Board Meeting 28 April 2021

Lanarkshire NHS Board Kirklands Fallside Road Bothwell G71 8BB



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# SUBJECT: Non Executive Board Member Portfolios (from 1 April 2021)

1. PURPOSE	
This paper is coming to the Board:	
For approval	
This paper outlines proposed changes in the Governance Portfolios of Non-Execu Directors from 1 April 2021 to support succession planning.	ıtiv
2. ROUTE TO THE BOARD:	
This paper has been:	
Prepared Reviewed Endorsed	$\neg$

by the Board Chair and the Board Secretary.

#### 3. SUMMARY OF KEY ISSUES

In ensuring that there are robust succession planning arrangements in place after the Chair has completed her term of office on 30 June 2021, there are a number of other changes that need to be considered, namely

- The appointment of Dr Lesley Thomson as Vice Chair from 1 April 2021 31 March 2022;
- Mr Phil Campbell and Ms Margaret Morris will complete their terms of office on 31 August 2021;
- Dr Avril Osborne will complete her term of office on 28 February 2022.

Recruitment of three new Non Executive Board Members is underway, one with skills and expertise in Capital, one with insights into Health Inequalities (both to start on 1st September 2021 to replace Mr Campbell and Ms Morris) and one with Digital Transformation skills (to start on 1st October 2021). There will be a degree of overlap and double running with the Non Executive Board Member with Digital skills replacing Dr Osborne, who will demit office on 28th February 2022.

The attached paper (Appendix 1) sets out proposed changes to the portfolios of Non Executives. All of these changes have been subject to discussion with individual Board Members following appraisal discussions with the Chair and a collective discussion with all Non-Executive

Board Members. It should be noted that all Board Members (Non-Executive and Executive) will continue to be members of the Board's Planning, Performance and Resources Governance Committee.

Appendix 2 sets out how the Committees will be supported with immediate effect, subject to Board approval, and it also identifies the gaps that will need to be filled once the new Non-Executive Board Members are in place. These are set out below. This will mean that Committees will run with additional membership until Mr Campbell, Ms Morris and Dr Osborne demit office, enabling Non-Executive Members a period of time for development, shadowing and support in their new roles.

# Gaps to be filled on the appointment of new Non- Executive Board Members in September/October 2021 are:

- The vacancy on the North IJB to replace Phil Campbell from 1st September 2021;
- The vacancy on the North IJB to replace Avril Osborne from 1st March 2022;
- The vacancy on South IJB to replace Phil Campbell from 1st September 2021;
- The vacancy on Staff Governance to replace Phil Campbell from 1st September 2021;
- The vacancy on Population Health, Primary Care & Community Services Governance Committee to replace Ally Boyle, who will be Chair Elect with Margaret Morris completing her term of office on 31st August 2021;
- The vacancy on Population Health, Primary Care & Community Services Governance Committee to replace Phil Campbell from 1st September 2021 (vacancy to be filled by the new Non Executive with Health Inequalities background);
- The vacancy on the Acute Governance Committee to replace Margaret Morris from 1st September 2021;
- The vacancy on the Acute Governance Committee to replace Lesley McDonald who will be Chair Elect, with Avril Osborne completing her term of office on 28th February 2022;
- The vacancy on the Audit Committee from 1st March 2022 to replace Avril Osborne;
- The vacancy on Healthcare Quality Assurance & Improvement Committee to replace Avril Osborne from 1st March 2022:
- Consideration of the Information Governance link officer role currently carried out by Margaret Morris and the appointment of a Non Executive Director (Digital); and
- Consideration of a third new Non Executive Director to support Lesley Thomson and Lesley McDonald (who will take over from Margaret Morris) as Joint Chairs of Pharmacy Practices/GP Panels/Dental Panels.

Further consideration of the number of Non Executives assigned to the Healthcare Quality Assurance & Improvement Committee may be require din light of these various changes to portfolios.

#### 4. STRATEGIC CONTEXT

Urgent Operational Issue

This paper links to the following:

Corporate Objectives AOP Government Policy

Government Directive Statutory AHF/Local Policy

Requirement Policy

Other

# 5. CONTRIBUTION TO QUALITY

This paper aligns to the following elements of safety and quality improvement:

Three Quality Ambitions:				
Safe				
Six Quality Outcomes:				
Everyone has the best start in life and is able to live longer healthier lives; (Effective)				
People are able to live well at home or in the community; (Person Centred)				
Everyone has a positive experience of healthcare; (Person Centred)				
Staff feel supported and engaged; (Effective)				
Healthcare is safe for every person, every time; (Safe)				
Best use is made of available resources. (Effective)				

#### 6. MEASURES FOR IMPROVEMENT

To ensure appropriate oversight and scrutiny, Governance Committees will be constituted with appropriate skillsets and expertise from Non-Executive Board Members.

#### 7. FINANCIAL IMPLICATIONS

There will be a small additional revenue cost in the recruitment of the third Non Executive Board Member who will replace Dr Osborne in advance of her demitting office in February 2022 but this will be contained within budget, and no additional funding is sought.

#### 8. RISK ASSESSMENT/MANAGEMENT IMPLICATIONS

A lack of succession planning could create gaps on Governance Committees and the oversight and scrutiny provided to the Board in carrying out its assurance function could be at potential risk.

# 9. FIT WITH BEST VALUE CRITERIA

No

This paper aligns to the following best value criteria:

Vision and leadership	Effective partnerships	Governance and	$\boxtimes$
		accountability	
Use of resources	Performance	Equality	
	management		
Sustainability			

# 10. EQUALITY AND DIVERSITY IMPACT ASSESSMENT

Please say why not An EDIA is not required.

The impact of	of any changes will be considered and an EQIA completed if appropriate.	
Yes $\square$	Please say where a copy can be obtained	

#### 11. CONSULTATION AND ENGAGEMENT

These changes have been discussed by the NHS Board Chair with the relevant Non-Executive Directors, and Committee Chairs. Executive Lead Directors for the Committees and IJBs have also been advised accordingly.

#### 12. ACTIONS FOR THE BOARD

Approval	Endorsement	Identify further actions	
Note	Accept the risk identified	Ask for a further report	

The Board is asked to:

- 1. Approve the changes set out in the attached Appendices to be implemented with immediate effect;
- 2. Note the gaps which will need to be addressed once new Non- Executive Board Member appointments have been made; and
- 3. Note that any changes are subject to further discussion at the discretion of the new Board Chair on their appointment to the Board.

# 13. FURTHER INFORMATION

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