

Ms Jeane Freeman
Cabinet Secretary for Health and Sport
St Andrews House
Edinburgh
EH1 3DG

Date 30 April 2019

Your Ref
Our Ref
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Dear Ms Freeman,

Self Assessment against the Blueprint for Good Governance

Please find attached our Blueprint Self Assessment report detailing the work undertaken following the publication of DL(2019)02 to NHS Scotland Health Boards and Special Health Boards - Blueprint for Good Governance.

Health Board members have been involved throughout this self assessment and development process to understand good practice and areas for further improvement. The resulting Improvement Plan also incorporates the output from our Board effectiveness review undertaken in December 2018 using the Board Diagnostic Tool.

This final report has been shared with Health Board members and published on our website today. It is our intention to present this, along with covering paper for formal approval at the Board meeting on 28 May 2019.

Yours sincerely



Alex Linkston
Chairman



Cathie Cowan
Chief Executive

Chairman: Alex Linkston CBE
Chief Executive: Cathie Cowan

Forth Valley NHS Board is the common name for Forth Valley Health Board
Registered Office: Carseview House, Castle Business Park, Stirling, FK9 4SW

Forth Valley NHS Board – Blueprint Self Assessment

Results and Improvement Plan

April 2019



Background

January 2018 - New Chief Executive commenced in post and undertook a review of personal objective setting process. On conclusion corporate objectives were agreed by the Health Board to inform the 2018/2019 objective setting process. This included a review of governance and risk management arrangements led by the Chief Executive and supported by the Chairman.

June 2018 - The Chief Executive in advance of her first staff conference (June 2018) invited staff to respond to a number of questions including 'If you could suggest one change that will make your working life within NHS Forth Valley better, what would it be?'. It was intended that responses to this question would provide insight into the culture of the Health Board.

October 2018 - Health Board members led by the Chairman participated in a review of NHS Board effectiveness using the NHS Scotland Board Development Diagnostic Tool.

December 2018 - The results from the 5 domains of the Diagnostic Tool: engaging with stakeholders, strategic intent, holding to account, Board dynamics and Board leadership were considered in detail. The seminar was facilitated by Sharon Millar, Principal Lead, NES and areas of good practice and areas for development were identified and later agreed by Health Board members at the Board meeting in January 2019. The outline and output from seminar are attached at Appendix 1 and 2. During this seminar Audit Scotland also provided a presentation on the principles and practicalities of good governance and risk management. The Health Board discussed this in detail noting that an internal review of risk management arrangements was also being led by the Chief Executive.

January 2019 - The Risk Management Strategy was approved by the Health Board where it was proposed that corporate risks be assigned to the appropriate Assurance Committee to fulfil their scrutiny and assurance roles, this was supported. A corporate risk register report will be presented to the Health Board quarterly to enhance transparency and provide assurance that risks are being managed appropriately. An agenda item on Good Governance led by the Chairman and Chief Executive was also discussed including the review to enhance governance arrangements and provide appropriate scrutiny and challenge to inform good decision making. A process to evaluate our internal Assurance Committees' effectiveness was agreed.

February 2019 - Health Board members thereafter were invited to complete a Self Assessment for each of the Assurance Committees that they were a member of. This included evaluation of the Committee's role and remit and assurance provided to the Health Board. The results were considered at the Board Seminar.

The **Blueprint for Corporate Governance self assessment** was also completed by the NHS Board and in **March 2019** results from the self assessments were considered by the Chairman, Chief Executive and Corporate Governance Manager, alongside the five functions findings from the Board Diagnostic Tool. These findings and recommendations will be shared with Health Board members in April 2019. The Board at this time will also consider how it supports a systemic quality improvement system in NHS Forth Valley and how we align this to necessary Health Board governance arrangements.

Setting the Direction

Question	Good practice	Further Improvement
2a. Provide leadership, support and guidance to the organisation including determining the organisation's purpose and ambition	90%	10%
2b. Consider and approve the strategic and operational policies and plans to deliver the policies and priorities of the Scottish Government	90%	10%
2c. Allocate the budgets and approve the capital investments required to deliver strategic and operational plans	100%	
2d. Agree the aims, objectives, standards and target for service delivery in line with the Scottish Government's priorities	100%	

Overall the results were positive with free text comments referring to 'strategic alignment with government goals' and 'setting strategic direction and priorities' using our strategy deployment quality improvement approach to drive up performance as working well. This has been reaffirmed through i-Matter and internal audit feedback. Auditors in particular have stated that 'NHS Forth Valley has been pro-active in enhancing governance arrangements and has taken into account previous internal audit recommendations as part of this process' and that 'progress in arrangements to deliver the Healthcare Strategy and support savings through the Strategy Deployment Matrix has been extremely positive'.

Areas for Further Development:

- Continue to build on our collective leadership and relationships within our integration space to inform our strategic plans, commissioning decisions whilst supporting a culture of reflective collaborative practice in our Health and Social Care Partnerships.
- Continue to enhance our Health Board development sessions (6 per year) to consider strategy development informed by external drivers, data/information, innovation and improvement to support our internal operating environment's performance now and more importantly in the future.
- Test out new ways of engaging with staff, partners and our wider stakeholders including communities.

Holding to Account

Question	Good practice	Further Improvement
3a. Non Executive Directors are able to monitor, scrutinise, challenge and then, if satisfied support the Executive Leadership Team's day-to-day management of the organisation's activities	100%	
3b. Safeguard and account for public money to ensure resources are used in accordance to best value principles	100%	
3c. Ensure compliance with the requirements of relevant regulations or regulators	90%	10%
3d. Ensure oversight of the application and implementation of fair and equitable system of pay and performance management, including determining the pay arrangements for the Executive Leadership Team	100%	
3e. Ensure continuous improvement is embedded in all aspects of service delivery	80%	20%

Overall results were positive with free text comments referring to 'non executives are confident to challenge', 'constructive challenging questioning ethos' and 'holding staff to account' as working well. This is evident at Board and in particular in Assurance Committees using a topic specific deep dive approach led by an Executive and senior clinicians and managers.

Areas for Further Development:

- Continue to support Health Board members development especially Non Executives to enable them to review complex data, challenge constructively and be assured that strategic plans connect with the Board's vision, corporate objectives and delivery of outcomes - align with appraisal process.
- Introduce self assessment surveys after each Board and Assurance Committee meeting to improve our Health Board effectiveness.
- Chief Executive is currently exploring QI Academy proof of concept to align with Programme Management Office approach to support our transformation agenda.

Assessing Risk

Question	Good practice	Further Improvement
4a. Consider and agree the organisation's tolerance	100%	
4b. Consider and approve risk management strategies and ensure they are communicated to the organisation's staff	90%	10%
4c. Identify current and future corporate, clinical, legislative, financial and reputational risks	100%	
4d. Oversee an effective risk management system that assesses level of risk, identifies mitigation and provides assurance that risk is being considered effectively	100%	

Overall results were positive with free texts comments referring to the 'new risk management strategy' and risk and its' assessment.

Areas for Further Development:

- The Risk Management Strategy was updated and approved in January 2019. Training to support its implementation and to raise awareness in regard to risks being reviewed, updated and escalated.
- Alignment of risk with Health and Safety, Patient Safety, and Emergency Planning and Business Continuity strategies.
- Review in year of how corporate risks assigned to Assurance Committees is working and contributing to our effectiveness as a Health Board, Internal Audit to review new arrangements during 2019/2020, this supports our commitment to continuous improvement.
- Corporate Risk Register Health Board report in development and will be presented from May 2019 to further increase our Health Board transparency.

Engaging Stakeholders

Question	Good practice	Further Improvement
5a. Ensure priorities are clear, well communicated and understood by all stakeholders	80%	20%
5b. Establish and maintain public confidence in the organisation as a public body	100%	
5c. Report on stewardship and performance and publish an Annual Report and Accounts	100%	
5d. Contribute to the development of Scottish Government policies	90%	10%

Overall results were positive with free texts referring to 'engaging stakeholders – patients/families/staff and wider political and local people with an interest in the care and services' and 'increased executive team visibility and engaging directly with teams/staff, promoting shared values and behavioural standards' as working well. However there were areas highlighted to support improvement in how we ensure 'priorities are clear and well communicated and understood by all stakeholders' and contribution to the development of Scottish Government policies'.

Areas for Further Development:

- Revisit our approach to quality walk-rounds and use feedback from Chief Executive/Executive visibility meetings to inform how these regular informal conversations with staff proceed.
- Revisit communication (e.g. introduce monthly Chief Executive updates) and introduce cascade briefing system after Board and Assurance Committee meetings.
- Introduce feedback system to test impact of new ways of working, improvements etc
- Explore how we engage internally and externally to capture and analyse feedback from patients, staff, partners and our communities.
- Participate in reviewing MSG proposals to realise integration benefits.

Influencing Culture

Question	Good practice	Further Improvement
6a. Determine and promote shared values that underpin policy and behaviours throughout the organisation	80%	20%
6b. Demonstrate the organisation's values and exemplify effective governance through Board Members' individual behaviours	90%	10%
6c. Develop a cultural blueprint consistent with the organisation's purpose and ambition	90%	10%

Overall results were positive with free texts referring to 'increased executive team visibility and engaging directly with teams/staff, promoting shared values and behavioural standards' and 'collective leadership of the Non Executive and Executive Directors' as working well. Board members commented on when governance feels good and referred to 'transparency, participatory behaviours that are consensus oriented with clarity around accountability' and acknowledging that 'structure and systems also need good behaviours'.

Areas for Further Development:

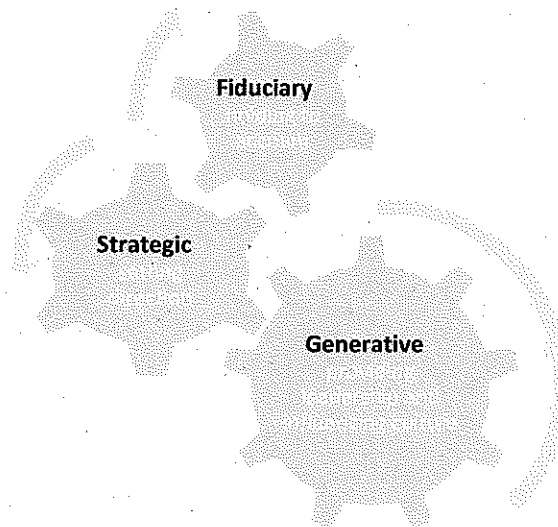
- Creating psychological safety for people, teams and Health Board members to speak up.
- Model our values and behaviours and call out bad behaviours.
- Refresh our narrative /purpose – key message from CEO at staff conference planned for August 2019.
- Reinforcing a culture of accountability with continuing focus on performance and contribution and celebrations when things go well (ongoing investment in Staff Awards celebrations)
- Work toward Investors in People Platinum rating – 2020.
- Undertake an assessment of our culture in 2019 to inform our Staff Conference themes.

What Will Improvement Look Like?

Our Governance Ambition

'Good governance ensures we do the right things, in the right way, for the right people in a timely, inclusive, open and accountable manner. As a Health Board we strive to fulfil our overall purpose, achieve our intended corporate objectives and outcomes for our patients, staff and our wider stakeholders and partners whilst operating in an efficient, effective and ethical manner.'

Our Governance Model



Integrating governance

- Purpose of fiduciary governance is to provide good stewardship of our assets/resources. It invites us as Health Board members to ask, 'what do we have and how do we use it?' We can expect facts, figures, financials, and risks to inform our opinions and provide assurance. This is where we hold to account and assess risk.
- Purpose of strategic governance is to formulate strategy. It invites us to ask questions about our context and operating environment and what our data is telling us in terms of trends and comparative information including feedback from our patients, partners and our wider stakeholders; helping us formulate strategy. This is where we plan and set future direction for the Health Board.
- Purpose of generative governance is for the Health Board to influence culture through its leadership and sense making role. It invites us as Health Board members to engage in deeper enquiry to inform future sustainability and realignment of resources in response to meaningful engagement both internally and externally.

Improving governance

Our Improvement Plan (attached at Appendix 3) concerns all three modes of governance. Its intention is to set out our key priorities for 2019/2020 to enable NHS Forth Valley to fulfil its purpose in an operating environment that is both complex and challenging.

Appendix 1: NHS Forth Valley – Board Diagnostic Feedback Session Tuesday 4th December 2018

Time	Activity	Outcome
10.00 am (10 mins)	<p>Introduction – Chair Why we are reviewing our Board effectiveness Introduce Sharon</p> <p>Purpose of the session – Sharon</p> <ul style="list-style-type: none"> • Discuss the results from completing the Board development diagnostic questionnaire captured in the report • My role as facilitator and confidentiality • Plan for the session: <ul style="list-style-type: none"> ○ 2.5 hrs ○ Explain the structure of the report ○ Look at highlights together and immediate reflections ○ Break into smaller groups to explore the 5 domains in more detail to identify 2-3 actions per domain that would result in an improvement ○ Share together, and agree the actions you want to take as a Board ○ Discuss the process and accountabilities for working up the plan and attending to the actions in it • Any questions or suggestions 	<p>Bring people's attention to benefits of review of Board effectiveness</p> <p>Clarify expectations for the session</p>
10.10 am (10 mins + 15 mins)	<p>Structure of the report and highlights – Sharon</p> <p>Short input on the structure of the report and 5 domains examined, response rate and a degree of anonymity, 6-point response scale, free text comments.</p> <p><u>Pause:</u> Any questions for clarity on format and layout of the report?</p> <p>Highlights from responses: highest and lowest median responses and general themes from comments</p> <p><u>Whole group discussion:</u> Initial reaction to the findings? Any surprises, what are you curious about?</p>	<p>Clarification of process undertaken and structure of the report and understand the data contained within it</p>
10.35 am (5 mins +	<p>Smaller group discussion about specific domains If attendance allows divide into 5 groups, each looking at one of the dimensions or 2 groups taking 2 dimensions each (both share an additional one)</p>	<p>Exploration of what sits behind the examples of good practice with the intention of noticing individual and</p>

40 mins)	<p><u>Process:</u> Considering your circle of control: - Discuss and agree</p> <ul style="list-style-type: none"> • The top three examples of good practice against the domain • What qualities does the Board display that helps get this score? (from comments) • How relevant is the example and the qualities which supports it in current context? • The top three areas for development (from comments) • What makes this issue difficult? • How might you use your collective expertise to overcome this? • What 2-3 actions would improve the rating in that dimension and • What would an improvement look like given the current context? 	<p>collective contribution.</p> <p>Understanding of the impact on the Boards strategic context from developing 2-3 areas in each domain</p>
	<p>Coffee break taken in groups</p>	
11.20 am (1hr)	<p>Whole group action planning Each group shares their reflections and proposes areas to work on – take questions Collectively – what are we noticing (patterns) and what are we committing to do?</p>	<p>Consensus on action to be taken</p>
12.20 am (10 mins)	<p>Clarify the process from here to translate proposed actions into the Boards Develop Plan and immediate next steps Sum up</p>	<p>Agree process and accountabilities to follow through on actions and capture evidence of improvement</p>
12.30 pm	<p>Closing remarks from the Chairman and Chief Executive</p>	

NHS Board Diagnostic Report Feedback Session Output Note

Tuesday 4 December 2018
Boardroom, NHS Forth Valley Headquarters,
Carseview House, Castle Business Park,

94%

Responses: 16
Recipients: 17

Present:

Alex Linkston	Cathie Cowan	Julia Swan	John Ford	Fiona Gavine
Susan McGill	Allyson Black	Robert Clark	Graham Foster	Andrew Murray
Scott Urquhart	Angela Wallace	Linda Donaldson		

In Attendance:

Sharon Millar – OD Lead
Sonia Kavanagh

Opening Remarks – Sharon Millar

The session would review the results of the recent Board Diagnostic questionnaire and consider the NHS Board's effectiveness and circle of control.

The 5 Domains would then be discussed and explored to understand good practice and reflect on the individual and collective contributions required and areas for further development and improvement.

7 Principles of Conduct in Public Life

- **Selflessness** – act solely in terms of the public interest
- **Integrity** – should not act or take decisions in order to gain financial or other material benefits for themselves, their family or their friends
- **Objectivity** – must act and take decisions impartially, fairly and on merit, using the best evidence and without discrimination or bias
- **Accountability** – accountable to the public for their decisions and actions and must submit themselves to the scrutiny necessary to ensure this
- **Openness** – act and take decisions in an open and transparent manner.
- **Honesty** – to be truthful
- **Leadership** – exhibit these principle in own behavior. Actively promote and robustly support the principles and be willing to challenge poor behavior wherever it occurs

Results – Good Practice and Areas for Development

A – Engaging with Stakeholders

Good practice:

- Clear who our stakeholders are
- Stakeholder interests are taken into account when developing strategies and delivering services
- Various formats of staff engagement activities being tested, including senior management visits

Qualities displayed by NHS Board to support this:

- Openness
- Willingness to listen actively and to involve others in improvement work

Relevance to Current Context:

- Crucial in order to deliver Best Value and Realistic Medicine, need to actively engage with our stakeholders, notably communities, partners and staff
- Consistency of approach and everyone 'on message' is essential to moving forward
- Meets Staff Governance standard – staff involved in decisions that affect them, applicable across all stakeholders

Areas for Development:

- Engaging with those not usually reached or heard from both internally and externally
- Continue to strengthen Executive visibility

What makes this difficult:

- People have consultation fatigue (increased our i-Matter action planning to demonstrate our commitment to listening and implementing)
- Questionnaire overload
- Too busy – competing priorities
- How to hear the 'small voice'....in amongst complexity and challenge

Actions to improve the rating in this Domain:

- Include everyone, go to them
- Ask what stakeholders want – through short focused 'Survey Monkey'
- Develop Executive visibility programme eg. 'Coffee with Cathie'

What would an improvement look like:

- Stakeholders engaged in decisions that affect them

B – Strategic Intent

Good practice:

- Clear ambitious strategies/policies – reflecting the needs and priorities of the population served by the NHS Board Assurance and scrutiny culture
- Continue to focus on improving outcomes and supporting the Board's vision for the organisation

Qualities displayed by NHS Board to support this:

- Willingness to learn and drive improvement
- Focus on patient safety and experience
- Scrutiny and open dialogue in NHS Board and Assurance Committees that in turn fosters healthy debate

Relevance to Current Context:

- Need to continue to pay attention to performance, improvement, innovation and the impact of further integration opportunities. Widening gap and closing inequalities facing our population (and Scotland as a whole)

Areas for Development:

- Continue to support the development of the IJB
- Ongoing development of our approach to performance improvement through the use of 'deep dives' at Assurance Committees
- Support our 5 year plan as a priority – in development

What makes this difficult:

- Financial climate
- Changes in political emphasis - ring fencing of budgets
- Workforce gaps and ability to deliver high performance linked to targets as a result

Actions to improve the rating in this Domain:

- 5 year plan – balance resources with delivery of priorities and performance improvement
- Complete our governance and risk management review and better understand and manage risk (dynamic, positive and owned)

What would an improvement look like:

- Ambitious Health and Social Care Partnerships working collaboratively for the people of Forth Valley
- Higher degree (and scores) with respect to performance improvement related to risk to deliver our strategic priorities and promises (strategy)

C – Holding to Account

Good practice:

- Discipline and clarity of agendas – governance model is strong (process to deliver strategic priorities and objectives)
- High quality information to enable decisions and hold to account (assure all associated risks are managed)
- Good culture – the tone is set and able to ask questions freely

Qualities displayed by NHS Board to support this:

- Professionalism and commitment to the governance model and its review
- Refined and evolved reports – willingness to review formats regarding accessibility

Relevance to Current Context:

- All of the above areas are relevant to provide assurance regarding delivery of strategic priorities, objectives and manage all associated risks

Areas for Development:

- Ensure discussions include risk based approach alongside performance
- Take stock of progress with strategic plan
- Opportunity for NHS Board to revisit improvement targets in line with significant elective investment

What makes this difficult:

- Maintaining constructive and positive relationships (supporting difficult conversations)
- Balancing between appropriate support and/or challenge

Actions to improve the rating in this Domain:

- Encourage questioning and satisfactory outcomes (supporting difficult conversations)
- Review progress of strategic plan

What would an improvement look like:

- More evidence of 'difficult conversations' within the NHS Board
- More evidence of progress against strategy
- No-one feeling fobbed off and/or soothed

D – Board Dynamics

Good practice:

- Directors go beyond their respective functional specialism to adopt a broad role as corporate directors - do not work in silos
- Board members are clear about their role and accountability
- Board members behave in a way that is consistent with the values of the NHS

Qualities displayed by NHS Board to support this:

- Breadth of knowledge/experience of Non-Executive and Local Authority members – bring voice of staff/clinicians/people of Forth Valley
- Collective responsibility for Board decisions and will ask for further information etc if necessary

Relevance to Current Context:

- Importance of relationships, especially given the complexities of the demands and challenges faced
- Importance of focus on preventative measures
- The need to work constructively together in an integrated climate characterised by trust, involvement and robust dialogue

Areas for Development:

- Induction for Non-Executives, with opportunities to attend other NHS Board meetings (assurance and scrutiny)
- Self Evaluation/Reflection – areas for personal development eg. interpersonal skills (asking difficult questions)
- Board reflection on effectiveness of meeting – what went well and what didn't (to support continuous improvement)
- Visibility of NHS Board - walk rounds, change meeting times/location to improve access for public, webcast

What makes this difficult:

- Ensure collective agreement on changes to meeting times/ location and ensure venues meet requirements
- Induction to meet the individual needs of Non-Executives

Actions to improve the rating in this Domain:

- Assistance/support provided regarding attending national events and being clear about what expectations are for people attending
- Review Non Executive induction process/ development
- Assess Board meetings – effectiveness, timing and location

What would an improvement look like:

- An accessible Board that has credibility with the public and staff

E – Board Leadership

Good practice:

- Chair and CEO work effectively together and respect one another's role
- Chair is visible and approachable within the organisation
- Chair advocates curiosity and questioning and enables other Board members to be involved

Qualities displayed by NHS Board to support this:

- Tone and culture of Board meetings – open, professional with the commitment of everyone
- Active involvement – freedom to speak 'no stupid questions culture'
- Willingness to listen and holding to account to drive change, innovation and improvement
- Quality of Board members – varied experience and background
- Chair and Chief Executive model NHS values and ensure that they are embedded in everything we do. Values lived
- All underpinned by a common goal – high quality patient care

Relevance to Current Context:

- Fundamental to having a positive impact on the performance of the Board and its members
- Chair and Chief Executive leadership is crucial to respond to challenges and opportunities at local, regional and national levels

Areas for Development:

- Individual training /development needs assessment – identify areas of development to add value and ensure collective leadership effectiveness
- Review of governance and risk management to further enhance Board effectiveness
- Challenge data – review/scrutinise plans
- Create an informal space in addition to Board seminars to foster relationships and drive effectiveness

What makes this difficult:

- Time

Actions to improve the rating in this Domain:

- Focus on an options appraisal approach with active discussion and risk based decision making of Board members
- Accessible to public and stakeholders – evening meetings on occasion
- Access to all Committee papers for Board members
- Peer review from other Boards e.g. critical friend
- CEO proposed a report to Board meetings on emerging issues
- Strategies to be presented to Board for final approval
- One page Assurance Committee report from respective Chairs – what are the 3 main issues (good and not so good) from their Committee meeting

What would an improvement look like:

- Positive impact on performance of the Board and its members developed further
- Enhanced visibility of NHS Board and its effectiveness which is recognised and respected both within and outside the organisation
- Continued commitment of the NHS Board to review its effectiveness and look to

Comments from Facilitator

- Positive Leadership - natural and honest interactions between Board members and various examples provided
- Values of NHS Forth Valley mattered and were incorporated into meetings
- Honesty - acknowledged the existing skills and experience of non-executives, while recognising the individual/collective areas which would require further development to allow the NHS Board to continue to evolve and improve

Values Based Contracting

The NHS Board use the NHS Forth Valley values as the basis for working together:



Summary and Actions

The Board members felt that the outcomes from the Board Diagnostic Tool along with the session held around governance and risk were very useful and would assist with the continuing effectiveness and development of the NHS Board and Governance Committees.

The actions to improve the rating in each of the 5 Domains of the Board Diagnostic Tool would be reviewed and prioritised to provide 'quick wins' and establish a Programme for Development in 2019.

Closing Remarks – Cathie Cowan/ Alex Linkston

Alex Linkston thanked everyone for participating in the event and their contribution to the review currently underway regarding governance and risk management being led by the Chief Executive.

Cathie Cowan outlined her and the Chairman's plans (informed in her opening remarks by Audit Scotland's contribution and her reference to 'A Blueprint for Good Governance') to review governance and risk management. The work underway included the Board Diagnostic Tool. Cathie added that it is her intention to present a draft Risk Management Strategy to the NHS Board in January 2019 which will then be shared with staff to seek their input. The February Board Development session will focus on a review of the NHS Board's Assurance Committees e.g. their effectiveness, terms of reference and membership. The output from all of this work will be presented to the Board in March 2019.

Appendix 3:

Improvement Plan

Action	Details	Responsibility	Timeframe
Strategic Governance - Setting the Direction			
Formulating Strategy	Develop/agree Annual Operating Plan	Chief Executive	April 2019
	Develop/agree Strategy Deployment – Board and Programme Boards	Chief Executive and Executive leads for each of the Programme Boards	June 2019
	Specific strategies – e.g. Elective Care Strategy – align with metrics to deliver NWTIP	Chief Executive	June 2019
	MSG response to support and contribute to realising integration benefits	Board Members	April 2019
	5 Year Financial Plan - how we will 'deliver better value'	Director of Finance	April 2019
	Establish Project Management Office to direct innovation and improvement work using a standardised QI approach	Chief Executive/ Executive Directors	July 2019
	Establish QI and People Academy to support transformation and developing our workforce (talent management and succession planning) agendas	Chief Executive/ Executive Directors	Aug 2019
Fiduciary Governance - Holding to Account and Assessing Risk			
Oversight of:	Review and agree our Corporate Objectives	Chair/Chief Executive	April 2019
• Operations	Objective setting process completed by end of May with built in mid- year reviews	Chief Executive	May 2019
• Efficient and appropriate use of resources	Induction and handbooks for Non Executive Directors (work of Board and Assurance Committees) – read across to national work	Chair/Chief Executive and Director of HR	August 2019
• Legal compliance and fiscal accountability			

Fiduciary Governance - Holding to Account and Assessing Risk (continued)

Oversight of:	Head of OD	July 2019
<ul style="list-style-type: none"> • Operations • Efficient and appropriate use of resources • Legal compliance and fiscal accountability 	<p>Training for NHS Board members – how to seek assurance (difficult conversations)</p> <p>Operational Teams including Partnership quarterly performance reviews</p> <p>Develop and agree Performance Dashboard (Health Board and Integration Joint Boards Assurance)</p> <p>Develop and agree HR Dashboard (Staff Governance Assurance)</p> <p>Introduce Self Assessment Surveys after Board and Assurance Committee meetings to inform Board effectiveness</p>	<p>June 2019</p> <p>Aug 2019</p> <p>June 2019</p> <p>June 2019</p>
<p>Assess Risk</p>	<p>Chief Executive and Head of OD</p> <p>Board members</p> <p>Director of Finance/ Corporate Governance Manager</p> <p>Chief Executive /Director of Finance</p>	<p>May 2019</p> <p>April 2019 – complete</p> <p>May 2019</p> <p>2019/2020 Audit Prog.</p>
Generative Governance – Leadership, Engaging Stakeholders and Influencing Culture		
<p>Leadership</p>	<p>Develop/agree annual Board Development Programme to support our ongoing commitment to being an 'effective Health Board':</p> <ul style="list-style-type: none"> • Managing our Business - refreshing our purpose/narrative • Roles and Responsibilities including systems governance • Organising for Improvement (culture and behaviours and agreeing metrics) • Governing for Improvement (fiduciary, strategic and generative) 	<p>June 2019</p>

Generative Governance – Leadership, Engaging Stakeholders and Influencing Culture (Cont)

<p>Leadership</p>	<p>Develop a programme to raise the Health Board's visibility and their awareness and interaction with staff e.g. align with refresh of Quality/Safety Walk Round Plan</p> <p>Revisit communication and introduce cascade briefing system</p> <p>Introduce feedback system to test Board decision making implementation on Board</p> <p>Review current membership of Assurance Committees</p>	<p>Medical Director/Director of Nursing</p> <p>Head of Comms.</p> <p>Corporate Governance Mgr.</p> <p>Chair/Corporate Governance Mgr.</p>	<p>Aug 2019</p> <p>June 2019</p> <p>June 2019</p> <p>July 2019</p>
<p>Engaging Stakeholders</p>	<p>Contribute to MSG integration evaluation (April) and thereafter support implementation of MSG proposals</p> <p>Review how we engage externally to capture and analyse stakeholder feedback and align with e.g. complaints, incidents, care opinion</p> <p>Review current engagement/communication formats and consider alternative methods to further engage with 'harder to reach' stakeholders</p> <p>Refresh our Communications Strategy to support Programme Management projects</p>	<p>Chair/Board members</p> <p>Director of Nursing/Medical Director</p> <p>Head of Comms.</p> <p>Head of Comms.</p>	<p>2019/2020</p> <p>Aug 2019</p> <p>June 2019</p> <p>June 2019</p>
<p>Influencing Culture</p>	<p>Assess our Culture (Cultural Assessment)</p> <p>Use i-matter survey results (action planning activity – sense making seminar)</p> <p>Introduce exit interviews (for everyone) – HR Dashboard measure</p> <p>Reinforce a culture of accountability – appraisal system</p> <p>Support staff awards and work toward Investors in People (Platinum - 2020)</p> <p>Staff Conference – culture and celebrating success</p> <p>Invest in the Area Partnership Forum and the championing of Dignity Champions</p>	<p>Head of OD</p> <p>Board members</p> <p>Director of HR</p> <p>Chief Executive</p> <p>Chair</p> <p>Chief Executive</p> <p>Employee Director</p>	<p>July 2019</p> <p>Aug 2019</p> <p>Quarterly</p> <p>May 2019</p> <p>Annual</p> <p>Aug 2019</p> <p>Sept 2019</p>

