

NHS Greater Glasgow and Clyde	Paper No. 20/30
Meeting:	NHSGGC Board Meeting
Date of Meeting:	30th June 2020
Purpose of Paper:	For Approval
Classification:	Board Official
Sponsoring Director:	Ms Elaine Vanhegan, Head of Corporate Governance and Administration

Corporate Governance in NHS Greater Glasgow and Clyde

Recommendation:

The NHS Board is asked to:

- Approve the recommendation in this paper to reinstate the arrangements for the Board Standing Committees with effect from 1st July 2020.
- Approve that a review of the effectiveness of the changes of the governance arrangements from March 2020 to June 2020 is conducted by Internal Audit and reported to the Audit & Risk Committee as part of the work to finalise the 2019/20 Annual Report.
- Approve the recommendations that came out of the work of the Short Life Working Groups on governance to further strengthen the NHS GGC approach to corporate governance.
- Approve the 2020/21 Business Objectives to be included in the Annual Operating Plan as detailed in Appendix Two.
- Approve the changes to the membership of the Board Standing Committees, the Integration Joint Boards and the Endowment Fund Management Committee as detailed in Appendix Three.

Purpose of Paper:

The purpose of this paper is to provide an update on the work which has been ongoing since April 2019 to strengthen and improve governance arrangements in line with the standards set out in the Blueprint for Good Governance and to describe the changes being proposed to further develop the Board's capability and capacity to effectively govern NHSGGC.

Key Issues to be considered:

A self-assessment exercise was conducted by the Board in February 2019 to measure the Board's governance arrangements across the five functions of good governance as set out in the Blueprint for Good Governance (See **Appendix One**). The results were positive, however, it was recognised that further work was necessary and a Board Development Action Plan was approved by the Board in April 2019.

The Board now needs to consider the progress made to improve corporate governance, including the Board's escalation to Level 4 of the NHSS Performance Management Framework, the outcomes from the Short Life Working Groups that addressed governance issues, the changes in governance arrangements during the Coronavirus pandemic, and the learning from the Board's response to the pandemic.

As part of the response to the Coronavirus pandemic, significant changes were made to the Board's governance arrangements for the period March 2020 to June 2020. The Board now needs to review these arrangements and agree changes to how the Board currently operates in order to ensure effective governance arrangements remain in place across NHSGGC.

Any Patient Safety /Patient Experience Issues:

Improving care and experience central to good governance

Any Financial Implications from this Paper:

Nil of note.

Any Staffing Implications from this Paper:

No

Any Equality Implications from this Paper:

No

Any Health Inequalities Implications from this Paper:

No

Has a Risk Assessment been carried out for this issue? If yes, please detail the outcome:

Risk management a key component.

Highlight the Corporate Plan priorities to which your paper relates:

Good governance is core to the delivery of priorities.

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Corporate Governance in NHS Greater Glasgow and Clyde

1. Introduction

- 1.1 The purpose of this report is to provide the Board of NHS Greater Glasgow and Clyde (NHSGGC) with an update on the approach being adopted to improve corporate governance and implement the NHS Scotland Blueprint for Good Governance.
- 1.2 The paper describes the work which has been ongoing since April 2019 to strengthen and improve governance arrangements in line with the standards set out in the Blueprint and identifies the changes being proposed to further develop the Board's capability and capacity to effectively govern NHSGGC.

2. Background

- 2.1 In February 2019, all Boards received DL (2019) 02, in which the *NHS Scotland Health Boards and Special Health Boards – Blueprint for Good Governance* was published along with guidance on self-assessment and implementation. (See **Appendix One**).
- 2.2 In March 2019, Board members completed the NHS Scotland self-assessment. Overall the results were positive, with Board members generally rating the functions of *Setting the Direction and Holding to Account slightly higher than Assessing Risk, Engaging Stakeholders and Influencing Culture* as being undertaken well.
- 2.3 A Board Away Day session was held to consider the results. The positive position overall was acknowledged and, where further work was thought to be required across the five functions of good governance, a Board Development Action Plan was constructed and was approved by the Board in April 2019.
- 2.4 One key action was to consider progress in respect of the integration of health and social care in more detail, and a further Away Day took place in August 2019. This considered the outputs of the self-assessment process undertaken by the partnerships in response to the Ministerial Strategic Group (MSG) *Review of the Progress of Integration of Health and Social Care*. The actions from this session were incorporated into the previously agreed Action Plan.
- 2.5 In November 2019, NHS Greater Glasgow and Clyde was escalated to Level 4 of the NHS Scotland (NHSS) Performance Management Framework in light of ongoing issues around the systems, processes and governance in relation to infection prevention, management and control at the Queen Elizabeth University Hospital (QEUH) and the Royal Hospital for Children (RHC) and associated communication and public engagement issues.
- 2.6 On 24th January 2020, NHS Greater Glasgow and Clyde was also escalated to Level 4 in respect of Scottish Government concerns regarding performance issues across a number of key areas including performance on scheduled and unscheduled care and challenges with the primary care out of hours service. It was also highlighted by Scottish Government that there was a need to strengthen management capability and capacity within the organisation.

- 2.7 This resulted in a further critical review into the effectiveness of the existing governance arrangements. All Board members were asked to provide views to the Chair on what actions they considered were required to improve the effectiveness of governance arrangements within the Board. A set of recommendations were then developed by the Chair and a meeting was held of the Standing Committee Chairs, the IJB Chairs/Vice Chairs, Whistleblowing Champion, Executive Board Members and the Head of Corporate Governance and Administration on the 12th February 2020. These recommendations were considered and formed part of the Board's overall response to the escalation to Level 4 and are part of the evidence now being considered by the Cabinet Secretary, Scottish Government, and the Oversight Boards.
- 2.8 The proposals accepted by this Group included establishing five Short Life Working Groups (SLWGs) to review the governance arrangements for Moving Forward Together, the governance around Unscheduled Care (including Out of Hours Service), Board Members' Induction, the provision of Assurance Information and the presentation of Board Papers.
- 2.9 Further work was also undertaken to develop an approach to benchmarking the operation of the NHSGGC Standing Committees with other NHS Boards. This initiative was led by the Co-Chairs of the Staff Governance Committee and was completed in February 2020.
- 2.10 In March 2020 all NHS Boards faced the unprecedented challenge of managing the response to the Coronavirus pandemic and the NHSGGC Board recognised that effective management of the situation would require changes to the existing corporate governance system. While the importance of maintaining effective corporate governance was not underestimated, particularly while NHSGGC remains at Level 4 of the NHSS Performance Management Framework, it was agreed that it was equally important that the governance arrangements recognise the unprecedented demands on the Chief Executive and her Executive Team while they responded to the situation and the new challenges this brought to the organisation on a daily basis.
- 2.11 Following consultation with the Chief Executive, Vice Chair, Head of Corporate Governance and Administration, Scottish Government officials, the Board's internal and external auditors and members of the Audit & Risk Committee, the Board Chair submitted a paper to the Board to provide an assessment of the risks involved in maintaining the current corporate governance arrangements during the Coronavirus pandemic. This paper recommended changes to the existing governance arrangements to support the Board's management of the public health emergency.
- 2.12 Following discussion held as a virtual meeting conducted by email during the period 19th March 2020 to 23rd March 2020, the Board decided to delegate all functions of the Main Board and its Standing Committees to an Interim Board consisting of five publicly appointed Non-Executive Members, three stakeholder Members and two Executive Members.
- 2.13 The purpose of the Interim Board was agreed as: "To undertake all delegable business of NHS Greater Glasgow and Clyde required to be undertaken during the life of the Committee, to provide oversight of the functioning of the Board's response to the COVID-19 public health emergency, the existing escalation processes, and ongoing business of NHS Greater Glasgow and Clyde".
- 2.14 Details of the options considered and the rationale behind the Board's decision are contained in the approved minutes of the virtual Board meeting held between 19th March 2020 to 23rd March 2020. These arrangements were introduced from Monday 30 March 2020 and were to remain in place until June 2020 when they would be reviewed by the Main Board of NHSGGC.

- 2.15 The Head of Corporate Governance and Administration provided confirmation that the changes approved by the Board could be accommodated within the existing legislation and the Board's Standing Orders and Scheme of Delegation. Approval for the revision of governance arrangements during the Coronavirus pandemic was given by the Scottish Government in a letter from the NHS Scotland Director of Health Finance, Corporate Governance and Value dated 26th March 2020.
- 2.16 The following paragraphs describe the further changes now being proposed in addition to those actions previously included in the Board Development Action Plan that will develop the Board's capability and capacity to effectively govern NHSGGC. These recommendations for improving the current arrangements have been grouped under the headings used in the NHS Scotland Blueprint for Good Governance with linkage to the appropriate enablers and support set out in the Blueprint. **(See Appendix Four)**
- 2.17 The proposals include reinstating the operating arrangements for the Board and the Standing Committees with effect from 1st July 2020, taking forward the recommendations of the Short Life Working Groups, approving the NHSGGC business objectives for 2020/21 and making changes to the membership of the Board Standing Committees, the Integration Joint Board and the Endowment Fund Management Committee.

3. Functions of Good Governance

3.1 Setting the Direction

- 3.1.1 NHSGGC has a very clear sense of purpose - to deliver safe, accessible, integrated and patient-centred, high-quality services to national standards, at the same time as delivering financial sustainability and a balanced budget.
- 3.1.2 The organisation has adopted the NHS Scotland values of care & compassion, dignity & respect, openness, honesty & responsibility, and quality & teamwork.
- 3.1.3 The Board has described its ambition or vision in terms of delivering the longer-term aims of Better Health, Better Care, Better Value and Better Workplace.
- 3.1.4 To deliver this ambition the Board has approved a number of longer-term strategic plans. These include:
- The Public Health Strategy – 'Turning the Tide through Prevention'.
 - The Mental Health Strategy.
 - The Healthcare Quality Strategy (2019-23).
 - The 'Digital as Usual' Strategy.
- 3.1.5 Business objectives are set by the Board on an annual basis and are linked to the longer-term aims of Better Health, Better Care, Better Value and Better Workplace. Due to the challenges encountered in responding to the Coronavirus pandemic, this exercise has yet to be completed for 2020/21.
- 3.1.6 Standards, targets and key performance indicators are also determined on an annual basis to measure business and financial performance and assist the Board in holding the Executive Leadership Team to account. They play a significant part in the development of the Annual Operating Plan and in the staff appraisal system. The post-Coronavirus Re-mobilisation Plan will also reference some of the standards, targets and key performance indicators.

- 3.1.7 The Executive Leadership have considered the challenges facing NHSGG and the resources available in 2020/21 and have developed a suite of business objectives, to underpin the Annual Operating Plan and the Re-mobilisation Plan. **(See Appendix Two)**
- 3.1.8 **It is recommended that that the Board approves the business objectives to be included in the 2020/21 Annual Operating Plan/Re-mobilisation Plan.**
- 3.1.9 While the business objectives play an important part in the governance of the organisation, there is also a need for a set of high level, longer-term *corporate objectives* that underpin the longer-term ambition of the Board. These corporate objectives should describe what good looks like in terms of Better Health, Better Care, Better Value and Better Workplace and should be outcome, rather than output focussed. They should be the drivers and the focus of the Board's strategic plans. The Assurance Information System described in Section 5 needs to include information on these objectives, in addition to information on the short-term business objectives in the Annual Operating Plan.
- 3.1.10 **It is recommended that NHSGGC develops a suite of high level corporate objectives.** This should be undertaken as part of the work to write a user requirement that will drive the development of the Assurance information System.
- 3.1.11 Agreeing business and corporate objectives are also a key part of the systems and processes required to hold the Executive Leadership Team to account and this is explored further in Section 4 of the report.
- 3.1.12 The delivery of the NHSGGC ambition, strategic plans and corporate objectives requires considerable reform of the current business models and the Board has approved a major transformation programme to design and implement the changes required to deliver Better Health, Better Care, Better Value and Better Workplace. This transformational programme is called 'Moving Forward Together' (MFT).
- 3.1.13 It has been recognised that not only is the change programme complex, and implementation requires a very structured and focussed approach, the impact of the Coronavirus pandemic has made an already challenging task even more difficult. In particular the pace of change of the workstreams included in the MFT programme and the delay in shifting the balance of care through the integration of health and social care is likely to impact on implementing the redesign of acute services required to improve service delivery and deliver the West of Scotland regional plans.
- 3.1.14 The public health emergency has highlighted the need to reform the current business model and provide a hospital environment better suited to responding to the pandemic in the medium to long-term. New ways of working, new technologies have already been put in place at a fast pace and NHSGGC needs to build and expand on these if the health and social care system is to cope with the situation now and in the future.
- 3.1.15 The best practices and new ways of working developed during the pandemic need to be retained and shared across the organisation. This includes the new governance arrangements that have seen the Strategic Executive Group and the Tactical Groups make and implement decisions quickly and effectively.
- 3.1.16 However, the current governance arrangements, where scrutiny of the MFT programme is split between the Health Board's Standing Committees and the Integration Joint Boards have not proved as effective in driving the pace of change.
- 3.1.17 **It is recommended that a Steering Group is set up to improve the governance arrangements required to support the delivery of the Moving Forward Together**

programme. This Group should bring together Health Board and Integration Joint Board partners to develop a shared view of transformation of the health and social care system.

3.1.18 The SLWG that developed this proposal acknowledged at the outset that MFT is a complex portfolio of integrated transformation programmes and individual projects which are collectively required to deliver this substantial and significant change programme.

3.1.19 The key pillars to support successful transformation can be framed into: Setting the Direction; Designing the Systems; Developing the Capability & Capacity; and Delivering the Change. These must be underpinned by effective Engagement & Communications with stakeholders. The Group concluded that the foundations for MFT need to be strengthened to align with these pillars in the form of improving current governance arrangements and addressing operational challenges.

3.1.20 The main challenges facing the MFT programme were described by the SLWG as:

- The need to provide a refreshed picture of the strategic transformation portfolio in terms of specific deliverables, financial investment vs measurable benefits realisation at scale for the Board and Integrated Joint Boards (IJBs). This updating of the priorities, investment and outcomes from MFT has to be consistent with and supportive of the re-mobilisation plans currently being developed as part of the recovery from the coronavirus pandemic.
- The need to establish an integrated and resilient governance structure to focus on setting the direction and driving forward the necessary scale and pace of change. MFT is currently governed through the Finance, Planning and Performance Committee which has too many other significant areas to oversee.

3.1.21 While reviewing the governance arrangements for the MFT, the SLWG also identified a number of issues with the operational delivery of the programme. These included the high number of small improvement projects included in MFT which are distracting from delivering the strategic priorities that it was set up to deliver and the need to increase the resources available to the senior leadership team to implement the programme as it moves from the Design to the Developing Capability & Capacity and Delivery phases of the transformation.

3.1.22 Assuming the Board approves the proposal to set up a MFT Steering Group, terms of reference will be developed for agreement by the Board and the Integration Joint Boards. These will include reviewing the governance of the change programme, the programme implementation plans, the business case and the risks and dependencies that require to be managed to successfully deliver the programme's outcomes. Advising on the approach to stakeholder engagement and communicating the change programme should also be included in the Steering Group's terms of reference. Seeking assurance on the availability of the resources required to deliver these outcomes should also be included.

3.1.23 **It is recommended that the MFT Steering Group also considers benchmarking the Greater Glasgow and Clyde approach to delivering transformational change with the approach adopted by other public sector organisations, including other health and social care providers.**

3.2 Holding to Account

3.2.1 The NHSGGC response to the Coronavirus pandemic so far has been very effective and we have seen a significant reduction in the number of patients in acute hospitals and community settings suffering from COVID 19. A Re-mobilisation plan has been submitted to the Scottish Government and resources are in place to manage any increase in demand should the level of Coronavirus increase as lockdown is eased. These resources include capability for the Test & Protect initiative and ongoing support to Care Homes.

- 3.2.2 Having carefully considered the current situation and the organisation's capability and capacity to respond effectively to a second wave of Coronavirus, the Chair and Chief Executive and have come to the conclusion that the time is right to make changes to the temporary governance arrangements introduced at the start of the pandemic.
- 3.2.3 **It is recommended that the operating arrangements for the Board and the Standing Committees are re-instated from 1st July 2020.** The Interim Board will be stood down from the same date with the oversight of any outstanding actions being distributed as appropriate to the Board or the Standing Committees.
- 3.2.4 However, it will be important that for at least the following three months, the Standing Committee Chairs ensure that business is conducted in an appropriate manner that recognises the demands on the Chief Executive and her Executive Team while the organisation re-mobilises and mitigates the risk to successful recovery from the Coronavirus pandemic. This includes recognising the additional pressure on the Executive Leadership that comes with the need to respond effectively and timeously to the demands of the Oversight Boards and the Public Inquiry team.
- 3.2.5 The Chairs should agree a revised timetable and work programme for the Standing Committees with the lead Executive. This will involve prioritising urgent business, postponing non-urgent agenda items till later in the year, and revising the approach to presenting information at meetings.
- 3.2.6 The Board will consider the effectiveness of the transition from governance by the Interim Board to governance by the Board and Standing Committee at the Board meeting in October 2020. Internal Audit will also carry out a review of the effectiveness of the changes to the governance arrangements from March 2020 to June 2020 as part of their work on the Annual Report. A further self-assessment of governance arrangements (as required by the Scottish Government) will be undertaken by the Board in March 2021.
- 3.2.7 These revised arrangements can only apply if the demands on NHSGGC remain or fall below current levels. Should there be a significant change in demand, early action will have to be taken to respond to a second wave of the pandemic.
- 3.2.8 **It is recommended that should there be a significant increase in patients with COVID 19 and a second wave of the pandemic hits NHSGGC, the Board will be asked to approve a return to the Interim Board arrangements. It is also recommended that this arrangement should be included in the NHSGGC business continuity plans.**
- 3.2.9 Whatever Committee structure is employed by the Board, it is important for the Board to consider all aspects of accountability in the round. For example, it is necessary to ensure that linkages are made between finance, manpower and activity reports so that the organisation can make balanced judgements regarding risk to targets. One approach to achieving this goal is to have an integrated approach to governance, based on the introduction of a clearly defined Assurance Framework that underpins the Statements of Internal Control.
- 3.2.10 Constructing an Assurance Framework is a simple method used to bring together in one document details of the organisation's purpose, values, strategic plans, objectives, risks, controls, assurance processes, and accountability reports. It is primarily used to identify and resolve any gaps in control and assurance. It also provides a clear picture of which objectives and what risks are delegated to the Standing Committees.
- 3.2.11 An Assurance Framework would also help executives, managers, staff and Board Members better understand how the organisation is governed and their role and accountabilities within the governance system.

- 3.2.12 The Assurance Framework would also facilitate reporting key information to the Board, and this is considered in Section 5 of this report.
- 3.2.13 The use of an Assurance Framework to manage risk is explored further in Section 3 of this report.
- 3.2.14 **It is recommended that an Assurance Framework is developed for NHSGGC.**
- 3.2.15 Notwithstanding the challenges presented by the Coronavirus pandemic, the size, range and complexity of the acute services provided by NHSGGC is acknowledged and, noting the reasons for the Escalation to Level Four regarding performance, it is incumbent upon the Board to consider if the existing governance system fully takes account of this.
- 3.2.16 At present, Board oversight of acute services (including scheduled and unscheduled care) is delivered at two levels - the Acute Services Committee and the Main Board. The Acute Services Committee is chaired by the Vice Chair and focuses on the services provided by our hospitals. The Board takes the work of the Acute Services Committee into account when considering both the primary and secondary care provided by NHS Greater Glasgow and Clyde and the six Health & Social Care Partnerships that cover our geographical area.
- 3.2.17 To give closer scrutiny to the delivery of unscheduled care (including the Out of Hours Service), it was proposed that a different approach is considered for the governance model. To take this forward a SLWG was commissioned to review and consider revising the current arrangements for the governance of unscheduled care.
- 3.2.18 At the outset the SLWG set out two key principles in relation to its work:
- It would be a whole system review covering community services offered by HSCPs/IJBs through to presentation at acute hospital front door.
 - It would aim to make recommendations which are not unduly onerous in terms of avoiding adding to the already complex governance system that currently exists.
- 3.2.19 The SLWG identified that Board Members should have a clear picture of the end to end challenges across the whole system where the Board has responsibility to patients. And current reporting to the Board mainly describes process measures and/or actions but do not sufficiently set out the outcome/impact of actions. There was a need to review this and focus on the strategic priorities that would deliver appropriate integrated benefits in 'shifting the balance of care'. There was also a need to address some issues around the operation of 'set aside' budgets.
- 3.2.20 The Group identified a number of potential improvements to the governance of unscheduled care:
- Governance for Unscheduled Care, including the GP OOHS, should continue to be through the Finance, Planning & Performance Committee (FP&P).
 - The Joint Strategic Commissioning Plan currently under development should be a rolling 3-5 year plan with trajectories and key quarterly milestones. It should clearly set out what actions will be undertaken by the Health Board and the IJBs.
 - The Commissioning Plan should be reviewed by the FP&P Committee at the start of each financial year as a precursor to sign-off by the Board and the IJBs.
 - The Commissioning Plan should be reviewed on a sector basis every two months by the FP&P Committee with relevant IJB Chief Officers and Acute Directors required to attend.
 - More scrutiny of outcomes and deliverables should be undertaken by the FP&P Committee and this will form a key part of the project to develop an Assurance

Information System in support of the Board's approach to Active Governance. (See Section 5 of this report.)

- There should be a quarterly review of GP OOHS recovery plan by the FP&P Committee.

3.2.21 **It is recommended that the Board approve the proposal made by the SLWG on unscheduled care and the FP&P Committee assumes responsibility for taking these issues forward.**

3.3 Assessing Risk

3.3.1 It is acknowledged that concerns around the management of Infection Prevention & Control and the provision of GP OOHS have raised questions around the effectiveness of the Board's existing risk management systems. This included questions around the Board's current risk appetite and the process for ensuring that our risk appetite is regularly reviewed and updated to reflect changes in the operating environment.

3.3.2 While the development of an integrated approach to governance with the introduction of an Assurance Framework (as proposed in Section 3 of this report) should help the Board to identify where the organisation's corporate and business objectives are at risk because of inadequacies in the operation of controls or where the organisation has insufficient assurance, it is recognised that more needs to be done to improve the effectiveness of the existing risk management system at corporate level.

3.3.3 **It is recommended that the Board should undertake a development session to review the Board's risk appetite and ensure the current corporate risk register adequately reflects the risk environment in NHSGGC.** This event should specifically consider how the Board balances the risks in service delivery against the financial risks while ensuring the quality and safety of care. Prior to this event the Audit & Risk Committee should complete a 'deep dive' into the current corporate risk register. This should provide the necessary assurance for the governance statement required as part of the preparation of the 2019/20 Annual Accounts.

3.3.4 **It is also recommended that the Audit & Risk Committee consider benchmarking the NHSGGC approach to risk management with the methods adopted by the other Territorial Boards.** The approach to benchmarking NHSGGC Standing Committees with other NHS Boards developed by the Co-Chairs of the Staff Governance Committee should be adopted for this exercise.

3.4 Engaging Stakeholders

3.4.1 In the Board assessment of its position against this function of good governance in 2019, it was acknowledged that further work was required in this area. This included the need for greater interaction between Board members with key stakeholders – patients, service users, their families and carers, and staff working in both primary and secondary care.

3.4.2 In addition, consideration is required as to how Board Members can contribute more to the Board's efforts to improve engagement with the Scottish Government and the public's elected representatives at both local and national level.

3.4.3 Therefore, development of a refreshed engagement and communications strategy is considered essential to more effectively manage the organisation's reputation and improve public trust and confidence in the Board and the Executive Leadership Team.

3.4.4 While a new approach to delivering the Board's visiting programme for 2020/21 has been developed, **it is recommended that the visiting programme is now reviewed and revised to take into account the impact of the Coronavirus pandemic.** The revised

visiting programme should aim to develop appropriate and safe ways to regularly interact with patients, services users, their families and carers and with staff. This should be in addition to Board Members visits to staff in the six Health & Social Care Partnerships.

- 3.4.5 A review of Board Members participation in the Scottish Patient Safety Programme is underway with a view to refreshing the current approach. **It is recommended that Board Members continue to be involved in the Scottish Patient Safety Programme.** This programme provides an excellent opportunity for Members to visit the front line of healthcare and assure themselves of the safety and quality of the services being provided by NHS GGC.
- 3.4.6 Work continues to develop an appropriate approach to improving communications and engagement with stakeholders NHS GGC and **it is recommended that the latest version of the Communications and Engagement Strategy is reviewed by the Board.**

3.5 Influencing Culture

- 3.5.1 Significant focus has been given to organisational culture during 2019/20, however it is recognised there remains work to do. The Oversight Board responsible for performance issues has also made reference to the need to consider the impact of leadership and culture on performance in their terms of reference.
- 3.5.2 Proposals from the Director of Human Resources & Organisational Development on developing NHS Greater Glasgow & Clyde's approach to leadership development and employee engagement are included in the paper on 'Making NHS Greater Glasgow & Clyde a Great Place to Work' were approved by the Board at their meeting in February 2020. This included the introduction of the Collective Leadership Programme, the Staff Government Framework, the Culture Framework and participation in the Investors in People scheme. **It is recommended that the Board review the progress being made with 'Making NHS Glasgow a Great Place to Work', including the Collective Leadership Programme and the Investors in People Scheme.**
- 3.5.3 The new whistleblowing standards were due to come into force in July 2020. This was to put in place a legal framework and clear set of rules regarding the management and reporting of whistleblowing, including Step Three whistleblowing being investigated by the Scottish Public Sector Ombudsman. The implementation of these changes have been postponed, although they are still expected to come into force in the future. Until this happens whistleblowing continues to be managed by the organisation's existing processes.
- 3.5.4 The Interim Board on 16 June 20 noted the work by the Whistleblowing Champion to review the existing whistleblowing system in NHSGGC. This work will be undertaken over the next six to nine months with regular updates being brought to the Board via the Staff Governance Committee and will identify any actions required to ensure the ongoing effectiveness of the existing NHSGGC Whistleblowing system. The review will also consider the impact of the new standards on any issues identified.
- 3.5.5 The review will cover the following areas of the whistleblowing system:
- Staff awareness.
 - Investigation and reporting.
 - Trends and themes the data shows.
 - Implementation of the recommendations.
 - Sharing learnings.
 - Feedback to whistleblowers and managers.
 - Validation of findings.
 - Experience and treatment of all involved.

- 3.5.6 The review will also assess how effectively whistleblowing issues are investigated and processed. This will primarily be a review of the technical process taken and will include looking into how confidentiality is maintained for whistleblowers. The review will investigate how recommendations have been acted upon and how this has been reported back to the Staff Governance Committee and the Board.
- 3.5.7 The Staff Governance Committee will receive regular updates from the Whistleblowing Champion on the review and it is recommended that the Board receives regular updates on progress with the review of the NHSGGC Whistleblowing system.

4. Enablers of Good Governance

4.1 Skills, Experience & Diversity

- 4.1.1 This has been a key area of focus and discussion with current Board Members and while the Board will continue to strive to further improve diversity, Board Members assessed the current situation to be acceptable. The same is true in terms of the skills and experience of the existing group of Board Members.
- 4.1.2 The latest appointment round, including the recent appointment of the new Whistleblowing Champion, will enhance the capacity for the overall effectiveness of the Board with the introduction of specific skills and experience in transformational change, finance and public relations.
- 4.1.3 The appointment of two Vice Chairs from 1 June 20 will further strengthen the Board and ensure that appropriate focus is given to key areas of Board business, in particular population health and mental health & wellbeing.
- 4.1.4 In terms of where there are opportunities to make further progress, the quality of the induction and ongoing development programme for Board Members was identified as an area which would benefit from ongoing review and development. This extends to the continuous development of existing Board Members' governance skills.
- 4.1.5 To take this forward, a SLWG was established to review, develop and implement robust arrangements for the induction and continuous development of Board Members to ensure the Board has the necessary skills to reflect sound governance arrangements.
- 4.1.6 The SLWG conducted an end to end review of current induction, identified the gaps and created a model checklist, which mirrors National guidance where appropriate.
- 4.1.7 The SLWG also led the work to create a digital portal which reflects the induction checklist and the excellent National resources which are now available through TURAS Learn. The portal encompasses the following:
- NHS Scotland Board Development Site (National TURAS Learn).
 - Getting started – administrative arrangements.
 - Induction checklist and “buddying up”.
 - Role Specific Information.
 - About the Organisation.
 - Board and Committees.
 - Core Statutory and Mandatory Training Modules for Board Members.
 - Local Training and Continuous Development.

- 4.1.8 The aim of the portal is to provide simple and practical end to end resources for Board Members' induction on appointment, during the first 12 months in post and beyond in terms of continuous personal development (CPD) with the timeline and process for each stage, including appraisal, clearly set out.
- 4.1.9 The intention is that formal evaluation of both the induction process and portal should be integral with Members' encouraged to provide feedback and ideas for improvement to ensure that the arrangements and resources continue to be relevant and useful. This will include proactively linking into the National TURAS Learn development programme where ideas for improvement are more appropriately considered and implemented on a National basis.
- 4.1.10 The work of the group extended to benchmarking what resources are available in other Boards for Non-Executive induction and development and, with the exception of Lothian Health Board who have a Members Handbook, no similar resources were identified. Anecdotal feedback was that other Boards would welcome being able to utilise the work being developed by NHSGGC.
- 4.1.11 **It is recommended that the Board establish an evaluation process involving the new and current Board Members to review and refine the content and format of the Board Members' Portal into a more polished resource.** This evaluation will include the use of the Induction Checklist and Board Members' Portal by the three new Members who will joined the Board on 1st June 2020 and the effectiveness of the "Buddy" scheme for new Members.
- 4.1.12 The SLWG also **recommended that resources are allocated to lead the implementation of the revised Induction process and Board Members' Portal, to provide support to Board Members and to be responsible for the continuous development of Board Members.**
- 4.1.13 The SLWG also considered the benefits of introducing a 'Buddy System' to support new Board Members by providing peer support from a more experienced Board Member.
- 4.1.14 **It is recommended that a Buddy System is introduced for the latest intake of Board Members.**
- 4.1.15 The Induction Checklist, Board Members Portal and Buddy System will be shared with other Boards in Scotland, through the Corporate Governance Steering Group, when it has been evaluated

4.2 Roles, Responsibilities & Accountabilities

- 4.2.1 To ensure the Board Standing Committees and the Integration Joint Boards make best use of the skills and experience of Board Members, the allocation of Board Members to committees has been reviewed by the Chair and the Head of Corporate Governance and Administration.
- 4.2.2 This review considered the optimum size of committees, the fair distribution of responsibilities in relation to Board Members time on the Board and succession planning for Chair positions. The time available for Board business by individual Members was also taken into consideration.
- 4.2.3 **It is recommended that the Board approve the allocation of Board Members to Standing Committees and Integration Joint Boards as detailed in Appendix Three.**

4.2.4 Appendix Three also describes the additional duties, including Board Champion roles, of the publically appointed Board Members.

4.2.5 The Board of Trustees of the NHS GGC Endowment Fund will be asked at their next meeting to approve the membership of the Endowments Management Committee.

4.3 Values, Relationships & Behaviours

4.3.1 As part of the escalation process, discussions have taken place with Board Members to reflect on what changes in approach and behaviours could be made, individually and collectively, to improve governance and ensure the Executive Leadership Team are well supported to undertake their responsibilities in the delivery of health and social care across Greater Glasgow & Clyde.

4.3.2 **It is recommended that an external expert assessment of relationships and behaviours between Non-Executive Board Members and the Executive Leadership Team in respect of our approach to governance is completed by October 2020.** Professor Michael Deighan, the Director of the Royal College of Physicians of Edinburgh's Quality Governance Collective, will observe at Board, Standing Committee and Integration Joint Board Meetings and provide an opinion on how Board Members conduct their business. The aim of this commission is to assess the extent to which the Board can be said to be delivering active governance.

4.3.3 In the longer term, NHSGGC will work with the Royal College of Physicians of Edinburgh to build governance capability through participation in their Governance Fellowship Programme. NHSGGC is the first Health Board to adopt this approach. This action will be linked to skills and experience set out in Section 4 of this report.

5. Support for Good Governance

5.1 Assurance Information Systems

5.1.1 The Cabinet Secretary for Health & Sport has clearly stated her wish to see Boards adopt a more 'Active Governance' approach to discharging their role. This approach requires two substantive and linked components:

- The development of an assurance information system (as described in the Blueprint for Good Governance) that ensures Boards have the necessary information to assist them in obtaining assurance on the delivery of the organisation's strategic, operational and financial plans and facilitates the measurement of the organisation's performance by benchmarking results against those of similar organisations.
- A development programme for Board members to ensure that they can engage with the information, make informed assessments for assurance purposes and anticipate and identify substantive issues which could detrimentally affect the organisation's culture, performance and reputation.

5.1.2 'Active Governance' requires NHS Boards to have not only a clear and accurate picture of what is happening within the organisation at a given point in time, but also have regard to the wider strategic and policy context in which the Board operates. A key driver behind this approach is that Boards are able to develop earlier and more acute awareness and understanding of information from a range of sources such that Boards can rapidly identify, escalate and manage issues which otherwise might not be seen or understood.

5.1.3 The Cabinet Secretary has recently commissioned a project to deliver 'Active Governance' across NHS Scotland and this work will be delivered by a team from Health Improvement

Scotland, the Information Services Division of Public Health Scotland and NHS Education Scotland. The Corporate Governance Steering Group will oversee the project.

- 5.1.4 While the work at national level is to be welcomed, work in this area has already started in NHSGGC and has been led by one of the SLWGs considering governance at Board level. As the national project is unlikely to deliver substantial changes in the assurance information system until next year, the work in NHSGGC will continue during 2020/21.
- 5.1.5 The SLWG has completed its initial review of the current arrangements for ensuring Board Members receive the necessary information to support well-informed, evidence-based and risk-assessed Board and Standing Committee decisions. This work also considered how the Board also ensures that the information flows are aligned to the NHSGGC corporate objectives as described in Section 3 of this report and that assurance reports are received for all the areas that the Board is held accountable for by the Cabinet Secretary, including Mental Health and Primary Care.
- 5.1.6 In addition, the SLWG considered how the information assurance system could be better integrated to ensure that the relationships between various parts of the health and social care system are being considered in a holistic way.
- 5.1.7 The SLWG concluded that there was significant value to be gained from taking this work forward on a more structured basis,
- 5.1.8 **It is recommended that the Board commission a project to review the provision of assurance information with a view to developing a revised system which encompasses the components set out in the Blueprint for good Governance.**
- 5.1.9 To future-proof this work it is proposed that the NHSGGC project adopts a similar approach to the national project on 'Active Governance'. This includes identifying the user requirement for an Assurance Information system in terms of what information on the end-to end healthcare system needs to be reported to the Board and its Standing Committees, in what format and how often. This will consider requirements for service delivery, transformational change and corporate governance.
- 5.1.10 The user requirement will also clearly set out the corporate objectives and the business objectives that describe the progress being made to deliver both the NHSGGC longer-term ambition and short-term purpose. It will also be linked to the development of the NHSGGC Assurance Framework as described in Section 3 of this report.
- 5.1.11 There will also be a need to discuss with leads of the other SLWGs any emerging Assurance Information requirements from those groups so that these are appropriately accounted for in the user requirement. It is important that the Assurance Information project links into the work to review the Corporate Risk management system as described in Section 3 of this report.
- 5.1.12 In addition to proposing the objectives and scope for the Assurance Information project, the SLWG also made four other proposals that can be implemented in tandem with the project.
- 5.1.13 **It is recommended that Assurance reports are requested from Integration Joint Boards to ensure the Board has an overarching view of all priorities and progress.** These reports would be received by the Finance, Planning & Performance Committee and compliment the reports described in Section 3 of this report.
- 5.1.14 **It is recommended that a formal work plan template is introduced for the Board and its Committees.** The proposal is that individual plans would be consolidated to allow an overarching review to make sure there is nothing missing and no duplication and where

there is duplication that there is clarity about where accountability sits in terms of governance. The Audit & Risk Committee would review consolidated work plans and then present to the Board for approval.

5.1.15 **It is recommended that a standard template is introduced for assurance reports to the Board from the Standing Committee Chairs.**

5.1.16 **It is recommended that the Assurance Information project should also extend to considering how the Board and the Committees are informed by benchmarking the NHSGGC approach against those of similar organisations.**

5.2 Audit Services

5.2.1 In reviewing governance, no issues or concerns were raised by Board Members concerning the current delivery of internal and external audit services.

5.2.2 However, should the consideration of how the Board assesses and manages risks as described in Section 3 of this report identify any significant issues in relation to the Board's risk appetite or corporate risk profile, the Audit Committee will be asked to consider reviewing and revising the Board's Internal Audit Programme for 2020/21.

5.3 Administration Arrangements

5.3.1 It had been identified further opportunities exist to improve the quality, presentation and length of Board papers.

5.3.2 To take this forward a SLWG was established to review and make recommendations on the current arrangements for ensuring Board and Standing Committee papers, minutes and Chairs' updates to the Board are of the highest quality and presented in a timely manner.

5.3.3 The group looked at options to improve governance by streamlining the way that Board business is conducted in terms of agenda planning in collaboration with Chairs and vice Chairs, composition and timeliness of board papers and improving the robustness of assurance reporting from Board Committees and Integration Joint Boards to avoid unnecessary duplication at Board meetings. A lot of the Group's work linked closely with that of the Assurance Information SLWG and work has been done between the two groups to ensure a consistent approach to revising documentation.

5.3.4 The Group made six proposals on how to streamline the way that Board business is conducted and these are described in the following paragraphs.

5.3.5 The SLWG proposed that a revised agenda template is implemented which focusses and aligns with strategic priorities and ensures matters which require a decision are dealt with early in the agenda. All agenda items should be presented for either Awareness, Discussion or Decision with the items for Decision being taken first.

5.3.6 The SLWG proposed that a revised Board and Standing Committee paper template is introduced in SBAR format, to provide a framework to focus content and reduce lengthy papers which can detract from the salient information that is necessary for the Board and its Committees to make informed, evidence and risk-based decisions. The exception to this is for papers which do not naturally fit into an SBAR format, for example those which present factual performance information. It is recommended that for those such papers that the current Board/Committee paper format is retained and such reports are considered within the scope of devising the new Assurance Information System.

- 5.3.7 The SLWG proposed that a revised Board and Standing Committee cover paper is introduced which sets out the requirement for authors to document the corporate or local risk register reference which the paper is seeking to address.
- 5.3.8 The SLWG proposed that a simple template to enable evaluation of papers in terms of content, length of paper, style and accompanying verbal presentation is introduced.
- 5.3.9 The SLWG proposed that an exercise is undertaken to benchmark minutes, papers etc. with other Territorial Boards in order to inform additional recommended changes.
- 5.3.10 The SLWG proposed that guidance and training is developed on the administrative support required by the Board and the Committees. This to include guidance and training on the format of minutes and rolling actions and the detail to be recorded, the timescales for publishing agendas and the approval of papers by Chairs. This guidance will extend to set out the grounds upon which “late” papers will be accepted and the process for managing rolling actions and forward plans.
- 5.3.11 **It is recommended that the Head of Corporate Governance and Administration considers the proposals made by the SLWG on presenting Board papers and makes the appropriate changes to the existing practices.**

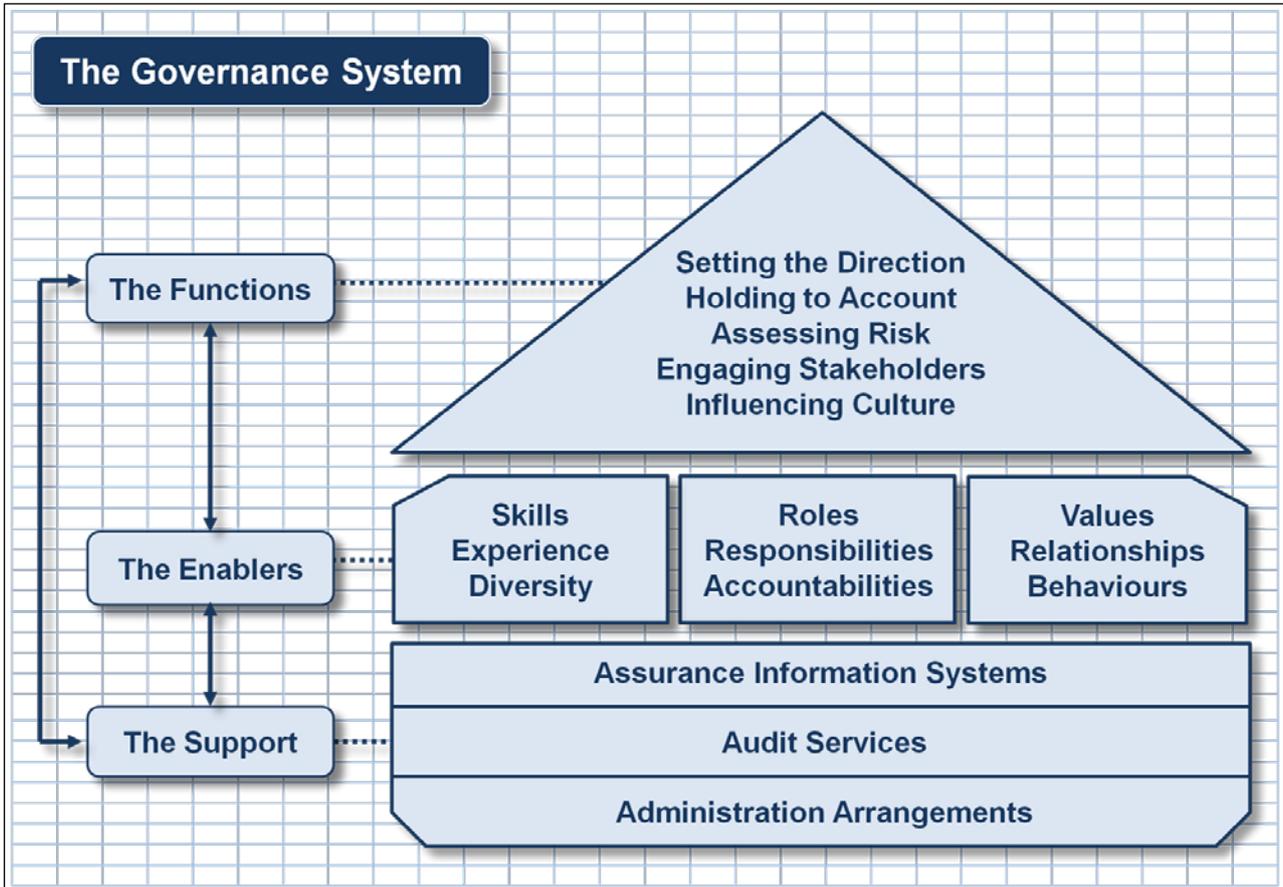
6. Summary

- 6.1 A number of actions across the dimensions of the Blueprint for Good Governance have been described within this paper, all intended to further improve the Board’s governance arrangements.
- 6.2 Following approval by the Board of the various recommendations in the paper and in discussion with the Executive Leadership Team, the Head of Corporate Governance and Administration will determine the timescales for delivery of these actions. These actions will then be incorporated into an updated Board Development Action Plan that will be brought to the August Board meeting for approval.
- 6.3 Overall progress with these initiatives will be co-ordinated and managed by the Head of Corporate Governance and Administration, with the Board receiving progress reports at the full Board meetings until such time as the plan has been delivered and the outcomes evaluated.
- 6.4 A further self-assessment against the Blueprint for Good Governance will be undertaken in March 2021 to consider the impact of the actions described in this paper and the Action Plan.
- 6.5 Work will also continue throughout the year to ensure any decisions made by the NHS Scotland Corporate Governance Steering Group are implemented appropriately in NHSGGC. Where appropriate, this will be incorporated into the latest version of the Action Plan.

26th June 2020

Appendix One - The Corporate Governance System

The NHS Scotland Corporate Governance Blueprint defines governance as the system by which organisations are directed and controlled and describes a three-tiered model that explains the functions of a governance system, the enablers and the support required to effectively deliver those functions.



What distinguishes this model from other governance models is its clear acknowledgement of the importance of how the Board approaches the achievement of its strategic aims and objectives, as well as its focus on performance and outcomes. Although the model is presented as three distinct sections, they are in reality inter-dependent.

Appendix Two – Draft NHSGGC Business Objectives 2020-2021
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Ambition	Objective
Better Care	<p data-bbox="416 304 676 338">Quality and Safety</p> <ul data-bbox="416 376 1434 954" style="list-style-type: none"> <li data-bbox="416 376 1434 472">• Continue implementation of NHSGGC Quality Strategy, learning from COVID-19 and ensure an action plan for 2020/21 is developed and delivered. <li data-bbox="416 510 1434 577">• Review the implementation of Best Start against the impact of COVID-19 on service provision, build on learning and refocus on the continuity model. <li data-bbox="416 616 1434 712">• Deliver the HEAT Standards to an agreed level, linking to the recovery planning process and the Scottish Government Escalation, particularly in respect of the Elective Programme and Unscheduled care. <li data-bbox="416 750 1434 846">• Ensure the routine service delivery of GP Out of Hours is reliably achieved, in line with the business continuity arrangements, on all 4 sites and ensure the longer term plan is delivered. <li data-bbox="416 884 1434 954">• Ensure the key recommendations from the Escalation Oversight Boards and the Independent Review are implemented. <p data-bbox="416 992 780 1025">Moving Forward Together</p> <ul data-bbox="416 1064 1434 1429" style="list-style-type: none"> <li data-bbox="416 1064 1434 1193">• Develop an overall recovery plan for NHSGGC, taking account of local, regional and national priorities to ensure a structured and phased approach to recovery, maximising the potential for redesign and new ways of working to support the overall MFT strategy. <li data-bbox="416 1232 1434 1328">• Review all elements within MFT in line with the approach to recovery planning and ensure a clear action plan for 2020 /21 is drafted to deliver the agreed priorities. <li data-bbox="416 1366 1434 1429">• Review the structure of the MFT governance framework to ensure clear objectives and accountabilities. <p data-bbox="416 1467 692 1500">Public Engagement</p> <ul data-bbox="416 1538 1434 2013" style="list-style-type: none"> <li data-bbox="416 1538 1434 1635">• Ensure the delivery of an overall Board wide strategy for Public Engagement, including working with the Consultation Institute on an ongoing basis. <li data-bbox="416 1673 1434 1740">• Ensure delivery of the key recommendations from the Scottish Government Escalation in terms of the communication and engagement subgroup. <li data-bbox="416 1778 1434 1874">• Develop a structured approach to dialogue with all stakeholders including MSPs/MPs and other elected members on a comprehensive approach in an inclusive manner. <li data-bbox="416 1912 1434 1946">• Develop new eParticipation models maximising learning from COVID. <li data-bbox="416 1984 1434 2013">• Develop a robust communication model to support the recovery process.

Ambition	Objective
Better Health	<p data-bbox="416 190 742 224">Public Health Priorities</p> <ul data-bbox="416 257 1434 672" style="list-style-type: none"> <li data-bbox="416 257 1434 324">• Develop and deliver the Board's plan to deliver on the COVID-19 response to Test and Protect <li data-bbox="416 358 1434 425">• Re-prioritise Public Health interventions, focussing on those suspended due to COVID-19. E.g. Drugs and Alcohol, Smoking cessation <li data-bbox="416 459 1434 571">• Consider the medium and longer term impact of COVID-19 on inequalities and, in conjunction with the national team and local stakeholders, develop a plan to address the key priorities. <li data-bbox="416 604 1434 672">• Develop and deliver the 2020/21 plan to support the delivery of the Board's mental health strategy. <p data-bbox="416 705 762 739">Planning and Integration</p> <ul data-bbox="416 772 1434 1008" style="list-style-type: none"> <li data-bbox="416 772 1434 873">• Build on the approach to COVID-19 in increasing the pace of Integration, reviewing what has worked well across all HSCP service, including Mental Health. <li data-bbox="416 907 1434 1008">• Focus on maintaining a reduction in Delayed Discharges and ED attendances seen through COVID and maximise the public message of new ways of accessing healthcare.
Better Value	<p data-bbox="416 1025 767 1059">Finance and Governance</p> <ul data-bbox="416 1093 1434 1568" style="list-style-type: none"> <li data-bbox="416 1093 1434 1193">• Finalise the three year Financial and Capital Plan and develop detailed plans to return NHS GGC to recurring balance – accounting for the COVID-19 impact. <li data-bbox="416 1227 1434 1294">• Meet the key Financial Targets for 2020/21, including the mainstreaming of the Financial Improvement process. <li data-bbox="416 1328 1434 1440">• Review the Board's Capital Plan and the impact of COVID-19 in terms of timescale, cost and prioritisation moving forward. Develop a revised plan for the key schemes. <li data-bbox="416 1473 1434 1568">• Implement the agreed improvements to Governance led by the Board in line with the Blueprint for Good Governance and acknowledging the Scottish Government Escalation. <p data-bbox="416 1601 683 1635">Digital and eHealth</p> <ul data-bbox="416 1668 1434 2038" style="list-style-type: none"> <li data-bbox="416 1668 1434 1803">• Deliver the Digital Health & Care work plan in support of the NHS GGC digital strategy, including the delivery of the key national digital programmes – as well as a focus on Office 365 deployment, End user device replacement programme & Telephony modernisation programme. <li data-bbox="416 1836 1434 1904">• Delivery of the HEPMA design build and initial rollout and the re-procurement of the Boards laboratory system. <li data-bbox="416 1937 1434 2038">• Build on the pace of implementation of digital and remote access delivered to support the COVID19 response and support the delivery of the Board recovery plan by utilising eHealth resources.

Ambition	Objective
	<ul style="list-style-type: none"> • Ensure NHSGGC continues to play a leading role in supporting Digital Innovation, locally, regionally and nationally (Including ICAIRD and the WOS Innovation Programme).
Better Workplace	<p>Listening to Our People</p> <ul style="list-style-type: none"> • Employee Voice – embed our actions as a listening organisation – increase iMatter action planning. • Develop employee voice pathway. • Supporting appropriate visibility of our leaders – Corporate Management Team to explore Board level local visits. Director team talks, meet the Boss. <p>Celebrate Success</p> <ul style="list-style-type: none"> • Introduce success registers in all areas by 31 March 2021. • Promote benchmarking with other Boards/organisations. • Promote “A Great Place To Work” along with A Healthier Place to Work reflecting on experiences of COVID-19 to ensure sustainable support to staff. <p>Employee Engagement/Experience</p> <ul style="list-style-type: none"> • Finalise the Workforce Strategy with engagement from all partners including Area Partnership Forum and Area Clinical Forum. • Develop a safety culture with partnership and staff engagement. <p>Collective Leadership</p> <ul style="list-style-type: none"> • All areas of the Board to undertake a Succession Planning exercise to identify gaps requiring OD interventions. • Review support to aspiring leaders in light of COVID-19 including introduction of Clinical Leadership Programme in conjunction with the Medical Director and Nurse Director. <p>Culture</p> <ul style="list-style-type: none"> • Deliver the 2020/21 actions to embed the Culture Framework for NHSGGC. • Implement the Board’s Workforce Strategy developed in partnership with leaders and staff partners. • Work with the Area Partnership Forum to implement our Employee Voice actions to ensure all staff have an opportunity to be heard. • Introduce Investors in People to two areas within the Board to ensure an effective roll out and clear evaluation process to review the success of the initial priorities.

Ambition	Objective
	<ul style="list-style-type: none"> • Agree an assurance model to support the implementation of the Health and Care (Staffing) (Scotland) Bill (2019) across NHS Greater Glasgow and Clyde. <p>Staff Health and Wellbeing</p> <ul style="list-style-type: none"> • Develop the 2020-2023 Action Plan from the recent staff survey to ensure the Staff Health Strategy is refreshed and delivers against priorities identified by our staff. In particular a focus on Mental Health, using the Psychological First Aid model. • Implement all the Once For Scotland Policies and in particular roll out the person centred approach to managing attendance across NHSGGC, learning from the review of 2019/20. • Continue to improve Statutory and Mandatory training completion rates to support our Health and Safety priorities and reduce risk of HSE action. <p>Staff Engagement</p> <ul style="list-style-type: none"> • Work with the Area Partnership Forum and senior management team to further embed i-Matter, including our plans to introduce success registers across all areas. • Finalise our ambition to ensure all leaders are visible at local level engaging with staff both informally and formally on what matters to them.

Appendix Three – Board Member Responsibilities

Board Member	Board Standing Committees							Integration Joint Boards						Endowments Committee
	Acute Services	Audit & Risk	Clinical & Care Governance	Finance, Planning & Performance	Public Health	Remuneration	Staff Governance	East Dun	East Ren	Glasgow City	In	Ren	West Dun	
Public Appointments														
Susan Brimelow	1		1 C	1						1				
Simon Carr	1 VC			1 C						1 L (VC)	1			
Alan Cowan				1		1 VC	1 CC				1 L (VC)			
Jacqueline Forbes		1		1				1 L (C)	1					
Margaret Kerr	1	1 VC										1		1
Amina Khan			1				1		1	1				
Allan MacLeod		1 C		1									1 L (C)	1 VC
John Matthews				1 VC	1 C	1				1		1 L (VC)		1
Ketki Miles		1												1
Ann Marie Monaghan				1	1									
Ian Ritchie	1 C		1 VC	1	1 VC	1		1						
Francis Shennan					1		1					1		
Paula Speirs	1		1								1			
Rona Sweeney							1			1			1	1 C
Flavia Tudoreanu					1	1			1	1				
Charles Vincent		1					1			1				

Key: C = Chair CC = Co Chair VC = Vice Chair L = Lead

Board Official

Board Member	Board Standing Committees							Integration Joint Boards						Endowments Committee
	Acute Services	Audit & Risk	Clinical & Care Governance	Finance, Planning & Performance	Public Health	Remuneration	Staff Governance	East Dun	East Ren	Glasgow City	Inv	Ren	West Dun	
Stakeholder Appointments														
Caroline Bamforth			1											1
Jim Clocherty	1	1												
Anna Dominiczak			1	1										
Mhairi Hunter					1	1								
Jonathan McColl		1												1
Dorothy McErlean				1		1	1	CC		1	1			
Sheila Mechan				1			1							
Iain Nicolson					1	1								
Audrey Thomson	1		1										1	
Executive Appointments														
Jennifer Armstrong			1 LX	1										
Linda de Caestecker			1		1									
Margaret Maguire	1		1	1										
Mark White	1	1		1										1
Total Non Executives	7	7	7	11	7	7	7		3	4	8	4	4	3
Total Membership	9	8	10	14	8	7	7		3	4	8	4	4	3
No of Meetings	6	4	4	6	4	3	4		6	7	6	4 *	5	3 *

Further dates to be confirmed

Key: C = Chair CC = Co Chair VC = Vice Chair L = Lead

Board Official

Additional Duties/Board Champions		
Susan Brimelow	●	Health Promoting Health Service
Simon Carr	●	MFT SG
Alan Cowan	● ●	Healthy Working Lives Veterans
Jacqueline Forbes	●	FOISA Reviewer
Margaret Kerr	● ●	Stage 3 Whistleblowing Investigator Pharmacy Practices Committee
Amina Khan	●	Pharmacy Practices Committee
Allan MacLeod	●	Sustainability
John Matthews	● ● ●	Glasgow Centre for Population Health Pharmacy Practices Committee MFT SG
Ketki Miles	●	MFT SG
Ann Marie Monaghan	●	Disability
Ian Ritchie	● ● ●	Beatson Cancer Charity Organ Donation MFT SG
Francis Shennan	●	FOISA Reviewer
Paula Speirs	●	MFT SG
Rona Sweeney	●	Stage 3 Whistleblowing Investigator RHC Charity Forum
Flavia Tudoreanu	●	Smoking Cessation
Charles Vincent		

Appendix Four - Recommendations

No.	Recommendation	Para No.	Page No.
Functions of Good Governance			
Setting the Direction			
1.	The Board approves the business objectives to be included in the 2020/21 Annual Operating Plan/Re-mobilisation Plan.	3.1.8	4
2.	NHSGGC develops a suite of high level corporate objectives.	3.1.10	4
3.	A Steering Group is set up to improve the governance arrangements required to support the delivery of the Moving Forward Together programme.	3.1.17	4
4.	The MFT Steering Group also considers benchmarking the Greater Glasgow and Clyde approach to delivering transformational change with the approach adopted by other public sector organisations, including other health and social care providers.	3.1.23	5
Holding to Account			
5.	The operating arrangements for the Board and the Standing Committees are re-instated from 1 st July 2020.	3.2.3	6
6.	Should there be a significant increase in patients with COVID 19 and a second wave of the pandemic hits NHSGGC, the Board will be asked to approve a return to the Interim Board arrangements. It is also recommended that this arrangement should be included in the NHSGGC business continuity plans.	3.2.8	6
7.	An Assurance Framework is developed for NHSGGC.	3.2.14	7
8.	The Board approve the proposal made by the SLWG on unscheduled care and the FP&P Committee assumes responsibility for taking these issues forward.	3.2.21	8
Assessing Risk			
9.	The Board should undertake a development session to review the Board's risk appetite and ensure the current corporate risk register adequately reflects the risk environment in NHSGGC.	3.3.3	8
10.	The Audit & Risk Committee consider benchmarking the NHSGGC approach to risk management with the methods adopted by the other Territorial Boards.	3.3.4	8
Engaging Stakeholders			
11.	The visiting programme is now reviewed and revised to take into account the impact of the Coronavirus pandemic.	3.4.4	8

No.	Recommendation	Para No.	Page No.
12.	Board Members continue to be involved in the Scottish Patient Safety Programme.	3.4.5	9
13.	The latest version of the Communications and Engagement Strategy is reviewed by the Board.	3.4.6	9
Influencing Culture			
14.	The Board review the progress made with 'Making NHS Glasgow a Great Place to Work', including the Collective Leadership Programme and the Investors in People Scheme.	3.5.2	9
Enablers of Good Governance			
Skills, Experience & Diversity			
15.	The Board establish an evaluation process involving the new and current Board Members to review and refine the content and format of the Board Members' Portal into a more polished resource.	4.1.11	11
16.	Resources are allocated to lead the implementation of the revised Induction process and Board Members' Portal, to provide support to Board Members and to be responsible for the continuous development of Board Members.	4.1.12	11
17.	A Buddy System is introduced for the latest intake of Board Members.	4.1.14	11
Roles, Responsibilities & Accountabilities			
18.	The Board approve the allocation of Board Members to Standing Committees and Integration Joint Boards as detailed in Appendix Three.	4.2.3	11
Values, Relationships & Behaviours			
19.	An external expert assessment of relationships and behaviours between Non-Executive Board Members and the Executive Leadership Team in respect of our approach to governance is completed by October 2020	4.3.2	12
Support for Good Governance			
Assurance Information Systems			
20.	The Board commission a project to review the provision of assurance information with a view to developing a revised system which encompasses the components set out in the Blueprint for good Governance.	5.1.8	13
21.	Assurance reports are requested from Integration Joint Boards to ensure the Board has an overarching view of all priorities and progress.	5.1.13	13
22.	A formal work plan template is introduced for the Board and its Committees.	5.1.14	13
23.	A standard template is introduced for assurance reports to the Board from the Standing Committee Chairs.	5.1.15	14

Board Official

No.	Recommendation	Para No.	Page No.
24.	The Assurance Information project should also extend to considering how the Board and the Committees are informed by benchmarking the NHSGGC approach against those of similar organisations.	5.1.16	14
Administration Arrangements			
25.	The Head of Corporate Governance and Administration considers the proposals made by the SLWG on presenting Board papers and makes the appropriate changes to the existing practices.	5.3.11	15