

### Scoring Criteria

The scoring criteria for each section is as follows:

**Green** if the following applies:

- All good practices are in place unless the Board is able to reasonably explain why it is unable or has chosen not to adopt a particular good practice.
- No Red Flags identified.

**Amber/ Green** if the following applies:

- Some elements of good practice in place.
- Where good practice is currently not being achieved, there are either:
  - robust Action Plans in place that are on track to achieve good practice; or
  - the Board is able to reasonably explain why it is unable or has chosen not to adopt a good practice and is controlling the risks created by non-compliance.
- One Red Flag identified but a robust Action Plan is in place and is on track to remove the Red Flag or mitigate it.

**Amber/ Red** if the following applies:

- Some elements of good practice in place.
- Where good practice is currently not being achieved:
  - Action Plans are not in place, not robust or not on track;
  - the Board is not able to explain why it is unable or has chosen not to adopt a good practice; or
  - the Board is not controlling the risks created by non-compliance.
- Two or more Red Flags identified but robust Action Plans are in place to remove the Red Flags or mitigate them.

**Red** if the following applies:

- Action Plans to remove or mitigate the risk(s) presented by one or more Red Flags are either not in place, not robust or not on track

Please note: The various green flags (best practice) and red flags risks (governance risks/failures) are not exhaustive and organisations may identify other examples of best practice or risk/failure. Where Red Flags are indicated, the Board should describe the actions that are either in place to remove the Red Flags (e.g. a recruitment timetable where an ALB currently has an interim Chair) or mitigate the risk presented by the Red Flags (e.g. where Board members are new to the organisation there is evidence of robust induction programmes in place).

# DRAFT

APPENDIX I

# BOARD GOVERNANCE SELF ASSESSMENT TOOL

**For use by DoH Sponsored Arms Length  
Bodies**

Updated: 20 April 2023

# Board Governance Self-Assessment Submission

Name of ALB            Northern Ireland Social Care Council

Date of Board Meeting at which Submission was discussed...26 April 2023.....(Date)

Approved by .....Paul Martin, Chair, Northern Ireland Social Care Council.....(ALB Chair)

# 1. Board composition and commitment

ALB: Northern Ireland Social Care Council Date: 20/04/23

## 1.1 Board positions and size

Evidence of compliance with good practice (Please reference supporting documentation below)		Action plans to achieve good practice (Please reference action plans below)	Explanation if not complying with good practice	Areas where training or guidance is required and/or Areas where additional assurance is required
GP1 Green	The size of the Board (including voting and non-voting members of the Board) and Board committees is appropriate for the requirements of the business. All voting positions are substantively filled.			
	<ul style="list-style-type: none"> <li>• <b>MSFM in place;</b></li> <li>• <b>Scheme of Delegation</b></li> <li>• <b>List of Board Members with appointment dates/duration</b></li> </ul>			
GP2 Green	The ALB provides the Board with appropriate advice, guidance and support to enable it to effectively discharge its responsibilities.			
	<ul style="list-style-type: none"> <li>• <b>Standing Orders</b></li> <li>• <b>Minutes of Board Meetings</b></li> <li>• <b>Induction for Members</b></li> </ul>			
GP3 Green	It is clear who on the Board is entitled to vote.			
	<ul style="list-style-type: none"> <li>• <b>Standing Orders</b></li> </ul>			
GP4 Green	The composition of the Board and Board committees accords with the requirements of the relevant Establishment Order or other legislation, and/or the ALB's Standing Orders.			
	<ul style="list-style-type: none"> <li>• <b>Standing Orders</b></li> <li>• <b>MSFM</b></li> <li>• <b>Board Membership</b></li> </ul>			
GP5 Amber Green	Where necessary, the appointment term of NEDs is staggered so they are not all due for re-appointment or to leave the Board within a short space of time.			
	<ul style="list-style-type: none"> <li>• <b>Board Member list</b></li> </ul>			

Red Flags	Action Plans to remove the Red Flag or mitigate the risk presented by the Red Flag	Notes/Comments
RF1	The Chair and/or CE are currently interim or the position(s) vacant.	<p><del>The Chief Executive post is being filled on an interim basis—however a recruitment scheme, to fill the vacancy, on a substantive basis commenced in April 2022.</del></p> <p>This Red Flag can now be deleted – Chair and CEO are in post on a substantive basis.</p>
RF2	There has been a high turnover in Board membership in the previous two years (i.e. 50% or more of the Board are new compared to two years ago).	
RF3	The number of people who routinely attend Board meetings hampers effective discussion and decision-making.	

## 1. Board composition and commitment

ALB: Northern Ireland Social Care Council

Date: 20/04/23

### 1.2 Balance and calibre of Board members

Evidence of compliance with good practice (Please reference supporting documentation below)		Action plans to achieve good practice (Please reference action plans below)	Explanation if not complying with good practice	Areas where training or guidance is required and/or Areas where additional assurance is required
GP1 Green	The Board can clearly explain why the current balance of skills, experience and knowledge amongst Board members is appropriate to effectively govern the ALB over the next 3-5 years. In particular, this includes consideration of the value that each NED will provide in helping the Board to effectively oversee the implementation of the ALB's business plan.			
	<ul style="list-style-type: none"> <li>• Standing Orders</li> <li>• Biographical information</li> </ul>			
GP2 Green	The Board has an appropriate blend of NEDs e.g. from the public, private and voluntary sectors.			
	<ul style="list-style-type: none"> <li>• MSFM</li> <li>• Standing Orders</li> <li>• Board Member list</li> </ul>			
GP3 Green	The Board has had due regard under Section 75 of the Northern Ireland Act 1998 to the need to promote equality of opportunity			
	<ul style="list-style-type: none"> <li>• Equality Scheme in place</li> <li>• Papers are screened as necessary before being tabled to the Board</li> <li>• Board approve the Annual Equality Progress Report and Disability and Equality Action Plans</li> </ul>			
GP4 Green	There is at least one NED with a background specific to the business of the ALB.			
	<ul style="list-style-type: none"> <li>• Current Board list</li> <li>• MSFM</li> </ul>			

GP5 Amber Green	Where appropriate, the Board includes people with relevant technical and professional expertise			
	<ul style="list-style-type: none"> <li>MSFM</li> <li>Standing Orders</li> <li>Board Members' profiles</li> </ul>	One member has financial experience.	This is being taken forward with the DoH and PAU as part of the planning for future appointments.	Note: Board Skills Audit and action to address skills such as financial have been addressed by the Board.
GP6 Green	There is an appropriate balance between Board members (both Executive and NEDs) that are new to the Board (i.e. within their first 18 months) and those that have served on the Board for longer.			
	<ul style="list-style-type: none"> <li>MSFM</li> <li>Board Member List</li> </ul>			
GP7 Green	The majority of the Board are experienced Board members.			
	<ul style="list-style-type: none"> <li>Biographical information on Board</li> </ul>			
GP8 Green	The Chair of the Board has a demonstrable and recent track record of successfully leading a large and complex organisation, preferably in a regulated environment.			
	<ul style="list-style-type: none"> <li>Biographical information on the Chair</li> </ul>			
GP9 Green	The Chair of the Board has previous non-executive experience.			
	<ul style="list-style-type: none"> <li>Biographical information on Board</li> </ul>			
GP10 Green	At least one member of the Audit Committee has recent and relevant financial experience.			
	<ul style="list-style-type: none"> <li>Biographical information on Board</li> <li>ARAC membership</li> </ul>			

Red Flags	Action Plans to remove the Red Flag or mitigate the risk presented by the Red Flag	Notes/Comments
RF1	There are no NEDs with a recent and relevant financial background	
RF2	There is no NED with current or recent (i.e. within the previous 2 years) experience in the private/ commercial sector.	
RF3	The majority of Board members are in their first Board position.	
RF4	The majority of Board members are new to the organisation (i.e. within their first 18 months).	

RF5	The balance in numbers of Executives and Non Executives is incorrect.	
RF6	There are insufficient numbers of Non Executives to be able to operate committees	

# 1. Board composition and commitment ALB: Northern Ireland Social Care Council Date: 20/04/23

## 1.3 Role of the Board

Evidence of compliance with good practice (Please reference supporting documentation below)		Action plans to achieve good practice (Please reference action plans below)	Explanation if not complying with good practice	Areas where training or guidance is required and/or Areas where additional assurance is required
GP1 Green	The role and responsibilities of the Board have been clearly defined and communicated to all members.			
	<ul style="list-style-type: none"> <li>• Standing Orders</li> <li>• MSFM</li> <li>• On Board Training completed</li> </ul>			
GP2 Green	Board members are clear about the Minister's policies and expectations for their ALBs and have a clearly defined set of objectives, strategy and remit.			
	<ul style="list-style-type: none"> <li>• Standing Orders</li> <li>• MSFM</li> <li>• Accountability Meetings</li> </ul>			
GP3 Green	There is a clear understanding of the roles of Executive officers and Non Executive Board members.			
	<ul style="list-style-type: none"> <li>• SLT Job Descriptions</li> <li>• Standing Orders</li> <li>• Scheme of Delegation</li> <li>• On Board Training</li> <li>• MSFM</li> </ul>			
GP4 Green	The Board takes collective responsibility for the performance of the ALB.			
	<ul style="list-style-type: none"> <li>• MSFM</li> <li>• Standing Orders</li> <li>• Board signs off Business Plan and Annual Report</li> </ul>			
GP5 Green	NEDs are independent of management.			
	<ul style="list-style-type: none"> <li>• MSFM</li> <li>• Standing Orders</li> </ul>			

GP6 Green	The Chair has a positive relationship with the Minister and sponsor Department.			
	<ul style="list-style-type: none"> <li>• <b>Minutes of Accountability meetings</b></li> <li>• <b>Sponsorship Branch self-assessment</b></li> </ul>			
GP7 Green	The Board holds management to account for its performance through purposeful, challenge and scrutiny.			
	<ul style="list-style-type: none"> <li>• <b>Board minutes</b></li> <li>• <b>Performance Reports</b></li> </ul>			
GP8 Green	The Board operates as an effective team.			
	<ul style="list-style-type: none"> <li>• <b>Board minutes</b></li> <li>• <b>Board self assessment</b></li> <li>• <b>NED Appraisals</b></li> </ul>			
GP9 Green	The Board shares corporate responsibility for all decisions taken and makes decisions based on clear evidence.			
	<ul style="list-style-type: none"> <li>• <b>Board minutes</b></li> <li>• <b>Performance Reports</b></li> </ul>			
GP10 Green	Board members respect confidentiality and sensitive information.			
	<ul style="list-style-type: none"> <li>• <b>Board Minutes</b></li> <li>• <b>Standing Orders</b></li> <li>• <b>Code of Conduct and Code of Accountability</b></li> </ul>			
GP11 Green	The Board governs, Executives manage.			
	<ul style="list-style-type: none"> <li>• <b>Board Minutes</b></li> <li>• <b>SLT minutes</b></li> <li>• <b>Scheme of Delegation</b></li> </ul>			
GP12 Green	Individual Board members contribute fully to Board deliberations and exercise a healthy challenge function.			
	<ul style="list-style-type: none"> <li>• <b>Board minutes</b></li> </ul>			
GP13 Green	The Chair is a useful source of advice and guidance for Board members on any aspect of the Board.			
	<ul style="list-style-type: none"> <li>• <b>Board minutes</b></li> <li>• <b>Chair's update to the Board</b></li> </ul>			
GP14 Green	The Chair leads meetings well, with a clear focus on the issues facing the ALB, and allows full and open discussions before major decisions are taken.			

	<ul style="list-style-type: none"> <li>• <b>Board minutes</b></li> </ul>			
GP15 Green	The Board considers the concerns and needs of all stakeholders and actively manages its relationships with them.			
	<ul style="list-style-type: none"> <li>• <b>Board minutes</b></li> <li>• <b>Communications and Engagement Plan</b></li> <li>• <b>Performance Reports</b></li> <li>• <b>Evaluation Reports</b></li> <li>• <b>Attendance at Events</b></li> </ul>			
GP16 Green	The Board is aware of and annually approves a scheme of delegation to its committees.			
	<ul style="list-style-type: none"> <li>• <b>Board minutes</b></li> <li>• <b>Scheme of Delegation</b></li> <li>• <b>Terms of Reference for Committees</b></li> </ul>			
GP17 Green	The Board is provided with timely and robust post-evaluation reviews on all major projects and programmes.			
	<ul style="list-style-type: none"> <li>• <b>Board minutes</b></li> </ul>			

Red Flags	Action Plans to remove the Red Flag or mitigate the risk presented by the Red Flag	Notes/Comments
RF1	The Chair looks constantly to the Chief Executive to speak or give a lead on issues.	
RF2	The Board tends to focus on details and not on strategy and performance.	
RF3	The Board become involved in operational areas.	
RF4	The Board is unable to take a decision without the Chief Executive's recommendation.	
RF5	The Board allows the Chief Executive to dictate the Agenda.	
RF6	Regularly, one individual Board member dominates the debates or has an excessive influence on Board decision making.	

# 1. Board composition and commitment ALB: Northern Ireland Social Care Council Date: 20/04/23

## 1.4 Committees of the Board

Evidence of compliance with good practice (Please reference supporting documentation below)		Action plans to achieve good practice (Please reference action plans below)	Explanation if not complying with good practice	Areas where training or guidance is required and/or Areas where additional assurance is required
GP1 Green	Clear terms of reference are drawn up for each Committee including whether it has powers to make decisions or only make recommendations to the Board.			
	<ul style="list-style-type: none"> <li>• <b>Audit and Risk Assurance Committee – Terms of Reference</b></li> <li>• <b>Remuneration Committee – Terms of Reference</b></li> </ul>			
GP2 Green	Certain tasks or functions are delegated to the Committee but the Board as a whole is aware that it carries the ultimate responsibility for the actions of its Committees.			
	<ul style="list-style-type: none"> <li>• <b>Standing Orders</b></li> <li>• <b>Minutes of the Board</b></li> </ul>			
GP3 Green	Schemes of delegation from the Board to the Committees are in place.			
	<ul style="list-style-type: none"> <li>• <b>Scheme of Delegation and Standing Orders</b></li> </ul>			
GP4 Green	There are clear lines of reporting and accountability in respect of each Committee back to the Board			
	<ul style="list-style-type: none"> <li>• <b>Standing Orders</b></li> <li>• <b>Audit and Risk Assurance Committee – Terms of Reference</b></li> <li>• <b>Remuneration Committee – Terms of Reference</b></li> <li>• <b>Council minutes</b></li> </ul>			
GP5 Green	The Board agrees, with the Committees, what assurances it requires and when, to feed its annual business cycle.			
	<ul style="list-style-type: none"> <li>• <b>Board Minutes</b></li> </ul>			

	<ul style="list-style-type: none"> <li>• <b>Standing Orders</b></li> <li>• <b>Scheme of Delegation</b></li> <li>• <b>Board business programme</b></li> </ul>			
GP6 Green	The Board receives regular reports from the Committees which summarises the key issues as well as decisions or recommendations made.			
	• <b>Board Minutes</b>			
GP7 Green	The Board undertakes a formal and rigorous annual evaluation of the performance of its Committees.			
	• <b>Audit Committee self-assessment</b>			
GP8 Green	It is clearly documented who is responsible for reporting back to the Board.			
	<ul style="list-style-type: none"> <li>• <b>Standing Orders</b></li> <li>• <b>Audit and Risk Assurance Committee – ToR</b></li> <li>• <b>Remuneration Committee – ToR</b></li> </ul>			

Red Flags	Action Plans to remove the Red Flag or mitigate the risk presented by the Red Flag	Notes/Comments
RF1	The Board notes the minutes of Committee meetings and reports, instead of discussing same.	
RF2	Committee members do not receive performance management appraisals in relation to their Committee role.	
RF3	There are no terms of reference for the Committee.	
RF4	Non Executives are unaware of their differing roles between the Board and Committee.	
RF5	The Agenda for Committee meetings is changed without proper discussion and/or at the behest of the Executive team.	

**1. Board composition and commitment** ALB: Northern Ireland Social Care Council Date: 20/04/23

**1.5 Board member commitment**

Evidence of compliance with good practice (Please reference supporting documentation below)		Action plans to achieve good practice (Please reference action plans below)	Explanation if not complying with good practice	Areas where training or guidance is required and/or Areas where additional assurance is required
GP1 Green	Board members have a good attendance record at all formal Board and Committee meetings and at Board events			
	<ul style="list-style-type: none"> <li>• <b>Board Member attendance records</b></li> <li>• <b>Board Member Appraisal</b></li> <li>• <b>Annual Report and Accounts</b></li> </ul>			
GP2 Green	The Board has discussed the time commitment required for Board (including Committee) business and Board development, and Board members have committed to set aside this time.			
	<ul style="list-style-type: none"> <li>• <b>Schedule of Board Meetings and Strategic Days</b></li> <li>• <b>Agendas for above</b></li> </ul>			
GP3 Green	Board members have received a copy of the Department's Code of Conduct and Code of Accountability for Board Members of Health and Social Care Bodies or the Northern Ireland Fire and Rescue Service. Compliance with the code is routinely monitored by the Chair and included as part of each Board member's annual appraisal.			
	<ul style="list-style-type: none"> <li>• <b>Induction Pack</b></li> <li>• <b>Annual appraisals</b></li> </ul>			
GP4 Green	Board meetings and Committee meetings are scheduled at least 6 months in advance.			
	<ul style="list-style-type: none"> <li>• <b>Schedule of Board Meetings</b></li> <li>• <b>Schedule of Audit &amp; Remuneration Committees</b></li> </ul>			

Red Flags	Action Plans to remove the Red Flag or mitigate the risk presented by the Red Flag	Notes/Comments
RF1	There is a record of Board and Committee meetings not being quorate.	
RF2	There is regular non-attendance by one or more Board members at Board or Committee meetings.	
RF3	Attendance at the Board or Committee meetings is inconsistent (i.e. the same Board members do not consistently attend meetings).	
RF4	There is evidence of Board members not behaving consistently with the behaviours expected of them and this remaining unresolved.	
RF5	The Board or Committee has not achieved full attendance at least one meeting within the last 12 months	

## 2. Board evaluation, development and learning ALB: Northern Ireland Social Care Council Date: 20//04/23

### 2.1 Effective Board level evaluation

Evidence of compliance with good practice (Please reference supporting documentation below)		Action plans to achieve good practice (Please reference action plans below)	Explanation if not complying with good practice	Areas where training or guidance is required and/or Areas where additional assurance is required
GP1 Green	A formal Board Governance Self-Assessment has been conducted within the previous 12 months.			
	• <b>Board Self-Assessments</b>			
GP2 Green	The Board can clearly identify a number of changes/ improvements in Board and Committee effectiveness as a result of the formal self assessments that have been undertaken.			
	• <b>Action Plans</b> • <b>Board self-assessments</b>			
GP3 Green	The Board has had an independent evaluation of its effectiveness and the effectiveness of its committees within the last 2 years by a 3rd party that has a good track record in undertaking Board effectiveness evaluations.			
	• <b>Audit Review of Board Effectiveness</b>			
GP4 Green	In undertaking its self assessment, the Board has used an approach that includes various evaluation methods. In particular, the Board has considered the perspective of a representative sample of staff and key external stakeholders (e.g. commissioners, service users and clients) on whether or not they perceive the Board to be effective			
	• <b>Communication Plan which supports this work</b>			
GP5 Green	The focus of the self assessment included traditional 'hard' (e.g. Board information, governance structure) and 'soft' dimensions of effectiveness.			
	• <b>Board Self-Assessments</b>			

Red Flags	Action Plans to remove the Red Flag or mitigate the risk presented by the Red Flag	Notes/Comments
RF1	No formal Board Governance Self-Assessment has been undertaken within the last 12 months.	
RF2	The Board Governance Self-Assessment has not been independently evaluated within the last 3 years.	

RF3	Where the Board has undertaken a self assessment, only the perspectives of Board members were considered and not those outside the Board (e.g. staff, etc).	
RF4	Where the Board has undertaken a self assessment, only one evaluation method was used (e.g. only a survey of Board members was undertaken).	

## 2. Board evaluation, development and learning ALB: Northern Ireland Social Care Council Date: 20/04/23

### 2.2 Whole Board development programme

Evidence of compliance with good practice (Please reference supporting documentation below)		Action plans to achieve good practice (Please reference action plans below)	Explanation if not complying with good practice	Areas where training or guidance is required and/or Areas where additional assurance is required
GP1 Green	The Board has a programme of development in place. The programme seeks to directly address the findings of the Board's annual evaluation and contains the following elements: understanding the relationship between the Minister, the Dept and their organisation, e.g. as documented in the Management Statement; development specific to the business of their organisation; and reflecting on the effectiveness of the Board and its supporting governance arrangements.			
	<ul style="list-style-type: none"> <li>• <b>Board Training Programme</b></li> <li>• <b>Board Induction Programme</b></li> <li>• <b>Case Study by Board</b></li> <li>• <b>On Board Training</b></li> <li>• <b>Appraisals</b></li> <li>• <b>Mid-year reviews</b></li> </ul>			
GP2 Green	Understanding the relationship between the Minister, Department and the A–B - Board members have an appreciation of the role of the Board and NEDs, and of the Department's expectations in relation to those roles and responsibilities.			
	<ul style="list-style-type: none"> <li>• <b>Board Induction Programme</b></li> <li>• <b>MSFM</b></li> <li>• <b>Scheme of Delegation</b></li> <li>• <b>On Board training</b></li> </ul>			
GP3 Green	Development specific to the ALB's governance arrangements – the Board is or has been engaged in the development of action plans to address governance issues arising from previous self-assessments/independent evaluations, Internal Audit reports, serious adverse incident reports and other significant control issues.			
	<ul style="list-style-type: none"> <li>• <b>Internal Audit Reports</b></li> <li>• <b>Audit Action Plan</b></li> <li>• <b>Performance Reports</b></li> <li>• <b>Risk Register</b></li> </ul>			

	<ul style="list-style-type: none"> <li>• <b>Risk Management Strategy</b></li> <li>• <b>Board Self-Assessment</b></li> <li>• <b>Risk Management Training</b></li> </ul>			
GP4 Green	Reflecting on the effectiveness of the Board and its supporting governance arrangement-s -The development programme includes time for the Board as a whole to reflect upon, and where necessary improve			
	<ul style="list-style-type: none"> <li>• <b>Strategic workshops Agendas</b></li> <li>• <b>Board case study</b></li> </ul>			
GP5 Green	Time is 'protected' for undertaking this programme and it is well attended.			
	<ul style="list-style-type: none"> <li>• <b>Board Training Programme</b></li> <li>• <b>Attendance Lists for Training and Events</b></li> </ul>			
GP6 Green	The Board has considered, at a high-level, the potential development needs of the Board to meet future challenges.			
	<ul style="list-style-type: none"> <li>• <b>Board Training Programme</b></li> </ul>			

Red Flags	Action Plans to remove the Red Flag or mitigate the risk presented by the Red Flag	Notes/Comments
RF1	The Board does not currently have a Board development programme in place for both Executive and Non-Executive Board Members.	
RF2	The Board Development Programme is not aligned to helping the Board comply with the requirements of the Management Statement and/or fulfil its statutory responsibilities.	

## 2. Board evaluation, development and learning ALB: Northern Ireland Social Care Council Date: 20/04/23

### 2.3 Board induction, succession and contingency planning

Evidence of compliance with good practice (Please reference supporting documentation below)		Action plans to achieve good practice (Please reference action plans below)	Explanation if not complying with good practice	Areas where training or guidance is required and/or Areas where additional assurance is required
GP1 <b>Amber</b>  <b>Green</b>	All members of the Board, both Executive and Non-Executive, are appropriately inducted into their role as a Board member. Induction is tailored to the individual Director and includes access to external training courses where appropriate. As a minimum, it includes an introduction to the role of the Board, the role expectations of NEDs and Executive Directors, the statutory duties of Board members and the business of the ALB.			
	<ul style="list-style-type: none"> <li><b>Board Induction Programme</b></li> </ul>	Review Induction Plan based on reflections by new Members recently appointed.	<del>A review of induction for staff and Board commenced during 2021/22 and this will be completed during 2022/23</del>	Induction is in place – and plans are in hand to ensure any new Board Members are fully inducted – it is therefore suggested that this area is re-categorised as Green
GP2 <b>Green</b>	Induction for Board members is conducted on a timely basis.			
	<ul style="list-style-type: none"> <li><b>Board Induction Programme</b></li> </ul>			
GP3 <b>Green</b>	Where Board members are new to the organisation, they have received a comprehensive corporate induction which includes an overview of the services provided by the ALB, the organisation's structure, ALB values and meetings with key leaders.			
	<ul style="list-style-type: none"> <li><b>Board Induction Programme</b></li> </ul>			
GP4 <b>Green</b>	Deputising arrangements for the Chair and CE have been formally documented.			
	<ul style="list-style-type: none"> <li><b>Standing Orders</b></li> </ul>			
GP5 <b>Green</b>	The Board has considered the skills it requires to govern the organisation effectively in the future and the implications of key Board-level leaders leaving the organisation. Accordingly, there are demonstrable succession plans in place for all key Board positions.			
	<ul style="list-style-type: none"> <li><b>Board Training Programme</b></li> </ul>			

Red Flags	Action Plans to remove the Red Flag or mitigate the risk presented by the Red Flag	Notes/Comments
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RF1	Board members have not attended the CIPFA “On Board” training course within 3 months of appointment.	
RF2	There are no documented arrangements for chairing Board and committee meetings if the Chair is unavailable.	
RF3	There are no documented arrangements for the organisation to be represented at a senior level at Board meetings if the CE is unavailable.	
RF4	NED appointment terms are not sufficiently staggered	

## 2. Board evaluation, development and learning

ALB: Northern Ireland Social Care Council

Date: 20/04/23

### 2.4 Board member appraisal and personal development

Evidence of compliance with good practice (Please reference supporting documentation below)		Action plans to achieve good practice (Please reference action plans below)	Explanation if not complying with good practice	Areas where training or guidance is required and/or Areas where additional assurance is required
GP1 Green	The effectiveness of each Non-Executive Board member's contribution to the Board and corporate governance is formally evaluated on an annual basis by the Chair			
	<ul style="list-style-type: none"> <li>Board Members Appraisals</li> <li>Board Members Objectives</li> <li>Board Members Personal Development Plans</li> </ul>			
GP2 Green	The effectiveness of each Executive Board member's contribution to the Board and corporate governance is formally evaluated on an annual basis in accordance with the appraisal process prescribed by their organisation.			
	<ul style="list-style-type: none"> <li>Board Members Appraisals</li> </ul>			
GP3 Green	There is a comprehensive appraisal process in place to evaluate the effectiveness of the Chair of the Board that is led by the relevant Deputy Secretary (and countersigned by the Permanent Secretary).			
	<ul style="list-style-type: none"> <li>Chair Appraisal</li> </ul>			
GP4 Green	Each Board member (including each Executive Director) has objectives specific to their Board role that are reviewed on an annual basis.			
	<ul style="list-style-type: none"> <li>Board Members Objectives</li> </ul>			
GP5 Green	Each Board member has a Personal Development Plan that is directly relevant to the successful delivery of their Board role			
	<ul style="list-style-type: none"> <li>Board Members Personal Development Plans</li> </ul>			
GP6 N/A	There are processes in place to ensure the development of Executive Directors as Corporate Directors			

GP7 Green	As a result of the Board member appraisal and personal development process, Board members can evidence improvements that they have made in the quality of their contributions at Board-level.			
	• <b>Board Members Appraisals</b>			

Red Flags	Action Plans to remove the Red Flag or mitigate the risk presented by the Red Flag	Notes/Comments
RF1	There is not a robust performance appraisal process in place at Board level that includes consideration of the perspectives of other Board members on the quality of an individual's contribution (i.e. contributions of every member of the Board (including Executive Directors) on an annual basis and documents the process of formal feedback being given and received.	
RF2	Individual Board members have not received any formal training or professional development relating to their Board role.	
RF3	Appraisals are perceived to be a 'tick box' exercise.	
RF4	The Chair does not consider the differing roles of Board members and Committee members.	

### 3. Board insight and foresight

ALB: Northern Ireland Social Care Council

Date: 20/04/23

#### 3.1 Board performance reporting

Evidence of compliance with good practice (Please reference supporting documentation below)		Action plans to achieve good practice (Please reference action plans below)	Explanation if not complying with good practice	Areas where training or guidance is required and/or Areas where additional assurance is required
GP1 Green	The Board has debated and agreed a set of quality and financial performance indicators that are relevant to the Board given the context within which it is operating and what it is trying to achieve. Indicators should relate to priorities, objectives, targets and requirements set by the Dept.			
	<ul style="list-style-type: none"> <li>• <b>Performance management report to the Board</b></li> </ul>			
GP2 Green	The Board receives a performance report which is readily understandable for all members and includes: performance of the ALB against a range of performance measures including quality, performance, activity and finance and enables links to be made.			
	<ul style="list-style-type: none"> <li>• <b>Performance Management Report to the Board</b></li> </ul>			
GP3 Green	The Board receives a brief verbal update on key issues arising from each Committee meeting from the relevant Chair. This is supported by a written summary of key items discussed by the Committee and decisions made.			
	<ul style="list-style-type: none"> <li>• <b>Board minutes</b></li> <li>• <b>Audit and Risk Assurance Chair's update to the Board</b></li> </ul>			
GP4 Green	The Board regularly discusses the key risks facing the ALB and the plans in place to manage or mitigate them.			
	<ul style="list-style-type: none"> <li>• <b>Risk Progress Reports</b></li> <li>• <b>Risk Register and Assurance Framework</b></li> <li>• <b>Risk Management Workshops with the Board</b></li> <li>• <b>Strategic Risks and Risk Appetite set by the Board</b></li> </ul>			

	<ul style="list-style-type: none"> <li><b>Minutes of Board meetings and Strategic sessions</b></li> </ul>			
GP5 Green	An action log is taken at Board meetings. Accountable individuals and challenging/demanding timelines are assigned. Progress against actions is actively monitored. Slips in timelines are clearly identifiable through the action log and individuals are held to account.			
	<ul style="list-style-type: none"> <li><b>Board minutes – matters arising reviewed and updated at each meeting.</b></li> </ul>			

Red Flags	Action Plans to remove the Red Flag or mitigate the risk presented by the Red Flag	Notes/Comments
RF1	Significant unplanned variances in performance have occurred.	
RF2	Performance failures were brought to the Board's attention by an external party and/or not in a timely manner.	
RF3	Finance and Quality reports are considered in isolation from one another.	
RF4	The Board does not have an action log	
RF5	Key risks are not reported/escalated up to the Board.	

### 3. Board insight and foresight

ALB: Northern Ireland Social Care Council

Date: 20/04/23

#### 3.2 Efficiency and Productivity

Evidence of compliance with good practice (Please reference supporting documentation below)		Action plans to achieve good practice (Please reference action plans below)	Explanation if not complying with good practice	Areas where training or guidance is required and/or Areas where additional assurance is required
GP1 Green	The Board is assured that there is a robust process for prospectively assessing the risk(s) to quality of services and the potential knock-on impact on the wider health and social care community of implementing efficiency and productivity plans.			
	<ul style="list-style-type: none"> <li>• Risk Register</li> <li>• Performance Management Report</li> <li>• Assurance Report</li> <li>• Risk Progress Report</li> </ul>			
GP2 Green	The Board can provide examples of efficiency and productivity plans that have been rejected or significantly modified due to their potential impact on quality of service.			
	<ul style="list-style-type: none"> <li>• Risk Register</li> <li>• Performance Management Report</li> <li>• Assurance Report</li> <li>• Risk Progress Report</li> </ul>			
GP3 Green	The Board receives information on all efficiency and productivity plans on a regular basis. Schemes are allocated to Directors and are RAG rated to highlight where performance is not in line with plan. The risk(s) to non-achievement is clearly stated and contingency measures are articulated.			
	<ul style="list-style-type: none"> <li>• Risk Register</li> <li>• Performance Management Report</li> <li>• Assurance Report</li> <li>• Risk Progress Report</li> </ul>			
GP4 Green	There is a process in place to monitor the ongoing risks to service delivery for each plan, including a programme of formal post implementation reviews.			
	<ul style="list-style-type: none"> <li>• Risk Register</li> </ul>			

	<ul style="list-style-type: none"> <li>• Performance Management Report</li> <li>• Assurance Report</li> <li>• Risk Progress Report</li> <li>• Finance Report</li> </ul>			
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Red Flags	Action Plans to remove the Red Flag or mitigate the risk presented by the Red Flag	Notes/Comments
RF1	The Board does not receive performance information relating to progress against efficiency and productivity plans.	
RF2	There is no process currently in place to prospectively assess the risk(s) to quality of services presented by efficiency and productivity plans.	
RF3	Efficiency plans are based on a percentage reduction across all services rather than a properly targeted assessment of need.	
RF4	The Board does not have a Board Assurance Framework (BAF).	

### 3. Board insight and foresight

ALB: Northern Ireland Social Care Council

Date: 20/04/23

#### 3.3 Environmental and strategic focus

Evidence of compliance with good practice (Please reference supporting documentation below)		Action plans to achieve good practice (Please reference action plans below)	Explanation if not complying with good practice	Areas where training or guidance is required and/or Areas where additional assurance is required
GP1 Green	The Chief Executive presents a report to every Board meeting detailing important changes or issues in the external environment (e.g. policy changes, quality and financial risks). The impact on strategic direction is debated and, where relevant, updates are made to the ALB's risk registers and Board Assurance Framework (BAF).			
	<ul style="list-style-type: none"> <li>• <b>CE Report to the Board</b></li> <li>• <b>Board Minutes</b></li> <li>• <b>Performance Reports</b></li> </ul>			
GP2 Green	The Board has reviewed lessons learned from SAIs, reports on discharge of statutory responsibilities, negative reports from independent regulators etc and has considered the impact upon them. Actions arising from this exercise are captured and progress is followed up.			
	<ul style="list-style-type: none"> <li>• <b>Relevant papers brought to the Board's attention</b></li> <li>• <b>Board Papers</b></li> <li>• <b>Board Minutes</b></li> </ul>			
GP3 Green	The Board has conducted or updated an analysis within the last year to inform the development of the Business Plan.			
	<ul style="list-style-type: none"> <li>• <b>Board minutes</b></li> <li>• <b>Performance Reports</b></li> <li>• <b>Business Plan</b></li> </ul>			
GP4 Green	The Board has agreed a set of corporate objectives and associated milestones that enable the Board to monitor progress against implementing its vision and strategy for the ALB. Performance against these corporate objectives and milestones are reported to the board on a quarterly basis.			
	<ul style="list-style-type: none"> <li>• <b>Performance reports</b></li> <li>• <b>Board minutes</b></li> <li>• <b>Corporate Plan</b></li> <li>• <b>Business Plans</b></li> <li>• <b>Annual Report and Accounts</b></li> </ul>			

GP5 Green	The Board's annual programme of work sets aside time for the Board to consider environmental and strategic risks to the ALB. Strategic risks to the ALB are actively monitored through the Board Assurance Framework (BAF).			
	<ul style="list-style-type: none"> <li>• <b>Assurance Framework</b></li> <li>• <b>Minutes of strategic sessions to consider risk register and the Social Care Council</b></li> <li>• <b>Board business programme</b></li> </ul>			

Red Flags	Action Plans to remove the Red Flag or mitigate the risk presented by the Red Flag	Notes/Comments
RF1	The Board does not have a clear understanding of Executive/Departmental priorities and its statutory responsibilities, business plan etc.	
RF2	The Board's annual programme of work does not set aside time for the Board to consider environmental and strategic risks to the ALB.	
RF3	The Board does not formally review progress towards delivering its strategies.	

### 3. Board insight and foresight

ALB: Northern Ireland Social Care Council

Date:20/04/23

#### 3.4 Quality of Board papers and timeliness of information

Evidence of compliance with good practice (Please reference supporting documentation below)		Action plans to achieve good practice (Please reference action plans below)	Explanation if not complying with good practice	Areas where training or guidance is required and/or Areas where additional assurance is required
GP1 Green	The Board can demonstrate that it has actively considered the timing of the Board and Committee meetings and presentation of Board and Committee papers in relation to month and year end procedures and key dates to ensure that information presented is as up-to-date as possible and that the Board is reviewing information and making decisions at the right time.			
	<ul style="list-style-type: none"> <li>• <b>Schedule of Board Meetings</b></li> <li>• <b>Schedule of Audit and Risk Assurance Committee Meetings</b></li> <li>• <b>Standing Orders</b></li> <li>• <b>ARAC Terms of Reference</b></li> </ul>			
GP2 Green	A timetable for sending out papers to members is in place and adhered to.			
	<ul style="list-style-type: none"> <li>• <b>Board Timetable for Papers</b></li> <li>• <b>Standing Orders</b></li> </ul>			
GP3 Green	Each paper clearly states what the Board is being asked to do (e.g. noting, approving, decision, and discussion).			
	<ul style="list-style-type: none"> <li>• <b>Board papers and cover sheets</b></li> </ul>			
GP4 Green	Board members have access to reports to demonstrate performance against key objectives and there is a defined procedure for bringing significant issues to the Board's attention outside of formal monthly meetings.			
	<ul style="list-style-type: none"> <li>• <b>Performance management report to the Board</b></li> <li>• <b>Standing Orders</b></li> </ul>			
GP5 Green	Board papers outline the decisions or proposals that Executive Directors have made or propose. This is supported; where appropriate, by: an appraisal of the relevant alternative options; the rationale for choosing the preferred option; and a clear outline of the process undertaken to arrive at the preferred option, including the degree of scrutiny that the paper has been through.			

	<ul style="list-style-type: none"> <li>• <b>Board papers and cover sheets</b></li> <li>• <b>Board Minutes</b></li> </ul>			
GP6 Green	The Board is routinely provided with data quality updates. These updates include external assurance reports that data quality is being upheld in practice and are underpinned by a programme of clinical and/or internal audit to test the controls that are in place.			
	<ul style="list-style-type: none"> <li>• <b>Board papers</b></li> <li>• <b>Performance Reports</b></li> <li>• <b>IG Reports</b></li> </ul>			
GP7 Green	The Board can provide examples of where it has explored the underlying data quality of performance measures that have been RAG rated green.			
	<ul style="list-style-type: none"> <li>• <b>Performance Reports</b></li> <li>• <b>Board Minutes</b></li> <li>• <b>Audit of Performance Management</b></li> </ul>			
GP8 Green	The Board has defined the information it requires to enable effective oversight and control of the organisation, and the standards to which that information should be collected and quality assured.			
	<ul style="list-style-type: none"> <li>• <b>Performance Reports</b></li> <li>• <b>Board Minutes</b></li> </ul>			
GP9 Green	Board members can demonstrate that they understand the information presented to them, including how that information was collected and quality assured, and any limitations that this may impose.			
	<ul style="list-style-type: none"> <li>• <b>Board Minutes</b></li> </ul>			
GP10 Green	Any documentation being presented complies with Departmental guidance, where appropriate e.g. business cases, implementation plans.			
	<ul style="list-style-type: none"> <li>• <b>Business cases to the Board</b></li> </ul>			

Red Flags	Action Plans to remove the Red Flag or mitigate the risk presented by the Red Flag	Notes/Comments
RF1	Board members do not have the opportunity to read papers e.g. reports are regularly tabled on the day of the Board meeting and members do not have the opportunity to review or read prior to the meeting. The volume of papers is impractical for proper reviewing.	

RF2	Board discussions are focused on understanding the Board papers as opposed to making decisions.	
RF3	The Board does not routinely receive assurances in relation to Data Quality or where reports are received, they have highlighted material concerns in the quality of data reporting.	
RF4	Information presented to the Board lacks clarity, or relevance; is inaccurate or untimely; or is presented without a clear purpose, e.g. is it for noting, discussion or decision.	
RF5	The Board does not discuss or challenge the quality of the information presented or, scrutiny and challenge is only applied to certain types of information of which the Board have knowledge and/or experience, e.g. financial information	

### 3. Board insight and foresight

ALB: Northern Ireland Social Care Council

Date: 20/04/23

#### 3.5 Assurance and risk management

Evidence of compliance with good practice (Please reference supporting documentation below)		Action plans to achieve good practice (Please reference action plans below)	Explanation if not complying with good practice	Areas where training or guidance is required and/or Areas where additional assurance is required
GP1 Green	The Board has developed and implemented a process for identification, assessment and management of the risks facing the ALB. This should include a description of the level of risk that the Board expects to be managed at each level of the ALB and also procedures for escalating risks to the Board.			
	<ul style="list-style-type: none"> <li>• Risk Management Strategy</li> <li>• Risk Register</li> <li>• Assurance Framework</li> <li>• Risk Progress Reports</li> <li>• Strategic risks and risk appetite set by the Board</li> <li>• Risk Management Workshops</li> <li>• Risk Management Committee ToR</li> <li>• RMC Minutes</li> <li>• Audit and Risk Assurance Committee Minutes and ToR</li> <li>• Audit Reports</li> <li>• Internal Audit Progress Reports</li> </ul>			
GP2 Green	The Board has identified the assurance information they require, including assurance on the management of key risks, and how this information will be quality assured.			
	<ul style="list-style-type: none"> <li>• Board Minutes</li> <li>• Risk Management Strategy</li> </ul>			

	<ul style="list-style-type: none"> <li>• Risk Register</li> <li>• Assurance Framework</li> <li>• Risk Progress Reports</li> <li>• Strategic risks and risk appetite set by the Board</li> <li>• Risk Management Workshops</li> </ul>			
GP3 Green	The Board has identified and makes use of the full range of available sources of assurance, e.g. Internal/External Audit, RQIA, etc			
	<ul style="list-style-type: none"> <li>• Risk Register</li> <li>• Assurance Framework</li> <li>• Minutes of Board meetings</li> <li>• Internal Audit Report Progress Reports</li> <li>• Report to those Charged with Governance</li> <li>• Internal Audit Strategy</li> </ul>			
GP4 Green	The Board has a process for regularly reviewing the governance arrangements and practices against established Departmental or other standards e.g. the Good Governance Standard for Public Services.			
	<ul style="list-style-type: none"> <li>• Risk Register</li> <li>• Risk Progress Report</li> <li>• Assurance Framework</li> <li>• Procurement Report</li> <li>• Assurance Report</li> <li>• Minutes of Board meetings</li> </ul>			
GP5 N/A	The Board has developed and implemented a Clinical and Social Care Risk assessment and management policy across the ALB, where appropriate			
GP6 Green	An executive member of the Board has been delegated responsibility for all actions relating to professional regulation and revalidation of all applicable staff			
	<ul style="list-style-type: none"> <li>• Scheme of Delegation</li> </ul>			

	<ul style="list-style-type: none"> <li>• <b>Chief Executive Job Description</b></li> <li>• <b>Director of Registration and Corporate Services Job Description</b></li> </ul>			
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<b>Red Flags</b>	<b>Action Plans to remove the Red Flag or mitigate the risk presented by the Red Flag</b>	<b>Notes/Comments</b>
RF1	The Board does not receive assurance on the management of risks facing the ALB.	
RF2	The Board has not identified its assurance requirements, or receives assurance from a limited number of sources.	
RF3	Assurance provided to the Board is not balanced across the portfolio of risk, with a predominant focus on financial risk or areas that have historically been problematic	
RF4	The Board has not reviewed the ALB's governance arrangements within the last two years.	

## 4. Board engagement and involvement

ALB: Northern Ireland Social Care Council

Date: 20/04/23

### 4.1 External stakeholders

Evidence of compliance with good practice (Please reference supporting documentation below)		Action plans to achieve good practice (Please reference action plans below)	Explanation if not complying with good practice	Areas where training or guidance is required and/or Areas where additional assurance is required
GP1 Green	The Board has an approved PPI consultation scheme which formally outlines and embeds their commitment to the involvement of service users and their carers in the planning and delivery of services.			
	<ul style="list-style-type: none"> <li><b>PPI Consultation Scheme</b></li> </ul>			
GP2 Green	A variety of methods are used by the ALB to enable the Board and senior management to listen to the views of service users, commissioners and the wider public, including 'hard to reach' groups like non-English speakers and service users with a learning disability. The Board has ensured that various processes are in place to effectively and efficiently respond to these views and can provide evidence of these processes operating in practice.			
	<ul style="list-style-type: none"> <li><b>Participation Partnership programme</b></li> <li><b>Communication Strategy</b></li> <li><b>Customer Surveys</b></li> <li><b>Customer Service Team Reports</b></li> <li><b>Equality Action Plan</b></li> <li><b>Website – has video and other formats available for those whose first language is not English</b></li> </ul>			
GP3 Green	The Board can evidence how key external stakeholders (e.g. service users, commissioners and MLAs) have been engaged in the development of their business plans for the ALB and provide examples of where their views have been included and not included in the Business Plan.			
	<ul style="list-style-type: none"> <li><b>Minutes of Participation Partnership</b></li> <li><b>Minutes of Registrants Forum</b></li> </ul>			

	<ul style="list-style-type: none"> <li>• <b>Business Plan presentations</b></li> </ul>			
GP4 Green	The Board has ensured that various communication methods have been deployed to ensure that key external stakeholders understand the key messages within the Business Plan.			
	<ul style="list-style-type: none"> <li>• <b>Communication Strategy</b></li> <li>• <b>Annual Communication and Engagement Plans</b></li> <li>• <b>Social Media Plans and Promotions</b></li> <li>• <b>Policy on accessing information in other formats</b></li> </ul>			
GP5 Green	The Board promotes the reporting and management of, and implementing the learning from, adverse incidents/near misses occurring within the context of the services that they provide			
	<ul style="list-style-type: none"> <li>• <b>Risk Register</b></li> <li>• <b>Risk Management Committee Terms of Reference</b></li> <li>• <b>RMC Minutes</b></li> <li>• <b>Risk Management Strategy</b></li> <li>• <b>Risk Management Procedures</b></li> </ul>			
GP6 Green	The ALB has constructive and effective relationships with its key stakeholders.			
	<ul style="list-style-type: none"> <li>• <b>Minutes of Participation Partnership</b></li> <li>• <b>Minutes of Registrants Forum</b></li> <li>• <b>Minutes of Workforce Partnership</b></li> <li>• <b>Minutes of PIP Partnership</b></li> </ul>			

Red Flags	Action Plans to remove the Red Flag or mitigate the risk presented by the Red Flag	Notes/Comments
RF1	The development of the Business Plan has only involved the Board and a limited number of ALB staff.	
RF2	The ALB has poor relationships with external stakeholders, with examples including clients, client organisations etc	
RF3	Feedback from clients is negative e.g. complaints, surveys and findings from regulatory and review reports.	
RF4	The ALB has received adverse negative publicity in relation to the services it provides in the last 12 months.	
RF5	The Board has not overseen a system for receiving, acting on and reporting outcomes of complaints.	

#### 4. Board engagement and involvement ALB: Northern Ireland Social Care Council Date: 20/04/23

##### 4.2 Internal stakeholders

Evidence of compliance with good practice (Please reference supporting documentation below)		Action plans to achieve good practice (Please reference action plans below)	Explanation if not complying with good practice	Areas where training or guidance is required and/or Areas where additional assurance is required
GP1 Green	A variety of methods are used by the ALB to enable the Board and senior management to listen to the views of staff, including 'hard to reach' groups like night staff and weekend workers. The Board has ensured that various processes are in place to effectively and efficiently respond to these views and can provide evidence of these processes operating in practice.			
	<ul style="list-style-type: none"> <li>• Staff Attitude Survey</li> <li>• IIP accreditation &amp; Plan</li> <li>• Board sponsored celebratory events</li> </ul>			
GP2 Green	The Board can evidence how staff have been engaged in the development of their Corporate & Business Plans and provide examples of where their views have been included and not included.			
	<ul style="list-style-type: none"> <li>• Minutes of team meetings considering</li> <li>• Corporate/Business Plans</li> <li>• Business Plan workshops</li> </ul>			
GP3 Green	The Board ensures that staff understand the ALB's key priorities and how they contribute as individual staff members to delivering these priorities.			
	<ul style="list-style-type: none"> <li>• Board meeting minutes</li> <li>• Performance Management Framework</li> <li>• Staff appraisal system</li> <li>• Delivery of Business Plan</li> <li>• Risk Register</li> <li>• Assurance Framework</li> </ul>			
GP4 Green	The ALB uses various ways to celebrate services that have an excellent reputation and acknowledge staff that have made an outstanding contribution to service delivery and the running of the ALB.			

	<ul style="list-style-type: none"> <li>• <b>IIP Celebratory event</b></li> <li>• <b>Recognition of landmarks in the Register</b></li> <li>• <b>Appraisals in place</b></li> <li>• <b>Staff Surveys</b></li> <li>• <b>IIP Oversight Groups</b></li> <li>• <b>IIP Action Plan</b></li> </ul>			
GP5 <b>Green</b>	The Board has communicated a clear set of values/behaviours and how staff that do not behave consistent with these valves will be managed. Examples can be provided of how management have responded to staff that have not behaved consistent with the ALB's stated values/behaviours.			
	<ul style="list-style-type: none"> <li>• <b>Social Care Council Values and Behaviours</b></li> <li>• <b>Culture Group in place</b></li> <li>• <b>Values added to recruitment</b></li> <li>• <b>Values added to Job Descriptions</b></li> <li>• <b>Values added to policies</b></li> </ul>			
GP6 <b>Green</b>	There are processes in place to ensure that staff are informed about major risks that might impact on customers, staff and the ALB's reputation and understand their personal responsibilities in relation to minimising and managing these key risks.			
	<ul style="list-style-type: none"> <li>• <b>Risks discussed at all team meetings</b></li> </ul>			

<b>Red Flags</b>	<b>Action Plans to remove the Red Flag or mitigate the risk presented by the Red Flag</b>	<b>Notes/Comments</b>
RF1	The ALBs latest staff survey results are poor.	
RF2	There are unresolved staff issues that are significant (e.g. the Board or individual Board members have received 'votes of no confidence', the ALB does not have productive relationships with staff side/trade unions etc.).	
RF3	There are significant unresolved quality issues.	
RF4	There is a high turn over of staff.	
RF5	Best practise is not shared within the ALB	

#### 4. Board engagement and involvement

ALB: Northern Ireland Social Care Council

Date: 20/04/23

##### 4.3 Board profile and visibility

Evidence of compliance with good practice (Please reference supporting documentation below)		Action plans to achieve good practice (Please reference action plans below)	Explanation if not complying with good practice	Areas where training or guidance is required and/or Areas where additional assurance is required
GP1 Green	There is a structured programme of events/meetings that enable NEDs to engage with staff (e.g. quality/leadership walks; staff awards, drop in sessions) that is well attended by Board members and has led to improvements being made.			
	<ul style="list-style-type: none"> <li>• Evidence of Board engagement</li> <li>• Notification of all events routinely to Board members</li> <li>• Board host all staff sessions to celebrate team and organisational success/achievements</li> </ul>			
GP2 Green	There is a structured programme of meetings and events that increase the profile of key Board members, in particular, the Chair and the CE, amongst external stakeholders.			
	<ul style="list-style-type: none"> <li>• Evidence of representation at various events</li> </ul>			
GP3 Green	Board members attend and/or present at high profile events.			
	<ul style="list-style-type: none"> <li>• Evidence of representation at various events</li> </ul>			
GP4 Green	NEDs routinely meet stakeholders and service users.			
	<ul style="list-style-type: none"> <li>• Evidence of representation at various events</li> </ul>			
GP5 Green	The Board ensures that its decision-making is transparent. There are processes in place that enable stakeholders to easily find out how and why key decisions have been made by the Board without reverting to freedom of information requests.			

	<ul style="list-style-type: none"> <li>• <b>Meetings advertised as per the Standing Orders</b></li> <li>• <b>Minutes are published on the website</b></li> </ul>			
GP6 Green	As a result of the Board member appraisal and personal development process, Board members can evidence improvements that they have made in the quality of their contributions at Board-level.			
	• <b>Board Appraisal</b>			

Red Flags	Action Plans to remove the Red Flag or mitigate the risk presented by the Red Flag	Notes/Comments
RF1	With the exception of Board meetings held in public, there are no formal processes in place to raise the profile and visibility of the Board	
RF2	Attendance by Board members is poor at events/meetings that enable the Board to engage with staff (e.g. quality/leadership walks; staff awards, drop in sessions).	

The summary assessment is –

Indicator		Board's Assessment
<b>1.</b>	<b>Board Composition and Commitment</b>	
1.1	Board positions and size	Green
1.2	Balance and calibre of Board members	Green
1.3	Role of the Board	Green
1.4	Committees of the Board	Green
1.5	Board member commitment	Green
<b>2.</b>	<b>Board Evaluation, Development and Learning</b>	
2.1	Effective Board level evaluation	Green
2.2	Whole Board development programme	Green
2.3	Board induction, succession and contingency planning	Green
2.4	Board member appraisal and personal development	Green
<b>3.</b>	<b>Board Insight and Foresight</b>	
3.1	Board performance reporting	Green
3.2	Efficiency and Productivity	Green
3.3	Environmental and strategic focus	Green
3.4	Quality of Board papers and timeliness of information	Green
3.5	Assurance and risk management	Green
<b>4.</b>	<b>Board Engagement and Involvement</b>	
4.1	External stakeholders	Green
4.2	Internal stakeholders	Green
4.3	Board profile and visibility	Green