NHS Board Meeting 15 December 2021 Lanarkshire NHS Board Kirklands Fallside Road Bothwell G71 8BB Telephone: 01698 855500 www.nhslanarkshire.scot.nhs.uk



SUBJECT: CORPORATE GOVERNANCE BLUEPRINT IMPROVEMENT PLAN & ACTIVE GOVERNANCE ACTION PLAN

1. PURPOSE

This paper is coming to the Board for approval.

For approval	\square	For endorsement	To note	

2. ROUTE TO THE BOARD

The paper has been:

Prepared	\square	Reviewed	\square	Endorsed	

by the Board Chair and Board Secretary, following a desktop review in December 2021.

3. SUMMARY OF KEY ISSUES

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. The Improvement Plan was last updated in June 2021 and was paused due to COVID-19. The Blueprint is being updated by the National Corporate Governance Steering Group and this Improvement Plan will be updated accordingly.

The Plan has been reformatted to show in the first section those items paused due to system pressures and COVID. The second section shows Active Governance items that have had to be put on hold and a log of complete items is at the end of the report

This report will form part of the handover arrangements between the current and the new Chair.

4. STRATEGIC CONTEXT

This paper links to the following:

Corporate objectives	\square	AOP	Government policy	\square
Government directive		Statutory requirement	AHF/local policy	
Urgent operational issue		Other]	

5. CONTRIBUTION TO QUALITY

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

Three Quality A	mbitions:				
Safe	\square	Effective	\square	Person Centred	\square

Six Quality Outcomes:

Quality Subcomet.				
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

These have been set out in the Improvement Plan.

7. FINANCIAL IMPLICATIONS

None.

8. RISK ASSESSMENT/MANAGEMENT IMPLICATIONS

The significant risk is reputational if the Board does not meet the goals set out in the Improvement Plan.

9. FIT WITH BEST VALUE CRITERIA

This paper aligns to the following best value criteria:

Vision and leadership	M	Effective partnerships	\square	Governance and	
vision and leadership		Effective particeships			
				accountability	
Use of resources		Performance		Equality	
		management		1 5	
Sustainability Management					

10. EQUALITY AND DIVERSITY IMPACT ASSESSMENT / FAIRER SCOTLAND DUTY

N/A

11. CONSULTATION AND ENGAGEMENT

The Improvement Plan progress report was subject to consultation with the Board Chair and Board Secretary.

12. ACTIONS FOR THE BOARD

The Board is asked to:

Approve	Endorse	Identify further actions	
Note	Accept the risk identified	Ask for a further report	

13. FURTHER INFORMATION

For further information about any aspect of this paper, please contact:Neena MahalPaul CannonBoard ChairBoard Secretary