| NHS Greater Glasgow & Clyde	Paper No. 21/46
Meeting:	**NHS Board**
Meeting Date:	**17.08.21**
Title:	**Implementing the Active Governance Approach in NHS Greater Glasgow and Clyde – Phase Two Update.**
Sponsor	**Chairman**
Report Author:	**Head of Corporate Governance**

1.0 Introduction

1.1 The Board approved 'The Active Governance Programme April 2021 – March 2022' to be delivered over six Phases. At the Board meeting in June members received a paper describing progress with Phase One actions. This paper provides an update against Phase Two activities and one Phase One action.

2.0 Background

2.1 As described previously to the Board, active governance is a key element of the implementation arrangements for the NHS Scotland Blueprint for Good Governance ('the Blueprint') issued under DL (2019) 02 on 1 February 2019.

2.2 To adopt and embed an active approach to governance and deliver good governance, NHS GGC is developing a corporate governance system that applies the active governance approach to the implementation of the NHS Scotland Blueprint for Good Governance. This requires having a cohesive corporate governance system that is specifically designed to facilitate an active approach to corporate governance at Board level. Figure one below, describes the approach.

Figure One: The Corporate Governance System
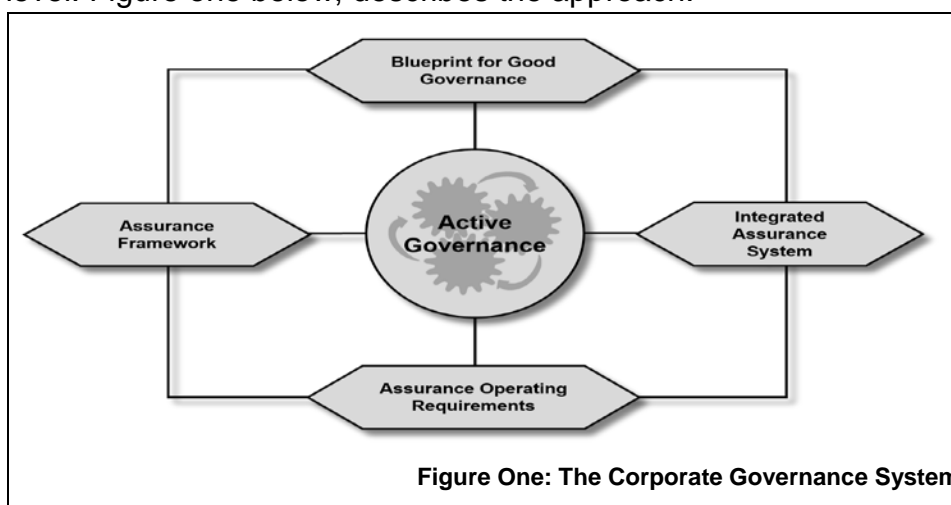
2.3 The actions to develop the corporate governance system form the basis of the NHS GGC Active Governance Programme April 2021 – March 2022 – Appendix A. The implementation phases match the Board meetings from April 2021 and March 2022. Key headings are noted below.

The Corporate Governance System in NHS GGC

The Assurance Framework
The Integrated Assurance System
The Assurance Operating Requirements

Supporting Board Members
Evaluation and Review
Communication and Engagement

3.0 Active Governance Programme - Phase Two Update

The following detail provides an update against one Phase One, and Phase Two actions within the Active Governance Programme April 2021 – March 2022.

3.1 The Assurance Framework – Phase One Actions –Update	Comment
1.1.4 Approve Corporate Risks	See below

As a Phase One action, the refreshed Corporate Risk Register, was presented to the meeting of the Audit and Risk Committee (ARC) on 22nd June. All risks have been aligned to the 2021/22 Corporate Objectives and allocated to a Standing Committee for monitoring and oversight. The ARC approved the approach that the relevant risks from the refreshed CRR should be reviewed and approved by the relevant Standing Committee to ensure adequate oversight, with decisions recorded in the minutes of the meeting reviewing;
- Is the risk still active?
- Are the mitigations working?
- Are further actions required?
- Is the risk score accurate?
- Are there other risks that need to be included in the register?

Since the ARC in June, Standing Committees have reviewed/are reviewing relevant corporate risks, with the full CRR update going to the ARC on the 14th September and onwards to the Board in October as agreed. Updating the CRR will be an ongoing process to ensure a dynamic approach to risk management within the organisation.

3.2 The Assurance Framework – Phase Two Actions	Comment
1.1.9 Approve Operational Objectives and targets for 2021/22 Remobilisation Plans.	See below
1.1.10 Allocate oversight of operational objectives, risks and targets to Standing Committees	See below

Action 1.1.9

A review of the RMP3 has taken place to ensure that it reflects our operational priorities as previously presented to the Board for the first quarter of this financial year. There is clear alignment, and the operational priorities are fully incorporated into RMP3. These operational priorities will therefore roll forward for the rest of 2021/22 with Standing Committee allocation as previously presented (Appendix B). The Action Tracker for RMP3 with agreed leads and timescales ensures rigorous monitoring of the commitments and targets in RMP3, and monthly progress reports are produced for the Strategic Executive Group. Any delayed actions will trigger a full status report to describe how the action will be brought back on track. Standing Committee reporting will link with the work underway on identifying information flows within the Active Governance Programme.

RMP3 covers the 12 months to 31st March 2022 and was submitted in February 2021. The Scottish Government have asked Boards to review this for the second half of the year through the development of RMP4. This recognises the challenges of working in an environment of fluctuating demand for COVID and other health and care services.

3.3 The Integrated Assurance System – Phase Two Actions	Comments
1.2.5 Confirm Board's Risk Appetite	See update below
1.2.6 Identify current corporate risks and update CRR	See update below
1.2.7 Identify operational risks to delivery 02 2021/22 RMP 3 update operational registers.	See update below

Actions 1.2.5, 1.2.6, 1.2.7

As part of the Board Development Seminar in July, Board members considered the approach to risk appetite. A Risk Appetite Statement defines the Board's appetite for risk identified to the achievement of strategic objectives. Risks throughout the organisation should be managed within the Board's risk appetite, or where this is exceeded, action taken to reduce the risk. The Seminar was a useful session from which to build on the work to create the Board's Risk Appetite Statement. Feedback has been collated and the next step is to further develop a draft statement and ensure the approach is defined and embedded within the Board's Risk Management Strategy. At the ARC meeting in June, the Committee provided feedback on a draft Risk Management Strategy and Risk Register Policy and Guidance for managers with feedback.

These documents, along with the Risk Appetite Statement, are being further developed following feedback from the ARC, the Board Development Seminar and Internal Audit. They are being drafted in line with best practice from the HM Government Orange Book 'Management of Risk - Principles and Concepts' and the Blueprint for Good Governance. These documents will clearly set out the risk management processes for the entire organisation and the pathways from operational risk registers to the corporate register as well as the review timelines and governance routes through services and standing committees.

It is proposed that at the ARC meeting on September 14th, the committee consider and endorse the new Risk Management Strategy and Risk Appetite Statement for onward approval at the October Board meeting. The final paper to the Board will include clearer narrative explaining the concept and purpose of defining a risk appetite and its link to the Risk Management Strategy. The Corporate Risk Register will also be presented to the Board at this time, providing a complete suite of information on the Board's revised and robust approach to risk management.

In terms of the phased approach to the Active Governance Programme, actions 1.2.5, 1.2.6 and 1.2.7 will now be completed by the October Board and have been moved to Phase 3 in the appended summary plan.

3.4 The Assurance Operating Requirements – Phase Two Update	Comment
Operating Instructions 1.3.1 Review Standing Orders	See update below
1.3.2 Review Standing Financial Instructions	See update below
1.3.3 Review Scheme of Delegation	See update below
3.1 Preparation of the Annual Governance Statement *Note * 3.1 Part of Evaluation and Review*	See update below
Board and Standing Committee Operating Arrangements 1.3.7 Confirm Terms of Reference of Standing Committees	See update below
1.3.9 Review Standing Committee Work Programmes	Complete – Business as usual
1.3.10 Review Board Work Programme	Complete – Business as usual

Board members will be aware that the above processes, and updates to documentation, form part of the routine annual review of governance presented to the Board to coincide with the Annual Accounts and review of the Annual Governance Statement. Due to the impact of the COVID-19 pandemic, similar to the position in 2020, this process has again been delayed, with consideration scheduled for the ARC on the 14th September and onwards to a special Board meeting scheduled for 21st September. All Committee Terms of Reference are currently being updated in line with the Board's Scheme of Delegation and Standing Financial Instructions.

In terms of the phased approach to the Active Governance Programme, actions 1.3.1, 1.3.2, 1.3.3, 1.3.7 and 3.1 will now be completed by the special Board in September and have been moved to Phase 3 in the appended summary plan.

The Board, and its Standing Committees, all now have annual cycles of business created and reviewed at each meeting. Actions 1.3.9 and 1.3.10 are now complete and will form 'Business as Usual'.

The Board's Annual Cycle of Business (Appendix C) has been updated to reflect the approach to risk, as described above, and also noting the requirement to have oversight of the IJB Strategic Plans and receive IJB Annual Reports, the timeframes for which will be confirmed as part of the work underway by Azets.

3.5 Supporting Board Members – Phase Two Actions	Comments
2.3 Board Members to attend NES Active Governance Workshop.	See update below
2.8 Review RCPE Governance Review findings and recommendations.	See update below

Both action 2.3 and 2.8 are now compete further to the Board Development Seminar in July.

Further to the NES presentation on the analysis of information and data, a protocol will be developed to give those preparing formal papers to go to the NHSGGC Board, or one its Standing Committees, guidance on how to present statistical data. In doing so, the dual aim is to ensure those preparing the papers show data in a clear, consistent and effective way, and that Board Members are better informed in how to understand and interpret its significance, and that they receive the necessary assurance required.

The findings of the RCPE Governance Review were considered in detail at the Seminar with most recommendations complete or underway. It has been agreed that the Board will not move to develop a behavioural etiquette at this stage, with the general discussion and feedback from the Review felt to be sufficient. This will remain under review.

3.6 Communications and Engagement – Update	Comment
4.1.3 – Note New Action. Develop approach to ensuring visibility of Corporate Statements – as per June Board paper.	See update below

Further to the development and approval of the Board's 'Corporate Statements' at the Board meeting in April 2021 (as detailed in Appendix D), it is considered that there requires to be greater visibility and understanding across the organisation as the content, purpose and approach. The Director of Communications and Stakeholder Engagement will consider the best way to take this forward and this action has therefore been added to the Active Governance Programme.

3.6 The Active Governance Programme Next Steps

3.6.1 Progress across the Phases One and Two actions have been presented with rationale for deviation to Phase 3 described. Progress continues across all other phases of the Active Governance Programme with programme management support in place. Azets continue to undertake specifically commissioned work further progressing risk and taking forward the actions under strategic planning and commissioning and information assurance of the programme either through the audit programme or a consultancy approach.

A further update will be provided to the Board in October.

3. Conclusions

Good progress has been made with the implementation of the NHSGGC Active Governance programme. Appendix A provides the Board with an updated version of the programme plan.

Overall the risk to successful delivery of the programme and the implementation of the active governance approach in NHSGGC is considered low.

The Board is asked to be assured as to the position with the Active Governance Programme.

4. Recommendations

It is recommended that the Board:

- Be assured as to the position with the Active Governance Programme - Appendix A.

- Be aware of the Board's Annual Cycle of Business for 2021/22 – Appendix B.

5. Implementation

This paper presents a detailed update on the implementation over the 6 Phases described in the plan that is attached at Appendix One.

6. Evaluation

The evaluation of the success of the Active Governance Programme will be considered in Phase 6 of the programme.

7. Appendices

Appendix A – The Active Governance Programme April 2020 – March 2022

Appendix B – Operational Priorities – 2021/22

Appendix C – The Board's Annual Cycle of Business – 2021/22

Appendix D – The Corporate Statements – 2021/22

The Active Governance Programme - April 2021 to March 2022 – Update August 2021					
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	Completed	MW	MK	ARC
1.1.5	Allocate oversight of corporate risks to Standing Committees	Completed	MW	MK	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	Completed	JG	JB	Board
1.1.10	Allocate oversight of operational objectives, operational risks & targets to Standing Committees	Completed	JG	JB	Board
1.1.11	Approve 2021/22 Remobilisation Plan	Completed	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	3	MW	MK	Board
1.2.6	Identify current corporate risks & update corporate risk register	Completed	MW	MK	ARC
1.2.7	Identify operational risks to delivery of 2021/22 Remobilisation Plan & update operational risk registers	3	MW	MK	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	Completed	MW	MK	ARC
1.2.11	Agree the 2021/22 External Audit Programme with Audit Scotland	Completed	MW	MK	ARC
1.2.12	Commission an external review of audit arrangements	6	MW	MK	ARC
	NHS Scotland Performance Management Framework				
1.2.13	Agree the ongoing arrangements for the Oversight Boards	Completed	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	3		EVH	JB	Board
1.3.2	Review Standing Financial Instructions	3		EVH	MK	ARC
1.3.3	Review Scheme of Delegation	3		EVH	JB	Board
1.3.4	Review Integration Schemes	5		EVH	JB	Board
1.3.5	Review Policy Framework	6		EVH	JB	Board
	Board & Standing Committees Operating Arrangements					
1.3.6	Agree Board Members' responsibilities for 2021/22	Complete		EVH	JB	Board
1.3.7	Confirm Terms of Reference of Standing Committees	3		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	Completed		LX	SCC	Board
1.3.10	Review Board work programme for 2021/22	Completed		EVH	JB	Board
1.3.11	Introduce template for Standing Committee Chairs' reports to Board meetings	Completed		EVH	JB	Board
1.3.12	Agree Terms of Reference of MFT Advisory Group	Completed		JG	JB	Board
2	**Supporting Board Members**	**Phase**		**Executive Lead**	**Sponsor**	**Oversight Committee**
2.1	Confirm Induction programme for new Board Members	Completed		EVH	JB	Board
2.2	All Board Members to consider registering on the TURAS system	Completed		EVH	JB	Board
2.3	Board Members to attend NES Active Governance Workshop	Completed		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	Completed		EVH	JB	Board
2.6	Confirm Terms of Reference for informal networks of Board Members	Completed		EVH	JB	Board
2.7	Arrange Board Appraisal programme for 2021/22	Scheduled underway		EVH	JB	Board
2.8	Review RCPE Governance Review findings & recommendations	Completed		EVH	JB	Board
3	**Evaluation & Review**	**Phase**		**Executive Lead**	**Sponsor**	**Oversight Committee**
3.1	Prepare the Annual Governance Statement	3		EVH	MK	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	MK	ARC
4	**Communications & Engagement**	**Phase**		**Executive Lead**	**Sponsor**	**Oversight Committee**
4.1	Encourage public & media virtual attendance at Board meetings.	Completed		SB	JB	Board
4.2	Develop & commence a NHSGGC Board Visiting Programme	3		SB	JB	Board
4.3	Develop approach to ensuring visibility of Corporate Statements – as per June Board paper.	3		SB	JB	Board

V-final / 23/4/21

Key			
	Phase 1	May/June 2021	
	Phase 2	July/August 2021	
	Phase 3	September/October 2021	
	Phase 4	November/December 2021	
	Phase 5	January/February 2022	
	Phase 6	March/April 2022	
	ARC	Audit & Risk Committee	
	FP&P	Finance, Planning and Performance Committee	
	LX	Lead Executive	
	SCC	Standing Committee Chairs	
	SGC	Staff Governance Committee	

JA	Jennifer Armstrong
JB	John Brown
SC	Simon Carr
AC	Alan Cowan
JG	Jane Grant
DMcE	Dorothy McErlean
AMacL	Allan MacLeod
EVH	Elaine Vanhegan
MW	Mark White

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 appropriate annual leave from work 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 deliver 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: Finance, Planning and Performance 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

- **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 Scottish Government's strategic direction and priorities have been confirmed.)
  Lead: Finance, Planning and Performance 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, considering infrastructure, eHealth and digital solutions, and also delivery of strategic changes, e.g. Major Trauma Centre.)
  Lead: Finance, Planning & Performance Committee

For Awareness

Corporate Objective alignment

Better Health
- COBH1 **To reduce the burden of disease on the population through health improvement programmes that deliver a measurable shift to   prevention rather than treatment.**
- COBH2 **To reduce health inequalities through advocacy and community planning.**
- COBH3 **To reduce the premature mortality rate of the population and the variance in this between communities.**
- COBH4 **To ensure the best start for children with a focus on developing good health and wellbeing in their early years.**
- COBH5 **To promote and support good mental health and wellbeing at all ages.**

Better Care
- COBC6 **To provide a safe environment and appropriate working practices that minimise the risk of injury or harm to our patients and our people.**
- COBC7 **To ensure services are timely and accessible to all parts of the community we serve.**
- COBC8 **To deliver person centre care through a partnership approach built on respect, compassion and shared decision making.**
- COBC9 **To continuously improve the quality of care, engaging with our patients and out people to ensure healthcare services meet their needs.**
- COBC10 **To shift the reliance on hospital care towards proactive and co-ordinated care and support in the community.**

Better Value
- COBV11 **To ensure effective financial planning across the healthcare system that supports financial sustainability and balanced budgets.**
- COBV12 **To reduce cost variation, improve productivity and eliminate waste through a robust system of efficiency savings management.**
- COBV13 **To exploit the potential for research, digital technology and innovation to reform service delivery and reduce costs.**
- COBV14 **To utilise and improve our capital assets to support the reform of healthcare.**

Better Workplace
- COBW15 **To ensure our people are treated fairly and consistently, with dignity and respect, and work in an environment where diversity is valued.**
- COBW16 **To ensure our people are well informed.**
- COBW17 **To ensure our people are appropriately trained and developed.**
- COBW18 **To ensure our people are involved in decisions that affect them.**
- COBW19 **To promote the health and wellbeing of our people.**
- COBW20 **To provide a continuously improving and safe working environment.**

Agenda Item/Topic	Lead	June 2021	August 2021	September 2021* (additional meeting)	October 2021	December 2021	February 2022	Corporate Objective Coverage
Standing Items								
Introductory Remarks, Welcome and Apologies	**Chair**	x	x	x	x	x	x	
Declarations of Interest	**Chair**	x	x	x	x	x	x	
Minutes of previous meeting	**Chair**	x	x		x	x	x	
Matters Arising and Rolling Action List	**Chair**	x	x		x	x	x	
Urgent Items of Business	**All**	x	x		x	x	x	
Chairman Update	**Chairman**	x	x		x	x	x	
Chief Executive Update	**CE**	x	x		x	x	x	
Patient Story	**DoN**	x	x		x	x	x	
Service Delivery								
COVID-19 Update	**CE**	x	x		x	x	x	**COBH1-COBC10**
QEUH & RHC Update	**CE**	x	x		x	x	x	**COBC6**

Integrated Performance Report	DoF	x	x		x	x	x	COBC7
Revenue and Capital Report	DoF	x	x		x	x	x	COBV11
Healthcare Associated Infection Report	DoIPC	x	x		x	x	x	COBC6
GP Out of Hours Update	DoGPOOH		x			x		COBC7
Remobilisation Plan Update	DoF/MD	x	x		x	x	x	All
Financial Plan 2021/22	DoF	x						COBV11
Financial Plan 2022/23	DoF					x		
Winter Plan 2021/22	MD				x			COBC6-11
Primary Care Improvement Plans	DoPC				x		x	COBC6-11
Glasgow Health Sciences Partnership Oversight Board Update	HoCG				x			COBH1
Transformational Change								
MFT Update	MD				x		x	All
IJB Strategic Plans (tbc)								COBH5/COBC10
Governance and Assurance								
Minutes and Chairs Reports of Board Governance Committee • Acute Services Committee • Area Clinical Forum • Audit and Risk Committee • Clinical and Care Governance Committee • Finance, Planning and Performance Committee • Public Health Committee • Staff Governance Committee	**Chairs of Governance Committees**	x	x		x	x	x	All
Pharmacy Practices Committee x as reqd.								
Implementing Active Governance	HoCG	x	x	x	x	x	x	COBC6/COBC8
Risk Management Strategy /Corporate Risk Register/Risk Appetite Statement					x			
IJB Annual Reports (tbc)								
Review of Governance Committee and Integration Joint Board Membership	HoCG	x						COBC6/COBC8
Public Health Screening Programme Annual Report 2020/21	DoPH		x					COBH3
Annual Review of Governance	HoCG			x				COBC6/COBC8
Governance Statement 2020/21	**Chair of ARC**			x				COBV11
Annual Report and Consolidated Accounts for 2020/21	DoF			x				COBV11
Annual Report for the Board of NHSGGC and Auditor General for Scotland 2020/21	**Auditor**			x				COBV11
Endowments Funds Accounts to 31 March 2021	DoF			x				COBV11
Board and IJB Calendar of Meetings 2022/23	HoCG				x	x		All
Clinical & Care Governance Report	MD				x			COBC6
Research and Development Annual Report	MD				x			COBV13
FOI Annual Report	HoCG				x			All
Patient Private Funds 2020/21	DoF					x		COBV12

Staff Governance Annual Report	Chairs of SGC					x		COBW15-20
Whistleblowing Annual Report	HoCG		x					COBW15-20

Abbreviations	
DoF	Director of Finance
COO	Chief Operation Officer
CO, GCHSCP	Chief Officer, Glasgow City HSCP
MD	Medical Director
CE	Chief Executive
HoCG	Head of Corporate Governance and Administration
DoGPOOH	Director of GP Out of Hours
DoEF	Director of Estates and Facilities
DoHROD	Director of Human Resources and Organisational
DoPC	Director of Primary Care
DoPH	Director of Public Health
DoEH	Director of eHealth
DoIPC	Director of Infection Prevention and Control
Chair of ARC	Chair of Audit and Risk Committee
Chairs of SGC	Chairs of Staff Governance Committee

Appendix D

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	Care & Compassion ⟷ Dignity & Respect ⟷ Openness, Honesty & Responsibility ⟷ Quality & Teamwork

Aims	**Better Health** Improving the health and wellbeing of the population	**Better Care** Improving individual experience of care	**Better Value** Reducing the cost of delivering healthcare	**Better Workplace** Creating a great place to work
Corporate Objectives	• 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.	• 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.	• 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.	• 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.

BOARD OFFICIAL