

ASSESSMENT OF NHS LANARKSHIRE GOVERNANCE ARRANGEMENTS AGAINST *THE GOOD GOVERNANCE STANDARD FOR PUBLIC SERVICES*, PUBLISHED BY THE INDEPENDENT COMMISSION FOR GOOD GOVERNANCE IN PUBLIC SERVICES

INTRODUCTION

The Independent Commission for Good Governance in Public Services worked throughout 2004. It drew on the views of a wide range of people with experience of Governance, and of Service Users and Citizens, to produce the Good Governance Standard for Public Services. The Standard presents 6 principles of Good Governance that are common to all Public Service organisations and are intended to help all those with an interest in Public Governance to assess Good Governance Practice.

THE 6 PRINCIPLES OF GOOD GOVERNANCE

1. Focussing on the Organisation's Purpose and on outcomes for Citizens and Service Users.
2. Performing effectively in clearly defined functions and roles.
3. Promoting values for the whole organisation and demonstrating the values of Good Governance through behaviour.
4. Taking informed, transparent decisions and managing risk.
5. Developing the capacity and capability of the governing body to be effective.
6. Engaging Stakeholders and making accountability real.

1. FOCUSING ON THE ORGANISATION'S PURPOSE AND ON OUTCOMES FOR CITIZENS AND SERVICE USERS

- 1.1 The Board's overall strategic direction for Health Improvement and the Development of Health Services is set out in *A Picture of Health*, published in 2005.

Local Delivery Plan

- 1.2 In February each year the Board is required by the Scottish Government Health Department to produce a Local Delivery Plan, setting out how it will deliver a range of targets around: Health Improvement; Efficiency; Access to Health Services; and Treatment According To Need. The Local Delivery Plan is considered by the Board in draft, and then in final form in April. The processes for finalisation of the Plan include scrutiny by the Performance Management Division

within the Scottish Government. Performance against the targets in the Local Delivery Plan is the subject of rigorous Performance Management and reporting at a number of levels, including through: the Lanarkshire NHS Board; the Acute Operating Management Committee; the North Lanarkshire Community Health Partnership Operating Management Committee and the South Lanarkshire Community Health Partnership Operating Management Committee, and the Executive-level Corporate Management Team.

Corporate Objectives

- 1.3 The Local Delivery Plan informs the development of the organisation's Corporate Objectives, in the areas of: Improving life expectancy and healthy life expectancy for the people of Lanarkshire; continually improving the efficiency and governance of the NHS in Lanarkshire; delivering continuous improvement in response to patients' needs for quicker and easier access in use of NHS Services; providing treatment appropriate to individuals, ensuring that patients receive high quality of services that meet their needs. The Corporate Objectives are approved by the Lanarkshire NHS Board in April each year.

Executive Director Personal Objectives and Performance Management

- 1.4 From the Corporate Objectives, Personal Objectives are agreed for the Board's Executive Directors, viz: the Chief Executive; the Medical Director; the Director for Nurses, Midwives and the Allied Health Professions; the Director of Public Health and Policy; the Director of Finance; the Director for Strategic Implementation, Planning and Performance; the Director of Human Resources; the Director of Organisational Development; the Director of Acute Services; the Director of the North Lanarkshire Community Health Partnership, and the Director of the South Lanarkshire Community Health Partnership. These Personal Objectives are agreed by the Board's Remuneration Committee. Thereafter, the Board Chairman reviews the Chief Executive's performance in the delivery of his Personal Objectives, and the Chief Executive reviews the performance of all other Executive Directors in the delivery of their Personal Objectives, consistent with the robust National arrangements for individual Performance Management of Executive and Senior Managers.

Risk Management

- 1.5 The Board produces a Risk Management Strategy, which sets out the arrangements for the discharge of its Risk Management responsibilities, including the processes for the identification of risks and how risk to the organisation will be managed to mitigate the impact on the delivery of the Board's strategic and operational aspirations.

Clinical Governance

- 1.6 The Board has a Clinical Governance Strategy, and produces an annual Clinical Governance Workplan. Progress in the delivery of the Workplan is reported to the NHS Board and to the Clinical Governance Committee. A key element of the Clinical Governance endeavour is around the local implementation of the Scottish Patient Safety Programme. This includes the organisation's response to the requirement to reduce Healthcare Associated Infections, including Staphylococcus Aureus and Clostridium Difficile.
- 1.7 Progress in the delivery of the Risk Management Strategy and the Clinical Governance Strategy is taken forward through well-developed Clinical Governance and Risk Management mechanisms, both at Board level and at an operational level within the Acute Division and the North and South Lanarkshire Community Health Partnerships. At Board level, oversight of progress is the responsibility of the Clinical Governance Committee, the Audit Committee and the Executive-level Risk Management Steering Group.

Value for Money

- 1.8 Value for money in the discharge of the Board's responsibilities is established through a number of mechanisms, including: participation in a range of Best Value Reviews; the assessment of comparative performance with other NHS systems; the production of an External and Internal Audit Annual Plan, with progress in delivery reported routinely to the Audit Committee during the year; and through the financial overview of the NHS in Scotland prepared for the Auditor General for Scotland by Audit Scotland in the latter part of the calendar year.

Patient Experience

- 1.9 The Board values information about patients' experience and the contribution that that information can make to further improving the delivery of Health Services. The Board is currently progressing the local implementation of *Better Together* the national Patient Experience Programme, which is aimed at gathering consistent patient experience information, as opposed to patient satisfaction data, in order to inform Service improvement.

2. PERFORMING EFFECTIVELY IN CLEARLY DEFINED FUNCTIONS AND ROLES

- 2.1 The NHS Board's strategic direction and aims are set out in a range of Strategy documents, providing the direction and aims for the

organisation as a whole, and for individual services. These strategic documents are accessible on the NHS Lanarkshire Public Website.

Performance Reporting

- 2.2 Performance reports against the Local Delivery Plan, in key areas such as: Finance; Waiting Times; Primary Care Out-of-Hours Services; Healthcare Associated Infection; Clinical Governance and Quality is reported monthly to the NHS Board. Meetings of the NHS Board are held in public and the performance reports are accessible on the NHS Lanarkshire Website prior to Board Meetings being held.

Ministerial Annual Review of Performance

- 2.3 Each year, the Board's overall performance against the Local Delivery Plan is rigorously scrutinised by the Cabinet Secretary for Health and Wellbeing and her Ministerial officials during the Annual Review process, which is held locally and is open to members of the public. The outcome of the Annual Review is confirmed in a detailed letter from the Cabinet Secretary, which is reported to the Board along with progress reports on the delivery of agreed actions, and is replicated, in full, within the NHS Board's Annual Report published in December.

Code of Conduct for Board Members

- 2.4 In order to ensure that the organisation is governed and managed with probity and integrity, there is in place a Code of Conduct for Board Members. All Board Members are required, each year, to complete a Declaration of Interests in accordance with the Code of Conduct. A report on members' Declarations of Interests is considered annually by the NHS Board, typically, in May, and the Declarations are posted on the NHS Lanarkshire Public Website. The Declarations are also included in the NHS Board's published Annual Accounts.

Allocation of Resources

- 2.5 The allocation of resources is overseen by the NHS Board through the consideration in March each year of the rolling 5 year Financial Plan and an accompanying 5 year Capital Investment Plan. Performance against the 5 year Financial Plan and the 5 year Capital Investment Plan is routinely reported to the NHS Board.

Review of Executive Performance

- 2.6 Executive performance is overseen by the Remuneration Committee against Executive Directors' Personal Objectives which are linked directly to the organisation's Corporate Objectives. The Chief Executive's performance is reviewed by the NHS Board Chair, and the

performance of all of the other Executive Directors is reviewed by the Chief Executive. At the conclusion to the performance year, Executive Directors are subject to rigorous Performance Appraisal, and the outcome, in support of annual salary awards, is reported to the Remuneration Committee.

- 2.7 The appointment and contractual arrangements for Executive Directors are overseen by the Remuneration Committee, the members of which are Non Executive Directors.

Risk Management

- 2.8 The NHS Board's responsibility for understanding and managing risk is articulated in a Risk Management Strategy, the implementation of which is through Strategic and Operational Risk Registers, with oversight of progress through the Executive level Risk Management Steering Group, Divisional and Locality Risk Management arrangements in the Acute Division and in the North and South Lanarkshire Community Health Partnerships, and through reporting to relevant Board Committees, including the Clinical Governance Committee and the Audit Committee.

Scheme of Delegation and Schedule of Decisions Reserved for the NHS Board

- 2.9 Delegation to management is documented in a Scheme of Delegation and a Schedule of Decisions Reserved for the NHS Board, both of which were approved by the Audit Committee and by the NHS Board, and are available on the NHS Lanarkshire Public Website.

Mechanisms for the Discharge of Governance

- 2.10 The functions of Governance are discharged through the NHS Board, and its principal Governance and other Committees, viz:
- Audit Committee
 - Clinical Governance Committee
 - Staff Governance Committee
 - Remuneration Sub Committee
 - Property Sub Committee
 - Equality, Diversity and Spirituality Committee
 - Acute Division Operating Management Committee
 - North Lanarkshire Community Health Partnership Operating Management Committee
 - South Lanarkshire Community Health Partnership Operating Management Committee

- 2.11 Membership of the Governance Committees is drawn from Non Executive Directors of the NHS Board, with Officer support drawn from relevant Executive Directors, eg the Director of Finance provides Executive support to the Audit Committee.
- 2.12 There are agreed Terms of Reference for each of the Governance Committees. Governance Committees meet regularly, and the Minutes of meetings are routinely considered by the NHS Board each month. They are, thereby, available with published Board Papers on the NHS Lanarkshire Website.
- 2.13 In May each year, the NHS Board considers a report on Governance. This summarises the principal activities of the Governance Committees, set against their Terms of Reference, in order that the Board might take an overall view on the discharge of its overarching Governance responsibilities. The discharge of the Governance responsibilities through individual Governance Committees is also the subject of discussion between the NHS Board Chair and Non Executive Director Chairs of relevant Committees at the annual one-to-one appraisal interviews which the Chair has with Non Executive Directors.

Patient Focus Public Involvement

- 2.14 The NHS Board is clear about its relationship with and responsibility to the public, around driving Health Improvement and reducing health inequalities, and providing ease of access to increasingly responsive services. The NHS Board has a published Patient Focus Public Involvement Strategy, for which the lead Executive Director is the Director for Strategic Implementation, Planning and Performance. This articulates the Board's commitment to Public Involvement and sets out the way in which genuine involvement and engagement will be taken forward as part of strategy development and Service Design and Redesign. The Board produces quarterly progress reports on Patient Focus Public Involvement for the Scottish Health Council. Prior to submission to the Scottish Health Council, the quarterly progress reports are considered by the Board's Clinical Governance Committee.

Board Member Contribution to Strategy Development

- 2.15 NHS Board Members, Executive and Non Executive, are actively involved in strategy formulation from the earliest stages, including through opportunities to participate in particular pieces of development work; consideration of emerging strategy issues in Board Seminars, and ultimately through the formal consideration of strategies submitted for approval. There are, therefore, a number of opportunities for Non Executive Board Members to scrutinise and challenge proposals developed by the Executive. The NHS Board's strategic aspirations require to be matched with available Capital and Revenue resource,

and any strategy submitted to the Board includes a prioritised Action Plan and a financial framework, such that the Board can consider the affordability of strategy implementation.

Appointment and Remuneration of the 'Top Team'

- 2.16 The appointment and remuneration arrangements for the top team, viz: Executive Directors, is overseen by the Remuneration Committee, Membership of the Remuneration Committee is, exclusively, Non Executive Directors, viz: the Board Chair; Chair of the Acute Division Operating Management Committee; the Chair of the North Lanarkshire Community Health Partnership Operating Management Committee and the Chair of the South Lanarkshire Community Health Partnership Operating Management Committee. Thereby, Executive Directors are excluded from decisions about their remuneration. The Remuneration Committee is free to make recommendations to the NHS Board. Levels of remuneration for Executive Directors are under Direction from the Scottish Government.

Delineation of Roles: Chair and Chief Executive

- 2.17 There is clarity between the respective roles of the NHS Board Chair and the Chief Executive. Although they share in the leadership role for the organisation, the Chair's role is to lead the NHS Board, as the governing body, ensuring it makes an effective contribution to the governance of the organisation; whereas the Chief Executive's role is to lead the organisation in implementing strategy and managing the delivery of services. The Chair's responsibilities are described in the letter of appointment from the Cabinet Secretary for Health and Wellbeing. The Chief Executive's overall responsibilities are described in his Job Description. The specific responsibilities of the Chief Executive as 'Accountable Officer' for the stewardship of the Board's Finances, are described in a formal letter from the Scottish Government Health Department.

3. PROMOTING VALUES FOR THE WHOLE ORGANISATION AND DEMONSTRATING THE VALUES OF GOOD GOVERNANCE THROUGH BEHAVIOUR

Organisational Values

- 3.1 NHS Lanarkshire will work in partnership with the people of Lanarkshire to fulfil a commitment to improving health, producing health inequalities and building trust and confidence in our relationships with the public, staff and organisations with whom we work. In support of this commitment, the Board has developed a set of Organisational Values through meaningful public and staff consultation. The Board will manage the balance between public and

staff aspirations for the NHS with its responsibility and accountability for the proper stewardship of resources. The Values will exert significant influence over Strategy Development, Redesign and Modernisation of Clinical Services, and over the Board's priorities and performance in striving for continuous improvement in the health status of our resident population and as an exemplar employer. In pursuit of improvement, the Board will value:

- Quality, patient-focussed services
- Quality, healthcare environment
- Continuous improvement
- Involvement
- Communications
- Respect
- Fairness and Consistency
- Competence and continuous learning

- 3.2 The details of the Organisational Values are published on the NHS Lanarkshire Public Website. They are also accessible to staff on the Intranet, and are in evidence in NHS Lanarkshire premises across the organisation.

Code of Conduct for Board Members

- 3.3 NHS Board Members are encouraged to behave in ways that uphold and exemplify effective governance. They are required to operate in accordance with the published Code of Conduct for Board Members, which itself is set in the context of the Model Code of Conduct produced by the Standards Commission for Scotland. Each NHS Board Member is provided with a copy of the Code of Conduct, and is required to complete a Declaration of Interests following the Guidance within the Code on Registerable Interests. The Code of Conduct and Board Members' Registration of Interests are posted on the NHS Lanarkshire Public Website. The Code of Conduct and Members Declarations of Interests are reviewed annually and updated accordingly.
- 3.4 Board Members, individually and collectively, are required to adhere to the 7 Principles of Public Life. These are: Selflessness; Integrity; Objectivity; Accountability; Openness; Honesty; Leadership.
- 3.5 NHS Board Members are expected to attend regularly and be actively involved in decision-making; inform themselves and prepare for decision-making; make contact with other organisations and forge and maintains links with the world outside the organisation; and engage willingly and actively with the public, service users and staff, within an agreed communication framework.

Communications and Engagement

- 3.5 In early 2008, the NHS Board commissioned a Communications and Engagement Audit, to gauge the public's views on the way the organisation communicates and engages. The survey results were considered in detail by the NHS Board in March 2008, and are accessible with other Board papers on the NHS Lanarkshire Public Website. The survey results provide key indicators from the public on how they wish to be kept informed of what is happening in NHS Lanarkshire and also the ways in which they want to be involved in developing services. The results were presented to the Public Partnership Forums within the Acute Division and in the North and South Lanarkshire Community Health Partnerships, and were publicised to staff and members of the public. The Board has established a Stakeholder Engagement Group with a remit to oversee levels of Engagement with key stakeholders, including the public, about Strategy Development, and Service Design or Redesign. The Stakeholder Engagement Group, which operates as part of the Modernisation Board arrangements, developed a programme grid to identify actions to address each of the key survey results. These actions recognise established areas of Good Practice, plans already under development and new initiatives. The NHS Board has an overarching Communications Strategy, and each piece of Strategy development and Service Design or Redesign work includes a Communications Plan, with the aim of ensuring that genuine communication, involvement and engagement is a feature of how work in these key areas is taken forward.

4. TAKING INFORMED, TRANSPARENT DECISIONS AND MANAGING RISK

- 4.1 Towards ensuring that the NHS Board takes informed, transparent decisions and manages risk, there are a number of mechanisms in place.

NHS Board Meetings

- 4.2 The Agenda for Board Meetings combines: Strategic Development; Service Development; Performance against key targets; Health Promotion/Health Protection/Public Health; Clinical Governance; Quality; Patient Safety; and Governance reports. The NHS Board meets on a monthly basis, with meetings being held in public. Arrangements for the meetings are publicised widely and Board papers are accessible on the NHS Lanarkshire Public Website prior to Board Meetings. All reports to the NHS Board are full and detailed, and Board Minutes faithfully record: the information presented; the principal issues raised in discussion and the NHS Board's decisions.

There is in place a Scheme of Delegation and a Schedule of Decisions Reserved for the NHS Board.

Risk Management

- 4.3 Risk Management is embedded within the organisation. There is a Board-level Strategic Risk Register and Divisional and Locality Risk Registers for the Acute Division and the North and South Lanarkshire Community Health Partnerships. These Risk Registers identify the key business risks and the measures in place to mitigate their impact on the organisation. Risk Registers are subject to regular review and updating as required. There is, in place, an Executive-level Risk Management Steering Group, Chaired by the Chief Executive, with membership drawn from Executive Directors and input from the Board Secretary, the Head of Clinical Governance and Risk Management, Risk Managers and the Head of Internal Audit. The Risk Management Steering Group meets monthly, and the Minutes of Meetings are shared widely, including with the Audit Committee and the Health and Clinical Governance Committee. A Risk Management Annual Report is produced. It is presented to the NHS Board and to the Audit Committee and the Clinical Governance Committee for consideration.
- 4.4 The NHS Board's Risk Management endeavour supports the production of the annual Statement on Internal Control which is a key component of the Annual Accounts. The Risk Management endeavour is also subject to scrutiny by Internal Audit, External Audit and rigorous review by NHS Quality Improvement Scotland, against national published Clinical Governance and Risk Management Standards.

Business Continuity

- 4.5 Under the Civil Contingencies Act 2003, Lanarkshire NHS Board is a Category 1 Responder. In pursuit of this responsibility, the NHS Board has produced a Strategic Business Continuity Plan and Operational Business Continuity Plans, identifying the vital services, factors which, potentially, could disrupt continuity in their delivery, and actions to mitigate their impact. The Business Continuity endeavour is overseen by a Business Continuity Plan Steering Group, which comprises representatives from key disciplines across the organisation, and is responsible for ensuring that Business Plans are maintained up to date and are regularly tested.

Assurance and Governance

- 4.6 The NHS Board has completed a comprehensive stock-take of Assurance and Governance Systems, and has a range of mechanisms in place to ensure that the organisation complies with: relevant laws

and regulations; national policy and guidance; and reports from relevant bodies, such as NHS Quality Improvement Scotland.

5. DEVELOPING THE CAPACITY AND CAPABILITY OF THE GOVERNING BODY TO BE EFFECTIVE

Board Effectiveness

- 5.1 The NHS Board contributed to work on the National Board Effectiveness Project, developing a Board Effectiveness Tool which includes assessment questions for Board Members, around: the Board's strategic intent, Board dynamics; holding to account; engaging strategic stakeholders; and Board Leadership. The NHS Board will complete the assessment and will publish the results, including a Board Development Plan, on the NHS Lanarkshire Public Website.

Appointment of Non Executive Directors

- 5.2 Other than the Board Member representatives from North and South Lanarkshire Councils, the Chair of the Area Clinical Forum and the Employee Director, all other Non Executive Directors are appointed by the Cabinet Secretary for Health and Wellbeing. The selection of Non Executive Directors is through processes taken forward by the Public Appointments Unit within the Scottish Government. Whilst the Public Appointments Unit has the lead role, the NHS Board Chair is involved in the selection of Non Executive Directors and has, thereby, an opportunity to identify candidates with the skills and experience necessary or desirable in new appointments. The selection process includes an Independent Assessor appointed by the Public Appointments Unit.

Skills for a Balanced Board

- 5.3 There is a skills matrix which lists the skills required to maintain a balanced Board, as follows:
- Understanding of Government Health Policies, including how they impact locally.
 - The ability to work as part of a team, which has both Executive and Non Executive Members.
 - The ability to analyse and review complex issues, weigh-up conflicting opinions and reach your own decisions.
 - The ability to explain both orally and in writing reasons for arriving at sensitive and sometimes difficult decisions.

- Leadership and Motivation Skills.
- Understanding of Strategic Planning.
- Understanding of Resource Management.
- Commitment to engaging positively and openly with patients and the public.
- The ability to undertake effective public presentational/representational work.
- The highest standards of integrity and honesty.
- A strong personal commitment to the NHS.

There is, also, an additional skill set that individual members may have, which brings balance to the Board:

- Specialist skills or knowledge relevant to the NHS Board, viz: Financial; Legal; Media Skills; Procurement.
- Knowledge of the Voluntary Sector, particularly in an organisation which links to the Health Sector.
- Knowledge gained from being active in the local community, local Government or some other position.
- Management skills gained in the Voluntary, Public or Private Sectors.

Board Member Induction, Training and Development

Non-Executive

- 5.4 On appointment, Non Executive Board Members are given access to a comprehensive Induction Programme, which includes: An introduction to the local environment and the sector, the organisation's relationships with other bodies, such as the Local Authorities, and the context for the organisation's Strategy. They also have the opportunity to meet with individual Executive Directors to understand their role in the organisation. On an ongoing basis, Non Executive Directors are given access to training and development opportunities, through access to relevant courses and training provided by External organisations, and internal training and development opportunities through Board Seminars, which are a key feature of the Board's annual business cycle. Annually, Non Executive Directors have one-to-one meetings with the NHS Board Chair, where their performance is

assessed, including assessment against the aforementioned skills matrix. The product of this exercise helps to inform further training and development needs.

6. ENGAGING STAKEHOLDERS AND MAKING ACCOUNTABILITY REAL

Patient Focus and Public Involvement

- 6.1 The NHS Board recognises and values its relationships with patients and the wider public. There is in place a Patient Focus Public Involvement Strategy, which sets out the approach to ensuring that the discharge of the Board's role and responsibilities is patient focussed and includes public involvement as a key component of ensuring that the population served is genuinely engaged in Strategy Development, Service Design and Redesign and the monitoring of services. Whilst elements of Public Involvement are ad hoc, in response to particular, discrete pieces of work, there are established Public Partnership Forums within the Acute Division and in each of the North and South Lanarkshire Community Health Partnerships. The NHS Board submits to the Scottish Health Council on a quarterly basis a comprehensive assessment of its activity around Patient Focus Public Involvement. Prior to submission to the Scottish Health Council, the quarterly Assessment Report is approved by the Clinical Governance Committee.

Modernisation Board – Stakeholder Engagement Group

- 6.2 There is, within NHS Lanarkshire, a Modernisation Board. This is an Officer Group chaired by the Director for Strategic Implementation, Planning and Performance. It is responsible for oversight of Strategy Development and Service Design and Redesign, ensuring that this is set within an agreed strategic context. The Modernisation Board is supported by a number of Service Improvement Boards and Clinical Service Improvement Groups, membership of which includes Managerial and Clinical Staff from a range of Clinical Disciplines, thereby promoting wide Clinical Engagement in the Board's Planning processes. Within the Modernisation Board arrangements, there is also a Stakeholder Engagement Group, which has responsibility for confirming to the Modernisation Board that there is appropriate Stakeholder input to Strategy Development and Service Design and Redesign work.

Complaints

- 6.3 The NHS Board recognises that complaints are a vital and necessary part of feedback. There is clear leadership within the NHS Board around responsibility for handling and resolving complaints, and ensuring that the lessons learnt are used to improve the service. The

Executive Lead for Complaints is the Director of the North Lanarkshire Community Health Partnership.

- 6.4 There is an agreed policy on dealing with suggestions and complaints. This is accessible on the NHS Lanarkshire Public Website, and is publicised throughout the organisation, such that staff will be able to respond appropriately to a suggestion or a complaint. Suggestions and complaint activity is monitored on an ongoing basis, with reports being considered by the Acute and Community Health Partnership Management Teams. Annual Complaints Reports are produced for the Acute Division and for the North and South Lanarkshire Community Health Partnerships. The Annual Reports, which identify: the numbers and types of complaints; the issues raised in complaints; outcomes and lessons learnt, are considered in a number of Forums, including: the Acute and Community Health Partnership Management Teams; Divisional Risk Management Groups; the Executive level Risk Management Steering Group; the Clinical Governance Committee; and the NHS Board. The NHS Board Annual Report, published in December, includes a section on Complaints, which summarises the key information within the Complaints Annual Reports.
- 6.5 The NHS Board is keen to hear the views and experiences of service users on an ongoing basis, as a key element of its endeavour to further improve access to services and service quality. The roll-out of 'Better Together', the national Patient Experience Programme, in Lanarkshire, should enhance the Board's knowledge and understanding of the Patient Experience. Progress Reports on the implementation of the Patient Experience Programme are considered by the NHS Board, and are accessible with other Board papers on the NHS Lanarkshire Public Website.

Staff Governance

- 6.6 The NHS Board has a Staff Governance Committee in place, with a remit to monitor progress against the 5 component parts of the Staff Governance Standard, viz: That Staff will be:
- Treated Fairly and Consistently
 - Appropriately Trained
 - Involved in Decisions which affect them
 - Provided with an improved and safe working environment
 - Well Informed

The Staff Governance Committee is Chaired by the Employee Director, who also is Joint Chair of the Area Partnership Forum. The Employee Director is a Non Executive Director on the NHS Board, and routinely attends meetings of the Executive-level Corporate Management Team. This ensures that staff issues and concerns are considered at a number

of levels within the organisation, including at Executive and NHS Board level.

Partnership arrangements between Management and Staff

- 6.7 There is in place a Partnership Agreement which sets out a number of different ways in which the Partnership between Management and Staff will be taken forward within the NHS in Lanarkshire. The Partnership Agreement and the established Partnership arrangements provide valuable mechanisms for consulting and involving staff and their representatives in decision-making. The mechanisms through which Partnership is taken forward include an Area Partnership Forum and Divisional Partnership Forums; a Human Resources Forum, a Joint Policy Forum, a Staff and Organisational Development Group and an Occupational Health and Safety Management Group. The Partnership Agreement also sets out the position with regard to Staff Side representation; the Facilities Agreement; Communications, and the organisational commitment to Equality and Diversity.

Staff Health and Support

- 6.8 The NHS Board seeks to protect and promote staff health, and to protect the rights of staff. There is a well-developed Occupational Health and Safety Service within NHS Lanarkshire which provides a wide range of proactive and reactive services for staff. This includes the organisational commitment to Healthy Working Lives, the national programme to promote Health at Work. In addition to the support available to staff through the Occupational Health and Safety Service, the NHS Board is also affiliated to the Employee Counselling Service, an independent body, which has over 30 years of experience of assisting employees resolve work-related and personal problems, and regaining their ability to work at full capacity. All staff have direct and confidential access to the Employee Counselling Service. The ECS also gives advice, support and training to Managers and Supervisors dealing with sensitive situations.

Public Interest Disclosure

- 6.9 There is, in place, a Policy under the Public Interest Disclosure Act, ie a "Whistleblowing" Policy, which sets out the arrangements and support for staff in making a legitimate Public Interest Disclosure.

NJA/OD
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