

NHS Greater Glasgow & Clyde	Paper No. 21/18
Meeting:	Board
Date of Meeting:	27th April 2021
Purpose of Paper:	For Noting & Approval
Classification:	Board Official
Sponsor:	Chairman

Title: Implementing the Active Governance Approach in NHS Grater Glasgow and Clyde

1. Recommendation

- 1.1 The Board is asked to note the update on the approach being taken to implement the Active Governance approach in NHSGGC.
- 1.2 The Board is being asked to approve:
- the NHSGGC Operational Priorities for the first quarter of 2021/22
 - the reinstatement of the NHSGGC Standing Committees from May 2021
 - the membership and meeting dates of the NHSGGC Board Standing Committees and Integration Joint Boards for 2021/22
 - the Terms of Reference for the NHSGGC Moving Forward Together Advisory Group
 - the proposed Active Governance programme for 2021/22

2. Purpose of Paper

- 2.1 The purpose of this paper is to describe how NHSGGC is adopting an active approach to improving the overall corporate governance within the organisation. It builds on the work described in the October 2020 Board paper and provides Board Members with an update on the progress already made to introduce the active governance approach thus far. It goes on to explain how we expect to develop and deliver active governance during 2021/22.

3. Key Issues to be Considered

- 3.1 In common with NHS Boards across the UK, NHS Greater Glasgow and Clyde (NHSGGC) is operating in an increasingly demanding environment. The impact of demographic change and the growth in long term health conditions at a time of financial constraint meant that the healthcare system was already under significant pressure prior to the global health emergency. The need to respond effectively to the Coronavirus pandemic has added even greater and unprecedented challenges for the organisation.

3.2 If NHSGGC is to address the challenges we face, the Board also needs to ensure that robust, accountable and transparent corporate governance arrangements are in place. The importance of adopting an 'active approach' to corporate governance to achieve that level of good governance is critical.

3.3 Active corporate governance requires the Board to have not only a clear and accurate picture of what is happening within the organisation in relation to the remobilisation and delivery of services, but also to have regard to the wider strategic and policy context in which the Board operates. A key driver behind this active governance 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.

3.4 This paper sets out in detail how NHS GGC will implement our approach to Active Governance.

4. Any Patient Safety/Patient Experience Issues

No

5. Any Financial Implications from this Paper

No

6. Any Staffing Implications from this Paper

No

7. Any Equality Implications from this Paper

No

8. Has a Risk Assessment been carried out? If yes, please provide details

No assessment, however risk management core to the approach.

9. Highlight the Corporate Objectives to which your paper relates?

All objectives.

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Date: 23 April 2021

Implementing the Active Governance Approach in NHS Greater Glasgow and Clyde

NHS Greater Glasgow and Clyde
Active Governance Programme

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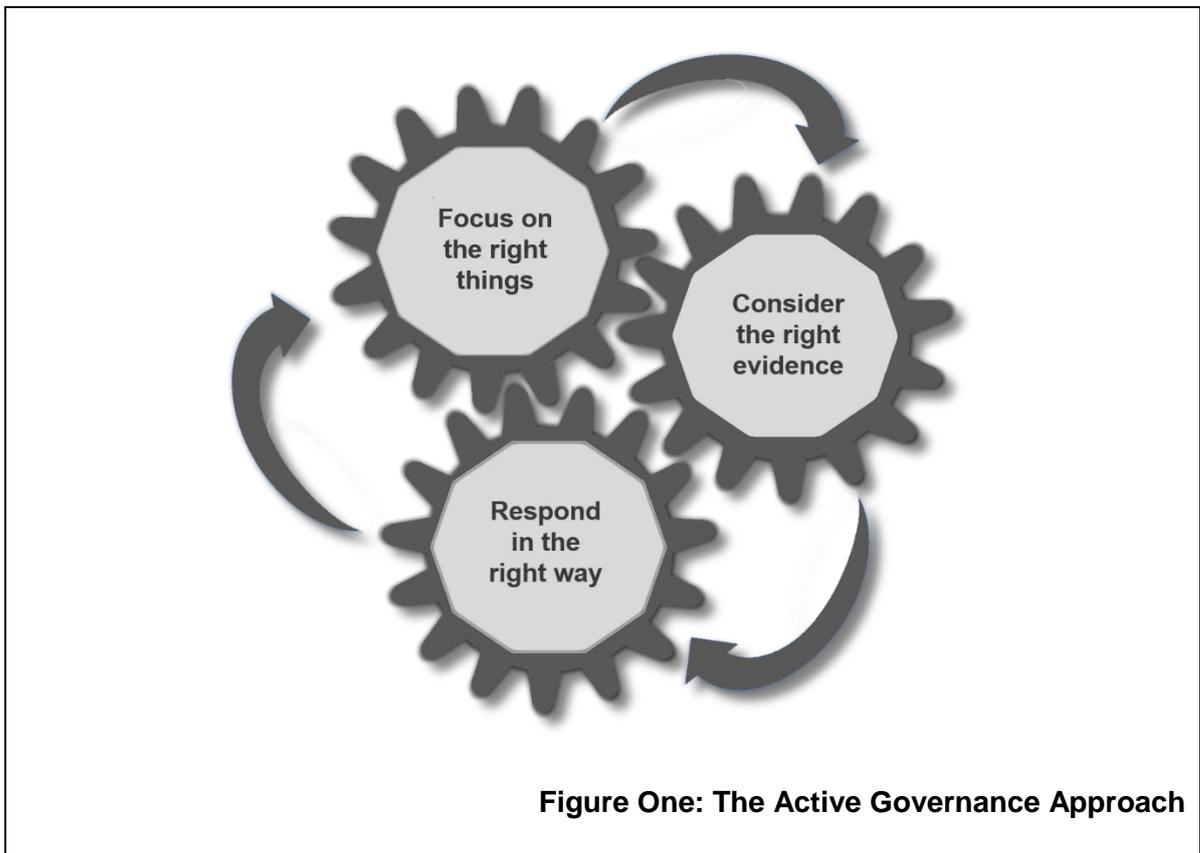
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1. Introduction

- 1.1 In common with NHS Boards across the UK, NHS Greater Glasgow and Clyde (NHSGGC) finds itself operating in an increasingly demanding environment. The impact of demographic change and the growth in long term health conditions at a time of financial constraint meant that the healthcare system was already under significant pressure prior to the global health emergency. The need to respond effectively to the Coronavirus pandemic has added even greater and unprecedented challenges for the organisation.
- 1.2 How we respond to these challenges over the coming months and years will determine what sort of healthcare system we provide and ultimately what level of health and wellbeing is experienced by the population we serve.
- 1.3 Comprehensive remobilisation plans are being developed by the Executive Leadership Team to ensure that recovery from the pandemic will be as early as possible. If NHSGGC is to address the challenges we face in delivering our purpose of 'protecting and improving population health and wellbeing while providing a safe, accessible, affordable, integrated, person centred and high quality health service', the Board also needs to ensure that robust, accountable and transparent corporate governance arrangements are in place. The importance of adopting an 'active approach' to corporate governance to achieve that level of good governance should not be underestimated.
- 1.4 Active corporate governance requires the Board to have not only a clear and accurate picture of what is happening within the organisation in relation to the remobilisation and delivery of services, but also to have regard to the wider strategic and policy context in which the Board operates. A key driver behind this active governance 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.
- 1.5 How NHSGGC is adopting this active approach to improving our overall corporate governance is described in detail in this document. It is based on the approach described in the October 2020 Board paper and provides Board Members with an update on the progress made to introduce the active governance approach thus far. It goes on to explain how we expect to develop and deliver active governance during 2021/22.
- 1.6 In writing this paper, we reviewed the work of the NHS Scotland Corporate Governance Steering Group and the 2019 self-assessment of corporate governance by the Board. We also considered the findings of a variety of reviews over the past two years that have made some reference to the effectiveness of governance across Greater Glasgow and Clyde in particular, or NHS Scotland in general. This included various reports from a number of short life working groups on governance, our Internal Auditors, our Whistleblowing Champion, Audit Scotland, the Queen Elizabeth University Hospital (QEUH) Oversight Board and the Royal College of Physicians of Edinburgh's (RCPE) Quality Governance Collaborative.

2. The Active Governance Approach

- 2.1 Good corporate governance doesn't just rely on having effective systems in place. How well Boards use these systems is a critical factor in the delivery of well-informed, evidence-based and risk-assessed decisions at Board level. At the heart of our approach to ensuring effective governance is the concept of 'active' governance.
- 2.2 Put simply, active governance requires Boards to focus on the right things, consider the right evidence and respond in the right way. This has to be an evolving, iterative and integrated process that underpins how the Board and its Standing Committees operate.



- 2.3 To deliver an active approach to governance, Board Members must consistently and repeatedly focus on the organisation's purpose, aims, values, and corporate objectives. To do this effectively, we need to consider the organisation's performance in terms of inputs, outputs and outcomes by ensuring:
- the **right issues** are considered by the **right people**
 - the **right information** is reviewed in the **right format** at the **right time**
 - the **right level of scrutiny** produces the **right challenge** and the **right reaction**

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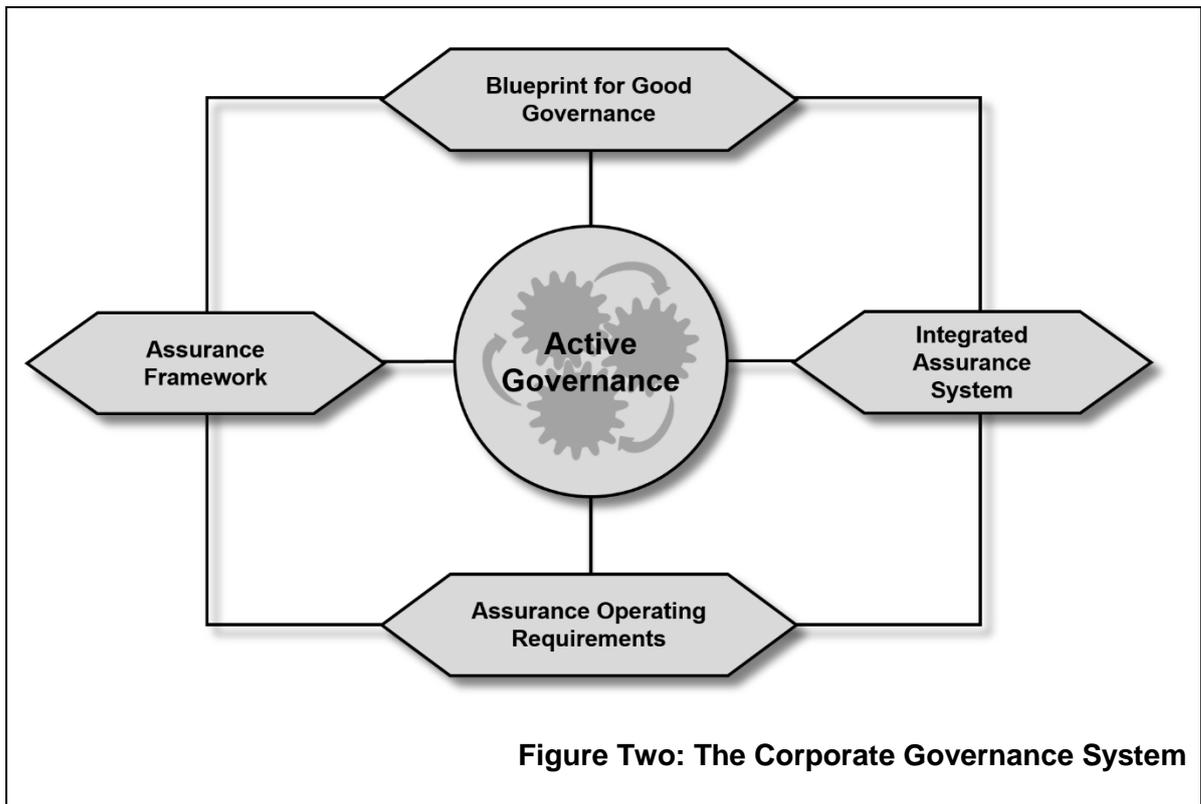
- 2.4 In addition to adopting this approach to having a clear and accurate picture of what is happening within the organisation at a given point in time, an active approach to governance also requires Board Members to have regard to the wider strategic and policy context in which we operate. This will ensure that the Board is exercising the necessary vigilance to anticipate and identify issues which could have a detrimental effect on the delivery of our corporate objectives, our relationship with our stakeholders and our reputation.
- 2.5 Work on delivering the active governance approach across Scotland is being overseen by the NHS Scotland Corporate Governance Steering Group. The purpose of the Steering Group is to provide leadership, support and guidance to the development and implementation of a consistent and effective approach to corporate governance across NHS Scotland. Its remit is to engage with key stakeholders to ensure that NHS Scotland's arrangements continuously improve, reflect best practice in corporate governance in the public sector and the NHS Scotland approach is promoted and shared with colleagues in other parts of the public sector.
- 2.6 The Steering Group reports directly to the NHS Scotland Health and Social Care Management Board and is co-chaired by the NHS Scotland Director of Finance and Corporate Governance and the Chair of NHSGGC. Membership includes NHS Board Chairs, non-executive Board Members, representatives of the Scottish Government, NHS Board Chief Executives, Finance Directors, and members of the Board Administrators Network. The Chair of the Integration Joint Boards Chairs & Vice Chairs Group is also a member. As is Professor Michael Deighan, Director of the RCPE Quality Governance Collaborative.
- 2.7 Due to the impact of the pandemic on NHS Boards, the national rollout of the Active Governance initiative across Scotland initiative is unlikely to be completed in 2021.
- 2.8 As the national project was initially managed by one of our Board Members (Margaret Kerr), it is not surprising that NHSGGC is an early adopter of this new approach to corporate governance. The same principles defined in the national approach are driving this work in NHSGGC and we would expect our experience and learning to inform the further development of the national project. Given the good progress already made in NHSGGC, our work locally on implementing active governance will continue throughout 2021/2022 in parallel with the national project.
- 2.9 When considering implementing the active governance approach it is helpful to begin by considering what we actually mean by corporate governance and then describe what is included in that system and how it fits together in NHSGGC.

3. The Corporate Governance System

- 3.1 Our corporate governance system needs to be focussed and built around a clear definition of what we understand '**good governance**' to look like and what that reflects in practice. Fortunately, NHS Scotland already has an agreed model in place that defines a governance blueprint that describes the baseline for what we should consider as 'good' in terms of our overall corporate governance system.

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- 3.2 Therefore, to adopt and embed an active approach to governance and deliver good governance we must develop a corporate governance system that applies the active governance approach to the implementation of the NHS Scotland Blueprint for Good Governance. Basically, this requires having a cohesive corporate governance system that is specifically designed to facilitate an active approach to corporate governance at Board level.
- 3.3 To deliver this in NHSGGC, we need to construct and maintain an Assurance Framework that is supported by an Integrated Assurance System and Assurance Operating Requirements that are interconnected and operate as one overall corporate governance system.



- 3.4 This following paragraphs demonstrate how NHSGGC is going about constructing our corporate governance system by describing the component parts of the model and how they are being introduced into our organisation.
- 3.5 This initiative is being delivered as the 'NHSGGC Active Governance Programme' and will provide a clear picture of the work being commissioned by the Board to develop and improve our overall Corporate Governance System.
- (Appendix A has details of the projects and initiatives included in the proposed Active Governance programme in 2021/22)**
- 3.6 ***The Board is being asked to approve the NHSGGC Active Governance programme for 2021/22.***

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- 3.7 The Chairs of the Standing Committees and the Lead Executives responsible for supporting these Committees will be fully engaged in the discussions that will be required to deliver the Active Governance Programme. Accountability for the successful delivery of the Programme will rest with the Head of Corporate Governance and Board Administration, supported by the Board Chair and Chief Executive.
- 3.8 Following the Board's approval in principal of the proposed Active Governance programme for 2121/22, the Corporate Management Team will consider the issues around the implementation of the programme, including the feasibility of the timescales included in the latest version of the programme plan. (Appendix A) If any changes are required to the implementation of specific actions or initiatives the Board will be advised accordingly.
- 3.9 Constructing the NHSGGC corporate governance system starts with incorporating the NHS Scotland Blueprint for Good Governance into our approach.

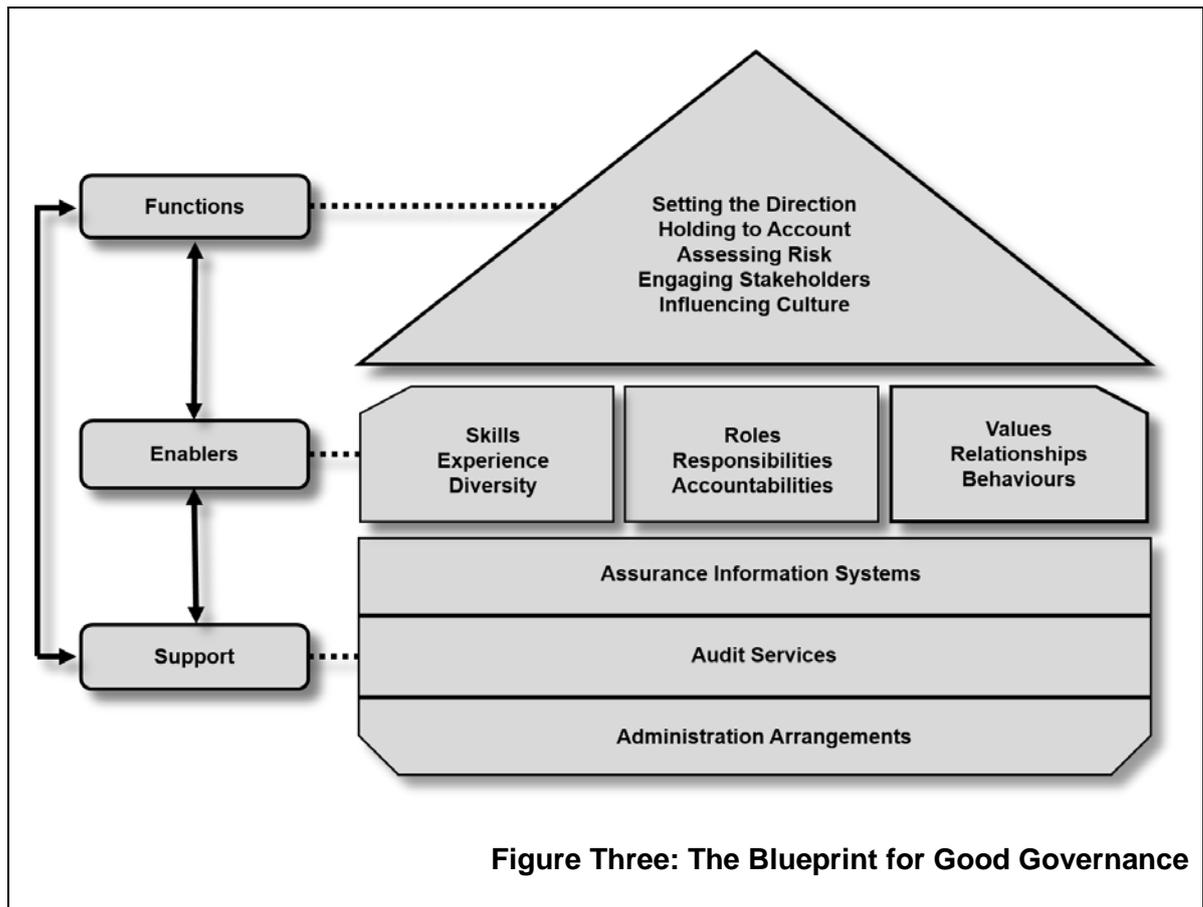
4. The NHS Scotland Blueprint for Good Governance

- 4.1 In 2018 the Scottish Government recognised the need to ensure that the governance arrangements in NHS Scotland keep pace with the changing policy and financial environment. In response to this challenge, the Scottish Government commissioned a review of best practice in corporate governance with the aim of providing a blueprint for an effective Corporate Governance system that could be adopted across NHS Scotland.
- 4.2 The publication of the 'NHS Scotland Blueprint for Good Governance' provides us with a comprehensive definition of 'good governance'. It has prompted a wide range of activities overseen by the NHS Scotland Corporate Governance Steering Group to deliver a fresh approach to corporate governance in healthcare that would better support Health Boards in the delivery of good governance.
- 4.3 The purpose of corporate governance is described in the Blueprint as "facilitating effective, innovative and prudent management that can deliver the long-term success of the organisation." The authors go on to further define governance as "the system by which organisations are directed and controlled"
- 4.4 In the NHS corporate governance includes not only financial, staff and information governance but also clinical and care governance and the governance of clinical education and professional training.
- 4.5 The World Health Organisation in collaboration with the RCPE Quality Governance Collaborative has more recently published a new working definition of excellence in governance that provides us with a further insight into what a good governance system should deliver for a healthcare organisation. Their definition of governance is as follows:
- The means by which all institutions and organisations involved in the design and delivery of healthcare translate health policy into clinical practice and management in order to improve the quality and efficiency of healthcare.
 - The ability to ask the right questions and to implement the right mechanisms to ensure the organisation discharges its duties in line with its purpose and with focus on good clinical practice.

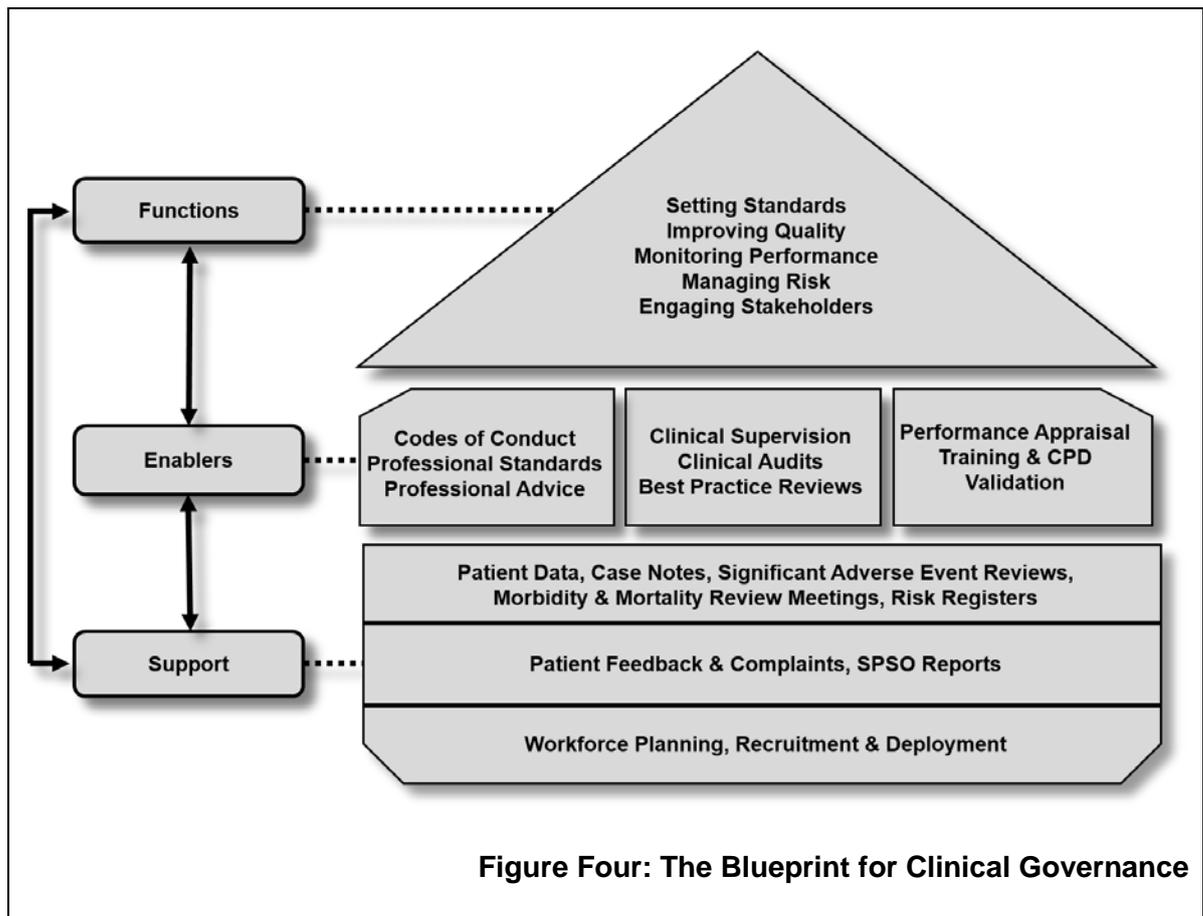
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This more comprehensive definition of governance clearly establishes the link between good governance and active governance and supports the approach being developed in NHSGGC.

- 4.6 The NHS Scotland Blueprint describes a three-tiered model that explains the functions of a governance system, the enablers and the support required to effectively deliver those functions.



- 4.7 The Blueprint describes best practice in governance as setting strategic aims, holding the executive to account for the delivery of those aims, determining the level of risk the Board is willing to accept, influencing the organisation's culture and reporting to stakeholders on their stewardship.
- 4.8 It goes on to emphasise that corporate governance is about what the Board Members do and should be distinguished from the day-to-day operational management of the organisation by the Executive Leadership Team. A good governance system helps individuals avoid the tension and conflict that can arise in an organisation where these boundaries are not clear.
- 4.9 At national level, work has started to review and update the Blueprint for Good Governance. This includes developing other blueprints to describe what good governance should like at Standing Committee level. So far, a first draft has been constructed for Clinical Governance Committees and it is expected that this will be published with other blueprints for committees later this year.



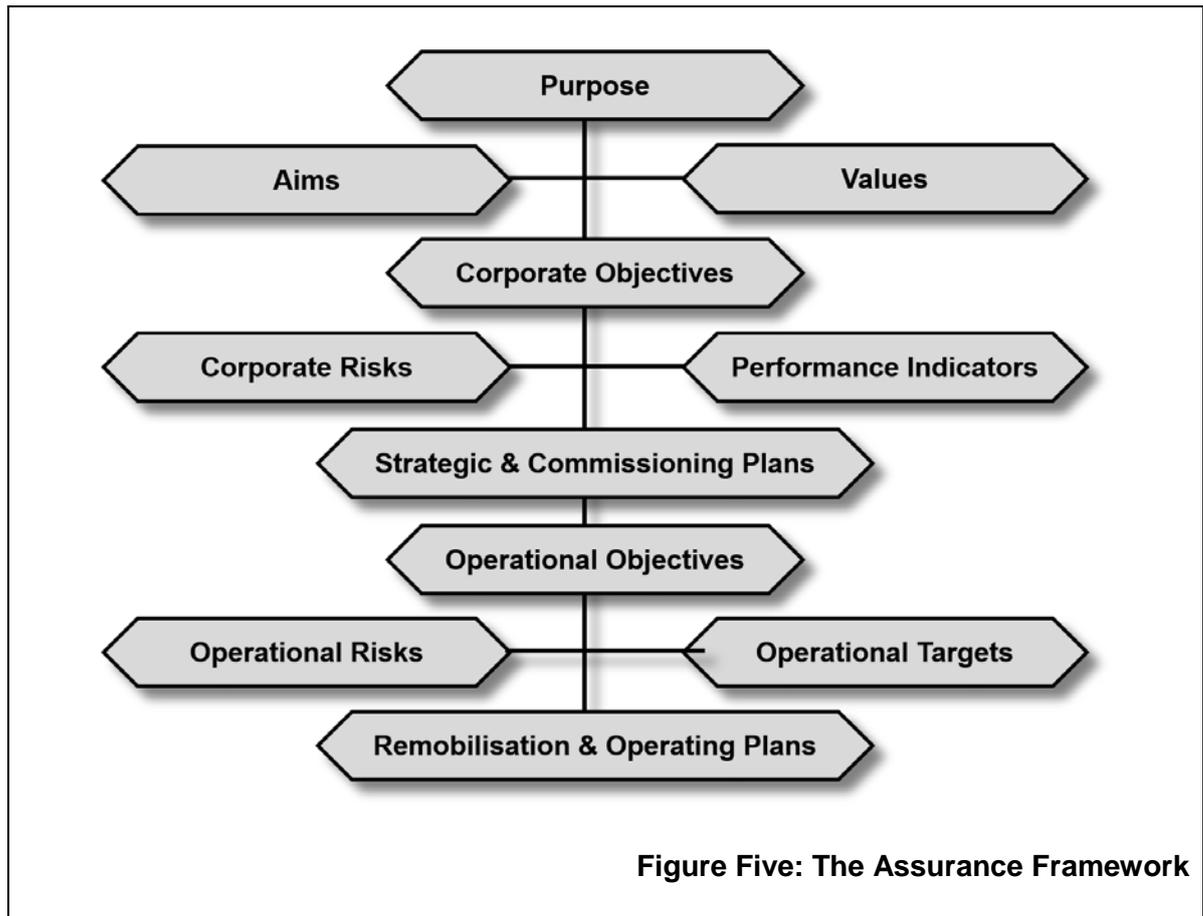
- 4.10 The work to update the Blueprint is expected to be completed by the end of 2021 and following approval by Scottish Government Ministers and the NHS Scotland Health & Social Care Management Board, a revised version will be published next year.
- 4.11 In the meantime, work continues to deliver and embed the current model in all Health Boards. The following paragraphs describe how this is being taken forward in NHSGGC.

5. Delivering the Blueprint

5.1 The Assurance Framework

- 5.1.1 Delivering the Blueprint for Good Governance to promote and facilitate active governance starts with the development of an Assurance Framework. This simple model brings together details of the organisation's purpose, aims, values, corporate objectives and risks with the strategies and operating plans necessary to mitigate those risks and deliver those outcomes. It also describes the performance indicators and targets used to provide accountability reports for the Board and is primarily used to identify and resolve any gaps in control and assurance.

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- 5.1.2 Once completed, the framework will provide a clear picture of which objectives and what risks are delegated to each of the Standing Committees and make apparent the links between the outcomes expected by the Board and the strategic and operational plans developed by the Executive Leadership Team to deliver those outcomes. This aims to ensure that both the delivery of strategic change and the operational outputs and outcomes are subject to appropriate scrutiny, at the appropriate level and in the appropriate place within the governance system.
- 5.1.3 In practice, the application of the Assurance Framework means that longer-term strategic issues and risks are considered in a holistic fashion by the Board, with the Standing Committees focussing on the delivery of specific corporate objectives and the more immediate remobilisation and operating plans. For 2021/22 the NHSGGC Remobilisation Plan replaces the previous Annual Operating Plans.
- 5.1.4 A key principle underpinning this approach to good governance is the need to deliver 'integrated governance' across the entire healthcare system. Introducing an Assurance Framework to bring the concept of active and integrated governance to practical effect enables this end-to-end approach to information flows and assurance arrangements across the healthcare system.
- 5.1.5 Therefore, it is important that the NHSGGC Assurance Framework takes account of the Strategic and Commissioning Plans and the annual accountability reports produced by the Integration Joint Boards that cover the Greater Glasgow and Clyde area.

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- 5.1.6 An Assurance Framework also helps executives, managers, staff and Board Members better understand how the organisation is governed and their role and accountabilities within the governance system.
- 5.1.7 At our meeting in October 2020 the Board agreed a phased approach to developing the Assurance Framework for NHS Greater Glasgow and Clyde, reaffirmed our Purpose, Aims and Values and approved revised Corporate Objectives. The Board also allocated the Corporate Objectives to the individual Standing Committees allocation.

(Appendix B has details of the NHSGGC key corporate statements.)

- 5.1.8 Unfortunately, completion of the Assurance Framework has been delayed due to the impact of the pandemic and further work is required to complete this task. A programme of activities is now being developed and delivered as part of the Active Governance Programme to ensure that the framework is in place in time for further discussion at the June meeting of the Board. This further work includes:
- **Corporate Risks** - Securing Board agreement to the strategic risks to be included in the updated corporate risk register and the allocation of those risks to the Standing Committees.
 - **Performance Indicators** - Allocating oversight of the relevant performance indicators that will enable the Standing Committees to track the delivery of the corporate objectives and the effectiveness of the risk mitigation.
 - **Strategic Plans** - The Standing Committees will also be allocated lead responsibility for oversight of the strategic and commissioning plans required to deliver the corporate objectives and mitigate the corporate risks.
- 5.1.9 The distribution of the corporate risks, performance indicators and strategic plans will reflect and match the existing distribution of the corporate objective to the Standing Committees.
- 5.1.10 The final step required to finalise the Assurance Framework is the determination of the operational objectives, risks and targets for 2021/22 and the development of the Remobilisation Plan that will deliver those outcomes and mitigate those risks. This work is nearing completion and following further consultation with the Scottish Government on the final draft, the Board will be required to formally approve this Plan.
- 5.1.11 The distribution of the oversight of the delivery of these outcomes and outputs and the assurance of the management of the related risks between the Standing Committees will also require to be finalised at the Board meeting in June.
- 5.1.12 While regular reports will be received by the Board on the progress being made to deliver the Remobilisation Plan, the Standing Committees will be responsible for the scrutiny of performance against the operational objectives and targets that have been allocated to them.
- 5.1.13 During this short term absence of an Remobilisation Plan, the Executive Leadership Lead are proposing working to a list of operational priorities that will ensure that NHSGGC continues to focus on what is important to the population we serve, our staff and the other key stakeholders in the NHS across Greater Glasgow & Clyde. This proposal reflects the

priorities communicated by the Scottish Government and is aligned with the service delivery proposals in the latest draft of the 2021/21 Remobilisation Plan. This list replaces the Winter 2021/22 Priorities list that was agreed by the Board in 2020.

(Appendix C has details of the proposed Operational Priorities)

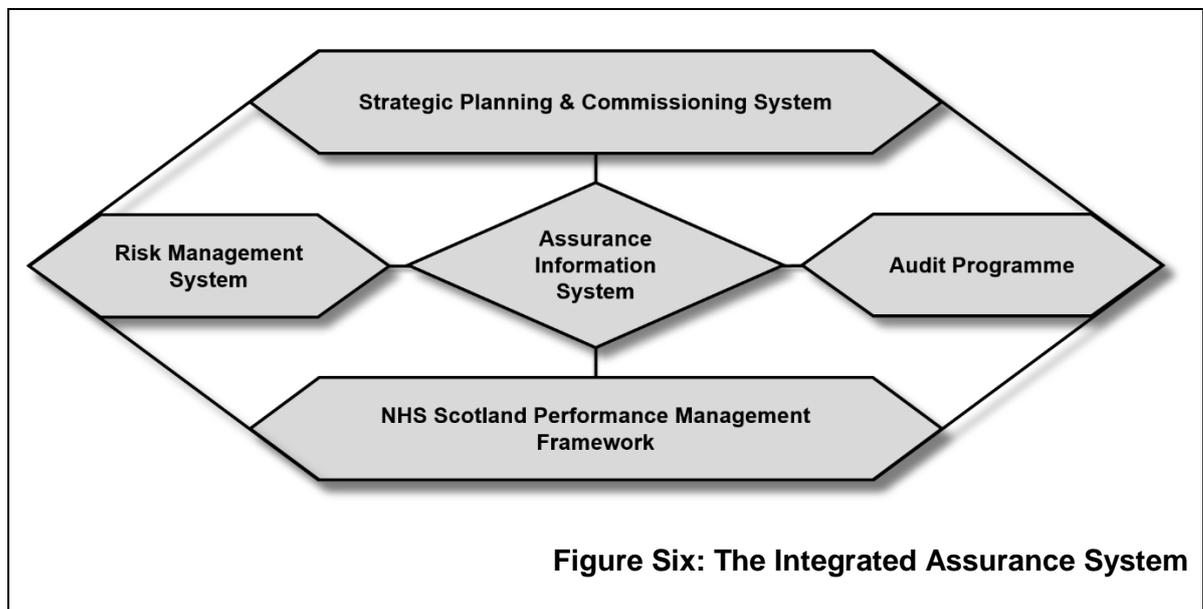
5.1.14 The Operational Priorities proposal includes details of the Standing Committees who will assume lead responsibility for the oversight of their delivery.

5.1.15 The Board is being asked to approve the NHSGGC Operational Priorities for the first quarter of 2021/22.

5.1.16 Of course, simply constructing an Assurance Framework doesn't in itself deliver good governance. The framework must be implemented and operationalised effectively for it to be of value. To do that the organisation has to put in place integrated assurance systems and governance arrangements that deliver the good governance set out in the Blueprint and facilitate the active governance approach desired by the Board.

5.2 The Integrated Assurance System

5.2.1 In NHS Scotland there are five discrete but linked assurance systems that when taken together can be considered as the Integrated Assurance System that supports active governance.



5.2.2 The Board shares ownership of the strategic planning & commissioning system with the Integration Joint Boards and has accountability for the risk management system, the assurance information system and the audit programme. The Scottish Government has ownership of the NHS Scotland Performance Management System.

5.2.3 Collectively, these systems provide the Scottish Government, the Health Board, the Integration Joint Boards and the Standing Committees with the information necessary to secure assurance that good governance is in place across the healthcare system. The integration of these five systems is critical to the effectiveness of the overall active governance approach.

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- 5.2.4 The Independent Review of Adult Social Care in Scotland, chaired by Derek Feeley, raised questions about the future shape of health and social care governance but while it will be important to eventually fully integrate the NHS system with the governance systems of other organisations that contribute to the delivery of the health and care system, the starting point needs to be the integration of the healthcare assurance systems owned by NHSGGC. The Board will be asked to consider the issue of end to end governance in health and social care after the May 2021 Election when the new Government will have made decisions on the recommendations of the Review of Adult Social Care.
- 5.2.5 Work on building the Integrated Assurance System has been delayed due to the pandemic and further actions are in progress to take this forward. This currently includes:
- **Strategic Planning & Commissioning** - Identifying and mapping the links between the pursuit and achievement of our corporate objectives and the existing strategic and commissioning plans. This review should also identify any gaps in our strategic planning that will need to be addressed to deliver the corporate objectives. It will include consideration of the alignment between the various planning and reporting processes currently utilised by the Health Board and the Integration Joint Boards across Greater Glasgow & Clyde. This review will also consider what further action, if any, is required by the six Strategic Planning Groups to review the existing IJB Strategic Commissioning Plans. It is being undertaken by consultants employed by Azets UK (the Board's internal auditors) and it is expected this work will be completed and submitted to Board scrutiny in October 2021.
 - **Risk Management** - Confirming the Board's risk appetite and updating the current corporate risk register accordingly to ensure the corporate objectives set by the Board in October 2020 are being actively managed and mitigated. The operational risk registers will also require to be updated to better reflect the 2021/22 Remobilisation and Operating Plans. This work is also being facilitated by Azets UK and it is expected that, following scrutiny by the Audit & Risk Committee, it will come to the Board for approval in June 2021.
 - **Assurance Information** - Defining the requirements for information flows to the Board and Standing Committees to provide assurance around the delivery of corporate objectives and the effectiveness of the mitigation of risks to that delivery. This work is also being led by Azets UK and will determine the information required by the Board and Standing Committees to scrutinise our performance against the operating objectives and targets in the 2021/22 Remobilisation and Operating Plans. The output from this initiative will be aligned to the approach being developed nationally by the NHS Scotland Corporate Governance Steering Group and will provide guidance on the format, presentation and timing of performance and financial reports. This work has commenced and following scrutiny by the Finance, Planning & Performance Committee, this will be presented to the October 2021 Board meeting for approval.
 - **Audit** - Agreeing the 2021/22 internal audit assignments and the external audit programme with the internal and external auditors. This will reflect the revised timetable for the production of the 2021/22 Annual Accounts. In addition, an external review of the effectiveness of our existing audit arrangements will be commissioned by the Audit & Risk Committee by April 2022. The review will be completed in 2022/23.

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- **NHS Scotland Performance Management Framework** - Agreeing and delivering the ongoing arrangements for the oversight of NHSGGC in those areas where we have been escalated to Level Four. In addition NHSGGC will contribute to the Corporate Governance Steering Group's discussions on the further development of the NHS Scotland Performance Management Framework.

5.2.6 Audit Scotland (our external auditors) have been invited to review the work by Azets UK on strategic planning, commissioning, risk management and assurance information and give the Board an opinion on the impact of these initiatives on the overall governance of NHSGGC.

5.2.7 The introduction of the Assurance Framework and the development of the Integrated Assurance System will contribute significantly to active governance but the delivery of good also relies on effective operating arrangements being delivered throughout the organisation.

5.3 The Assurance Operating Requirements

5.3.1 The governance arrangements for the healthcare system are determined by legislation and supporting guidance issued by the Scottish Government. How these are operationalised is described in a suite of operating requirements approved by the Board. Oversight of the delivery of these requirements is the responsibility of the Standing Committees, supported by the Board's framework of advisory committees.

Operating Instructions

5.3.2 The principal assurance requirements are described in the Standing Orders, Standing Financial Instructions, the Scheme of Delegation and the Integration Schemes. These provide the senior leadership and management of NHSGGC and the Health & Social Care Partnerships with their principal operating instructions.

5.3.3 The documents that contain the assurance operating requirements and instructions are reviewed annually to coincide with the preparation of the Annual Accounts and the Annual Report. This review will be undertaken in 2021/22 as usual to meet the following timescales

- **Standing Orders, Standing Financial Instructions, Scheme of Delegation** - The Board will be asked to approve any changes to these instructions at the meeting in August 2021.
- **Integration Schemes** - The Public Bodies (Joint Working) (Scotland) Act 2014 requires Local Authorities and Health Boards to review their Integration Schemes before the expiry date, which is five years after the scheme was approved in the Parliament. Therefore, all six schemes in Greater Glasgow & Clyde are due for review with the current Integration Schemes remaining in force until those reviews are completed. Due to the impact of the pandemic on the senior leadership teams in the Health Board and the Local Authorities across Greater Glasgow & Clyde these reviews have yet to be completed but it is anticipated that work will commence on this task in September 2021 with proposals for any revisions to the existing schemes to come to the Health Board and the Local Authorities in time to be considered by the Board Meeting in February 2022.

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- 5.3.4 In addition to the principle operating instructions, described above, the Board approves a wide range of policies that cover the delivery of services and the employment of staff. These policies are subject to regular review and approval by the Board and the Standing Committees but at present this process is not managed or reported in a co-ordinated manner to Board level. To resolve this situation work will be undertaken to establish a Policy Framework and assurance process for all significant NHSGGC policies. A proposal on how this will be taken forward will be brought to the August 2021 Board meeting with an expectation that a Framework will be in place by April 2022.

Standing Committees

- 5.3.5 The Board currently has a framework of Standing Committees actively engaged in delivering the corporate governance system. These are:

- The Acute Services Committee
- The Audit & Risk Committee
- The Clinical & Care Governance Committee
- The Finance, Planning & Performance Committee
- The Public Health Committee
- The Remuneration Committee
- The Staff Governance Committee

While it is not proposed to change this framework at this point, the Board will require to confirm this arrangement continues to be appropriate in the light of the review of the Board and Standing Committee Terms of Reference that is discussed later in this paper. This action will help ensure that any unavoidable duplication of governance activity is kept to a minimum.

- 5.3.6 Faced with the onset of the Coronavirus pandemic in 2020, the Board revised the NHSGGC governance arrangements to ensure a more flexible approach was in place that guarded against unnecessary demands on the corporate management team and protected the health and wellbeing of the Board Members and the staff involved in our governance processes. These arrangements principally involved suspending the Standing Committees and either replacing them with an Interim Board to undertake all functions of the Board during the first wave of the pandemic, or suspending them during the second wave with the full Board dealing with all governance issues that required immediate attention. Although suspended during the second wave, some Committees were asked to reconvene on an ad hoc basis to provide advice and support to the Board on specific and urgent issues.
- 5.3.7 As the public health emergency is now coming under control and the operational pressures on the NHS from the pandemic is starting to reduce, it is proposed that all the Standing Committees are reinstated from May 2021. These arrangements will have to be kept under review in order to ensure that the corporate management team will be able to continue to support the current governance approach at the same time as responding to the pandemic and the risks to effective operations management and good governance remain at an acceptable level.

5.3.8 *The Board is being asked to approve the reinstatement of the NHSGGC Standing Committees from 1st May 2021.*

- 5.3.9 As the Board reviewed the demands on Board Members time and adjusted the number of people on our Standing Committees to ensure we remain within the overall time commitment for Non-Executive Board Members in 2020, it is not proposed to make any further changes to the size of the Standing Committees or the frequency of their meetings.
- 5.3.10 The membership and dates of Board, Standing Committee, and Integration Joint Boards meetings are reviewed annually to reflect changes in Board Membership and the development needs of Board Members. (For completeness, the membership and dates of the Endowment Fund Board of Trustees and the Endowments Management Committee are included in this exercise.)

(Appendix D has details of the proposed Board Members responsibilities for 2021/22.)

5.3.11 *The Board is being asked to approve the membership and meeting dates of the NHSGGC Board Standing Committees and Integration Joint Boards for 2021/22.*

- 5.3.12 The allocation of members to Committees will be updated as required during the year should existing Board Members leave or new Members join the Board. It will also be changed at the appropriate time to reflect the changeover from Chair to Vice Chair within the Integration Joint Boards.
- 5.3.13 Of course, many non-executive Board Members also play a bigger part in supporting the Executive Leadership Team's management of NHSGGC that goes beyond their roles as Standing Committee members. This includes supporting HR appeals, Freedom of Information reviews, Whistleblowing investigations and the Pharmacy Practices Committee. Board members also act as Chairs for the Royal Hospital for Children's Charity Forum and the Beatson West of Scotland Cancer Centre's Charity Forum. There are no changes proposed to these arrangements but as they are kept under review on an ongoing basis by the Board Chair and the individuals concerned.
- 5.3.14 As far as the operating arrangements for the Standing Committees are concerned it is important that we learn the lessons from our experience of having a more focused and flexible approach to corporate governance during the pandemic. It will be important that the Standing Committee Chairs and Lead Executives ensure that business is conducted in an appropriate manner that recognises the demands on the Executive Leadership Team while the organisation remobilises and mitigates the risk to successful recovery from the Coronavirus pandemic.
- 5.3.15 This will involve Standing Committees continuing to focus primarily on the corporate objectives, corporate risks, performance indicators and strategic plans allocated to them. On behalf of the Board, they will also have to provide scrutiny of the operational priorities allocated to them and seek assurance that there are appropriate systems in place to mitigate risks to the delivery of the operational objectives and targets that will form part of the Remobilisation and Operating Plans for 2021/22.
- 5.3.16 Therefore, the Standing Committee Chairs and the Lead Executives will be required to work collaboratively to agree and manage the Committees' agendas and agree a revised annual cycle of business for the Standing Committees. This will involve prioritising urgent business

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for the first half of 2021/22, postponing non-urgent agenda items till later in the year, and considering the most appropriate way to present information at meetings. Consideration will also need to be given to the frequency and length of meetings, as well as the implications of the continued use of Microsoft Teams, rather than face to face meetings, while social distancing remains an issue. This work needs to reflect the changes introduced into the corporate governance system by the introduction of the active governance approach and is expected to determine the revised Standing Committee annual cycle of business for 2021/22 by August 2021. This will facilitate the update of the Board's annual cycle of business.

- 5.3.17 In order to facilitate this further development and refresh of the Board and Standing Committee annual cycle of business it will be important to consider all aspects of accountability in the round. For example, it will be necessary to ensure that linkages are made between service design, finance and workforce issues so that the Board can make balanced judgements regarding the opportunities and risks around service delivery. These links are made when determining the Board and the Standing Committees roles and responsibilities and are described in the various Terms of Reference as set by the Board.
- 5.3.18 The Terms of Reference are reviewed annually and any proposed revisions to the current arrangements will be brought to the Board Meeting in August 2021. This will include the distribution of the corporate risks, performance indicators and strategic plans to reflect the distribution of the corporate objective to the Standing Committees that was agreed at the October 2020 Board meeting. It is expected that this exercise will further help remove unnecessary duplication of effort from the governance system.
- 5.3.19 While the delegation of responsibilities to Standing Committees and Integration Joint Boards are described in the various Terms of References and Integration Schemes, the accountability to the Board for the discharge of those responsibilities comes from the Standing Committee Chairs' reports to the Board and the Annual Reports published by the Integration Joint Boards. This flow of information to the Board is critical to the delivery of good and active governance and is worthy of further consideration at this time. A standard approach for Standing Committees to report to the Board is being introduced and the flow of assurance information from the Health & Social Care Partnerships to the Health Board will form part of the ongoing work on developing the Integrated Assurance System.
- 5.3.20 Although this report primarily focuses on the corporate governance arrangements for NHSGGC, it should be noted that all Board Members are also Trustees of the NHS Greater Glasgow & Clyde Endowments Fund. This is a registered charity that is a separate legal entity from NHSGGC. Therefore, the Terms of Reference of the Board of Trustees and the Endowments Management Committee that supports the Board of Trustees will not be reviewed as part of the NHSGGC Active Governance Programme. As a review of the governance of NHS Endowments Funds across Scotland has already been commissioned by the Scottish Government, we will consider any changes required to the NHSGGC Endowments Funds Terms of Reference once the recommendations of that review have been considered by the Government. In the meantime, the Board of Trustees will be asked to confirm the membership of the Endowments Management Committee at the next meeting of the Trustees.

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Advisory Committees

- 5.3.21 In addition to the Standing Committees, the Board is supported by a range of advisory committees. The two principal advisory committees are the Area Clinical Forum and the Area Partnership Forum.
- 5.3.22 At present, the governance arrangements for these groups differ, with the Area Clinical Forum reporting directly to the Board and the Area Partnership Committee reporting to the Staff Governance Committee. There are other differences in the governance arrangements of the advisory committees and these will be explored as part of a review to consider sharing best practice and aligning the governance arrangements across the advisory committees. This work will be completed in time for consideration at the October 2021 Board meeting.
- 5.3.23 In common with all NHS Boards, NHSGGC has developed an ambitious and innovative corporate change programme that aims to transform how health and social care across Greater Glasgow & Clyde. This change programme is known as 'Moving Forward Together' and has adopted a clinically-led approach to the redesign of services. The programme also incorporates a range of initiatives being introduced nationally and regionally to improve healthcare across Scotland. This includes the introduction of a regional Trauma Network, the redesign of urgent care and the rollout of the Near Me digital platform. It is led by Dr Jennifer Armstrong, our Medical Director, who also acts as Director for the Moving Forward Together Programme, with lead responsibility for developing the strategic planning systems and processes that are required to deliver our transformational change programme.
- 5.3.24 In May 2020 a Short Life Working Group considered what more could be done by the Board to support the Executive Leadership Team and increase the pace of change across Greater Glasgow & Clyde. While that Group concluded that the strategic direction set by the Board for the Moving Forward Together programme was being actively pursued, it suggested that the Board requires ongoing assurance that the programme has adequate resources and processes in place to deliver the key priorities and required outcomes. The Working Group's report emphasised that this should be achieved without adding additional layers of governance that could cause delays for the programme.
- 5.3.25 The Working Group also made suggestions on how the programme's management structure, reporting mechanisms and resources could be revised to better support the Programme Director and the Programme Board.
- 5.3.26 However, due to the onset of the Coronavirus pandemic, it has not been possible to implement any significant structural changes to the Moving Forward Together programme's management arrangements. That is not to say that the programme itself was paused. A number of the projects already in the programme were delivered at pace as they had the potential to quickly respond to the challenges presented by the spread of Coronavirus in the population. This included making more use of digital technologies and the redesign of some urgent care pathways.
- 5.3.27 The lessons learned from this experience are now being considered by the Programme Board and we can expect to see a refreshed approach to delivering the Moving Forward Together programme come to the Board for approval later this year. This refresh of the change programme will include revised business cases and implementation plans and will include details of the Programme Board's proposed programme management structure, reporting mechanisms and resources. Given the priority to finalise and implement the

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NHSGGC Remobilisation Plan, it is most likely the work on the revised Moving Forward Together programme will be completed in time for the Board meeting in December 2021.

- 5.3.28 To support the Programme Board in taking this review of the transformational change programme forward and provide early input on what the Board might expect from the revised programme, it is proposed that an Advisory Group is set up to provide non-executive insight to the Programme Board. This Group would include the Board Chair, Vice Chairs and those non-executive Board Members who have direct experience of either transformational change in large organisations or expertise in engagement and communications with stakeholders.

(Appendix E has details of the proposed Terms of Reference for the Advisory Group)

- 5.3.29 *The Board is being asked to approve the Terms of Reference for the NHSGGC Moving Forward Together Advisory Group.***

- 5.3.30 In the meantime, the governance arrangements required to support the ongoing implementation of Moving Forward Together projects are already in place with the approval and scrutiny of changes to services nationally, regionally and locally being delivered through the existing Standing Committee and Integration Joint Board arrangements for strategic planning and commissioning of services. For the Health Board, our Finance, Planning and Performance Committee provides the oversight of the majority of the Moving Forward Together projects.

- 5.3.31 So far, this paper has considered two of the three characteristics of an active approach to corporate governance. The Blueprint and Assurance Framework assist Board Members on focussing on the right things while the Integrated Assurance System and the Assurance Operating Requirements help them to consider the right evidence. The next section of this paper looks at what is being done to ensure that Board Members respond in the right way.

6. Supporting Board Members

- 6.1 If we accept the WHO/RCPE argument that effective governance requires the Board to “ask the right questions and to implement the right mechanisms to ensure the organisation discharges its duties in line with its purpose and with focus on good clinical practice”, it is critical that all Board Members are supported, developed and recognised as having the necessary knowledge, skills and behaviours to effectively engage with different types of information, make informed assessments for assurance purposes and thus demonstrate active and good governance. Significant work has already been undertaken within NHSGGC in this regard.

Recruitment & Induction

- 6.2 In common with Boards across Scotland, NHSGGC has a robust approach to the recruitment of non-executive Board Members. This includes a review with the Scottish Government Public Appointments team of the composition of the Board that aims to deliver the appropriate diversity and mix of experience. While the existing recruitment process has delivered a diverse and balanced Board membership for NHSGGC, it is important that this is maintained as Board Members appointments come to an end and new members are recruited.

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- 6.3 On behalf of the NHS Scotland Corporate Governance Steering Group, Neena Mahal (Chair NHS Lanarkshire) has been working with a range of stakeholders to review the effectiveness of the existing Board recruitment processes with a view to improving diversity on Boards. This includes further consideration of how we attract, recruit and retain people from minority communities. Amina Khan (the NHSGGC Champion for BAME issues) has been invited to contribute to this initiative and the Board Chair has offered to include NHSGGC in any future pilot or trials of new approaches to filling Board vacancies.
- 6.4 In 2020 a Short Life Working Group reviewed and made recommendations to improve our approach to the induction of new Board Members by aligning our local induction process with the work commissioned by the NHS Scotland Corporate Governance Steering Group to introduce bespoke training and development products and opportunities for members of Health Boards in Scotland.
- 6.5 The Working Group also led the work to create a NHSGGC digital portal which reflects the induction checklist and the national resources developed by NHS Education for Scotland (NES). The aim of the portal is to provide simple and practical resources for Board Members' induction on appointment, during the first 12 months in post and beyond in terms of continuous personal development. The national products are available through the TURAS Learn system on the NHS Scotland Board Development website. The NHSGGC portal provides an induction checklist and has information and advice on the following:
- the administrative arrangements on appointment
 - the role
 - the organisation
 - the Board and the Standing Committees
 - the core statutory and mandatory training modules
 - the local training and continuous development opportunities
- 6.6 In addition to their local induction training all new Board Members receive training from the Scottish Government on their roles and responsibilities. This is further delivered by a company called On-Board who also offer additional courses for specific roles such members of Audit Committees.
- 6.7 The recruitment last year of two Vice Chairs to replace Ross Finnie has further increased our capacity to support Board Members, particularly those new to an assurance role. As well as supporting, coaching and mentoring new members, the Vice Chairs provide an alternative route for other Board Members to raise issues or concerns if they feel unable to do so with the Chair. This is an important part of the checks and balances within governance and accountability and is analogous to the role of Senior Independent Governor recommended in the UK Code of Corporate Governance.
- 6.8 The Standing Committee Chairs and the Integration Joint Board Chairs and Vice Chairs also have a key role in supporting the members of their Committees. This has been further enhanced by the introduction of a NHSGGC 'buddy system' for new Members and a more formal mentoring programme provided through NES.

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- 6.9 Four new members are expected to join the Board in 2021/22 and tailored induction plans are required to be in place to support them when they join the Board.

Training & Development

- 6.10 In addition to the induction training offered to new Board Members, On-Board and NES also provide significant on line material and training courses to support the ongoing training and development of new and experienced Board Members. These products are also available on the TURAS platform and the Scottish Government's website also provides valuable information to Board Members on their role and responsibilities.
- 6.11 All Board Members are expected to register on the TURAS system and take advantage of the opportunities for developing their skills as Board Members.
- 6.12 In addition to providing a wide range of material available to support the training and development of Board Members, NES have also developed a workshop for Boards wishing to go down the active governance route. This was piloted in NHS Lanarkshire and will be rolled out across Scotland in 2021/22. NES have agreed to attend the NHSGGC Board Development Session on 27th July 2021 to deliver this workshop and all Board Members should attend, if possible.

RCPE Governance Fellowship

- 6.13 In December 2020, NHSGGC started a joint initiative with the RCPE Quality Governance Collaborative to build governance capability at a senior level through participation in a bespoke Governance Fellowship Programme. We are the first NHS Board to adopt this approach and a mix of senior managers from across health and social care, clinicians and Board Members are participating in this pathfinder initiative.
- 6.14 The fellowship programme will last a year and in addition to studying the principles, models and systems of governance the participants will deliver a quality improvement project based on an aspect of the NHSGGC corporate governance system. Although still at a relatively early stage, some of the projects being discussed include consideration of the governance arrangements around our:
- response to Ombudsman reports
 - redesign of critical care pathways
 - delivery of medical education
 - redesign of urgent care out of hours
 - development of clinical policies
- 6.15 Another participant is considering focussing their project on the effectiveness of governance arrangements to ensure that equality and diversity issues are given due attention. While the options for evaluating the effectiveness of the active governance approach is also a possible project.
- 6.16 Clearly this approach has a lot to offer not only in terms of developing governance skills in the organisation but also in adding value by driving continuous improvement in the governance system. Assuming it proves successful, we would expect the Governance

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Fellowship to be included in the suite of products on offer to develop our people's skills and this opportunity would be open to Board Members.

- 6.17 The Staff Governance Committee will be expected to receive reports on the progress with the Governance Fellowship initiative and evaluate whether or not a second cohort of participants should be recruited to start in 2022/23.

Champions

- 6.18 The members of the Board and Standing Committees are supported in their work by a variety of colleagues acting as 'Champions' for a wide range of issues and communities. This includes BAME, Disability, Mental Health, Whistleblowing, Smoking Cessation, Organ Donation, Healthy Working Lives, Veterans and Sustainability.
- 6.19 The principal responsibility of the Champion is to take a lead in advocating the Board's commitment to being a learning organisation that focusses on improvement and the implementation of best practice in their particular area of interest. This includes raising the profile of particular issues and supporting the Executive Leadership Team in the development of appropriate policies, strategies and action plans prior to consideration by the Board. The Champions are also available to offer a Board Member's perspective to staff networks and management teams, using this as an opportunity to share information and communicate back to the Board. The Board Champions are not responsible for making operational decisions on specific issues or cases.
- 6.20 The Standing Committee Chairs also act as 'Champions' for the corporate objectives and issues owned by their Committees and it is important to note that all Board Members should have an interest in the issues being considered by Champions. For example, ensuring that equality and diversity are reflected in the Board's thinking and decision making is responsibility of all Board Members, not just those who have a role as BAME or Disability Champions. Therefore, it is important that the work of the Champions is properly understood and communicated by the Board. To take this forward, a review of the existing arrangements will be undertaken and a report brought to the Board in June 2021 that will include recommendations on the future use of Champions at Board level.

Networks

- 6.21 In addition to the existing Board Committees we have introduced two informal networks to improve the flow of information across the Board and establish closer working relationships between key members of the Board.
- 6.22 The Standing Committee Chairs Network meets with the Board Chair and Chief Executive, usually immediately following the Finance, Planning & Performance Committee. This provides an opportunity for senior non-executive Board Members to meet informally with the Chair and the Chief Executive and consider any issues or risks that may be of concern to the Board but have not yet surfaced through the existing reporting systems. This is seen as an important step forward in delivering 'Active Governance' across NHSGGC.
- 6.23 A similar arrangement has been put in place for the Integration Joint Board Chairs and Vice Chairs. Introducing this Network has provided the Board Chair and Chief Executive with an opportunity to brief and influence the IJB Members and encourage and facilitate collaborative leadership and the sharing of best practice across the Health & Social Care

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Partnerships in Greater Glasgow & Clyde. This Network has created another space where Board Members can consider the wider context in which we operate and identify cross-system risks to the successful delivery of our services.

- 6.24 Although these networks are not decision-making bodies and do not form part of the formal governance system, the value of networking to provide peer support, work collaboratively, share best practice, influence stakeholders, and improve engagement and communications across the healthcare system has been recognised and encouraged for some time.
- 6.25 At a national level within NHS Scotland there are a number of such groups, notably the NHS Board Chairs Group and the NHS Chief Executives Group. More recently, a NHS Board Vice Chairs Group and a Whistleblowing Champions Network have been set up and consideration is being given to introducing networking groups for the Chairs of Audit Committees and Clinical Governance Committees. As these networks rollout NHSGGC Board Members will have the opportunity to join them and contribute to their development.
- 6.26 To promote the benefits of networking and improve the wider understanding of the purpose and remit of the NHSGGC Networks, formal Terms of Reference will be written and communicated at appropriate levels of the organisation. This will also help encourage other stakeholders to engage with the Networks.

Appraisals

- 6.27 The Board Chair is responsible for reporting to the Scottish Government on the contribution made to the work of the Board by its members. The format of these reports is set by the Government and a programme of appraisal interviews is being drawn up for 2021/22.
- 6.28 The appraisal process includes discussions on person development opportunities that have already been previously been taken up or are being sought to enhance the individual's effectiveness as a Board Member.
- 6.29 The Board appraisal programme will prioritise interviews with publicly appointed non-executive members in their first term of office, followed by the stakeholder members of the Board. Members who leave the Board in 2021/22 will also be interviewed before their departure.

Independent Review

- 6.30 How the Board Members individually and collectively contribute to the work of the Board and the Standing Committees has also been reviewed by the RCPE Quality Governance Collaborative and their report has been submitted to the April 2021 Board meeting for noting.
- 6.31 Overall, this independent report describes the Board as professional with membership skills that reflect the needs of the organisation. Board Members challenge robustly while upholding the NHSGGC values. They are conscious of the need to deliver on behalf of the community they serve and there is a strong focus on risk and consistent evaluation of patient safety. There is a high degree of trust and confidence between Board Members.
- 6.32 The report also makes some recommendations on how the Board and Standing Committees' effectiveness could be improved and these have been included in the Active

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Governance Programme Plan. This includes developing a Board etiquette and protocol, linking the Board's annual cycle of business to the Assurance Framework and supporting the development of presentation skills for people invited to attend Board meetings.

- 6.33 A Development Session is being arranged for 27 July 2021 to give the report's author, Professor Michael Deighan, the opportunity to discuss his findings with Board Members. Further actions will be developed and included in the Active Governance Programme Plan following the Development Session.
- 6.34 Having considered how to develop and implement a programme of activities designed to ensure active and good governance, the next question to be asked is: "How will the Scottish Government and the NHSGGC Board know that the Active Governance Programme has been successful?" Therefore, the next section of this report describes the evaluation process.

7. Evaluation

- 7.1 In order to assess the efficiency of the NHSGGC corporate governance system and the effectiveness of the active governance approach, the Board will need to commission an ongoing, consistent and systematic evaluation of the current arrangements.
- 7.2 The evaluation process should take place at least every three years and bring together a range of evidence from a number of sources. As a minimum this should include the following:
- the annual governance statement that accompanies the Annual Accounts
 - the governance report included in the Ministerial annual review process
 - the annual self-assessment of Board effectiveness
 - the latest progress report on the delivery of the Active Governance programme
 - any other reports on specific areas of governance, e.g., the whistleblowing review
 - any internal or external audit reports that refer to governance issues

Where appropriate, the evaluation should also include benchmarking NHSGGC's governance with comparative healthcare organisations.

- 7.3 The evaluation should be undertaken by an external specialist in corporate governance and their approach should include a desk-top review of relevant documents and observations at meetings. Interviews should also be held with Board Members and the Executive Leadership Team to gather further insight into the operation of the governance system. Recognising that governance is a system which extends beyond the Board, the views of key stakeholders, including the Scottish Government, should also be gathered by the review team.
- 7.4 This approach will not only allow the external review to triangulate data and strengthen the validity of findings but it should also ensure that the review team do not place undue pressures on the Board and Executive Leadership Teams, nor require duplication of activity with other assurance activity.

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- 7.5 Once all the evidence gathering and assessment stages have been completed, any recommendations for improvement in the delivery of the governance functions will be incorporated in the next update of the Active Governance programme. The Board will then be able to oversee the delivery of the recommendations as part of the reporting arrangements for the programme.
- 7.6 To take this forward the Head of Corporate Governance and Board Administration will prepare a scoping document for the external review and test the market for suitable providers. The Audit & Risk Committee will oversee this work and award the contract on behalf of the Board. It is expected that the first of these reviews will take place in 2022/23.
- 7.7 Although the implementation of the Active Governance programme will undoubtedly facilitate organisational learning and the continuous improvement of the governance system in NHSGGC, it is important that the other key stakeholders in NHSGGC are aware of these developments. By informing them of this approach we will not only improve their understanding of what active and good governance should look like, we will also increase their trust and confidence in the Board. The following paragraphs describe some of the activities that will assist us in achieving that aim.

8. Engagement & Communications

- 8.1 The population of Greater Glasgow & Clyde are the primary stakeholder in the healthcare system and it is important that they have access to the Board papers and can observe the Board Members at work.
- 8.2 Unfortunately, due to the introduction of social distancing as a result of the Coronavirus pandemic, it has not been possible for the public or media to physically attend Board meetings. However, we continue to make Board papers available on the NHSGGC website and this includes an invitation for the public to join Board meetings using the Microsoft Teams application. To date, there has been very limited take-up of this opportunity. Therefore, the Communications Director has been asked to consider ways of encouraging members of the public and the media to observe our meetings.
- 8.3 Our staff also need to understand the important part that the governance system plays in the delivery of our services to our patients, service users and their families. This would ensure that they use the right channels to communicate with the Board and the Executive Leadership team on governance issues. This includes making appropriate use of our grievance and whistleblowing processes. Work has been undertaken in this area with the launch of the new Whistleblowing Standards and the Board has received a separate update on that initiative.
- 8.4 In addition the introduction of the RCPE Governance Fellowship has increased the interest in learning more about the corporate governance system in the NHS. It is expected that should the Staff Governance Committee approve a second cohort of participants, there will be significant interest in applying for places on this course.
- 8.5 Our clinicians have a key role to play in delivering active governance, particularly in the field of clinical governance. To improve their understanding of governance issues and their role in ensuring good governance, the Board Chair has been working with the University of

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Glasgow to provide lectures on governance to their Final Year Medical and Nursing students. The content of these lectures were developed in partnership with Dr Lyndsay Donaldson, our Director of Medical Education and Dr Margaret Maguire, our Director of Nursing & Midwifery. Further discussions are underway with the University of Glasgow to include governance as a specific topic in the new MSc in Healthcare course that they have recently introduced. This course was jointly developed by the School of Medicine and the Business School and has been funded by the Scottish Government. Many of the first intake of students are employed by NHSGGC. Discussions are at an early stage with NES on how this approach might be rolled out across all the universities in Scotland.

- 8.6 All Board members have a responsibility to promote the work of the Board. This should be done at the same time as engaging with the population we serve and the people we employ to better understand the impact of our decisions on these key stakeholder groups. Opportunities to do this have been very limited during the pandemic but as we come out of lockdown, it should be possible to re-instate a programme of Board Members visits to the various locations providing healthcare across Greater Glasgow & Clyde. To take this forward a NHSGGC Board Visiting Programme will be developed to commence in the second half of 2021/22.
- 8.7 The Corporate Governance Steering Group is taking a keen interest in how NHSGGC is implementing the active governance approach and it is expected that our experience will further influence the national rollout. An update on our progress will be provided by the Chair to an event being held in June by the Steering Group to review the progress nationally.

9. Conclusions

- 9.1 While the existing corporate governance arrangements have served the Board well in recent years, it is important that we continue to learn from our own and others experience and develop and flex our systems and approaches to ensure that not only is our governance system fit for purpose but also that they are continuously improving.
- 9.2 Implementing an active approach to governance is key to delivering that improvement and ensuring that all our stakeholders have trust and confidence in the Board.
- 9.3 We already have the right people in place to adopt this new approach and the Active Governance programme gives us the methodology to deliver the variety of actions and activities required to implement this new way of working.
- 9.4 It will be important to monitor, evaluate and benchmark our progress in implementing the Active Governance programme, not just for the benefit of NHSGGC but also to inform the national rollout of this initiative.

10. The Way Forward

- 10.1 If we are to deliver the outcomes we expect at the pace we require, the Active Governance programme will require to be properly resourced and managed.

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- 10.2 To ensure that happens, accountability for the successful delivery of the Programme will rest with the Head of Corporate Governance and Board Administration who will act as Programme Director with a designed member of her team being given responsibility for the day to day management of the programme.
- 10.3 In addition to the appointment of a Programme Manager, a new post is being introduced to the Board Administration team. This role will focus on the delivery of the administrative and secretarial services to the Board and the Standing Committees to ensure they receive the support required to effectively manage the business of the Board and its Committees. The new 'Board Secretary' will also support Board Members individually and collectively in their induction, training and development activities. A job description for this post will be circulated to Board Members.
- 10.4 It will be important to monitor progress and assess the impact of the Active Governance programme on a regular basis. The Head of Corporate Governance and Board Administration will provide regular updates to the Board on the progress made. In addition, formal reports will come to the board twice-yearly to coincide with the Annual Accounts being produced and the papers being prepared for the Annual Review.
- 10.5 Finally, it is important to stress that this paper and the actions described in it have been written based on the underlying assumption that the public health emergency remains under control and the NHS moves into the recovery and remobilisation stage.
- 10.6 Should we to experience a major upturn in the prevalence of Coronavirus, the resulting pressures on the health and care system will require the Board to review its position not only in terms of the implementation of the Active Governance programme but also in relation to the existing governance arrangements. Any decision on this will be influenced by the Scottish Governments response to this scenario and will be made by the Board as early as possible. The Board decision will be risk-based and informed by the evidence and advice presented by our Chief Executive and principal clinical advisors, including Professor de Caestecker, Dr Armstrong and Dr McGuire.

23rd April 2021

The Active Governance Programme - April 2021 to March 2022

1	The Corporate Governance System	Phase	Executive Lead	Sponsor	Oversight Committee
1.1	The Assurance Framework				
1.1.1	Reaffirm purpose, aims & values	Completed	JG	JB	Board
1.1.2	Approve corporate objectives	Completed	JG	JB	Board
1.1.3	Allocate oversight of corporate objectives to Standing Committees	Completed	JG	JB	Board
1.1.4	Approve corporate risks	1	MW	AMaCL	ARC
1.1.5	Allocate oversight of corporate risks to Standing Committees	1	MW	AMaCL	ARC
1.1.6	Approve performance indicators	3	MW	SC	FP&P
1.1.7	Allocate oversight of performance indicators to Standing Committees	3	MW	SC	FP&P
1.1.8	Allocate oversight of strategic & commissioning plans to Standing Committees	3	JA	SC	FP&P
1.1.9	Approve operational objectives & targets for 2021/22 Remobilisation & Operating Plans	2	JG	JB	Board
1.1.10	Allocate oversight of operational objectives, operational risks & targets to Standing Committees	2	JG	JB	Board
1.1.11	Approve 2021/22 Remobilisation Plan	1	JG	JB	Board
1.2	The Integrated Assurance System				
	Strategic Planning & Commissioning				
1.2.1	Identify & map links between achievement of corporate objectives & existing strategic & commissioning plans	3	JA	SC	FP&P
1.2.2	Identify requirements for new strategic plans to support corporate objectives	3	JA	SC	FP&P
1.2.3	Ensure alignment between Health Board & IJB planning & reporting processes	3	JA	SC	FP&P
1.2.4	Confirm arrangements for Strategic Planning Groups to review IJB Strategic Commissioning Plans.	3	JA	SC	FP&P
	Risk Management				
1.2.5	Confirm the Board's risk appetite	2	MW	AMaCL	Board
1.2.6	Identify current corporate risks & update corporate risk register	2	MW	AMaCL	ARC
1.2.7	Identify operational risks to delivery of 2021/22 Remobilisation Plan & update operational risk registers	2	MW	AMaCL	Board
	Assurance Information				
1.2.8	Define requirements for information flows to Board & Standing Committees	3	MW	SC	FP&P
1.2.9	Provide guidance on the format, presentation & timing of performance & financial reports.	3	MW	SC	FP&P
	Audit Programme				
1.2.10	Agree the 2021/22 Internal Audit Programme with Azets	1	MW	AMaCL	ARC
1.2.11	Agree the 2021/22 External Audit Programme with Audit Scotland	1	MW	AMaCL	ARC
1.2.12	Commission an external review of audit arrangements	6	MW	AMaCL	ARC
	NHS Scotland Performance Management Framework				
1.2.13	Agree the ongoing arrangements for the Oversight Boards	1	JG	JB	Board
1.2.14	Deliver the Oversight Board requirements	5	JG	JB	Board
1.2.15	Contribute to the CGSC review of the Performance Management Framework	6	JG	JB	Board
1.3	The Assurance Operating Requirements				
	Operating Instructions				
1.3.1	Review Standing Orders	2	EVH	JB	Board
1.3.2	Review Standing Financial Instructions	2	EVH	AML	ARC
1.3.3	Review Scheme of Delegation	2	EVH	JB	Board
1.3.4	Review Integration Schemes	5	EVH	JB	Board
1.3.5	Review Policy Framework	6	EVH	JB	Board

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Board & Standing Committees Operating Arrangements					
1.3.6	Agree Board Members' responsibilities for 2021/22	1	EVH	JB	Board
1.3.7	Confirm Terms of Reference of Standing Committees	2	EVH	JB	Board
1.3.8	Review governance arrangements for the ACF & APF	3	EVH	JB	Board
1.3.9	Review Standing Committee work programme for 2021/22	2	LX	SCC	Board
1.3.10	Review Board work programme for 2021/22	2	EVH	JB	Board
1.3.11	Introduce template for Standing Committee Chairs' reports to Board meetings	1	EVH	JB	Board
1.3.12	Agree Terms of Reference of MFT Advisory Group	1	JG	JB	Board
2	Supporting Board Members	Phase	Executive Lead	Sponsor	Oversight Committee
2.1	Confirm Induction programme for new Board Members	1	EVH	JB	Board
2.2	All Board Members to consider registering on the TURAS system	1	EVH	JB	Board
2.3	Board Members to attend NES Active Governance Workshop	2	EVH	JB	Board
2.4	Evaluate RCPE Fellowship pathfinder initiative & determine requirement for 2022/23	5	AMCP	AC & DMcE	SGC
2.5	Review requirements & roles of Board level Champions	1	EVH	JB	Board
2.6	Confirm Terms of Reference for informal networks of Board Members	1	EVH	JB	Board
2.7	Arrange Board Appraisal programme for 2021/22	1	EVH	JB	Board
2.8	Review RCPE Governance Review findings & recommendations	2	EVH	JB	Board
3	Evaluation & Review	Phase	Executive Lead	Sponsor	Oversight Committee
3.1	Prepare the Annual Governance Statement	2	EVH	AMaL	ARC
3.2	Draft the governance report for the Annual Review	4	EVH	JJ	Board
3.3	Complete the self-assessment of Board effectiveness	6	EVH	JB	Board
3.4	Confirm an external provider for the Active Governance Evaluation Report	6	EVH	AMaL	ARC
4	Communications & Engagement	Phase	Executive Lead	Sponsor	Oversight Committee
4.1	Encourage public & media virtual attendance at Board meetings.	1	SB	JB	Board
4.2	Develop & commence a NHSGGC Board Visiting Programme	3	SB	JB	Board

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Key	Phase		Lead	
	Phase 1	May/June 2021	JA	Jennifer Armstrong
Phase 2	July/August 2021	JB	John Brown	
Phase 3	September/October 2021	SC	Simon Carr	
Phase 4	November/December 2021	AC	Alan Cowan	
Phase 5	January/February 2022	JG	Jane Grant	
Phase 6	March/April 2022	DMcE	Dorothy McErlan	
ARC	Audit & Risk Committee	AMaL	Allan MacLeod	
FP&P	Finance, Planning and Performance Committee	EVH	Elaine Vanhegan	
LX	Lead Executive	MW	Mark White	
SCC	Standing Committee Chairs			
SGC	Staff Governance Committee			

The Corporate Statements

Purpose	To protect and improve population health and wellbeing while providing a safe, accessible, affordable, integrated, person centred and high quality health service			
Values	<p>Care & Compassion ↔ Dignity & Respect ↔ Openness, Honesty & Responsibility ↔ Quality & Teamwork</p>			
Aims	<p>Better Health</p> <hr/> <p>Improving the health and wellbeing of the population</p>	<p>Better Care</p> <hr/> <p>Improving individual experience of care</p>	<p>Better Value</p> <hr/> <p>Reducing the cost of delivering healthcare</p>	<p>Better Workplace</p> <hr/> <p>Creating a great place to work</p>
Corporate Objectives	<ul style="list-style-type: none"> To reduce the burden of disease on the population through health improvement programmes that deliver a measurable shift to prevention rather than treatment. To reduce health inequalities through advocacy and community planning. To reduce the premature mortality rate of the population and the variance in this between communities. To ensure the best start for children with a focus on developing good health and wellbeing in their early years. To promote and support good mental health and wellbeing at all ages. 	<ul style="list-style-type: none"> To provide a safe environment and appropriate working practices that minimise the risk of injury or harm to our patients and our people. To ensure services are timely and accessible to all parts of the community we serve. To deliver person centred care through a partnership approach built on respect, compassion and shared decision making. To continuously improve the quality of care, engaging with our patients and our people to ensure healthcare services meet their needs. To shift the reliance on hospital care towards proactive and co-ordinated care and support in the community. 	<ul style="list-style-type: none"> To ensure effective financial planning across the healthcare system that supports financial sustainability and balanced budgets. To reduce cost variation, improve productivity and eliminate waste through a robust system of efficiency savings management. To exploit the potential for research, digital technology and innovation to reform service delivery and reduce costs. To utilise and improve our capital assets to support the reform of healthcare. 	<ul style="list-style-type: none"> To ensure our people are treated fairly and consistently, with dignity and respect, and work in an environment where diversity is valued. To ensure our people are well informed. To ensure our people are appropriately trained and developed. To ensure our people are involved in decisions that affect them. To promote the health and wellbeing of our people. To provide a continuously improving and safe working environment.

The Operational Priorities

- **Public Health** - To suppress COVID-19 infection to as low a level as possible in order to ensure the NHS is not overwhelmed, long COVID is minimised and new variants are made less likely. (This includes delivering local testing, contact tracing capability and vaccination services.)
Lead: Public Health Committee
- **Patient Experience** - To deliver a person-centred approach by ensuring patient and service users' experience is included in the design and delivery of the remobilisation of services. (This includes supporting patient-centred visiting and the implementation of the Care Opinion initiative.)
Lead: Clinical & Care Governance Committee
- **Staff Health & Wellbeing** - To deliver the ongoing support to staff physical and mental health and wellbeing. (This includes ensuring staff have the opportunity to take leave from work at the earliest opportunity as the organisation recovers from the impact of the pandemic.)
Lead: Staff Governance Committee
- **Workforce** - To embed sustainability into the workforce during the remobilisation of services by focussing on anticipatory workforce planning that is responsive to changes in the demand for services. (This includes supporting remote working and ensuring social distancing requirements to ensure patient and staff safety.)
Lead: Staff Governance Committee
- **Partnership Working & Staff Engagement** - To work in collaboration with partners in developing and implementing plans for the remobilisation of services. (This includes active engagement with the workforce via the Area Clinical Forum and the Area Partnership Forum.)
Lead: Staff Governance Committee
- **Addressing Inequalities** - To reduce inequalities across the healthcare system including those which have arisen or been exacerbated by COVID-19. (This includes but is not limited to those which relate to minority ethnic groups and people living in greatest deprivation and will be delivered by the Fairer NHSGGC Strategy (2020-2024).)
Lead: Public Health Committee
- **Planned Care** - To increase the level of activity within the elective care programme. (This includes continuing to delivering essential, clinically prioritised Non-Covid services, reducing waiting times for radiology and endoscopy, and increasing the use of day case procedures while developing new approaches to patient management using digital technology.)
Lead: Acute Services Committee
- **Urgent Care** - To work with partners and implement the redesign of whole system pathways for urgent care across primary, secondary, and social care. (This includes the increased use of the Consultant Connect service and the development of additional care pathways, including paediatric services being managed through the Flow Navigation Hub.)
Lead: Staff Governance Committee
- **Primary & Community Care** - To develop extended multi-disciplinary teams in primary care, maintaining access to core services at the right time and in the right place. (This includes focussing on chronic disease management and implementing the Primary Care Improvement Plans.)
Lead: Finance, Planning & Performance Committee

NHS Greater Glasgow and Clyde
Active Governance Programme

- **Mental Health & Wellbeing** - To develop a whole system approach to support population wellbeing, working with partners to deliver improved services for people living with mental illness. (This includes focussing on expanding the workforce, developing primary care and community mental health services and using new methods to deliver services for people living with mental illness.)
Lead: Public Health Committee
- **Social Care** - To enable older people to live safely in their own community by providing ongoing support to Care Homes and the Care at Home Service. (This includes developing a longer term response to the Independent Review of Adult Social Care in Scotland, once the new Parliament has decided how to take the review's recommendations forward.)
Lead: Clinical & Care Governance Committee
- **Infection Prevention & Control** - To develop the approach to identifying and responding to outbreaks of healthcare acquired infections and develop the appropriate capability and capacity to ensure that there is a timely and effective response to incidents and to any changes in the national guidance. (This includes implementing the recommendations of the reviews into healthcare acquired infections at the QEUH/RHC.)
Lead: Clinical & Care Governance Committee
- **Queen Elizabeth University Hospital & Royal Hospital for Children** - To deliver the recommendations of the Independent Review, Oversight Board Report and Casenote Review, while providing information and support to the Scottish Hospitals Public Inquiry, the appeal against the Health & Safety Improvement Notice and the Court proceedings against the parties responsible for delivering the QEUH/RHC construction project. (This includes completing the remedial work and improvements required to re-open Wards 2B & 2B in the RHC.)
Lead: Finance, Planning & Performance Committee
- **Finance** - To develop and implement financial plans that enable the Board to deliver agreed service levels within the resources available. (This includes developing feasible financial projections, efficiency plans and recurring savings options to meet the financial challenge outlined in the financial plans.)
Lead: Finance, Planning & Performance Committee
- **Moving Forward Together** - To consider the lessons learned from delivering various MFT projects during the pandemic and review and revise the Moving Forward Together programme plans. (This to include revisiting existing project business cases and implementation plans.)
Lead: Finance, Planning & Performance Committee

The Board Members' Responsibilities																
Board Members	Appointment		Board Standing Committees							Endowments Management Committee	Integration Joint Boards					
			Acute Services	Audit and Risk	Clinical and Care Governance	Finance, Planning and Performance	Public Health	Remuneration	Staff Governance		East Dunbartonshire	East Renfrewshire	Glasgow City	Inverclyde	Renfrewshire	West Dunbartonshire
Professor John Brown	From 01/12/15	To 30/11/23	Ex-officio							Ex-officio						
Jane Grant	Chief Executive		Ex officio							Ex-officio						
Dr Jennifer Armstrong	Medical Director		1		1 LX	1										
Professor Linda de Caestecker	Director of Public Health				1		1 LX									
Dr Margaret McGuire	Nurse Director		1		1	1 LX										
Mark White	Director of Finance		1	1 LX		1 LX				1 LX						
Other Director			COO LX						DHROD LX	DHROD LX						
Dorothy McElean	From 01/10/16	To 30/09/24				1			1	1 CC				1	1	
Professor Iain McInnes	From 01/04/21	To 31/03/25			1	1										
Audrey Thomson	From 01/07/17	To 30/06/21	1		1										1	
Councillor Caroline Bamforth	From 14/06/17	To 30/04/22			1					1						
Councillor Jim Clocherty	From 14/06/17	To 30/04/22	1	1												
Councillor Mhairi Hunter	From 01/06/17	To 30/04/22						1	1							
Councillor Jonathan McColl	From 19/06/17	To 30/04/22		1						1						
Councillor Sheila Mechan	From 14/06/17	To 30/04/22				1				1						
Councillor Iain Nicolson	From 01/06/17	To 30/04/22						1	1							
Susan Brimelow	From 01/04/15	To 31/03/23	1		1 C	1							1			
Simon Carr	From 01/09/15	To 30/06/24	1 VC			1 C							1 L(VC)	1		
Alan Cowan	From 01/07/16	To 30/06/24				1			1 VC	1 CC				1 L(VC)		
Jacqueline Forbes	From 01/07/16	To 30/06/24		1		1						1 L(C)	1			
Margaret Kerr	From 01/04/19	To 31/03/23	1	1 VC						1					1	
Amina Khan	From 01/04/19	To 31/03/23			1					1						
Allan MacLeod	From 01/04/15	To 31/07/21		1 C		1				1 VC					1 L(C)	
Rev John Matthews	From 01/07/16	To 30/06/24				1 VC	1 C	1					1		1 L(VC)	
Ketki Miles	From 01/06/20	To 31/05/24		1						1			1			
Anne-Marie Monaghan	From 01/07/16	To 30/06/24				1	1	1					1 L(C)	1		
Mr Ian Ritchie	From 01/07/16	To 30/06/24	1 C		1 VC	1	1 VC	1								
Francis Shennan	From 01/06/2020	To 31/05/24						1		1					1	
Paula Speirs	From 01/06/2020	To 31/05/24	1		1								1			
Rona Sweeney	From 01/07/16	To 30/06/24								1 C					1	
Flavia Tudoreanu	From 01/04/19	To 31/03/23						1	1							
Charles Vincent	From 01/02/20	To 31/01/24		1						1						
Total Non Executives	24		7	7	7	11	7	7	7	7	3	4	8	4	4	3
Total Membership	25		10	8	10	14	8	7	7	8	3	4	8	4	4	3
No of Meetings			6	4	4	5	3	3	5	4	6	5	4	2	1	7
Board	Board Standing Committees							Endowments Management Committee	Integration Joint Boards							
Frequency	Bi-Monthly							15/04/21 (am)								
Board Members Required	31	18/05/21 (am)						11/05/21 (am)			20/05/21 (am)	12/05/21 (am)	05/05/21 (am)	17/05/21 (pm)		27/05/21 (pm)
Quorum	10		01/06/21 (am) 22/06/21 (am)	08/06/21 (pm)	15/06/2021 (am)						24/06/21 (am)	23/06/21 (pm)	23/06/21 (am)	21/06/21 (am)	25/06/21 (am)	24/06/21 (pm)
Chair/NHS Lead	John Brown	20/07/21 (am)						21/07/21 (pm)	20/07/21 (pm)	13/07/21 (am)						
Vice Chairs	John Matthews Ian Ritchie				10/08/21 (am)					03/08/21 (am)			11/08/21 (am)			19/08/21 (tbc)
Membership	As above	21/09/21 (am)	14/09/21 (am)	14/06/21 (pm)							16/09/21 (am)	22/09/21 (am)	22/09/21 (pm)			23/09/21 (tbc)
2021/22 Board Dates	27/04/2021				12/10/21 (am)	13/10/21 (pm)				19/10/21 (am)						
	29/06/2021*	16/11/21 (am)						23/11/21 (am)	02/11/21 (pm)		18/11/21 (am)	24/11/21 (am)				25/11/21 (tbc)
	17/08/2021		14/12/21 (am)	14/12/21 (pm)	07/12/21 (am)								01/12/21 (am)			
	26/10/2021*	18/01/22 (am)						19/01/22 (pm)		25/01/22 (am)	20/01/22 (am)					
	21/12/2021				08/02/22 (am)				01/02/21 (am)							24/02/22 (tbc)
	22/02/2022*	22/03/22 (am)	15/03/22 (pm)	01/03/22 (pm)				01/03/22 (am)		08/03/21 (am)	24/03/22 (am)					24/03/22 (tbc)
	* Followed by Endowments Board of Trustees															
2021/22 Board Seminar Dates	25/05/21 (am)	Other Attendees							Key							
	27/07/21 (all day) Development Session	DOP			DOP	HHI	DHROD	DHROD	C = Chair CC = Co Chair VC = Vice Chair L = Lead LX = Lead Executive CE = Chief Executive MD = Medical Director ND = Nurse Director DOF = Director of Finance DPH = Director of Public Health							
	28/09/21 (am)	DHROD			CO Acute	2 CPHM			DHROD = Director of Human Resources and Organisational Development DEF = Director of Estates and Facilities DCPE = Director of Communications and Public Engagement CO Acute = Chief Officer Acute IJB CO = IJB Chief Officer HHI = Head of Health Improvement CPHM = Consultant in Public Health Medicine							
	30/11/21 (all day) Development Session	CO Acute			DEF	2 IJB COs										
	25/01/22 (am)	DEF			DHROD	GCPH Director										
	29/03/21 (all day) Development Session					Health Scotland										

The Moving Forward Together Advisory Group

Terms of Reference

Purpose

To provide leadership, support and guidance to the development and implementation of a consistent and effective approach to transformational change across the healthcare system in Greater Glasgow & Clyde. The Advisory Group's focus will be on the timeliness, pace and effectiveness of the implementation of the Moving Forward Together (MFT) programme.

Remit

To engage with the Programme Board, the Programme Director and other key stakeholders and provide non-executive insight, support and advice on the delivery of transformational change in large organisations or expertise in engagement and communications with stakeholders.

To support the Programme Board and Programme Director in their review and revision of the existing approach to delivering the MFT programme. This will include advice on any revised business cases, implementation plans and engagement and communications strategies and plans.

To support the Programme Board and Programme Director should they decide to develop proposals to change the programme management structure, reporting mechanisms and resources allocated to the programme.

To provide the Programme Board and Programme Director with advance notice of any opportunities for improvement or any ongoing concerns with the change programme that have been informally raised by non-executive Board Members, prior to papers concerning the MFT programme being submitted through the formal governance system.

To advise and support the Programme Board and Programme Director in discussions with key stakeholders concerning the development and implementation of the MFT programme.

Membership

Membership of the Steering Group will be agreed by the NHS Board. It will include the NHS Board Chair, Vice Chairs and the following Non-Executive Board Members:

- Margaret Kerr
- Ketki Miles
- Francis Shennan
- Paula Speirs

Meetings

The group's meetings will be scheduled to coincide with the Board's mid-year and annual review with the Scottish Government. There will be the opportunity to hold additional ad-hoc meetings and should the need arise. Where necessary, teleconferencing and videoconferencing will be made available.

Administrative Support

Secretariat support will be provided by Gillian Duncan, NHS Greater Glasgow and Clyde

Review

The Advisory Group will review its Terms of Reference and membership on an annual basis and agree any changes with the NHS Board.