

Board Meeting
31 August 2022

Lanarkshire NHS Board
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SUBJECT: GOVERNANCE UPDATES

- **Non Executive Board Member Portfolios (from 1 August 2022)**
- **Governance Committee Changes**
- **Leadership Walk Rounds**

1. PURPOSE

This paper is coming to the Board:

For approval	<input checked="" type="checkbox"/>	For endorsement	<input type="checkbox"/>	To note	<input type="checkbox"/>
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This paper outlines proposed changes in the Governance Portfolios of Non-Executive Directors, effective from 1 August 2022, to reflect the appointments of Councillor Coyle and Councillor Logan, who both joined the Board in June 2022, as Local Authority Nominated Board Members.

It also seeks formal approval to change the Audit Committee to the Audit & Risk Committee, as discussed and agreed at the Risk Workshop on 18 July 2022.

It also provides a brief update on the Leadership Walkrounds that have commenced.

2. ROUTE TO THE BOARD:

This paper has been:

Prepared	<input checked="" type="checkbox"/>	Reviewed	<input type="checkbox"/>	Endorsed	<input type="checkbox"/>
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by the Board Secretary.

3. SUMMARY OF KEY ISSUES

Non Executive Portfolios

Councillor Coyle will be a Member of the following Governance Committees: -

- Audit Committee
- Monklands Replacement Committee

Councillor Logan will be a Member of the following Governance Committees: -

- Audit Committee
- Population Health, Primary Care and Community Services Committee

Planning, Performance & Resources Committee

All Non-Executive Board Members are Members of the Planning, Performance & Resources Committee.

Endowment Fund

All Non Executive Board Members are also Endowment Fund Trustees.

Appendix 1 sets out the updated list of Non-Executive portfolios and Appendix 2 outlines the Committee Structure and Membership of Governance Committees.

Audit Committee – change of name

At the Risk Workshop on 18 July 2022 it was decided to change the name of the Audit Committee to the Audit & Risk Committee to reflect the key role that the Audit Committee plays in overseeing the risk management systems, forming an evaluated opinion on the organisation's risk management control framework, and providing assurance to the Board of NHS Lanarkshire.

Members are asked to endorse this change.

Leadership Walkrounds

Leadership Walkrounds were paused during the period of the peak of the pandemic and have been re-established. Non Executives have been invited to join planned walkrounds across the entire organisation.

Leadership Quality Walkrounds are part of the organisation's programme of work to improve our quality and safety culture and outcomes. Leadership Walkrounds also support the organisation to achieve the implementation of the 'Patient Safety Essentials' (CEL 19, 2013).

Non-Executive Walkrounds have been undertaken in NHS Lanarkshire since 2014, initially focussing on patient safety in acute hospital wards and departments and subsequently extending to quality and safety in all sites including community hospitals and Health Centres.

The Leadership Quality Walkround visit is not an inspection, audit or Back To The Floor exercise, rather it is an opportunity to:

- Discuss healthcare quality issues openly and honestly
- Identify opportunities for improving quality in healthcare
- Promote a quality culture and encourage reporting of adverse events
- Support Leadership learning to identify and prioritise actions to improve quality

A visiting team consists of:

- Non-Executive Director
- Executive Director
- Senior Clinician
- Quality Directorate staff

Groups have been created of visiting teams comprising of the members above who are allocated to areas to visit (Appendix 3). A schedule has been developed with a plan of the visits for the forthcoming year. This allows forward planning to arrange the visits well in advance and secure diary time for the visiting team.

The Quality Directorate will have scheduled a separate de-brief meeting with the Senior Management Team or a Senior Manager for the area visited directly following the walkround so that follow up actions can be captured and tracked.

It is also important that when Non Executives are on site that this is well publicised in advance and an opportunity afforded where possible for staff on that location to meet / speak to Non Executives. Each team should maximise the potential for wider engagement when on site.

As this programme is re-established the opportunity will be taken to expand visits to site during out of hours periods, where practical, and not interfering in service delivery.

4. STRATEGIC CONTEXT

This paper links to the following:

Corporate Objectives	<input checked="" type="checkbox"/>	AOP	<input type="checkbox"/>	Government Policy	<input checked="" type="checkbox"/>
Government Directive	<input type="checkbox"/>	Statutory Requirement	<input type="checkbox"/>	AHF/Local Policy	<input type="checkbox"/>
Urgent Operational Issue	<input type="checkbox"/>	Other	<input type="checkbox"/>		

5. CONTRIBUTION TO QUALITY

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

Three Quality Ambitions:

Safe	<input checked="" type="checkbox"/>	Effective	<input checked="" type="checkbox"/>	Person Centred	<input checked="" type="checkbox"/>
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Six Quality Outcomes:

Everyone has the best start in life and is able to live longer healthier lives; (Effective)	<input checked="" type="checkbox"/>
People are able to live well at home or in the community; (Person Centred)	<input checked="" type="checkbox"/>
Everyone has a positive experience of healthcare; (Person Centred)	<input checked="" type="checkbox"/>
Staff feel supported and engaged; (Effective)	<input checked="" type="checkbox"/>
Healthcare is safe for every person, every time; (Safe)	<input checked="" type="checkbox"/>
Best use is made of available resources. (Effective)	<input checked="" type="checkbox"/>

6. MEASURES FOR IMPROVEMENT

Governance Committees should be constituted with appropriate skillsets and expertise from Non Executive Members to ensure appropriate oversight and scrutiny.

These arrangements will be subject to further review by the new Chair, in early 2023.

7. FINANCIAL IMPLICATIONS

None.

8. RISK ASSESSMENT/MANAGEMENT IMPLICATIONS

A lack of appropriate succession planning could affect the effective operation of Governance Committees and the oversight and scrutiny provided to the Board in carrying out its assurance function.

9. FIT WITH BEST VALUE CRITERIA

This paper aligns to the following best value criteria:

Vision and leadership	<input checked="" type="checkbox"/>	Effective partnerships	<input checked="" type="checkbox"/>	Governance and accountability	<input checked="" type="checkbox"/>
Use of resources	<input checked="" type="checkbox"/>	Performance management	<input checked="" type="checkbox"/>	Equality	<input type="checkbox"/>
Sustainability	<input checked="" type="checkbox"/>				

10. EQUALITY AND DIVERSITY IMPACT ASSESSMENT

The impact of any changes will be considered and an EQIA completed if appropriate.

Yes *Please say where a copy can be obtained*
 No *Please say why not* An EDIA is not required.

11. CONSULTATION AND ENGAGEMENT

These changes have been discussed by the NHS Board Chair with the relevant Non-Executive Board Members.

12. ACTIONS FOR THE BOARD

The Board is asked to:

1. approve the changes made to Committee membership in relation to Councillor Coyle and Councillor Logan, from 1 August 2022;
2. Endorse the change of name of the Audit Committee to the Audit & Risk Committee, with effect from 1 September 2022; and
3. Note that Leadership Walkrounds have commenced.

13. FURTHER INFORMATION

Paul Cannon
Board Secretary

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Appendices

- 1 Non Executive Director Portfolios - Summary
- 2 Committee Structure and Membership
- 3 Leadership Walkrounds spreadsheet