NHS National Services Scotland

NHS SCOTLAND

Meeting:	**NSS Board**	**B/21/05**
Meeting date:	**Wednesday, 24 March 2021**	
Title:	**Proposal for a Board Assurance Framework**	
Responsible Executive/Non-Executive:	**Mary Morgan, Chief Executive Designate**	
Report Author:	**Matthew Neilson, Associate Director Strategy, Performance & Communications**	

1   Purpose

The proposal sets out a framework for further improving NSS board assurance and seeks agreement for an NSS assurance goal and a board assurance framework, including new board reporting principles, for achieving it.

This is presented to the Board for:

- Decision

This report relates to a:

- Annual Operation Plan
- Government policy/directive
- Legal requirement

This aligns to the following NHSScotland quality ambition(s):

- Safe
- Effective

2   Report summary

2.1   Situation

The NSS Board wishes to adopt a Board Assurance Framework that enables a more consistent approach to performance reporting and helps NSS achieve higher levels of assurance. Doing so ensures NSS is meeting requirements set out in the NHS Scotland Blueprint for Good Governance[1] and aligns reporting with Scottish Government's Active Governance programme[2], announced in July 2020.

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[1] NHSScotland – A Blueprint for Good Governance. January 2019.
[2] Active Governance – Letter to NHS Board Chairs. 17 July 2020.

2.2 Background

The NHS Scotland Blueprint for Good Governance advises that "corporate governance involves setting strategic aims; holding the executive to account for the delivery of those aims; determining the level of risk the Board is willing to accept; influencing the organisation's culture; and reporting to stakeholders on their stewardship."

NSS assessed itself against the blueprint in March 2019 and identified reporting as an area of improvement[3]. Since the assessment, board members have continued to provide feedback in meetings and development sessions on the need for an assurance framework along with improvements in the presentation and quality of information and reports.

The development and implementation of a NSS Board Assurance Framework was planned for FY21, but was delayed when the organisation was put on an emergency footing and refocused its resources on responding to COVID-19. The activity recommenced in January 2021 following a commitment from the NSS Chief Executive to ensure a framework was developed before the end of the FY21 financial year.

2.3 Assessment

NSS generally has good levels of assurance. Information and evidence is provided to the board and its committees on a regular basis. Much of the information is subject to independent audit and/or regulatory assessment and there is some use of external benchmarks. However, NSS would benefit from having a formally stated assurance goal and implementing a board assurance framework that helps it achieve that goal.

The framework has been developed in line with Board feedback, public sector best practice and Scottish Government governance requirements.

Board feedback

As part of the board's self-assessment against the NHSScotland Blueprint for Good Governance it identified the need for the Board and its committees to move to digitised reporting through the use of dashboards. The new framework supports the implementation of the NSS Data Strategy. Corporate reporting is the pilot activity and work has started on building new dashboards that can be used by the Board and to support public reporting. A performance framework is also being produced that will ensure all Board level reporting follows a clear set of standards and rules. This will deliver a more uniform and consistent approach to Board reports and improve the quality of how information is presented and interpreted by board members.

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[3] NSS Review of Corporate Governance. March 2019.

<u>Public sector best practice</u>

The framework has been developed with consideration to health sector best practice on board assurance. These include:

- Quality governance: How does a board know that its organisation is working effectively to improve patient care? Monitor, April 2013.
- Board Assurance: A toolkit for health sector organisations. Baker Tilly & NHS Providers, November 2015.
- Building Effective Assurance Frameworks. Amberwing ALARM workshop, March 2018.
- Making Data Count programme. NHS Improvement.

Best practice examples, as advised by NHS Improvement and board members, have helped inform our thinking and approach. They include NHS Kettering, NHS Sherwood Forests, NHS Maidstone & Tunbridge Wells and the Scottish Ambulance Service.

<u>Scottish Government governance requirements</u>

The framework will improve our approach to Assurance Information Systems, enabling the Board to better meet its functions (see figure 1).

Figure 1: The NHS Scotland Blueprint Governance System
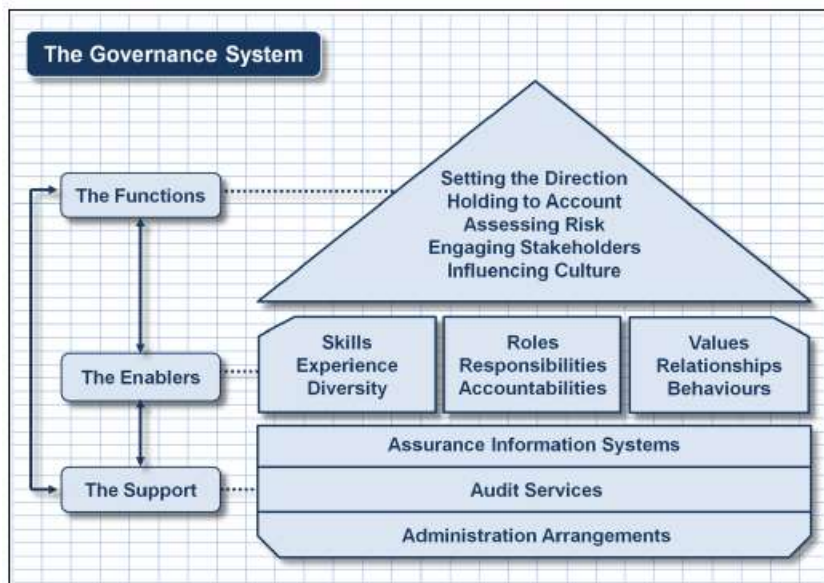
Additionally, it is aligned to Scottish Government's Active Governance programme which seeks to support boards with improving assurance information systems so they "have the necessary information to assist them in obtaining assurance on the delivery of the organisation's strategic, operational and financial plans and that it is possible to measure the organisation's performance by benchmarking results against those of similar organisations."

2.3.1 Quality/ Patient Care

Implementing the framework will ensure NSS continues to meet its obligations in relation to quality improvement and patient care.

2.3.2 Workforce

Changes and improvements to how information is presented will enable the board to better understand and assure all areas of performance, including workforce measures.

2.3.3 Financial

The framework leverages existing projects, such as the NSS Data Strategy and the performance dashboard and risk register system developments. NHS Improvement have also granted us access to their NHS Futures knowledge hub enabling us to access a wide range of tools, information and software code that support the development of a board assurance framework. Management and delivery of the framework will be the responsibility of the NSS Planning and Performance team and will involve the NSS Senior Planning Group and SBU planning leads.

2.3.4 Risk Assessment/Management

The framework will improve how risk is managed across NSS, by supporting the implementation of a new risk register, accounting for all programme risks and refocusing and realigning board and committee scrutiny on principal risks. There is no anticipated risk associated with the implementation of the new framework.

2.3.5 Equality and Diversity, including health inequalities

New reporting approaches will be designed to meet equality requirements and equality impact assessments will be undertaken against each of the projects accounted for in the action plan.

2.3.6 Other impacts

None identified.

2.3.7 Communication, involvement, engagement and consultation

The Board has carried out its duties to involve and engage external stakeholders where appropriate:

- NHS Improvement, 25 January 2021.
- Step 1: Making Data Count, 16 February 2021.

2.3.8 Route to the Meeting

The framework has been considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- NSS Board Development Session, October 2020.
- NSS Audit and Risk Committee, December 2020.
- NSS Executive Management Team Workshop, December 2020.
- NSS Senior Planning Group, January 2021.

2.4 Recommendation

The Board is asked to make a **decision** and to agree, subject to any requested changes, the following:

- The adoption of the proposed NSS assurance goal.
- The application of the proposed Board reporting principles.
- The implementation of the proposed NSS Board Assurance Framework.

3 List of appendices

The following appendices are included with this report:

- NSS Board Assurance Framework.

The following references have been added to the Board's Teams channel.

- NHSScotland – A Blueprint for Good Governance. January 2019.
- Active Governance – Letter to NHS Board Chairs. 17 July 2020.
- NSS Review of Corporate Governance. March 2019.

Board Assurance Framework

Matthew Neilson

Associate Director Strategy, Performance & Communications

January 2021

NHS National Services Scotland

Our assurance goal

To provide directors, non-executive directors and senior managers with the confidence, evidence and certainty that what needs to be done is actually happening in practice.

Current situation

NSS is close to achieving assurance, but would benefit from having a more consistent and clearly understood approach.

Reassurance

Assurance

It's OK because…

management say it is	management have responded to questions that give me confidence	I have reviewed various reliable sources of information
• Track record of success	• Clear and logical explanations	• Independent information source
• Professional background or expertise	• What has happened, why it happened, how we're responding	• Evidence of historic progress and outcomes
• No contradictory evidence	• Consistent explanations	• Triangulation with other information

Adapted from Monitor (2013)

Proposed framework

NSS BOARD

SET DIRECTION

SEEK ASSURANCE

STRATEGIC GOALS AND OBJECTIVES

PERFORMANCE

RISKS

ISSUES

INCIDENTS

IMPROVEMENT ACTIONS

CONTROL ACTIONS

RESOLUTION ACTIONS

MANAGEMENT ACTIONS

The framework aligns with the traditional risk based approach used across the NHS.

It also follows public sector best practice as identified by Amberwing for ALARM, the public risk management association.
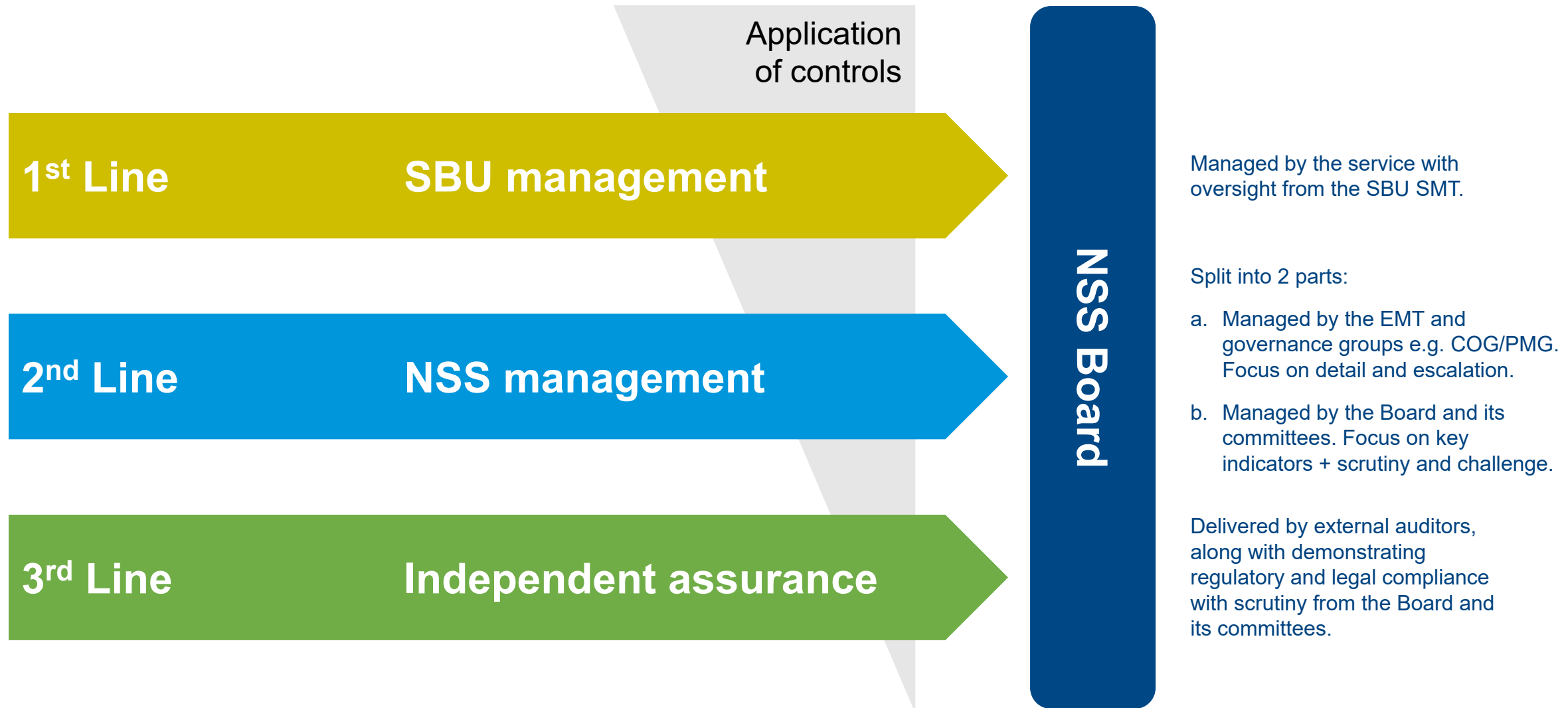
Proposed framework

NHS National Services Scotland

STRATEGIC GOALS AND OBJECTIVES

	PERFORMANCE	RISK	ISSUES	INCIDENTS
PLAN	How will we achieve our objectives?	What risks could impact the achievement of our objectives?	What issues are impacting achievement of our objectives?	What incidents have impacted achievement of our objectives?
MONITOR	How are we performing against our objectives?	What actions and controls are in place?	How are issues being resolved?	What is being done to manage and learn from those incidents?
REVIEW	What actions are being taken where performance is not as expected?	How effective are those controls?	How effective are those actions?	How successful have our management actions been?

The framework will enable the Board to determine if the right controls (e.g. policy, procedure, devices, systems, reports) are in place to achieve objectives.
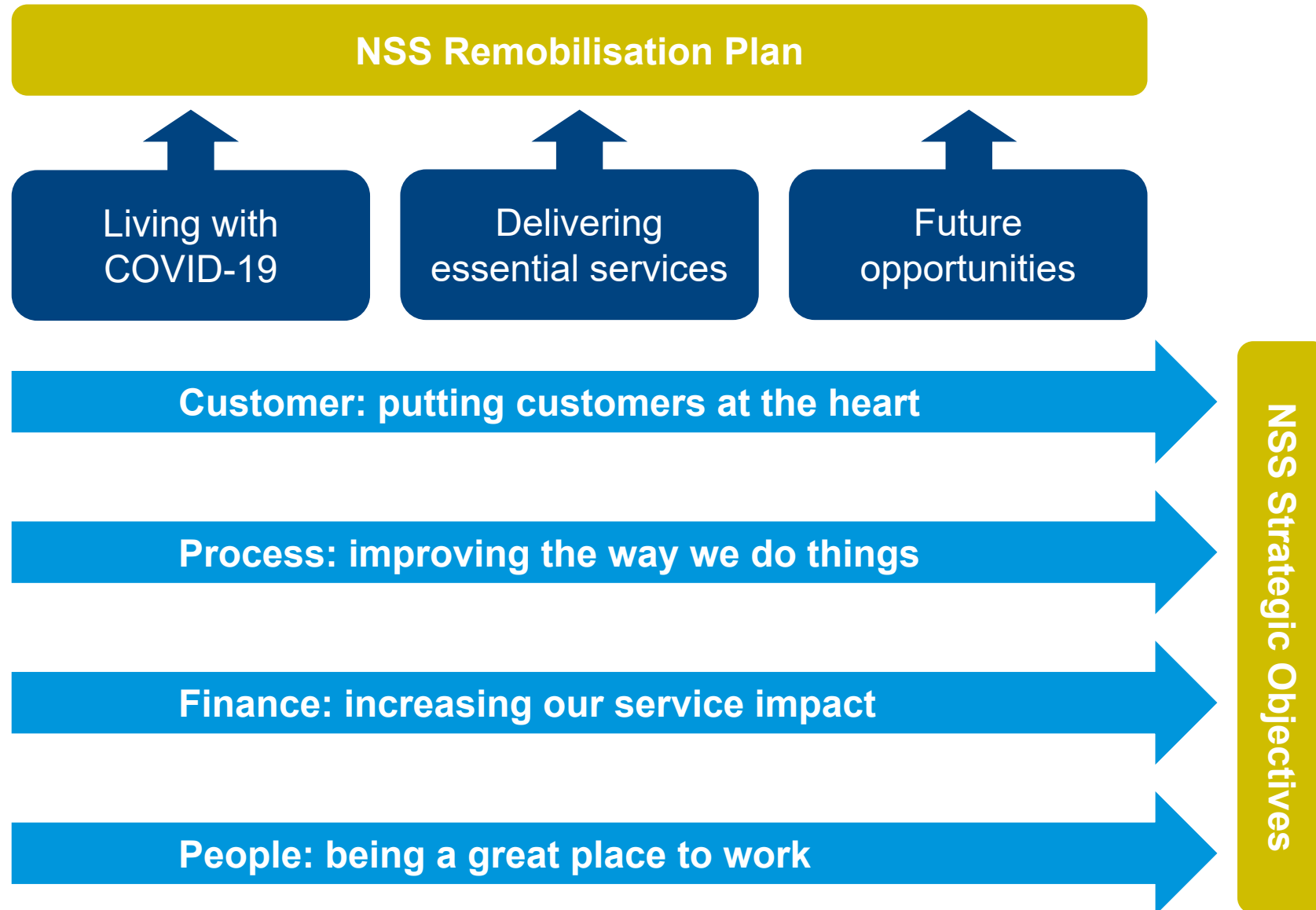
Critically, it more clearly links assurance with operational management and builds in a review layer to ensure organisational learning, service development and continuous improvement.

Supports all 3 lines of defence

Application of controls

| 1st Line | **SBU management** | Managed by the service with oversight from the SBU SMT. |

| 2nd Line | **NSS management** | Split into 2 parts:

a. Managed by the EMT and governance groups e.g. COG/PMG. Focus on detail and escalation.

b. Managed by the Board and its committees. Focus on key indicators + scrutiny and challenge. |

| 3rd Line | **Independent assurance** | Delivered by external auditors, along with demonstrating regulatory and legal compliance with scrutiny from the Board and its committees. |

NSS Board

NHS National Services Scotland

FY22 strategic goals and objectives

NHS National Services Scotland

NSS Remobilisation Plan

Living with COVID-19

Delivering essential services

Future opportunities

Customer: putting customers at the heart

Process: improving the way we do things

Finance: increasing our service impact

People: being a great place to work

NSS Strategic Objectives

Our FY22 focus is on delivering the NSS Remobilisation Plan and achieving a balanced scorecard across our strategic objectives.

Board reporting will focus on these 2 areas.
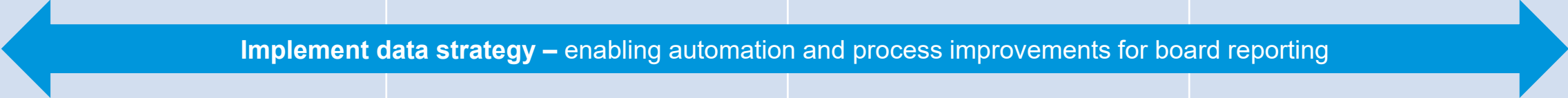
Formal board reporting principles

Our goal is to deliver a single reporting approach where one report can be used multiple times (once and for all). We have identified a number of principles to support the achievement of this goal.

- Reports will focus on key indicators and exceptions (under performance or by request from the Board or committee).

- Reports will generally cover the latest quarter, with more detailed performance reporting at mid-year and full-year.

- Reports will be available through an online dashboard and in offline formats for the public record.

- Reports will follow a new performance framework which will improve quality, uniformity and consistency of reporting.

- Statistical Process Control (SPC) charts will be used for reporting non-financial performance information.

- Alternative reporting methods will be used where SPC is not viable; and in line with the performance framework.

Delivering the framework

Activities being delivered in FY22 will help to establish the mechanisms for full board assurance. The Board will start to see these changes from the end of quarter 1 and a board development session will be used to support its introduction.

April-June 2021	July-September 2021	October-December 2021	January-March 2022
• **Approve Remobilisation Plan** Formal approval from Scottish Government and the NSS Board. • **Audit strategic objectives** Review of management, progress and reporting against two of the objectives. • **Launch performance dashboard** New set of online and offline reports aligned to assurance goal. • **Introduce performance framework and training** Creation of rules and standards for clear and consistent reporting, e.g. use of SPC, supported by training.	• **Undertake assurance mapping** Confirm assurance approach for each goal/objective by lines of defence. • **Launch risk register** Migration to Service Now and extended to cover all NSS risks. • **Extend use of framework** Roll out to 2 sub-committees (FPPC & ARC) and EMT.	• **Deliver integrated reporting** Agree an NSS approach for single reporting covering all aspects of performance reported to the Board and implement by Q3. • **Extend use of framework** Roll out to 2 sub-committees (SGC & CGC) and EMT governance groups (COG & PMG).	• **Fully implemented**

Implement data strategy – enabling automation and process improvements for board reporting

Directorate For Health Finance, Corporate Governance & Value
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Dear Colleague

NHS SCOTLAND HEALTH BOARDS AND SPECIAL HEALTH BOARDS - BLUEPRINT FOR GOOD GOVERNANCE

1.   I am writing to provide you with the Blueprint for Good Governance that has been developed for NHS Scotland and to set out the range of work now being undertaken to address the recommendations.

Background

2.   The Blueprint for Good Governance draws on current best practice to ensure all boards assess and develop their corporate governance systems. The matters considered by the Blueprint are consistent with the governance reviews undertaken in both NHS Highland and NHS Tayside as well as the work of Audit Scotland and the Scottish Parliament's Health and Sport Committee. The Blueprint is attached separately to this circular.

3.   Additional work to underpin improvements in governance is also being progressed through the Corporate Governance Steering Group (set out in Annex A). This work will look at: board governance; attraction and recruitment of board members; and retention and development of board members.

4.   A self assessment tool has also been developed to allow all boards to evaluate their current governance arrangements against the Blueprint. Access to this for all NHS Boards will be available in early February along with details on how the output of the assessment can be used locally.

Action

5.   All boards should make themselves familiar with the Blueprint and the range of work that is underway to develop corporate governance in NHS Scotland. Boards should also prepare to undertake a self assessment using an on-line tool being developed by NSS.

Yours sincerely

Christine McLaughlin
Director of Health Finance, Corporate Governance and Value

DL (2019) 02

1 February 2019

Addresses

For action
NHS Board Chairs

For information
NHS Board Chief Executives
NHS Board Secretaries

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Corporate Governance Steering Group

<u>Introduction</u>

It is necessary to ensure that the governance arrangements in NHS Scotland reflect good practice.

The Blueprint for Good Governance emphasises the importance of good corporate governance and describes how its adoption will help NHS Boards improve their corporate governance system. This means delivery of a consistent, effective and transparent governance approach across NHS Scotland.

<u>Steering Group</u>

To oversee the development and introduction of the Blueprint for Good Governance, a joint steering group has been established to provide the leadership, support and guidance necessary to take this initiative forward.

The Steering Group is jointly chaired by Christine McLaughlin, Director of Finance, Governance and Sustainability, Scottish Government and John Brown. Chair of NHS Greater Glasgow and Clyde.

The membership is as follows:

- John Brown, NHS Greater Glasgow and Clyde (Co-Chair)
- Christine McLaughlin, Scottish Government (Co-Chair)
- David Crichton, NHS Health Scotland
- Susan Douglas-Scott, Golden Jubilee Foundation Board
- Neena Mahal, NHS Lanarkshire
- Tricia Marwick, NHS Fife
- Tom Steele, Scottish Ambulance Service
- Robbie Pearson, Healthcare Improvement Scotland
- Mark White, NHS Greater Glasgow and Clyde
- Alan Payne, NHS Lothian
- Della Thomas, NHS Health Scotland
- Karen Kelly, Golden Jubilee Foundation Board
- Sharon Millar, NHS Education for Scotland
- Colin Brown, Scottish Government
- Jo Brown, Scottish Government
- Robert Kirkwood, Scottish Government

The Chair of the IJB Chairs Group is also being invited to join the Group.

<u>Progress to Date</u>

The Steering Group has prioritised determining the baseline position for the Boards' current governance systems. To take this forward a self-assessment survey is being prepared, which reflects the NHS Scotland Blueprint for Good Governance.

A prototype of the self-assessment survey was initially undertaken in NHS Greater Glasgow and Clyde in October 2018 and has been further refined following a pilot in NHS Lanarkshire. This will issue to all Boards in February 2019.

In addition to completing the survey, Boards will be expected to hold a development session to discuss the survey results and identify actions that they will take forward in accordance with the Blueprint for Good Governance. This will then form the basis of a report to their Board on the effectiveness of the existing corporate governance system.

The following timetable should be followed:

- Following receipt of the final version of the survey tool, all Boards will be asked to complete the baseline survey in February 2019.

- Boards will hold their development event on the survey output and develop an appropriate action plan by the end of March 2019.

- This should enable a report on the outcome of the self-assessment to be published and discussed by the Boards at their meetings in April 2019.

This local self-assessment work will also be incorporated into the broader range of tasks being taken forward by the joint steering group. This work will be progressed under 3 related streams:

Governance – looking at the governance systems that are currently in place across all NHS Boards, including committee structures, production of Board papers and the approach to the management of risk.

Attraction and Recruitment – how the NHS can attract high quality, diverse, candidates to the role of a non-executive director and the importance of values around the board table.

Retention and Development – looking at the package of induction, development and appraisal of those on NHS Boards and how we ensure Boards have the right mix of ability, skills and experience around the Board table both now and for the future.

A Blueprint for Good Governance

Foreword

NHS Boards across the UK operate in an increasingly demanding environment. The impact of demographic change and the growth in long term health conditions bring their own challenges at a time of financial constraint.

Good governance is essential in addressing the challenges the public sector faces and providing high quality, safe, sustainable health and social care services depends on NHS Boards developing robust, accountable and transparent corporate governance systems.

Governance issues are increasing in the public sector, as is the public interest in governance problems being experienced by public bodies.
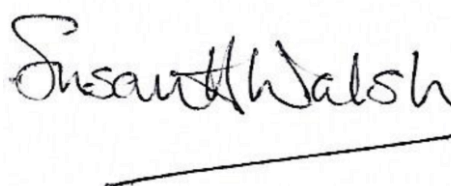
The Scottish Government and the NHS Chairs Group have recognised the need to ensure that the governance arrangements in NHS Scotland keep pace with the changing policy and financial environment. The changes in how services are delivered and who is responsible for delivery as a result of health and social care integration also need to be considered. In response to this challenge, the Scottish Government commissioned a review of best practice in corporate governance with the aim of providing a blueprint for an effective corporate governance system that could be adopted across NHS Scotland.

This document emphasises the importance of good corporate governance, introduces a refreshed corporate governance blueprint and describes how adopting this blueprint can help NHS Boards improve their corporate governance system and deliver a consistent and transparent governance approach.

We would like to thank all those in the Scottish Government, NHS Scotland and the other public and private sector organisations who have contributed to this review into best practice in corporate governance. We are also grateful to NHS Highland and NHS Tayside for providing an opportunity to test the application of the corporate governance blueprint in a live environment. This has given us confidence that the approach described in this report has the potential to improve corporate governance across NHS Scotland.

John Brown CBE
NHS Greater Glasgow and Clyde
NHS Tayside

Susan Walsh OBE
Health Improvement Scotland

Foreward

Contents

1. Introduction

The Review

1.1 The purpose of this report is to provide the Scottish Government and the NHS Chairs Group with the findings of the latest review of best practice in corporate governance and includes details of a refreshed corporate governance blueprint for NHS Scotland.

1.2 The scope of this review did not include the governance arrangements of the integrated health and social care system or the delivery of the national and regional planning initiatives being developed to deliver the NHS Scotland Health and Social Care Delivery Plan. These issues are key to the success of the Delivery Plan and are the subject of other initiatives currently being taken forward by NHS Scotland, working in partnership with COSLA as appropriate.

1.3 As the principles and framework that the governance blueprint offers can equally be applied to the Integration Joint Boards and the arrangement currently being developed to implement regional service planning, this report will be shared with colleagues considering those challenges.

Describing Corporate Governance

1.4 The UK Corporate Governance Code defines corporate governance as the system by which organisations are directed and controlled.

1.5 While this definition remains relevant today, the Independent Commission on Good Governance in Public Services emphasised that effective governance also leads to good management, good performance, good stewardship of public money, good public engagement and ultimately good outcomes.

1.6 The Commission also stated that weak or ineffective governance fosters low morale and adversarial relationships that lead to poor performance or even, ultimately, to dysfunctional organisations. Therefore, effective governance is essential in addressing the challenges the NHS faces in Scotland.

1.7 The purpose of corporate governance is to facilitate effective, innovative and prudent management that can deliver the long–term success of the organisation.

1.8 In the NHS corporate governance includes not only financial, staff and information governance but also clinical and care governance and the governance of clinical education and training.

1.9 Corporate governance is about what the Board does and should be distinguished from the day-to-day operational management of the organisation by the Executive Leadership Team. A good governance system helps individuals avoid the tension and conflict that can arise in an organisation where these boundaries are not clear.

1.10   Corporate governance involves setting strategic aims; holding the executive to account for the delivery of those aims; determining the level of risk the Board is willing to accept; influencing the organisation's culture; and reporting to stakeholders on their stewardship.

Leadership and Corporate Governance

1.11   When considering the importance of good governance, and the place of the Board in achieving this, it is important to acknowledge that securing high quality, effective and efficient organisational performance also relies on the leadership skills of Board Members and members of the Executive Team.

1.12   If the NHS is to achieve the ambitions of the Scottish Government, then work on developing leadership capability and capacity must be carried out in parallel to work on enhancing governance. This work is being taken forward by NHS Education Scotland and includes initiatives on Board leadership, executive leadership and clinical leadership.

2. The Corporate Governance Blueprint

Constructing the Blueprint

2.1 To construct a blueprint that clearly defines an effective corporate governance system, the review team considered multiple sources of evidence, including governance frameworks, models and codes of conduct, such as that of the Care Inspectorate, CIPFA and the UK Corporate Governance Code.

2.2 The NHS Chairs Group's Quality Portfolio Committee's work and publications on improving Board effectiveness were also considered in the construction of the blueprint. As was the Scottish Parliament Health and Sport Committee's review of the governance of the NHS in Scotland.

2.3 The review team also systematically sourced academic literature and grey literature, for example, Parliamentary Audit Committee Reports from both the UK and Scottish Parliaments and other governance codes. A list of the research material examined by the review team is included as **Appendix One**.

2.4 Finally, the team also looked at other lessons learned from positive governance initiatives and failures across the UK public sector.

Using the Blueprint

2.5 By creating a corporate governance blueprint for NHS Scotland, the review team expect to not only create a shared vision of what a good governance system looks like but also to support the following activities:

- Setting standards for corporate governance in NHS Scotland by defining the functions, enablers and support required of an effective governance system.

- Contributing to the development of the policies and processes required by the Scottish Government's Public Appointments Team by describing the skills, experience and diversity required by NHS Board Members to deliver the corporate governance functions.

- Improving the induction training, targeted education and the development activities available to Board Members by highlighting the skills required to deliver their roles and responsibilities.

- Supporting the Board in holding the NHS executive leadership to account by providing a template for the design of assurance information systems.

- Ensuring administration arrangements effectively support the operation of the governance system by describing the Board's expectations of the Board Administrator and their support team.

- Facilitating the performance appraisal of Board Members by clearly describing their roles and responsibilities and the values and standard of behaviours expected of them, individually and collectively.

Ownership of the Blueprint

2.6   Ownership of the corporate governance blueprint rests with the Cabinet Secretary for Health & Sport, the Scottish Government and the NHS Scotland Chairs Group. To discharge this responsibility, a forum is required to provide the necessary leadership, support and guidance to the development of NHS Scotland's approach to corporate governance. The terms of reference and membership of this steering group have still to be finalised but they should include the following remit:

-       To set the standards for corporate governance in NHS Scotland by approving the framework and blueprint to be applied across all 22 NHS Boards. The blueprint will define the functions, enablers and support required of an effective governance system.

-       To input to the development of the policies and processes required by the Scottish Government's Public Appointments Team to ensure NHS Boards have the appropriate skills, experience and diversity to deliver their functions.

-       To commission and approve the induction and skills training and the development activities required to support Board Members in delivering their roles and responsibilities.

-       To commission and approve an appropriate assurance information system to support Boards in holding the NHS executive leadership to account. This to include introducing national systems to report on service delivery, human resources, finance and risk.

-       To oversee the arrangements for the procurement, delivery and evaluation of the Internal and External Audit services being delivered to NHS Boards.

-       To commission and approve effective administration arrangements for NHS Boards, including templates for Standing Instructions, Schemes of Delegation, Sub-Committee Terms of Reference, etc.

-       To agree the Non-Executive resources required to deliver the governance functions and recommend the appropriate level of remuneration for the variety of Non-Executive roles across NHS Scotland.

-       To determine and roll out an effective performance appraisal system for Board Members that reflects the functions and roles described in the governance blueprint.

-       To determine and roll out an appropriate system for reviewing Board effectiveness, including annual self-assessments by Boards and external validation of these assessments at regular intervals.

-       To commission and approve written guidance on corporate governance arrangements in NHS Scotland.

- To advise and support NHS Scotland colleagues in discussions with COSLA concerning the development of more effective governance arrangements for the integrated health and social care system in Scotland.

- To oversee the conduct of any external, ad-hoc reviews of NHS Boards; ensuring lessons learned are shared across other Boards as appropriate.

- To engage with key stakeholders to ensure that NHS Scotland arrangements continuously improve and reflect best practice in corporate governance in the public sector.

- To promote and share the NHS Scotland approach to colleagues in other parts of the public sector.

The Model

2.7   The corporate governance blueprint developed by the review team describes a three-tiered model that defines the functions of a governance system, the enablers and the support required to effectively deliver those functions.
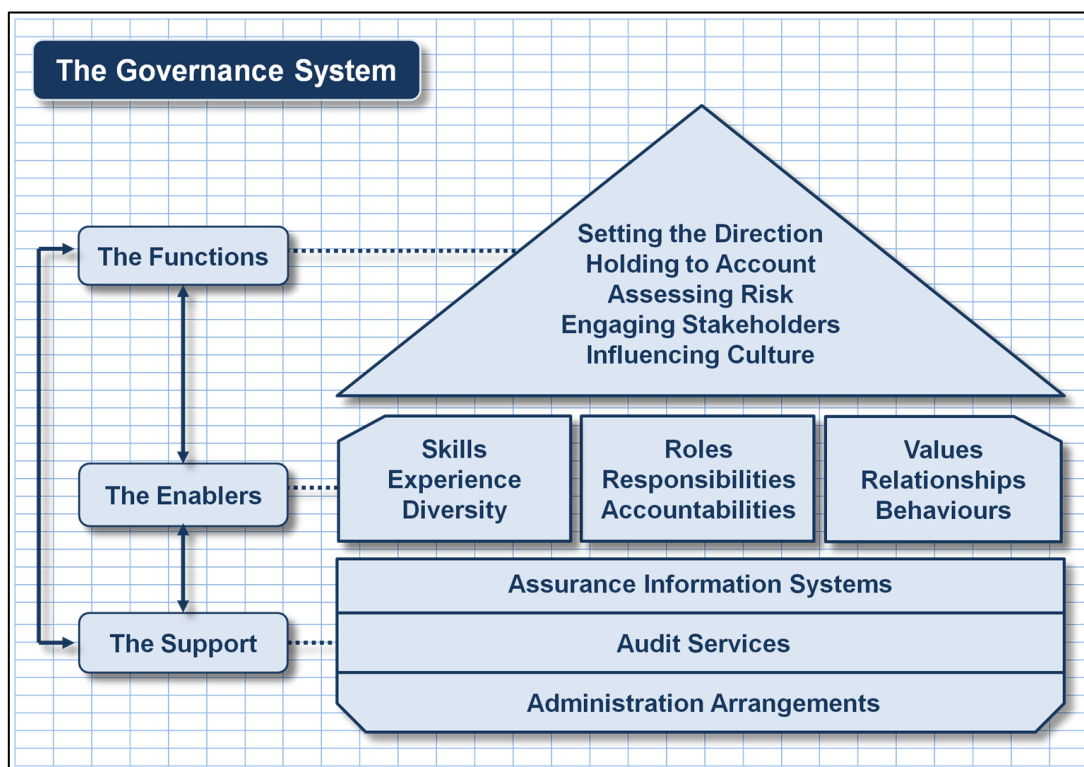
2.8   What distinguishes this model from other governance models is its clear acknowledgement of the importance of how the Board approaches the achievement of its strategic aims and objectives as well as its focus on performance and outcomes. Although the model is presented as three distinct sections, they are in reality inter-dependent.

2.9   As the values, attitudes and behaviours that individuals demonstrate through their work as Board Members and Executive Team members play a major part in influencing the organisation's culture and ethos, we contend that having positive values, attitudes and behaviours underpin Board success.

The Functions

2.10   The detailed version of the blueprint defines the functions of a corporate governance system as:

-       Setting the direction, clarifying priorities and defining expectations.

-       Holding the Executive Leadership Team to account and seeking assurance that the organisation is being effectively managed.

-       Managing risks to the quality, delivery and sustainability of services.

-       Engaging with stakeholders.

-       Influencing the Board's and the organisation's culture.

The Enablers

2.11   The enablers identified in the blueprint are:

-       Acquiring and retaining the necessary skills, experience and diversity at Board level.

-       Defining clear roles, responsibilities and accountabilities for the Board Members and the Executive Leadership Team.

-       Creating relationships and conducting business in line with agreed values and standards of behaviour.

The Support

2.12   The blueprint also identifies three categories of the support required for effective governance:

-       Assurance information systems that help the Board to hold the Executive Leadership Team to account.

-       Audit services that provide the Board with independent assurance.

-       Administration arrangements that ensure the smooth operation of the Board and its sub-committees.

3. Delivering the Functions

Setting the Direction

3.1   To set the direction the NHS Board should:

-     Provide leadership, support and guidance to the organisation, including determining the organisation's purpose and ambition.

-     Approve the strategies and plans to deliver the policies and priorities of the Cabinet Secretary for Health and Sport and the Scottish Government.

-     Allocate the budgets and approve the capital investments required to deliver strategic and operational plans.

-     Agree aims, objectives, standards and targets for service delivery in line with the Scottish Government's priorities.

Holding to Account

3.2   In order to hold the Executive Leadership Team to account the Board should:

-     Monitor, scrutinise, challenge and then, if satisfied, support the Executive Leadership Team's management of the organisation's activities in order to ensure that the organisation's aims, objectives, performance standards and targets are met.

-     Safeguard and account for public money to ensure resources are used in accordance with Best Value principles.

-     Ensure compliance with the requirements of relevant regulations or regulators.

-     Ensure the application and implementation of fair and equitable systems of pay and performance management for the Executive Leadership Team.

-     Ensure continuous improvement is embedded in all aspects of service delivery, identifying system failures and receiving assurances of remediation action.

Assessing Risk

3.3   Assessing risk requires that the Board should:

-     Agree the organisation's risk appetite.

-     Approve risk management strategies and ensure they are communicated to the organisation's staff.

- Identify current and future corporate, clinical, legislative, financial and reputational risks.

- Oversee an effective risk management system that assesses level of risk, identifies mitigation and provides assurance that risk is being effectively treated, tolerated or eliminated.

Engaging Stakeholders

3.4 To effectively engage with its stakeholders the Board should:

- Involve stakeholders in the development of policies and the setting of priorities.

- Take into account the views of stakeholders when designing services.

- Ensure priorities are clear, well communicated and understood by all stakeholders, including staff, service users and the general public.

- Establish and maintain public confidence in the organisation as a public body.

- Report on stewardship and performance and publish an Annual Report and Accounts.

- Contribute to the development of Scottish Government policies.

Influencing Culture

3.5 To influence the organisation's culture the Board should:

- Determine and promote shared values that underpin policy and behaviours throughout the organisation.

- Demonstrate the organisation's values and exemplify effective governance through Board Members' individual behaviours.

- Develop a cultural blueprint consistent with the organisation's purpose and ambition that describes an organisation where:

    - People are treated fairly, with respect and valued for their individual differences.

    - People are clear about their objectives and are sufficiently challenged.

    - People have an input to how they deliver their responsibilities and are involved in relevant decisions that affect their work.

- People are well informed and get the right information, at the right time, delivered in the right way.

- People receive the right training at the right time.

- Encourage a leadership approach where:

    - Leaders are sufficiently visible and give a clear sense of purpose and ambition.

    - Leaders help people understand how they contribute to achieving the Board's purpose and ambition.

    - Leaders recognise good performance and deal with poor performance.

    - Leaders encourage people to challenge and look for ways to improve performance.

    - Leaders help people identify and make best use of development and career opportunities.

4. Describing the Enablers

Skills, Experience and Diversity

4.1 Research has shown that Boards require a common set of competences and experience in order to discharge the minimum level of their responsibilities. Clearly having a highly skilled and diverse Board membership, with rich life and work experience would be preferable and beneficial; however, not every member of the Board will require every skill or experience. It is the responsibility of the Chair to ensure across the Board, all necessary skills, experience and diversity are present. This includes determining the Board's requirements during recruitment and the on-going development of the skills of existing Board Members.

4.2 The principles and personal attributes that individuals bring to the Board are as important as their skills and knowledge. These qualities enable Board Members to use their skills and knowledge to function well as part of a team and to make an active contribution to effective governance. The personal attributes that are required to ensure Board Members add value to the Board include being:

- **Committed** - able to devote the required time and energy to the role and being ambitious to achieve best possible outcomes for patients and service users.

- **Confident** - demonstrating an independence of mind, be able to lead and contribute to constructive conversations, to express their opinion and to play an active role on the Board.

- **Critical** - valuing their role as critical friend which enables challenge and support, self-reflection and the pursuit of learning and development opportunities to improve their own and whole Board effectiveness.

- **Creative** - able to challenge conventional wisdom and be open-minded about new approaches to problem-solving; recognising the value of innovation and creative thinking to organisational development and success.

Skills

4.3 To effectively operate an effective governance system Board Members should have the following skills:

- The insight into the organisation and an awareness of its operating environment.

- The capacity to question and challenge constructively.

- The ability to analyse and review complex issues, weighing up conflicting opinions and making evidence-based, well-informed and risk-assessed decisions.

- The interpersonal skills to communicate and engage with a wide range of organisations and individuals.

- The confidence and self-awareness to Chair, or participate as a member of, key committees that support corporate governance.

Board Membership should collectively cover all of these areas and where there are gaps these should be filled by alternative means.

Experience

4.4 Board Members should have experience gained in the public, private, third or voluntary sectors of some of the following:

- Leadership

- Strategic planning

- Change management

- Operations management

- Financial management

- Risk management

- Patient/service user experience

- Procurement
- Capital investment

- Human Resources management

- Customer relationship management

- Digital/Information Technology

- Media and communications

- Legal issues

- Equality and diversity issues

Diversity

4.5   Whilst Board Members do not represent any particular group, it is advantageous to secure a diverse range of people to join Boards. Diversity has been demonstrated as bringing many benefits to Boards. Boards should therefore actively pursue widening access and inclusion initiatives to bring greater diversity to their membership and encourage applications from a wide range of talented people irrespective of their religion or belief, gender, age, gender identity, disability, sexual orientation, ethnic origin, political belief, relationship status or caring responsibilities.

4.6   Applications should be particularly welcomed from groups currently under-represented on Scotland's public bodies, such as women, disabled people, those from minority ethnic communities, and people aged under 50. Boards should also be mindful of the Gender Representation on Public Boards (Scotland) Act 2018 which describes the 'gender representation objective' for a public board as having 50% of Non-Executive members who are women.

Roles, Responsibilities and Accountabilities

4.7   There should be clarity and a common understanding of the roles and responsibilities and accountability of the groups and individuals involved in the corporate governance system, namely:

The Chair

4.8   The Chair is personally responsible for:

-    Leadership of the Board, ensuring that it effectively delivers its functions in accordance with the organisation's corporate governance arrangements.

-    Appointing Board Members to Standing Committees, Integration Joint Boards and other roles within the NHS Board and partner organisations.

-    Keeping the organisation's governance arrangements and the Board's effectiveness under review.

-    Setting the agenda, format and tone of Board activities to promote effective decision making and constructive debate.

-    Developing the capability and capacity of the Board by advising on the appointment of Board Members; appraisal and reporting on their performance; identifying appropriate training and development opportunities; and ensuring effective succession planning is in place.

-    Providing performance management and development opportunities for the Chief Executive.

-    Representing the organisation in links with Ministers, the Scottish Parliament and other key stakeholders. (Dual responsibility with the Chief Executive.)

The Vice Chair

4.9   In addition to that of a normal Board Member, the role of the Vice Chair to:

-       Deputise for the Chair as required in any of his/her duties.

-       Chair key Committees.

-       Provide support and assistance to the Chair in carrying out his/her responsibilities.

-       Act as a 'sounding board' and 'critical friend' to the Chair, Board Members and members of the Executive Team.

-       Provide an alternative route for other Board Members to raise issues or concerns if they are unable to do so with the Chair. This is an important part of the checks and balances within governance and accountability and is analogous to the role of Senior Independent Governor recommended in the UK Code of Corporate Governance.

The Board Members

4.10   Board Members are personally responsible for:

-       Ensuring the Board keeps focus on developing and maintaining its strategic direction in order to deliver the Scottish Government's policies and priorities.

-       Providing effective scrutiny, challenge, support and advice to the Executive Leadership Team on the delivery of the organisation's aims, objectives, standards and targets.

-       Contributing to the identification and management of strategic and operational risks.

-       Bringing independence, external perspectives and impartial judgement to the business of the Board to support evidence-based, well-informed and risk-assessed decision making at Board meetings.

-       Upholding the highest standards of integrity and probity and acting in accordance with the principle of collective and corporate responsibility for Board decisions. (No member is appointed on a representative basis for any body or group.)

-       Undertaking ongoing personal development activities.

-       Understanding and promoting diversity and equality.

-       Engaging with stakeholders, including service users, the public, managers and staff.

In addition to discharging the above responsibilities, Board Members may also be required to support the business of the Board by chairing committees and meetings.

These responsibilities apply to all Board Members, including Non-Executive, Executive and Stakeholder Members.

The Chief Executive

4.11 In addition to their responsibilities as a Board Member, the Chief Executive is personally responsible for:

- Developing the policies, strategies and plans required to deliver the organisation's purpose and ambition.

- Building the organisational capability and capacity necessary to deliver the agreed outcomes and objectives.

- Leadership of change where required to improve services, including development of joint working with other organisation involved in the delivery of health and social care on a local, regional and national basis.

- Leadership and day-to-day management of the organisation and its staff, ensuring the Board's decisions are implemented and the organisation's aims, objectives, standards and targets are met.

- Proper management of public funds and for ensuring the regularity, propriety and value for money in the management of the organisation. Accountability for this function is directly to the Scottish Parliament under Section 15 of the Public Finance and Accountability (Scotland) Act 2000.

- Introducing an appropriate management structure and recruiting, training and developing an Executive Leadership Team that will deliver an appropriate and effective leadership and management approach for the organisation.

- Representing the organisation in links with Ministers, the Scottish Parliament and other key stakeholders. (Dual responsibility with the Chair.)

The Executive Leadership Team

4.12 Members of the Executive Leadership Team are personally responsible for:

- Providing advice and support to the Board to assist in the development of strategies and policies to deliver the Scottish Government's priorities.

- Developing strategic and operational delivery plans and processes to implement the Board's decisions.

- Monitoring progress towards aims, objectives, performance standards and targets for service delivery and providing the Board with appropriate information on performance, expenditure, issues, risks and successes.

- Developing the organisation's capability and capacity to meet the Board's current and future expectations.

The Board Secretary

4.13 The Board Secretary is personally responsible for:

- Leading the continuous development and implementation of the Board's corporate governance system, providing expert advice and support to the Chair, Chief Executive, Board Members and other stakeholders on governance matters as required.

- Providing advice and guidance to ensure the Board acts within its legal authority and statutory powers and that its Members comply with the Ethical Standards in Public Life (Scotland) Act (2000) and the Model Code of Conduct for Members of Devolved Public Bodies (2014).

- Ensuring that Board business is conducted in a spirit of openness and transparency.

- Managing the administrative and secretarial support to the Board and other appropriate governance Committees to deliver effective administration support to Board business.

- Providing personal support and guidance to the Chair and Chief Executive and managing the business of their private office, including the handling of Parliamentary Questions and enquiries from Ministers and other elected representatives.

Values, Relationships and Behaviours

4.14 Board Members should consider what is expected of them individually and collectively in terms of demonstrating the values, conducting the relationships and demonstrating the behaviours expected of a NHS Board.

Values

4.15 Board Members are expected to demonstrate and uphold the core values of NHS Scotland, as published in the 2020 Workforce Vision Everyone Matters in June 2013. These values are:

- Care and compassion.

- Dignity and respect.

- Openness, honesty and responsibility.

- Quality and teamwork.

Behaviours

4.16 The standards of behaviour expected from Board Members are laid down in the Model Code of Conduct for Members of Devolved Public Bodies (2014). This document describes the key principles underpinning public life in Scotland as:

- Duty.

- Selflessness.

- Integrity.

- Objectivity.

- Accountability and stewardship.

- Openness.

- Honesty.

- Leadership.

- Respect.

4.17 Board Members must also comply with the Board's rules regarding remuneration; allowances; expenses; gifts and hospitality; lobbying; registration of interests; and the confidentiality of information.

Relationships

4.18 Board Members should apply the values of NHS Scotland and the principles of the Model Code of Conduct for Members of Devolved Public Bodies to their dealings with fellow members of the Board, its employees and other stakeholders.

4.19 Board Members should also observe the principles of this Model Code in dealings with the public when performing duties as a member of the Board.

4.20 Board Members must respect the Chair, colleagues and management and staff in meetings and comply with rulings from the Chair in the conduct of the business of Board meetings.

5. Providing the Support

5.1 To support the Board in delivering good governance, the organisation needs to provide suitable assurance information systems, effective audit services and efficient administrative arrangements.

Assurance Information Systems

5.2 The Board should commission assurance information systems that deliver the necessary information to assist them in obtaining assurance on the delivery of the organisation's strategic, operational and financial plans.

5.3 The assurance information systems should be designed to provide frequent and informative performance and financial reports to assure the Board that it is delivering safe, accessible, quality, affordable and sustainable services. These systems should deliver relevant, accurate and timely information on:

- Performance Management.

- Quality Management.

- Financial Management.

- Human Resource Management.

- Change Management.

- Risk Management.

- Information Management.

5.4 The assurance information systems should also measure the organisation's performance by benchmarking results against those of similar organisations.

Audit Services

5.5 The corporate governance system includes the audit services required to provide the Board and key stakeholders with assurance that the system of internal controls is functioning as intended.

Internal Audit

5.6 The role of the internal audit team should include:

- Reviewing accounting and internal control systems.

- Reviewing the economy efficiency and effectiveness of operations.

- Assisting with the identification of significant risks.

- Examining financial and operating information.

- Special investigations.

- Reviewing compliance with legislation and other external regulations.

To ensure that internal audit is an independent objective assurance activity, the Board should ensure that the internal auditors are independent of executive management and should not have any involvement in the operations or systems they audit. The Head of Internal Audit should report directly to the Audit Committee and the Chief Executive, but also have direct access to the Board Chair.

External Audit

5.7 Boards employ external auditors primarily to give an independent opinion on the annual report and accounts. The role of the external auditors also includes reviewing and reporting on the arrangements within NHS Boards to manage their performance, regularity and use of resources such as money, staff and assets. In doing this, external auditors add value by supporting improvement and accountability

Audit Committee

5.8 The Board's Audit Committee has a key role in ensuring the effectiveness of the internal audit functions including:

- Overseeing the selection process for new internal auditors.

- Reviewing and agreeing the annual internal audit work plan.

- Ensuring recommendations are actioned by the Executive Leadership Team.

- Disseminating audit reports to the relevant Board Committees.

- Encouraging the use of audit reports as improvement tools.

- Monitoring and assessing the effectiveness of the audit team.

- Approving the appointment and termination of the Head of Internal Audit.

The Audit Committee is also responsible for oversight of the Board's relations with the external auditors, including reviewing the scope of the annual audit plan.

Administration Arrangements

5.9   The administration arrangements required to support the Boards consist of:

-       Development of a strategic planning cycle that clearly indicates where the Board is involved in considering options, debating risk, giving approval and thereafter in monitoring delivery of the Board's strategic plans.

-       An integrated annual work programme and coordinated timetable for Board meetings, Board seminars and Committee meetings. This programme should not only ensure that strategic planning is co-ordinated and the appropriate level of scrutiny is delivered, but also that decisions are taken in a logical sequence.

-       A standard template and guidance on writing papers and reports, including setting the requirements for financial assessment and risk assessment of the impact of options presented to the Board.

-       Secretariat support for meetings.

6.   Assessing Effectiveness

6.1   In order to assess the effectiveness of a corporate governance system and report appropriately, it is important to have a consistent and systematic approach to assessing the Board's current arrangements.

6.2   Using the corporate governance blueprint to support the systematic audit of the current status of the functions, enablers and systems that make up the governance system will ensure that the criteria against which an assessment is being made is valid, reliable and transparent and that it represents best practice in corporate governance.

Self-assessment

6.3   The Board should annually assess the effectiveness of the corporate governance system, conducting a self-assessment to review progress with the development plan and identify any new and emerging issues or concerns.

6.4   Therefore the self-assessment questionnaire used by NHS Boards should be drafted to include questions on the delivery of the functions, enablers and support described in the corporate governance blueprint.

Independent Reviews

6.5   The self-assessment should be validated and enhanced by the Board commissioning a tri-annual independent review of their corporate governance system.

6.6   The approach recommended for independent reviews involves using the governance blueprint to structure and facilitate the external review, is qualitative in nature and involves three strands:

-    Initial desk research exercise to consider relevant NHS Board documents.

-    Face-to-face interviews with Board Members and members of the Executive Leadership Team using a semi-structured interview technique based on the corporate governance blueprint described above. These interviews should be conducted under Chatham House Rules and ensure all aspects of the governance system are discussed whilst still allowing interviewees to contribute their personal insights into the effectiveness of corporate governance.

-    Observation of Board and Standing Committee meetings.

6.7   This approach not only allows the external review to triangulate data and strengthen the validity of findings but also is designed to not place undue pressures on busy NHS Boards and Executive Leadership Teams, nor require duplication of activity with other assurance frameworks.

6.8   Once all the evidence gathering and assessment stages have been completed, any recommendations for improvement in the delivery of the governance functions can then be described in terms of developments to the enablers and systems in the governance blueprint. A development plan can then be agreed to prioritise and deliver any actions necessary to meet these development needs, with scheduled reporting on progress to the NHS Board and the Scottish Government.

6.9   Recognising that governance is a system which extends beyond the immediate corporate Board, the views of key stakeholders (including the Scottish Government) should also be gathered by the review team.

6.10   Self-evaluation and tri-annual independent review should be supported by ad hoc thematic reviews of areas identified by the Board, for example, where governance issues have been identified in other sectors.

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NHS Board Chairs

cc NHS Board Chief Executives
cc Corporate Governance Steering Group

via email

17th July, 2020

Dear Colleague

Active Governance

Further to recent discussions at the NHS Board Chairs and Chief Executives Groups (respectively), we are writing to inform you of the work now formally underway to develop 'active governance' in NHS Boards in Scotland. The Cabinet Secretary has made clear that she expects this work to proceed with pace. She asked that it be led from the NHS Scotland Corporate Governance Steering Group. In doing this work, we want to link to the broader work currently underway to re-commence full governance arrangements following the recent need to run lighter governance structures in support of our response to Covid.

The work on Active Governance will comprise two substantive and linked components. Firstly, the development of an assurance information system which was described at paragraphs 5.2 to 5.4 in the NHS Scotland Blueprint for Good Governance issued under DL(2019)02 on 1 February 2019. Such an approach is described as ensuring NHS Boards have the necessary information to assist them in obtaining assurance on the delivery of the organisation's strategic, operational and financial plans and that it is possible to measure the organisation's performance by benchmarking results against those of similar organisations.

Secondly, to design and deliver a development programme for Board members to ensure that they can engage with the information, make informed assessments for assurance purposes and anticipate and identify substantive issues which could detrimentally affect the organisation's culture, performance and reputation. This requires NHS Boards to have not only a clear and accurate picture of what is happening within the organisation at a given point in time, but also have regard to the wider strategic and policy context in which the Board operates. A key driver behind this approach is that Boards are able to develop earlier and more acute awareness and understanding of information from a range of sources such that Boards can rapidly identify, escalate and manage issues which otherwise might not be seen or understood.

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Accordingly, this work should be seen as part of the implementation of the NHS Scotland Blueprint for Good Governance and in complete alignment with the expectations of DL(2019)02 rather than work which is separate or additional to that. On this basis it is appropriate that it is overseen by the Corporate Governance Steering Group and planned and delivered by a small project board and delivery team comprising colleagues from HIS, NES and ISD and led by a project manager.

It is our intention to now lead Boards to a "Once for Scotland" governance model that will deliver a consistent, coherent and cohesive approach on governance across all Boards, an approach which was endorsed in the recent letter on Re-mobilisation which was sent to Boards by Christine McLaughlin. This will cover areas such as procedures, templates and committee structures. Much of that work has already been carried out, or is underway, by the Corporate Goverenance Steering Group.

It is expected that NHS Boards recognise the imperative which comes from the Cabinet Secretary for an 'active governance' approach and the importance of incorporating this into work to align governance structures and processes across NHS Scotland. Further information is provided in the Project Initiation Document which will was agreed by the Corporate Governance Steering Group at its meeting on 10th July.

Yours sincerely

Richard McCallum
Co-Chair, Corporate Governance Steering Group
Interim Director, Health Finance and Governance, Health and Social Care Directorates

John Brown
Co-Chair, Corporate Governance Steering Group
Chair, NHS Greater Glasgow and Clyde

NHS NATIONAL SERVICES SCOTLAND

CORPORATE GOVERNANCE BLUEPRINT

REVIEW OF NSS GOVERNANCE 2019

Author: Karen Nicholls, Acting Board Secretary, March 2019

Version: 1.0

NSS GOVERNANCE SELF-ASSESSMENT AND DESKTOP RESEARCH REPORT 2019

1. <u>**Introduction**</u>

Corporate Governance is the system by which organisations are directed and controlled. In the public sector, the Government's role in governance is to appoint the Board and to satisfy themselves that an appropriate governance structure and audit regime is in place. As a result of a review carried out by NHS Highland in 2018, all NHS Boards must now carry out a self-assessment on their governance structures and provide an action plan for improvement to government by 31 March 2019.

It is essential that all Boards provide high quality, safe and sustainable health and social care services and that NSS ensures that all services provide the best value and full transparency of their actions, to the people of Scotland.

The purpose of this report, and self-assessment, is to identify any potential actions which the Chair of NSS could take to strengthen the Board's governance system.

2. <u>**Methodology**</u>

NSS carried out a desktop based review of Governance, and took into account the results of the Board diagnostic tool carried out in 2018, as well as a qualitative self-assessment questionnaire completed by both Non-Executive Directors and the NSS Executive Management Team. Further research was carried out to identify current governance of NSS Board and Sub-Committees and Appendix A references the documents and templates on which the review was based. A further Corporate Governance on-line questionnaire was completed by Board Members and the results included in the research.

The '*Blueprint for Good Governance'* (Appendix B) detailed the areas that the review should focus on and the research was therefore carried out against the following criteria:

The Functions

- Setting the direction, clarifying priorities and defining expectations.
- Holding the Executive Leadership Team to account and seeking assurance that the organisation is being effectively managed.
- Managing risks to the quality, delivery and sustainability of services.
- Engaging with stakeholders.
- Influencing the Board's and the organisation's culture.

The Enablers

- Acquiring and retaining the necessary skills, experience and diversity at Board level.
- Defining clear roles, responsibilities and accountabilities for the Board Members and the Executive Management Team.
- Creating relationships and conducting business in line with agreed values and standards of behaviour.

The Support

- Assurance information systems that help the Board to hold the Executive Management Team to account.
- Audit services that provide the Board with independent assurance.
- Administration arrangements that ensure the smooth operation of the Board and its sub-committees.

3. **Data Gathering (desktop research)**

A review of templates and reporting standards for all items provided to the Board and Executive Management Team were collated and reviewed (Appendix A) and recommendations for improvement were identified and detailed in *Section 5* of this report. It was recognised that an improvement action plan had already been completed based on the results of the NSS Board Diagnostic Tool findings from 2018 (Appendix B).

A full Board development session was held on 1st March 2019 and focused on the following three areas that had been identified through the desktop research. These were:

- Corporate Governance Blueprint – *focusing on ensuring NSS aligns with the requirements of the blueprint and what should be included in the Action Plan.*
  .
- The flow of data in NSS – *the lifecycle of reporting* to Board and Sub-Committees – what, when and how information is generated.

- Options for a Digital Future – how the Board could work differently and reduce reliance on paper reports.

The outcomes from this session are available in Appendix C.

It should also be noted that since the original Board diagnostic tool assessment, the relationships between NSS and a variety of stakeholders have changed significantly. NSS has moved from being a supplier to individual Boards to an organisation of choice to provide national solutions, especially in times of difficulty, for example the issues of clinical waste, Brexit. This change should be part of the focus of any action plan designed around the results of all the research carried out.

4. **Self-Assessment**

A short questionnaire was provided to the Board and Executive Management Team for completion (Appendix D) during January 2019, to establish a baseline for future reporting, and a draft action plan for any improvements to the governance process in NSS. This was complementary to the findings of the Board Diagnostic Tool carried out by the Board in 2017-18 [Appendix B] and a review of Best Value in NSS [Appendix E]. In addition the results of the Corporate Governance Blueprint survey [Appendix F] influenced the action plan for NSS. The recommendations of this report are therefore based on these three methods of research, taking into account the changed stakeholder relationships mentioned previously. [Note: The self-assessment was started, not only in NSS, but other Health Boards, before the final version of the tool was available from Scottish Government in order to meet the reporting timelines.]

5. **Recommendations**

By comparing and cross referencing the outcomes of each area of research NSS was able to identify three common areas/themes for improvement.

1.   Engagement with stakeholders – both externally and internally.

2.   Review of information coming to the Board/Sub-Committees [content, timing, quality]

3.   Understanding and communication of Risk.

It is therefore recommended that the NSS Board focus on these specific areas to form the Corporate Governance Action Plan. [It was also noted that the existing action plan for the period 2018-19 had similar areas for improvement and it was recommended that the Board should now review the action plan every 6 months to ensure progress was being made.]

A draft action plan was circulated to the Board members outwith the normal meeting cycle to enable NSS to meet the deadlines for reporting. The Action Plan would then be formally approved at the full board meeting to be held on 5th April 2019.

A copy of the action plan can be found below. In addition a further review of the NSS Induction programme for Non-Executive Directors would also be carried out to ensure the best possible introduction to the Organisation was available to underpin the recommendations above.

NHS National Services Scotland Board Development Plan 2019-2020						
Development Identified(*what you are focusing on, ensuring it is specific, realistic and achievable*)	**Action required to support improvement**	**Measure** (*how will you know if you have achieved success*)	**Timescale** (*when will you have completed this action*)	**Resource** (*are there any additional resources required to complete this action*)	**Responsible** (*who is responsible for completing this action*)	**Review** (*indicate when you intend to review progress against this action*)
Action 1: Improved stakeholder engagement – Internal/External stakeholders						
1.1 Increase exposure of Non-Execs to NSS Staff via a variety of communications channels.	NSS Non-Execs to have recorded video biographies and these made available via intranet.	Video biography for every Board Member.	30.9.19	Involvement with the internal communications team to raise profile of NEDs via video biographies.	Board Secretary/Associate Director SPST	Board meeting on 6.9.19
	Publicise formal board meetings on geNSS and via Pulse to encourage staff to attend.	Number of staff attending meetings.	Immediately	Involvement with the internal communications team and Board Secretary.	Board Secretary/Associate Director SPST	Board meeting on 6.9.19
	Review Non-Exec induction programme to build profile of any new Non-Execs as soon as they join NSS.	Feedback questionnaire on induction programme.	By end Q2 2019-20	Liaison with OD and HR Learning and Development team to review and update induction programme as necessary		Board meeting on 1.11.19

1.2 Develop a whole system map of stakeholders across NHS Scotland, highlighting current and future desired state in terms of the relationships with NSS Non-Execs	Customer engagement team to provide initial mapping exercise and link with Non-Execs to establish crossovers.	Stakeholder map produced. Taking into account the different stakeholder relationships.	By end Q1 2019-20	Involvement with customer engagement team.	Associate Director SPST	Board meeting on 6.9.19
Development Area 2: Review of information provided to the Board to enable appropriate challenge						
2.1 Improve quality and timing of reporting to the Board and sub-committees	Ensure all future meeting dates are identified in line with formal reporting structures within NSS.	Calendar of meeting dates provided to all.	Q1 2019-20	Board team to work with teams across NSS to identify flow of reporting.	Board Secretary.	30.6.19
	Review front cover templates	Front-covers provide appropriate information and focus for Non-Execs	Q1 2019-20	Board team to complete.	Board Secretary	30.4.19
	Look at opportunities to digitise reporting e.g. dashboard real time reports for Sub-Committees	Number of opportunities identified actually used at meetings.	Q4 2019-20	Board team to liaise with IT and authors to look at opportunities for digital options.	Board team to liaise with IT and authors to look at opportunities for digital options.	

Development Area 3: Understanding and communicating risk						
3.1 How we identify risks - Identifying current and future corporate, clinical, legislative, financial and reputational risks.	Run risk workshop specifically for Board members.	NSS Risk Manager Lead to set up workshop looking at how NSS identify and label risks.	By end Q2 2019-20	Board team to work with Risk Manager Lead to identify potential dates/times for workshop.	NSS Risk Manager Lead	Board meeting 1.11.19
Additional areas for review/development						
Non-Executive Induction Programme	Review programme and link into overarching NSS Induction programme		By end Q2 2019-20	Liaison with OD and HR Learning and Development team to review and update as necessary.	Board Secretary/HR	Board meeting 1.11.19

NHS National Services Scotland

NHS NATIONAL SERVICES SCOTLAND

APPENDICES

CORPORATE GOVERNANCE BLUEPRINT

REVIEW OF NSS GOVERNANCE 2019

NSS Governance/Board Templates - Evidence list

Item	Description	Relates to Function	Link
1	2015 Risk benchmarking report CIPFA		2015 Risk benchmarking Report CIPFA_ Final.pdf
2	Risk Appetite Board Paper		Board Paper Seeking Approval 2018_ NSS Risk Appetite.doc
3	Integrated Risk Management Approach		Integrated Risk Management Approach v1.7_2018_Final.doc
4	Non-Exec Appraisal Master		..\Templates\NSS Templates\Non-Exec Appraisal - Master.docx
5	Record of training (Non-Execs)		..\Templates\NSS Templates\00 Record of Training_Master.xls
6	Format Minutes - template		..\Templates\NSS Templates\Template_Formal Minutes.docx
7	Non-Executive Expenses		..\Templates\NSS Templates\Expenses Q1 - Financial Year 18-19_SAMPLE.xlsx
8	Meeting dates template		..\Templates\NSS Templates\Meeting dates 2019 master checklist_SAMPLE.xlsx
9	Membership lists showing changes during year		..\Templates\NSS Templates\00 Membership Lists_2018-19 showing changes during year.doc
10	Draft Skills Matrix - sample		..\Templates\NSS Templates\00 Draft Skills Matrix_Example.docx
11	Board/SubCommittee paper - front cover template		..\Templates\NSS Templates\Template_Board Front Cover Layout.doc
12	Template for welcome pack (contents)		..\Templates\NSS Templates\00 TEMPLATE for Welcome Pack Updated 2017.docx
13	Internal Audit Annual Plan (sample)		..\Templates\NSS Templates\A2-12 Internal Audit Annual Plan 2017-2018.pdf
14	Best Value project Aug 2018		2019-01-07 copy of 2018 08 13 Best Value to FPP.docx
15	Best Value Guidance for Accountable Officers 2011		Best value Guidance for Accountable Offs Mar 11.pdf
16	Duty of Candour Guidance NSS		..\..\..\Feedback\Duty of Candour\DOC Resources
17	NSS Standing Orders (2018)		..\Templates\NSS Templates\01 NSS Standing Orders_June 2017_FInal Version 08.0.pdf
18	Scottish Government/NSS Framework		..\Templates\NSS Templates\A1-1 SG NSS Framework Document - Final.pdf
19	NSS Board Diagnostic Tool 17/18		BDS1802 NHSS Board Development Diagnostic Tool NSS Results.pdf
20	Board/SubCommittee forward programmes		..\Templates\NSS Templates\NSS Board and Sub-Committee Forward Programmes.pdf

APPENDIX B

NSS BOARD DIAGNOSTICS TOOL OUTCOMES

NHS Scotland Board Development - Diagnostic Tool 2017/18

Report for:

NHS National Services Scotland

MANAGEMENT IN CONFIDENCE

February 2018
Produced by ISD, NHS National Services Scotland

Contents

Introduction

In January 2018 NHS National Services Scotland completed the NHS Scotland Board Development Diagnostic Tool. This report presents the results of this assessment. Notes to aid interpretation of the information presented within this report can be found in Appendix B. Further notes are available within the NHS Scotland Board Diagnostic Tool Good Practice Guide.

Methodology

All Executive and Non-Executive members of the NHS National Services Scotland Board were invited to complete an online version of the NHS Scotland Board Development Diagnostic Tool. The tool is organised into five sections, each exploring a different domain:

(A) Engaging with Stakeholders: The Board is clear who its stakeholders are (including patients, public, carers, staff, Public Service Partners, Third and Independent Sector, and Scottish Government) and proactively engages with all of them to ensure that their interests are taken into account in developing and delivering services.

(B) Strategic Intent: The Board's vision for the organisation reflects the needs and priorities of the population it serves, national policies and strategies, most notably strategies for Quality Improvement. This vision is communicated widely to all staff through a clear set of pan-Board objectives and the Board is confident it has sufficient resources to support this vision.

(C) Holding to Account: The Board assures itself that it will deliver its strategic priorities, objectives and manage all associated risks.

(D) Board Dynamics: The Board comprises motivated individuals who have the right blend of skills and experience to help deliver its strategic intent. Board members work constructively together in a climate characterised by informed trust, involvement and robust dialogue.

(E) Board Leadership: The Board has an effective Chair who has a significant positive impact on the performance of the Board and its members, demonstrating effective leadership. The Board Chair maintains effective focus on its agenda; is visible and well respected both within and outside the organisation and routinely reviews its performance.

Each section of the tool presents a number of **positive** statements; Board members were asked to indicate the extent to which they agreed or disagreed with each statement based upon their experience of the Board during the past six months. Response options were on a six-point scale between (1) "Strongly disagree" and (6) "Strongly agree":

(1) Strongly disagree
(2) Disagree   Negative response
(3) Slightly disagree
(4) Slightly agree
(5) Agree   Positive response
(6) Strongly agree

Board members were also given the option to respond "Cannot say"; please note that all "Cannot say" responses have been excluded from the analyses within this report.

At the end of each section Board members were invited to provide further comments by answering a list of specified, but open, questions.

Finally, Board members were asked to rank each domain between one and five in terms of the level of development required by the Board (1 = "Most development required", 5 = "Least development required").

Participation and Response

Participation and Response within NHS National Services Scotland

All members of the NHS National Services Scotland Board were invited to complete the Diagnostic Tool. The table below shows the number of Board members who were invited to participate in January 2018 and the number (and total percentage) of members who responded:

Designation	Description	Members Invited to Participate	Members who Responded
Board Chair	Non-executive appointed as the Chair of the NHS Board.	1	1
Chief Executive	Individual undertaking the role of Chief Executive and Accountable Officer of the NHS Board.	1	1
Executive Director[1]	Individual appointed to the NHS Board by Scottish Ministers as a result of the executive position they hold with the Board.	1	1
Non-Executive Director	Individual appointed to the NHS Board by Scottish Ministers following an open public appointment process.	5	5
Director Other[1]	A Director who participates in Board meetings who is not an Executive Board member.	2	1
Non-Executive Stakeholder[1]	Individual appointed to the NHS Board by Scottish Ministers as a result of the position they hold with a stakeholder group. Includes University, Area Clinical Forum or Area Partnership Forum Member, Employee Director, Care Inspectorate Chair, Scottish NHS Council Chair and Chair of former CHP.	2	1
Local Authority Member	Individual nominated by their local authority to serve on the NHS Board in a non-executive capacity.	0	0
Total Number		**12**	**10**

(83%)

[1] There were three respondents who selected either "Executive Director", "Director Other" or "Non-Executive Stakeholder" as their designation. Following discussion with NHS National Service Scotland's key contact for this assessment it was agreed that responses given by these participants should be reported as part of the "Executive Director" group.

Comparison with previous Board results

NHS National Services Scotland previously completed the Diagnostic Tool in 2015/16, and this report shows comparisons of the results between the previous assessment and the current one.

Statements with Highest Median Response

Table 1: Statements with the highest median response.[1]

Domain	Statement	Median Score	% Positive	% S.Agree / Agree
(E) Board Leadership	E1: The Chair has a significant positive impact on the performance of the Board.	6.0	100%	100%
(B) Strategic Intent	B5: The Board regularly reviews its risks and planning contingencies.	6.0	100%	100%
(D) Board Dynamics	D7: Board members are able to express their opinions openly and challenge constructively.	6.0	100%	100%
(E) Board Leadership	E5: The Chair consistently models the behaviours expected of others in the Board and wider organisation.	6.0	100%	100%
(E) Board Leadership	E6: The Chair is visible within the organisation and is regarded as approachable by staff, patients and the public.	6.0	100%	89%

[1] Where statements returned the same median score, the highest percent positive result and the strength of that positive result have been used to further select the statements that were most positive.

Statements with Lowest Median Response

Table 2: Statements with the lowest median response.[1]

Domain	Statement	Median Score	% Positive	% S.Agree / Agree
(A) Engaging with Stakeholders	A3: The Board has effective feedback loops and systems which encourage stakeholders to comment and influence the organisation's performance in delivering person centred, safe and effective healthcare.	4.0	67%	33%
(A) Engaging with Stakeholders	A2: The Board has a clear engagement and communication framework which covers all of its stakeholders.	4.0	70%	40%
(A) Engaging with Stakeholders	A6: In defining health needs and influencing priorities, the Board particularly ensures that people who live with long term conditions, health inequalities and /or other life limiting situations are involved.	4.0	83%	33%
(A) Engaging with Stakeholders	A9: Board members actively seek practical opportunities to engage with patients, carers and staff in the system and are generally seen as approachable.	4.0	100%	44%
(A) Engaging with Stakeholders	A8: The Board proactively promotes its identity and reputation in the media and works positively to influence and manage its public image to secure and maintain public confidence in its services.	4.5	100%	50%

[1] Where statements returned the same median score, the lowest percent positive result and the strength of that positive result have been used to further select the statements that were least positive.

Table 3: Response to statements relating to the "Engaging with Stakeholders" domain.
(Statements ordered from lowest median score to highest median score)

Note: Results have been rounded to the nearest whole percentage; this occasionally results in the sum of the percentages not adding up to exactly 100%.
[1] The "Diff. previous S. Agree / Agree" result is a percentage point change.

Statement	N Responses	(1) Strongly disagree	(2) Disagree	(3) Slightly disagree	(4) Slightly agree	(5) Agree	(6) Strongly agree	Median Score	Diff. previous result (Med)	% Positive	% Strongly Agree / Agree	Diff. previous[1] S. Agree/Agree	Trend (%)
A3: Board has effective feedback loops / systems which encourage stakeholders to comment / influence performance in delivering person centred, safe, effective care.	9		22	11	33	22	11	4.0	-1.0	67%	33%	-53	⬇
A2: Board has a clear engagement and communication framework which covers all of its stakeholders.	10		10	20	30	40		4.0	-1.0	70%	40%	-48	⬇
A6: In defining health needs / influencing priorities, Board ensures that people living with long term conditions, health inequalities, life limiting situations are involved.	6			17	50	33		4.0	-1.0	83%	33%	-42	⬇
A9: Board members actively seek practical opportunities to engage with patients, carers and staff in the system and are generally seen as approachable.	9				56	44		4.0	-0.5	100%	44%	-6	⬇
A8: Board promotes identity / reputation in media and works positively to influence / manage public image to secure / maintain public confidence in services.	10				50	40	10	4.5	-0.5	100%	50%	-13	⬇
A4: Board can evidence how it actively engages to consider, discuss and influence national policy developments and potential impacts with stakeholders.	10		10	10	20	60		5.0	0	80%	60%	-15	⬇
A5: Board responsive to the needs of its stakeholders, ensuring its plans, priorities and actions are informed by robust and regular discussions.	10			10	30	50	10	5.0	0	90%	60%	-26	⬇
A1: Board clear who its stakeholders are and how each contributes to the health and well-being of the population they serve.	10			10	20	40	30	5.0	0	90%	70%	-30	⬇
A7: All staff understand the vision, aims and objectives of the organisation and support Board in delivering commitments to the public they serve.	10				10	80	10	5.0	0	100%	90%	-10	⬇

100 80 60 40 20 0 20 40 60 80 100
← Negative   Positive →

(A) Engaging with Stakeholders - Median Scores by Respondent Type

Table 4: Median score for each statement relating to the "Engaging with Stakeholders" domain, by respondent type.
(Statements ordered from lowest overall median score to highest overall median score)

Statement	Board Chair (N=1)*	Chief Exec (N=1)*	Exec Director (N=3)*	Non-Exec Director (N=5)*	Director: Other (N=0)*	Non-Exec Stakeholder (N=0)*	Local Auth. Member (N=0)*	Overall (N=10)*
A3: Board has effective feedback loops / systems which encourage stakeholders to comment / influence performance in delivering person centred, safe, effective care.	3.0	6.0	4.0	4.0				4.0
A2: Board has a clear engagement and communication framework which covers all of its stakeholders.	3.0	5.0	4.0	4.0				4.0
A6: In defining health needs / influencing priorities, Board ensures that people living with long term conditions, health inequalities, life limiting situations are involved.		4.0	5.0	4.0				4.0
A9: Board members actively seek practical opportunities to engage with patients, carers and staff in the system and are generally seen as approachable.		5.0	4.0	4.0				4.0
A8: Board promotes identity / reputation in media and works positively to influence / manage public image to secure / maintain public confidence in services.	4.0	5.0	5.0	4.0				4.5
A4: Board can evidence how it actively engages to consider, discuss and influence national policy developments and potential impacts with stakeholders.	5.0	4.0	5.0	5.0				5.0
A5: Board responsive to the needs of its stakeholders, ensuring its plans, priorities and actions are informed by robust and regular discussions.	4.0	5.0	5.0	4.0				5.0
A1: Board clear who its stakeholders are and how each contributes to the health and well-being of the population they serve.	3.0	6.0	5.0	5.0				5.0
A7: All staff understand the vision, aims and objectives of the organisation and support Board in delivering commitments to the public they serve.	5.0	5.0	5.0	5.0				5.0

Median Score: (1) Strongly disagree | (2) Disagree | (3) Slightly disagree | (4) Slightly agree | (5) Agree | (6) Strongly agree

Range of scores: (Highest - Lowest)

* Participants may not have provided a response to every question.

A10: Who do you consider as key stakeholders?

- Territorial boards, Emerging regional constructs, Government, Local Government, IJBs

- SG/Politicians/HB colleagues/ key Social Care groups

- Scottish Government - directors of all groups in SGHSCD - note lead sponsor for NSS is finance, ALL NHS Boards - at every level from front line teams to Board members, Some IJBs/ Local Authorities

- other boards, other service delivery patients, families, tax payers, elected representatives,civil servants

- NHS Boards, patients, suppliers, donors, Government, employees

- NHS Boards, citizens of Scotland, our staff, Government, IJBs and wider public sector.

- Health Boards, wider public sector, GPs, Dentists

- Corporate NSS..stakeholders Scottish government, HBs and IJBs. Little contact with people acccessing service. Each SBU have clearer stakeholders. This is something we come back to regularly at Board

- At issue is defining and shaping our authorising environment. The extent to which we are proactive and view Scotland as a system rather than just the NHS.

- As listed above

A11: Please give an example of how you have successfully engaged with some/one of your stakeholders?

- Very good engagement with directorate of population health around the development of thinking of th new public health body. Key people came to board. CEO, MD and employee director all engaged in formula grouping

- The creation of a new Public Health Body for Scotland has led to discussions and engagement with Government and other impacted parties on what this will be and how it will look to deliver the greatest benefit for the people of Scotland while remaining mindful of staff implications. I have been involved in many discussions and will continue to influence as much as possible.

- SWAN, Central Prcurement,

- Plenty of historic stuff, rather at issue is future engagement.

- On-going engagement with Regional Implementation Leads and their lead planners to ensure work underway "once for Scotland" in radiology and laboratories transformation (shared services) remains aligned to and supports emerging operating plans at a regional level. This ensures our efforts are timely and supportive to the efforts underway locally and regionally and that there is buy-in to change.

- ongoing and regular engagement, meetings, presentations

- Impact on National Board plans. Engagement on PHB. Shared Services enagement across range of stakeholders

- I have been on walkarounds within the service, meeting staff at the front line and talking to them about service provision and the board. I have engaged with the Chair of the QPG with regards to setting up clinical governance networks for NEDs, but progress is very slow.

- Cyber attack

- CMO /DCMO /NHS Board Medical Directors- - involved in discussion re access to medicines and offered NSS as resource to facilitate work between all stakeholders to identify a solution.

A12: What are some examples of improvements the Board has made as a result of feedback from patients and the public?

- We have limited direct engagement with patients and the public given our role as a national shared services provider.

- Service specific re NSBTS, and in other support logic model shows downstream impact.

- Improved patient network, wider engagement with patients/public. Improved website.

- I find this difficult to answer as at board and committee we see feedback from complaints, incidents. We see the learning that has taken place in the organisation but we don't necessarily have access to the impact that it has made on the public and patients

- Handling of blood donor patients in the event that their blood is not wanted

- External web site; off site board discussions: focus on customer engagement

- clearer signposting, better plainer language, more data.

- BTS donor booking system, Infected Blood Payment Scheme

- Because NSS function is to support the delivery of care from others the direct liaison with public at a Board level limited. Several examples of where the commitment to public engagement has influenced work in SBUs can be offered through managed networks, national screening and in SNBTS

A13: What are some examples of improvements the Board has made as a result of feedback from staff?

- We have made board business more accessible - annual review was recorded and made available to all staff.

- Very effective partnership working and transition, e.g. JCC, now PHI

- The 'great place to work' priority led to offering staff a direct line of communication with Chief Executive 'ask Colin?' - this has encouraged staff to suggest improvements including use of green space at Gyle, and need to further improve facilities for those who choose to cycle to work (showers etc well received.

- People report and SGC

- Improved communications,

- Different use of office space

- changed communication protocols

- Better communication and updates for staff via regular comms, pulse and €œAsk Colin€ and the plasma screens where available.

A14: How might the Board improve its performance in this domain and what are the priorities for action?

- Who NSS are and what we do is still a mystery to many, we are made up of apparently disparate Business Units who deliver specific services to NHS boards and the public. A strategy to outline not only the individual services we offer but the packages of servic or the synergies between our services would be helpful, I know we have done a bit in this area but more may be necessary.

- Unfortunately first step will be to raise public awareness of what NSS does - this is still a mystery to many within the NHS. Perhaps the focus should return to encouraging engagement with NSS public facing teams eg SNBTS, HPS, Aroma coffee, etc; rather than seek to engage at a Board level - other than offering assurance that services with the NSS 'brand' come as a quality assured product?

- sustained activity,focused effort,improve public understanding

- Stakeholders Mapping with support of CEAD and NED's marking key stakeholders.

- Some work is underway to develop an engagement plan for board members. this needs to be completed and clear actions and targets assigned to each member of the board to take forward.

- Priority is to align engagement to be comprehensive across all stakeholder groups, particularly emphasising benefits to stakeholders through such engagement

- Placing its poker chips

- NSS needs to be proactive in offering help and assistance that reduces cost and improves clinical care WITHOUT appearing to be on a land grab.

- I understand that work goes on lead by CEAD but strategic feedback from CEAD does not come back to the board with priorities for action by the board (unlike another organisation that I am involved with).

- At time of turbulence across Health and social care ...ensure regular review,

A15: Any other comments?

- there is work to do generally to increase NSS profile. particu;larly in uncertain times. Much of what we do is very effective but not always visible to stakeholders

- The board is aware that stakeholder engagement needs to improve and is working to rectify this deficiency as a matter of priority

- the board is actively committed to not just engaging with stakeholders but to improving collective performance

- Mandate will be earned, not given

- As NEDs we are ambassadors for NSS and ideally we could have an agreed ambassadors agenda that we can share when networking.

Table 5: Response to statements relating to the "Strategic Intent" domain.
(Statements ordered from lowest median score to highest median score)

Note: Results have been rounded to the nearest whole percentage; this occasionally results in the sum of the percentages not adding up to exactly 100%.
[1] The "Diff. previous S. Agree / Agree" result is a percentage point change.

Statement	N Responses	Response (%) (1) Strongly disagree	(2) Disagree	(3) Slightly disagree	(4) Slightly agree	(5) Agree	(6) Strongly agree	Median Score	Diff. previous result (Med)	% Positive	% Strongly Agree / Agree	Diff. previous[1] S. Agree/Agree	Trend
B6: Staff and stakeholders would agree that Board articulates its strategic priorities clearly and consistently.	9				22	78		5.0	0	100%	78%	-8	⬇
B10: Stakeholders would describe Board's strategic plan as clear, innovative, ambitious and meeting the needs of its communities in a sustainable way.	9				11	78	11	5.0	-1.0	100%	89%	+3	⬆
B2: Board's health-related strategic priorities are based upon the evidence-based needs of the communities it serves.	10				10	70	20	5.0	0	100%	90%	-10	⬇
B8: Board confident strategic priorities are adequately resourced with progress reviewed and refreshed during course of each planning / performance cycle.	10				10	70	20	5.0	0	100%	90%	+15	⬆
B3: Board members actively influence and drive policy and strategy to encourage continuous improvement.	10				20	50	30	5.0	0	100%	80%	-6	⬇
B9: Board discusses and makes decisions about areas for investment and disinvestment and implements these.	10				10	60	30	5.0	0	100%	90%	-10	⬇
B4: Board clear about priority to deliver safe, effective, person centred care; has skills, capability, systems to deliver priorities / support org. to continually improve.	10				30	20	50	5.5	+0.5	100%	70%	-30	⬇
B7: Every member of Board can articulate the key challenges facing the organisation.	10					50	50	5.5	+0.5	100%	100%	0	➡
B1: Board has a collective vision underpinned by a set of strategic priorities and objectives that can be evidenced.	10					30	70	6.0	0	100%	100%	0	➡
B5: Board regularly reviews its risks and planning contingencies.	10					10	90	6.0	0	100%	100%	0	➡

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100  80  60  40  20   0   20  40  60  80  100
      ← Negative                Positive →
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Table 6: Median score for each statement relating to the "Strategic Intent" domain, by respondent type.

(Statements ordered from lowest overall median score to highest overall median score)

Statement	Board Chair (N=1)*	Chief Exec (N=1)*	Exec Director (N=3)*	Non-Exec Director (N=5)*	Director: Other (N=0)*	Non-Exec Stakeholder (N=0)*	Local Auth. Member (N=0)*	Overall (N=10)*
B6: Staff and stakeholders would agree that Board articulates its strategic priorities clearly and consistently.	5.0	5.0	5.0	4.5				5.0
B10: Stakeholders would describe Board's strategic plan as clear, innovative, ambitious and meeting the needs of its communities in a sustainable way.	4.0	5.0	5.0	5.0				5.0
B2: Board's health-related strategic priorities are based upon the evidence-based needs of the communities it serves.	5.0	5.0	6.0	5.0				5.0
B8: Board confident strategic priorities are adequately resourced with progress reviewed and refreshed during course of each planning / performance cycle.	6.0	6.0	5.0	5.0				5.0
B3: Board members actively influence and drive policy and strategy to encourage continuous improvement.	4.0	5.0	5.0	5.0				5.0
B9: Board discusses and makes decisions about areas for investment and disinvestment and implements these.	6.0	5.0	5.0	5.0				5.0
B4: Board clear about priority to deliver safe, effective, person centred care; has skills, capability, systems to deliver priorities / support org. to continually improve.	4.0	6.0	6.0	5.0				5.5
B7: Every member of Board can articulate the key challenges facing the organisation.	6.0	6.0	6.0	5.0				5.5
B1: Board has a collective vision underpinned by a set of strategic priorities and objectives that can be evidenced.	5.0	6.0	6.0	6.0				6.0
B5: Board regularly reviews its risks and planning contingencies.	6.0	6.0	6.0	6.0				6.0

Median Score: (1) Strongly disagree | (2) Disagree | (3) Slightly disagree | (4) Slightly agree | (5) Agree | (6) Strongly agree

Range of scores: (Highest - Lowest)

* Participants may not have provided a response to every question.

B11: What are the organisation's top three strategic priorities?

- Underpin - deliver our services with increasing effectiveness and efficiency, Enable - support NHSS and Social Care Transformation, Assist - Support wider public sector

- To enable the transformation of health and social care to help improve the health and wellbeing of the people of Scotland. To underpin a sustainable and resilient NHSScotland by providing excellent support services and expertise. To assist other public sector organisations where there is value in doing so and without compromising our health and care focus

- Service improvement, Great place to work, Customer at the heart, Innovation

- Saving money, Improving patient care ad citizen welfare, Motivating and developing employees

- Once for Scotland; bang for the bucks; building capacity

- Maintaining financial health, Ensuring the provision of high quality and safe services, Supporting (and leading some aspects of) Once for Scotland agenda

- improve the health and well being of citizens, deliver once for Scotland, manage set up of new blood service

- Efficient and effective services to NHS, Support transformational change in delivery of healthcare services through proactive collaboration, Advance the digital agenda, particularly across NHS but also to wider public sector

- 1 identifying opportunities for, and supporting delivery of, transformation in the delivery of care, 2 supporting work across Scotland to implement the Health and Social care delivery plan (and associated policies eg Realistic medicine and national Clinical Strategy), 3 provide commercial solutions to maximise the benefit accrued from public funding - in terms of workforce, equipment,& buildings

B12: What are the top three strategic risks?

- Reputation risk, Financial sustainability Digital

- Reputation as a result of a high profile IT issue, The impact of the new PH body on NSS and its remaining services, Appropriate strategic leadership following recent announcements

- PACS backups insufficient to provide resilience, Insufficient internal resources to support JCC transition, Workforce plan does not support strategic direction of organisation

- Non delivery of financial objective savings, Tolerance for strategic risk, Delivery of various critical projects eg CHI and Jack Copeland Centre.

- No mandate; poor performance; internal orientation

- No buy in from stakeholders who prefer to go it alone, Overstretch within the organisation -both capability and capacity Maintaining delivery while enabling and developing new services - patient risk and reputational damage

- lack of political vision, failure to deliver key priorities, inspire and motivate all employees

- Imbalance between national, regional and local transformation, Magnitude of €˜ask' but uncertain future environment, Authority and Investment

- 1 Financial pressures lead to cost cutting / failure to invest in modernisation / new ways of working, 2 workforce - NSS depends on a level of technical expertise that is competing with service industry / private sector, 3 capacity - as Scotland seeks solutions to improve and innovate NSS needs to target its limited resource to ensure we exceed expectation in the areas we agree to take forward

B13: What are the key challenges facing the organisation at this point in time?

- turbulence in the system, finance, resources

- Senior leadership, Maintaining financial health going forwards, The establishment of the new PH body and its impact on the remaining NSS services

- Restructure post Public Health Body, Health boards being willing to support centralisation, Continuing to deliver savings

- Resistance to change both internally and externally, Perceptions of our Board amongst our customers, particularly view that we will take over, National Board collaboration and formation of new Public Health Body

- Planned by for and managing the €˜loss' of a substantial part of the existing organisation to public health, Determining the future shape and resorting accordingly, Engaging stakeholders with a view to collaborating to realise the vision and benefit stakeholder and hence Scottish population

- Mirror of the risks

- External turbulence across public sector, Ensure that NSS supports transformation across HSC, Lack of understanding of expertise from stakeholders

- Ability to influence, Uncertain Environment, Available resources and finance to drive change

- 1 people - public sector needs to encourage a new generation to join, 2 managing expectations - ensuring that other do know what it is that NSS can offer, 3 finance - external inflation, including pay award, against a static / falling core budget

B14: Please give an example of good practice which you have experienced in your Board in relation to the development and articulation of your strategic intent?

- Recent cyclical review of mission, vision, strategy with clear strategic objectives

- Progress on the shared services agenda, e.g radiology, Opening of the new JCC

- ongoing horizon scanning, analysis of strengths and weaknesses

- Improvements and response to partnerhip working

- Excellent engaement on development of vision and strategic intent.

- engagement at Board level in the work that SG is taking forward in the field of health innovation - the importance of recognising this is being driven at a policy level has required NSS to develop a range of solutions including planning for the major impact of genomics in healthcare

- Direct engagement between Board members and EMT to shape and articulate the vision and strategic priorities. Board offsite discussions to understand operational issues more fully and to further shape direction of travel.

- Comprehensive board engagement

- Active involvement of the Board and management team collectively in discussing and developing the strategy

B15: How might the Board improve its performance in this area and what are the priorities for action?

- Use of plain English and proratise communication of the strategy such that everyone can understand it and know how it relates to their day to day work

- review how workstreams are being managed with PgMS and CeAD both increasing their contact with INTERNAL groups as well as working to an external stakeholder.

- Perhaps shorten the overall process marginally

- I think that the Board does this very well.

- Eyes up while keeping grip on operational effectiveness, e.g. Napoleonic Leadership

- definition and focus, agree priority activity

- At times we need to have sight of the financial implications of challenges earlier in the day, for example, new PH body.

B16: Any other comments?

- the board operates in a challenging and uncertain place with competing pressures on scarce resource

- NSS needs to be central in the discussions about how the future delivery of national / all Scotland support for care delivery is organised

- No

- Going forward strategic planning at National Boards level will become increasingly important and there is little alignment or consistency of approach across the 8 national boards and there is a risk that our good practice will be lost in the harmonisation process.

Table 7: Response to statements relating to the "Holding to Account" domain.

(Statements ordered from lowest median score to highest median score)

Note: Results have been rounded to the nearest whole percentage; this occasionally results in the sum of the percentages not adding up to exactly 100%.
[1] The "Diff. previous S. Agree / Agree" result is a percentage point change.

Statement	N Responses	Response (%) (1) Strongly disagree	(2) Disagree	(3) Slightly disagree	(4) Slightly agree	(5) Agree	(6) Strongly agree	Median Score	Diff. previous result (Med)	% Positive	% Strongly Agree / Agree	Diff. previous[1] S. Agree/Agree	Trend
C5: Board has clear sight of current financial performance and is able to make adjustment to medium and long term projections.	10				10	70	20	5.0	0	100%	90%	-10	↓
C6: Board has a regular and active process to develop and review plans for medium to long term investment choices.	9					67	33	5.0	-1.0	100%	100%	0	→
C1: Board receives sufficient high quality information to enable it to make effective decisions, assess risks, hold Directors to account for organisation's performance.	10					60	40	5.0	-0.5	100%	100%	0	→
C2: Board members are skilled and confident in reviewing and challenging a range of data including improvement data	10					50	50	5.5	+0.5	100%	100%	0	→
C4: Board decision making processes are robust, ethical and evidence based recognising, where appropriate, social diversity and cultural needs.	10					50	50	5.5	+0.5	100%	100%	+14	↑
C9: The agenda for Board meetings clearly reflects the organisation's priorities and places emphasis on person centredness, safety, effectiveness and productivity.	9				11	33	56	6.0	+1.0	100%	89%	+1	↑
C11: Board can publicly evidence the justification for difficult decisions.	9					44	56	6.0	+1.0	100%	100%	0	→
C8: Board regularly and formally reviews progress towards the achievement of the organisation's strategic priorities.	10				10	30	60	6.0	0	100%	90%	-10	↓
C10: The remit and agendas of Board's standing committees clearly reflect Board's objectives.	10					40	60	6.0	+1.0	100%	100%	0	→
C3: Board provides constructive challenge and advice to define and agree clear improvement targets.	10					40	60	6.0	+1.0	100%	100%	+14	↑
C12: Board routinely and collectively reviews its effectiveness as a Board, including its governance arrangements.	9					33	67	6.0	0	100%	100%	0	→
C7: Board collectively and regularly reviews its governance system and associated leadership arrangements to ensure these are robust and fit for purpose.	9					22	78	6.0	0	100%	100%	0	→

100 80 60 40 20 0 20 40 60 80 100
← Negative   Positive →

(C) Holding to Account - Median Scores by Respondent Type

Table 8: Median score for each statement relating to the "Holding to Account" domain, by respondent type.
(Statements ordered from lowest overall median score to highest overall median score)

Statement	Board Chair (N=1)*	Chief Exec (N=1)*	Exec Director (N=3)*	Non-Exec Director (N=5)*	Director: Other (N=0)*	Non-Exec Stakeholder (N=0)*	Local Auth. Member (N=0)*	Overall (N=10)*
C5: Board has clear sight of current financial performance and is able to make adjustment to medium and long term projections.	5.0	6.0	5.0	5.0				5.0
C6: Board has a regular and active process to develop and review plans for medium to long term investment choices.	6.0	5.0	5.0	5.5				5.0
C1: Board receives sufficient high quality information to enable it to make effective decisions, assess risks, hold Directors to account for organisation's performance.	6.0	6.0	5.0	5.0				5.0
C2: Board members are skilled and confident in reviewing and challenging a range of data including improvement data	6.0	5.0	6.0	5.0				5.5
C4: Board decision making processes are robust, ethical and evidence based recognising, where appropriate, social diversity and cultural needs.	6.0	6.0	5.0	5.0				5.5
C9: The agenda for Board meetings clearly reflects the organisation's priorities and places emphasis on person centredness, safety, effectiveness and productivity.		6.0	6.0	5.0				6.0
C11: Board can publicly evidence the justification for difficult decisions.	6.0	5.0	5.0	6.0				6.0
C8: Board regularly and formally reviews progress towards the achievement of the organisation's strategic priorities.	6.0	6.0	6.0	5.0				6.0
C10: The remit and agendas of Board's standing committees clearly reflect Board's objectives.	6.0	6.0	6.0	5.0				6.0
C3: Board provides constructive challenge and advice to define and agree clear improvement targets.	6.0	6.0	6.0	5.0				6.0
C12: Board routinely and collectively reviews its effectiveness as a Board, including its governance arrangements.	6.0	6.0	6.0	5.5				6.0
C7: Board collectively and regularly reviews its governance system and associated leadership arrangements to ensure these are robust and fit for purpose.	6.0	6.0	5.0	6.0				6.0

Median Score: (1) Strongly disagree | (2) Disagree | (3) Slightly disagree | (4) Slightly agree | (5) Agree | (6) Strongly agree

Range of scores: (Highest - Lowest) ⌶

* Participants may not have provided a response to every question.

C13: How effective are roles and relationships between the full Boards and the Board's committees of governance?

- Very effective

- They are increasingly effective. The committees are also cross referring items which makes the governance more robust at board level as there is better cross referencing.

- the board actively established the roles and relationships and monitors governance on a regular basis

- Strong and reve2ed regularity.

- Strong and considered join up between board and committees and across committees as well, relationships should be further developed to ensure that items are covered by the appropriate committee with less duplication across committees.

- Strong alignment and mechanisms to ensure read across exist

- good understanding of delegated authority and the need to report progress (BAU) and escalate issues of concern

- Good and feedback process in place

- Effective. Committees all report at the board meeting. Attention has been given to items that overlap committees such that nothing goes down the cracks.

- Appear to be very effective with evidence of both individual committees discharging remits but also cross-Committee discussions/reassurance where appropriate

C14: If there are any areas for further improvement in relation to Holding to Account, what are they and what do you suggest is done to address them?

- with maturity can come complacency-regular reviews counter this issue

- Too soon to make that judgement

- Papers could now be shorter but would need better cover pages to support this.

- Ongoing sharing of information across committees..not just by secretariat but by non execs too.

- no suggestion

- Much improved, and opps via changes in exec team to build intellectual firepower and strategic perspective

- more visibility of national programmes procured and delivered by board on behalf of NHSS

C15: Give an example of where the Board has used improvement data to inform decision making.

- with every decision-evidence based

- The wording of this question is a bit narrow. the use of the clinical flag on the risk register has ensured that risks are considered in the round and clinical risks are clearly identified, or not.

- PHB/JCC/PACs/Discovery

- KPIS for mandatory training and staff absence were red and key remedial actions were required by the board, with progress monitored in key committees. both KPIs are now in line with target.

- Information presented is now more effective via dashboards and summary sheets at the forefront of papers. This enables high level understanding of the paper as well as highlighting particular areas to drill into and interrogate.

- DST

- Donor care in Blood Donor service via customer complaints recording and trending

- Development of cases for shared services, and challenge is to package the message in an impactful influencing style within a mandate that is receptive

C16: Any other comments?

- NSS Board, and subcommittees do need to realise that NSS touches all parts of care in Scotland but that the formal governance of clinical activity lies with the provider of that care. NSS may have an interest / legitimate need to know but must not seek to run a parallel investigation / report

- no

- Board operates effectively in this area

Table 9: Response to statements relating to the "Board Dynamics" domain.
(Statements ordered from lowest median score to highest median score)

Note: Results have been rounded to the nearest whole percentage; this occasionally results in the sum of the percentages not adding up to exactly 100%.
[1] The "Diff. previous S. Agree / Agree" result is a percentage point change.

Response (%) categories: (1) Strongly disagree, (2) Disagree, (3) Slightly disagree, (4) Slightly agree, (5) Agree, (6) Strongly agree

Statement	N Responses	Response (%)	Median Score	Diff. previous result (Med)	% Positive	% Strongly Agree / Agree	Diff. previous[1] S. Agree/Agree	Trend
D8: Board members have had an effective role related local and national induction.	8	(4) 25, (5) 75	5.0	0	100%	75%	-13	↓
D11: Board regularly evaluates the impact of its improvements and shares the learning with others.	9	(4) 33, (5) 44, (6) 22	5.0	0	100%	67%	+10	↑
D4: Executives and Non-Executives work effectively together respecting role boundaries and promoting organisational values.	10	(5) 70, (6) 30	5.0	-1.0	100%	100%	0	→
D1: Sufficient time is spent clarifying Board's understanding of issues and openly discussing/debating the information presented before reaching a clear decision.	10	(5) 60, (6) 40	5.0	-1.0	100%	100%	+14	↑
D6: Directors go beyond their respective functional specialisms to adopt a broad role as corporate directors.	9	(5) 56, (6) 44	5.0	0	100%	100%	0	→
D5: Non-Executive Directors recognise the need for, and are skilled in, asking questions and challenging to ensure good governance.	10	(5) 50, (6) 50	5.5	+0.5	100%	100%	0	→
D3: All Board members are clear about their role and accountability and how this is delivered in line with Board Members' Code of Conduct.	9	(5) 44, (6) 56	6.0	0	100%	100%	0	→
D12: The culture within Board could be described as a learning culture.	10	(4) 10, (5) 30, (6) 60	6.0	+1.0	100%	90%	+19	↑
D2: Board members consistently uphold the principle of collective and corporate responsibility for all Board decisions and their execution.	10	(5) 40, (6) 60	6.0	0	100%	100%	0	→
D9: The Chair appraises all Board members on their contribution and ensures development plans are in place and supported.	8	(5) 38, (6) 63	6.0	+1.0	100%	100%	+14	↑
D10: Stakeholders would agree that Board Members behave in a way consistent with the values of the NHS.	9	(5) 22, (6) 78	6.0	+1.0	100%	100%	0	→
D7: Board members are able to express their opinions openly and challenge constructively.	10	(5) 10, (6) 90	6.0	0	100%	100%	0	→

Response scale axis: 100 80 60 40 20 0 20 40 60 80 100
← Negative | Positive →

(D) Board Dynamics - Median Scores by Respondent Type

Table 10: Median score for each statement relating to the "Board Dynamics" domain, by respondent type.
(Statements ordered from lowest overall median score to highest overall median score)

Statement	Board Chair (N=1)*	Chief Exec (N=1)*	Exec Director (N=3)*	Non-Exec Director (N=5)*	Director: Other (N=0)*	Non-Exec Stakeholder (N=0)*	Local Auth. Member (N=0)*	Overall (N=10)*
D8: Board members have had an effective role related local and national induction.	5.0	4.0	5.0	5.0				5.0
D11: Board regularly evaluates the impact of its improvements and shares the learning with others.	6.0	4.0	5.0	5.0				5.0
D4: Executives and Non-Executives work effectively together respecting role boundaries and promoting organisational values.	5.0	6.0	5.0	5.0				5.0
D1: Sufficient time is spent clarifying Board's understanding of issues and openly discussing/debating the information presented before reaching a clear decision.	5.0	5.0	5.0	6.0				5.0
D6: Directors go beyond their respective functional specialisms to adopt a broad role as corporate directors.	6.0	6.0	6.0	5.0				5.0
D5: Non-Executive Directors recognise the need for, and are skilled in, asking questions and challenging to ensure good governance.	6.0	5.0	6.0	5.0				5.5
D3: All Board members are clear about their role and accountability and how this is delivered in line with Board Members' Code of Conduct.	6.0	6.0	5.0	5.5				6.0
D12: The culture within Board could be described as a learning culture.	5.0	6.0	5.0	6.0				6.0
D2: Board members consistently uphold the principle of collective and corporate responsibility for all Board decisions and their execution.	6.0	6.0	5.0	6.0				6.0
D9: The Chair appraises all Board members on their contribution and ensures development plans are in place and supported.	5.0	6.0	6.0	5.5				6.0
D10: Stakeholders would agree that Board Members behave in a way consistent with the values of the NHS.	6.0	6.0	6.0	5.5				6.0
D7: Board members are able to express their opinions openly and challenge constructively.	6.0	6.0	6.0	6.0				6.0

Median Score: (1) Strongly disagree | (2) Disagree | (3) Slightly disagree | (4) Slightly agree | (5) Agree | (6) Strongly agree

Range of scores: (Highest - Lowest)

* Participants may not have provided a response to every question.

D13: What do you consider are the key ingredients of effective challenge in a Board setting?

- trust, mutual respect, expertise

- Trust ad respect, Inclusivity Listening to each voice

- Relationships with support of information and perspective

- questions that seek to draw out issues not directly stated in paper - this to be used to improve content in future papers - importance of staff who make presentation left feeling valued even if more is needed

- Preparation, politeness, conciseness, depersonalised, persistent but not dogmatic, de-personalisation, avoid repetition, conclusion.

- Key ingredients are access to information, access to specialists for advice and greater understanding, openness from colleagues, trust in each other. This enables an environment in which challenge is the norm and comes from an informed position and with the Boards strategic interest at heart.

- Good papers which set out issues, good engagement with stakeholders and good preparation. Strong relationships between staff and Board

- Ensuring sufficient transparency for effective review, Board members having sufficient insight into challenges / risks to ensure robust challenge, culture of continuous improvement with no defensiveness

- Clear information/ Board papers in the first instance, Respect for the person whose contribution is being challenged, Challenge constructively with a view to advancing/enhancing the discussion in question, having listened to what has gone before Not being afraid to ask for further explanation if eg concept is new

- Appropriate relationships between board members, Objective and appropriate questioning that is not personal, Understanding the roles and boundaries around the board table

D14: In relation to Board Dynamics, what are your recommendations for things to keep, strengthen and/or do differently?

- Treat everyone equally, and be willing to embrace new thinking and perspectives

- The introduction of the NED meetings is a good development

- Keep- enhancing board capability, rotating committee membership, Strengthen- non exec relationships, more time for non exec information sharing and discussion, collaboration with colleague boards. Different- consider more rotation of board and committee venues to improve visibility and access and also increase exposure of what we do and why.

- keep dialogue with EMT open in between formal meetings

- keep challenge, strengthen expertise encourage greater diversity.

- increase visibility of Board discussion and decision, increase visibility of Board members across organisation (only chair present at staff awards ceremony!)

- Execs further develop balcony perspective

- Discussions could be more concise. Not everyone has to comment on everything.

- continue to build relationships and ensure Board get goo high level information to both provide governance and challenge

D15: Any other comments?

- Proud to be part of this Board, the Board has evolved in my time as a member with the challenges changing over this time but I feel we are equipped to meet these head on.

- not an issue- a mature board with sound governance,high expectations and a track record of delivery-sometimes frustrated that it is not permitted to do more.

- BTW some of the questions are pretty sloppy, re wording and apostrophes - assume this is a pilot as would have expected an ace version for roll-out

(E) Board Leadership - Overall Response to Statements

Table 11: Response to statements relating to the "Board Leadership" domain.
(Statements ordered from lowest median score to highest median score)

Note: Results have been rounded to the nearest whole percentage; this occasionally results in the sum of the percentages not adding up to exactly 100%.
[1] The "Diff. previous S. Agree / Agree" result is a percentage point change.

Statement	N Responses	Response (%) — (1) Strongly disagree	(2) Disagree	(3) Slightly disagree	(4) Slightly agree	(5) Agree	(6) Strongly agree	Median Score	Diff. previous result (Med)	% Positive	% Strongly Agree / Agree	Diff. previous[1] S. Agree/Agree	Trend
E10: Board has a programme of development in place and this is reviewed regularly.	9					78	22	5.0	0	100%	100%	0	→
E8: The Chair is regularly appraised against clear objectives and is open to making changes to how he/she behaves in the light of feedback from others.	6					67	33	5.0	0	100%	100%	+20	↑
E9: The Chair works continuously to improve the performance of Board, leading on the work necessary to encourage team working.	9					33	67	6.0	0	100%	100%	0	→
E7: The Chair is active, well respected by other Boards, stakeholders and partner organisations.	9					22	78	6.0	+1.0	100%	100%	0	→
E2: The Chair and the Chief Executive work effectively together and respect one another's roles.	10					20	80	6.0	0	100%	100%	0	→
E3: The Chair sets the agenda for effective, well managed meetings that maintain Board's focus on strategy and performance.	10					20	80	6.0	+0.5	100%	100%	0	→
E4: The Chair sets the style and tone of Board discussions to promote constructive debate and effective decision making.	10					20	80	6.0	0	100%	100%	0	→
E6: The Chair is visible within the organisation and is regarded as approachable by staff, patients and the public.	9				11		89	6.0	0	100%	89%	-11	↓
E5: The Chair consistently models the behaviours expected of others in Board and wider organisation.	10				10		90	6.0	0	100%	100%	0	→
E1: The Chair has a significant positive impact on the performance of Board.	9						100	6.0	0	100%	100%	0	→

100 80 60 40 20 0 20 40 60 80 100
← Negative   Positive →

Table 12: Median score for each statement relating to the "Board Leadership" domain, by respondent type.

(Statements ordered from lowest overall median score to highest overall median score)

Statement	Board Chair (N=1)*	Chief Exec (N=1)*	Exec Director (N=3)*	Non-Exec Director (N=5)*	Director: Other (N=0)*	Non-Exec Stakeholder (N=0)*	Local Auth. Member (N=0)*	Overall (N=10)*
E10: Board has a programme of development in place and this is reviewed regularly.	5.0	5.0	5.0	5.0				5.0
E8: The Chair is regularly appraised against clear objectives and is open to making changes to how he/she behaves in the light of feedback from others.	5.0	5.0	5.0	6.0				5.0
E9: The Chair works continuously to improve the performance of Board, leading on the work necessary to encourage team working.	5.0	6.0	6.0	5.5				6.0
E7: The Chair is active, well respected by other Boards, stakeholders and partner organisations.		6.0	6.0	6.0				6.0
E2: The Chair and the Chief Executive work effectively together and respect one another's roles.	5.0	6.0	6.0	6.0				6.0
E3: The Chair sets the agenda for effective, well managed meetings that maintain Board's focus on strategy and performance.	5.0	6.0	6.0	6.0				6.0
E4: The Chair sets the style and tone of Board discussions to promote constructive debate and effective decision making.	5.0	6.0	6.0	6.0				6.0
E6: The Chair is visible within the organisation and is regarded as approachable by staff, patients and the public.	4.0	6.0	6.0	6.0				6.0
E5: The Chair consistently models the behaviours expected of others in Board and wider organisation.	5.0	6.0	6.0	6.0				6.0
E1: The Chair has a significant positive impact on the performance of Board.		6.0	6.0	6.0				6.0

Median Score: (1) Strongly disagree | (2) Disagree | (3) Slightly disagree | (4) Slightly agree | (5) Agree | (6) Strongly agree

Range of scores: (Highest - Lowest)

* Participants may not have provided a response to every question.

E11: In relation to Board Leadership, what are your recommendations for things to keep, strengthen and/or do differently?

- the chair is to be commended for her style of 'walking around' rather than asking others to meet with her. Commend practice of an 'open' diary even when pressured

- The Chair is a great role model and is always open to feedback and suggestions to improve the board. I think she personally reflects on her own performance and behaviours and I see this playing out on a regular basis.

- Retain positive culture to encourage contributions and buy-in

- Opportunity to go up stream in building capacity of middle leaders enable execs to shape our environment

- Keep openness and respect, Encourage conciseness in discussions and reports, Make the link between projects and strategic objectives clearer. Make language simple and avoid acronyms and fancy names

- keep level of activity, strengthen board representation at political level

- I am the Chair...I would like to be more visible within the organisation.

- Continue to be as open and engaging, Ensure greater focus on transformation with less focus on operational performance

- Board leadership is strong and fosters an environment in which members feel safe, enabled to challenge and question and this must remain. Succession planning may be an area that needs some strengthening and consideration.

- Board Chair is very effective and has built strong personal relationships with colleagues while ensuring focus on Board performance

E12: What do you see as your own development priorities for the coming year?

- to more fully understand the values and priorities of fellow directors - both non-exec and exec

- More exposure to our colleague boards to understand collaboration opportunities and get a feel for their areas of expertise and consider any potential synergies.

- Improve engagement with non execs in between meeting cycles

- Greater understanding of info for decision making

- Get better at moulding meeting agenda (ARC in particular) to be more clearly linked to strategic objectives and to reduce the attendees to those with as really active role to play.

- Further my understanding of the organisation and engagement with staff generally Deeper understanding of aspects around the strategic objectives, once agreed, Get out and about within NHSS and our stakeholder groups in collaboration with Executive/management to support the drive for visibility and relevance going forward

- Further develop the Board's clinical governance agenda and increase the focus on the improvement agenda, Further develop my chairing skills, Make an effective contribution to strategy development

- Developing experience of working with Board.

- become more involved in PR -stakeholder activity.

E13: Any other comments?

- NSS is a good board to work in and I can see how I have developed as a NED as a result of this positive experience.

- no

- Excellent leadership, the Board is a safe place to ask, debate and challenge and that comes from the Chair and the way they conduct both themselves and the way they encourage and develop others.

- Ace chair

Consolidated Domain Rankings

Table 13: Overall ranking of domains, in terms of the level of development required by the Board.[1]
(Domains ordered from lowest median rank to highest median rank)

Domain	Total Responses	(1) Most Development	(2)	(3)	(4)	(5) Least Development	Median Rank
(A) Engaging with Stakeholders	10	80			10	10	1.0
(B) Board's Strategic Intent	10		50	30	20		2.5
(C) Holding to Account	10	20	10	50	20		3.0
(D) Board Dynamics	10		40		30	30	4.0
(E) Board Leadership	10			20	20	60	5.0
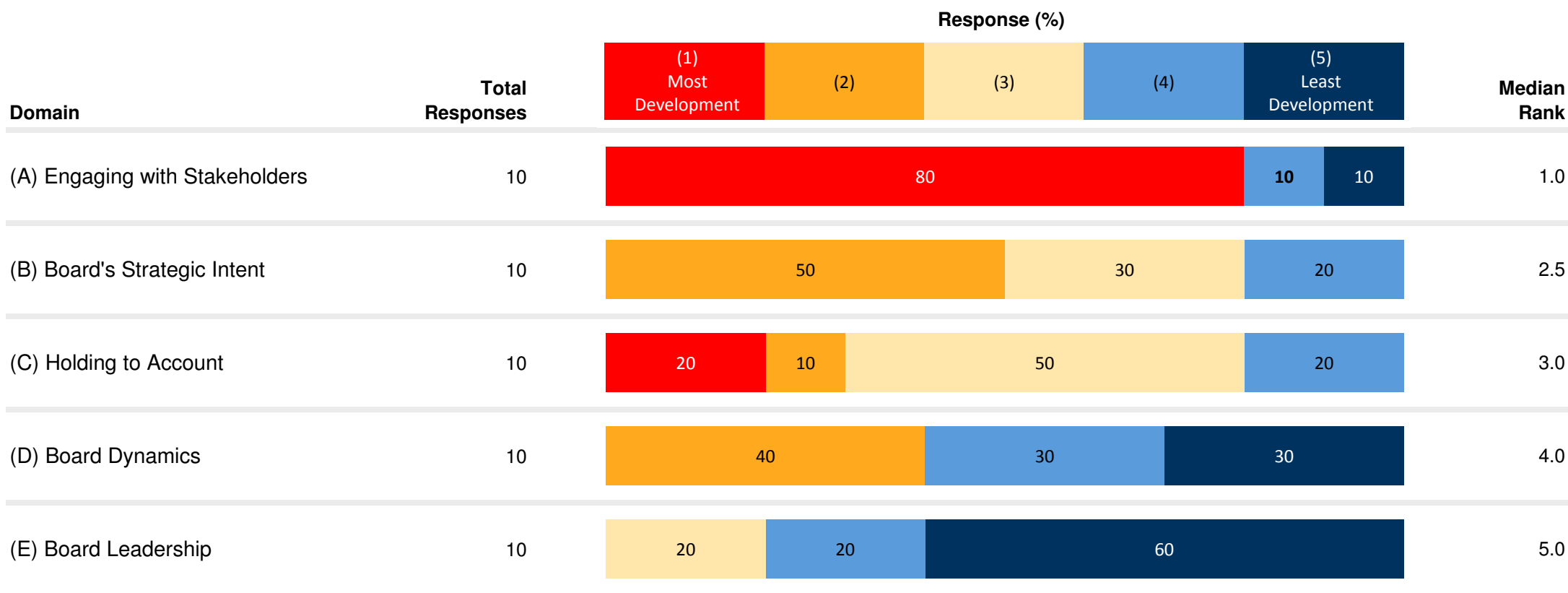
[1] Respondents were asked to rank all five domains, relative to one another, in terms of the level of development required by the Board. Respondents could not rank domains equally and all domains had to be given a rank (1 = "Most development required"; 5 = "Least development required"). Note: Results have been rounded to the nearest whole percentage; this occasionally results in the sum of the percentages not adding up to exactly 100%.

Further Information

Further information files will be provided to support the analysis of this report.

If you have any queries or require assistance, please contact
NSS.BoardDevelopment@nhs.net

Appendix A: Full Breakdown of Responses

Table 14: Responses to statements relating to the "Engaging with Stakeholders" domain, by respondent type.

Statement	Respondent Type	Total Respondents	(1) Strongly disagree	(2) Disagree	(3) Slightly disagree	(4) Slightly agree	(5) Agree	(6) Strongly agree	Median Score	Range
A1: The Board is clear who its stakeholders are and how each contributes to the health and well-being of the population they serve.	Board Chair	1	0	0	1	0	0	0	3	-
	Chief Executive	1	0	0	0	0	0	1	6	-
	Executive Director	3	0	0	0	0	3	0	5	0
	Non-Exec Director	5	0	0	0	2	1	2	5	2
	Director Other	0	-	-	-	-	-	-	-	-
	Non-Exec Stakeholder	0	-	-	-	-	-	-	-	-
	Local Authority Member	0	-	-	-	-	-	-	-	-
	Overall	**10**	**0**	**0**	**1**	**2**	**4**	**3**	**5**	**3**
	Overall (%)		**0%**	**0%**	**10%**	**20%**	**40%**	**30%**		
A2: The Board has a clear engagement and communication framework which covers all of its stakeholders.	Board Chair	1	0	0	1	0	0	0	3	-
	Chief Executive	1	0	0	0	0	1	0	5	-
	Executive Director	3	0	1	0	1	1	0	4	3
	Non-Exec Director	5	0	0	1	2	2	0	4	2
	Director Other	0	-	-	-	-	-	-	-	-
	Non-Exec Stakeholder	0	-	-	-	-	-	-	-	-
	Local Authority Member	0	-	-	-	-	-	-	-	-
	Overall	**10**	**0**	**1**	**2**	**3**	**4**	**0**	**4**	**3**
	Overall (%)		**0%**	**10%**	**20%**	**30%**	**40%**	**0%**		
A3: The Board has effective feedback loops and systems which encourage stakeholders to comment and influence the organisation's performance in delivering person centred, safe and effective healthcare.	Board Chair	1	0	0	1	0	0	0	3	-
	Chief Executive	1	0	0	0	0	0	1	6	-
	Executive Director	3	0	1	0	1	1	0	4	3
	Non-Exec Director	4	0	1	0	2	1	0	4	3
	Director Other	0	-	-	-	-	-	-	-	-
	Non-Exec Stakeholder	0	-	-	-	-	-	-	-	-
	Local Authority Member	0	-	-	-	-	-	-	-	-
	Overall	**9**	**0**	**2**	**1**	**3**	**2**	**1**	**4**	**4**
	Overall (%)		**0%**	**22%**	**11%**	**33%**	**22%**	**11%**		

Table 14: Responses to statements relating to the "Engaging with Stakeholders" domain, by respondent type (cont.).

Statement	Respondent Type	Total Respondents	(1) Strongly disagree	(2) Disagree	(3) Slightly disagree	(4) Slightly agree	(5) Agree	(6) Strongly agree	Median Score	Range
A4: The Board can evidence how it actively engages to consider, discuss and influence national policy developments and potential impacts with stakeholders.	Board Chair	1	0	0	0	0	1	0	5	-
	Chief Executive	1	0	0	0	1	0	0	4	-
	Executive Director	3	0	0	0	1	2	0	5	1
	Non-Exec Director	5	0	1	1	0	3	0	5	3
	Director Other	0	-	-	-	-	-	-	-	-
	Non-Exec Stakeholder	0	-	-	-	-	-	-	-	-
	Local Authority Member	0	-	-	-	-	-	-	-	-
	Overall	**10**	**0**	**1**	**1**	**2**	**6**	**0**	**5**	**3**
	Overall (%)		**0%**	**10%**	**10%**	**20%**	**60%**	**0%**		
A5: The Board is responsive to the needs of its stakeholders, ensuring its plans, priorities and actions are informed by robust and regular discussions.	Board Chair	1	0	0	0	1	0	0	4.0	-
	Chief Executive	1	0	0	0	0	1	0	5.0	-
	Executive Director	3	0	0	0	0	3	0	5.0	0
	Non-Exec Director	5	0	0	1	2	1	1	4.0	3
	Director Other	0	-	-	-	-	-	-	-	-
	Non-Exec Stakeholder	0	-	-	-	-	-	-	-	-
	Local Authority Member	0	-	-	-	-	-	-	-	-
	Overall	**10**	**0**	**0**	**1**	**3**	**5**	**1**	**5.0**	**3**
	Overall (%)		**0%**	**0%**	**10%**	**30%**	**50%**	**10%**		
A6: In defining health needs and influencing priorities, the Board particularly ensures that people who live with long term conditions, health inequalities and /or other life limiting situations are involved.	Board Chair	0	-	-	-	-	-	-	-	-
	Chief Executive	1	0	0	0	1	0	0	4.0	-
	Executive Director	2	0	0	0	0	2	0	5.0	0
	Non-Exec Director	3	0	0	1	2	0	0	4.0	1
	Director Other	0	-	-	-	-	-	-	-	-
	Non-Exec Stakeholder	0	-	-	-	-	-	-	-	-
	Local Authority Member	0	-	-	-	-	-	-	-	-
	Overall	**6**	**0**	**0**	**1**	**3**	**2**	**0**	**4.0**	**2**
	Overall (%)		**0%**	**0%**	**17%**	**50%**	**33%**	**0%**		

Table 14: Responses to statements relating to the "Engaging with Stakeholders" domain, by respondent type (cont.).

Statement	Respondent Type	Total Respondents	(1) Strongly disagree	(2) Disagree	(3) Slightly disagree	(4) Slightly agree	(5) Agree	(6) Strongly agree	Median Score	Range
A7: All staff understand the vision, aims and objectives of the organisation and support the Board in delivering commitments to the public they serve.	Board Chair	1	0	0	0	0	1	0	5.0	-
	Chief Executive	1	0	0	0	0	1	0	5.0	-
	Executive Director	3	0	0	0	1	1	1	5.0	2
	Non-Exec Director	5	0	0	0	0	5	0	5.0	0
	Director Other	0	-	-	-	-	-	-	-	-
	Non-Exec Stakeholder	0	-	-	-	-	-	-	-	-
	Local Authority Member	0	-	-	-	-	-	-	-	-
	Overall	**10**	**0**	**0**	**0**	**1**	**8**	**1**	**5.0**	**2**
	Overall (%)		**0%**	**0%**	**0%**	**10%**	**80%**	**10%**		
A8: The Board proactively promotes its identity and reputation in the media and works positively to influence and manage its public image to secure and maintain public confidence in its services.	Board Chair	1	0	0	0	1	0	0	4.0	-
	Chief Executive	1	0	0	0	0	1	0	5.0	-
	Executive Director	3	0	0	0	1	1	1	5.0	2
	Non-Exec Director	5	0	0	0	3	2	0	4.0	1
	Director Other	0	-	-	-	-	-	-	-	-
	Non-Exec Stakeholder	0	-	-	-	-	-	-	-	-
	Local Authority Member	0	-	-	-	-	-	-	-	-
	Overall	**10**	**0**	**0**	**0**	**5**	**4**	**1**	**4.5**	**2**
	Overall (%)		**0%**	**0%**	**0%**	**50%**	**40%**	**10%**		
A9: Board members actively seek practical opportunities to engage with patients, carers and staff in the system and are generally seen as approachable.	Board Chair	0	-	-	-	-	-	-	-	-
	Chief Executive	1	0	0	0	0	1	0	5.0	-
	Executive Director	3	0	0	0	2	1	0	4.0	1
	Non-Exec Director	5	0	0	0	3	2	0	4.0	1
	Director Other	0	-	-	-	-	-	-	-	-
	Non-Exec Stakeholder	0	-	-	-	-	-	-	-	-
	Local Authority Member	0	-	-	-	-	-	-	-	-
	Overall	**9**	**0**	**0**	**0**	**5**	**4**	**0**	**4.0**	**1**
	Overall (%)		**0%**	**0%**	**0%**	**56%**	**44%**	**0%**		

Table 15: Responses to statements relating to the "Strategic Intent" domain, by respondent type.

Statement	Respondent Type	Total Respondents	(1) Strongly disagree	(2) Disagree	(3) Slightly disagree	(4) Slightly agree	(5) Agree	(6) Strongly agree	Median Score	Range
B1: The Board has a collective vision underpinned by a set of strategic priorities and objectives that can be evidenced.	Board Chair	1	0	0	0	0	1	0	5.0	-
	Chief Executive	1	0	0	0	0	0	1	6.0	-
	Executive Director	3	0	0	0	0	0	3	6.0	0
	Non-Exec Director	5	0	0	0	0	2	3	6.0	1
	Director Other	0	-	-	-	-	-	-	-	-
	Non-Exec Stakeholder	0	-	-	-	-	-	-	-	-
	Local Authority Member	0	-	-	-	-	-	-	-	-
	Overall	**10**	**0**	**0**	**0**	**0**	**3**	**7**	**6.0**	**1**
	Overall (%)		**0%**	**0%**	**0%**	**0%**	**30%**	**70%**		
B2: The Board's health-related strategic priorities are based upon the evidence-based needs of the communities it serves.	Board Chair	1	0	0	0	0	1	0	5.0	-
	Chief Executive	1	0	0	0	0	1	0	5.0	-
	Executive Director	3	0	0	0	0	1	2	6.0	1
	Non-Exec Director	5	0	0	0	1	4	0	5.0	1
	Director Other	0	-	-	-	-	-	-	-	-
	Non-Exec Stakeholder	0	-	-	-	-	-	-	-	-
	Local Authority Member	0	-	-	-	-	-	-	-	-
	Overall	**10**	**0**	**0**	**0**	**1**	**7**	**2**	**5.0**	**2**
	Overall (%)		**0%**	**0%**	**0%**	**10%**	**70%**	**20%**		
B3: Board members actively influence and drive policy and strategy to encourage continuous improvement.	Board Chair	1	0	0	0	1	0	0	4.0	-
	Chief Executive	1	0	0	0	0	1	0	5.0	-
	Executive Director	3	0	0	0	0	2	1	5.0	1
	Non-Exec Director	5	0	0	0	1	2	2	5.0	2
	Director Other	0	-	-	-	-	-	-	-	-
	Non-Exec Stakeholder	0	-	-	-	-	-	-	-	-
	Local Authority Member	0	-	-	-	-	-	-	-	-
	Overall	**10**	**0**	**0**	**0**	**2**	**5**	**3**	**5.0**	**2**
	Overall (%)		**0%**	**0%**	**0%**	**20%**	**50%**	**30%**		

Table 15: Responses to statements relating to the "Strategic Intent" domain, by respondent type (cont.).

Statement	Respondent Type	Total Respondents	(1) Strongly disagree	(2) Disagree	(3) Slightly disagree	(4) Slightly agree	(5) Agree	(6) Strongly agree	Median Score	Range
B4: The Board is clear about its priority to deliver safe, effective person centred care and has the skills, capability and organisational systems to deliver strategic priorities and support the organisation to continually improve.	Board Chair	1	0	0	0	1	0	0	4.0	-
	Chief Executive	1	0	0	0	0	0	1	6.0	-
	Executive Director	3	0	0	0	1	0	2	6.0	2
	Non-Exec Director	5	0	0	0	1	2	2	5.0	2
	Director Other	0	-	-	-	-	-	-	-	-
	Non-Exec Stakeholder	0	-	-	-	-	-	-	-	-
	Local Authority Member	0	-	-	-	-	-	-	-	-
	Overall	**10**	**0**	**0**	**0**	**3**	**2**	**5**	**5.5**	**2**
	Overall (%)		**0%**	**0%**	**0%**	**30%**	**20%**	**50%**		
B5: The Board regularly reviews its risks and planning contingencies.	Board Chair	1	0	0	0	0	0	1	6.0	-
	Chief Executive	1	0	0	0	0	0	1	6.0	-
	Executive Director	3	0	0	0	0	0	3	6.0	0
	Non-Exec Director	5	0	0	0	0	1	4	6.0	1
	Director Other	0	-	-	-	-	-	-	-	-
	Non-Exec Stakeholder	0	-	-	-	-	-	-	-	-
	Local Authority Member	0	-	-	-	-	-	-	-	-
	Overall	**10**	**0**	**0**	**0**	**0**	**1**	**9**	**6.0**	**1**
	Overall (%)		**0%**	**0%**	**0%**	**0%**	**10%**	**90%**		
B6: Staff and stakeholders would agree that the Board articulates its strategic priorities clearly and consistently.	Board Chair	1	0	0	0	0	1	0	5.0	-
	Chief Executive	1	0	0	0	0	1	0	5.0	-
	Executive Director	3	0	0	0	0	3	0	5.0	0
	Non-Exec Director	4	0	0	0	2	2	0	4.5	1
	Director Other	0	-	-	-	-	-	-	-	-
	Non-Exec Stakeholder	0	-	-	-	-	-	-	-	-
	Local Authority Member	0	-	-	-	-	-	-	-	-
	Overall	**9**	**0**	**0**	**0**	**2**	**7**	**0**	**5.0**	**1**
	Overall (%)		**0%**	**0%**	**0%**	**22%**	**78%**	**0%**		

Table 15: Responses to statements relating to the "Strategic Intent" domain, by respondent type (cont.).

Statement	Respondent Type	Total Respondents	(1) Strongly disagree	(2) Disagree	(3) Slightly disagree	(4) Slightly agree	(5) Agree	(6) Strongly agree	Median Score	Range
B7: Every member of the Board can articulate the key challenges facing the organisation.	Board Chair	1	0	0	0	0	0	1	6.0	-
	Chief Executive	1	0	0	0	0	0	1	6.0	-
	Executive Director	3	0	0	0	0	1	2	6.0	1
	Non-Exec Director	5	0	0	0	0	4	1	5.0	1
	Director Other	0	-	-	-	-	-	-	-	-
	Non-Exec Stakeholder	0	-	-	-	-	-	-	-	-
	Local Authority Member	0	-	-	-	-	-	-	-	-
	Overall	**10**	**0**	**0**	**0**	**0**	**5**	**5**	**5.5**	**1**
	Overall (%)		**0%**	**0%**	**0%**	**0%**	**50%**	**50%**		
B8: The Board is confident that strategic priorities are adequately resourced with progress reviewed and refreshed during the course of each planning and performance cycle.	Board Chair	1	0	0	0	0	0	1	6.0	-
	Chief Executive	1	0	0	0	0	0	1	6.0	-
	Executive Director	3	0	0	0	0	3	0	5.0	0
	Non-Exec Director	5	0	0	0	1	4	0	5.0	1
	Director Other	0	-	-	-	-	-	-	-	-
	Non-Exec Stakeholder	0	-	-	-	-	-	-	-	-
	Local Authority Member	0	-	-	-	-	-	-	-	-
	Overall	**10**	**0**	**0**	**0**	**1**	**7**	**2**	**5.0**	**2**
	Overall (%)		**0%**	**0%**	**0%**	**10%**	**70%**	**20%**		
B9: The Board discusses and makes decisions about areas for investment and disinvestment and implements these.	Board Chair	1	0	0	0	0	0	1	6.0	-
	Chief Executive	1	0	0	0	0	1	0	5.0	-
	Executive Director	3	0	0	0	0	3	0	5.0	0
	Non-Exec Director	5	0	0	0	1	2	2	5.0	2
	Director Other	0	-	-	-	-	-	-	-	-
	Non-Exec Stakeholder	0	-	-	-	-	-	-	-	-
	Local Authority Member	0	-	-	-	-	-	-	-	-
	Overall	**10**	**0**	**0**	**0**	**1**	**6**	**3**	**5.0**	**2**
	Overall (%)		**0%**	**0%**	**0%**	**10%**	**60%**	**30%**		

Table 15: Responses to statements relating to the "Strategic Intent" domain, by respondent type (cont.).

Statement	Respondent Type	Total Respondents	(1) Strongly disagree	(2) Disagree	(3) Slightly disagree	(4) Slightly agree	(5) Agree	(6) Strongly agree	Median Score	Range
B10: Stakeholders would describe the Boards strategic plan as being clear, innovative, ambitious and meeting the needs of its communities in a sustainable way.	Board Chair	1	0	0	0	1	0	0	4.0	-
	Chief Executive	1	0	0	0	0	1	0	5.0	-
	Executive Director	3	0	0	0	0	3	0	5.0	0
	Non-Exec Director	4	0	0	0	0	3	1	5.0	1
	Director Other	0	-	-	-	-	-	-	-	-
	Non-Exec Stakeholder	0	-	-	-	-	-	-	-	-
	Local Authority Member	0	-	-	-	-	-	-	-	-
	Overall	**9**	**0**	**0**	**0**	**1**	**7**	**1**	**5.0**	**2**
	Overall (%)		**0%**	**0%**	**0%**	**11%**	**78%**	**11%**		

Table 16: Responses to statements relating to the "Holding to Account" domain, by respondent type.

Statement	Respondent Type	Total Respondents	(1) Strongly disagree	(2) Disagree	(3) Slightly disagree	(4) Slightly agree	(5) Agree	(6) Strongly agree	Median Score	Range
C1: The Board receives sufficient high quality information to enable the Board to make effective decisions, assess risks and hold Directors to account for the organisation's performance.	Board Chair	1	0	0	0	0	0	1	6.0	-
	Chief Executive	1	0	0	0	0	0	1	6.0	-
	Executive Director	3	0	0	0	0	2	1	5.0	1
	Non-Exec Director	5	0	0	0	0	4	1	5.0	1
	Director Other	0	-	-	-	-	-	-	-	-
	Non-Exec Stakeholder	0	-	-	-	-	-	-	-	-
	Local Authority Member	0	-	-	-	-	-	-	-	-
	Overall	**10**	**0**	**0**	**0**	**0**	**6**	**4**	**5.0**	**1**
	Overall (%)		**0%**	**0%**	**0%**	**0%**	**60%**	**40%**		
C2: Board members are skilled and confident in reviewing and challenging a range of data including improvement data.	Board Chair	1	0	0	0	0	0	1	6.0	-
	Chief Executive	1	0	0	0	0	1	0	5.0	-
	Executive Director	3	0	0	0	0	0	3	6.0	0
	Non-Exec Director	5	0	0	0	0	4	1	5.0	1
	Director Other	0	-	-	-	-	-	-	-	-
	Non-Exec Stakeholder	0	-	-	-	-	-	-	-	-
	Local Authority Member	0	-	-	-	-	-	-	-	-
	Overall	**10**	**0**	**0**	**0**	**0**	**5**	**5**	**5.5**	**1**
	Overall (%)		**0%**	**0%**	**0%**	**0%**	**50%**	**50%**		
C3: The Board provides constructive challenge and advice to define and agree clear improvement targets.	Board Chair	1	0	0	0	0	0	1	6.0	-
	Chief Executive	1	0	0	0	0	0	1	6.0	-
	Executive Director	3	0	0	0	0	1	2	6.0	1
	Non-Exec Director	5	0	0	0	0	3	2	5.0	1
	Director Other	0	-	-	-	-	-	-	-	-
	Non-Exec Stakeholder	0	-	-	-	-	-	-	-	-
	Local Authority Member	0	-	-	-	-	-	-	-	-
	Overall	**10**	**0**	**0**	**0**	**0**	**4**	**6**	**6.0**	**1**
	Overall (%)		**0%**	**0%**	**0%**	**0%**	**40%**	**60%**		

Table 16: Responses to statements relating to the "Holding to Account" domain, by respondent type (cont.).

Statement	Respondent Type	Total Respondents	(1) Strongly disagree	(2) Disagree	(3) Slightly disagree	(4) Slightly agree	(5) Agree	(6) Strongly agree	Median Score	Range
C4: Board decision making processes are robust, ethical and evidence based recognising, where appropriate, social diversity and cultural needs.	Board Chair	1	0	0	0	0	0	1	6.0	-
	Chief Executive	1	0	0	0	0	0	1	6.0	-
	Executive Director	3	0	0	0	0	2	1	5.0	1
	Non-Exec Director	5	0	0	0	0	3	2	5.0	1
	Director Other	0	-	-	-	-	-	-	-	-
	Non-Exec Stakeholder	0	-	-	-	-	-	-	-	-
	Local Authority Member	0	-	-	-	-	-	-	-	-
	Overall	**10**	**0**	**0**	**0**	**0**	**5**	**5**	**5.5**	**1**
	Overall (%)		**0%**	**0%**	**0%**	**0%**	**50%**	**50%**		
C5: The Board has clear sight of current financial performance and is able to make adjustment to medium and long term projections.	Board Chair	1	0	0	0	0	1	0	5.0	-
	Chief Executive	1	0	0	0	0	0	1	6.0	-
	Executive Director	3	0	0	0	0	2	1	5.0	1
	Non-Exec Director	5	0	0	0	1	4	0	5.0	1
	Director Other	0	-	-	-	-	-	-	-	-
	Non-Exec Stakeholder	0	-	-	-	-	-	-	-	-
	Local Authority Member	0	-	-	-	-	-	-	-	-
	Overall	**10**	**0**	**0**	**0**	**1**	**7**	**2**	**5.0**	**2**
	Overall (%)		**0%**	**0%**	**0%**	**10%**	**70%**	**20%**		
C6: The Board has a regular and active process to develop and review plans for medium to long term investment choices.	Board Chair	1	0	0	0	0	0	1	6.0	-
	Chief Executive	1	0	0	0	0	1	0	5.0	-
	Executive Director	3	0	0	0	0	3	0	5.0	0
	Non-Exec Director	4	0	0	0	0	2	2	5.5	1
	Director Other	0	-	-	-	-	-	-	-	-
	Non-Exec Stakeholder	0	-	-	-	-	-	-	-	-
	Local Authority Member	0	-	-	-	-	-	-	-	-
	Overall	**9**	**0**	**0**	**0**	**0**	**6**	**3**	**5.0**	**1**
	Overall (%)		**0%**	**0%**	**0%**	**0%**	**67%**	**33%**		

Table 16: Responses to statements relating to the "Holding to Account" domain, by respondent type (cont.).

Statement	Respondent Type	Total Respondents	(1) Strongly disagree	(2) Disagree	(3) Slightly disagree	(4) Slightly agree	(5) Agree	(6) Strongly agree	Median Score	Range
C7: The Board collectively and regularly reviews its governance system and associated leadership arrangements to ensure these are robust and fit for purpose.	Board Chair	1	0	0	0	0	0	1	6.0	-
	Chief Executive	1	0	0	0	0	0	1	6.0	-
	Executive Director	3	0	0	0	0	2	1	5.0	1
	Non-Exec Director	4	0	0	0	0	0	4	6.0	0
	Director Other	0	-	-	-	-	-	-	-	-
	Non-Exec Stakeholder	0	-	-	-	-	-	-	-	-
	Local Authority Member	0	-	-	-	-	-	-	-	-
	Overall	**9**	**0**	**0**	**0**	**0**	**2**	**7**	**6.0**	**1**
	Overall (%)		**0%**	**0%**	**0%**	**0%**	**22%**	**78%**		
C8: The Board regularly and formally reviews progress towards the achievement of the organisation's strategic priorities.	Board Chair	1	0	0	0	0	0	1	6.0	-
	Chief Executive	1	0	0	0	0	0	1	6.0	-
	Executive Director	3	0	0	0	0	1	2	6.0	1
	Non-Exec Director	5	0	0	0	1	2	2	5.0	2
	Director Other	0	-	-	-	-	-	-	-	-
	Non-Exec Stakeholder	0	-	-	-	-	-	-	-	-
	Local Authority Member	0	-	-	-	-	-	-	-	-
	Overall	**10**	**0**	**0**	**0**	**1**	**3**	**6**	**6.0**	**2**
	Overall (%)		**0%**	**0%**	**0%**	**10%**	**30%**	**60%**		
C9: The agenda for Board meetings clearly reflects the organisation's priorities and places emphasis on person centredness, safety, effectiveness and productivity.	Board Chair	0	-	-	-	-	-	-	-	-
	Chief Executive	1	0	0	0	0	0	1	6.0	-
	Executive Director	3	0	0	0	0	1	2	6.0	1
	Non-Exec Director	5	0	0	0	1	2	2	5.0	2
	Director Other	0	-	-	-	-	-	-	-	-
	Non-Exec Stakeholder	0	-	-	-	-	-	-	-	-
	Local Authority Member	0	-	-	-	-	-	-	-	-
	Overall	**9**	**0**	**0**	**0**	**1**	**3**	**5**	**6.0**	**2**
	Overall (%)		**0%**	**0%**	**0%**	**11%**	**33%**	**56%**		

Table 16: Responses to statements relating to the "Holding to Account" domain, by respondent type (cont.).

Statement	Respondent Type	Total Respondents	(1) Strongly disagree	(2) Disagree	(3) Slightly disagree	(4) Slightly agree	(5) Agree	(6) Strongly agree	Median Score	Range
C10: The remit and agendas of the Board's standing committees clearly reflect the Board's objectives.	Board Chair	1	0	0	0	0	0	1	6.0	-
	Chief Executive	1	0	0	0	0	0	1	6.0	-
	Executive Director	3	0	0	0	0	1	2	6.0	1
	Non-Exec Director	5	0	0	0	0	3	2	5.0	1
	Director Other	0	-	-	-	-	-	-	-	-
	Non-Exec Stakeholder	0	-	-	-	-	-	-	-	-
	Local Authority Member	0	-	-	-	-	-	-	-	-
	Overall	**10**	**0**	**0**	**0**	**0**	**4**	**6**	**6.0**	**1**
	Overall (%)		**0%**	**0%**	**0%**	**0%**	**40%**	**60%**		
C11: The Board can publicly evidence the justification for difficult decisions.	Board Chair	1	0	0	0	0	0	1	6.0	-
	Chief Executive	1	0	0	0	0	1	0	5.0	-
	Executive Director	3	0	0	0	0	2	1	5.0	1
	Non-Exec Director	4	0	0	0	0	1	3	6.0	1
	Director Other	0	-	-	-	-	-	-	-	-
	Non-Exec Stakeholder	0	-	-	-	-	-	-	-	-
	Local Authority Member	0	-	-	-	-	-	-	-	-
	Overall	**9**	**0**	**0**	**0**	**0**	**4**	**5**	**6.0**	**1**
	Overall (%)		**0%**	**0%**	**0%**	**0%**	**44%**	**56%**		
C12: The Board routinely and collectively reviews its effectiveness as a Board, including its governance arrangements.	Board Chair	1	0	0	0	0	0	1	6.0	-
	Chief Executive	1	0	0	0	0	0	1	6.0	-
	Executive Director	3	0	0	0	0	1	2	6.0	1
	Non-Exec Director	4	0	0	0	0	2	2	5.5	1
	Director Other	0	-	-	-	-	-	-	-	-
	Non-Exec Stakeholder	0	-	-	-	-	-	-	-	-
	Local Authority Member	0	-	-	-	-	-	-	-	-
	Overall	**9**	**0**	**0**	**0**	**0**	**3**	**6**	**6.0**	**1**
	Overall (%)		**0%**	**0%**	**0%**	**0%**	**33%**	**67%**		

Table 17: Responses to statements relating to the "Board Dynamics" domain, by respondent type.

Statement	Respondent Type	Total Respondents	(1) Strongly disagree	(2) Disagree	(3) Slightly disagree	(4) Slightly agree	(5) Agree	(6) Strongly agree	Median Score	Range
D1: Sufficient time is spent clarifying the Board's understanding of issues and openly discussing/debating the information presented before reaching a clear decision.	Board Chair	1	0	0	0	0	1	0	5.0	-
	Chief Executive	1	0	0	0	0	1	0	5.0	-
	Executive Director	3	0	0	0	0	2	1	5.0	1
	Non-Exec Director	5	0	0	0	0	2	3	6.0	1
	Director Other	0	-	-	-	-	-	-	-	-
	Non-Exec Stakeholder	0	-	-	-	-	-	-	-	-
	Local Authority Member	0	-	-	-	-	-	-	-	-
	Overall	**10**	**0**	**0**	**0**	**0**	**6**	**4**	**5.0**	**1**
	Overall (%)		**0%**	**0%**	**0%**	**0%**	**60%**	**40%**		
D2: Board members consistently uphold the principle of collective and corporate responsibility for all Board decisions and their execution.	Board Chair	1	0	0	0	0	0	1	6.0	-
	Chief Executive	1	0	0	0	0	0	1	6.0	-
	Executive Director	3	0	0	0	0	2	1	5.0	1
	Non-Exec Director	5	0	0	0	0	2	3	6.0	1
	Director Other	0	-	-	-	-	-	-	-	-
	Non-Exec Stakeholder	0	-	-	-	-	-	-	-	-
	Local Authority Member	0	-	-	-	-	-	-	-	-
	Overall	**10**	**0**	**0**	**0**	**0**	**4**	**6**	**6.0**	**1**
	Overall (%)		**0%**	**0%**	**0%**	**0%**	**40%**	**60%**		
D3: All Board members are clear about their role and accountability and how this is delivered in line with the Board Members' Code of Conduct.	Board Chair	1	0	0	0	0	0	1	6.0	-
	Chief Executive	1	0	0	0	0	0	1	6.0	-
	Executive Director	3	0	0	0	0	2	1	5.0	1
	Non-Exec Director	4	0	0	0	0	2	2	5.5	1
	Director Other	0	-	-	-	-	-	-	-	-
	Non-Exec Stakeholder	0	-	-	-	-	-	-	-	-
	Local Authority Member	0	-	-	-	-	-	-	-	-
	Overall	**9**	**0**	**0**	**0**	**0**	**4**	**5**	**6.0**	**1**
	Overall (%)		**0%**	**0%**	**0%**	**0%**	**44%**	**56%**		

Table 17: Responses to statements relating to the "Board Dynamics" domain, by respondent type (cont.).

Statement	Respondent Type	Total Respondents	(1) Strongly disagree	(2) Disagree	(3) Slightly disagree	(4) Slightly agree	(5) Agree	(6) Strongly agree	Median Score	Range
D4: Executives and Non-Executives work effectively together respecting role boundaries and promoting organisational values.	Board Chair	1	0	0	0	0	1	0	5.0	-
	Chief Executive	1	0	0	0	0	0	1	6.0	-
	Executive Director	3	0	0	0	0	3	0	5.0	0
	Non-Exec Director	5	0	0	0	0	3	2	5.0	1
	Director Other	0	-	-	-	-	-	-	-	-
	Non-Exec Stakeholder	0	-	-	-	-	-	-	-	-
	Local Authority Member	0	-	-	-	-	-	-	-	-
	Overall	**10**	**0**	**0**	**0**	**0**	**7**	**3**	**5.0**	**1**
	Overall (%)		**0%**	**0%**	**0%**	**0%**	**70%**	**30%**		
D5: Non-Executive Directors recognise the need for, and are skilled in, asking questions and challenging to ensure good governance.	Board Chair	1	0	0	0	0	0	1	6.0	-
	Chief Executive	1	0	0	0	0	1	0	5.0	-
	Executive Director	3	0	0	0	0	0	3	6.0	0
	Non-Exec Director	5	0	0	0	0	4	1	5.0	1
	Director Other	0	-	-	-	-	-	-	-	-
	Non-Exec Stakeholder	0	-	-	-	-	-	-	-	-
	Local Authority Member	0	-	-	-	-	-	-	-	-
	Overall	**10**	**0**	**0**	**0**	**0**	**5**	**5**	**5.5**	**1**
	Overall (%)		**0%**	**0%**	**0%**	**0%**	**50%**	**50%**		
D6: Directors go beyond their respective functional specialisms to adopt a broad role as corporate directors.	Board Chair	1	0	0	0	0	0	1	6.0	-
	Chief Executive	1	0	0	0	0	0	1	6.0	-
	Executive Director	3	0	0	0	0	1	2	6.0	1
	Non-Exec Director	4	0	0	0	0	4	0	5.0	0
	Director Other	0	-	-	-	-	-	-	-	-
	Non-Exec Stakeholder	0	-	-	-	-	-	-	-	-
	Local Authority Member	0	-	-	-	-	-	-	-	-
	Overall	**9**	**0**	**0**	**0**	**0**	**5**	**4**	**5.0**	**1**
	Overall (%)		**0%**	**0%**	**0%**	**0%**	**56%**	**44%**		

Table 17: Responses to statements relating to the "Board Dynamics" domain, by respondent type (cont.).

Statement	Respondent Type	Total Respondents	(1) Strongly disagree	(2) Disagree	(3) Slightly disagree	(4) Slightly agree	(5) Agree	(6) Strongly agree	Median Score	Range
D7: Board members are able to express their opinions openly and challenge constructively.	Board Chair	1	0	0	0	0	0	1	6.0	-
	Chief Executive	1	0	0	0	0	0	1	6.0	-
	Executive Director	3	0	0	0	0	0	3	6.0	0
	Non-Exec Director	5	0	0	0	0	1	4	6.0	1
	Director Other	0	-	-	-	-	-	-	-	-
	Non-Exec Stakeholder	0	-	-	-	-	-	-	-	-
	Local Authority Member	0	-	-	-	-	-	-	-	-
	Overall	**10**	**0**	**0**	**0**	**0**	**1**	**9**	**6.0**	**1**
	Overall (%)		**0%**	**0%**	**0%**	**0%**	**10%**	**90%**		
D8: Board members have had an effective role related local and national induction.	Board Chair	1	0	0	0	0	1	0	5.0	-
	Chief Executive	1	0	0	0	1	0	0	4.0	-
	Executive Director	2	0	0	0	0	2	0	5.0	0
	Non-Exec Director	4	0	0	0	1	3	0	5.0	1
	Director Other	0	-	-	-	-	-	-	-	-
	Non-Exec Stakeholder	0	-	-	-	-	-	-	-	-
	Local Authority Member	0	-	-	-	-	-	-	-	-
	Overall	**8**	**0**	**0**	**0**	**2**	**6**	**0**	**5.0**	**1**
	Overall (%)		**0%**	**0%**	**0%**	**25%**	**75%**	**0%**		
D9: The Chair appraises all Board members on their contribution and ensures development plans are in place and supported.	Board Chair	1	0	0	0	0	1	0	5.0	-
	Chief Executive	1	0	0	0	0	0	1	6.0	-
	Executive Director	2	0	0	0	0	0	2	6.0	0
	Non-Exec Director	4	0	0	0	0	2	2	5.5	1
	Director Other	0	-	-	-	-	-	-	-	-
	Non-Exec Stakeholder	0	-	-	-	-	-	-	-	-
	Local Authority Member	0	-	-	-	-	-	-	-	-
	Overall	**8**	**0**	**0**	**0**	**0**	**3**	**5**	**6.0**	**1**
	Overall (%)		**0%**	**0%**	**0%**	**0%**	**38%**	**63%**		

Table 17: Responses to statements relating to the "Board Dynamics" domain, by respondent type (cont.).

Statement	Respondent Type	Total Respondents	(1) Strongly disagree	(2) Disagree	(3) Slightly disagree	(4) Slightly agree	(5) Agree	(6) Strongly agree	Median Score	Range
D10: Stakeholders would agree that Board Members behave in a way consistent with the values of the NHS.	Board Chair	1	0	0	0	0	0	1	6.0	-
	Chief Executive	1	0	0	0	0	0	1	6.0	-
	Executive Director	3	0	0	0	0	0	3	6.0	0
	Non-Exec Director	4	0	0	0	0	2	2	5.5	1
	Director Other	0	-	-	-	-	-	-	-	-
	Non-Exec Stakeholder	0	-	-	-	-	-	-	-	-
	Local Authority Member	0	-	-	-	-	-	-	-	-
	Overall	**9**	**0**	**0**	**0**	**0**	**2**	**7**	**6.0**	**1**
	Overall (%)		**0%**	**0%**	**0%**	**0%**	**22%**	**78%**		
D11: The Board regularly evaluates the impact of its improvements and shares the learning with others.	Board Chair	1	0	0	0	0	0	1	6.0	-
	Chief Executive	1	0	0	0	1	0	0	4.0	-
	Executive Director	3	0	0	0	1	2	0	5.0	1
	Non-Exec Director	4	0	0	0	1	2	1	5.0	2
	Director Other	0	-	-	-	-	-	-	-	-
	Non-Exec Stakeholder	0	-	-	-	-	-	-	-	-
	Local Authority Member	0	-	-	-	-	-	-	-	-
	Overall	**9**	**0**	**0**	**0**	**3**	**4**	**2**	**5.0**	**2**
	Overall (%)		**0%**	**0%**	**0%**	**33%**	**44%**	**22%**		
D12: The culture within the Board could be described as a learning culture.	Board Chair	1	0	0	0	0	1	0	5.0	-
	Chief Executive	1	0	0	0	0	0	1	6.0	-
	Executive Director	3	0	0	0	1	1	1	5.0	2
	Non-Exec Director	5	0	0	0	0	1	4	6.0	1
	Director Other	0	-	-	-	-	-	-	-	-
	Non-Exec Stakeholder	0	-	-	-	-	-	-	-	-
	Local Authority Member	0	-	-	-	-	-	-	-	-
	Overall	**10**	**0**	**0**	**0**	**1**	**3**	**6**	**6.0**	**2**
	Overall (%)		**0%**	**0%**	**0%**	**10%**	**30%**	**60%**		

Table 18: Responses to statements relating to the "Board Leadership" domain, by respondent type.

Statement	Respondent Type	Total Respondents	(1) Strongly disagree	(2) Disagree	(3) Slightly disagree	(4) Slightly agree	(5) Agree	(6) Strongly agree	Median Score	Range
E1: The Chair has a significant positive impact on the performance of the Board.	Board Chair	0	-	-	-	-	-	-	-	-
	Chief Executive	1	0	0	0	0	0	1	6.0	-
	Executive Director	3	0	0	0	0	0	3	6.0	0
	Non-Exec Director	5	0	0	0	0	0	5	6.0	0
	Director Other	0	-	-	-	-	-	-	-	-
	Non-Exec Stakeholder	0	-	-	-	-	-	-	-	-
	Local Authority Member	0	-	-	-	-	-	-	-	-
	Overall	**9**	**0**	**0**	**0**	**0**	**0**	**9**	**6.0**	**0**
	Overall (%)		**0%**	**0%**	**0%**	**0%**	**0%**	**100%**		
E2: The Chair and the Chief Executive work effectively together and respect one another's roles.	Board Chair	1	0	0	0	0	1	0	5.0	-
	Chief Executive	1	0	0	0	0	0	1	6.0	-
	Executive Director	3	0	0	0	0	0	3	6.0	0
	Non-Exec Director	5	0	0	0	0	1	4	6.0	1
	Director Other	0	-	-	-	-	-	-	-	-
	Non-Exec Stakeholder	0	-	-	-	-	-	-	-	-
	Local Authority Member	0	-	-	-	-	-	-	-	-
	Overall	**10**	**0**	**0**	**0**	**0**	**2**	**8**	**6.0**	**1**
	Overall (%)		**0%**	**0%**	**0%**	**0%**	**20%**	**80%**		
E3: The Chair sets the agenda for effective, well managed meetings that maintain the Board's focus on strategy and performance.	Board Chair	1	0	0	0	0	1	0	5.0	-
	Chief Executive	1	0	0	0	0	0	1	6.0	-
	Executive Director	3	0	0	0	0	0	3	6.0	0
	Non-Exec Director	5	0	0	0	0	1	4	6.0	1
	Director Other	0	-	-	-	-	-	-	-	-
	Non-Exec Stakeholder	0	-	-	-	-	-	-	-	-
	Local Authority Member	0	-	-	-	-	-	-	-	-
	Overall	**10**	**0**	**0**	**0**	**0**	**2**	**8**	**6.0**	**1**
	Overall (%)		**0%**	**0%**	**0%**	**0%**	**20%**	**80%**		

Table 18: Responses to statements relating to the "Board Leadership" domain, by respondent type (cont.).

Statement	Respondent Type	Total Respondents	(1) Strongly disagree	(2) Disagree	(3) Slightly disagree	(4) Slightly agree	(5) Agree	(6) Strongly agree	Median Score	Range
E4: The Chair sets the style and tone of the Board discussions to promote constructive debate and effective decision making.	Board Chair	1	0	0	0	0	1	0	5.0	-
	Chief Executive	1	0	0	0	0	0	1	6.0	-
	Executive Director	3	0	0	0	0	1	2	6.0	1
	Non-Exec Director	5	0	0	0	0	0	5	6.0	0
	Director Other	0	-	-	-	-	-	-	-	-
	Non-Exec Stakeholder	0	-	-	-	-	-	-	-	-
	Local Authority Member	0	-	-	-	-	-	-	-	-
	Overall	**10**	**0**	**0**	**0**	**0**	**2**	**8**	**6.0**	**1**
	Overall (%)		**0%**	**0%**	**0%**	**0%**	**20%**	**80%**		
E5: The Chair consistently models the behaviours expected of others in the Board and wider organisation.	Board Chair	1	0	0	0	0	1	0	5.0	-
	Chief Executive	1	0	0	0	0	0	1	6.0	-
	Executive Director	3	0	0	0	0	0	3	6.0	0
	Non-Exec Director	5	0	0	0	0	0	5	6.0	0
	Director Other	0	-	-	-	-	-	-	-	-
	Non-Exec Stakeholder	0	-	-	-	-	-	-	-	-
	Local Authority Member	0	-	-	-	-	-	-	-	-
	Overall	**10**	**0**	**0**	**0**	**0**	**1**	**9**	**6.0**	**1**
	Overall (%)		**0%**	**0%**	**0%**	**0%**	**10%**	**90%**		
E6: The Chair is visible within the organisation and is regarded as approachable by staff, patients and the public.	Board Chair	1	0	0	0	1	0	0	4.0	-
	Chief Executive	1	0	0	0	0	0	1	6.0	-
	Executive Director	3	0	0	0	0	0	3	6.0	0
	Non-Exec Director	4	0	0	0	0	0	4	6.0	0
	Director Other	0	-	-	-	-	-	-	-	-
	Non-Exec Stakeholder	0	-	-	-	-	-	-	-	-
	Local Authority Member	0	-	-	-	-	-	-	-	-
	Overall	**9**	**0**	**0**	**0**	**1**	**0**	**8**	**6.0**	**2**
	Overall (%)		**0%**	**0%**	**0%**	**11%**	**0%**	**89%**		

Table 18: Responses to statements relating to the "Board Leadership" domain, by respondent type (cont.).

Statement	Respondent Type	Total Respondents	(1) Strongly disagree	(2) Disagree	(3) Slightly disagree	(4) Slightly agree	(5) Agree	(6) Strongly agree	Median Score	Range
E7: The Chair is active, well respected by other Boards, stakeholders and partner organisations.	Board Chair	0	-	-	-	-	-	-	-	-
	Chief Executive	1	0	0	0	0	0	1	6.0	-
	Executive Director	3	0	0	0	0	0	3	6.0	0
	Non-Exec Director	5	0	0	0	0	2	3	6.0	1
	Director Other	0	-	-	-	-	-	-	-	-
	Non-Exec Stakeholder	0	-	-	-	-	-	-	-	-
	Local Authority Member	0	-	-	-	-	-	-	-	-
	Overall	**9**	**0**	**0**	**0**	**0**	**2**	**7**	**6.0**	**1**
	Overall (%)		**0%**	**0%**	**0%**	**0%**	**22%**	**78%**		
E8: The Chair is regularly appraised against clear objectives and is open to making changes to how he/she behaves in the light of feedback from others.	Board Chair	1	0	0	0	0	1	0	5.0	-
	Chief Executive	1	0	0	0	0	1	0	5.0	-
	Executive Director	1	0	0	0	0	1	0	5.0	0
	Non-Exec Director	3	0	0	0	0	1	2	6.0	1
	Director Other	0	-	-	-	-	-	-	-	-
	Non-Exec Stakeholder	0	-	-	-	-	-	-	-	-
	Local Authority Member	0	-	-	-	-	-	-	-	-
	Overall	**6**	**0**	**0**	**0**	**0**	**4**	**2**	**5.0**	**1**
	Overall (%)		**0%**	**0%**	**0%**	**0%**	**67%**	**33%**		
E9: The Chair works continuously to improve the performance of the Board, leading on the work necessary to encourage team working.	Board Chair	1	0	0	0	0	1	0	5.0	-
	Chief Executive	1	0	0	0	0	0	1	6.0	-
	Executive Director	3	0	0	0	0	0	3	6.0	0
	Non-Exec Director	4	0	0	0	0	2	2	5.5	1
	Director Other	0	-	-	-	-	-	-	-	-
	Non-Exec Stakeholder	0	-	-	-	-	-	-	-	-
	Local Authority Member	0	-	-	-	-	-	-	-	-
	Overall	**9**	**0**	**0**	**0**	**0**	**3**	**6**	**6.0**	**1**
	Overall (%)		**0%**	**0%**	**0%**	**0%**	**33%**	**67%**		

Table 18: Responses to statements relating to the "Board Leadership" domain, by respondent type (cont.).

Statement	Respondent Type	Total Respondents	(1) Strongly disagree	(2) Disagree	(3) Slightly disagree	(4) Slightly agree	(5) Agree	(6) Strongly agree	Median Score	Range
E10: The Board has a programme of development in place and this is reviewed regularly.	Board Chair	1	0	0	0	0	1	0	5.0	-
	Chief Executive	1	0	0	0	0	1	0	5.0	-
	Executive Director	3	0	0	0	0	2	1	5.0	1
	Non-Exec Director	4	0	0	0	0	3	1	5.0	1
	Director Other	0	-	-	-	-	-	-	-	-
	Non-Exec Stakeholder	0	-	-	-	-	-	-	-	-
	Local Authority Member	0	-	-	-	-	-	-	-	-
	Overall	**9**	**0**	**0**	**0**	**0**	**7**	**2**	**5.0**	**1**
	Overall (%)		**0%**	**0%**	**0%**	**0%**	**78%**	**22%**		

Appendix B: Notes to Aid Interpretation

The results for the assessment are presented in a number of structured formats within this report. The notes below describe how to interpret these results.

(1) Consolidated Domain Ranking

Board members were asked to rank the five domains, relative to one another, in terms of the level of development required by the Board (1 = "Most development required", 5 = "Least development required"). A table showing the results of this exercise for this Board is presented. The following information is given within this table:

Domain: the name of the domain being ranked.

Total Responses: the total number of respondents within this Board who ranked this domain.

Response (%): the percentage of respondents within this Board who selected each ranking option in relation to the domain. Ranking options are shown on a coloured five-point scale between 1 (most development; red) and 5 (least development; dark blue). Note that results have been rounded to the nearest whole percentage and this occasionally results in the sum of the percentages not adding up to exactly 100%.

Median Rank: a summary score indicating the "mid-point" ranking for this domain within this Board. To calculate the median rank all rankings are listed in numerical order; the median rank is the middle ranking within that list, with half the rankings lying above the median and half below. Where there are an even number of rankings in the list, the median rank is calculated by taking the arithmetic mean of the two middle ranks. In the NHS Scotland Board Diagnostic Tool the five ranking options were assigned values between 1 and 5 (most development = 1; least development = 5); therefore, the lower the median rank the more development respondents indicated is required for this domain within this Board.

Note that the domains within this table have been ordered from the lowest median rank to the highest median rank. Where two domains returned the same median rank the domains have been further ordered from the highest percentage of "most development" responses to the lowest percentage of "most development" responses.

(2) Statements with Highest / Lowest Median Response

Summary tables listing the statements that drew the highest / lowest median response, across all the domains, are presented. Where two statements returned the same median score, the highest / lowest percent positive result and the strength of that positive result have been used to further select the statements that were most / least positive. The following information is given within these tables:

Domain: the domain that the statement relates to.

Statement: the statement that the response relates to.

Median Score: a summary score indicating the "mid-point" response to this statement by respondents within this Board. To calculate the median score all responses are listed in numerical order; the median score is the middle value within that list, with half the responses equal to or above the median and half equal to or below the median. Where there are an even number of responses in the list, the median score is calculated by taking the arithmetic mean of the two middle values. In the NHS Scotland Board Diagnostic Tool the six response options were assigned values between 1 and 6 (strongly disagree = 1; disagree = 2; slightly disagree = 3; slightly agree = 4; agree = 5; strongly agree = 6); therefore, the higher the median score the stronger the agreement with the statement.

% Positive: the percent positive result; defined as the total percentage of respondents who responded positively to this statement within this Board (% strongly agree + % agree + % slightly agree).

(3) Overall Response to Statements

For each of the five domains within the assessment, a table showing the response to each statement within that domain is presented. The purpose of these tables is to show the balance and strength of positive / negative response to each statement and the variation in response across the Board. The following information is given within these tables:

Statement: the statement that the response relates to.

N Responses: the total number of respondents within this Board who provided a valid response to the statement. Note that "Cannot say" responders have been excluded.

Response (%): the percentage of respondents within this Board who selected each response option in relation to the statement. Response options are shown on a coloured six-point scale between 1 (strongly disagree; red) and 6 (strongly agree; dark blue). Blue sections of the scale represent responses that are positive, whereas red/orange/yellow sections represent responses that are negative. Note that results have been rounded to the nearest whole percentage and this occasionally results in the sum of the percentages not adding up to exactly 100%.

Median Score: a summary score indicating the "mid-point" response to this statement by respondents within this Board. For an explanation of how the median score is calculated, please see above. In the NHS Scotland Board Diagnostic Tool the six response options were assigned values between 1 and 6 (strongly disagree = 1; disagree = 2; slightly disagree = 3; slightly agree = 4; agree = 5; strongly agree = 6); therefore, the higher the median score the stronger the agreement with the statement.

Diff. previous survey (Med): the difference between this Board's median score and the median score in a previous assessment. For example, a difference of -1.0 indicates that the median score for this Board is 1 point lower than the equivalent score for the Board in the previous assessment.

% Positive: the percent positive result; defined as the total percentage of respondents who responded positively to this statement within this Board (% strongly agree + % agree + % slightly agree).

Diff. previous S. Agree/Agree (%): the difference between this Board's percent positive result and the percent positive result in a previous assessment. For example, a difference of +1% indicates that the percent positive result for this Board is 1 percentage point higher than the equivalent result for the Board in the previous assessment.

Note that the statements within these tables have been ordered from the lowest median score to the highest median score. Where two statements returned the same median score the statements have been further ordered from the lowest percent positive result to the highest percent positive result.

(4) Median Scores by Respondent Type

For each of the five domains, a table showing the median score for each statement by respondent type is presented. The purpose of these tables is to highlight any differences in response patterns amongst the various respondent types. The number of respondents within each respondent type group is shown in brackets below the name of the group (e.g. N=5).

Each median score is accompanied by a coloured column that helps to indicate how positive / negative the score is; the higher the score / taller the column the more positive the median score. Blue columns represent median scores at the positive end of the scale; Red/orange/yellow columns represent median scores at the negative end of the scale. In both cases, the stronger the colour, the stronger the strength of the response. For an explanation of how the median score is calculated, please see above.

Median scores can be difficult to interpret in isolation. For example a score of 3.5 could indicate consistent responses around slight agreement / slight disagreement, or it could be generated from a mixture of strong opinions in either direction. To aid interpretation, a thin grey bar showing the spread of values around the median score is also shown; the top of the bar indicates the highest score that was recorded for the statement by a respondent(s) within this group, whereas the bottom of the bar indicates the lowest score recorded for the statement by a respondent(s) within this group; the longer the bar the greater the spread of responses. For respondent type groups with only one respondent (e.g. Board Chair, Chief Executive) no grey bar is shown.

Note that the statements within these tables have been ordered from the lowest median score to the highest median score. Where two statements returned the same median score the statements have been further ordered from the lowest percent positive result to the highest percent positive result.

(5) Further Comments

For each of the five domains, Board members were invited to provide further comments by answering a list of open questions. The comments that were made by respondents within this Board have been reported verbatim. Responses to these questions have not been altered or classified in any way; they are simply listed under each related question.

(6) Appendix A: Full Breakdown of Responses

Appendix A presents a full breakdown of the responses that were received for each statement within each domain by respondent type. The following information is given within these tables:

Statement: the statement that the response relates to.

Respondent Type: the type of respondent who gave the response (e.g. Board Chair, Executive Director).

Total Responses: the total number of respondents within this respondent type group / NHS Board who provided a valid response to the statement. Note that "Cannot say" responders have been excluded.

(1) Strongly disagree; (2) Disagree; (3) Slightly disagree; (4) Slightly agree; (5) Agree; (6) Strongly agree: the total number of respondents within this respondent type group / NHS Board who selected each response option in relation to the statement.

Median Score: a summary score indicating the "mid-point" response to this statement by respondents within this respondent type group / NHS Board. To calculate the median score all responses are listed in numerical order; the median score is the middle value within that list. Where there are an even number of responses in the list, the median score is calculated by taking the arithmetic mean of the two middle values. In the NHS Scotland Board Diagnostic Tool the six response options were assigned values between 1 and 6 (strongly disagree = 1; disagree = 2; slightly disagree = 3; slightly agree = 4; agree = 5; strongly agree = 6); therefore, the higher the median score the stronger the agreement with the statement.

Range: the numerical difference between the highest score that was recorded by a respondent(s) within this group and the lowest score recorded by a respondent(s) within this group. The larger the range, the greater the spread of responses. For respondent type groups with only one respondent (e.g. Board Chair, Chief Executive) the range is not reported.

Note: the symbol "-" denotes cases where there is no value to display (for example, where no response was given to a particular question or by a particular respondent type).

APPENDIX C

CORPORATE GOVERNANCE BLUEPRINT	Sub-set			Action	Responsible	Additional Comments
Non-Execs need enough understanding of what NSS does to enable meaningful discussions with their own networks/peers.				Stakeholder engagement - links with other Boards/EMTs		
Do the Board influence culture enough - need the right kind of conversations at the board meetings						
	Define our culture?				Kirstie Brady	
	How we react					
	How we discuss					
	How we focus					
	How do we measure (culture)			Cause/Effect i.e. Sickness absence/staff engagement	Jacqui Jones	
	Inquisitive Piece/Focus Piece					
How does change happen in NS?						
	Board understanding of this			Possible item for next development session?	Mary M/Jacqui J?	
	Cause and effect info.					
How do we answer the points above?						
What would inform these answers?	What reporting etc			Review of forward programmes to ensure most appropriate data is being provided i.e. Timings or reports etc	Karen Nicholls with Exec Leads	
Understanding our stakeholders						
	Attend other Boards meetings?			Explore Further	Matthew Neilson	
	Attend other Boards annual reviews?			Explore Further	Matthew Neilson	
Clear close off of previous year's Board Action Plan				Review and sign off of completed actions at June and November Board meetings. Board Sec to add to forward programme	Karen Nicholls	
Update/change Non-Execs indution Programme				Part of a national initiative being overseen by Sharon Millar, NES	Karen Nicholls	Board Secretary's group involved in updating the Induction programme.
	Meet staff?			Possibility of 'Non-Exec Video Blog' to be discussed with comms.	Karen Nicholls/Matthew Neilson	
	IG Opportunities					
	How would you consider other areas?			Finance		
				Venues		
				SBUs		
Skill Sets						
	Review skill sets in terms of new strategic direction and objectives			Update Skills Gap Matrix		
We are a learning organisation						
	Continuous improvement including Board			Board members training and development programme	Kirstie Brady/Karen Nicholls	
Relationships	Across the whole Board			Relationships bewteen Exec leads and Committee Chairs	ALL	Board Secretary to reinstate 1-1 meetings. In progress as at 15.3.19
Time	allow time in meetings for more Board engagement			Also came across from the Data Flow discussions.		
Focus on HOW the Board works				Send article from JFD to Board	Karen Nicholls	

FLOW OF DATA IN NSS	Sub-set			Action	Responsible	Additional Comments
Systems						
	What systems do we have now			Further work with the IT Business Intelligence Team		
	What is coming in the near future			Use of dashboards etc. See above.		
Types of information						
	What do we need to talk about			Review of forward programmes and more detailed overarching programme of work for Board and sub-committees		
	How do we receive the information			See item 2.1.1		
What conversations should we be having as a Board?						
	Front cover review?			Update/review front cover - IN PROGRESS	Karen Nicholls	
Take time						
	Ensure there is time in the agenda for the Board to actually challenge/reflect			Look at agendas/timings	Board Team	Board Team meeting 21.3.19 to begin this process
	"Did we meet our objectives for this Board/Sub-Committee meeting?"			Look at agendas/timings	Board Team	Board Team meeting 21.3.19 to begin this process
	Stand back at look at what information is actually needed to provide assurance to the Board			Look at agendas/timings. This will also be reviewed as part of the Governance Blueprint where we are looking at synergies across all Boards to make sure the most appropriate and accurate information is being received/produced at the right times.	Board Team	Board Team meeting 21.3.19 to begin this process
How we present information						
	Summary points for Committee should look at the "10 Questions" which come from the TORs			Look at agendas/timings	Board Team/Exec Leads/Sub Committee Chairs	
				Detailed information to be provided via Tableau with two page update/guidance/additions/exceptions to Board prior to the meeting.	Board Team/Exec Leads/Sub Committee Chairs	
	Provide and exec summary and guide to what the committee is being asked to do			Update/review front cover	Karen Nicholls	
	Information tailored to audience/requirements			Update/review front cover	Karen Nicholls	
	Automate information where possible to free up time to have the 'so what' conversations.			Summary points for Committee should look at the "10 Questions" which come from the TORs		
				Update/review front cover		
	Timeliness of data/information/papers			Review of when NSS reporting times are then co-ordinate with meetings schedule.	Karen Nicholls	Board Team meeting 21.3.19 to begin this process
	Report by exception			Detailed information to be provided via Tableau with two page update/guidance/additions/exceptions to Board prior to the meeting.		
Consider provision of just one report						
	This would include Finance/Risk/Feedback/HR etc to provide the BIG PICTURE			EMT to discuss possibilities - KN to add to future meeting of EMT	Karen Nicholls	
	Be in the shoes of the person you are writing the report for			Possible article for Pulse? A day in the life of style?	Sub-Committee Chairs/Matthew Neilson/Board Team	
Relationship between Sub-Committee Chair and relevant Exec Lead	Set-up meetings between Sub-Com Chair, Exec Lead and Board Secretary			Meeting dates to be set up now.	Karen Nicholls	In progress as at 15.3.19

APPENDIX D

The Functions	Ref	Where does the key responsibility sit for this?	What are we doing well?	What are we doing less well?	How could we improve?
F1 - Setting the direction					
Provide leadership, support and guidance to the organisation, including determining the organisation's purpose and ambition	F1.1				
Approve the strategies and plans to deliver the policies and the priorities of the Cabinet Secretary for Health and Sport and the Scottish Government	F1.2				
Agree aims, objectives, standards and targets for service delivery in line with the Scottish Government's priorities	F1.3				
F2 - Holding to Account					
Monitor, scrutinise, challenge and then, if satisfied, support the Executive Leadership Team's management of the organisation's activities, in order to ensure that the organisation's aims, objectives, performance standards and targets are met.	F2.1				
Safeguard and account for public money to ensure resources are	F2.2				

used in accordance with Best Value principles				
Ensure compliance with the requirements of relevant regulations or regulators	F2.3			
Ensure the application and implementation of fair and equitable systems of performance management for the Executive Leadership Team.	F2.4			
Ensure continuous improvement is embedded in all aspects of service delivery, identifying system failures and receiving assurances of remediation action.	F2.5			
F3 - Assessing Risk				
Agree the organisation's risk appetite	F3.1			
Approve risk management strategies and ensure they are communicated to the organisation's staff	F3.2			
Identify current and future corporate, clinical, legislative, financial and reputational risks	F3.3			
Oversee an effective risk management system that assesses level of risk, identifies mitigation and provides assurance that risk is being effectively treated, tolerated or eliminated.	F3.4			

F4 - Stakeholder Engagement					
Involve stakeholders in the development of policies and the setting of priorities	F4.1				
Take into account the views of stakeholders when designing services.	F4.2				
Ensure priorities are clear, well communicated and understood by all stakeholders, including staff, service users and the general public	F3.7				
Establish and maintain public confidence in the organisation as a public body	F3.8				
Report on stewardship and performance and publish an Annual Report and Accounts	F3.9				
Contribute to the development of Scottish Government policies	F3.10				
F5 - Influencing Culture					
Determine and promote shared values that underpin policy and behaviours throughout the organisation	F5.1				
Demonstrate the organisation's values and exemplify effective governance through Board Members'	F5.2				

individual behaviours.				
Develop a cultural blueprint consistent with the organisation's purpose and ambition that describes an organisation where: • People are treated fairly, with respect and valued for their individual differences • People are clear about their objectives and are sufficiently challenged • People have an input into how they deliver their responsibilities and are involved in relevant decisions that affect their work. • People are well informed and get the right information, at the right time, delivered in the right way. • People receive the right training at the right time.	F5.3 ☐F☐☐ ☐ F5.5 F5.6 F5.7 F5.8			
Encourage a leadership approach where: • Leaders are sufficiently visible and give a clear sense of purpose and ambition • Leaders help people understand how they contribute to achieving the Board's	F5.8 F5.10 F5.11			

purpose and ambition.					
• Leaders recognise good performance and deal with poor performance.	F5.12				
• Leaders encourage people to challenge and look for ways to improve performance.	F5.13				
• Leaders help people identify and make the best use of development and career opportunities.	F5.14				
F6 - Providing Support: Assurance Information Systems					
Assurance information/systems provide relevant, accurate, timely information on: • Performance management • Quality management • Financial management • Human Resources management • Change management • Risk management • Information management	F6.1				
Benchmarking the	F6.2				In progress 10.1.19

organisation/s performance against those of similar organisations?				

Meeting: NSS Finance, Procurement and Performance Committee Wednesday, 5th September 2018

Paper Number: *(will be added by Committee Services)*

Title of Paper: Review of NSS Activity against Scottish Government Best Value Guidance

Paper Type: The purpose of this paper is to give the biennial update on progress against the Best Value Guidance for Accountable Officers since the last summarised review in October 16 and from a full review in 2013.

Decisions Required:

The paper is for information.

Analysis:

Name(s) of Author(s) Caroline McDermott
Role(s) of Author(s) Head of Planning
Tel: 0131 275 6518
Email: carolinemcdermott@nhs.net

1. Introduction

This paper builds upon previous formal reviews against Best Value guidance, which took place in October 2013, 2015 and in 2016. Rather than repeating a full blown review, this paper provides a further update on major changes in the position since 2016.

Overview

Across the 5 key themes within the Best Value Assessment, all are graded green. This level of performance is as expected and remains in line with the previous report. The 5 themes are:

- Vision and leadership
- Effective partnerships
- Governance and accountability
- Use of resources and
- Performance management.

There are 2 cross cutting themes, 'Equality' and 'Sustainability,' which are also graded green.

This paper gives examples of performance within each area and highlighting changes since the last report. In summary, NSS has built upon work previously shown to demonstrate our performance against the Best Value standards.

Results

Theme	RAG
Vision and leadership	
Effective partnerships	
Governance and accountability	
Use of resources	
Performance management	
Equality	
Sustainability	

Examples of Achievement

Vision and Leadership

The achievements outlined in the previous report still stand, i.e.:

- NSS has a clear strategic plan with objectives, reviewed on a regular basis by our Board and SBUs through our annual Strategic Planning / Resource Allocation process. Our strategic planning and resource allocation / budgeting process is mature and assured for quality as evidenced by the KPMG Audit findings (Aug 16) and Audit Scotland Report (Jun 18). Work is ongoing to develop a 2 to 5 year strategy as we now review the strategic direction of NSS, particularly given financial challenges ahead and the planned move of PHI to Public Health Scotland.

- Performance relates to strategy and is managed at all levels in the organisation from individual performance reviews to strategic performance management at Board level. Performance is reported to our Scottish Government Sponsor quarterly and to various stakeholder groups, including the public, through our Annual Review. There is also more routine accountability through various pan-NHSScotland operational groups.

- We have a systematic risk management process which has been benchmarked in the top quartile of wider public bodies across Scotland. We also review our risk appetite on an

annual basis. The Board regularly review those risks identified as being strategic and the EMT review montly the corporate risks across the organisation.

One area highlighted within the standards is that leaders and managers should have a vision of how Best Value contributes to achieving effective outcomes for the organisation and that this is communicated clearly.

- We communicate our outcomes in terms of Health, Financial and Environmental Impact. These were used for example in our public Annual Reviews to explain our achievements. Our New and Improved Services (NISe) tool will link with our Decision Support Tool to identify performance indicators to measure benefits of newly introduced or improved services.

Effective Partnerships

- Each SBU identifies customer needs within the strategic planning process.

- Our Customer Engagement and Development Directorate (CEAD) support a structured approach, ensuring the organisation continuously improves its management of customer engagement. We measure our engagement in terms of satisfaction and net promoter scores.

- There is ongoing working with public bodies outside of health and we maintain and develop a number of partnerships where we can support public bodies.

- Stakeholders are involved through a range of meetings, project and programme Boards where outcomes are identified and progress is monitored and reported.

- Regular reports on customer engagement activities are provided to EMT.

Governance and Accountability

- Our Operational Delivery Plan, agreed with SG and wider stakeholders, sets out the targets and milestones associated incorporated into our corporate 5-year plan.

- We have held successful public Annual Reviews with positive feedback from customers, partners and the public.

- NSS worked with the Scottish Public Services Ombudsman, Scottish Government and NHS Boards to deliver the new Model Complaints Handling Procedure for the NHS in Scotland. This is successfully implemented across NSS.

- There was one area of weakness related to the management of the SG eHealth portfolio. Internal and external audits were conducted to ensure all lessons that could be learnt were captured and an action plan has been put in place to ensure these lessons are delivered. This issue while serious was addressed appropriately and in a timely manner, hence there is no associated reduction in the grading of this measure.

Use of Resources

- We have agreed that all new and improved service developments go through the agreed, electronic New and Improved Services (NISe) process before being considered as a business case, therefore all considerations are treated in the same manner. We are reviewing this system to ascertain improvements and link with the Decision Support Tool to generate performance information aligned to benefits.
- The annual planning /resource allocation process is being reviewed in light of the review of 2 – 5 year planning mentioned above to ensure that planning remains genuinely strategic.

- An Information Governance Strategy has been developed setting out our future approach to improving information governance and an Information Asset Register is in place.

Performance Management

- A wide range of performance measures are incorporated in the Decision Support Tool at corporate, SBU and lower levels.
- Measures are discussed and performance managed at Executive Management Team and senior management teams, project groups and stakeholder meetings.
- Regular reports are provided on performance and risk to enable informed decision making.

Equality

- All HR policies clearly define a commitment to equal opportunities.
- The Equality and Diversity Leads produce a monthly Equality newsletter for staff. This group shares good practice; provides guidance to the business and promotes equality, diversity and inclusion. A disAbility network is in place offering support to staff with a disability .NSS has received the status of Disability Confident employer, which means we are committed to supporting our staff, whether they become disabled throughout their working life or are new recruits to NSS. A LGBTI+ group is in place which offers support to staff. Online equality and diversity training is mandatory for all staff.
- We are reviewing what actions we need to take for people who use British Sign Language and in line with the national British Sign Language Plan.

Sustainability

The Finance, Procurement and Performance Committee are updated on a regular basis with separate papers on Sustainability. This paper will therefore not go into any detail on that area. The Sustainability Strategy and associated work programmes are ongoing with responsible officers for implementation identified. The work is overseen by a Sustainability Governance Board. We are on track to meet our targets for Good Corporate Citizenship.

Blueprint for Good Governance

March 2019

Section 2: Setting the Direction - How well do we do this currently?

Exceptionally well	Well	Adequately	Inconsistently	Not well	Badly

2a. Provide leadership, support and guidance to the organisation including determining the organisation's purpose and ambition

17% | 83%

2b. Consider and approve the strategic and operational policies and plans to deliver the policies and priorities of the Scottish Government

17% | 83%

2c. Allocate the budgets and approve the capital investments required to deliver strategic and operational plans

17% | 67% | 17%

2d. Agree the aims, objectives, standards and targets for service delivery in line with the Scottish Government's priorities

33% | 50% | 17%

0   20   40   60   80   100

Blueprint for Good Governance

Section 3: Holding to Account - How well do we do this currently?

Exceptionally well	Well	Adequately	Inconsistently	Not well	Badly

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.

33%	67%

3b. Safeguard and account for public money to ensure resources are used in accordance with Best Value principles.

33%	33%	33%

3c. Ensure compliance with the requirements of relevant regulations or regulators.

50%	50%

3d. Ensure oversight of the application and implementation of fair and equitable systems of pay and performance management, including determining the pay arrangements for the Executive Leadership Team.

17%	83%

3e. Ensure continuous improvement is embedded in all aspects of service delivery.

33%	67%

0   20   40   60   80   100

Blueprint for Good Governance
March 2019

Section 4: Assessing Risk - How well do we do this currently?

	Exceptionally well	Well	Adequately	Inconsistently	Not well	Badly

4a. Consider and agree the organisation's risk tolerance.
50% | 50%

4b. Consider and approve risk management strategies and ensure they are communicated to the organisation's staff.
17% | 33% | 50%

4c. Identify current and future corporate, clinical, legislative, financial and reputational risks.
17% | 33% | 33% | 17%

4d. Oversee an effective risk management system that assesses level of risk, identifies mitigation and provides assurance that risk is being considered effectively.
33% | 33% | 33%

0   20   40   60   80   100

Blueprint for Good Governance

March 2019

Section 5: Engaging Stakeholders - How well do we do this currently?

Exceptionally well	Well	Adequately	Inconsistently	Not well	Badly

5a. Ensure priorities are clear, well communicated and understood by all stakeholders.

Well	Adequately	Not well
33%	50%	17%

5b. Establish and maintain public confidence in the organisation as a public body.

Exceptionally well	Well	Adequately
17%	17%	67%

5c. Report on stewardship and performance and publish an Annual Report and Accounts.

Exceptionally well	Well	Adequately
33%	50%	17%

5d. Contribute to the development of Scottish Government policies.

Well	Adequately
83%	17%

0	20	40	60	80	100

APPENDIX F

Blueprint for Good Governance

March 2019

Section 6: Influencing Culture - How well do we do this currently?

	Exceptionally well	Well	Adequately	Inconsistently	Not well	Badly

6a. Determine and promote shared values that underpin policy and behaviours throughout the organisation — 83% | 17%

6b. Demonstrate the organisation's values and exemplify effective governance through Board Members' individual behaviours. — 33% | 67%

6c. Develop a cultural blueprint consistent with the organisation's purpose and ambition. * — 17% | 50% | 33%

Scale: 0 20 40 60 80 100

* Full Text: 6c. Develop a cultural blueprint consistent with the organisation's purpose and ambition (e.g. visible and supportive leadership, creating the right environment and working practices such as open and transparent decision making, empowering staff and supporting a psychologically safe environment).

Blueprint for Good Governance

Please select a survey section:

Section 2: Setting the Direction - How well do we do this currently? ▼

Please select a question:

2a. Provide leadership, support and guidance to the organisation including determining the organisation's purpose and ambition ▼

	Response	Exceptionally Well		Well		Adequately		Inconsistently		Not well		Badly	
		N	%	N	%	N	%	N	%	N	%	N	%
2a. Provide leadership, support and guidance to the organisation including determining the organisation's purpose and ambition	Non Executive Board Member	1	25	3	75	0	0	0	0	0	0	0	0
	Non Executive Board Member - Stakeholder	0	0	0	0	0	0	0	0	0	0	0	0
	Executive Board Member	0	0	2	100	0	0	0	0	0	0	0	0
	Director/Senior Manager in Attendance	0	0	0	0	0	0	0	0	0	0	0	0
	Overall	**1**	**17**	**5**	**83**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

2a. Provide leadership, support and guidance to the organisation including determining the organisation's purpose and ambition
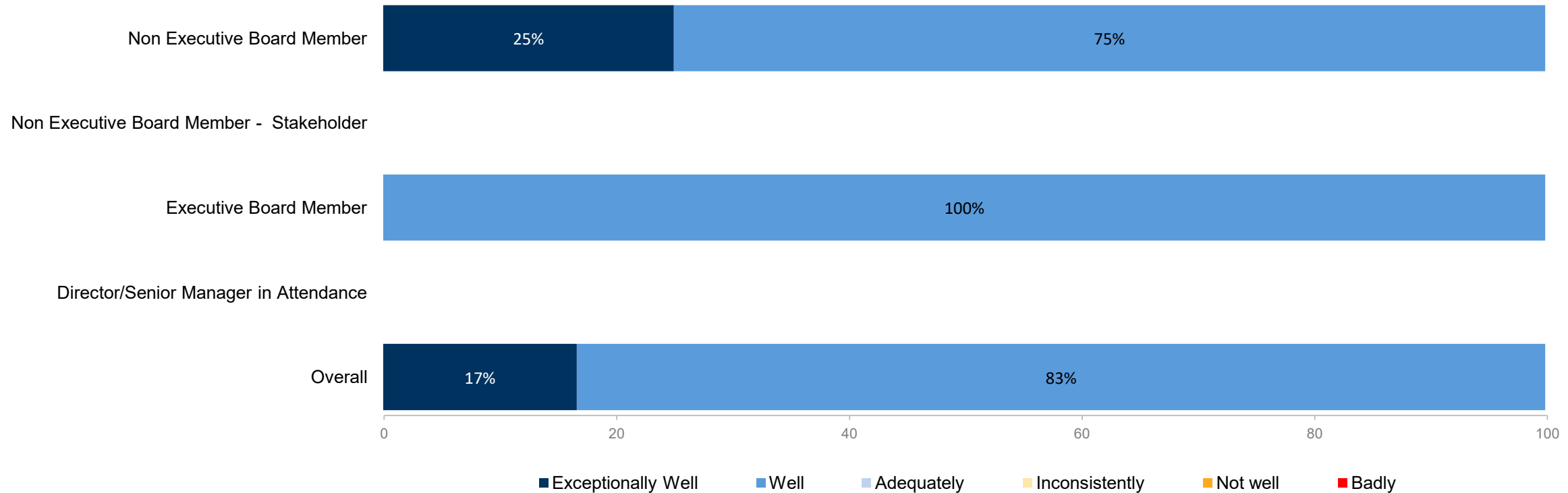
Blueprint for Good Governance

Note: All free-text comments have been reported verbatim.

Q7: Your Views - What 3 areas of governance are working well in our Board?

Q7a	Culture
Q7a	Challenge
Q7a	Board and committee organisation, including accuracy of minutes
Q7a	Risk management
Q7a	Performance Management
Q7a	setting direction, esp around finances/ capital investment, performance and targets
Q7b	Risk
Q7b	Holding to account
Q7b	Risk management
Q7b	Strategic review
Q7b	Strategy Development
Q7b	holding to account in generally done well, in particular around regulatory compliance
Q7c	Service
Q7c	Devolved leadership
Q7c	Ensuring issues/risks are considered across the different agendas and not silo based
Q7c	Operational performance review
Q7c	Committee Governance
Q7c	influencing culture

Blueprint for Good Governance

Q8: Your Views - What areas of governance need improvement?

Q8	Stakeholder.... Best value across whole organisation
Q8	Getting across the message of public value
Q8	1) Better and consistent challenge of the financial reports, with some deep dives. 2) stakeholder engagement and the plans thereof need to be imbedded from frontline ro board room. 3) better balance between process and outcomes - too process focused at present
Q8	The flow of monies is complex eg source of funds - SG, Territorial Boards etc etc. Sometimes this can be time consuming to untangle so as to ensure close governance. Sometimes it can be difficult to track back spend and initiatives to SG objectives. It can be difficult to relate the scale of the spend to the scae of the result.
Q8	Approach to Risk. Challenge to raise our level of ambition
Q8	clarity of strategic direction and level of ambition. Focus on value and on continuous improvement. Clear communication with stakeholders/ taking their views into account in designing services. Effective risk management system

Blueprint for Good Governance

Q9: Your Views - What suggestions do you have to make improvements?

Q9	See development session
Q9	Development further of middle management
Q9	See above - as in 8
Q9	A more standardised presentation of spend proposals which indicates the scale of the results versus the spend against each of the SG priorities/objectives. This will assist in the proposers thought process and allow the governors to get more quickly to the key issues AND most importantly identify best value for money and also assist in the inevitable decision (given the current financial situation) as to what NOT to spend.
Q9	Governance generally works effectively and is robust. Good structures in place and process
Q9	Clarity of strategic direction and level of ambition: good work underway needs to be completed, well disseminated and then consistently applied in informing our decisions on priorities, resource allocation, etc. Clarity of roles and responsibilities for NSS/ SBUs can often be challenging when there are complex arrangements involving multiple organisations. Important we ensure clarity in order to appropriately discharge our duties. Focus on value and on continuous improvement: need to review our articulation of value and how we apply that in our governance/ decision-making processes to align with Triple Value. Seek evidence of continuous improvement being embedded in ways of working across the organisation - less obvious in some areas. Clear communication with stakeholders/ taking their views into account in designing services: improve how we articulate what we do and how we add value in ways which are meaningful to our stakeholders. Consolidate and extend our initial work around user research and user centred design approaches and experience. Effective risk management system: complete work to make our systems easier to use and to provide meaningful reports to support assurance and challenge. Also need to reinforce the importance of good risk management with managers in some areas.

Blueprint for Good Governance

March 2019

Table 1. Table showing counts (N) and percentages (%) by job designation of responses to the Blueprint for Good Governance survey

Question	Designation	Exceptionally Well N	%	Well N	%	Adequately N	%	Inconsistently N	%	Not well N	%	Badly N	%	Total N
Q2a	Non Executive Board Member	1	25	3	75	0	0	0	0	0	0	0	0	4
Q2a	Non Executive Board Member - Stakeholder	0	0	0	0	0	0	0	0	0	0	0	0	0
Q2a	Executive Board Member	0	0	2	100	0	0	0	0	0	0	0	0	2
Q2a	Director/Senior Manager in Attendance	0	0	0	0	0	0	0	0	0	0	0	0	0
Q2a	Overall	1	17	5	83	0	0	0	0	0	0	0	0	6
Q2b	Non Executive Board Member	1	25	3	75	0	0	0	0	0	0	0	0	4
Q2b	Non Executive Board Member - Stakeholder	0	0	0	0	0	0	0	0	0	0	0	0	0
Q2b	Executive Board Member	0	0	2	100	0	0	0	0	0	0	0	0	2
Q2b	Director/Senior Manager in Attendance	0	0	0	0	0	0	0	0	0	0	0	0	0
Q2b	Overall	1	17	5	83	0	0	0	0	0	0	0	0	6
Q2c	Non Executive Board Member	1	25	2	50	1	25	0	0	0	0	0	0	4
Q2c	Non Executive Board Member - Stakeholder	0	0	0	0	0	0	0	0	0	0	0	0	0
Q2c	Executive Board Member	0	0	2	100	0	0	0	0	0	0	0	0	2
Q2c	Director/Senior Manager in Attendance	0	0	0	0	0	0	0	0	0	0	0	0	0
Q2c	Overall	1	17	4	67	1	17	0	0	0	0	0	0	6
Q2d	Non Executive Board Member	2	50	2	50	0	0	0	0	0	0	0	0	4
Q2d	Non Executive Board Member - Stakeholder	0	0	0	0	0	0	0	0	0	0	0	0	0
Q2d	Executive Board Member	0	0	1	50	1	50	0	0	0	0	0	0	2
Q2d	Director/Senior Manager in Attendance	0	0	0	0	0	0	0	0	0	0	0	0	0
Q2d	Overall	2	33	3	50	1	17	0	0	0	0	0	0	6

Blueprint for Good Governance

Table 1. Table showing counts (N) and percentages (%) by job designation of responses to the Blueprint for Good Governance survey

Question	Designation	Exceptionally Well N	%	Well N	%	Adequately N	%	Inconsistently N	%	Not well N	%	Badly N	%	Total N
Q3a	Non Executive Board Member	2	50	2	50	0	0	0	0	0	0	0	0	4
Q3a	Non Executive Board Member - Stakeholder	0	0	0	0	0	0	0	0	0	0	0	0	0
Q3a	Executive Board Member	0	0	2	100	0	0	0	0	0	0	0	0	2
Q3a	Director/Senior Manager in Attendance	0	0	0	0	0	0	0	0	0	0	0	0	0
Q3a	Overall	2	33	4	67	0	0	0	0	0	0	0	0	6
Q3b	Non Executive Board Member	2	50	0	0	2	50	0	0	0	0	0	0	4
Q3b	Non Executive Board Member - Stakeholder	0	0	0	0	0	0	0	0	0	0	0	0	0
Q3b	Executive Board Member	0	0	2	100	0	0	0	0	0	0	0	0	2
Q3b	Director/Senior Manager in Attendance	0	0	0	0	0	0	0	0	0	0	0	0	0
Q3b	Overall	2	33	2	33	2	33	0	0	0	0	0	0	6
Q3c	Non Executive Board Member	3	75	1	25	0	0	0	0	0	0	0	0	4
Q3c	Non Executive Board Member - Stakeholder	0	0	0	0	0	0	0	0	0	0	0	0	0
Q3c	Executive Board Member	0	0	2	100	0	0	0	0	0	0	0	0	2
Q3c	Director/Senior Manager in Attendance	0	0	0	0	0	0	0	0	0	0	0	0	0
Q3c	Overall	3	50	3	50	0	0	0	0	0	0	0	0	6
Q3d	Non Executive Board Member	1	25	3	75	0	0	0	0	0	0	0	0	4
Q3d	Non Executive Board Member - Stakeholder	0	0	0	0	0	0	0	0	0	0	0	0	0
Q3d	Executive Board Member	0	0	2	100	0	0	0	0	0	0	0	0	2
Q3d	Director/Senior Manager in Attendance	0	0	0	0	0	0	0	0	0	0	0	0	0
Q3d	Overall	1	17	5	83	0	0	0	0	0	0	0	0	6
Q3e	Non Executive Board Member	0	0	2	50	2	50	0	0	0	0	0	0	4
Q3e	Non Executive Board Member - Stakeholder	0	0	0	0	0	0	0	0	0	0	0	0	0
Q3e	Executive Board Member	0	0	0	0	2	100	0	0	0	0	0	0	2
Q3e	Director/Senior Manager in Attendance	0	0	0	0	0	0	0	0	0	0	0	0	0
Q3e	Overall	0	0	2	33	4	67	0	0	0	0	0	0	6

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Table 1. Table showing counts (N) and percentages (%) by job designation of responses to the Blueprint for Good Governance survey

Question	Designation	Exceptionally Well		Well		Adequately		Inconsistently		Not well		Badly		Total
		N	%	N	%	N	%	N	%	N	%	N	%	N
Q4a	Non Executive Board Member	3	75	1	25	0	0	0	0	0	0	0	0	4
Q4a	Non Executive Board Member - Stakeholder	0	0	0	0	0	0	0	0	0	0	0	0	0
Q4a	Executive Board Member	0	0	2	100	0	0	0	0	0	0	0	0	2
Q4a	Director/Senior Manager in Attendance	0	0	0	0	0	0	0	0	0	0	0	0	0
Q4a	Overall	3	50	3	50	0	0	0	0	0	0	0	0	6
Q4b	Non Executive Board Member	1	25	2	50	1	25	0	0	0	0	0	0	4
Q4b	Non Executive Board Member - Stakeholder	0	0	0	0	0	0	0	0	0	0	0	0	0
Q4b	Executive Board Member	0	0	0	0	2	100	0	0	0	0	0	0	2
Q4b	Director/Senior Manager in Attendance	0	0	0	0	0	0	0	0	0	0	0	0	0
Q4b	Overall	1	17	2	33	3	50	0	0	0	0	0	0	6
Q4c	Non Executive Board Member	1	25	2	50	0	0	1	25	0	0	0	0	4
Q4c	Non Executive Board Member - Stakeholder	0	0	0	0	0	0	0	0	0	0	0	0	0
Q4c	Executive Board Member	0	0	0	0	2	100	0	0	0	0	0	0	2
Q4c	Director/Senior Manager in Attendance	0	0	0	0	0	0	0	0	0	0	0	0	0
Q4c	Overall	1	17	2	33	2	33	1	17	0	0	0	0	6
Q4d	Non Executive Board Member	2	50	2	50	0	0	0	0	0	0	0	0	4
Q4d	Non Executive Board Member - Stakeholder	0	0	0	0	0	0	0	0	0	0	0	0	0
Q4d	Executive Board Member	0	0	0	0	2	100	0	0	0	0	0	0	2
Q4d	Director/Senior Manager in Attendance	0	0	0	0	0	0	0	0	0	0	0	0	0
Q4d	Overall	2	33	2	33	2	33	0	0	0	0	0	0	6

Blueprint for Good Governance

Table 1. Table showing counts (N) and percentages (%) by job designation of responses to the Blueprint for Good Governance survey

Question	Designation	Exceptionally Well N	%	Well N	%	Adequately N	%	Inconsistently N	%	Not well N	%	Badly N	%	Total N
Q5a	Non Executive Board Member	0	0	2	50	1	25	0	0	1	25	0	0	4
Q5a	Non Executive Board Member - Stakeholder	0	0	0	0	0	0	0	0	0	0	0	0	0
Q5a	Executive Board Member	0	0	0	0	2	100	0	0	0	0	0	0	2
Q5a	Director/Senior Manager in Attendance	0	0	0	0	0	0	0	0	0	0	0	0	0
Q5a	Overall	0	0	2	33	3	50	0	0	1	17	0	0	6
Q5b	Non Executive Board Member	0	0	1	25	3	75	0	0	0	0	0	0	4
Q5b	Non Executive Board Member - Stakeholder	0	0	0	0	0	0	0	0	0	0	0	0	0
Q5b	Executive Board Member	1	50	0	0	1	50	0	0	0	0	0	0	2
Q5b	Director/Senior Manager in Attendance	0	0	0	0	0	0	0	0	0	0	0	0	0
Q5b	Overall	1	17	1	17	4	67	0	0	0	0	0	0	6
Q5c	Non Executive Board Member	2	50	1	25	1	25	0	0	0	0	0	0	4
Q5c	Non Executive Board Member - Stakeholder	0	0	0	0	0	0	0	0	0	0	0	0	0
Q5c	Executive Board Member	0	0	2	100	0	0	0	0	0	0	0	0	2
Q5c	Director/Senior Manager in Attendance	0	0	0	0	0	0	0	0	0	0	0	0	0
Q5c	Overall	2	33	3	50	1	17	0	0	0	0	0	0	6
Q5d	Non Executive Board Member	0	0	3	75	1	25	0	0	0	0	0	0	4
Q5d	Non Executive Board Member - Stakeholder	0	0	0	0	0	0	0	0	0	0	0	0	0
Q5d	Executive Board Member	0	0	2	100	0	0	0	0	0	0	0	0	2
Q5d	Director/Senior Manager in Attendance	0	0	0	0	0	0	0	0	0	0	0	0	0
Q5d	Overall	0	0	5	83	1	17	0	0	0	0	0	0	6

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Table 1. Table showing counts (N) and percentages (%) by job designation of responses to the Blueprint for Good Governance survey

Question	Designation	Exceptionally Well N	%	Well N	%	Adequately N	%	Inconsistently N	%	Not well N	%	Badly N	%	Total N
Q6a	Non Executive Board Member	0	0	4	100	0	0	0	0	0	0	0	0	4
Q6a	Non Executive Board Member - Stakeholder	0	0	0	0	0	0	0	0	0	0	0	0	0
Q6a	Executive Board Member	0	0	1	50	1	50	0	0	0	0	0	0	2
Q6a	Director/Senior Manager in Attendance	0	0	0	0	0	0	0	0	0	0	0	0	0
Q6a	Overall	0	0	5	83	1	17	0	0	0	0	0	0	6
Q6b	Non Executive Board Member	2	50	2	50	0	0	0	0	0	0	0	0	4
Q6b	Non Executive Board Member - Stakeholder	0	0	0	0	0	0	0	0	0	0	0	0	0
Q6b	Executive Board Member	0	0	2	100	0	0	0	0	0	0	0	0	2
Q6b	Director/Senior Manager in Attendance	0	0	0	0	0	0	0	0	0	0	0	0	0
Q6b	Overall	2	33	4	67	0	0	0	0	0	0	0	0	6
Q6c	Non Executive Board Member	1	25	3	75	0	0	0	0	0	0	0	0	4
Q6c	Non Executive Board Member - Stakeholder	0	0	0	0	0	0	0	0	0	0	0	0	0
Q6c	Executive Board Member	0	0	0	0	2	100	0	0	0	0	0	0	2
Q6c	Director/Senior Manager in Attendance	0	0	0	0	0	0	0	0	0	0	0	0	0
Q6c	Overall	1	17	3	50	2	33	0	0	0	0	0	0	6

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ID	Q1a	Q1b	Q2a	Q2b	Q2c	Q2d	Q3a	Q3b	Q3c	Q3d	Q3e	Q4a	Q4b	Q4c	Q4d	Q5a	Q5b	Q5c	Q5d	Q6a	Q6b	Q6c
61	NHS National Services Scotland	Non Executive Board Member	2	2	2	2	2	1	1	2	3	2	2	2	2	3	3	2	2	2	2	2
73	NHS National Services Scotland	Non Executive Board Member	1	1	1	1	1	1	1	1	2	1	1	1	1	2	2	1	2	2	1	1
94	NHS National Services Scotland	Non Executive Board Member	2	2	2	2	3	2	2	3	1	3	4	2	5	3	3	3	3	2	2	2
237	NHS National Services Scotland	Non Executive Board Member	2	2	3	1	1	3	1	2	2	1	2	2	1	2	3	1	2	2	1	2
269	NHS National Services Scotland	Executive Board Member	2	2	2	3	2	2	2	2	3	2	3	3	3	3	1	2	2	2	2	3
288	NHS National Services Scotland	Executive Board Member	2	2	2	2	2	2	2	2	3	2	3	3	3	3	3	2	2	3	2	3

Variable	Description
id	generic unique ID given to each responder
Q1a	The NHS Board to which the record belongs
Q1b	Job designation of the responder
Q2a	
Q2b	
Q2c	
Q2d	
Q3a	
Q3b	
Q3c	
Q3d	1 = Exceptionally Well
Q3e	2 = Well
Q4a	3 = Adequately
Q4b	4 = Inconsistently
Q4c	5 = Not Well
Q4d	6 = Badly
Q5a	
Q5b	
Q5c	
Q5d	
Q6a	
Q6b	
Q6c	