

<b>NHS Greater Glasgow and Clyde</b>	<b>Paper No. 22/48</b>
<b>Meeting:</b>	<b>Board Meeting</b>
<b>Meeting Date:</b>	<b>28 June 2022</b>
<b>Title:</b>	<b>Implementing the Active Governance Approach in NHS Greater Glasgow and Clyde – Update</b>
<b>Sponsor</b>	<b>Professor John Brown CBE, Chair of NHSGGC</b>
<b>Report Author:</b>	<b>Ms Elaine Vanhegan, Director of Corporate Services and Governance</b>

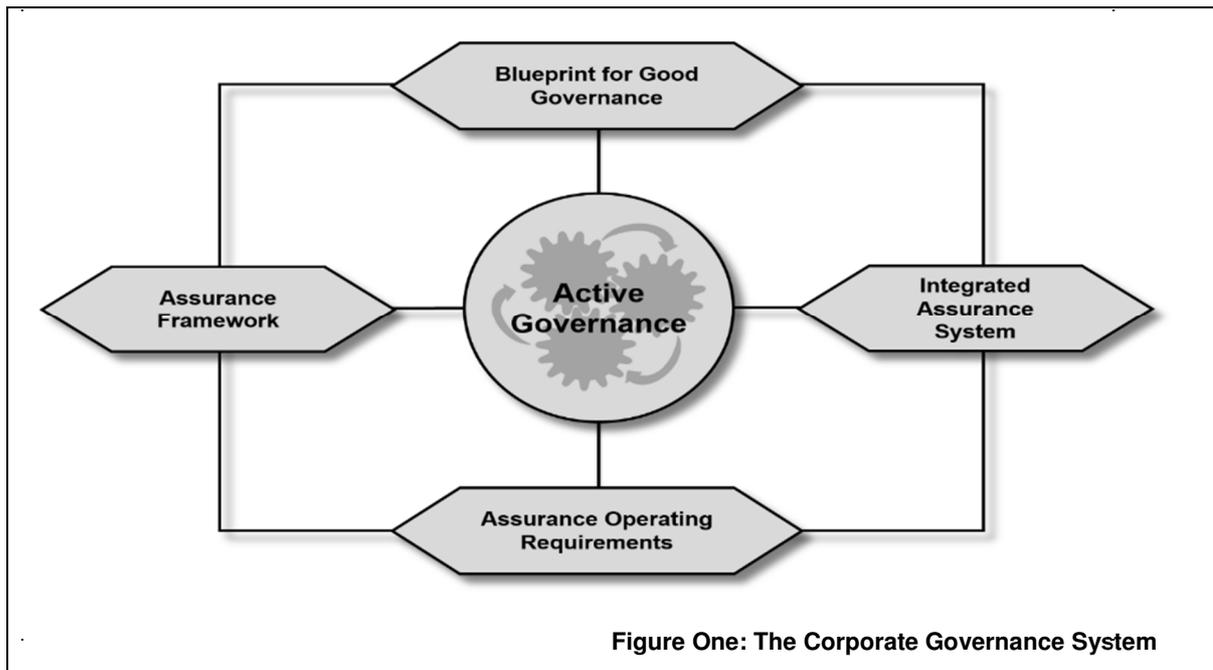
## 1. Introduction

- 1.1 The Board approved 'The Active Governance Programme April 2021 – March 2022' to be delivered over six phases. The Board has been regularly updated over the period, against the plan, acknowledging some reprioritisation due to the pressures of the COVID-19 pandemic which impacted on the ability to deliver against some of the key deliverables.

## 2. Background

- 2.1 The Board are aware that 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, NHSGGC has developed a Corporate Governance System. This system applies the Active Governance approach to the implementation of the Blueprint. This requires having a cohesive corporate governance system that is specifically designed to facilitate an active approach to corporate governance at Board level. Figure 1 below, describes the approach.

**Figure 1**



2.3 The actions to develop the Corporate Governance System form the basis of the NHSGGC Active Governance Programme April 2021–March 2022 (Appendix A). The implementation phases have mainly matched the Board meetings from April 2021 and April 2022. It was recognised at the April 2022 Board meeting that some of the timeframes had not been met due to the pressures of the preceding months, and a final update would be brought to the Board at the June 2022 meeting. The main elements are described Table 1 below.

**Table 1**

<p><b><i>The Corporate Governance System in NHSGGC</i></b></p> <p><b>The Assurance Framework</b>  <b>The Integrated Assurance System</b>  <b>The Assurance Operating Requirements</b>  <b>Supporting Board Members</b>  <b>Evaluation and Review</b>  <b>Communication and Engagement</b></p>
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### **3. Active Governance Programme**

- 3.1 Despite the challenges of the past year, significant progress has been made across the active governance programme of work. Much activity is now embedded in ‘Business as Usual’ arrangements (BAU) for 2022/23, with some follow up activity delegated to Standing Committees, as summarised in Appendix A.
- 3.2 The focus given to this agenda, led by the Chair, the Board and the Executive team, has made a notable contribution to the approach taken to addressing issues relevant to the Board’s escalation to Level 4 on the NHS Scotland Performance Framework.

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The elements of the programme, detailed in Table 1, are all pertinent in this regard. The work undertaken to review the Board’s risk management arrangements is a particular example, with Committees reviewing their respective risks and the Board reviewing the full Corporate Risk Register twice per year. The establishment of a Risk Appetite for the Board is another example of an increasingly robust approach. Members were previously advised that the Board was formally de-escalated to Level 2 on 13 June 2022, a significant milestone.

- 3.3 The following detail provides an update against the outstanding actions of the Active Governance Programme April 2021 – June 2022.

### Outstanding Actions

Ref	The Assurance Framework	Comment
1.1.6	Approve performance indicators	See 3.3 below - Information Assurance - 1.2.8/1.2.9
1.1.7	Allocate oversight of performance indicators to Standing Committees	See 3.3 below - Information Assurance - 1.2.8/1.2.9
1.1.8	Allocate oversight of strategic & commissioning plans to Standing Committees	See 3.2 below - Strategic Planning and Commissioning - 1.2.1/1.2.4.

Ref	The Integrated Assurance System	Comments
<b>Strategic Planning and Commissioning</b>		
1.2.1	Identify & map links between achievement of corporate objectives & existing strategic & commissioning plans	See update below
1.2.2	Identify requirements for new strategic plans to support corporate objectives	See update below
1.2.4	Confirm arrangements for Strategic Planning Groups to review IJB Strategic Commissioning Plans	See update below

- 3.4 Further to the work undertaken by Azets, to ensure alignment between Health Board and IJB planning and reporting processes, the Finance Planning and Performance Committee considered the outputs and concurred with the recommendation for a wider review of whole system strategic planning. As the first part of this, work has been undertaken to create a strategic planning framework mapping key current strategies and plans to Corporate Aims, Leads, and Committees, noting dates for sign off and review. This work can be seen in Appendix G. The broader work is scheduled for completion by October 2022, reporting to the Committee and onwards to the Board. This focus is timely as development continues on the preparation for our 3 year Delivery Plan.

Ref	The Integrated Assurance System	Comments
<b>Assurance Information</b>		Note; Links to actions 1.1.6-1.1.7
1.2.8	Define requirements for information flows to Board & Standing Committees	See update below

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Ref	The Integrated Assurance System	Comments
1.2.9	Provide guidance on the format, presentation & timing of performance & financial reports.	See update below

- 3.5 In a previous update, the Board were advised of the approach to developing performance indicators for each of the Standing Committees. Working with Executive Leads, performance indicators, formats and information flows have now been agreed with Chairs and Vice Chairs for all Standing Committees. Indicators per Committee are presented in Appendices B to F. It is anticipated that the indicators will be reviewed annually. This process will continue to evolve over time as the Active Governance Framework becomes more embedded, however, the key building blocks in terms of information flows are now in place.

Ref	The Assurance Operating requirements	Comments
<b>Operating Instructions</b>		
1.3.4	Review Integration Schemes	See update below
1.3.5	Review Policy Framework	See update below
1.3.8	Review governance arrangements for the ACF & APF	See update below

### 3.6 Integration Schemes

The original Integration Schemes, introduced in 2015, were due to be revised by the end of March 2020 and submitted to the Scottish Government for final approval once they have been through a consultation process and agreed by the respective local authority and Health Board. However, the COVID-19 pandemic halted work and, as of March 2022, consultation, approval and submission remains outstanding for all six Schemes. Advice from Scottish Government suggests that although some arrangements may in the longer term be superseded by the National Care Service (NCS), the expectation is that a comprehensive review of Integration Schemes should continue in line with local legal advice and current legislation, with full consultations taking place at some point this calendar year.

During the pre-consultation period in early 2020, a number of queries and proposed changes to the Schemes were raised. As described previously, a cross system group has been reviewing the six IJB Integration Schemes to ensure consistency of content and language, and to consider points raised previously by the Board. This work is reaching conclusion to allow the Schemes to pass through the Parties' formal consultation and approval processes. However, given the May local elections have resulted in new Council administrations, further clarity is now required to establish whether an indicative Summer/Autumn timetable can still operate, if some administrations require additional time to scrutinise existing review arrangements, or in fact have alternative proposals.

### 3.7 Policy Framework

A short-life working group has reviewed the NHSGGC Policy Development Framework updating the previous version from 2011 and ensuring it is now fit for purpose. The Framework is tasked with providing the required governance for policy

development across all clinical and non-clinical Board functions. Work has also been progressed to establish the current status, and ownership, of a range of corporate policies, as well as the acquisition of a document management solution (or policy tracker) to allow all Health Board policies to be managed in a single system. The Policy Development Framework will be considered by the Corporate Management Team in July 2022.

### **3.8 Governance arrangements Area Clinical Forum (ACF) /Area Partnership Forum (APF)**

Consideration has been given to the current reporting arrangements of the ACF and APF. In terms of national guidance, the establishment of both fora vary as regards to Board reporting. Both entities are represented through the Employee Director and the Chair of the Area Clinical Forum (Cabinet Secretary Non-Executive appointments).

The role of the APF is firmly encompassed within the Staff Governance standard and is expected to have a reporting line to the Staff Governance Committee (SGC). The SGC is jointly chaired by the Employee Director and a Non-Executive. A report is presented by the Employee Director at each SGC meeting with any issues raised through the Chairs summary, as well as the minute of the meeting.

Area Clinical Forums came into being in 2001 to ensure the clinical voice of the organisation was represented at Board level. It was designed to ensure that the advisory committee structure reported into the ACF with the Chair to be appointed as a Non-Executive Board member with the minutes of the ACF presented to the Board.

Acknowledging this position reporting arrangements will remain as before.

## **4. Additional Operating Business**

Some additional updates in respect of the operating requirements of the Board are detailed below for consideration.

### **4.1 Hybrid Working**

As the organisation learns to live with COVID, consideration had been given to how Board and Committee meetings are attended. Clearly throughout the pandemic there has required to be a reliance on virtual meetings. Moving forward it is important that we continue to maximise the benefits of this approach, such as time and travel efficiency, whilst now facilitating the opportunity for face to face interaction, where possible. Recent discussions with the Chair, Committee Chairs and the Chief Executive have resulted in focusing on what is safe, effective and efficient in developing a hybrid approach.

Safety is clearly the overriding consideration in adopting a meeting format that is safe and consistent with guidelines. Equally important is the judgement that everyone must make for their personal circumstances to ensure that they take no unnecessary risk. The individuals' right to choose to stay on line, or attend in person, must be respected.

There are recognised benefits in terms of effectiveness of meeting in person. Where it is considered safe for limited sized groups and Committees then the opportunity for people to come together will be supported, ensuring there is also an on line capability for those not wanting to attend in person.

With functioning online capability now in place, the opportunity to be more efficient exists in respect of time, travel as well as the impact on environmental sustainability. The clear benefits of this should continue, with the proposal that for routine business functions, e.g., pre agenda activity or single item meetings, then these should continue online.

We require to take a flexible approach as it is currently challenging to identify venues where numbers can be accommodated safely, while still ensuring adequate individual spacing, and appropriate IT capability. For example, it has not yet been possible to find a venue that could accommodate a hybrid Board meeting if more than 18 people were to attend in person. It is hoped that wider options will become available over the summer months.

It is proposed that the Board Secretary will provide advice on a meeting by meeting basis on what can be safely accommodated. It is also important to recognise that if COVID-19 numbers become significant again, then we may require to revert to full online meetings.

## **4.2 Visiting Programme**

By way of update to previous discussions regarding a Board visiting programme, a series of proposed visit areas have been agreed with Standing Committee Executive Leads. The next steps are to consider and agree these with Committee Chairs and Vice Chairs in line with the approach agreed by the Board through the Active Governance Framework. Recognising the proposed changes to Committee membership, Chairs and Vice Chairs, it is anticipated that this will be completed by mid-July with a 12 month programme being put in place, supported by the Communication Team's Visit Co-ordinator.

## **5. Conclusions**

- 5.1 Implementing Active Governance is a dynamic process which will continue to evolve as processes embed and mature. The work over the past year in implementing the Active Governance Programme puts the organisation on a firm footing to develop the approach further in a BAU manner. A further update to the Blueprint is anticipated, providing national guidance in delivering Active Governance in Healthcare. NHSGGC will be very well placed to adapt to any further requirements.
- 5.2 It is proposed that the Board will now receive a mid-year and year-end update on governance arrangements as they become embedded.
- 5.3 In addition a self-assessment process is in development nationally with the expectation that this will be delivered by March/ April of 2023.

***The Board is asked to be assured as to the implementation of the Active Governance Programme noting the proposal for a twice yearly update to the Board.***

## **6. Recommendations**

6.1 It is recommended that the Board:

- Be assured as to the position with the Active Governance Programme - Appendix A noting the proposal for a twice yearly update to the Board;
- Be assured that the performance indicators for Standing Committees have been agreed with the Executive Leads and Committee Chairs and presented in Appendices B to F;
- Be assured that the approach to strategic planning is being reviewed, noting the work at Appendix G and acknowledging the actions remitted to the Finance Planning and Performance Committee;
- Be aware of the approach to hybrid working moving forward and be aware of the implementation of the approach to Board visits.

## **7. Implementation**

7.1 This paper presents a detailed update on the implementation of the plan that is attached at Appendix A.

## **8. Evaluation**

8.1 The evaluation of the success of the Active Governance Programme will form part of the self-assessment noted above.

## **9. Appendices**

Appendix A - The Active Governance Programme April 2020 – June 2022

Appendix B - Assurance Information Framework – Acute Services Committee

Appendix C - Assurance Information Framework – Clinical and care Governance Committee

Appendix D - Assurance Information Framework – Finance, Planning and Performance Committee

Appendix E - Assurance Information Framework – Population Health and Wellbeing Committee

Appendix F - Assurance Information Framework – Staff Governance Committee

Appendix G - Strategy Framework – June 2021

**The Active Governance Programme - April 2021 to March 2022 – Update June 2022**

<b>1</b>	<b>The Corporate Governance System</b>	<b>Phase</b>	<b>BAU</b>	<b>Executive Lead</b>	<b>Sponsor</b>	<b>Oversight Committee</b>
<b>1.1</b>	<b>The Assurance Framework</b>					
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	BAU	FMcE	MK	ARC
1.1.5	Allocate oversight of corporate risks to Standing Committees	Completed	BAU	FMcE	MK	ARC
1.1.6	Approve performance indicators	Completed	BAU	FMcE	SC	FP&P
1.1.7	Allocate oversight of performance indicators to Standing Committees	Completed	BAU	FMcE	SC	FP&P
1.1.8	Allocate oversight of strategic & commissioning plans to Standing Committees	Completed	BAU	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
<b>1.2</b>	<b>The Integrated Assurance System</b>					
	<b>Strategic Planning &amp; Commissioning</b>					
1.2.1	Identify & map links between achievement of corporate objectives & existing strategic & commissioning plans	Completed		JA	SC	FP&P
1.2.2	Identify requirements for new strategic plans to support corporate objectives	FP&P	BAU	JA	SC	FP&P
1.2.3	Ensure alignment between Health Board & IJB planning & reporting processes	Completed		JA	SC	FP&P
1.2.4	Confirm arrangements for Strategic Planning Groups to review IJB Strategic Commissioning Plans.	Completed		JA	SC	FP&P
	<b>Risk Management</b>					
1.2.5	Confirm the Board's risk appetite	Completed	BAU	FMcE	MK	Board
1.2.6	Identify current corporate risks & update corporate risk register	Completed	BAU	FMcE	MK	ARC
1.2.7	Identify operational risks to delivery of 2021/22 Remobilisation Plan & update operational risk registers	Completed	BAU	FMcE	MK	Board
	<b>Assurance Information</b>					
1.2.8	Define requirements for information flows to Board & Standing Committees	Completed	BAU	FMcE	SC	FP&P
1.2.9	Provide guidance on the format, presentation & timing of performance & financial reports.	Completed	BAU	FMcE	SC	FP&P
	<b>Audit Programme</b>					
1.2.10	Agree the 2021/22 Internal Audit Programme with Azets	Completed	BAU	FMcE	MK	ARC
1.2.11	Agree the 2021/22 External Audit Programme with Audit Scotland	Completed	BAU	FMcE	MK	ARC
1.2.12	Commission an external review of audit arrangements	Completed		FMcE	MK	ARC
	<b>NHS Scotland Performance Management Framework</b>					
1.2.13	Agree the ongoing arrangements for the Oversight Boards	Completed		JG	JB	Board
1.2.14	Deliver the Oversight Board requirements	Completed		JG	JB	Board
1.2.15	Contribute to the CGSC review of the Performance Management Framework	Nationally Led		JG	JB	Board

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<b>1.3 The Assurance Operating Requirements</b>						
<b>Operating Instructions</b>						
1.3.1	Review Standing Orders	Completed	BAU	EVH	JB	Board
1.3.2	Review Standing Financial Instructions	Completed	BAU	EVH	MK	ARC
1.3.3	Review Scheme of Delegation	Completed	BAU	EVH	JB	Board
1.3.4	Review Integration Schemes	Partner agreement tbc		EVH	JB	Board
1.3.5	Review Policy Framework	CMT review	BAU	EVH	JB	Board
<b>Board &amp; Standing Committees Operating Arrangements</b>						
1.3.6	Agree Board Members' responsibilities for 2021/22	Completed	BAU	EVH	JB	Board
1.3.7	Confirm Terms of Reference of Standing Committees	Completed	BAU	EVH	JB	Board
1.3.8	Review governance arrangements for the ACF & APF	Completed		EVH	JB	Board
1.3.9	Review Standing Committee work programme for 2021/22	Completed	BAU	LX	SCC	Board
1.3.10	Review Board work programme for 2021/22	Completed	BAU	EVH	JB	Board
1.3.11	Introduce template for Standing Committee Chairs' reports to Board meetings	Completed	BAU	EVH	JB	Board
1.3.12	Agree Terms of Reference of MFT Advisory Group	Completed		JG	JB	Board
<b>2 Supporting Board Members</b>						
		Phase		Executive Lead	Sponsor	Oversight Committee
2.1	Confirm Induction programme for new Board Members	Completed	BAU	EVH	JB	Board
2.2	All Board Members to consider registering on the TURAS system	Completed	BAU	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	Fellowship extended		AMCP	AC & DMcE	SGC
2.5	Review requirements & roles of Board level Champions	Completed	BAU	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	Completed	BAU	EVH	JB	Board
2.8	Review RCPE Governance Review findings & recommendations	Completed		EVH	JB	Board
<b>3 Evaluation &amp; Review</b>						
		Phase		Executive Lead	Sponsor	Oversight Committee
3.1	Prepare the Annual Governance Statement	Completed	BAU	EVH	MK	ARC
3.2	Draft the governance report for the Annual Review	Completed	BAU	EVH	JJ	Board
3.3	Complete the self-assessment of Board effectiveness	Nationally led		EVH	JB	Board
3.4	Confirm an external provider for the Active Governance Evaluation Report	S-A process 23/24		EVH	MK	ARC
<b>4 Communications &amp; Engagement</b>						
		Phase		Executive Lead	Sponsor	Oversight Committee
4.1	Encourage public & media virtual attendance at Board meetings.	Completed	BAU	SB	JB	Board
4.2	Develop & commence a NHSGGC Board Visiting Programme	Approach agreed		SB	JB	Board
4.3	Develop approach to ensuring visibility of Corporate Statements	Completed		SB	JB	Board

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<b>Key</b>	<b>Phase 1</b>	May/June 2021	<b>JA</b>	Jennifer Armstrong
	<b>Phase 2</b>	July/August 2021	<b>JB</b>	John Brown
	<b>Phase 3</b>	September/October 2021	<b>SC</b>	Simon Carr
	<b>Phase 4</b>	November/December 2021	<b>AC</b>	Alan Cowan
	<b>Phase 5</b>	January/February 2022	<b>JG</b>	Jane Grant
	<b>Phase 6</b>	March/April 2022	<b>ACB</b>	Anne Cameron Burns
			<b>MK</b>	Margaret Kerr
	<b>ARC</b>	Audit & Risk Committee	<b>EVH</b>	Elaine Vanhegan
	<b>FP&amp;P</b>	Finance, Planning and Performance Committee	<b>FMcE</b>	Fiona McEwan
	<b>LX</b>	Lead Executive		
	<b>SCC</b>	Standing Committee Chairs		
	<b>SGC</b>	Staff Governance Committee		

Ref	Corporate Statement	Operational Priority	Lead Committee	Lead Executive	Measures	Reports										
						Targets	Title	Frequency to ASC	Format	Period	History	Trajectory	Forecast	Benchmarking	Board	Frequency to Board
A1	Better Care - Improving Individual experience of Care															
	To ensure services are timely and accessible to all parts of the community we service.	Planned Care: To increase the level of activity within the elective care programme.	ASC	Chief Operating Officer	Level of Demand for Cancer Services – USOC Referrals	RMP4 Trajectory	Acute Services Performance Report	AM	N/CC	M	PPx12	Yes	Yes	NHSS	No	A
			ASC	Chief Operating Officer	Access to Cancer Services Treatment Time	95% of patients being treated within 31 days from the decision to treat	Acute Services Performance Report	AM	N/CC	Q	PPx12	Yes	Yes	NHSS	Yes	Q
			ASC	Chief Operating Officer	Access to Cancer Services – Number of Patients Treated on 31 Day Pathway	RMP4 Trajectory	Acute Services Performance Report	AM	N/CC	Q	PPx12	Yes	Yes	NHSS	No	-
			ASC	Chief Operating Officer	Access to Cancer Services – Treatment Time Against 62 Day Pathway	95% of patents being seen within 62 days of referral	Acute Services Performance Report	AM	N/CC	Q	PPx12	Yes	Yes	NHSS	Yes	Q
			ASC	Chief Operating Officer	Outpatient Waiting Times – Numbers of Patients Waiting Over 12 Weeks, 26 Weeks and 52 Weeks	RMP4 Trajectory	Acute Services Performance Report	AM	N/CC	M	PPx12	Yes	Yes	NHSS	Yes	AM
			ASC	Chief Operating Officer	New Outpatient Activity	RMP5 Trajectory	Acute Services Performance Report	AM	N/CC	M	PPx12	Yes	Yes	NHSS	No	-
			ASC	Chief Operating Officer	TTG Patient Waiting Times – Numbers of Patients Waiting Over 12 Weeks, 26 Weeks and 52 Weeks	RMP4 Trajectory	Acute Services Performance Report	AM	N/CC	M	PPx12	Yes	Yes	NHSS	Yes	AM
			ASC	Chief Operating Officer	TTG Activity Level	RMP5 Trajectory	Acute Services Performance Report	AM	N/CC	M	PPx12	Yes	Yes	NHSS	No	-
			ASC	Chief Operating Officer	18 Week Referral to Treatment	90% of all patients to be seen within 18 weeks	Acute Services Performance Report	AM	N/CC	Q	PPx3	No	No	NHSS	No	-
			ASC	Chief Operating Officer	Diagnostic Waiting Times – Numbers of Patients Waiting Over 6 Weeks, 12 Weeks and 26 Weeks	RMP4 Trajectory	Acute Services Performance Report	AM	N/CC	M	PPx12	Yes	Yes	NHSS	Yes	AM
			ASC	Chief Operating Officer	Level of Diagnostic Activity per Modality	RMP5 Trajectory	Acute Services Performance Report	AM	N/CC	M	PPx12	Yes	Yes	NHSS	No	-
			ASC	Chief Operating Officer	Access to Acute Emergency Care	95% of patients to be seen within 4 hours	Acute Services Performance Report	AM	N/CC	M	PPx12	No	Yes	NHSS	Yes	AM
			ASC	Chief Operating Officer	Unscheduled Care – Number of Non-Elective Hospital Bed Days	Local Target	Acute Services Performance Report	AM	N/LC	M	PPx12	Yes	Yes	NHSS	No	AM
			ASC	Chief Operating Officer	Mean Length of Stay for Emergency Admissions	RMP4 Trajectory	Acute Services Performance Report	AM	N/RAG	Q	PPx3	Yes	Yes	NHSS	No	-

## Key:

Committee	
<b>NHSB</b>	NHS Board
<b>ASC</b>	Acute Services Committee
<b>ARC</b>	Audit & Risk Committee
<b>CCGC</b>	Clinical & Care Governance Committee
<b>FPP</b>	Finance Planning & Performance Committee
<b>SGC</b>	Staff Governance Committee
Frequency	
AM	All meetings of relevant committee
Q	Quarterly
BA	Bi-annually
A	Annually
Format	
N	Number
P	Percentage
LC	Line Chart
CC	Control Chart
RAG	Red Amber Green Chart
PC	Pareto
FPC	Funnel Plot Chart
WSV	Whole System View
Period	
D	Day
W	Week
FW	Four Weeks
M	Month
Q	Quarter
Y	Year

History	
PP	Previous period
PPx3	Previous three periods
PPx12	Previous twelve periods
PPx24	Previous twenty four periods
PPx36	Previous thirty six periods
PFY	Previous financial year
PFYx2	Previous two financial years
PFYx3	Previous three financial years
Trajectory	
Agreed level of performance required by body commissioning work, e.g. performance levels required to meet output targets.	
Forecast	
Expected level of performance that will be delivered within the resources available and in the circumstances expected to arise.	
Benchmark	
MNB	Mainland NHS Boards
NHSS	NHS Scotland
NHSUK	NHS UK

Ref	Corporate Statement	Operational Priority	Lead Committee	Lead Executive	Measures	Reports											
						Targets	Title	Frequency to CCGC	Format	Period	History	Trajectory	Forecast	Benchmarking	Board	Frequency to Board	
A1	Better Care - Improving the individual experience of care																
	To provide a safe environment and appropriate working practices that minimise the risk of injury or harm to our patients and our people.	Scottish Patient Safety Programme (SPSP) Falls Improvement Programme: Key objective as part of the NHSGGC Healthcare Quality Strategy.	CCGC	Board Nurse Director	Inpatient Falls per 1,000 OBD	National Aim: reduce all falls by 20% by Sep 2023. GGC aim reduce avoidable falls by 20% by Sept 2023	Quality & Safety Programme Report	BA	CC	M	PPx24	GGC TBC	No	NHSS	No	-	
	To provide a safe environment and appropriate working practices that minimise the risk of injury or harm to our patients and our people.	Scottish Patient Safety Programme (SPSP) Falls Improvement Programme: Key objective as part of the NHSGGC Healthcare Quality Strategy.	CCGC	Board Nurse Director	Inpatient Falls with Harm per 1,000 OBD	National Aim: reduce falls with harm by 30% by Sep 2023. GGC aim reduce avoidable falls with harm by 30% by Sept 2023	Quality & Safety Programme Report	BA	CC	M	PPx24	GGC TBC	No	NHSS	No	-	
	To provide a safe environment and appropriate working practices that minimise the risk of injury or harm to our patients and our people.	Key objective as part of the NHSGGC Healthcare Quality Strategy.	CCGC	Board Nurse Director	Avoidable Pressure Ulcer Rate (Grade 2-4)	GGC aim to be considered by Quality Strategy Oversight Group	Quality & Safety Programme Report	BA	CC	M	PPx24	GGC TBC	No	NHSS	No	-	
	To provide a safe environment and appropriate working practices that minimise the risk of injury or harm to our patients and our people.	Scottish Patient Safety Programme (SPSP) Deteriorating Patient Improvement Programme. Key objective for Acute Services Division.	CCGC	Board Medical Director	Rate of Cardiac Arrests (per 1,000 discharges)	National aim: A reduction in Cardiopulmonary Resuscitation rate, in acute care, by September 2023 GGC aim to be considered by Deteriorating Patient Steering Group	Quality & Safety Programme Report	BA	LC	M	PPx24	GGC TBC	No	NHSS	No	-	
	To provide a safe environment and appropriate working practices that minimise the risk of injury or harm to our patients and our people.	To further 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.	CCGC	Board Nurse Director	Gram-negative Bacteraemia (healthcare associated E. coli bacteraemia) (ECB)	A reduction of 50% in healthcare associated infections by 2023/24, with an initial reduction of 25% by 2021/22. *the previously agreed standards and indicators for 2022 will be extended by one year (to 2023)	HAIRT	AM	CC	M	PPx36	GGC TBC	No	NHSS	HAIRT	AM	
	To provide a safe environment and appropriate working practices that minimise the risk of injury or harm to our patients and our people.	To further 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.	CCGC	Board Nurse Director	Staphylococcus Aureus Bacteraemia (SAB)	Reduction of 10% in the national rate of healthcare associated SAB from by 2022. *the previously agreed standards and indicators for 2022 will be extended by one year (to 2023)	HAIRT	AM	CC	M	PPx36	GGC TBC	No	NHSS	HAIRT	AM	
	To provide a safe environment and appropriate working practices that minimise the risk of injury or harm to our patients and our people.	To further 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.	CCGC	Board Nurse Director	Clostridioides Difficile Infection (CDI)	Reduction of 10% in the national rate of healthcare associated Clostridioides difficile infection, with (CDI) by 2022. *the previously agreed standards and indicators for 2022 will be extended by one year (to 2023)	HAIRT	AM	CC	M	PPx36	GGC TBC	No	NHSS	HAIRT	AM	
	To continuously improve the quality of care, engaging with our patients and our people to ensure healthcare services meet their needs.	Patient Experience	CCGC	Board Nurse Director	Compliance with Complaints Handling Procedure for NHS Scotland Number of Complaints Closed at Stage 1 Within 5 Working Days, and as a % of Closed Stage 1s	KPI for SG –80% for Early resolution – Stage 1	Patient Experience, Complaints, Ombudsman Report	BA	N&P	M	PP	No	No	NHSS	Yes	BA	
	To continuously improve the quality of care, engaging with our patients and our people to ensure healthcare services meet their needs.	Patient Experience	CCGC	Board Nurse Director	Compliance with Complaints Handling Procedure for NHS Scotland Number of Complaints Closed at Stage 2 Within 20 Working Days, and as a % of Closed Stage 2s	KPI for SG 70% - for Stage 2	Patient Experience, Complaints, Ombudsman Report	BA	N&P	M	PP	No	No	NHSS	Yes	BA	
	To provide a safe environment and appropriate working practices that minimise the risk of injury or harm to our patients and our people.	Better Care	CCGC	Board Medical Director	Hospital Standardised Mortality Rate (HSMR)	The Scottish HSMR has a baseline of 1.00 and individual hospitals/health boards can be compared against this	HSMR	BA	FPC	Q	PP	GGC TBC	No	NHSS	No	-	

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Expected level of performance that will be delivered within the resources available and in the circumstances expected to arise.	
Benchmark	
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						Targets	Title	Frequency to FPP	Format	Period	History	Trajectory	Forecast	Benchmarking	Board	Frequency to Board
A1	<b>Better Care - Improving Individual Experience of Care</b>															
	To promote and support good mental health and wellbeing at all ages.	Primary and 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 and implementing the Primary Care Improvement Plans).	FPP	Chief Officers	Psychological Therapies – Level of Activity	RMP4 Trajectory	Finance Planning and Performance	AM	N/LC	M	PPx12	Yes	Yes	NHSS	No	AM
			FPP	Chief Officers	Psychological Therapies – Access to Treatment Waiting Times	RMP4 Trajectory	Finance Planning and Performance	AM	N/LC	M	PPx12	Yes	Yes	NHSS	Yes	AM
			FPP	Chief Officers	CAMHs – Level of Activity	RMP4 Trajectory	Finance Planning and Performance	AM	N/LC	M	PPx12	Yes	Yes	NHSS	No	AM
			FPP	Chief Officers	CAMHs – Access to Treatment Waiting Times	RMP4 Trajectory	Finance Planning and Performance	AM	N/LC	M	PPx12	Yes	Yes	NHSS	Yes	AM
			FPP	Chief Officers	Alcohol and Drugs – Access to Treatment Waiting Times	National Target	Finance Planning and Performance	AM	N/LC	M	PPx12	Yes	Yes	NHSS	No	AM
	To ensure services are timely and accessible to all parts of the community we serve.		FPP	Chief Officers	MSK – Access to Treatment Waiting Times	National Target	Finance Planning and Performance	AM	N/RAG	M	PPx12	Yes	Yes	NHSS	No	AM
			FPP	Chief Officers	Podiatry – Access to Treatment Waiting Times	Local Target	Finance Planning and Performance	AM	N/RAG	M	PPx12	Yes	Yes	N/A	No	AM
	To continuously improve the quality of care, engaging with our patients and our people to ensure healthcare services meet their needs.	Urgent Care – To work with partners to implement the redesign of the whole system pathways for urgent care across primary, secondary and social care. (This includes the increased use of consultant connect services and the development of additional care pathways, including paediatrics services being managed through flow navigation hub).	FPP	Chief Officers	Unscheduled Care – Emergency Department Level of Activity	RMP4 Trajectory	Finance Planning and Performance	AM	N/LC	M	PPx12	Yes	Yes	NHSS	Yes	AM
			FPP	COO - Acute	Unscheduled Care – Emergency Department Admissions	RMP4 Trajectory	Finance Planning and Performance	AM	N/LC	M	PPx12	Yes	Yes	NHSS	No	AM
			FPP	Chief Officers	GP OOH – Number of Shifts Open	Local Target	Finance Planning and Performance	AM	N/RAG	M	PPx12	No	No	N/A	Yes	AM
			FPP	Chief Officers	GP OOH – Level of Activity	Local Target	Finance Planning and Performance	AM	N/LC	M	PPx12	No	No	N/A	No	AM
			FPP	Chief Officers	Delayed Discharges – Number of Acute Non-AWI and AWI Delays	RMP4 Trajectory	Finance Planning and Performance	AM	N/LC	M	PPx12	Yes	Yes	NHSS	Yes	AM
			FPP	Chief Officers	Delayed Discharges – Number of Delays in Mental Health Beds	RMP4 Trajectory	Finance Planning and Performance	AM	N/LC	M	PPx12	Yes	Yes	NHSS	Yes	AM
			FPP	Chief Officers	Delayed Discharges – Number of Occupied Bed Days Lost Due to Delayed Discharges	RMP4 Trajectory	Finance Planning and Performance	AM	N/LC	M	PPx12	Yes	Yes	NHSS	Yes	AM
A1	<b>Better Value – Reducing the Cost of Delivering Healthcare</b>															
	To reduce cost variation, improve productivity and eliminate waste through a robust system of efficiency savings management.	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).	FPP	DOF	Finance – Performance Report	RMP4 Trajectory	FP&P Revenue Report	AM	WSV	Q	PPx3	Yes	Yes	N/A	Yes	Q
			FPP	DOF	Finance – FIP	Local Target	FP&P Revenue Report	AM	WSV	Q	PPx3	Yes	Yes	N/A	Yes	Q
	To utilise and improve our capital assets to support the reform of healthcare.		FPP	DOF	Finance – Finance and Capital Report	RMP4 Trajectory	FP&P Revenue Report	AM	WSV	Q	PPx3	Yes	Yes	N/A	Yes	Q

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						Targets	Title	Frequency to PHWBC	Format	Period	History	Trajectory	Forecast	Benchmarking	Board	Frequency to Board
A1	Better Health - Improving the Health and wellbeing of the population  To reduce the premature mortality of the population and the variance in this between communities.	To reduce the level of Type 2 Diabetes in the population.	PHWBC	Director of Public Health (DPH)	Monitor the number of newly diagnosed Type2 Diabetes patients per quarter	To be confirmed	Population Health and Wellbeing Performance Report	AM	N/CC	Q	PP	Yes	Yes	NHSS	No	A
				DPH	Increase in the number of referrals to Adult Weight Management Services ( AWMS ) per quarter	To be confirmed	Population Health and Wellbeing Performance Report	AM	N/CC	Q	PP	Yes	Yes	NHSS	No	A
				DPH	Increase in the number of ACWMS referrals who engage with Tier 2 service per quarter	To be confirmed	Population Health and Wellbeing Performance Report	AM	N/CC	Q	PP	Yes	Yes	NHSS	No	A
				DPH	Increase in the number of patients engaged with Tier 2 Services who achieve 5% weight loss	To be confirmed	Population Health and Wellbeing Performance Report	AM	N/CC	Q	PP	Yes	Yes	NHSS	No	A
				DPH	Percentage referrals to AWMS who are diagnosed with T2D per quarter	To be confirmed	Population Health and Wellbeing Performance Report	AM	N/CC	Q	PP	Yes	Yes	NHSS	No	A
				DPH	Proportion of Adults with a healthy weight	To be confirmed	Population Health and Wellbeing Performance Report	AM	N/CC	Q	PP	Yes	Yes	NHSS	No	A
				DPH	Proportion of Children with a healthy Weight at P1	To be confirmed	Population Health and Wellbeing Performance Report	AM	N/CC	A	PP	Yes	Yes	NHSS	No	A
	To reduce the premature mortality rate of the population and its variance between communities.	For the ADPS to take action to reduce the number of drug related deaths in NHSGGC.  To ensure the best start for children with a focus on developing good health and wellbeing in their early years.	PHWBC	DPH	To increase the number of take home Naxolone kits issued in NHSGGC	To be confirmed	Population Health and Wellbeing Performance Report	AM	N/CC	Q	PP	Yes	Yes	NHSS	No	A
				DPH	To increase the proportion of people referred following non-fatal overdose (NFO) who are seen by assertive outreach within two days of referral	To be confirmed	Population Health and Wellbeing Performance Report	AM	N/CC	Q	PP	Yes	Yes	NHSS	No	A
				DPH	Reduction in Drug deaths	To be confirmed	Population Health and Wellbeing Performance Report	AM	N/CC	A	PP	Yes	Yes	NHSS	No	A
				DPH	Increase in the percentage of children registered with an NHS dentist	To be confirmed	Population Health and Wellbeing Performance Report	AM	N/CC	A	PP	Yes	Yes	NHSS	No	A
				DPH	Reduction in rate of referrals for child dental treatment with General Anaesthesia	To be confirmed	Population Health and Wellbeing Performance Report	AM	N/CC	Q	PP	Yes	Yes	NHSS	No	A
				DPH	To increase referrals of children to early intervention mental health services	To be confirmed	Population Health and Wellbeing Performance Report	AM	N/CC	Q	PP	Yes	Yes	NHSS	No	A
				DPH	To increase the number of child development assessments completed within the assessment window	To be confirmed	Population Health and Wellbeing Performance Report	AM	N/CC	Q	PP	Yes	Yes	NHSS	No	A

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						Targets	Title	Frequency to SGC	Format	Period	History	Trajectory	Forecast	Benchmarking	Board	Frequency to Board		
A1	Better Workplace - creating a great place to work																	
	To ensure our staff are well informed and to provide a continuously improving and safe work environment.	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)	SGC	Director of Human Resources and Organisational Development	Starters and Leavers, Staff Turnover	N/A	Staff Governance Performance Report	AM	LC	M	PPx12	Yes	Yes	NHSS	No	-		
	To ensure our people are well informed, promote the health and well being of our people and provide a continuously improving and safe work environment.	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)	SGC	Director of Human Resources and Organisational Development	Staff Sickness Absence Rate - Overall Position	4% (national) 5% (local)	Staff Governance Performance Report	AM	LC	M	PPx12	Yes	Yes	NHSS	No	-		
	To ensure our people are well informed, promote the health and well being of our people and provide a continuously improving and safe work environment.	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)	SGC	Director of Human Resources and Organisational Development	Staff Sickness Absence Rate - Short Term Position	N/A	Staff Governance Performance Report	AM	LC	M	PPx12	Yes	Yes	NHSS	No	-		
	To ensure our people are well informed, promote the health and well being of our people and provide a continuously improving and safe work environment.	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)	SGC	Director of Human Resources and Organisational Development	Staff Sickness Absence Rate - Long Term Position	N/A	Staff Governance Performance Report	AM	LC	M	PPx12	Yes	Yes	NHSS	No	-		
	To ensure our people are well informed, to ensure our people are appropriately trained and developed, to promote the health and wellbeing of our people and provide a continuously improving and safe work environment.	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)	SGC	Director of Human Resources and Organisational Development	Statutory and Mandatory Training Completion Rates	90%	Staff Governance Performance Report	AM	LC	M	PPx12	No	No	NHSS	No	-		
	To ensure our people are well informed, to ensure our people are appropriately trained and developed, to promote the health and wellbeing of our people and provide a continuously improving and safe work environment	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)	SGC	Director of Human Resources and Organisational Development	KSF and Personal Development Plan Completion	80% (from Apr 22)	Staff Governance Performance Report	AM	LC	M	PPx12	No	No	NHSS	No	-		
	To ensure our people are treated fairly and consistently, with dignity and respect and work in an environment where diversity is valued, to promote the health and well being of our people.	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)	SGC	Director of Human Resources and Organisational Development	Equality data – number of staff with protected characteristics recorded	3% annual increase	Staff Governance Performance Report	AM	BC	Q	PPx4	No	No	NHSS	No	-		
	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.	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)	SGC	Director of Human Resources and Organisational Development	iMatter: Completion Rate	60%	Staff Governance Performance Report	AM	LC	Y	PPx12	No	No	NHSS	Yes	BA		
	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.	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)	SGC	Director of Human Resources and Organisational Development	iMatter: Action Plan	100%	Staff Governance Performance Report	AM	LC	Y	PPx12	No	No	NHSS	Yes	BA		

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Strategy Framework - 1 June 2022								
Title	Corporate Aims	Reporting Governance	Lead Director	Approving Authority	Date Approved	Period Covered	Review Date	Consultation /Engagement
<b>A Five Year Strategy for Adult Mental Health Services in Greater Glasgow &amp; Clyde</b>	Better Health Better Care	Population Health and Wellbeing Committee Corporate Management Team	Susanne Millar	NHSGGC Board JIBs	Jan-18	2018-2023	202+J4:J182	Corporate Management Team Public Engagement Staff side/Partnership Engagement Services Engagement - HSCPs SG Engagement
<b>Best Start: 5 Year Plan for Maternity &amp; Neonatal Care</b>	Better Care Better Health	Finance, Planning and Performance Committee Corporate Management Team	Prof. Angela Wallace	NHSGGC Board	Jan-17	2017-2022	2022 2 year pause approved nationally. Now 2024 and 2026	National led Public Consultation NHSGGC Service User Engagement NHSGGC Staffside/Partnership Services Engagement Corporate Management Team
<b>Health Care Quality Strategy</b>	Better Care Better Health Better Workplace	Clinical and Care Governance Committee Corporate Management Team	Prof. Angela Wallace	NHSGGC Board	Feb-19	2019-2023	2022	Staffside/Partnership Services Engagement Corporate Management Team
<b>Staff Health Strategy/Mental Health and Well-being Plan</b>	Better Workplace	Staff Governance Committee Corporate Management Team	Anne MacPherson	NHSGGC Board		2017-2022	2022	Staffside/Partnership Services Engagement Corporate Management Team
<b>Stakeholder Communications &amp; Engagement Strategy</b>	Better Care Better Health	Finance, Planning and Performance Committee Corporate Management Team	Sandra Bustillo	NHSGGC Board	Oct-20	2020-2023	2022	Board Stakeholder Reference Group Staffside/Partnership HISS/SG Corporate Management Team
<b>Digital Strategy</b>	Better Health Better Care Better Workplace Better Value	Audit and Risk Committee Corporate Management Team eHealth Strategy Board	Denise Brown	NHSGGC Board	Aug-18	2018-2022	New draft being produced. Expected by October 22.	Public Consultation Board Stakeholder Reference Group Staffside/Partnership Services Engagement Corporate Management Team
<b>Clinical Strategy/Clinical Infrastructure Strategy</b>	Better Health Better Care Better Workplace Better Value	Finance Planning and Performance Committee MFT Advisory Group Corporate Management Team MFT Programme Board	Dr Jennifer Armstrong	NHSGGC Board	Jun-18	2018-2028	2022	Public Consultation Board Stakeholder Reference Group Staffside/Partnership Services Engagement Corporate Management Team
<b>Workforce Strategy</b>	Better Workplace	Staff Governance Committee Corporate Management Team	Anne MacPherson	NHSGGC Board	TBC	2022-2025	2025	Staffside/Partnership Services Engagement Corporate Management Team
<b>IJB Strategic Plans</b>  Inverclyde Glasgow City West Dunbartonshire Renfrewshire East Renfrewshire East Dunbartonshire	Better Health Better Care Better Value Better Workplace	Finance, Planning and Performance Committee Corporate Management Team	Kate Rocks Susanne Millar Beth Culshaw Christine Laverty Julie Murray Caroline Sinclair	NHSGGC Board JIBs	2019 2020 2020 2022 2022 2022	2019-2024 2020-2023 2020-2023 2022-2025 2022-2025 2022-2025	2022 2023 2023 2025 2025 2025	Strategic Planning Groups/Staffside/Services/Public Corporate Management Team
<b>Finance Strategy</b>	Better Value	Finance, Planning and Performance Committee Corporate Management Team	Colin Neil	NHSGGC Board	Jul-22	2022-2025	2023 and 2024	Staffside/Partnership Services Engagement Corporate Management Team
<b>Moving Pharmacy Forward</b>	Better Health Better Care Better Value Better Workplace	Clinical and Care Governance Committee Corporate Management Team Pharmacy Strategic Planning Group	Dr Jennifer Armstrong	NHSGGC Board	Jan-21	2021-2026	2024	Staffside/Partnership Services Engagement Corporate Management Team

Title	Corporate Aims	Reporting Governance	Lead Director	Approving Authority	Date Approved	Period Covered	Review Date	Consultation /Engagement
<b>NHSGGC : Turning the Tide Through Prevention</b>	Better Health	Population Health and Wellbeing Committee Corporate Management Team	Dr Emilia Crighton	NHSGGC Board	Aug-18	2018-2028	2024	Public Consultation Board Stakeholder Reference Group Staffside/Partnership Services Engagement Corporate Management Team
<b>A Fairer NHSGGC</b>	Better Care Better Workplace	Population Health and Wellbeing Committee Staff Governance Committee Corporate Management Team	Dr Emilia Crighton	NHSGGC Board	2020	2020-2024	2024	Staffside/Partnership Corporate Management Team
<b>3 Year Delivery Plan</b>	Better Health Better Care Better Value Better Workplace	Finance, Planning and Performance Committee; Corporate Management Team	Dr Jennifer Armstrong	NHSGGC Board		April 2023 - March 2026	2026	Corporate Management Team
<b>Internal Communication &amp; Employee Engagement Strategy</b>	Better Care Better Health	Finance, Planning and Performance Committee Corporate Management Team	Sandra Bustillo	NHSGGC Board		2022-2025	TBC	Board Stakeholder Reference Group Staffside/Partnership HISS/SG Corporate Management Team