

## CORPORATE GOVERNANCE IN NHS LANARKSHIRE

### **1. The purpose of this report is to:**

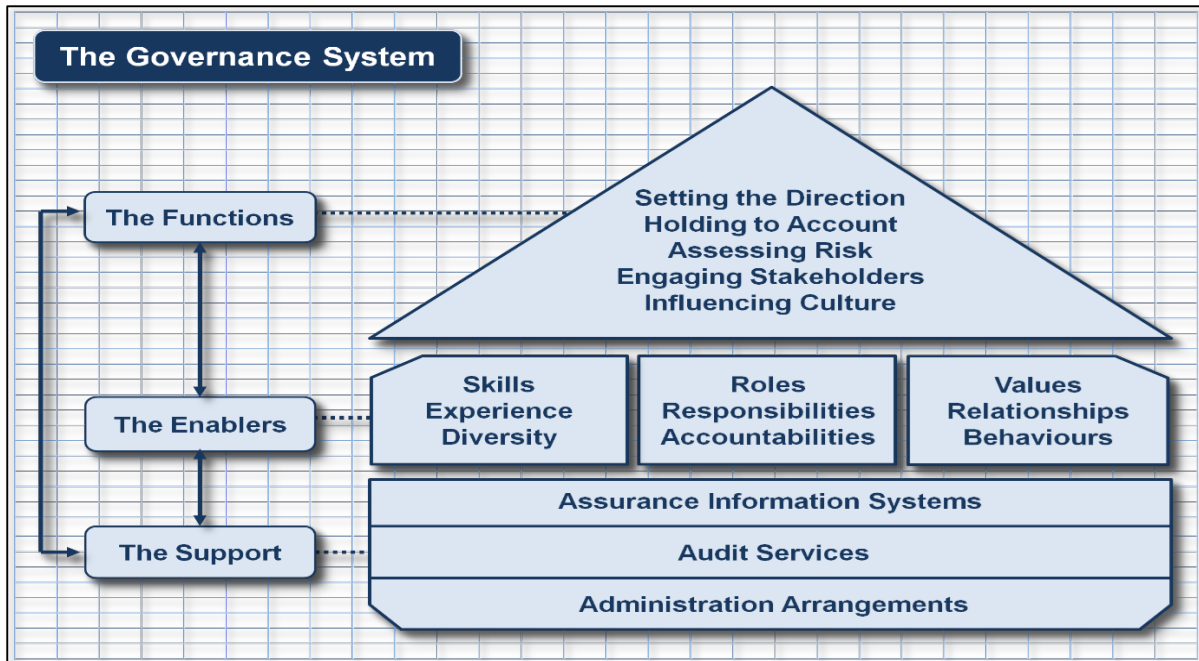
- provide an update to Scottish Government on Lanarkshire NHS Board's mapping of Corporate Governance in NHS Lanarkshire against the NHS Scotland Corporate Governance Blueprint DL (2019) 02;
- provide Scottish Government with the outcomes of the self-assessment survey;
- provide the Corporate Governance Improvement Plan which identifies areas for improvement discussed at the Board Development Day on 6<sup>th</sup> March 2019, and which has been approved by the Board electronically;
- confirm that the report will be submitted formally to the Board, for noting, in May 2019; and
- note that the Board will receive an update against the Improvement Plan at each NHS Board meeting.

### **2. Introduction**

- Board Members will recall that NHS Lanarkshire piloted the self-assessment survey to influence and inform the roll out of the survey nationally.
- The self-assessment survey was opened for comment during January 2019.
- The self-assessment survey allowed the NHS Board to identify areas of strength, and areas for development and improvement.
- The NHS Board held a Development Day on 6 March 2019 to discuss the results of the survey and to consider whether the Board has the right systems in place to provide assurance.

### **3. The NHS Scotland Corporate Governance Blueprint**

The NHS Scotland Corporate Governance Blueprint defines governance as the system by which organisations are directed and controlled and describes a three-tiered model that explains the functions of a governance system, the enablers and the support required to effectively deliver those functions.



To oversee the development and introduction of the Blueprint for Good Governance, a National Joint Corporate Governance Steering Group has been established to provide leadership, support and guidance necessary to take the initiative forward. The Joint Steering Group is chaired by Christine McLaughlin, Director of Health Finance, Corporate Governance and Value, and John Brown, Chair of NHS Greater Glasgow & Clyde.

Neena Mahal, Chair of NHS Lanarkshire is also a Member of the Joint Steering Group and Paul Cannon, Board Secretary, NHS Lanarkshire, joined the Group from April 2019 as Vice Chair of the NHS Scotland Board Secretary Group.

#### 4. Survey Results

- In NHS Lanarkshire the survey was sent to 24 individuals;
  - Non Executive Members, including the Chair (7)
  - Stakeholder Members (Chair, Area Clinical Forum and Chair, Area Partnership Forum) (2)
  - Local Authority Appointed Members (2)
  - Executive Members (4)
  - Directors who attend the Board meeting (9)
- In order to ensure that the views of individuals were not identifiable the responses were grouped into Non Executive (11) and Executive (13) cohorts.
- The completion rate was 100%.
- The results summarised in section 5 were presented at a Development Day held on 6 March 2019. This is part of a programme of bi-annual Development Events (held in March and October of each year) and the March 2019 event followed on from Board effectiveness discussions at the October 2018 Development Day.

- The October 2018 Development Day covered Board effectiveness, and resulted in a review of Non Executive Members Portfolios, in the light of the appointment of two new Non Executive Members, in September 2018.
- The draft Blueprint was also shared at the October 2018 Development Day and the key features of the Blueprint were highlighted, in advance of the formal issue of the Blueprint, in February 2019.

## Mapping against the NHS Scotland Corporate Governance Blueprint

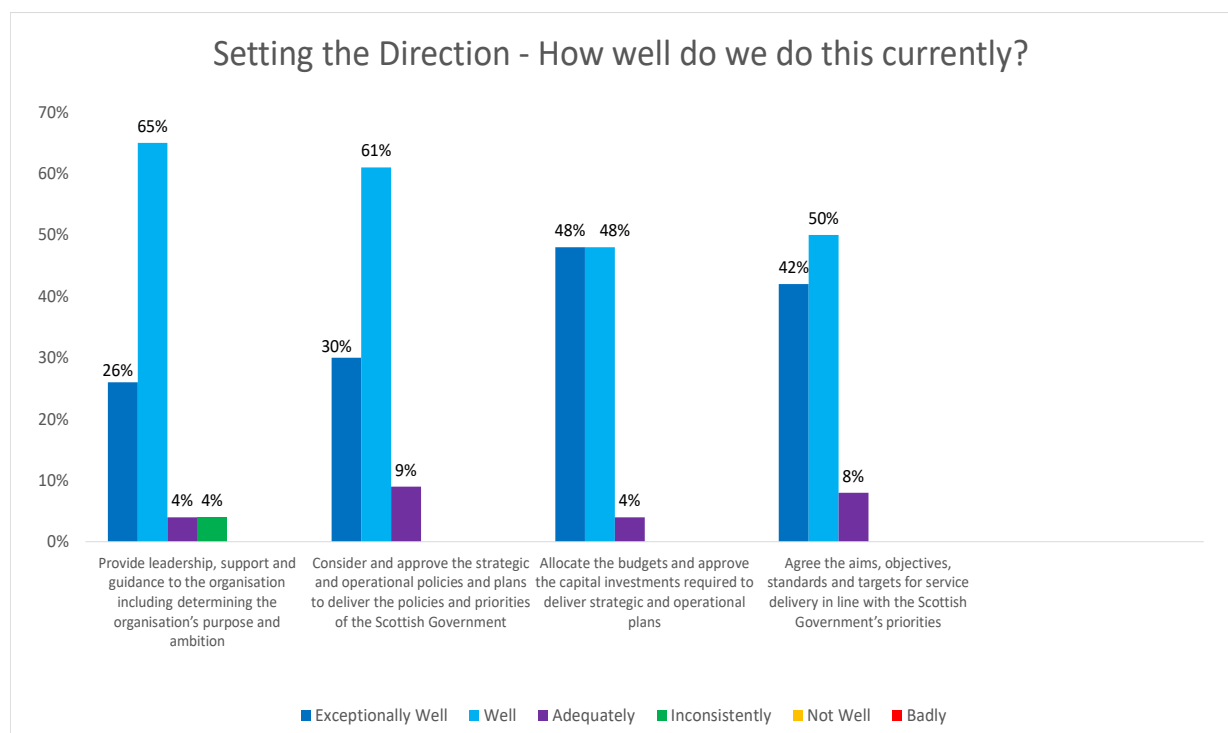
To understand the improvements to be made it is important to acknowledge what is already in place to set the results in context. The following section will set out the results, with a high level summary, a description of where we are now, and the improvements identified.

The survey covered the 5 functions set out in the Blueprint, but NHS Lanarkshire discussed a range of actions that would also lead to improvements in the Enablers and Support domains.

## 5. Delivering the Functions

### Setting the Direction

#### Survey Results



### High Level Summary

The Board felt that generally it performed exceptionally well or well in this area. 90% of those who responded felt that the Board provided leadership, support and guidance to the organisation, and that the Board considered and approved strategies and policies that delivered government priorities.

However, when asked to identify areas for improvement in the survey, some respondents identified that the Board could strengthen how it considers setting strategic direction through better coherency and alignment in strategic planning with IJB's, in recognition of the complexities which exist across the planning landscape.

### **5.1 Where are we now?**

- The Board has an agreed strategic direction “Achieving Excellence” which supports the development of an integrated health and social care system, with a focus on prevention, anticipation and supported self-management.
- This strategy is one part of a trilogy of plans with essential co-dependencies between this and the Joint Strategic Commissioning Plans produced by North and South Lanarkshire Health & Social Care Partnerships.
- This is underpinned by a set of Corporate Objectives, aligned with the Annual Operating Plan and the priorities of Scottish Government., approved by the Board on an annual basis, and subject to a mid-year review, and cascaded throughout the organisation to inform individual and team objectives.
- Through the Board, and its Planning, Performance and Resources Governance Committee (PPRC), the Board ensures that the delivery of Achieving Excellence, Corporate Objectives and the Annual Operating Plan is scrutinised and monitored.
- The revenue budget allocation and approval of capital investments are approved by the Board and monitored regularly through reports to the Board, the PPRC, and in Development Seminars.
- The PPRC provides a forum for Board Members to discuss and influence the strategic direction of the Board at an early stage.
- A local review of the scheme of integration focusing on the North Lanarkshire Health & Social Care Partnership Integration Scheme is underway. This review is being conducted by the Health Board in partnership with North Lanarkshire Council to consider what improvements can be made, to clarify governance oversight, and support a more coherent planning of services, to increase the pace of integration. The outcome of the North Review will also be shared with the South Lanarkshire Health and Social Care Partnership.
- The Board was the first in Scotland to undertake a full Fairer Scotland Duty assessment in relation to the consultation on the replacement / refurbishment of University Hospital Monklands.

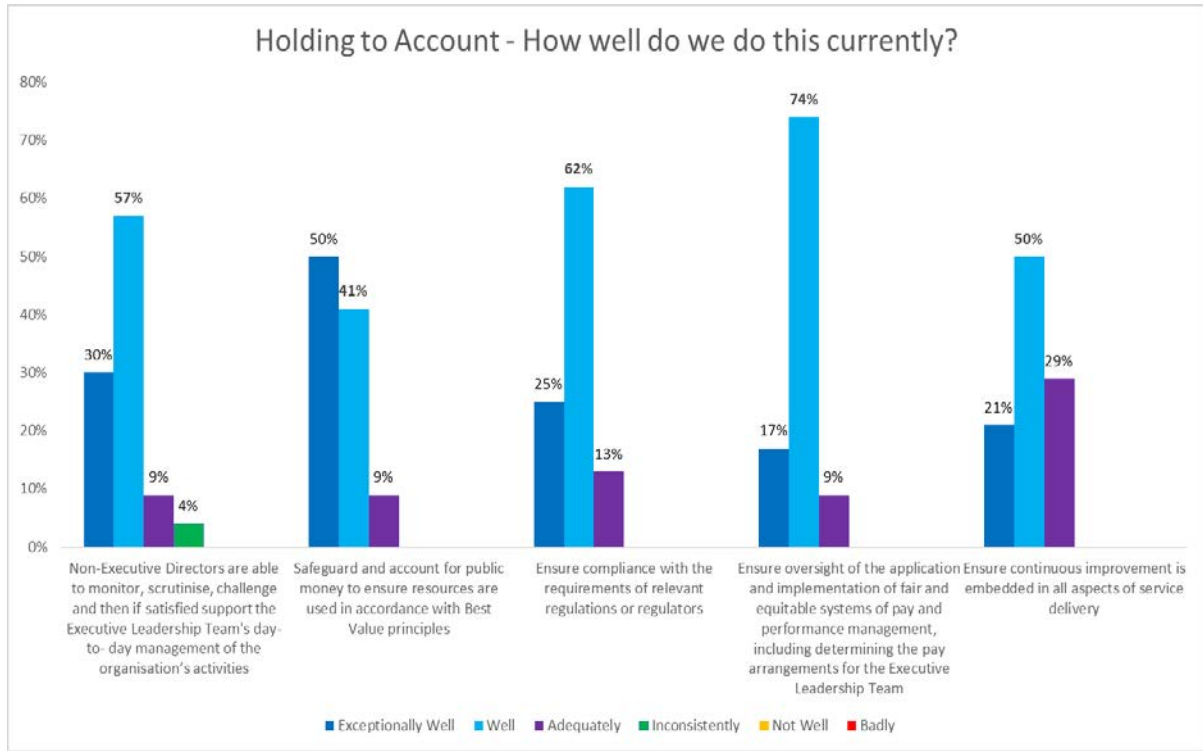
### **5.2 Areas for Improvement**

- Streamline the overall mission, purpose and objectives of the Board onto a strategy map, which can be used to cascade and communicate strategic priorities throughout the organisation, and externally to the population of Lanarkshire, and other stakeholders, to ensure a better shared understanding.
- Review the key strategic planning processes of the Board and the Integrated Joint Boards, taking cognisance of the outcome of the local Review underway, and any emerging National guidance, to ensure a coherent and joined up whole system approach to planning

- Implement the Board’s Health Inequalities Action Plan, embed the recommendations of the Director of Public Health Annual Report 2017/18, and take forward best practice in relation to the application of Fairer Scotland Duties.

## Holding to Account

### Survey Results



## High Level Summary

The Board responded generally exceptionally well or well to most of the questions in the survey, and felt that 80% – 90% felt that the Board was able monitor, scrutinise and the Executive Team safeguard public money and ensure compliance with regulations and regulators.

However, there is room for improvement in relation to ensuring continuous improvement is embedded within service delivery. The balance between operational and strategic scrutiny was felt to be appropriate and the introduction of new Governance Committee arrangements and structures supported the Board in seeking assurance.

### **5.3 Where are we now?**

- The Board and Governance Committees receive relevant regular reports on service delivery, access, areas of risk, finance and workforce.
- The Board has agreed to a review, which is underway, of its current performance management system to deliver enhanced assurance and triangulation of information, reflecting a whole system approach to providing a more co-ordinated flow of information to the Board and Governance Committees and enabling a golden thread approach to how Governance Committees feed into the Board.

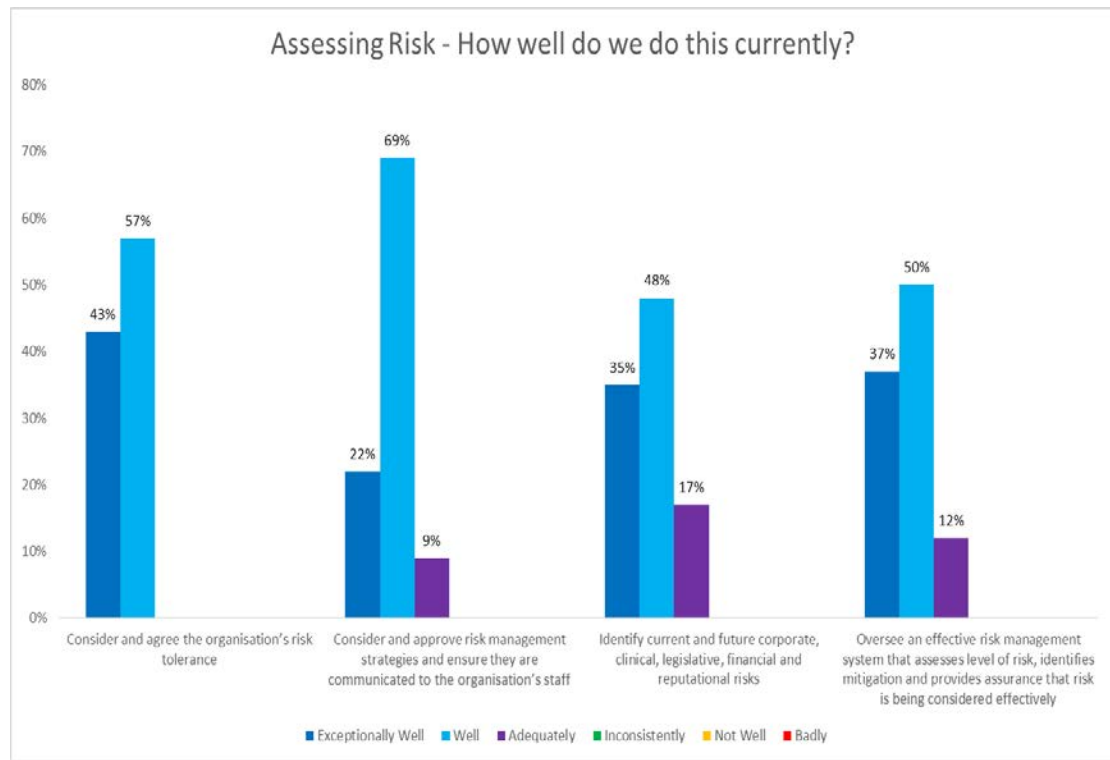
- Board Members participate in Patient Safety Leadership Walkrounds and service visits which enable them to speak directly to staff and patients. This also allows them to triangulate information using patient/carer feedback, staff feedback and any complaints with the information they receive in reports.
- In addition to Clinical, Staff, Audit, and Remuneration Committees, the Board has also established a Governance Committee to scrutinise and monitor Acute Services performance.
- A review of the effectiveness of Governance Committee structures took place in 2017/18, identifying the need for a clearer and dedicated focus on Public Health priorities, and better reporting on the operational delivery of Primary Care and Community Services. This led to the establishment of a new Population Health, Primary Care and Community Services Governance Committee, providing better oversight of delivery of services by both North and South Health and Social Care Partnerships and a focus on delivering improvements in Public Health.
- The Board has a designated Non-Executive Member who acts as a Link Non- Executive Champion on the Information Governance Committee (reporting to the Healthcare Quality Assurance & Improvement Committee) to provide scrutiny and enhanced assurance oversight.
- The Board undertakes regular reviews of Board effectiveness and uses the opportunities through Board Development events to identify areas for improvement.
- External professional advisors are invited to participate in the Healthcare Quality Assurance & Improvement Committee, and Public Forum representatives are members of the Acute Services Governance Committee, to enable enhanced scrutiny and challenge.

#### **5.4 Areas for Improvement**

- Ensure that measures to reflect continuous service improvements are embedded across all aspects of service delivery and explicitly demonstrated within discussions and reporting arrangements.
- Strengthen further the Information Governance reporting arrangements by having Information Governance as a standing item at Healthcare Quality Assurance & Improvement Committee, and extend an invitation for the Information Governance Committee Chair / Non Executive Link Member to attend the Committee meetings, and provide regular updates.
- Improve the performance management system and flow of information/ assurance provided to the Board and Governance Committees and explicitly identify areas of risk and mitigating actions.
- Further develop the Board's awareness and use of qualitative information around patient and carer feedback to understand service delivery.

## Assessing Risk

### Survey Results



### High level Summary

The Board consistently agreed that it considered risk tolerance exceptionally well or well recognising that a refresh of the Risk Strategy and consideration of risk at each Board and Governance Committee meeting had recently been embedded. However, the Board felt that more could be done to be sighted on current and future corporate, clinical, legislative, financial and reputational risks at an earlier stage

#### **5.5 Where are we now?**

- A short life working group, chaired by a Non Executive Board Member reviewed and refreshed the Board's risk management and assurance processes in 2017, resulting in a revised and robust risk management system to provide assurance to the Board.
- The Corporate Risk Register and risk appetite and tolerance levels are considered at every Board meeting, supporting a good understanding of risk by all Board Members, with all corporate risks assigned to a Governance Committee for scrutiny and monitoring of mitigating actions.
- There is a specific focus on Very High risks through reporting arrangements to the Planning, Performance and Resources Governance Committee and the Board.
- At the Board's request, a review was undertaken of shared risks between Health & Social Care Partnerships and Acute Services to clearly identify a single risk owner for each risk.

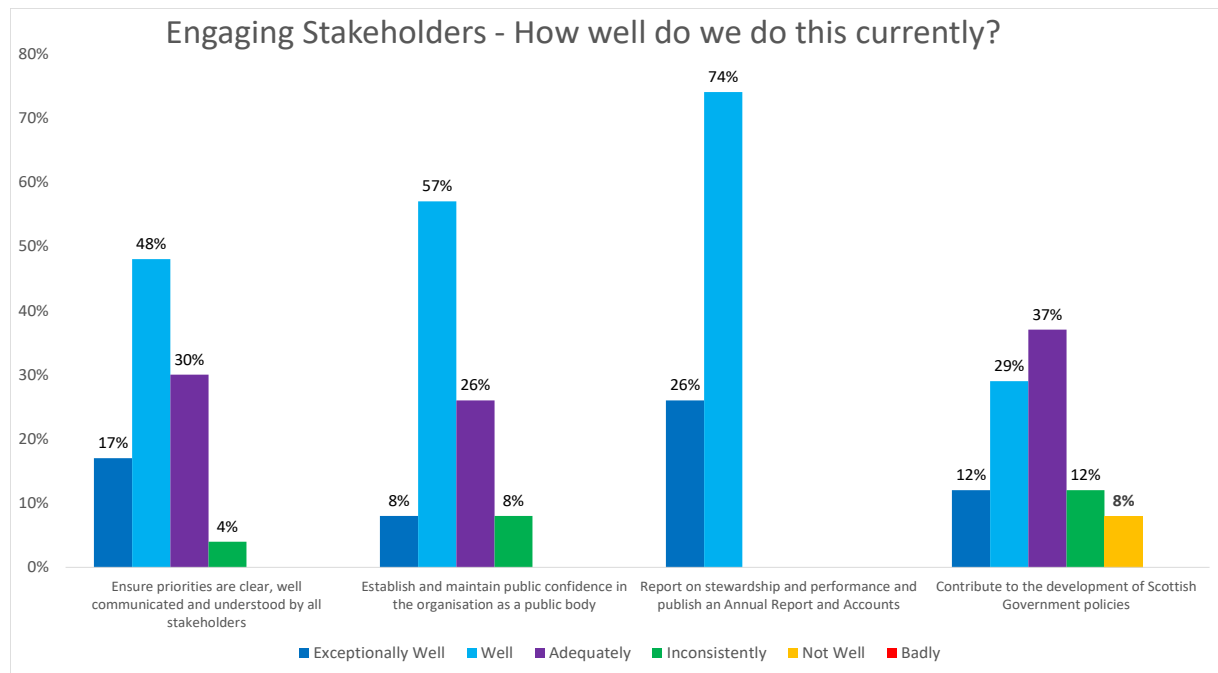
- In recognising the increasing risk profile around contingency planning and resilience, the Board provided significant funding to establish a dedicated team to put new arrangements in place to drive improvements in resilience oversight, provide capacity and capability to support services and enhance scrutiny.

## 5.6 Areas for Improvement

- Improve the Board’s identification and understanding of future corporate, clinical, legislative, financial and reputational risks as early as possible by devoting dedicated time to risk horizon scanning as part of its programme of regular development sessions.
- Develop the Risk Register further to ensure that the clearly defined set of mitigating measures against each risk also have a focus on improvement actions to reduce the risk, minimise impact and wherever possible, ultimately eliminate the risk.

## Engaging Stakeholders

### Survey Results



## High Level Summary

The responses in this section were variable. Approximately two thirds of respondents felt that priorities were clear and well communicated, and felt that there was a high degree of public confidence in the organisation. However one third of respondents indicated that the Board only adequately or inconsistently communicated with stakeholders. It was recognised that this is an area that requires further focus. The responses also demonstrated that the Board did not feel it was able to contribute to the development of Scottish Government policies, and that it needed to understand how to better influence the development of Scottish Government policies.



## 5.7 Where are we now?

- The Planning, Performance and Resources Governance Committee considered a review of the structure and nature of Stakeholder Groups, in April 2018, to provide assurance that stakeholder engagement was as comprehensive as possible, and that a diverse range of groups were being consulted.
- The Board held a Stakeholder Event in February 2019 which was co-created and delivered in partnership with Patient and Carer representatives from across NHS Lanarkshire, with very positive feedback.
- There is a review underway of the Board's Communications and Engagement Strategy.
- The Board is an active participant in the Community Planning Partnership arrangements in North and South Lanarkshire which provides a key platform to address health inequalities.
- The Board is working in partnership with a number of higher education institutions to enhance areas of mutual benefit including research, teaching and collaboration. In 2017 the Board gained formal University status with Glasgow Caledonian University, and has continued to build on the agreement with a number of joint appointments, and research and teaching collaboration.
- Discussions are ongoing with the University of the West of Scotland and Strathclyde University to identify opportunities to enhance joint working arrangements.
- Regular meetings take place with MSP's/MPs, and formal all party briefing meetings are held a minimum of twice per year by the Chair & Chief Executive to update them on current strategic issues.
- The Chair, Chief Executive and other Board Members also engage with clinical staff groups such as the Achieving Excellence Forum, and Medical Staff Associations and the Board has had an in-depth discussion on the role of the Area Clinical Forum and how it could maximise its contribution.

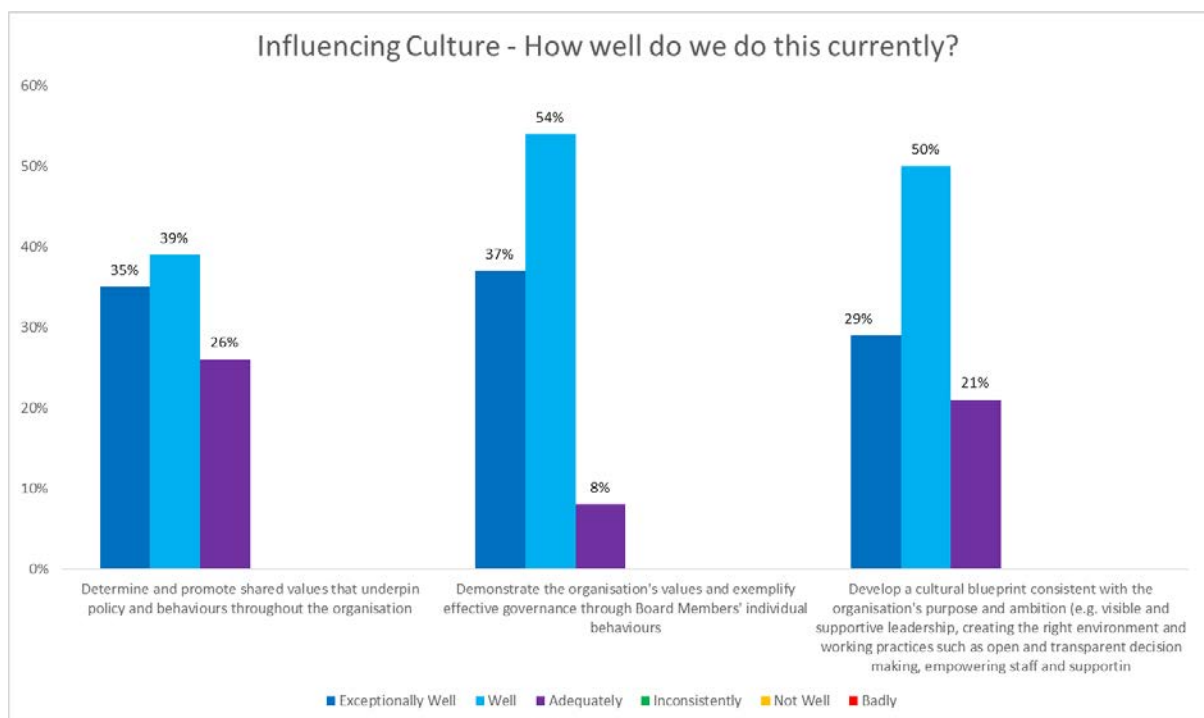
## 5.8 Areas for Improvement

- As part of the development of a proactive Communications and Engagement Strategy, the Board will consider a further stakeholder mapping exercise to identify good practice in targeting specific groups and bespoke approaches. Other areas for action include:
  - prioritising engagement with young people / users of future health services.
  - embedding principles that staff must be considered both as consultees and as advocates for change.
  - developing mechanisms for measuring the effectiveness of stakeholder engagement
- Enhance public confidence in the organisation as a public body by considering the establishment of "Public Ambassadors".

- Consider ways of influencing the development of Scottish Government policies through existing or new forums.
- Promote the use of the Corporate Calendar to include all stakeholder events to support Board Members to maximise attendance at engagement opportunities with stakeholder groups and special interest groups
- Continue to promote and develop the role and prominence of the Advisory Structure through greater engagement with the Area Clinical Forum and the Area Partnership Forum, to maximise their contribution to the work of the Board.

## Influencing Culture

### Survey Results



### High level Summary

The results showed that the Board felt that they demonstrated the organisational values and exemplified effective governance and behaviours exceptionally well or well. However, variations in the responses around the promotion of shared values and developing a cultural blueprint need to be addressed.

#### **5.9 Where are we now?**

- The Board has a well-developed programme of visibility and engagement with staff through Patient Safety Leadership Walkrounds, Service Visits, Back To The Floor monthly visits, and presentations at Board /Committees.
- Board Members also attend a variety of planned events such as Patient Safety Week, various staff learning events e.g. EQUIP Graduation and Quality Improvement activities.

- The Board is sighted on and committed to the roll out of Psychological Safety at Work initiatives and the importance of staff engagement with iMatter and TURAS.
- The Board is fully committed to encouraging all staff to engage in further personal and career development opportunities such as Project Lift and the Leading for Excellence Programme, where Board Members have shared their Leadership Experiences.
- To support the Board’s ambition to be an “Employer of Choice” the Board is committed to Project Search, which provides a training programme for young people with Learning Disabilities. The Board is also encouraging the next generation of recruits by holding “Next Gen” Promoting Health Career Choice events.
- The Board supports and encourages celebrating the achievements of staff through the Annual Staff Awards Ceremony, the Recognition of Long Service, and Promoting Excellence in Medical Education Awards.
- Financial planning is undertaken through transparent dialogue, particularly in reviewing Cash Releasing Savings Schemes by engaging with the Area Clinical Forum and the Area Partnership Forum prior to approval by the Board.
- The Board has a well-established process for dealing with whistleblowing concerns, and has a Non-Executive Board Member appointed as Whistleblowing Champion, who is actively supported by the Director of Human Resources.

#### **5.10 Areas for Improvement**

- Refresh NHS Lanarkshire values in consultation with staff and stakeholders to align them with NHS Scotland values.
- Improve links with Scottish Government once the Independent National Whistleblowing Champion has been appointed and cascade any new training materials that may be issued.
- Continue to seek opportunities to benchmark our performance with other Boards and learn from other organisations in relation to staff engagement, staff governance and implementing a cultural blueprint.
- Consider a refresh of the “Meet the Board” sessions and other opportunities for the Board to engage directly with front line staff.
- Seek to exploit further opportunities to promote staff recognition.

## **6. Describing the Enablers**

### **Skills, Experience and Diversity**

#### **6.1 Where are we now?**

- The current NHS Board comprises of 9 Female Board Members and 6 Male Board Members and promotes and recognises diversity of thought and experience, as well as diversity in relation to protected characteristics.

- The Chair undertakes an annual appraisal of NXDS, updates their skills matrix annually and endeavours to match Non-Executive Member portfolios according to skills, competencies and the succession planning needs of the Board.
- A process is in place to have new Non-Executives paired with a more experienced Non-Executive Member as a “buddy”.
- Development sessions are held for all Board Members on various topics to support in-depth understanding, knowledge and learning e.g. sessions on Quality Improvement, Data Measurement, Health Inequalities, Fairer Scotland Duties.
- The Board has piloted a different approach to the recruitment of Non Executive Members to promote vacancies and encourage a diverse range of applications.
- A recent round of Non Executive Board Member recruitment specifically identified the need to recruit a Non Executive Member with a sufficient level of financial experience, to chair the Audit Committee.
- A values based recruitment approach is used within the organisation.
- The Remuneration Committee has had a focus on the succession planning of Executive Directors of the Board and other Senior Directors to minimise any risks to the skills base and experience of the Board.
- Non Executive Members have attended Governance Committees in other NHS Boards to enhance their learning and are encouraged to attend national and regional networking opportunities to support their development.

## **6.2 Areas for Improvement**

- Undertake a Board development session on Equality and Diversity duties and responsibilities as a Board.
- Develop Board Members understanding and skills around data presentation and data interpretation through a training session.
- Support Board Members development by taking cognisance of different skills required for different Committee roles through working closely with the national Board Development Programme being developed through the Corporate Governance Steering Group.
- Ensure that there is an effective succession plan in place for Board Members.
- Reflect on and consider the requirement for specific support for Executive Members of the Board in relation to their role as Board Members.

## **Roles, Responsibilities and Accountabilities**

### **6.3 Where are we now?**

- Board Members are fully aware of the Code of Conduct, including the requirements of the Register of Interests; and Declaration of Interests are invited at every Board and Governance Committee meeting.
- The Chair holds Non Executive Member only meetings, usually twice a year, to understand any issues/clarify any concerns, and ensure there is a shared understanding of priorities, and governance roles and responsibilities.

### **6.4 Areas for Improvement**

- Clarify the role of Board Members on IJBs as part of the local review of the North Lanarkshire Health & Social Partnership Integration Scheme.
- Review the Blueprint in terms of roles and responsibilities and identify any further action required to comply fully with the Blueprint.

## **Values, Relationships and Behaviours**

### **6.5 Where are we now?**

- Board Members are clear about their values and what is expected of them individually, and collectively through exhibiting the values of the NHS.
- Discussion takes place on Board Members' roles and contribution to promoting the values, and leadership behaviours expected in the NHS as part of the appraisal process.

### **6.6 Areas for Improvement**

- Maximise opportunities to exemplify Board leadership through values based behaviours with staff and the public, and make Board decision making processes more transparent by
  - encouraging staff to attend Board meetings
  - refreshing the “Meet the Board” sessions and developing other opportunities to connect with front line staff
  - Briefing staff on decisions made at Board meetings

## **7. Providing the Support**

### **Assurance Information Systems**

#### **7.1 Where are we now?**

- Performance reports are received at every Board/ PPRC /Governance Committee meeting on service delivery against the Annual Operating Plan.
- Financial Monitoring Reports setting out actual performance against trajectories for revenue, capital expenditure and Cash Releasing Efficiency Savings achieved are presented at each Board and PPRC meeting.
- The delivery of Corporate Objectives are reviewed on a RAG basis bi- annually at the Board.

- A Development session has taken place for Board Members to foster a greater understanding of the interpretation of data, through the development of a data framework.

## **7.2 Areas for Improvement**

- Undertake and embed a refresh of information flow/a new performance management system to ensure appropriate, timely data is presented in a meaningful way to relevant Board / Governance Committees, providing assurance and taking cognisance of any recommendations from any national work in this area.
- Improve the flow of information from Committees to the Board, by encouraging exception reporting and escalation of areas of concern/risk.
- Increase the prevalence of qualitative feedback as well as quantitative data in decision making.
- Consider the development of an Assurance Framework.
- Seek to increase the availability of benchmarking data by promoting the use of Discovery as a means of improving operational effectiveness.

## **Audit Services**

### **7.3 Where are we now?**

- The Board Chair and Chief Executive attend the Audit Committee on an ex - officio basis.
- Audit Committee Members contribute to the Board's Internal Audit Plan.
- Audit Committee Members meet in private with both Internal and External Auditors on at least an annual basis.
- Audit reports are directed to the relevant Governance Committee to oversee the implementation of actions and to ensure that there is greater awareness of any issues / concerns.
- All Non-Executive Directors have completed the Audit Scotland Checklist.
- Audit Scotland reports are circulated to all Board Members and discussed as appropriate at the Board / Governance Committees.

### **7.4 Areas for Improvement**

- Strengthen the process for Audit reports to be considered by Governance Committees by ensuring that Non Executive Member Chairs of all Committees also receive notification of Audit findings, in addition to management.
- Provide bespoke training for Audit Committee Members.

## **Administration Arrangements**

### **7.5 Where are we now?**

- The Board has a full time, dedicated role of Board Secretary, who has recently completed the Certificate in Corporate Governance (Chartered Institute of Public Finance and Accountancy).
- An annual schedule of all meetings, including IJB commitments by Non-Executive Members, is in place.
- A Corporate Calendar, accessible by all NHS Lanarkshire staff, provides details of regular meetings and scheduled events throughout the year to avoid clashes of commitments.
- Workplans for all Governance Committees, and the Board, are in place, and these are reviewed at every meeting.
- A comprehensive Code of Corporate Governance is in place, which is refreshed annually.
- The Board has introduced an electronic portal for the distribution of Board and Governance Committee papers.

### **7.6 Areas for Improvement**

- Maximise attendance by Board Members at events by promoting the use of the Corporate Calendar.
- Provide training to support staff who act as minute takers/ report writers for Governance Committees to enhance their understanding of the Board's requirements around assurance reporting, rather than reassurance reporting.
- Undertake a review of Board / Governance Committee Report Templates, (taking account of national work being taken forward through the Corporate Governance Joint Steering Group) and review agenda management processes (timings and details of papers).
- Support all Board Members to fully embrace the use of the electronic Board portal, and move to paperless meetings.

## **8. Conclusion**

The Board aspires to be an exemplar of Good Governance through;

- regularly reviewing the Improvement Plan in 2019/20;
- seeking out best practice including implementing recommendations from the National Corporate Governance Joint Steering Group, and associated workstreams; and
- continuing to review Board effectiveness on an annual basis through wider reflection and further discussion.

## IMPROVEMENT PLAN

Reference	Action	Lead	Date
<b>Setting The Direction</b>			
1.	Streamline the overall mission, purpose and objectives of the Board onto a strategy map, which can be used to cascade and communicate strategic priorities throughout the organisation, and externally to the population of Lanarkshire, and other stakeholders, to ensure a better shared understanding	Chief Executive / Director of Communications	May 2019
2.	Review the key strategic planning processes of the Board and the Integrated Joint Boards, taking cognisance of the outcome of the local Review underway, and any emerging National guidance, to ensure a coherent and joined up whole system approach to planning	Director of Planning, Property & Performance	September 2019
3.	Implement the Board's Health Inequalities Action Plan, embed the recommendations of the Director of Public Health Annual Report 2017/18, and take forward best practice in relation to the application of Fairer Scotland Duties	Director of Public Health	September 2019
<b>Intended Outcomes</b>			
<ul style="list-style-type: none"> <li>• <b>An enhanced understanding, clarity and communication of the Board's overall strategic objectives to internal and external stakeholders</b></li> <li>• <b>A strengthened coherency in whole system planning</b></li> </ul>			
<b>Holding To Account</b>			
4.	Ensure that measures to reflect continuous service improvements are embedded across all aspects of service delivery and explicitly demonstrated within business cases and reporting arrangements	Director of Finance / Director of Planning, Property & Performance	July 2019
5.	Strengthen further the Information Governance reporting arrangements by having Information Governance as a standing item at Healthcare Quality Assurance & Improvement Committee, and extend an invitation for the Information Governance Committee Chair / Non Executive Link Member to attend the Committee meetings, and provide regular updates	Board Secretary / Director of Quality	July 2019
6.	Improve the performance management system and flow of information/ assurance provided to the Board and Governance Committees	Director of Planning, Property & Performance	September 2019



7.	Further develop the Board's awareness and use of qualitative information around patient and carer feedback to understand service delivery	Director of NMAHPs	September 2019
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### Intended Outcome

- **A strengthened flow of information to the Board and Governance Committees to support improvements in scrutiny and assurance**

## Assessing Risk

8.	Improve the Board's identification and understanding of future corporate, clinical, legislative, financial and reputational risks as early as possible by devoting dedicated time to risk horizon scanning as part of its programme of regular development sessions	Board Secretary	November 2019
9.	Develop the Risk Register further to ensure that the clearly defined set of mitigating measures against each risk also have a focus on improvement actions to reduce the risk, minimise impact and wherever possible, ultimately eliminate the risk	Board Secretary	September 2019

### Intended Outcome

- **A robust approach to Risk Management which is actively used by Board Members to support decision making**

## Engaging Stakeholders

10.	Develop and approve a proactive Communications and Engagement Strategy to ensure priorities are clear, well communicated and understood by all stakeholders	Director of Communications	December 2019
11.	As part of the development of a proactive Communications and Engagement Strategy, the Board will consider a further stakeholder mapping exercise to identify good practice in targeting specific groups and bespoke approaches. Other areas for action include: <ul style="list-style-type: none"> <li>○ prioritising engagement with young people / users of future health services.</li> <li>○ embedding principles that staff must be considered both as consultees and as advocates for change.</li> <li>○ developing mechanisms for measuring the effectiveness of stakeholder engagement</li> </ul>	Director of Communications	December 2019

12.	Enhance public confidence in the organisation as a public body by considering the establishment of “Public Ambassadors”	Board Chair	November 2019
13.	Consider ways of influencing the development of Scottish Government policies through existing or new forums	Board Chair / Chief Executive	October 2019
14.	Promote the use of the Corporate Calendar to include all stakeholder events to support Board Members to maximise attendance at engagement opportunities with stakeholder groups and special interest groups	Board Secretary	May 2019
15.	Continue to promote and develop the role and prominence of the Advisory Structure through greater engagement with the Area Clinical Forum (ACF) and the Area Partnership Forum (APF) to maximise their contribution to the work of the Board	Board Secretary / Chair(s) of the ACF & APF	May 2019

### Intended Outcomes

- **A clear Communications and Engagement Strategy which meets the needs of different stakeholders**
- **Improved engagement with staff and external stakeholders**

## Influencing Culture

16.	Refresh NHS Lanarkshire values in consultation with staff and stakeholders to align them with NHS Scotland values	Director of Human Resources	August 2019
17.	Improve links with Scottish Government once the Independent National Whistleblowing Champion has been appointed and cascade any new training materials that may be issued	Director of Human Resources	August 2019
18.	Continue to seek opportunities to benchmark our performance with other Boards and learn from other organisations in relation to staff engagement, staff governance and implementing a cultural blueprint	Director of Human Resources / Employee Director	October 2019
19.	Consider a refresh of the “Meet the Board” sessions and other opportunities for the Board to engage directly with front line staff.	Director of Human Resources / Employee Director	September 2019
20.	Seek to exploit further opportunities to promote staff recognition	Board Chair / Director of Human Resources	September 2019

### Intended Outcomes

- **The development and implementation of a clear cultural blueprint which demonstrates and promotes values based behaviours across the organisation**

## Skills, Experience & Diversity

21.	Undertake a Board development session on Equality and Diversity duties and responsibilities as a Board	Board Chair / Board Secretary	September 2019
22.	Develop Board Members understanding and skills around data presentation and data interpretation through a training session	Board Secretary	November 2019
23.	Support Board Members development by taking cognisance of different skills required for different Committee roles through working closely with the National Board Development Programme being developed through the Corporate Governance Steering Group	Board Chair	October 2019
24.	Ensure that there is an effective succession plan in place for Board Members	Board Chair	September 2019
25.	Reflect on and consider the requirement for specific support for Executive Members of the Board in relation to their role as Board Members	Board Chair	October 2019

### Intended Outcome

- **Diversity of thought, experience and skills is maximised on the Board, promoting effective decision making**

## Roles, Responsibilities and accountability

26.	Clarify the role of Board Members as part of the local review of the North Lanarkshire Health & Social Partnership Integration Scheme	Board Chair	August 2019
27.	Review the Blueprint in terms of roles and responsibilities and identify any further action required to comply fully with the Blueprint	Board Secretary	August 2019

### Intended Outcome

- **Board Members are clear about constituent roles across the Board and the IJBs**

## Values Relationships & Behaviours

28.	<p>Maximise opportunities to exemplify Board leadership through values based behaviours with staff and the public, and make Board decision making processes more transparent by</p> <ul style="list-style-type: none"> <li>○ encouraging staff to attend Board meetings</li> </ul>	Board Secretary / Director of Communications	August 2019
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	<ul style="list-style-type: none"> <li>○ refreshing the “Meet the Board” sessions and developing other opportunities to connect with front line staff</li> <li>○ Briefing staff on decisions made at the Board meetings</li> </ul>		
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**Intended Outcome**

- **Opportunities to exemplify values based leadership behaviours are maximised**

**Assurance Information Systems**

29.	Undertake and embed a refresh of information flows /a new performance management system to ensure appropriate, timely data is presented in a meaningful way to relevant Board / Governance Committees, providing assurance and taking cognisance of any recommendations from any national work in this area.	Director of Planning, Property & Performance	May 2019
30.	Improve the flow of information from Committees to the Board, by encouraging exception reporting and escalation of areas of concern/risk	Board Secretary	May 2019
31.	Increase the prevalence of qualitative feedback as well as quantitative data in decision making	Director of Communications	December 2019
32.	Consider the development of an Assurance Framework	Director of Finance / Board Secretary	September 2019
33.	Seek to increase the availability of benchmarking data by promoting the use of Discovery as a means to improve operational effectiveness	Director of Planning, Property & Performance	August 2019

**Intended Outcome**

- **Improved scrutiny and assurance of delivery of objectives through enhanced information flows**

**Audit Services**

34.	Strengthen the process for Audit reports to be considered by Governance Committees by ensuring that Non Executive Member Chairs of all Committees also receive notification of Audit findings, in addition to management	Director of Finance	July 2019
35.	Provide bespoke training for Audit Committee Members	Director of Finance	September 2019

### Intended Outcome

- **Audit findings are pro-actively used to support good governance**

## Administration Arrangements

36.	Maximise attendance by Board Members at events by promoting the use of the Corporate Calendar	Board Secretary	May 2019 & October 2019
37.	Provide training to support staff who act as minute takers / report writers for Governance Committees to enhance their understanding of the Board's requirements around assurance reporting, rather than reassurance reporting	Board Secretary	September 2019
38.	Undertake a review of Board / Governance Committee Report Templates, (taking account of national work being taken forward through the Corporate Governance Joint Steering Group) and review agenda management processes (timings and details of papers)	Board Secretary	Autumn 2019
39.	Support all Board Members to fully embrace the use of the electronic Board portal, and move to paperless meetings	Board Secretary	May 2019 / Review October 2019

### Intended Outcome

- **Effective administration arrangements support the smooth running of the Board in relation to Corporate Governance**