

NHS Greater Glasgow & Clyde	Paper No. 20/20
Meeting:	25th February 2020
Date of Meeting:	NHSGGC Board Meeting
Purpose of Paper:	For Approval
Classification:	Board Official
Sponsoring Director:	Ms Elaine Vanhegan, Head of Corporate Governance and Administration

NHS Greater Glasgow and Clyde Corporate Governance and Board Development Plan 2019/20 and 2020/21

Recommendation:

The NHS Board is asked to:

- Note the background and current context to the development of the 2020/21 Board Development Plan
- Note the summary of the 2019/20 Board Development Action Plan as detailed in Appendix 2
- Approve the proposals presented within the paper to further strengthen the Board's governance arrangements in the areas which the Board has been escalated to Level 4 of the NHS Scotland Performance Management Framework and to approve the Action Plan in Appendix 3.
- Approve that a further self-assessment of governance arrangements is undertaken in August 2020

Purpose of Paper:

The purpose of this paper is to provide an update on the work which has been ongoing since April 2019 to strengthen and improve governance arrangements in line with the standards set out in the Blueprint for Good Governance. In addition, to describe the additional focussed work led by the Chairman with Board Members and Scottish Government to critically assess the effectiveness of current governance arrangements in the context of the Board being escalated to Level 4 of the NHS Scotland Performance Management Framework. Proposals to further strengthen governance are set out in the form of an Action Plan, for approval by the Board, in Appendix 3.

Key Issues to be considered:

A self-assessment exercise was conducted by the Board in February 2019 to measure the Board's governance arrangements across the five functions of good governance as set out in the Blueprint for Good Governance (Appendix 1). The results were positive, however, it was recognised that further work was necessary and an Action Plan was approved by the Board in April 2019 (Appendix 2).

In the intervening period NHSGCC was escalated to Level 4 of the NHS Scotland Performance management Framework. This has resulted in a further critical review led by the Chairman with Executive and Non-Executive Board Members into the effectiveness of the existing governance arrangements with a view to developing proposals to ensure that the Executive Leadership Team are well supported to undertake their responsibilities in the delivery of health and social care across NHSGCC.

Consequently this paper sets out the actions taken to improve governance since April 2019 and the additional measures it is proposed are put in place to further strengthen governance arrangements in the form of a Development and associated Action Plan for 2020/21 (Appendix 3).

Any Patient Safety /Patient Experience Issues:

Improving care and experience central to good governance

Any Financial Implications from this Paper:

Nil of note.

Any Staffing Implications from this Paper:

No

Any Equality Implications from this Paper:

No

Any Health Inequalities Implications from this Paper:

No

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

Risk management a key component.

Highlight the Corporate Plan priorities to which your paper relates:

Good governance is core to the delivery of priorities.

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Corporate Governance in NHS Greater Glasgow and Clyde

Board Development Plan

FEBRUARY 2020

1. Background and current context

- 1.1 In February 2019, all Boards received DL (2019) 02, in which the *NHS Scotland Health Boards and Special Health Boards – Blueprint for Good Governance* was published along with guidance on self-assessment and implementation. In March 2019, Board members completed the national self-assessment. Overall the results were positive, with Board members generally rating the functions of *Setting the Direction and Holding to Account slightly higher than Assessing Risk, Engaging Stakeholders and Influencing Culture* as being undertaken well. Appendix 1 – Corporate Governance System.
- 1.2 A Board Away Day session was held to consider the results. The positive position overall was acknowledged and, where further work was thought to be required across the 5 functions of good governance, an Action Plan was developed which was approved by the Board in April 2019.
- 1.3 One key action was to consider progress in respect of the integration of health and social care in more detail, and a further Away Day took place in August 2019. This considered the outputs of the self-assessment process undertaken by the partnerships in response to the Ministerial Strategic Group (MSG) *Review of the Progress of Integration of Health and Social Care*. The actions from this session formed a subset of the previously agreed Action Plan.
- 1.4 In November 2019, NHS Greater Glasgow & Clyde was escalated to Level 4 of the NHS Scotland (NHSS) Performance Management Framework in light of what was described as ongoing issues around the systems, processes and governance in relation to infection prevention, management and control at the Queen Elizabeth University Hospital (QEUH) and the Royal Hospital for Children (RHC) and associated communication and public engagement issues.
- 1.5 On 24th January 2020, NHS Greater Glasgow & Clyde was also escalated to Level 4 in respect of Scottish Government concerns regarding further performance issues across a number of key areas including performance on scheduled and unscheduled care and challenges with the primary care out of hours service. It was also highlighted by Scottish Government that there was a need to strengthen management capability and capacity within the organisation.
- 1.6 This has resulted in a further critical review, led by the Chairman with Board Members, into the effectiveness of the existing governance arrangements with a view to developing proposals to ensure that the Executive Leadership Team are well supported to undertake their responsibilities in the delivery of health and social care across Greater Glasgow & Clyde.
- 1.7 All Board members were asked to provide views to the Chairman on what actions they considered were required to improve the effectiveness of governance arrangements within the Board. A set of proposals were then developed by the Chairman and a meeting was held of the Standing Committee Chairs, the IJB Chairs/Vice Chairs, Whistleblowing Champion, Executive Board Members and the Head of Corporate Governance and Administration on the 12th February 2020. These proposals were considered and are included within this paper forming part of the Board's overall response to the escalation to Level 4 and will form part of the evidence considered by the Cabinet Secretary, Scottish Government, and the Oversight Board.

2. Board Development Plan 2019/20

- 2.1 This paper provides an update on actions in respect of the Board Development Plan for 2019/20 and the proposed actions for 2020/21 incorporating any actions rolling forward and those agreed as part Board's overall response to the escalation to Level 4.
- 2.2 Appendix 2 provides a summary of the progress made with the 2019/20 Development Plan. The aim was to further improve governance arrangements across the five functions of good governance as set out in the Blueprint for Good Governance. Also highlighted are specific actions agreed in respect of the MSG self-assessment agreed at the Board development session in August 2019 with particular focus on the pace of integration.

- 2.3 Progress has been made across all functions of good governance with some key actions forming part of a rolling annual plan e.g. review of the Scheme of Delegation, Committee Terms of Reference. A number of areas require further focus and will form part of the Board Development Plan for 2020/21 and now link to the proposed response to Level 4 Escalation.

3. Moving Forward - Improving Corporate Governance - Board Development Plan 2020/21

- 3.1 This section sets out the significant work undertaken in response to the Board being escalated to Level 4 of the NHSS Performance Management Framework. This has involved a series of measures led by the Chairman to engage with Board Members and Scottish Government to further review the effectiveness of current governance arrangements. This work has resulted in a number of additional new actions which now form part of the 2020/21 Development/Action Plan.
- 3.2 The Board Members' proposals for improving the current arrangements have been grouped under the headings used in the NHS Scotland Blueprint for Good Governance with linkage to the appropriate enablers and support set out in the blueprint.

Functions of Good Governance

4.0 Setting the Direction

Key issues - summary

- 4.1 The delivery of the Greater Glasgow & Clyde transformational change programme is complex, and implementation requires a more focussed approach. In particular the pace of change of the workstreams included in the Moving Forward Together programme and a delay in shifting the balance of care through the integration of health and social care is likely to impact on implementing the redesign of acute services to improve service delivery and implement the requirements of the West of Scotland regional plans.
- 4.2 The current governance arrangements, where scrutiny of the Moving Forward Together programme is split between the Health Board's Standing Committees and the Integration Joint Boards (with the Health Board's Finance Planning & Performance Committee being the group responsible for ensuring a consistent approach is being adopted across Greater Glasgow & Clyde), requires review to support the implementation of the changes required to transform the current system.

Actions

- 4.3 It is proposed that a Steering Group to support the delivery of the Moving Forward Together programme is set up with input from health and social care partners.
- 4.4 The Steering Group's remit should include reviewing the governance of the change programme, the programme implementation plans, the business case and the risks and dependencies that require to be managed to successfully deliver the programme's outcomes. Advising on the approach to stakeholder engagement and communicating the change programme should also be included in the Steering Group's terms of reference. Establishing the resources required to deliver these outcomes should also be included.
- 4.5 The Steering Group should also consider benchmarking the Greater Glasgow & Clyde approach to delivering transformational change with the approach adopted by other public sector organisations, including other health and social care providers.

- 4.5 A short life working group (SLWG) will be commissioned to draft the terms of reference for the Steering Group. This group should also propose any consequential changes to the terms of reference and delegated authority of the existing Health Board governance committees, if necessary. The support requirements to manage overall changes will be closely linked to reviewing administration arrangements as detailed later in this paper.
- 4.6 This SLWG will be led by Jacqueline Forbes, Non-Executive Director, supported by two other Non-Executive Directors, namely, John Mathews and Margaret Kerr. The Executive Lead for this will be Jennifer Armstrong, Medical Director.

5.0 Holding to Account

Key Issues - summary

- 5.1 The size, range and complexity of the acute services provided by NHS Greater Glasgow & Clyde Board is acknowledged and, noting the reasons for the Escalation to Level 4 regarding performance, it is incumbent upon the Board to consider if the existing governance system takes account of this.

At present, Board oversight of acute services (including scheduled and unscheduled care) is delivered at two levels - the Acute Services Committee and the Main Board. The Acute Services Committee is chaired by the Vice Chair and focuses on the services provided by our hospitals. The Board takes the work of the Acute Services Committee into account when considering both the primary and secondary care provided by NHS Greater Glasgow & Clyde and the six Health & Social Care Partnerships that cover our geographical area.

Actions

- 5.2 To give closer scrutiny to the delivery of unscheduled care (including the Out of Hours Service), it is proposed that a different approach is considered for the governance model in the short term. Potential solutions include additional sector related Standing Committees in respect of Unscheduled Care. While the benefits of this approach have obvious attractions for the governance of unscheduled care, careful consideration will have to be given to whether this model could have any unintentional consequences that could adversely impact on the delivery of improvements to scheduled care across Greater Glasgow & Clyde. If this approach is adopted it is proposed that scrutiny and oversight of scheduled care would continue to be overseen by one other Standing Committee. (Waiting times are currently managed across the Board area, rather than by the three geographical sectors).
- 5.3 To evaluate this proposition and assess its potential impact on the recovery plan being developed by the Turnaround Director, a SLWG should be commissioned to review and consider revising the current arrangements for the governance of unscheduled care. This work should include benchmarking the NHS Greater Glasgow & Clyde approach with the approach adopted by the other Territorial Boards. The work of the SLWG will need to be aligned to the support work in relation to Assurance Information Systems.
- 5.4 The SLWG should also consider the terms of reference and delegated authority for any new governance committee for acute services and the impact that will have on the roles of the existing Standing Committees, in particular the Acute Services Committee and the Finance, Planning and Performance Committee.
- 5.5 On conclusion of the SLWG's deliberations, further routine actions will be required to be included into the overall action plan for 2020/21 including;
- Review the scheme of delegation
 - Further revision of relevant committee terms of reference
 - Further development of the sub committee and board agenda planning and forward planning

- Review the approach to performance management and reporting and the revise Performance Framework as required.
- Consideration of public access to Board Sub Committees remains an outstanding issue from 2019/10

5.6 This SLWG will be led by Simon Carr, Non-Executive Director supported by Susan Brimelow, Non-Executive Director. The Executive Lead for this will be Jonathan Best, Chief Operating Officer and an IJB Chief Officer - TBC

6.0 **Assessing Risk**

- 6.1 It is acknowledged that recent events around the management of Infection Prevention & Control and the provision of Out of Hours services have raised questions around the effectiveness of the Board's existing risk management systems. This included questions around the Board's current risk appetite and the process for ensuring that our risk appetite is regularly reviewed and updated to reflect changes in the operating environment.
- 6.2 It is proposed that the Board Standing Committees should undertake a 'deep dive' into the existing corporate risks that they have oversight for in March 2020 and the Board should undertake an event to discuss the outcomes of this exercise in relation to the Board's risk appetite at the scheduled Development Session at the end of March. This event should specifically consider how the Board balances the risks in service delivery against the financial risks ensuring the quality and safety of care. This should provide the necessary assurance for the governance statement required as part of the preparation of the 2019/20 Annual Accounts. From this the Risk Management Strategy will be revised as planned for 2020/21.

Actions

- 6.3 Board Standing Committees will undertake further work in reviewing corporate risks in the form of a 'deep dive' into the existing corporate risks that they have oversight for to be completed in March 2020.
- 6.4 A Board Development Session is scheduled for the end of March 2020 to discuss the outcomes of the 'deep dive' exercise in relation to the Board's risk appetite. This should provide the necessary assurance for the governance statement required as part of the preparation of the 2019/20 Annual Accounts and consideration of any changes which may be required in terms of the Board's Risk Strategy and 20/21 internal audit plan.
- 6.5 This work will be co-ordinated by Mark White, Director of Finance, supported by Alan McLeod Non Executive and Chair of the Audit Committee, with external expert input being sought.

7.0 **Engaging Stakeholders** **Key Issues - Summary**

- 7.1 In the Board assessment of its position against this function of good governance in 2019, it was acknowledged that further work was required in this area.
- 7.2 Greater interaction is required by Board members with key stakeholders – patients, service users, their families and carers, and staff working in both primary and secondary care.
- 7.3 In addition, consideration is required as to how Board Members can contribute more to the Board's efforts to improve engagement with the Scottish Government and the public's elected representatives at both local and national level.
- 7.4 The development of an engagement and communications strategy is considered essential to more effectively manage the organisation's reputation and improve public trust and confidence in the Board and the Executive Leadership Team.

Actions

- 7.5 A new approach to delivering the Board's visiting programme for 2020/21 has been created. This will include half day visits to acute service sites across the sector and corporate service business units. This is being arranged in a way that gives Board Members the opportunity to also interact with patients, services users, their families and carers. These will be arranged on a bi monthly basis with dates published by the end of February 2020. These will be in addition to Board Members visits to staff in the six Health & Social Care Partnerships.
- 7.6 A review of Board Members participation in the Scottish Patient Safety Programme is underway with a view to refreshing the current approach and will be completed by the middle of March. It is recognised that this programme provides an excellent opportunity for Members to visit the front line of healthcare and assure themselves of the safety and quality of the services being provided by NHS Greater Glasgow & Clyde.
- 7.7 Proposals from the Communications Director on developing NHS Greater Glasgow & Clyde's engagement and communications approach are detailed in a separate Board paper in response to Escalation to Level 4. It is anticipated that a Communications and Engagement Strategy will be brought to the Board at the end of April 2020. This will remain a key action on the Board Development Plan for 20/21.

8.0 Influencing Culture

Key Issues - summary

- 8.1 Significant focus has been given to organisational culture during 2019/20, however it is recognised there remains work to do. The Oversight Board responsible for performance issues has also made reference to the need to consider the impact of leadership and culture on performance in their terms of reference.

Actions

- 8.2 The Executive Leadership Team will continue to work with colleagues in the Scottish Government, including the Oversight Boards, to better understand the reasons behind the impact on performance and consider actions required.
- 8.3 Proposals from the Director of Human Resources & Organisational Development on developing NHS Greater Glasgow & Clyde's approach to leadership development and employee engagement are included in the paper on 'Making NHS Greater Glasgow & Clyde a Great Place to Work' that is going to the February Board for approval. The paper will also seek the Board's approval of the Collective Leadership Programme and proposal to introduce Investors in People. It is proposed that this work will include benchmarking the NHS Greater Glasgow & Clyde approach with the approach adopted by the other Territorial Boards.
- 8.4 The Board welcomes a new Non-Executive Director as Whistleblowing Champion. Work will be undertaken over the coming months to review the Whistleblowing Policy in GGC in line with national standards ahead of the implementation deadline at the end of July this year. A Board Development session is scheduled to consider the standards in May 2020.

Enablers of Good Governance

9.0 Skills, Experience & Diversity

- 9.1 This has been a key area of focus and discussion with current Board Members and while the Board will continue to strive to further improve diversity, Board Members assessed the current situation to be acceptable. The same is true in terms of the skills and experience of the existing group of Board Members.

- 9.2 In terms of where there are opportunities to make further progress, succession planning has been identified as an area which requires focus both for the Board and the Executive Leadership Team.
- 9.3 The quality of the induction and ongoing development programme for Board Members has been identified as an area which would benefit from ongoing review and development. This extends to the continuous development of existing Board Members' governance skills.

Actions

- 9.4 The latest appointment round, including the recent appointment of the new Whistleblowing Champion, will enhance the capacity for the overall effectiveness of the Board with the introduction of specific skills and experience in transformational change, finance and public relations.
- 9.5 The Chair and Head of Corporate Governance and Administration will bring forward proposals on the allocation of Members to Committees when new Non-Executive Director appointments have been confirmed in March 2020. This will form an integral part of the Annual Review of Governance paper that will be presented to the Board in April 2020.
- 9.6 A process will be put in place by March to enable the Chair to present candidates for appointment as Vice Chair to the Cabinet Secretary well in advance of the current vice Chair's departure from the Board in May 2020.
- 9.7 A SLWG will be established to review, develop and implement robust arrangements for the induction and continuous development of Board Members to ensure the Board has the necessary skills to reflect sound governance arrangements. The work of the group will include benchmarking NHS Greater Glasgow and Clyde approach with that adopted by other Territorial Boards. This group will be led by Alan Cowan, Non-Executive Director supported by Amina Khan, Non-Executive Director. Executive leadership will be provided by Anne McPherson HR Director.

10.0 Roles, Responsibilities & Accountabilities

- 10.1 It is recognised that further strengthening the Board's governance arrangements is likely to add to the workload of existing Board Members, especially those who already support two Integration Joint Boards as well as the Board's Standing Committees.
- 10.2 The Chair will, where appropriate, make more use of his existing delegated authority to increase the time commitment from individual Board Members in order to increase the Board's capacity to govern in the short to medium term.

Action

- 10.3 The Chair has invited Non-Executive Directors to identify any capacity they may have available to provide additional input to the Board. This will be reviewed and the Chair will work with the Head of Corporate Governance and Administration to map the support into the sub-committee structure by the and present to the Board in April.

11.0 Values, Relationships & Behaviours

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

Actions

- 11.2 An external expert assessment of relationships and behaviours between Non-Executive and the Leadership team in respect of our approach to governance has been commissioned. Professor Michael Deighan, the Director of the Royal College of Physicians of Edinburgh's Quality Governance Collective, will observe at Board, Standing Committee and Integration Joint Board Meetings over the next two months and provide an opinion on how Board Members conduct their business. The aim of this commission is to assess the extent to which the Board can be said to be delivering active governance.
- 11.3 In the longer term, NHS Greater Glasgow & Clyde will work with the Royal College of Physicians of Edinburgh to build governance capability through participation in their Governance Fellowship Programme. This action will be linked to skills and experience set out in section 9 above.

Supports of Good Governance

12.0 Assurance Information Systems

- 12.1 The NHSS Corporate Governance Steering Group and a 'Once for Scotland' approach has been seen as the way forward to implement a framework setting out the level, type and presentation of information available to Board Members, particularly in relation to performance. However, work to develop a more robust and transparent approach to managing the NHSS Performance Framework is not yet complete. Therefore, in the interim, NHS Greater Glasgow & Clyde will take forward a piece of work to define requirements. This will be achieved by establishing another SLWG to review and consider revising the current arrangements for ensuring Board Members receive the necessary information to support well-informed, evidence-based and risk-assessed Board, Standing Committee and Integration Joint Board decisions. This includes the arrangements for briefing Members who are providing absence cover for Integration Joint Boards.
- 12.2 The scope of the assurance information received will be reviewed to ensure that assurance reports are received for all the areas that the Board is held accountable for by the Cabinet Secretary, including Mental Health and Primary Care. The information assurance system will be integrated to ensure that the relationships between various parts of the health and social care system are being considered in a holistic way.
- 12.3 The work of this group will be informed by the work of the Turnaround Director, the approach to developing the NHSS Performance Framework and include benchmarking the NHS Greater Glasgow & Clyde approach with the methods adopted by other Territorial Boards.
- 12.4 This work will be led by Allan McLeod, Non-Executive Director supported by Ian Ritchie, Non-Executive Director. The Executive lead for this will be Mark White, Director of Finance.

13.0 Audit Services

- 13.1 In reviewing governance, no issues or concerns were raised by Board Members concerning the current delivery of internal and external audit services.
- 13.2 However, should the review of how the Board assesses and manages risks following the 'deep dive' by Standing Committees and the follow up Board Development day in April 2020, identify any significant issues in relation to the Board's risk appetite or corporate risk profile, the Audit Committee will be asked to consider reviewing and revising the Board's Internal Audit Programme for 2020/21.
- 13.3 The Audit Committee will also be asked to consider an approach to benchmarking the NHSGGC approach to risk management with the methods adopted by the other Territorial Boards.

14.0 Administration Arrangements

- 14.1 It has been identified further opportunities exist to improve the quality, presentation and length of Board papers.

Actions

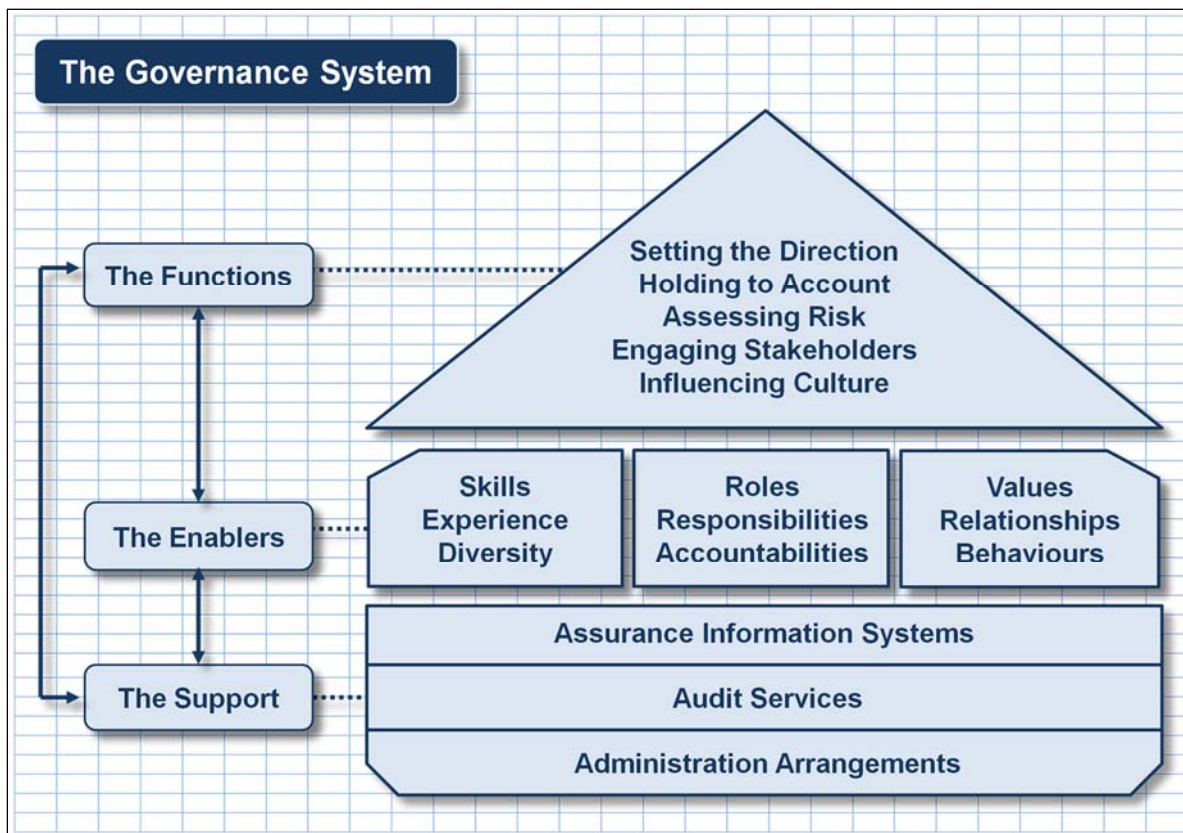
- 14.2 A further SLWG will be established to review and make recommendations on:
- Current arrangements for ensuring Board and Standing Committee papers, minutes and Chairs' updates to the Board are of the highest quality and presented in a timely manner.
 - The role of the Standing Committee Chairs in setting agendas, approving minutes and assuring the quality of papers.
 - The process to benchmark other Board's standing committees in respect of Terms of Reference, agenda content, minutes and actions. This is already underway for the Staff Governance Committee but all sub committees will undertake this review.
 - The process to benchmark the NHSGGC approach to ensuring the quality and timeliness of Board papers with the approach adopted by other Territorial Boards.
- 14.3 The SLWG will be led by Donny Lyons, Non-Executive Director, supported by Jim Clocherty, Non-Executive Director. Corporate Leadership support will be provided Elaine Vanhegan, Head of Corporate Governance and Administration.

15.0 Summary

- 15.1 A number of actions across the dimensions of the Blueprint for Good Governance have been described within this paper, all intended to further improve the Board's governance arrangements. Appendix 3 details an Action Plan for Board approval noting lead, owner and timescale to delivery. This includes some actions rolled over from the 2019/20 Board development action plan. Overall progress will be co-ordinated and managed by the Head of Corporate Governance and Administration, with the Board receiving progress reports at the full Board meetings until such time as the plan has been delivered and the outcomes evaluated.
- 15.2 A further self-assessment against the Blueprint for Good Governance will be undertaken in August 2020 to consider the impact of agreed actions.
- 15.3 Work will continue throughout the year to ensure the outputs from the National Governance Steering Group are implemented appropriately.

Appendix 1 The Corporate Governance System


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



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

Key Area of Focus		Action		Status	Comments
Setting the Direction					
Strategic Planning					
1.	Clarity across whole system planning, links of MFT to Strategic Plans, Community Plans, etc. National plans, for example, Mental Health, Public Health.	1.1	Map approach to strategic planning across the system eliciting linkages.	Complete	Work undertaken through the Whole System Planning Group and continues through approach to MFT and leadership of workstreams.
		1.2	Align actions to assist in whole system planning.	Ongoing	As above and linked work to CMT action below - 4.2(i).
2.	Earlier Board influence on development of IJB plans, greater synchronisation.	2.1	Ensure greater understanding of governance and decision making approval processes (links to MSG review below).	Complete	Complete internally - note below actions linked to MSG.
3.	Engagement and relationships with IJBs/review MSG assessment.	3.1	Chief Executive to undertake assessment and develop an action plan with COs and colleagues.	Complete	MSG review completed - Board away day in August 2019 to review required action.
		3.2	Arrange follow up session for the Board re MSG review and action plan (see shaded section below).	Complete	Session took place on 22 August 2019.
4.	MSG development session actions.	4.1 Collaborative leadership and building relationships:			
		(i)	Organise a forum with IJB Chairs, Chief Officers, Local Authority Chief Executive and Officers and GGC Executives to focus on the practicalities of delegation and enhance stronger and unified relationships through shared understanding.	Ongoing	Meetings taken place with CEOs from Health Board and Local Authorities with Chief Officers. Next steps to engage IJB Chairs and elected Members.
		(ii)	Use the above to apply to MFT to clarify across the system.	Ongoing	Link to approach for 2020/21.
		4.2 Effective strategic planning for improvement:			
		(i)	CMT to assess position/linkages to work already undertaken and create options for Board consideration.		A number of papers have been brought ot the Board reviewing the process and progress with MFT. This will link to ongoing developments for 2020/21
Holding to Account					
Maximise Efficiency and Effectiveness of Board and Sub Committee Meetings					
5.	Ensure clarity of scrutiny role, prevent duplication linking to effective information flows and requirements from a planning and performance perspective.	5.1	Initial revision of Committee Terms of Reference.	Complete	Presented to the Board June 2019. Rolling annual action as part of 2020/21 Plan.
		5.2	Tighten Committee and Board agenda planning and forward planning.	Complete	Presented to the Board June 2019. Rolling annual action as part of 2020/21 Plan.
6.	Get the right balance between focus on strategy versus organisational scrutiny and allow sufficient time for the Board to set direction.	6.1	Review Scheme of Delegation (linked to above planning action and approval processes).	Complete	Paper format reviewed for the Board in June 2019. Rolling annual action as part of 2020/21 Plan.
7.	Enhance ability to offer constructive challenge and support.	7.1	Review approach to performance management and reporting - create a performance framework for the Board.	Complete	Approved by Finance, Planning and Performance Committee will link work to be undertaken as part of 2020/21 Plan and Escalation to Level 4.
		7.2	Work with teams to ensure efficient paper construction and presentation - clarity on purpose and requirements.	Complete	Paper format reviwed for June 2019 Governance review. Further work to be undertaken as part of 2020/21 Plan.
		7.3	Better utilise benchmarking (outwith Scotland).	Ongoing	Improved approach through performance reporting throughout the year. Planned benchmarking across all Board Standing Committees as part of 2020/21 Plan.
		7.4	Undertake a broader piece of work to review governance committee and Board function; reconsider delegation levels; consider approach to public access to governance Committees.	Complete	Action complete although review ill be an annual rolling action. Note - still to review public access as part of 2020/21 Plan.
		7.5	Create an Assurance Map and an Information Assurance system.	Ongoing	National work was awaited in 2019 - however, key local action for 2020/21.
8.	MSG development session actions.	8.1 Integrated finances and financial planning:			
		(i)	Review work of established group considering Set Aside and agree approach to overcome 2-3 fundamental challenges to develop a model for integrated financial planning incorporating elements already in use.	Complete	Set Aside approach developed. Awaiting a meeting with SG to discuss practicalities of implementation. Standardised financial arrangements have been developed and included in revised Integration Schemes.
		(ii)	Test model with a specific service/pathway.	Complete	Tested approach using GRI.
		8.2 Agreed governance and accountability arrangements:			
		(i)	Organise a session with key individuals to work through the issues to test/tease out this issue and make recommendations.	Ongoing	Links to action under MSG Collaborative Leadership at 4.1.
		(ii)	Link to induction for new Board members joining IJBs.	Ongoing	Board members induction under review. Note new SG release on induction approach. Key part of 2020/21 Plan.
		8.3 Ability and willingness to share information and meaningful engagement:			
		(i)	Carry out a mapping exercise of the current flows of information between IJBs and Board and identify gaps and improvements – link to Performance Frameworks.	Ongoing	Links to Action 7.5 Key focus of 2020/21 Plan
(ii)	Consider the information inputs to the IJB Annual Reports as a start to this exercise.	Ongoing	Links to Action 7.5 Key focus of 2020/21 Plan		
Assessing Risk					
Risk Management					
9.	Build on approach to Risk Management to date, use effectively for assessing strategic risk and to link to overall delivery and performance agenda.	9.1	Review mode of seeking assurance from respective Governance Committees - enhance communication around this. Review Risk Management Strategy.	Partially Complete	Approach to assurance through governance committees complete. Strategy for review 20/21
		9.2	Ensure appropriate linkage across the system and engagement with risk owners and Committee chairs.	Complete	Further 'deep dive' planned in March 2020 and overall findings to Board Seminar in April 2020.
		9.3	Ensure Seminar time on risk management and establish risk appetite.	Ongoing	Scheduled for March 2020.
		9.4	Review Board reporting on risk and decision making.	Ongoing	Linked to above action.
Engaging Stakeholders					
Improve our Approach to Engaging (Note: engagement with staff will be considered under influencing culture)					
10.	Maximise opportunities to communicate and engage on varying levels, for example, staff, public, MSPs, etc.	10.1	Define all stakeholders.	Complete	Meeting undertaken Feb 2020. Part of Engagement Plan for 2020/21.
		10.2	Create a stakeholder engagement framework.	Complete	Worked through MFT. Key focus on work in 2020/21.
11.	Be responsive and provide evidence of listening to ideas, 'you said we did'.	11.1	Develop an annual programme of routine engagement with key individuals or groups.	Ongoing	Part of 2020/21 Plan.
12.	Seek early engagement.	12.1	Review our approach to 'public engagement' considering the role and function of the teams involved and the various focus groups, communications links, events and the expectations placed on each.	Ongoing	Now linked to work with SG and part of 2020/21 Plan. Engagment underway with the Consultation Institute.
		12.2	Link to HSCP, Community Planning Partnerships and locality Planning processes, including third sector involvement.	Ongoing	Commenced January 2019 and continues through a variety of stakeholder events re MFT and IJB Strategic Plans.
Influencing Culture					
Improve the Culture of NHS Greater Glasgow and Clyde					
13.	Increase focus and pace of culture change.	13.1	Review recent work on the culture framework and schedule Seminar time focus on culture.	Complete	Culture Framework agreed - through governance processes. Seminar held in January 2020. Key action for 2021.
14.	Ensure Board leadership and involvement.	14.1	Review our current methods for staff engagement and consider a broader range of tools undertaken by leaders at all levels, up to the Board - utilise opportunity of launch of Quality Strategy.	Complete	Further paper to Board in February 2020 on staff engagament and approach to Investors in People.
		14.2	Consider ways for Board member involvement and support; re-energise SPSP walk rounds, consider visit programme.	Ongoing	SPSP ogoing in some areas and for review by March 2020. Visit programme developed for 20/21 Plan.
		14.3	Consider different venues for Governance Committee Meetings/focus on visibility to both consider staff engagement and influence on an open and transparent culture.	Complete	Position reviewed - JBR meantime.
		14.4	Work on increasing iMatter uptake and agree plan for addressing recurring themes.	Ongoing	Work continues - updates regularly to CMT and Staff Governance.

Key:

 Shaded items were agreed at MSG session on 22 August 2019

Functions	Key Area of Focus	Actions	Lead	Timescales
Setting Direction	Moving Forward Together (MFT) Transformation Programme	<ul style="list-style-type: none"> Establish Steering Group to support the delivery of MFT with input from health and social care partners. Short life working group (SLWG) to be commissioned to agree the Terms of Reference for the Steering Group. This will include consequential impact on other Board governance groups to avoid duplication. 	Jennifer Armstrong/Chief Officers	April 2020
	Ongoing series of Board Away Days to focus on strategic priorities and planning.	<ul style="list-style-type: none"> Confirm programme of Board Away Days for 2020 to include Mental Health, Integration/Primary Care and Public Health. 	Jacqueline Forbes supported by John Mathews and Margaret Kerr (Non Executives) Executive Lead; Medical Director, Jennifer Armstrong	February 2020
	Set out specific and measurable Corporate Objectives for 2020/21	<ul style="list-style-type: none"> Present 2020/21 objectives in the context of escalation and improvement plans 	Head of Corporate Governance and Administration, Elaine Vanhegan	March 2020
			Chief Executive	April 2020
Holding to Account	Unscheduled Care to include Out of Hours Service	<ul style="list-style-type: none"> SLWG to be commissioned to review and make recommendations to revise the current arrangements for the governance of unscheduled care and potential impact on Board committees. 	Simon Carr supported by Susan Brimelow (Non Executives) Executive Lead; Jonathan Best and an IJB Chief Officer (tbc)	March 2020
		<ul style="list-style-type: none"> SLWG will agree approach to benchmarking approach to unscheduled care and out of hours services with other Territorial Boards. Following conclusion of the SLWG the following will be reviewed: <ul style="list-style-type: none"> Scheme of delegation Further revision of relevant committee terms of reference Further development of standing committee and board agenda planning and forward planning; 	Head of Corporate Governance and Administration, Elaine Vanhegan	April 2020

Functions	Key Area of Focus	Actions	Lead	Timescales
		<ul style="list-style-type: none"> - Review approach to performance management and reporting and revise Performance Framework as required - Review of public access to Board standing committees. • Note: SLWG work to be cross referenced to the Information Assurance System work being undertaken and linked to the Performance Framework. 		
Assessing Risk	Review of the Board's Approach to Risk and Risk Appetite and revise Risk Strategy.	<ul style="list-style-type: none"> • Board Standing Committees to undertake 'deep dive' review of existing corporate risks. • Board Development session to review outputs from 'deep dive' in relation to the Board's risk appetite. • Engage external support to facilitate review of approach. • Develop revised Risk Strategy 	<p>Chairs of Board Standing Committees; Mark White Director of Finance (DOF)</p> <p>Mark White – DOF / Alan McLeod Chair Audit Committee</p> <p>Mark White - DOF</p> <p>Mark White - DOF</p>	<p>End March 2020</p> <p>Board meeting 28th April 2020</p> <p>June Board</p>
Engaging Stakeholders	<p>Focussed programme of visits to Acute and Corporate Departments</p> <p>Ensure ongoing input to the Scottish Patient Safety Programme (SPSP)</p> <p>Set out revised approach to Communication and Engagement</p>	<ul style="list-style-type: none"> • Programme of bi monthly visits interactive visits for Board Members • Review to be undertaken to refresh and confirm programme of participation in the SPSP • Develop robust communication and engagement Strategy to be and approved by the Board to engage patients, service users and their families & carers and staff working in both primary and secondary care. • Develop proposal for staff attendance at Board Meetings 	<p>Elaine Vanhegan; Head of Corporate Governance and Administration</p> <p>Jennifer Armstrong Medical Director and Margaret McGuire, Nurse Director (Elaine Vanhegan)</p> <p>Director of Communications and Public Engagement, Sandra Bustillo</p> <p>Head of Corporate Governance and Administration, Elaine Vanhegan</p>	<p>March 2020</p> <p>April 2020</p> <p>April 2020</p> <p>April 2020</p>

Functions	Key Area of Focus	Actions	Lead	Timescales
Influencing Culture	Further work to be undertaken to consider the impact of Leadership and culture on organisational performance.	<ul style="list-style-type: none"> Recruit to agreed additional capacity to the leadership team 	Jane Grant, Chief Executive	March 2020
		<ul style="list-style-type: none"> Leadership team to work with Scottish Government and Oversight Board to develop actions to improve the senior Team's approach to leadership which may impact on performance. 	Jane Grant, Chief Executive/Senior Leadership Team	March 2020
		<ul style="list-style-type: none"> Seek Board approval for the Collective Leadership Programme and the proposal to introduce Investors in People. 	Director of HR, Anne Macpherson	February 2020
		<ul style="list-style-type: none"> Undertake a benchmarking exercise on leadership and culture to review approach adopted by other Territorial Boards. 	Anne Macpherson, Director of HR	June 2020
		<ul style="list-style-type: none"> Develop an implementation Plan to introduce new Whistleblowing Standards and hold board development session in May. 	Elaine Vanhegan Head of Corporate Governance and Administration /Anne McPherson Director of HR	May 2020

Enablers for Good Governance	Key Area of Focus	Actions	Lead	Timescales
Skills, Experience and Diversity	Alignment of skills and experience to meet Board requirements and any changes to governance arrangements	<ul style="list-style-type: none"> Review non-executive Board Members' time commitment. 	Chairman/Elaine Vanhegan	April 2020
		<ul style="list-style-type: none"> Review the allocation of roles and responsibilities of current and new non-executive directors. 	Chairman/Elaine Vanhegan	March 2020
		<ul style="list-style-type: none"> Process put in place to appoint Vice Chair. 	Chairman/Elaine Vanhegan	February 2020
		<ul style="list-style-type: none"> Establish SLWG to review and implement robust induction arrangements and development requirements for non-executive directors. 	Alan Cowan Non Executive supported by Amina Khan Non-Executive; Executive Leadership - Anne Macpherson	February/March 2020

Enablers for Good Governance	Key Area of Focus	Actions	Lead	Timescales
Roles, Responsibilities and Accountabilities	Review of non-executive director workload in the context of ongoing focussed review of governance	<ul style="list-style-type: none"> Review with non-executive directors what capacity exists to support interim additional Board support requirements. 	Chairman/Non-Executive Directors	February/March 2020
		<ul style="list-style-type: none"> Mapping exercise with capacity exercise against SLWG group view of development requirements. 	Chairman/Elaine Vanhegan	March 2020
Values, Relationships and Behaviours	Review of relationships and behaviours between non-executive directors and leadership team to formally assess if the Board is operating in an environment of 'active governance'	<ul style="list-style-type: none"> Engage Michael Deighan to provide external expert assessment of Board, Standing Committees and Joint Integration Board meetings to provide opinion on how the Board conducts its business. 	Chairman	February 2020
		<ul style="list-style-type: none"> Set up a programme with the Royal College of Physicians of Edinburgh to build governance capability through its Governance Fellowship Programme. 	Elaine Vanhegan	May 2020

Supports to Good Governance	Key Area of Focus	Actions	Lead	Timescales
Assurance Information Framework	Review of the provision of appropriate information to support robust decision making across all areas that the Board is accountable for.	<ul style="list-style-type: none"> SLWG to be established to review and define requirements to provide assurance that Board Members receive the necessary information to support well informed, evidence based, risk assessed decision making. The assessment will be cross referenced to the actions in relation to 'holding to account' in relation to unscheduled care and out of hours services. The information assurance assessment of requirements will be integrated to cover end to end health and social care service delivery. The work of the SLWG will be informed by the work of the Turnaround Director, the approach to the 	<p>Allan MacLeod supported by Ian Ritchie</p> <p>Executive Leadership Mark White, DOF</p>	March 2020

Supports to Good Governance	Key Area of Focus	Actions	Lead	Timescales
		Performance Framework and include benchmarking approach with other Territorial Boards.		
Audit Services	Review of Strategic Internal Audit Plan Benchmarking exercise on approach to Audit	<ul style="list-style-type: none"> Review of strategic 2020/21 internal audit plan in the context of Board Seminar to be held in March 2020 re risk. Audit Committee to direct work to benchmark NHSGGC approach to audit with method adopted by Territorial Boards (link to below action benchmarking all standing committees) 	Mark White, DOF	May 2020
Administration Arrangements	Review of corporate administration support arrangements to provide robust and timely information to support the Board's governance functions.	<p>SLWG to be established to review and make recommendations on:</p> <ul style="list-style-type: none"> Current arrangements for ensuring Board and Standing Committee papers, minutes and Chairs' updates to the Board and Standing Committees are of the highest quality and presented in a timely manner. The role of Standing Committee Chairs in setting agendas, approving minutes and assuring the quality of papers. The process to benchmark all Standing Committees with other Boards standing committees in respect of Board Papers, Terms of Reference, agenda content, minutes and actions to be cross referenced to the work of the 'holding to account' SLWG. 	Donny Lyons supported by Jim Clocherty, Non Executives Leadership input - Elaine Vanhegan	March 2020