS Trusts. The general principles considered suitable for application to such a Committee are set out in NHS Circular Gen (1992)17 and NHS Circular Gen (1999)26.

## 2. FUNCTIONS

The Committee’s role is to advise, at the NHS Board’s request, or on its own initiative, authoritatively and promptly on:-

- The health and professional service needs of the local population
- Issues which impinge on patient care
- To create and maintain effective links with all other Area Professional Committees.
- Any other professional and other functions as may be prescribed in future under the above acts and guidance
- Where appropriate the implications associated with contracts for the provision of these services
- In so doing the Committee will reflect the views of the whole profession locally and not any faction or geographical grouping.
- These functions will support the multi-professional Area Clinical Forum by:
- Reporting 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 (acute services, primary care, health improvement etc);

- Providing input on service design, redesign and development priorities and in this way playing an active role in advising the Area Clinical Forum on potential for service improvement;
- 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, leading to broader participation in the work of the Committee;
- Providing the Area Clinical Forum with a clinical perspective on the development of the Local Health Plan and the NHS Board's strategic objectives;
- Investigating and taking forward particular issues on which clinical input is required on behalf of the Area Clinical Forum, taking into account the evidence base, best practice, clinical governance etc and make proposals for their resolution. The Committee should be pro-active as well as re-active on these issues;
- Advising the Area Clinical Forum on specific proposals to improve the integration of services, both within local NHS systems and across health and social care.

### **3. MEMBERSHIP**

The membership of the Committee shall be as follows:

- Consultants – elected by and from the Hospital Sub-Committee 6
- General Practitioners – elected by and from the GP Sub-Committee 6
- Director of Public Health or Medical Deputy in attendance (Without voting rights)
- Medical Director or Associate Medical Director as deputy in attendance (without voting rights)

There shall be two Consultant and two General Practitioner deputy members. Deputies are expected to attend if a principal member is unable to attend.

All members must be actively engaged in National Health Service practice.

### **4. METHOD OF ELECTIONS**

Each profession represented by the Committee shall elect members who must be employed in Ayrshire and Arran. The Committee will canvas and nominate or elect professional members to the Committee in the most appropriate manner for each profession with 6 members from the GP Sub Committee and 6 members from the Hospital Sub Committee.

Hospital Sub-Committee

A Chair will be elected by the Hospital Sub-Committee and will serve as Co-Chair of the Area Medical Professional Committee. Five other members and 2 deputies will be elected from the Hospital Sub-Committee using a single transferable vote system.

GP Sub-Committee

Six members and 2 deputies will be elected from the GP Sub-Committee to serve on the Area Medical Professional Committee. The Chair of the GP Sub-Committee will not automatically serve as Co-Chair of the Area Medical Professional Committee. The GP Sub-Committee will vote to decide who will serve as Co-Chair of the Area Medical Professional Committee once membership has been established.

## **5. CO-OPTION OF MEMBERS**

The Committee may co-opt up to 2 additional members who it considers may have a particular contribution to the work of the Committee. The term of office of co-opted members is at the discretion of the Committee and will be reviewed every 6 months. Co-opted members will act in an advisory capacity.

## **6. TENURE OF OFFICE OF MEMBERS**

The terms of office of members of the Committee will be 4 years (commencing 1<sup>st</sup> April in the relevant year). Half of the Committee membership (half Consultant membership and half General Practitioner membership) will be considered for re-election every two years. Committee members will be eligible for re-election.

## **7. ELECTION OF OFFICERS**

### **7.1 Co Chairmen**

There shall be two Co-Chairs, one of whom shall be a member of the Hospital Sub-Committee and the other a member of the General Practitioner Sub-Committee. The candidates for these offices shall be proposed and seconded by the relevant sub committee. If there is more than one candidate for a particular office, the final choice will be made by the relevant sub committee using a single transferable vote system.

### **7.2 Secretary**

A Secretary and Deputy Secretary will be elected by the AMPC biennially and shall be eligible for re-election up to a period of four years.

7.3 [Should a Professional Committee Chair be elected as Chair of the Area Clinical Forum, with agreement from the relevant Professional Committee and Area Clinical Forum and approval of the NHS Board, the term of office of the Professional Committee Chair may be extended to enable the four year term of office of Chair of ACF to be fulfilled.](#)

7.4 [It is recognised that this will also require consideration of membership terms of office to ensure that no staff are disadvantaged should they wish to be nominated to join a Committee through the normal election process.](#)

## **8. EXECUTIVE MEMBERS**

The Co Chairmen, Secretary and Deputy Secretary will comprise the Executive of the Committee. The Executive will be empowered to consult and make recommendations on behalf of the Committee where decisions are required, before the next NHS Board meeting. The Executive must report all such decisions to the Committee for ratification.

The Executive will also endorse any recommendations of any ad hoc sub Committees of the Committee. Where the Executive cannot endorse the recommendations, the matter must be referred to the Committee for consideration.

A quorum shall comprise two Executive members.

## **9. CASUAL VACANCIES**

- A member who ceases to be representative of their electoral body will vacate his/her seat on the Committee and a casual vacancy will be declared.
- Where a member of the Committee has been absent from three consecutive meetings of the Committee, of which appropriate notice had been given, the Committee may, unless they are satisfied that the member's absence was due to illness or other reasonable cause, declare that the seat on the Committee has been vacated and, thereupon, a casual vacancy will be declared.
- Members of the Committee may at any time, by notice in writing by them and delivered to the Committee Secretary, resign their seat.
- A casual vacancy will be filled by the appointment of a new representative from the relevant electoral body by the Committee, whose name will be notified to the Committee Secretary forthwith. New representatives will hold office for the remainder of the term of office of the member in whose place they are appointed. Pending this appointment, the proceedings of the Committee will not be invalid by reasons of a vacancy.

## **10. REPRESENTATION ON THE AREA CLINICAL FORUM**

The Committee will, pro-actively and as requested by the NHS Board, communicate with and advise the Area Clinical Forum in professional and clinical matters. This will be conducted through the attendance of the Co-Chairs of the Area Professional Committee on the Area Clinical Forum as full members.

The Committee will agree which of the Co-Chairs will be put forward for potential selection as Chair of the Area Clinical Forum.

## **11. COMMITTEE DECISION**

Where the Committee is asked to give advice on a matter and a majority decision is reached the Chairman will report the majority view and will also make known any minority opinion and present the supporting arguments for all view points.

## **12. MEETINGS**

Meetings will usually be held on a 6-weekly basis to synchronise with the NHS Board meeting calendar, but this can be varied at the discretion of the Chairman.

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

Committee Members

In the event of a member of the Committee being unable to attend, apologies for absence should be sent to the Committee Secretary.

Persons not Members of the Committee



The Committee is able to invite persons who are not members of the Committee to attend meetings as outlined in point 5 of this Constitution.

#### Annual Report

The Committee will produce an Annual Report on its work for the year. This should be presented at an Annual General Meeting and submitted to the NHS Board in May each year.

### **13. QUORUM**

Half of the members of the Committee will be deemed a quorum with at least one representative from the GP or Hospital Sub Committee.

### **14. NOTICE OF MEETINGS**

The Committee Secretary will send agenda, minutes and notices of meetings to every member of the Committee 5 working days before the day of the meeting. Failure by one or more members to receive papers will not invalidate proceedings.

### **15. MINUTES**

Draft minutes will be issued within 5 working days of the meeting to the Committee members. Minutes of all meetings will be submitted, once ratified by the Committee, to the Area Clinical Forum and the Chief Executive of the NHS Board.

### **16. REQUESTING MEETINGS**

Two members may, by writing to the Chairman, request an extraordinary meeting of the Committee and should specify the business to be discussed at such a meeting. The Chairman's decision on whether to accede to the request will be final, and must be reported to the next ordinary meeting of the Committee.

### **17. ADMINISTRATIVE SUPPORT**

Administrative support to the Committee will be provided by the Committee Secretary. This will include the review of policy documents, summarising the documents and ensuring that they are issued for consultation appropriately and to the relevant Area Professional Committees. Additionally the Committee Secretary will ensure that copies of the minutes, agenda and other relevant papers are prepared and circulated to the relevant Committees.

### **18. CONDUCT OF MEETINGS**

The Chairman will be responsible for the conduct of the meetings and for ensuring, in close consultation with the NHS Board, that the agreed recommendations of the Committee are conveyed to the Area Clinical Forum and the Chief Executive of the NHS Board.

### **19. SUB-COMMITTEES**

The Area Medical Committee may appoint ad hoc Sub Committees as appropriate to consider and provide advice on specific issues. The GP and Hospital Sub Committees are Standing Committees to consider issues brought forward by the Area Medical Professional

Committee and the Area Clinical Forum. Their respective Rules of Procedure are attached as Appendices 1 and 2 respectively.

## **20. DELEGATED AUTHORITY OF SUB-COMMITTEES**

Sub-Committees will have delegated to them such authority as may be agreed by the parent Committee. The parent Committee will approve all Standing Sub-Committee Constitutions.

## **21. ALTERATION TO CONSTITUTION**

The Constitution will be altered only by a majority of not less than two thirds of the members present at a special meeting of the Committee called for purpose, of which, at least 14 days notice will be given setting out the proposed alteration or amendment. Such alterations or amendments so approved will be intimated to each member of the Committee, and to the NHS Board for approval prior to implementation.

## **22. CONFIDENTIALITY**

All members of the Committee will be responsible for maintaining the confidentiality of NHS Ayrshire and Arran documents. The Chairman will rule where necessary to advise on the confidentiality of documents.

## **23. CONFLICT OF INTEREST**

Members are elected to act objectively and will declare any possible conflict of interests as soon as possible after the commencement of a meeting.

## **24. ACCESS**

The Co-Chairs will represent the Committee at the meetings of the Area Clinical Forum. Either is eligible for nomination for election to the post of Chair of the Area Clinical Forum.

## **25. EXPENSES**

Members of the Committee and Sub-Committee who incur reasonable expenses will have travelling and other allowances, including compensation for the loss of remunerative time, defrayed by the NHS Board, subject to the approval of the Secretary of State. Payments will only be made as respects the exercise of functions conferred and where they are not met by any other body.

## **26. PUBLICITY**

No member of the Committee will make any official statement in public or to the Press, pertaining to the work of the Committees, without prior consultation with the Chairman or Vice-Chairman.

Version:	Date:	Summary of Changes:	Approved by
00.1	##/03/2020	Additional clarification to election process (item 8) regarding ACF Chair role	AMPC ##/03/2020 NHS Board Insert date



## **NHS Ayrshire and Arran Area Nursing and Midwifery Professional Committee**

### **Annual Report for 2019/2020**

#### **1. Summary**

- 1.1 The Committee's role is to advise at the NHS Board's request, or on its own initiative, on the health and professional service needs of the local population and issues which impinge on patient care. In so doing the Committee should reflect the views of the whole profession locally. The Committee continues to value this opportunity to be advised on and respond to key nursing and health issues.

During this year the committee has considered issues relating to nursing practice, such as caring for Ayrshire, advanced nursing practice, safe and effective staffing, widening access to nursing, changes to pre-registration education, non-medical models of care and adverse childhood experiences. In addition they have discussed NHS Board wide issues such as transformational change, strategic planning in the partnerships, the implications of the corporate parenting strategy, the state of child health and the nursing workforce pressures.

#### **1.2 Key Messages**

- The Committee welcomes the work being carried forward to find solutions for the current nursing workforce challenges and remains committed to supporting it.
- The Committee wishes to highlight the wide range of improvement work being achieved within nursing
- The Committee continues to support Caring for Ayrshire, with particular emphasis on the need for prevention and early intervention
- The Committee recognises the commitment and determination of the nursing and midwifery community during the current crisis and thanks them for their efforts

#### **2. Remit**

- 2.1 The Committee's Terms of Reference are detailed at Appendix 1 to this report.

#### **3. Membership**

- 3.1 The Committee's membership is detailed at Appendix 1 to this report.

#### **4. Meeting**

- 4.1 The Committee met on four occasions between 1 April 2019 and 31 March 2020.

4.2 The NHS Board has previously agreed that attendance at Committee meetings should be recorded in the relevant Annual Report. The attendance record of each member is shown below (x indicates attended).

Area Nursing & Midwifery Committee: 1<sup>st</sup> April 2019 – 31<sup>st</sup> March 2020

Member	Dates				
	22/05/19	14/08/19 No minutes available	27/11/19	29/01/20	25/03/20
Joanne Anderson			X	X	C
Hannah Campbell-McLean	X				A
Lorna Cameron		X	X	X	N
Darren Fullarton		X		X	C
Tracey Kerr	X				E
Frances Mason	X				L
Caroline McCloskey				X	L
Barbara McFadyean		X		X	E
Janet McKay		X	X	X	D
Libby Paisley	Left				
Clare Smith					
Rae Wilson		X		X	
Susan Wilson	X		X		
Beth Wiseman		X		X	
Kathleen Winter	X		X	X	
Carolyn Wyper		retired			
<b>In attendance</b>					
Nurse Director/Associate ND	X	X			

## 5. Committee Activities

5.1 The Committee had several presentations/discussions including

- Review of HSCP strategic plans
- Primary care improvement plan including General Practice nursing issues
- Regional cancer plan
- Caring for Ayrshire
- Adverse Childhood experiences and trauma informed care
- Health promoting Health Service
- Workforce issues and Safe Staffing
- Nurse education

### **Professional issues**

The committee discussed with senior nurses the ongoing workforce issues, such as ensuring appropriate skill mix, the aging workforce and the need for direct routes of entry into nursing. In addition safe and effective staffing, non medical models of care and the challenges of Advanced practice were discussed. These are issues the Committee considers the NHS Board needs to continue to address proactively and the committee will continue to raise concerns where it feels these issues are impacting on the quality of care. The Chair of the committee takes part in the NMAHP professional leadership group.

### **Constitution**

The committee saw an increase in membership at previous election process. The changes to the constitution were well received. However this year's election has been problematic with several spaces still vacant. Actions will be taken to fill any available spaces. The committee will proactively look to recruit from areas where the knowledge base of the committee is currently lacking. A development plan is currently being devised to support new members and to develop capacity for leadership within the committee.

## **6. Priorities for 2020/21**

6.1 The committee has three priorities going forward:

- To support the organisation in its approach to the Nursing Workforce challenges
- To ensure robust succession planning within the committee
- To support the caring for Ayrshire agenda.

## **7. Chair's Comments**

7.1 The commitment and enthusiasm of active members is welcomed and they are to be thanked for their continued input and support. I would personally like to thank our Committee Secretaries for this year, Debbie Miller and Christine Fleming, for all their hard work, efficiency, timely minutes and forward planning. The committee is committed to a development programme going forward, to ensure clear succession planning. The committee would welcome continued support from the Associate/Assistant Directors throughout the coming year to help it to continue to develop a proactive role within the organisation.

**Dr Janet A McKay**  
**Chair - Area Nursing and Midwifery Professional Committee**

## NHS Ayrshire & Arran

### Area Nursing and Midwifery Professional Committee

#### Constitution and Terms of Reference

##### 1. Title

The Committee will be called the “Ayrshire and Arran Area Nursing and Midwifery Professional Committee”.

For the purposes of this Constitution, unless otherwise indicated, “Committee” means the Ayrshire and Arran Area Nursing and Midwifery Professional Committee, “NHS Board” means the Ayrshire and Arran National Health Service Board and the “Area” means NHS Ayrshire & Arran Area.

The National Health Service (Scotland) Act 1978, as amended by the National Health Service and Community Care Act 1990, makes provision for the recognition by a Health Board of a Committee representative of the professions in its area. The Health Act 1999 further amended the NHS (Scotland) Act 1978 to extend the remit of professional advisory Committees to include the provision of advice to NHS Trusts. The general principles considered suitable for application to such a Committee are set out in NHS Circular Gen (1992)17 and NHS Circular Gen (1999)26.

##### 2. Functions

The Committee’s role is to advise, at the NHS Board’s request, or on its own initiative, authoritatively and promptly on:-

- The health and professional service needs of the local population
- Issues which impinge on patient care
- To create and maintain effective links with all other Area Professional Committees.
- Any other professional and other functions as may be prescribed in future under the relevant acts and guidance
- Where appropriate the implications associated with contracts for the provision of these services.

In so doing the Committee will reflect the views of the whole profession locally and not any faction or geographical grouping.

These functions will support the multi-professional Area Clinical Forum by:

- Reporting 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 (acute services, primary care, health improvement etc).
- Providing input on service design, redesign and development priorities and in this way playing an active role in advising the Area Clinical Forum on potential for service improvement.
- 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, leading to broader participation in the work of the Committee.
- Providing the Area Clinical Forum with a clinical perspective on the development of the Local Health Plan and the NHS Board's strategic objectives.
- Investigating and taking forward particular issues on which clinical input is required on behalf of the Area Clinical Forum, taking into account the evidence base, best practice, clinical governance etc and make proposals for their resolution. The Committee should be pro-active as well as re-active on these issues.
- Advising the Area Clinical Forum on specific proposals to improve the integration of services, both within local NHS systems and across health and social care.

### 3. Membership

The Committee will be representative of the whole profession in the area and be elected on the basis of merit, knowledge and experience. It will comprise of no more than fourteen voting members to reflect as best as practicable the diversity of the profession. Representation should be split evenly between both Acute and Health and Social Care partnership functions.

#### **Acute and corporate (7)**

i.e. Members could be drawn from medical services, surgical services, specialist nursing services, advanced nurse practitioners Services for older people, midwifery services, paediatric services, Public Health, Health Improvement

#### **Health and Social Care partnerships (7)**

i.e. Members could be drawn from: district nursing, practice nursing, children and young people services, prison health services, mental health services, learning disability services and services for older people.

Following an election if the committee agrees that a gap exists in the skills within the committee, they can co-opt additional members from a designated speciality without voting rights as per section five.

Executive Nurse Director or designated deputy without voting rights.

### 4. Method of Elections

#### 4.1 Election of Ordinary Members

Each profession represented by the Committees shall elect members who must be practising in Ayrshire and Arran. To ensure continuity within professional groups

each Committee will canvas and elect or nominate professional members in the following way:

- The number of places available on the Committee and the professions requiring representation, should be notified by the Chair of the Committee, to the Corporate Business Manager.
- The Committee Secretary will make contact with all individuals practising in the particular field identified, where relevant taking due cognisance of the sub-specialisation on particular Committees.
- Current members of the Committee may stand for re-election if their term of office is due for renewal.
- Nomination forms will be sent out by the Committee Secretary to all eligible individuals inviting interest. Forms will contain deadline date, allowing four full weeks, for return of nomination forms. A supporting statement should accompany returned forms.
- Where nominees received are equal to places on the Committee an election will not be required and nominees can be appointed a seat within the Committee.
- Where more nominees come forward than places on the Committee an election will take place and the following process adhered to:
  - Supporting statements and numbered ballot papers will be sent out to all eligible individuals practising in the designated field. Copies of these papers will also be circulated to the members of the Committee for information.
  - A deadline date, allowing two full weeks, will be set for the return of the ballot papers. If more than one ballot paper with the same number is received, all papers with the same number will be deemed 'spoilt'.
  - All ballot papers should be returned to the Corporate Business Manager, NHS Ayrshire and Arran, Eglinton House, Ailsa Hospital, Ayr, K6 6AB, by close of business on the deadline date.
  - Votes will be counted by the Corporate Business Manager in the presence of two independent witnesses.
  - Where more than two candidates are nominated for election, a Single Transferable Vote system will be used. Under this system, members of the Profession will be invited to rank the candidates on the ballot paper putting a "1" next to their first choice, a "2" next to their second choice and so on.
  - Where a member's first choice candidate has too few votes to be elected, their vote will be transferred to their second choice candidate and so on, until a candidate with the most votes is identified and is elected to the vacancy.
  - The Corporate Business Manager will notify the nominees and the Chair of the Professional Committee, of the outcome of the election within 5 working days.

#### 4.2 Election of Chair, Vice Chair and Professional Secretary

- The Officer standing down should give the Committee 6 weeks' notice, of their intention. This should be submitted in writing to the Corporate Business Manager.



- Following the announcement an e mail will be circulated, by those providing administrative support to the Committee within 5 working days. This will be sent to all members of the Committee seeking nominations for the position available. A deadline of one week prior to the next meeting will be set. Upon receipt of nominations the Committee will be advised of candidates wishing to be considered for the role.
- Immediately prior to the next meeting those who have indicated their intention to stand will circulate information to the Committee with regard to the contribution they would make in the particular role.
- Where one nominee is received the nominee will be appointed to the appropriate vacancy. Where there is more than one nominee, the following process will be adhered to:
  - Numbered ballot papers will be distributed to those attending on the day who are eligible to vote. Members who are unable to attend on the day should indicate their voting preference to the Committee Secretary prior to the meeting.
  - Ballot papers should be completed and returned to the Committee Secretary who will act as returning officer.
  - The Committee Secretary will, in the presence of those members attending on the day, count the votes and announce the result.
  - The Committee meeting will then commence with the successful candidate taking up their new role.
  - Where more than two nominees put themselves forward for a position then the Single Transferable Vote system as detailed above will be used. In the event that there are no nominations received for the role of Vice Chair of the Committee, this will rotate among Committee members according to a pre-agreed set period of time.

## **5. Co-Option of Members**

The Committee may co-opt up to 2 additional members who it considers may have a particular contribution to the work of the Committee. The term of office of co-opted members is at the discretion of the Committee and will be reviewed every 6 months. Co-opted members will act in an advisory capacity.

## **6. Tenure of Office of Members**

The terms of office of members of the Committee will be 4 years (commencing 1 April in the relevant year). Half of the membership of the Committee will be considered for re-election every two years in a staggered membership cohort. Committee members will be eligible for re-election.

## **7. Election of Officers**

At its first regular meeting in April every other year, the Committee will elect from its members, a Chair and Vice-Chair to serve a term of 2 years. The Chair and Vice Chair will be eligible for re-election for a further term of 2 years but thereafter, unless approved by the NHS Board, will be required to demit office for at least one term.

Should a Professional Committee Chair be elected as Chair of the Area Clinical Forum, with agreement from the relevant Professional Committee and Area Clinical Forum and approval of the NHS Board, the term of office of the Professional Committee Chair may be extended to enable the four year term of office of Chair of ACF to be fulfilled.

It is recognised that this will also require consideration of membership terms of office to ensure that no staff are disadvantaged should they wish to be nominated to join a Committee through the normal election process.

## **8. Executive Members**

The Chair and Vice Chair will comprise the Executive of the Committee. The Executive will be empowered to consult and make recommendations on behalf of the Committee where decisions are required, before the next NHS Board meeting. The Executive must report all such decisions to the Committee for ratification.

The Executive will also endorse any recommendations of any sub Committees of the Committee. Where the Executive cannot endorse the recommendations, the matter must be referred to the Committee for consideration.

## **9. Casual Vacancies**

- A member who ceases to be representative of their electoral body will vacate his/her seat on the Committee and a casual vacancy will be declared.
- Where a member of the Committee has been absent from three consecutive meetings of the Committee, of which appropriate notice had been given, the Committee may, unless they are satisfied that the member's absence was due to illness or other reasonable cause, declare that the seat on the Committee has been vacated and, thereupon, a casual vacancy will be declared.
- Members unable to attend due to reasonable cause may nominate a designated Deputy who may attend meetings without voting rights.
- Members of the Committee may at any time, by notice in writing by them and delivered to the Committee Secretary, resign their seat.
- A casual vacancy will be filled by the appointment of a new representative from the relevant electoral body by the Committee, whose name will be notified to the Committee Secretary forthwith. New representatives will hold office for the remainder of the term of office of the member in whose place they are appointed. Pending this appointment, the proceedings of the Committee will not be invalid by reasons of a vacancy.

## **10. Representation on the Area Clinical Forum**

The Committee will, pro-actively and as requested by the NHS Board, communicate with and advise the Area Clinical Forum in professional and clinical matters. This will be conducted through the attendance of the Chair and/or Vice Chair of the Area Professional Committee on the Area Clinical Forum as full members.

## 11. Committee Decision

Where the Committee is asked to give advice on a matter and a majority decision is reached the Chair will report the majority view and will also make known any minority opinion and present the supporting arguments for all view points.

## 12. Meetings

Meetings will usually be held on a 8-weekly basis to synchronise with the NHS Board meeting calendar, 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.

## 13. Committee Members

In the event of a member of the Committee being unable to attend, apologies for absence should be sent to the Committee Secretary.

## 14. Persons not Members of the Committee

The Committee is able to invite persons who are not members of the Committee to attend meetings as outlined in point 5 of this Constitution.

## 15. Annual Report

The Committee will produce an Annual Report on its work for the year. This should be presented at an Annual General Meeting and submitted to the NHS Board in May each year.

## 16. Quorum

[Half of the elected members will be considered a quorum.](#)

## 17. Notice of Meetings

The Committee Secretary will send agenda, minutes and notices of meetings to every member of the Committee 5 working days before the day of the meeting. Failure by one or more members to receive papers will not invalidate proceedings.

## 18. Minutes

Draft minutes will be issued within 5 working days of the meeting to the Committee members. Minutes of all meetings will be submitted, once ratified by the Committee, to the Area Clinical Forum and the Chief Executive of the NHS Board.

## 19. Requesting Meetings

Two members may, by writing to the Chair, request an extraordinary meeting of the Committee and should specify the business to be discussed at such a meeting. The Chair's decision on whether to accede to the request will be final, and must be reported to the next ordinary meeting of the Committee.

## **20. Administrative Support**

Administrative support to the Forum will be provided by the Committee Secretary. This will include the review of policy documents, summarising the documents and ensuring that they are issued for consultation appropriately and to the relevant Area Professional Committees. Additionally, the Committee Secretary will ensure that copies of the minutes, agenda and other relevant papers are prepared and circulated to the relevant Committees.

## **21. Conduct of Meetings**

The Chair will be responsible for the conduct of the meetings and for ensuring, in close consultation with the NHS Board, that the agreed recommendations of the Committee are conveyed to the Area Clinical Forum and the Chief Executive of the NHS Board.

## **22. Sub-Committees**

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

## **23. Delegated Authority of Sub-Committees**

Sub-Committees will have delegated to them such authority as may be agreed by the parent Committee. The parent Committee will approve all Standing Sub-Committee Constitutions.

## **24. Alteration to Constitution**

The Constitution will be altered only by a majority of not less than two thirds of the members present at a special meeting of the Committee called for purpose, of which, at least 14 days' notice will be given setting out the proposed alteration or amendment. Such alterations or amendments so approved will be intimated to each member of the Committee, and to the NHS Board for approval prior to implementation.

## **25. Confidentiality**

All members of the Committee will be responsible for maintaining the confidentiality of NHS Board documents. The Chair will rule where necessary to advise on the confidentiality of documents.

## **26. Conflict of Interest**

Members are elected to act objectively and will declare any possible conflict of interests as soon as possible after the commencement of a meeting.

## **27. Access**

The Chair and/or Vice-Chair will represent the Committee at the meetings of the Area Clinical Forum. There will be remuneration made available to only one attendee per Committee. The Chair is eligible for nomination for election to the post of Chair of the Area Clinical Forum.

## 28. Expenses

Members of the Committee and Sub-Committee who incur reasonable expenses will have travelling and other allowances, including compensation for the loss of remunerative time, defrayed by the NHS Board, subject to the approval of the First Minister. Payments will only be made as respects the exercise of functions conferred and where they are not met by any other body.

## 29. Publicity

No member of the Committee will make any official statement in public or to the Press, pertaining to the work of the Committees, without prior consultation with the Chair or Vice-Chair.

Version:	Date:	Summary of Changes:	Approved by
01.1	March 2020	Election of Officers	ACF 31/01/20 ANMPC NHS Board

# **Area Nursing and Midwifery Professional Committee Membership 2019-20**

## **Acute and corporate**

Janet McKay – Chair  
Specialist Nursing

Kathleen Winter  
Public Health Practitioner

Caroline McCloskey  
Acute Medical Services

Susan Wilson  
Public Health Specialist

Lorna Cameron  
Continence Specialist Nurse

## **Partnerships**

Tracey Kerr  
Clinical Team Leader

Beth Wiseman  
Team Leader, CAMHS

Laura Petrie  
Staff Nurse, Learning Disability

Frances Mason  
Clinical Team Leader, Liaison Psychiatry

Hannah Campbell-McLean  
Prison Nurse, HM Prison Kilmarnock

Darren Fullarton  
Senior Nurse Mental Health (Community)

Barbara McFadzean  
District Nursing Sister

Rae Wilson  
Clinical Team Leader, EAHSCP

## **NHS Ayrshire & Arran Area Optical Professional Committee**

### **Annual Report for 2019/2020**

#### **1. Summary**

1.1 The Area Optical Professional Committee has sought to take a more active role in supporting the Board's Caring for Ayrshire program in the last year. We will continue to support this agenda by engaging with the Board as a whole but particularly with Ophthalmology, Digital services and Primary Care management in the coming year.

#### **1.2 Key Messages**

- The committee is very grateful for the support from Primary Care and the Chief Executive in commissioning a short life working group to explore and develop how Optometry can contribute to the wider Caring for Ayrshire Agenda. The committee believes there are significant opportunities for transformational change in local eyecare.
- Digital services is a consistent theme at all of our meetings and there is significant scope to enhance the level of digital access and support to improve patient care in both the short and medium term.

#### **2. Remit**

2.1 The Committee's Terms of Reference are detailed at Appendix 1 to this report.

#### **3. Membership**

3.1 The Committee's membership during the reporting period was as follows:

Douglas Orr (Chair)  
Alistair Duff (Vice Chair)  
Alan Beck  
Peter Carson  
Martin O'Neill  
Carol Semple  
Gillian Syme

Mr Martin O'Neill stepped down as a Committee member in September 2019 to take on the role of Optometric Adviser for Performance and Governance and his vacancy will be filled through the election process taking place in 2020.

#### **4. Meeting**

4.1 The Committee met on six occasions between 1 April 2019 and 31 March 2020. The meeting planned for 18 March 2020 was cancelled due to the Covid-19 emergency

situation.

- 4.2 The NHS Board has previously agreed that attendance at Committee meetings should be recorded in the relevant Annual Report. The attendance record of each member is shown below (x indicates attended).

Member	Dates						
	15.05.19	12.06.19	07.08.19	25.09.19	20.11.19	22.01.20	18.03.20 Cancelled
Douglas Orr (Chair)	X	X	X	X	X	X	
Alistair Duff (Vice Chair)	X	X	X	X	X	X	
Alan Beck	X	X	X	X	X	X	
Peter Carson	X	X		X	X		
Martin O'Neill – stepped down as member Sep 19	X	X	X				
Carol Semple	X	X	X	X		X	
Gillian Syme	X	X		X		X	

## 5. Committee Activities

- 5.1 During 2019/20 the AOPC considered many topics throughout the year.

Digital services was a recurring theme throughout the year and we are grateful to Mr Burns and Mr Grayer for their engagement with the committee and profession in exploring developments which would provide immediate patient care benefits. This will continue to feature in our ongoing work throughout the next twelve months and access to Clinical Portal is seen as a key tool for improving patient care in the community.

We were particularly concerned around the potential new arrangements for the delivery of DRS screening being developed by Public Health. To that end we engaged with the Public Health team to highlight our concerns as to the proposed model of care. The AOPC was grateful to hear that the initial proposals would, as a result, be subject to further review, engagement and consultation with both the profession and public.

Transformational change and eyecare integration features regularly in the committee's discussion and we are committed to supporting the Board's Caring for Ayrshire agenda.



We were fortunate to have received a briefing from the Chief Executive on progress and the direction of travel and look forward to developing this further.

There are a number of locally enhanced schemes which operate elsewhere in Scotland that the committee has reviewed and remain keen to pursue. The Eyecare integration group continues to meet regularly. Local guidance on managing post-operative cataract patients was developed and disseminated alongside changes to the post-operative reporting.

We have reviewed national plans for an Ophthalmology EPR and shared care for Glaucoma. The committee was disappointed that NHS Ayrshire & Arran was not selected by NES or Scottish Government for inclusion in the first tranche of this scheme.

Eyecare Ayrshire continues to be a hugely successful service provided by all Optometry practices throughout Ayrshire and Arran and the committee remains supportive of potential developments to this scheme. Consideration of changes to General Ophthalmic Services, the introduction of mandatory training for Optometrists, contractual changes and direct electronic referrals are ongoing themes in our discussions.

The committee considered other issues such as the Falls pathway, the Stroke/TIA rapid access service, the Primary Care Improvement Plan, social isolation and hydroxychloroquine screening.

## **6. Priorities for 2020/21**

- 6.1 Our main priority for the coming year is to develop and support a transformational change agenda for eyecare within Ayrshire alongside secondary care colleagues. This has become all the more relevant with the impact of Covid-19. We are keen to pursue digital developments which would also be beneficial to other independent contractor groups particularly dental and pharmacy. We are keen that Optometry becomes an leading example of innovative, safe and efficient eyecare for the population of Ayrshire and Arran.

There are a number of locally enhanced schemes in other areas of Scotland which we are keen to introduce to Ayrshire such as the Fife Uveitis Scheme. We will press for the NESGAT national Glaucoma qualification being made available to Ayrshire IP Optometrists.

The development of digital services to support patient centred community eyecare will be an overarching theme for the committee in the coming year. Other Boards are aggressively pursuing digital services to support community independent contractors and the AOPC is keen to build on that success locally, particularly in the context of an impending national Ophthalmology EPR.

The AOPC wishes to develop an overarching eye health strategy alongside primary care and secondary care colleagues for the people of Ayrshire and Arran. To achieve this we will continue to invite Ophthalmology to consider new models of working.

## **7. Chair's Comments**

- 7.1 There has been significant progress in the past year in identifying a positive direction of travel for community Optometry alongside other independent contractor groups. The establishment of the short life working group and engagement with the wider profession is to be welcomed and there are opportunities in the Covid-19 remobilisation and renewal phases to make further significant enhancements to the eyecare of the Ayrshire & Arran population.

We will continue to pursue developments we feel would be sensible for the Board to pursue where they offer benefit to patients throughout Ayrshire & Arran.

**Mr Douglas Orr**  
**Chair – Area Optical Professional Committee**

**NHS AYRSHIRE AND ARRAN**  
**AREA OPTICAL PROFESSIONAL COMMITTEE**  
**CONSTITUTION AND TERMS OF REFERENCE**

**1. Title**

The Committee will be called the “Ayrshire and Arran Area Optical Professional Committee”.

For the purposes of this Constitution, unless otherwise indicated, “Committee” means the Ayrshire and Arran Area Optical Professional Committee, “NHS Board” means the Ayrshire and Arran National Health Service Board and the “Area” means the Ayrshire and Arran NHS Board Area.

The National Health Service (Scotland) Act 1978, as amended by the National Health Service and Community Care Act 1990, makes provision for the recognition by a Health Board of a Committee representative of the professions in its area. The Health Act 1999 further amended the NHS (Scotland) Act 1978 to extend the remit of professional advisory Committees to include the provision of advice to NHS Trusts. The general principles considered suitable for application to such a Committee are set out in NHS Circular Gen (1992)17 and NHS Circular Gen (1996)26.

‘The Committee’ means the Area Optical Committee recognised by the Secretary of State under the provisions of Section 9 of the National Health Service (Scotland) Act 1978 for the area of the NHS Board.

‘General Optical Services’ means the Services referred to in Section 26 of the National Health Service (Scotland) Act 1978, as amended by the Health and Medicines Act 1988.

**2. Functions**

The Committee’s role is to advise, at the NHS Board’s request, or on its own initiative, authoritatively and promptly on:-

- The health and professional service needs of the local population
- Issues which impinge on patient care
- To create and maintain effective links with all other Area Professional Committees.
- Any other professional and other functions as may be prescribed in future under the above Acts and guidance
- Where appropriate the implications associated with contracts for the provision of these services

Specifically, the Committee will keep under review the list of Optometrists undertaking the provision of General Ophthalmic Services.

In so doing the Committee will reflect the views of the whole profession locally and not any faction or geographical grouping.

These functions will support the multi-professional Area Clinical Forum by:

- Reporting 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 (acute services, primary care, health improvement etc);
- Providing input on service design, redesign and development priorities and in this way playing an active role in advising the Area Clinical Forum on potential for service improvement;
- 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, leading to broader participation in the work of the Committee;
- Providing the Area Clinical Forum with a clinical perspective on the development of the Local Health Plan and the NHS Board's strategic objectives;
- Investigating and taking forward particular issues on which clinical input is required on behalf of the Area Clinical Forum, taking into account the evidence base, best practice, clinical governance etc and make proposals for their resolution. The Committee should be pro-active as well as re-active on these issues;
- Advising the Area Clinical Forum on specific proposals to improve the integration of services, both within local NHS systems and across health and social care.

### **3. Membership**

The Committee will be representative of the whole profession in the area and be elected on the basis of merit, knowledge and experience. It will comprise of no more than eight voting members to reflect as best as practicable the diversity of the profession and hence representation.

The following will be invited in an “in Attendance” capacity;

- Head of Primary Care and Out of Hours Community Response Services
- Primary Care Manager – Optometry
- Optometric Advisors

**All members must be actively engaged in National Health Service practice.**

### **4. Method of Elections**

## 4.1 Election of Ordinary Member

Each profession represented by the Committees shall elect members who must be practising in Ayrshire and Arran. To ensure continuity within professional groups each Committee will canvas and elect or nominate professional members in the following way:

- The number of places available on the Committee and the professions requiring representation should be notified by the Chair of the Committee, to the Corporate Business Manager.
- The Committee Secretary will make contact with all individuals practising in the particular field identified, where relevant taking due cognisance of the sub-specialisation on particular Committees.
- Current members of the Committee may stand for re-election if their term of office is due for renewal.
- Nomination forms will be sent out by Committee Secretary, to all individuals inviting interest.
- Forms will contain deadline date allowing four full weeks, for return of nomination forms. A supporting statement should accompany returned forms.
- Where nominees received are equal to places on the Committee an election will not be required and nominees can be appointed a seat within the Committee.

Where more nominees come forward than places on the Committee an election will take place and the following process adhered to:

- Supporting statements and numbered ballot papers will be sent out to all individuals practising in the designated field. Copies of these papers will also be circulated to the members of the Committee for information.
- A deadline date, allowing two full weeks, will be set for the return of the ballot papers. If more than one ballot paper with the same number is received, all papers with the same number will be deemed 'spoilt'.
- All ballot papers should be returned to the Corporate Business Manager, NHS Ayrshire and Arran, Eglinton House, Ailsa Hospital, Ayr, KA6 6AB, by close of business on the deadline date.
- Votes will be counted by the Corporate Business Manager in the presence of two independent witnesses.

Where more than two candidates are nominated for election, a Single Transferable Vote system will be used. Under this system, members of the Profession will be invited to rank the candidates on the ballot paper putting a "1" next to their first choice, a "2" next to their second choice and so on.

Where a member's first choice candidate has too few votes to be elected, their vote will be transferred to their second choice candidate and so on, until a candidate with the most votes is identified and is elected to the vacancy.

The Corporate Business Manager will notify the nominees and the Chair of the Professional Committee, of the outcome of the election within 5 working days.

Should vacant seats remain following this process; nominations to the remaining seats will be sought at the Annual General Meeting.

- 4.2 The Officer standing down should give the Committee 6 weeks' notice, of their intention. This should be submitted in writing to the Corporate Business Manager.

Following the announcement an e mail will be circulated, by those providing administrative support to the Committee within 5 working days. This will be sent to all members of the Committee seeking nominations for the position available. A deadline of one week prior to the next meeting will be set. Upon receipt of nominations the Committee will be advised of candidates wishing to be considered for the role.

Immediately prior to the next meeting those who have indicated their intention to stand will speak to the Committee with regard to the contribution they would make in the particular role.

Where one nominee is received the nominee will be appointed to the appropriate vacancy. Where there is more than one nominee, the following process will be adhered to:

- Numbered ballot papers will be distributed to those attending on the day who are eligible to vote. Members who are unable to attend on the day should indicate their voting preference to the Committee Secretary prior to the meeting.
- Ballot papers should be completed and returned to the Committee Secretary who will act as returning officer.
- The Committee Secretary will, in the presence of those members attending on the day, count the votes and announce the result.
- The Committee meeting will then commence with the successful candidate taking up their new role.

Where more than two nominees put themselves forward for a position then the Single Transferable Vote system as detailed above will be used. In the event that there are no nominations received for the role of Vice Chair of the Committee, this will rotate among the Committee members according to a pre-agreed set period of time.

## **5. Co-option of Members**

The Committee may co-opt up to 2 additional members who it considers may have a particular contribution to the work of the Committee. The term of office of co-opted members is at the discretion of the Committee and will be reviewed every 6 months. Co-opted members will act in an advisory capacity.

## **6. Tenure of Office of Members**

The terms of office of members of the Committee will be 4 years (commencing 1<sup>st</sup> April in the relevant year). Half of the membership of the Committee will be considered for re-election every two years in a staggered membership cohort. Committee members will be eligible for re-election.

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At its first regular meeting in April every other year, the Committee will elect from its members, a Chair and Vice-Chair to serve a term of 2 years. The Chair and Vice Chair will be eligible for re-election for a further term of 2 years.

Should a Professional Committee Chair be elected as Chair of the Area Clinical Forum, with agreement from the relevant Professional Committee and Area Clinical Forum and approval of the NHS Board, the term of office of the Professional Committee Chair may be extended to enable the four year term of office of Chair of ACF to be fulfilled.

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Members of the Committee may at any time, by notice in writing by them and delivered to the Committee Secretary, resign their seat.

A casual vacancy will be filled by the appointment of a new representative from the relevant electoral body by the Committee, whose name will be notified to the Committee Secretary forthwith. New representatives will hold office for the remainder of the term of office of the member in whose place they are appointed. Pending this appointment, the proceedings of the Committee will not be invalid by

reasons of a vacancy.

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## **11. Committee Decision**

Where the Committee is asked to give advice on a matter and a majority decision is reached the Chair will report the majority view and will also make known any minority opinion and present the supporting arguments for all view points.

## **12. Meetings**

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

### Committee Members

In the event of a member of the Committee being unable to attend, apologies for absence should be sent to the Committee Secretary.

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The Committee will produce an Annual Report on its work for the year. This should be presented at an Annual General Meeting and submitted to the NHS Board in May each year.

## **13. Quorum**

Half of the members of the Committee will be deemed a quorum.

## **14. Notice of Meetings**

The Committee Secretary will send agenda, minutes and notices of meetings to every member of the Committee 5 working days before the day of the meeting. Failure by one or more members to receive papers will not invalidate proceedings.



## **15. Minutes**

Draft minutes will be issued within 5 working days of the meeting to the Committee members. Minutes of all meetings will be submitted, once ratified by the Committee, to the Area Clinical Forum and the Chief Executive of the NHS Board.

## **16. Requesting Meetings**

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Administrative support to the Committee will be provided by the Committee Secretary. This will include the review of policy documents, summarising the documents and ensuring that they are issued for consultation appropriately and to the relevant Area Professional Committees. Additionally the Committee Secretary will ensure that copies of the minutes, agenda and other relevant papers are prepared and circulated to the relevant Committees.

## **18. Conduct of Meetings**

The Chair will be responsible for the conduct of the meetings and for ensuring, in close consultation with the NHS Board, that the agreed recommendations of the Committee are conveyed to the Area Clinical Forum and the Chief Executive of the NHS Board.

## **19. Sub-Committees**

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

## **20. Delegated Authority of Sub-Committees**

Sub-Committees will have delegated to them such authority as may be agreed by the parent Committee. The parent Committee will approve all Standing Sub-Committee Constitutions.

## **21. Alteration To Constitution**

The Constitution will be altered only by a majority of not less than two thirds of the members present at a special meeting of the Committee called for purpose, of which, at least 21 days notice will be given setting out the proposed alteration or

amendment. Such alterations or amendments so approved will be intimated to each member of the Committee, and to the NHS Board for approval prior to implementation.

## 22. Confidentiality

All members of the Committee will be responsible for maintaining the confidentiality of NHS Board documents. The Chair will rule where necessary to advise on the confidentiality of documents.

## 23. Conflict of Interest

Members are elected to act objectively and will declare any possible conflict of interests as soon as possible after the commencement of a meeting.

## 24. Access

The Chair and Vice-Chair will represent the Committee at the meetings of the Area Clinical Forum. The Chair is eligible for nomination for election to the post of Chair of the Area Clinical Forum.

## 25. Expenses

Members of the Committee and Sub-Committee who incur reasonable expenses will have travelling and other allowances, including compensation for the loss of remunerative time, defrayed by the NHS Board, subject to the approval of the First Minister. Payments will only be made as respects the exercise of functions conferred and where they are not met by any other body.

## 26. Publicity

No member of the Committee will make any official statement in public or to the Press, pertaining to the work of the Committees, without prior consultation with the Chair or Vice-Chair.

Version:	Date:	Summary of Changes:	Approved by
00.2	30/07/2020	Addition of wording to highlight process to enable ACF Chair to fulfil role.	AOPC



# **NHS Ayrshire & Arran Area Pharmaceutical Professional Committee**

## **Annual Report for 2019/20**

### **1. Summary**

- 1.1 During the year the APPC met in line with NHS Board meetings to advise on any professional matters pertaining to pharmacy and patient care.

The Area Pharmaceutical Professional Committee (APPC) has a statutory function to advise the NHS Board with regard to pharmacy contracts in association with the National Health - Services (Pharmaceutical Services) (Scotland) Regulations 1995. Further to this statutory role, the Committee also appoint contractor and non-contractor members to the Pharmacy Practices Committee (PPC), a Committee that holds the delegated authority of NHS Ayrshire and Arran in relation to the granting of NHS pharmacy contracts within Ayrshire and Arran.

### **1.2 Key Messages**

The Committee will continue to support the transformational change within Primary Care including Achieving Excellence, the national pharmacy strategy. This includes:

- Support pharmacist access to appropriate clinical patient information using new technology
- Supporting roll out of electronic discharge
- Support the profession playing a key role within the new Caring For Ayrshire vision
- Support the continuation of successful IP clinics within community pharmacy and roll out of further clinics to achieve patient centred care
- Supporting the roll out of serial prescribing across A&A

### **2. Remit**

- 2.1 The Committee's Terms of Reference are detailed at Appendix 1 to this report.

### **3. Membership**

- 3.1 The Committee is comprised of 12 members, six employees from all areas of NHS Ayrshire and Arran and six representatives from pharmacists working in the community. The community representatives are made up of three representatives of the Area Pharmacy Groups in each Health and Social Care Partnership area and three representatives of the NHS Ayrshire & Arran Pharmacy Contractors Committee.

Following an election process, Mr Sam Falconer was re-elected as the nominee for North Ayrshire Pharmacy Group, Mr Kerr Maconochie was re-elected as the nominee for South Ayrshire Pharmacy Group and Ms Laura McMinn was elected as the nominee for East Area Pharmacy Group in April 2019. Ms Annmarie Crowe was re-elected as a representative of the Managed Service. Ms Shona Boag, Ms Marie Stewart and Ms Louisa Burns/Mr David Noon (sharing role) were elected as Managed Service representatives.

The Director of Pharmacy, Ms Roisin Kavanagh, attends meeting in an ex-officio capacity.

#### 4. Meeting

4.1 The Committee met on five occasions between 1 April 2019 and 31 March 2020.

4.2 The NHS Board has previously agreed that attendance at Committee meetings should be recorded in the relevant Annual Report. The attendance record of each member is shown below (x indicates attended).

Member	Dates					
	21.05.19	13.08.19	01.10.19	26.11.19	28.01.20	24.03.20 Cancelled
Sam Falconer (Co-Chair)	X	X		X	X	
Kerr Maconochie (Co-Chair)	X	X	X	X	X	
Joyce Mitchell (Vice Chair)	X	X	X		X	
Annmarie Crowe (Professional Secretary)	X				X	
Shona Boag		X	X	X		
Louisa Burns/ David Noon (sharing role)		X	X	X	X	
Morag McConnell	X	X	X	X	X	
Laura McMinn	X	X	X			
Jacqueline Seenan		X	X	X		
Kerry Steel	X	X	X	X	X	
Wallace Stevenson	X	X				
Marie Stewart		X	X	X	X	

## 5. Committee Activities

5.1 The Committee advised the Pharmacy Practices Committee on one contractual pharmacy application during the year. The Committee agreed on the list of points that should be considered during the committee's discussion about the application.

The committee also advised on two minor relocations within the health board.

5.2 The committee had updates from the following:

- Alex Adam, Specialist Pharmacist in substance misuse who attended to give an update on the current issues within the substance misuse service and how communication between all the professions involved could be improved. The committee also discussed the implementation of the new buprenorphine product Espranor within Ayrshire and Arran. Several action points were agreed on as well as a further progress report.
- Crawford McGuffie, Joint Medical Director for Ayrshire and Arran, attended the APPC to give an update on Caring for Ayrshire. He highlighted potential changes that are required over the next 10 years for sustainability and patient care. The APPC are committed to helping the pharmacy profession play a vital role within the Caring for Ayrshire vision.
- Craig Ross and Kathleen McGuire from the Integrated Care Team (ICT) updated the committee on the role and the services available from ICT. It was discussed how community pharmacy could link with ICT and the committee will help to implement this in the coming year.
- Pamela Mills and Laura McElroy (Scottish Clinical Leadership Fellows, SCLF) provided an update on the work they have done during the year and future plans for new SCLF who started in September 2019.

5.3 The committee supported the following:

- The continuation of running of IP clinics within community pharmacy in A&A. The APPC wrote to Rose Marie Parr (Chief Pharmaceutical Officer for Scotland) to seek assurances over continual funding and to raise concerns of the workforce pipeline of Pharmacist Independent Prescribers.
- The development of access to appropriate clinical information for community pharmacists. This included representation on a digital workshop looking at the roll out of access to clinical portal.
- The committee to work to highlight the growing issue of workforce pressures across all sectors and roles within our profession.
- The committee supported the work around electronic discharge letters for DDS and level 3 MAR patients from secondary care to primary care to aid communication.
- The committee supported the transformational change agenda including the initiation of serial prescriptions and the role of the new primary care pharmacy team.

## 5.4 Consultations

The APPC submitted responses on the following national and local consultations

- Consultation on the initial education and training standards for pharmacists
- Consultation on draft guidance for pharmacist prescribers

## 5.5 Reports from APPC representatives on other Committees

- **Pharmacy Practices Committee** – Ms Linda Semple took over the role of Chair on 1 April 2019. The contractor and non-contractor representatives from the Committee at the start of the year were Wallace Stevenson, Diane Lamprell, Janice Gallagher, Joyce Mitchell and Allan Wilson. Lay members of Co-opted group includes John Woods and Stewart Daniels from Glasgow

The Committee has met virtually over the past year to consider two minor pharmacy relocations. The APPC has two representatives in attendance at each meeting and the following pharmacists are the APPC nominations to represent the committee - Stuart Burns, Faiza Yousaf, John Connolly, Andrew McMurdo, David Noon and Mohammad Ameen. Representatives from other Health Board areas continue to be co-opted to NHS Ayrshire and Arran to ensure should there be a need to rehear a hearing and there is a shortage of available members that these can continue to be heard by an independent panel and consist of Yvonne Williams (Pharmacy Contractor Member - Lanarkshire), Catherine Stitt (Pharmacy Contractor Member - Lanarkshire), Kenneth Irvine (Pharmacy Contractor Member – Greater Glasgow and Clyde) and Scott Bryson (Pharmacy Non Contractor Member – Greater Glasgow and Clyde).

- **Analgesia Working Group** – APPC is represented by Alison Tait.
- **Patient Group Directions (PGD) Group**- APPC is represented by Alison Tait.
- **Strategic Planning Groups** – Sam Falconer (North), Kerr Maconochie (South) and Laura McMinn (East) represented pharmacy at the Health and Social Care Partnerships and provided regular updates.

## 6. Priorities for 2020/21

- 6.1
- To continue to support the profession with the vision for the role pharmacy will play within the Caring for Ayrshire programme.
  - To support the pharmacy primary care team prepare for the new GMS contract in April 2021 including promotion of serial prescribing.
  - Support the new national Pharmacy First service within community pharmacy
  - Continue to support pharmacists' access to appropriate clinical information
  - Continue to support the development of Pharmacist Independent

Prescribers and their role within the primary care team

- Highlight workforce pressures within pharmacy across A&A
- Continue to represent the profession on relevant committees including the Health and Social Care Partnership.
- Advise on any contractual issues

## **7. Co-Chairs' Comments**

- 7.1 We would like to thank Annmarie Crowe, Professional Secretary, Joyce Mitchell, Vice Chair and Angela O'Mahony, Committee Secretary, for their invaluable support throughout the year.

**Mr Sam Falconer/Mr Kerr Maconochie  
Co-Chairs – Area Pharmaceutical Professional Committee**

## Appendix 1

# NHS Ayrshire and Arran

## Area Pharmaceutical Professional Committee

### Constitution and Terms of Reference

#### 1. Title

The Committee will be called the “Ayrshire and Arran Area Pharmaceutical Professional Committee”.

For the purposes of this Constitution, unless otherwise indicated, “Committee” means the Ayrshire and Arran Area Pharmaceutical Professional Committee, “NHS Board” means the Ayrshire and Arran National Health Service Board and the “Area” means the Ayrshire and Arran NHS Board Area.

The National Health Service (Scotland) Act 1978, as amended by the National Health Service and Community Care Act 1990, makes provision for the recognition by an NHS Board of a Committee representative of the pharmaceutical profession in its area. The Health Act 1999 further amended the NHS (Scotland) Act 1978 to extend the remit of professional advisory Committees to include the provision of advice to NHS Trusts. The general principles considered suitable for application to such a Committee are set out in NHS Circular Gen (1992)17 and NHS Circular Gen (1992)26.

The Public Bodies (Joint Working)(Scotland) Bill, introduced in May 2013, sets out a radical change in the way the NHS, local authorities and the third sector integrate and work together.

The Achieving Excellence Vision and Action Plan, published in 2017, provide the strategic direction for the planning and delivery of NHS Pharmaceutical care.

#### 2. Functions

The Committee’s role is to advise, at the NHS Board’s request, or on its own initiative, authoritatively and promptly on:-

- The health and professional service needs of the local population
- Issues which impinge on patient care
- The creation and maintenance of effective links with all other Area Professional Committees.
- Any other professional and other functions as may be prescribed in future under the above acts and guidance
- Where appropriate, the implications associated with contracts for the provision of these services

In so doing the Committee will reflect the views of the whole profession locally and not any faction or geographical grouping.



- Members will be required to read and respond to various papers and mailings, and may be tasked with completing individual pieces of work from time to time, either individually or as members of sub- committees and short life working groups (SLWGs).

These functions will support the multi-professional Area Clinical Forum by:

- Reporting 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 (acute services, primary care, health improvement etc);
- Providing input on service design, redesign and development priorities and in this way playing an active role in advising the Area Clinical Forum on potential for service improvement;
- 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, leading to broader participation in the work of the Committee;
- Providing the Area Clinical Forum with a clinical and professional perspective on the development of the Local Health Plan and the NHS Board’s strategic objectives;
- Investigating and taking forward particular issues on which clinical input is required on behalf of the Area Clinical Forum, taking into account the evidence base, best practice, clinical governance etc., and make proposals for their resolution. The Committee should be pro-active as well as re-active on these issues;
- Advising the Area Clinical Forum on specific proposals to improve the integration of services, both within local NHS systems and across health and social care.

### 3. Membership

3.1 The Committee will be representative of all registered pharmacy professionals in the area and be elected on the basis of merit, knowledge and experience. It will comprise of no more than twelve voting members, to reflect as best as practicable the diversity of the profession and hence representation.

Category of Membership	Number of Members
<b>a) Registered pharmacy employees of NHS Ayrshire &amp; Arran</b> (Members could be drawn from Acute, Public Health, Primary Care, Community Pharmacy, Medicine Utilisation).	<b>6</b>
<b>b) Pharmacists working in the community in Ayrshire</b>	<b>6</b>

<p><b>and Arran</b></p> <p>Three of whom will be nominees of the Area Pharmacy Groups in each Health and Social Care Partnership area.</p> <p>Three will be nominees of the Ayrshire &amp; Arran Pharmacy Contractors Committee, one of whom will be an independent contractor and one will be an employee of a national multiple.</p> <p>To maintain the balance of the Committee, membership is limited to two per contractor group.</p>	
<p><b>TOTAL</b></p>	<p><b>12</b></p>

The Director of Pharmacy will be invited to attend every meeting of the Committee in an ex-officio capacity unless they have been elected as a substantive member of the Committee.

All Committee members are allowed to be represented by deputies at meetings but they will have no voting rights.

#### **4. Method of Elections**

##### **4.1 Election of Ordinary Member**

Each profession represented by the Committees shall elect or nominate members who must be practising in Ayrshire and Arran.

To ensure continuity within professional groups each Committee will canvas and elect or nominate professional members in the following way:

##### **4.1.1 Pharmacist employees of NHS Ayrshire & Arran**

- The number of places available on the Committee and the professions requiring representation should be notified by the Chair of the Committee, to the Corporate Manager.
- In liaison with NHS Ayrshire & Arran Pharmacy Team the Corporate Manager will make contact with all individuals practising in the particular field identified, where relevant taking due cognisance of the sub-specialisation on particular Committees.
- Current members of the Committee may stand for re-election if their term of office is due for renewal, up to a maximum of three consecutive terms.
- Nomination forms will be sent out by NHS Ayrshire and Arran Corporate Department, to all individuals inviting interest. Forms will contain deadline date allowing four full weeks, for return of nomination forms.
- Where nominations received are equal to places on the Committee an election will not be required and nominees can be appointed a seat with the agreement of the Committee.

##### **4.1.2 Where more nominees come forward than places on the Committee an election**

will take place and the following process adhered to:

- Supporting statements and numbered ballot papers will be sent out to all individuals practising in the designated field. Copies of these papers will also be circulated to the members of the Committee for information.
- A deadline date, allowing two full weeks, will be set for the return of the ballot papers. If more than one ballot paper with the same number is received, all papers with the same number will be deemed 'spoilt'.
- All ballot papers should be returned to the Corporate Manager, NHS Ayrshire and Arran, Eglinton House, Ailsa Hospital, Ayr, KA6 6AB, by close of business on the deadline date.
- Votes will be counted by the Corporate Manager in the presence of two independent witnesses.
- Where more than two candidates are nominated for election, a Single Transferable Vote system will be used. Under this system, members of the Profession will be invited to rank the candidates on the ballot paper putting a "1" next to their first choice, a "2" next to their second choice and so on.
- Where a member's first choice candidate has too few votes to be elected, their vote will be transferred to their second choice candidate and so on, until a candidate with the most votes is identified and is elected to the vacancy.
- The Corporate Manager will notify the nominees and the Chair of the Professional Committee, of the outcome of the election within 5 working days.

#### **4.2 Pharmacists working in the community in Ayrshire and Arran**

The number of places available on the Committee should be notified by the Chair of the Committee, to the Corporate Manager.

In liaison with NHS Ayrshire & Arran Pharmacy Team the Corporate Manager will make contact with the Chair of the Area Pharmacy Contractors Committee and the Lead Pharmacists of the Health and Social Care Partnerships Pharmacy Groups, seeking nominations of individuals practising in the particular field and area identified, where relevant taking due cognisance of the sub-specialisation on particular Committees

Current members of the Committee may stand for re-nomination if their term of office is due for renewal, up to a maximum of three consecutive terms.

#### **4.3 Election of Chair, Vice Chair and Professional Secretary**

The Officer standing down should give the Committee 6 weeks notice, of their intention. This should be submitted in writing to the Corporate Manager.

Following the announcement an email will be circulated, by those providing administrative support to the Committee within 5 working days. This will be sent to all members of the Committee seeking nominations for the position available. A deadline of one week prior to the next meeting will be set. Upon receipt of nominations the Committee will be advised of candidates wishing to be considered for the role.

Immediately prior to the next meeting those who have indicated their intention to stand will speak to the Committee with regard to the contribution they would make in the particular role.

Where one nominee is received the nominee will be appointed to the appropriate vacancy. Where there is more than one nominee, the following process will be adhered to:

- Numbered ballot papers will be distributed to those attending on the day who are eligible to vote. Members who are unable to attend on the day should indicate their voting preference to the Committee Secretary prior to the meeting.
- Ballot papers should be completed and returned to the Committee Secretary who will act as returning officer.
- The Committee Secretary will, in the presence of those members attending on the day, count the votes and announce the result.
- The Committee meeting will then commence with the successful candidate taking up their new role.
- Where more than two nominees put themselves forward for a position then the Single Transferable Vote system as detailed above will be used. In the event that there are no nominations received for the role of Vice Chair and Professional Secretary of the Committee these will rotate among Committee members according to a pre-agreed set period of time.

## **5. Co-option of Members**

The Committee may co-opt up to 2 additional members who it considers may have a particular contribution to the work of the Committee. The term of office of co-opted members is at the discretion of the Committee and will be reviewed every 6 months. Co-opted members will act in an advisory capacity only, with no voting rights.

## **6. Nominee representatives of the APPC**

From time to time the Committee may be requested to nominate representatives to represent the profession on other committees or groups. The nominees should be agreed at a meeting of the Committee. The term of office of nominees should follow those of the committees or groups that they are attending, but should not exceed the term of office of the Committee members. Nominees should not serve for more than three consecutive terms. Nominees will be required to attend Committee meetings to provide an update of their work, at regular intervals, and

will be required to contribute to the annual report of the Committee.

## 7. Tenure of Office of Members

The terms of office of members of the Committee will be 4 years (commencing 1<sup>st</sup> April in the relevant year). Half of the membership of the Committee will be considered for re-election every two years in a staggered membership cohort. Committee members will be eligible for re-election but should not serve for more than three consecutive terms.

## 8. Election of Officers

The Committee will elect from its members, a Chair, Vice-Chair and Professional Secretary to serve the remainder of their term of office. The APPC Chair role may be undertaken on a shared basis through the appointment of co-Chairs. They will be eligible for re-election for a further term of office but thereafter, unless approved by the Board, will be required to demit that office for at least one term.

Should a Professional Committee Chair be elected as Chair of the Area Clinical Forum, with agreement from the relevant Professional Committee and Area Clinical Forum and approval of the NHS Board, the term of office of the Professional Committee Chair may be extended to enable the four year term of office of Chair of ACF to be fulfilled.

It is recognised that this will also require consideration of membership terms of office to ensure that no staff are disadvantaged should they wish to be nominated to join a Committee through the normal election process.

## 9. Executive Members

9.1 The Chair, Vice Chair and Professional Secretary will comprise the Executive of the Committee. Where the elected Chair is from the managed sector the Vice Chair will be elected from the community pharmacy sector, and vice versa.

9.2 The Executive will be empowered to consult and make recommendations on behalf of the Committee where decisions are required before the next NHS Board meeting and/or meeting of the Committee. No single member of the Executive may make a recommendation without due consultation with the other members of the Executive. The Executive must report all such decisions to the Committee.

The Executive will also endorse any recommendations of any sub committees of the Committee. Where the Executive cannot endorse the recommendations, the matter must be referred to the Committee for consideration.

9.3 The Professional Secretary will be elected from the Committee as outlined in point 8, and will be a full member of the Executive. The role of the Professional Secretary is to work with the Chair and Vice Chair in providing support to the members on professional matters such as consultations and Pharmacy Practice Committee applications, and also to assist in any response to a request for professional advice from the Board and Partnership Agencies. The Professional Secretary will also work closely with the Committee Secretary in providing

guidance and input where professional matters require to be recorded.

The Professional Secretary will be allowed the appropriate dedicated time required to fulfil the responsibility of the role at the rate agreed with the Board.

## **10. Casual Vacancies**

A member who ceases to be representative of their electoral body will vacate his/her seat on the Committee and a casual vacancy will be declared.

Where a member of the Committee has been absent from three consecutive meetings of the Committee, of which appropriate notice had been given, the Committee may, unless they are satisfied that the member's absence was due to illness or other reasonable cause, declare that the seat on the Committee has been vacated and, thereupon, a casual vacancy will be declared.

Members of the Committee may at any time, by notice in writing by them and delivered to the Committee Secretary resign their seat.

A casual vacancy will be filled by the appointment of a new representative from the relevant electoral body by the Committee, whose name will be notified to the Committee Secretary forthwith. New representatives will hold office for the remainder of the term of office of the member in whose place they are appointed. Pending this appointment, the proceedings of the Committee will not be invalid by reasons of a vacancy.

## **11. Representation on the Area Clinical Forum**

The Committee will, pro-actively and as requested by the NHS Board, communicate with and advise the Area Clinical Forum on professional and clinical matters.

The Chair and/or Vice-Chair and/or Professional Secretary will represent the Committee at the meetings of the Area Clinical Forum. The Chair is eligible for nomination for election to the post of Chair of the Area Clinical Forum.

## **12. Committee Decision**

Where the Committee is asked to give advice on a matter and a majority decision is reached the Chair will report the majority view and will also make known any minority opinion and present the supporting arguments for all view points.

## **13. Meetings**

Meetings will usually be held on an 8-weekly basis during normal business hours, to synchronise with the NHS Board meeting calendar, 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.

### Committee Members

In the event of a member of the Committee being unable to attend, apologies for absence should be sent to the Committee Secretary.

#### Persons not Members of the Committee

The Committee is able to invite persons who are not members of the Committee to attend meetings as outlined in point 5 of this Constitution.

#### Annual Report

The Committee will produce an Annual Report on its work for the year which will include reports from any sub-committees and nominated representatives of the Committee. This should be presented at an Annual General Meeting and submitted to the NHS Board in May each year.

### **14. Quorum**

Half of the members of the Committee will be deemed a quorum. Of that quorum at least two members will be from sections a and b within Section 3 (Membership).

### **15. Notice of Meetings**

The Committee Secretary will send agenda, minutes and notices of meetings to every member of the Committee 5 working days before the day of the meeting. Failure by one or more members to receive papers will not invalidate proceedings.

### **16. Minutes**

Draft minutes will be issued within 5 working days of the meeting to the Committee members. Minutes of all meetings will be submitted, once ratified by the Committee, to the Area Clinical Forum and the Chief Executive of the NHS Board.

### **17. Requesting Meetings**

Two members may, by writing to the Chair, request an extraordinary meeting of the Committee and should specify the business to be discussed at such a meeting. The Chair's decision on whether to accede to the request will be final, and must be reported to the next ordinary meeting of the Committee.

### **18. Administrative Support**

Administrative support to the Forum will be provided by the Committee Secretary. This will include the review of policy documents, summarising the documents and ensuring that they are issued for consultation appropriately and to the relevant Area Professional Committees. Additionally the Committee Secretary will ensure that copies of the minutes, agenda and other relevant papers are prepared and

circulated to the relevant Committees.

## **19. Conduct of Meetings**

The Chair will be responsible for the conduct of the meetings and for ensuring, in close consultation with the NHS Board, that the agreed recommendations of the Committee are conveyed to the Area Clinical Forum and the Chief Executive of the NHS Board as well as to Partner agencies who have sought the professional opinion of the Committee.

The Chair will ensure that the meetings are carried out in an atmosphere of professional respect and dignity encompassing the values of NHS Ayrshire & Arran.

## **20. Sub-Committees, Short Life Working Groups, Nominated Representatives**

The Area Professional Committee may appoint ad hoc sub-committees, SLWGs, and nominated representatives as appropriate to consider and provide advice on specific issues.

## **21. Delegated Authority of Sub-Committees, Short Life Working Groups, Nominated Representatives**

Sub-committees, SLWGs and nominated representatives will have delegated to them such authority as may be agreed by the parent Committee.

## **22. Alteration To Constitution**

Recommendations to alter the Constitution must be approved by a majority of not less than two thirds of the members present at a special meeting of the Committee called for purpose (which must be quorate – as per Section 13) of which, at least 14 days notice will be given setting out the proposed alteration or amendment. Such alterations or amendments so approved will be intimated to each member of the Committee, and to the NHS Board for approval prior to implementation.

## **23. Confidentiality**

All members of the Committee will be responsible for maintaining the confidentiality of NHS Board documents. The Chair will rule where necessary to advise on the confidentiality of documents.

## **24. Conflict of Interest**

Members are elected to act objectively and will declare any possible conflict of interests as soon as possible after the commencement of a meeting. Members are required to consider and debate upon the pharmacy professional aspects of any issues brought to the Committee. Where this conflicts with the opinions and focus of another group associated with a Member, then the Member must note the



conflict of interest immediately, and take no further part in the discussion.

## 25. Expenses

Members of the Committee, sub-committees, SLWGs and nominated representatives, who incur reasonable expenses will have travelling and other allowances, including compensation for the loss of remunerative time, defrayed by the NHS Board, subject to the approval of the First Minister. Payments will only be made as respects the exercise of functions conferred and where they are not met by any other body.

## 26. Publicity

No member of the Committee will make any official statement in public or to the Press, pertaining to the work of the Committees, without prior consultation with Director of Pharmacy and the Communications Department of NHS Ayrshire and Arran.

Version:	Date:	Summary of Changes:	Approved by
00.1	14/08/2018	Changes to reflect publication of Achieving Excellence and to clarify membership.	APPC 14/08/2018 ACF via email NHS Board 08/10/2018
00.2	10/05/2019	Change to Section 8, Election of Officers, to enable the APPC Chair role to be undertaken on a shared basis by Co-Chairs.	APPC via email 10/05/2019 ACF via email 14/05/2019
00.3	30/07/2020	Additional wording under "Election of Officers" to clarify process to fulfil ACF Chair role.	APPC



# **NHS Ayrshire & Arran Area Psychology Professional Committee**

## **Annual Report for 2019/2020**

### **1. Summary**

1.1 The Area Psychology Professional Committee (APsyPC) Committee has representation from all Psychological Service Specialties within NHS Ayrshire and Arran. Members of the Committee continue to work hard to ensure that all constituents have a voice and that best practice and evidence based advice is provided to the NHS Board. The Committee disseminates information to and from the Psychological Service Business Meeting and APsyPC feedback is a standing item on the agenda. There is recognition that a small number of accredited therapists are employed outwith the Psychological Service and measures are in place to provide them with representation through the Committee.

### **1.2 Key Messages**

- The Committee is conscious of the pro-active approach taken by the previous committee in the development of papers for the Board and keen to maintain this approach following a period of significant change. To this end there have been active measures to re-engage with constituents across all specialties in relation to current priorities. The committee is also keen for engagement with the Executive Lead in the North Health and Social Care Partnership which hosts Mental Health Services in relation to shared concerns and priorities.
- Key themes identified during this year have been around organisational culture. This relates to issues of compassionate leadership and its relevance to supporting staff well-being during change and challenges. This is also relevant to the commitment of NHS Ayrshire & Arran as a psychologically safe organisation.

### **2. Remit**

2.1 The Committee's Terms of Reference are detailed at Appendix 1 to this report.

### **3. Membership**

3.1 The Committee's membership during the reporting period was as follows:

Dr Kerry Teer (Child Psychology), Chair

Dr Laura Watters (Learning Disabilities), Vice Chair

Dr Maureen Seils (Adult Mental Health)

Dr Ying Teh (Older Adults)

Dr Susan O'Connell (Clinical Health/Neuropsychology). Dr Siobhan Manuell provided cover during Susan's maternity leave.

Ms Lyndsay Brown (Psychological Therapist – CBT)  
 Ms Lorraine O’Rourke (Counselling)

Dr Imogen Marsh has been in attendance at Committee meetings since January 2020 representing Applied Psychologists with less than two years Post-graduate experience. The Director of Health and Social Care for North Ayrshire Health is invited to attend Committee meetings.

#### 4. Meeting

4.1 The Committee met on five occasions between 1 April 2019 and 31 March 2020.

4.2 The NHS Board has previously agreed that attendance at Committee meetings should be recorded in the relevant Annual Report. The attendance record of each member is shown below (x indicates attended).

Member	Dates					
	21.05.19	13.08.19	01.10.19	26.11.19	28.01.20	24.03.20 Cancelled
Dr Kerry Teer (Chair)	X	X	X	X		
Dr Laura Watters (Vice Chair)			X	X	X	
Ms Lyndsay Brown	X		X	X	X	
Dr Siobhan Manuell (covering Susan’s maternity leave)	X					
Dr Susan O’Connell (on maternity leave)			X			
Ms Lorraine O’Rourke	X	X		X	X	
Dr Maureen Seils	X	X	X	X	X	

Dr Ying Teh	X	X		X		
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## 5. Committee Activities

5.1 In March 2019 Dr Teer gave a presentation on the work of the ApsyPC to the Psychological Services workshop. In addition, all staff attending the workshop were asked to complete a feedback form giving information on awareness of the APsyPC and identifying areas that might be a priority for future attention. These feedback forms were summed into a thematic analysis and topics identified as priorities were :

- Developing trauma informed services across the health board (including those without access to psychology)
- How to prevent compassion fatigue in staff and increase compassion in teams facing challenges (e.g. gap between capacity and demand)

5.2 In May 2019 the Committee received a presentation from Dr Ruth Stocks, Scotland Director for the Association of Clinical Psychologists (ACP) UK. The profession of Clinical Psychology has traditionally been represented by the Division of Clinical Psychology (DCP) within the British Psychological Society (BPS). The ACP was set up in 2016 as a professional body specifically to represent the profession of Clinical Psychology. The majority of Clinical Psychologists in the UK are employed via NHS Trusts and Clinical Psychologists constitute one of the largest groups of psychological therapists employed in the NHS.

The APsyPC invited Dr stocks to a meeting in order to gain greater understanding of the specific role of the ACP and to clarify issues of overlap/conflict between the BPS/DCP and the ACP. Key messages from this discussion were:

The aim of the ACP:

- to provide a stronger voice to the profession of Clinical Psychology than is possible within the BPS/DCP structure;
- to respond more rapidly and flexibly to consultations and national work taking place;
- to create professional networks and share expertise and learning in professional matters

A memorandum of understanding was being developed between ACP UK and BPS to promote joint working

Members of the ApsyPC welcomed the development of a strong professional representation for Clinical Psychology but expressed some concern that this may lead to a less coherent approach to professional Psychology representation. Dr Stocks acknowledged this risk but emphasised that the various organisations were meeting regularly and developing the Memorandum of understanding to ensure this does not happen. APsyPC members agreed that the committee should receive feedback from all Psychology professional bodies.

5.3 Members of the ApsyPC have identified areas of confusion that can occur for individuals in understanding levels of psychological care and treatment modalities. The committee began work on a 'User's Guide to Psychological Treatments' that may be helpful for both referrers and service users in identifying the form of input

requested and required. As work is currently being undertaken by NHS Education Scotland (NES) to define levels of psychological care the committee decided to suspend work on this topic pending an update from NES, and return to the topic to develop any local additions.

- 5.4 The Committee felt it would be helpful to look at issues of compassionate leadership and staff wellbeing. This is a topic that has developed substantially over the last year and is coherent with NHS Ayrshire and Arran's commitment as a psychologically safe organisation. It is also cognisant of the themes and concerns raised in the Sturrock report regarding NHS Highland Themes that have developed have been issues of staff being present at work vs. available and engaged; useful wellbeing and attendance policies that promote engagement via flexibility; issues of compassionate leadership and an understanding of attachment theory in a workplace context. This is an area of ongoing work and priority for the committee.
- 5.5 The Committee felt that these issues of compassionate leadership and staff wellbeing were in alignment with the emphasis on a 'psychologically safe workplace' as described at the Chief Executive's Annual Leadership Conference in October 2019. Supporting and developing these themes is one of the ways in which the committee can support the process of Transformational Change.
- 5.6 The Committee continued to provide advice to the Board with regard to Board papers that were circulated for comment. The committee noted the Quality Strategy and the values management approach proposed and highlighted issues around data recording and reporting, in relation to patient experience. The committee had previously commented on the difficulties with sufficiently clear data systems to support workforce planning as well as clear outcomes. The Committee noted that mental health services had been identified as a priority in regional West of Scotland planning and welcomed this focus on good mental health provision. The Committee noted the six Public Health Priorities identified nationally which the Board would support. Members highlighted the possible impact on Psychological Services in supporting delivery of actions relating to mental health wellbeing and addictions, in delivering a trauma informed approach/reducing adverse childhood experience and supporting bariatric services in the work to reduce, detect and manage type 2 diabetes.

## **6. Priorities for 2020/21**

- 6.1 Prior to March 2020 the Committee had identified priorities in relation to developing a trauma informed organisation and broader organisational culture; particularly in relation to compassionate leadership and its relevance to staff wellbeing through processes of demand and change. The demands of responding to Covid-19 bring these priorities into even sharper focus, across Health and Care contexts, and in the community as a whole. These remain priority areas for the committee in supporting the Board in developing NHS Ayrshire & Arran as a psychologically safe organisation while responding to the ongoing demands.

## **7. Chair's Comments**

- 7.1 Following a period of change the Committee had been developing clear priority

areas around psychological wellbeing within the NHS organisation, as well as in the provision of quality psychological care for citizens of Ayrshire and Arran. The demands in responding to Covid-19 and its impact on communities, staff wellbeing and the delivery of care affirm the importance of these topics. I believe the committee will remain eager to develop helpful guidance in relation to these key areas and support reflection on the impact of Covid-19 and development of innovative practice in moving forward.

## **8. Conclusion**

- 8.1 The Committee would like to thank all those who contributed to the work of the Committee through the year. Particular thanks to those who are standing down from their term of office and a hope that they will remain keen to engage with the work of the committee as constituents, and a welcome to those taking up positions on the committee in anticipation to them bringing renewed enthusiasm and a fresh perspective.
- 8.2 The Committee continues to be indebted to Angela O'Mahony for the high standard of administrative support and guidance provided to the Committee

**Dr Kerry Teer**  
**Chair – Area Psychology Professional Committee**

**NHS AYRSHIRE AND ARRAN**  
**AREA PSYCHOLOGY PROFESSIONAL COMMITTEE**  
**CONSTITUTION AND TERMS OF REFERENCE**

**1. Title**

The Committee will be called the “Ayrshire and Arran Area Psychology Professional Committee”.

For the purposes of this Constitution, unless otherwise indicated, “Committee” means the Ayrshire and Arran Area Psychology Professional Committee, “NHS Board” means the Ayrshire and Arran National Health Service Board and the “Area” means the Ayrshire and Arran NHS Board Area. It shall represent professional matters relating to the provision of psychological and specialist psychological care.<sup>1</sup>

The National Health Service (Scotland) Act 1978, as amended by the National Health Service and Community Care Act 1990, makes provision for the recognition by a Health Board of a Committee representative of the professions in its area. The Health Act 1999 further amended the NHS (Scotland) Act 1978 to extend the remit of professional advisory Committees to include the provision of advice to NHS Trusts. The general principles considered suitable for application to such a Committee are set out in NHS Circular Gen (1992)<sup>17</sup> and NHS Circular Gen (1999)<sup>26</sup>.

**2. Functions**

The Committee’s role is to advise, at the NHS Board’s request, or on its own initiative, authoritatively and promptly on:-

- The health and professional service needs of the local population.
- Issues which impinge on the provision of psychological or specialist psychological care.
- The implications of evidence from psychological research for the delivery of health services in Ayrshire and Arran.
- To create and maintain effective links with all other Area Professional Committees.
- Any other professional and other functions as may be prescribed in future under the above Acts and guidance.
- Where appropriate the implications associated with contracts for the provision of these services.

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<sup>1</sup> The definition of the terms psychological care and specialist psychological care is available from the Chair of the Committee

In so doing the Committee will reflect the views of the whole profession locally and not any faction or geographical grouping.

These functions will support the multi-professional Area Clinical Forum by:

- Reporting 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 (acute services, primary care, health improvement etc);
- Providing input on service design, redesign and development priorities and in this way playing an active role in advising the Area Clinical Forum on potential for service improvement;
- 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, leading to broader participation in the work of the Committee;
- Providing the Area Clinical Forum with a clinical perspective on the development of the Local Health Plan and the NHS Board's strategic objectives;
- Investigating and taking forward particular issues on which clinical input is required on behalf of the Area Clinical Forum, taking into account the evidence base, best practice, clinical governance etc and make proposals for their resolution. The Committee should be pro-active as well as re-active on these issues;
- Advising the Area Clinical Forum on specific proposals to improve the integration of services, both within local NHS systems and across health and social care.

### **3. Membership**

- 3.1 The Committee will be representative of the professionals employed within NHS Ayrshire and Arran to provide specialist psychological care in the area and be elected on the basis of merit, knowledge and experience. It will comprise of no more than ten voting members to reflect as best as practicable the diversity of the profession and hence representation.

The Committee will have representation from applied psychologists in health for the following areas of applied psychology practice:

Adult Mental Health  
Child Health  
Learning Disabilities  
Clinical Health Psychology  
Older Adults

Applied psychologists should be eligible for registration as a Chartered Psychologist with the British Psychological Society. In addition to qualified practitioners, members are responsible for representing Assistant and trainee psychologists working within their constituencies.



The Committee will also have representation from the following professional groups providing specialist psychological care within NHS Ayrshire and Arran:

Psychological Therapist/Cognitive Behavioural Psychotherapy Counsellor (with current accreditation with the British Association for Counselling and Psychotherapy or equivalent).

Clinical Associate in Applied Psychology (being a graduate of one of the Masters in Applied Psychology courses approved by NHS Education for Scotland).

There should be at least two applied psychologist members who are eligible for Full Membership of the Division of Clinical Psychology. The Committee shall have the power to nominate two clinical psychologists to join the Committee if there are not two clinical psychologists among the applied psychologist members representing applied psychology practice areas.

This will be reviewed from time to time in liaison with the Board. Only those who are eligible for membership will have voting rights.

If the members of the Committee do not include an applied psychologist with less than two years Post Graduate experience or the most junior member of the Department, the Committee shall have power to invite one or more such applied psychologists to attend meetings of the Committee. Any person so invited shall have no vote, however, at meetings of the Committee.

The Director of Health and Social Care for North Ayrshire Health and Social Care Partnership, or another senior manager, may be present in an "in attendance" capacity.

#### **4. Method of Elections**

##### **4.1 Election of Ordinary Member**

Each profession represented by the Committees shall elect members who must be practising in Ayrshire and Arran. To ensure continuity within professional groups each Committee will canvas and elect or nominate professional members in the following way:

The number of places available on the Committee and the professions requiring representation, should be notified by the Chair of the Committee, to the Corporate Business Manager.

The Corporate Business Manager will make contact with all individuals practising in the particular field identified, where relevant taking due cognisance of the sub-specialisation on particular Committees.

Current members of the Committee may stand for re-election if their term of office is due for renewal.

Nomination forms will be sent out by NHS Ayrshire and Arran Committee Secretaries to all individuals inviting interest. Forms will contain deadline date

allowing four full weeks, for return of nomination forms. A supporting statement should accompany returned forms.

Where nominees received are equal to places on the Committee an election will not be required and nominees can be appointed a seat within the Committee.

Where more nominees come forward than places on the Committee an election will take place and the following process adhered to:

Supporting statements and numbered ballot papers will be sent out to all individuals practising in the designated field. Copies of these papers will also be circulated to the members of the Committee for information.

A deadline date, allowing two full weeks, will be set for the return of the ballot papers. If more than one ballot paper with the same number is received, all papers with the same number will be deemed 'spoilt'.

All ballot papers should be returned to the Corporate Business Manager, NHS Ayrshire and Arran, Eglinton House, Ailsa Hospital, Ayr, KA6 6AB, by close of business on the deadline date.

Votes will be counted by the Corporate Business Manager in the presence of two independent witnesses.

Where more than two candidates are nominated for election, a Single Transferable Vote system will be used. Under this system, members of the Profession will be invited to rank the candidates on the ballot paper putting a "1" next to their first choice, a "2" next to their second choice and so on.

Where a member's first choice candidate has too few votes to be elected, their vote will be transferred to their second choice candidate and so on, until a candidate with the most votes is identified and is elected to the vacancy.

The Corporate Business Manager will notify the nominees and the Chair of the Professional Committee, of the outcome of the election within 5 working days.

#### **4.2 Election of Chair and Vice Chair**

The Officer standing down should give the Committee 6 weeks notice, of their intention. This should be submitted in writing to the Corporate Business Manager.

Following the announcement an email will be circulated by those providing administrative support to the Committee within 5 working days. This will be sent to all members of the Committee seeking nominations for the position available. A deadline of one week prior to the next meeting will be set. Upon receipt of nominations the Committee will be advised of candidates wishing to be considered for the role.

Immediately prior to the next meeting those who have indicated their intention to stand will speak to the Committee with regard to the contribution they would make in the particular role.

Where one nominee is received the nominee will be appointed to the appropriate vacancy. Where there is more than one nominee, the following process will be adhered to:

Numbered ballot papers will be distributed to those attending on the day who are eligible to vote. Members who are unable to attend on the day should indicate their voting preference to the Committee Secretary prior to the meeting.

Ballot papers should be completed and returned to the Committee Secretary who will act as returning officer.

The Committee Secretary will, in the presence of those members attending on the day, count the votes and announce the result.

The Committee meeting will then commence with the successful candidate taking up their new role.

Where more than two nominees put themselves forward for a position then the Single Transferable Vote system as detailed above will be used.

In the event that there are no nominations received for the role of Vice-Chair of the Committee, this will rotate among Committee members according to a pre-agreed set period of time.

## **5. Co-option of Members**

The Committee may co-opt up to 2 additional members who it considers may have a particular contribution to the work of the Committee. The term of office of co-opted members is at the discretion of the Committee and will be reviewed every 6 months. Co-opted members will act in an advisory capacity.

## **6. Tenure of Office of Members**

The terms of office of members of the Committee will be 4 years (commencing 1 April in the relevant year). Half of the membership of the Committee will be considered for re-election every two years in a staggered membership cohort. Committee members will be eligible for re-election.

## **7. Election of Officers**

At its first regular meeting in April every other year, the Committee will elect from its members, a Chair and Vice-Chair to serve a term of 2 years. The Chair and Vice Chair will be eligible for re-election for a further term of 2 years but thereafter, unless approved by the Board, will be required to demit office for at least one term.

**Should a Professional Committee Chair be elected as Chair of the Area Clinical Forum, with agreement from the relevant Professional Committee and Area Clinical Forum and approval of the NHS Board, the term of office of the Professional Committee Chair may be extended to enable the four year term of office of Chair of**

**ACF to be fulfilled.**

**It is recognised that this will also require consideration of membership terms of office to ensure that no staff are disadvantaged should they wish to be nominated to join a Committee through the normal election process.**

## **8. Executive Members**

The Chair and Vice Chair will comprise the Executive of the Committee. The Executive will be empowered to consult and make recommendations on behalf of the Committee where decisions are required, before the next NHS Board meeting. The Executive must report all such decisions to the Committee for ratification.

The Executive will also endorse any recommendations of any sub Committees of the Committee. Where the Executive cannot endorse the recommendations, the matter must be referred to the Committee for consideration.

## **9. Casual Vacancies**

A member who ceases to be representative of their electoral body will vacate his/her seat on the Committee and a casual vacancy will be declared.

Where a member of the Committee has been absent from three consecutive meetings of the Committee, of which appropriate notice had been given, the Committee may, unless they are satisfied that the member's absence was due to illness or other reasonable cause, declare that the seat on the Committee has been vacated and, thereupon, a casual vacancy will be declared.

Members of the Committee may at any time, by notice in writing by them and delivered to the Committee Secretary, resign their seat.

A casual vacancy will be filled by the appointment of a new representative from the relevant electoral body by the Committee, whose name will be notified to the Committee Secretary forthwith. New representatives will hold office for the remainder of the term of office of the member in whose place they are appointed. Pending this appointment, the proceedings of the Committee will not be invalid by reasons of a vacancy.

## **10. Representation on the Area Clinical Forum**

The Committee will, pro-actively and as requested by the NHS Board, communicate with and advise the Area Clinical Forum in professional and clinical matters. This will be conducted through the attendance of the Chair and/or Vice Chair of the Area Professional Committee on the Area Clinical Forum as a full member.

## **11. Committee Decision**

Where the Committee is asked to give advice on a matter and a majority decision is reached the Chair will report the majority view and will also make known any minority opinion and present the supporting arguments for all view points.

## **12. Meetings**

Meetings will usually be held on a 8-weekly basis to synchronise with the NHS Board meeting calendar, 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.

### Committee Members

In the event of a member of the Committee being unable to attend, apologies for absence should be sent to the Committee Secretary.

### Persons not Members of the Committee

The Committee is able to invite persons who are not members of the Committee to attend meetings as outlined in point 5 of this Constitution.

### Annual Report

The Committee will produce an Annual Report on its work for the year. This should be presented at an Annual General Meeting and submitted to the NHS Board in May each year.

## **13. Quorum**

Half of the members of the Committee will be deemed a quorum.

## **14. Notice of Meetings**

The Committee Secretary will send agenda, minutes and notices of meetings to every member of the Committee 5 working days before the day of the meeting. Failure by one or more members to receive papers will not invalidate proceedings.

## **15. Minutes**

Draft minutes will be issued within 5 working days of the meeting to the Committee members. Minutes of all meetings will be submitted, once ratified by the Committee, to the Area Clinical Forum and the Chief Executive of the NHS Board.

## **16. Requesting Meetings**

Two members may, by writing to the Chair, request an extraordinary meeting of the Committee and should specify the business to be discussed at such a meeting. The Chair's decision on whether to accede to the request will be final, and must be reported to the next ordinary meeting of the Committee.

## **17. Administrative Support**

Administrative support to the Forum will be provided by the Committee Secretary. This will include the review of policy documents, summarising the documents and ensuring that they are issued for consultation appropriately and to the relevant Area

Professional Committees. Additionally the Committee Secretary will ensure that copies of the minutes, agenda and other relevant papers are prepared and circulated to the relevant Committees.

## **18. Conduct of Meetings**

The Chair will be responsible for the conduct of the meetings and for ensuring, in close consultation with the NHS Board, that the agreed recommendations of the Committee are conveyed to the Area Clinical Forum and the Chief Executive of the NHS Board.

## **19. Sub-Committees**

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

## **20. Delegated Authority of Sub-Committees**

Sub-Committees will have delegated to them such authority as may be agreed by the parent Committee. The parent Committee will approve all Standing Sub-Committee Constitutions.

## **21. Alteration To Constitution**

The Constitution will be altered only by a majority of not less than two thirds of the members present at a special meeting of the Committee called for purpose, of which, at least 14 days notice will be given setting out the proposed alteration or amendment. Such alterations or amendments so approved will be intimated to each member of the Committee, and to the NHS Board for approval prior to implementation.

## **22. Confidentiality**

All members of the Committee will be responsible for maintaining the confidentiality of NHS Board documents. The Chair will rule where necessary to advise on the confidentiality of documents.

## **23. Conflict of Interest**

Members are elected to act objectively and will declare any possible conflict of interests as soon as possible after the commencement of a meeting.

## **24. Access**

The Chair and/or Vice-Chair will represent the Committee at the meetings of the Area Clinical Forum. The Chair is eligible for nomination for election to the post of Chair of the Area Clinical Forum.

## **25. Expenses**

Members of the Committee and Sub-Committee who incur reasonable expenses will

have travelling and other allowances, including compensation for the loss of remunerative time, defrayed by the NHS Board, subject to the approval of the First Minister. Payments will only be made as respects the exercise of functions conferred and where they are not met by any other body.

## 26. Publicity

No member of the Committee will make any official statement in public or to the Press, pertaining to the work of the Committees, without prior consultation with the Chair or Vice-Chair.

Version:	Date:	Summary of Changes:	Approved by
00.1	15/05/2018	Committee agreed changes to membership to encourage participation and added Executive Lead.	APsyPC 15/05/18 NHS Board 27/05/19
00.2	30/07/20	Additional wording under "Election of Officers" to clarify process to fulfil ACF Chair role.	APsyPC

## NHS Ayrshire & Arran

### Area Clinical Forum

#### Constitution and Terms of Reference

##### 1. Title

This Committee will be known as the Ayrshire and Arran NHS Board Area Clinical Forum (ACF).

##### 2. Duties and functions

The core function of the Area Clinical Forum should be to support the work of the 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 (acute services, primary care, health improvement etc);
  - Promoting work on service design, redesign and development priorities and playing an active role in advising the NHS Board on potential for service improvement;
  - 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 Area Professional Committees;
  - Providing the NHS Board with a clinical perspective on the development of the Strategic Plan and the NHS Board's strategic objectives;
  - Investigating and taking forward particular issues on which clinical input is required on behalf of the NHS Board, taking into account the evidence base, best practice, clinical governance etc and make proposals for their resolution. The Committee should be pro-active as well as re-active on these issues;
  - Advising the NHS Board on specific proposals to improve the integration of services, both within local NHS systems and across health and social care.
- a) The Chair of the Area Clinical Forum will, subject to formal appointment by the Cabinet Secretary for Health and Sport, serve as a Non Executive Director of the NHS Ayrshire & Arran Board.
- b) The Forum must not concern itself with remuneration and conditions of service.

##### 3. Membership of the Forum

The membership of the Forum will be comprised of Chairs (or in the case of the Area Medical Committee, 2 Co-Chairs) of the Area Professional Committees as follows:

- Allied Health Professions
- Dental



- Healthcare Science
- Medical Practitioners (GPs and Hospitals)
- Nursing and Midwifery
- Optical
- Pharmaceutical
- Psychology

### 3.1 Attending

Persons other than members may be invited to attend a meeting for discussion of specific items at the request of the Chair. The NHS Board Chief Executive, Director of Public Health and Board designated Lead Director shall be expected to attend meetings of the Forum. All the above will take part in the discussions but do not have voting rights. Non Executive members will be invited to attend as required. Vice Chairs of each Professional Committee may attend if they wish.

### 4. Sub Committees

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

### 5. Tenure of office

Members will serve for a maximum of 4 consecutive years and will be eligible for re-election up to a maximum of 8 years, however in exceptional circumstances, ACF can agree to extend the maximum term. If a member resigns or retires, the appropriate Area Professional Committee will choose a replacement. The replacement will hold office for the remainder of the period for which the member he/she replaces would have held office.

Should a Professional Committee Chair be elected as Chair of the Area Clinical Forum, with agreement from the relevant Professional Committee and Area Clinical Forum and approval of the NHS Board, the term of office of the Professional Committee Chair may be extended to enable the four year term of office of Chair of ACF to be fulfilled.

It is recognised that this will also require consideration of membership terms of office to ensure that no staff are disadvantaged should they wish to be nominated to join a Committee through the normal election process.

### 6. Office bearers of the Area Clinical Forum

The Forum will elect from within its membership the following officer bearers:

- Chair
- Vice Chair

The ACF Chair must be the Chair of their respective Professional Committee.

Should a member be elected to the role of ACF Chair or Vice Chair, the incumbent would normally hold office for 4 years, following which there would be an election process. The Chair will be eligible for re-election to a maximum of 8 years, however

in exceptional circumstances, the Board can agree to extend the term of office.

Normally the Chair and Vice Chair will be drawn from different Professional Committees.

The Chair and Vice Chair will have discretionary powers to act on behalf of the Forum but in doing so will be answerable to the Forum.

The Chair, whom failing the Vice-Chair will, except in exceptional circumstances, attend meetings of the NHS Board.

The Chair may nominate another member or representative of the Forum to attend meetings of the NHS Board or other meetings if the Vice Chair is unable to attend.

The office bearers will aim at all times to reflect the views of those within the Forum.

## **7. Selection of a Chair and Vice Chair of the Area Clinical Forum**

Chairs of the Area Professional Committees will be eligible for selection as Chair of the Area Clinical Forum. The following process will be used:

- The ACF Chair will produce a Job Specification agreed by the NHS Board Chair.
- Chair gives 12 weeks notice of effective resignation or 12 weeks before the end of an incumbent's term of office an election date will be set.
- Following the elections to the Professional Committees and the appointment of office bearers, Chairs and Vice Chairs will be formally notified of an election date and closing date for nominations within one week of an election date being set by the Corporate Business Manager (Returning Officer).
- Nominations for candidates should be submitted in writing to Corporate Business Manager (Returning Officer).
- Nominees will submit written details, not in excess of 500 words, of what they can contribute to the post, to the NHS Ayrshire and Arran Corporate Business Manager. These will be distributed in a common format to Vice Chairs of all Professional Committees who will facilitate discussions of the Professional Committees.
- Each Professional Committee Chair will be provided with a ballot paper to submit by 12 noon on the election date. Ballots can be submitted either by post or in person to the Corporate Department, Eglinton House, Ailsa Hospital, Ayr KA6 6AB.
- Each Committee will consider all of the candidates and provide their respective Chair with their preferred choice of candidate. If there are only one or two candidates, a first past the post electoral system will be used. Under the first past the post system, a successful Chair must receive 50% or more of the eligible votes. In the event of each candidate having 50% support, the final decision will be made by lot. This process will be supervised by the Board Chair.
- If there are more than two candidates, a single transferable vote electoral system will be used to ensure a Chair has at least 50% support.
- The ballot result will be announced to the Professional Committees by the Corporate Business Manager (Returning Officer) and submitted to the Chair of the NHS Board for recommendation to the Cabinet Secretary for Health and

Sport.

Following the election of the Chair, the same process will be followed for the election of the Vice Chair (with the exception of a recommendation to the Cabinet Secretary).

## **8. Notice of meetings**

The Committee Secretary will send agenda, minutes and notices of meetings to every member of the Forum 5 working days before the day of the meeting. Failure by one or more members to receive papers will not invalidate proceedings.

## **9. Minutes**

Minutes of meetings of the ACF will be drawn up by the Committee Secretary and draft copies will be sent to each member normally within 5 days of the meeting. The draft will be approved at the following meeting of the ACF. Once ratified, the minutes will be signed by the Chair of the ACF and published on the Area Clinical Forum intranet page.

## **10. Meetings**

Meetings will usually be held on an 8-weekly basis to synchronise with the NHS Board meeting calendar, but this can be varied at the discretion of the Chair.

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

### Forum Members

In the event of a member of the Forum being unable to attend, apologies for absence should be sent to the Committee Secretary.

### Persons not Members of the Forum

The Forum will have the power to invite persons who are not members of the Forum to attend meetings.

## **11. Quorum**

Five Committees represented at the Area Clinical Forum will be deemed a quorum. In the exceptional circumstances that the Chair and Vice Chair are not able to attend, those present will nominate a temporary Chair.

## **12. Forum decision**

Where the Forum is asked to give advice on a matter and a majority decision is reached, the Chair will report the majority view to the NHS Board but will also make known any minority opinion and present the supporting arguments for all view points.

## **13. Requesting meetings**

Two members may, by writing to the Chair, request an extraordinary meeting of the Forum and should specify the business to be discussed at such a meeting. The Chair's decision on whether to accede to the request will be final, and must be reported to the next ordinary meeting of the Forum.

#### **14. Administrative support**

Administrative support to the Forum will be provided by the Committee Secretary. This will include the review of policy documents, summarising the documents and ensuring that they are issued for consideration and/or consultation as appropriate and to the relevant Area Professional Committees. Additionally the Committee Secretary will ensure that copies of the minutes, agenda and other relevant papers are prepared and circulated for the attention of the Area Clinical Forum.

#### **15. Conduct of meetings**

The Chair will be responsible for the conduct of the meetings and for ensuring that the agreed recommendations of the Area Clinical Forum are conveyed to the NHS Board.

#### **16. Alterations to the Constitution and Standing Orders**

Proposals for alterations will be progressed only by a majority of not less than two thirds of the member Committee at a special meeting of the Forum called for purpose, of which, at least 21 days notice will be given setting out the proposed alteration or amendment. Such alterations or amendments so agreed will be intimated to each member of the Forum.

The proposals must be submitted to the NHS Board for approval before implementation.

#### **17. Delegates powers of Sub Committees**

Sub-Committees will have delegated to them such powers as may be agreed by the Forum. The Forum will approve all Standing Sub-Committee Constitutions.

#### **18. Confidentiality**

All members of the Forum will be responsible for maintaining the confidentiality of NHS Ayrshire and Arran documents. The Chair will rule where necessary to advise on the confidentiality of documents.

#### **19. Conflict of interest**

Members are elected to act objectively and will declare any possible conflict of interests as soon as possible after the commencement of a meeting.

#### **20. Expenses**

Members of the Forum and Sub-Committees who incur reasonable expenses will have travelling and other allowances, including compensation for the loss of remunerative time, defrayed by the NHS Board, subject to the approval of the Scottish Ministers. Payments will only be made as respects the exercise of functions conferred and where they are not met by any other body.

Version:	Date:	Summary of Changes:	Approved by
01.0	31/03/2014	Review of constitution. Add a maximum 8 year term of office for a member of ACF.	NHS Board
02.0	03/12/2018	Review of constitution. 2.a) addition to clarify that the Chair of the ACF will, subject to formal appointment by the Cabinet Secretary for Health and Sport, serve as a Non Executive Director of the NHS Ayrshire & Arran Board. 5. Tenure of office, ACF can agree an extension to Members normal 8 year maximum term in exceptional circumstances 6. Simplified term of office arrangements for ACF Chair and Vice Chair. Addition that 8 year maximum term can be extended with agreement of ACF members and the NHS Board. 9. Signed minutes will be published on the ACF Intranet page	NHS Board
02.1	30/07/2020	Additional wording under "Tenure of Office" to clarify process to fulfil ACF Chair role.	