

<b>NHS Greater Glasgow and Clyde</b>	<b>Paper No. 25/69</b>
<b>Meeting:</b>	<b>NHSGGC Board Meeting</b>
<b>Meeting Date:</b>	<b>24 June 2025</b>
<b>Title:</b>	<b>Stakeholder Engagement Short Life Working Group update – June 2025</b>
<b>Sponsoring Director/Manager</b>	<b>Sandra Bustillo – Director of Communications and Public Engagement</b>
<b>Report Author:</b>	<b>Sandra Bustillo – Director of Communications and Public Engagement</b>

## 1. Purpose

The purpose of the attached paper is to provide a report and recommendations from a short life working group commissioned to consider how the Board function of stakeholder engagement might be strengthened within NHS Greater Glasgow and Clyde.

## 2. Executive Summary

Following the self-assessment by the NHS Board of its governance against the Blueprint for Good Governance, published in December 2022, the Chair commissioned a short life working group to consider the function of stakeholder engagement and make recommendations.

On the function of stakeholder engagement, the Blueprint advises: “To deliver good governance NHS Boards also need to respect and pursue the rights and interests of all the stakeholders in the healthcare system”. It lists a wide range of stakeholders that the Board should engage with, the detail of which is shown in Appendix A.

The report sets out the considerations of the short life working group on the role and responsibilities of the NHS Board collectively, and where relevant, on Non-Executive Board members individually, to engage stakeholders and a series of recommendations on how this might be enhanced and further strengthened.

### 3. Recommendations

The NHS Board is asked to consider the following recommendations:

- To note the content of the report
- To consider for approval the recommendations for engaging stakeholders made by the short life working group

### 4. Response Required

This paper is presented for **approval**

#### Impact Assessment

The impact of this paper on NHSGGC's corporate aims, approach to equality and diversity and environmental impact are assessed as follows:

- |                        |                        |
|------------------------|------------------------|
| • Better Health        | <b><u>Positive</u></b> |
| • Better Care          | <b><u>Positive</u></b> |
| • Better Value         | <b><u>Positive</u></b> |
| • Better Workplace     | <b><u>Positive</u></b> |
| • Equality & Diversity | <b><u>Positive</u></b> |
| • Environment          | <b><u>Positive</u></b> |

### 5. Engagement & Communications

The issues addressed in this paper were considered by a short life working group. The full Board were consulted on the recommendations at one of the Board development sessions.

### 6. Governance Route

N/A

### 7. Date Prepared & Issued

Date prepared: 20 May 2025

Date issued: 16 June 2025

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## NHSGGC Board Function - Engage Stakeholders

### Short Life Working Group Report

May 2025

#### 1. Introduction

- 1.1. Following the self-assessment by the NHS Board of its governance against the Blueprint for Good Governance, published in December 2022, the Chair commissioned a short life working group to consider the function of stakeholder engagement and make recommendations.
- 1.2. On the function of stakeholder engagement, the Blueprint advises: “To deliver good governance NHS Boards also need to respect and pursue the rights and interests of all the stakeholders in the healthcare system”. It lists a wide range of stakeholders that the Board should engage with, the detail of which is shown in Appendix A.
- 1.3. The following report sets out the considerations of the short life working group on the role and responsibilities of the NHS Board collectively, and where relevant, on Non-Executive Board members individually, to engage stakeholders and a series of recommendations on how this might be enhanced and further strengthened.

#### 2. Membership

- 2.1. The SLWG members were:

Sandra Bustillo, Director of Communications and Public Engagement (Chair)  
Libby Cairns, Non-Executive Director  
Martin Cawley, Non-Executive Director  
Daniel Connelly, Deputy Director, Public Engagement  
Kim Donald, Board Secretary  
David Gould, Vice-chair (For one meeting)  
Graham Haddock, OBE, Non-Executive Director  
Iain McInnes, Non-Executive Director  
Julie Murray, Chief Officer, East Renfrewshire HSCP (until retirement 30/4/25)  
Derrick Pearce, Chief Officer, East Dunbartonshire HSCP  
Lesley Rousselet, Non-Executive Director

#### 3. Remit

- 3.1. The primary role of the group is:
  - Define the Board role in stakeholder engagement
  - Clarify expectations and impact of engagement in decision making
  - Review key stakeholders and existing networks
  - Consider other stakeholder, e.g. academia/community planning partners etc

### 4. Scope

- 4.1. The range of stakeholders highlighted within the Blueprint is extensive. The SLWG recognised that engagement with a number of these stakeholders is already undertaken such as the relationship with the Scottish Government through Chairs' and Chief Executives' networks and in the operational delivery of the organisation by the Executive Board members and the Executive team. The SLWG also noted that the Employee Director is a stakeholder Board member and provides a conduit with Trade Unions/Professional Organisations, representing staff side views in the Board.
- 4.2. The SLWG therefore did not discuss each stakeholder group but instead focused on a number of key stakeholder groups: patients and general public; community planning processes; third sector and charities; academia and commercial research; and staff.

### 5. Meetings

- 5.1. The SLWG met via Teams on five occasions, with the meetings including presentations from subject matter experts/leads on each of the stakeholder groups. The SLWG are grateful to Chloe Cowan (Senior Research & Innovation Manager) and Professor Matthew Walters, Head of School of Medicine, Dentistry and Nursing, University of Glasgow, who attended the April meeting to consider engagement with academia and research.

### 6. Public, Patients and their elected representatives

#### 6.1. Current situation

- 6.1.1. The Board has a Stakeholder Communications and Engagement Strategy, updated every three years, which sets out how patients and the public are involved in the development of the Board's strategic and commissioning plans and in the development and design of services. The responsibility for delivery of the strategy sits with the Director of Communications and Public Engagement. Non-Executive Board members are consulted in the development of the Strategy, formally approve it and receive annual impact reports to provide assurance on the implementation of the Strategy.

#### 6.1.2. In addition, the NHS Board receives:

- a regular highlight report at each Board meeting on key public and patient engagement activity that has taken place in the preceding two months,
- a weekly report on key media activity and a real-time report alerting them to key reputational media issues as they arise
- an annual overview report of involvement and engagement.

- 6.1.3. When NHSGGC is considering service change proposals, the Director of Communications and Public Engagement involves Healthcare Improvement Scotland – Community Engagement (HIS - CE) from the outset and, in line with the assessment of the level of service change, continues to involve HIS – CE to obtain independent assurance of the processes followed. Board members are briefed through governance committees of proposed service change (s), and when decisions

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are considered, are provided with the outcome of the engagement and consultation processes to ensure that the views of the public and patients are considered in decision-making.

- 6.1.4. All relevant Board strategies also evidence patient and public engagement when the NHS Board is asked to consider and approve.
- 6.1.5. In addition to the weekly written briefing that is shared with all West of Scotland MSPs and MPs, the elected representatives are invited to a quarterly in person briefing with the Chair, Chief Executive and Executive Directors.
- 6.1.6. Integration Joint Boards are required by the Public Bodies (Joint Working) (Scotland) Act 2014 to involve and consult with relevant stakeholders, including patients and service users, in the planning and delivery of services. The Integration Schemes between NHSGGC and the six local authorities require that the IJBs produce a Participation and Engagement Strategy which set out how the IJBs will engage with individuals, groups and communities in service planning and development for community health and social care services.
- 6.1.7. The responsibility for implementing and monitoring Participation and Engagement Strategies rest with the IJBs' Public Engagement Committees.

### 6.2. Discussion

- 6.2.1. The group considered that as a collective body, the Board has significant oversight of the operational function of patient and public engagement and that there is good evidence of the patient and public voice influencing Board decisions. There was discussion of this being at times a fairly 'passive' role on the part of individual Non-Executive Board members.
- 6.2.2. The Group considered that it would be helpful for Non-Executive Board members to play a more active role at times by participating directly with patients and the public especially when strategic, major service changes are proposed, or where patient/public representation is structured and established and there may be opportunities for Board members to join. This already happens, for instance, at the Royal Hospital for Children where Graham is the RHC Charities Champion, and links with a network of 41 different charity partners.
- 6.2.3. This then led to discussion of the role of Board champions and the two link Board members with the Oral Health Directorate that has been piloted. The Group agreed that clarity was required on the role of the Board champions and link Board members. Terms of Reference and role descriptions should be developed for these roles.
- 6.2.4. On elected members, the Group noted that Paul Ryan and Charles Vincent had attended the MSP sessions and considered it might be helpful to involve other Non-Executive Board members in this process.

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### 6.3. Recommendations

#### 6.3.1. The following recommendations were made in relation to patient and public engagement:

- (1) Framework to be drawn up to set out the level/type of patient and public engagement activity in which individual Non-Executive Board members to be routinely invited to play a direct role, which will depend on the strategic scale and or/impact of the project/network
- (2) Terms of Reference and role descriptors to be created for Board member champions and link roles
- (3) Board members to participate in the MSP/MP sessions as observers

## 7. Community planning

### 7.1. Current situation

- 7.1.1. Julie Murray described her experience of low levels of communication with community planning at the Board level with Chief Officers often being the face of the 'Health Board' locally. Some Board members will be aware of the work of community planning partnerships through their role on IJBs. Julie highlighted that there are real opportunities to influence plans and resourcing through community planning. She also described opportunities to improve relationships, create commitment and co-ownership of Community Plans.

### 7.2. Discussion points

- 7.2.1. The group considered that there was room for improvement in how the Health Board engaged with community planning partners. The discussion focused however more on the 'bigger' question of how the *organisation* could play a greater role, rather than examining the question of the part that Board members might *individually* play.
- 7.2.2. On the bigger question, Julie encouraged greater collaboration and commitment as this would present opportunities to building stronger relationships with Councils and Council leaders Julie suggested that the Population Health Framework might provide an opportunity for the Health Board to engage with community planning groups on how this will be delivered.
- 7.2.3. On the limited discussion regarding individual members' involvement, a number of points were noted. It was acknowledged that awareness and experience of CPP amongst Board Non-Executive Directors was limited and suggested that education between Health Board and councillor members on IJBs would be useful as there can be different drivers between the roles. The question of time commitment was also raised with what was described as potentially 'a big ask' of Non-Executive Board members to become involved.

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### 7.3. Recommendations

#### 7.3.1. The following recommendation was made:

- (4) The NHS Board to consider whether it plays a greater role in community planning partnerships and how this should be resourced.

## 8. Charities/Third Sector

### 8.1. Current situation

- 8.1.1. The HSCPs were noted to have good ties with local charity and third sector networks. The Talking Points network in East Renfrewshire, for instance, is a network of 150 local groups and organisations, and there are similar umbrella organisations e.g. Your Voice in the other HSCP areas too. Julie advised that Chief Officers attend the meeting of these community networks and suggested that Non-Executive Board Members could attend to obtain a Board perspective on their issues.
- 8.1.2. NHSGGC and the HSCPs also involve charities and third sector organisations when seeking views on proposed service changes and when developing strategies. East Renfrewshire HSCP co-designed their LD strategy and have a collaborative commissioning group for LD services. Some acute services, notably the RHC and the Beatson, have developed strong relationships with charities in their field.

### 8.2. Discussion

- 8.2.1. The Group agreed that there was an opportunity for the organisation to work more closely with the third sector, including national organisations. There are a number of benefits to this. There are advantages in co-designing strategic initiatives with expert organisations. The involvement of the third sector allows a deeper engagement with groups. These networks can provide a trusted delivery vehicle for messaging. Partnering with bigger third sector organisations garners credibility, both locally and nationally.
- 8.2.2. Again, on discussion on this sector, the group focused on the role of the Board and the organisation, rather than on the part that could be played by individual Board members.

### 8.3. Recommendations

#### 8.3.1. The following recommendation was made:

- (5) The NHS Board to consider whether it plays a greater role in building relationships with third sector/charities partnerships and how this should be resourced.

## **9. Academia/Clinical Research**

### **9.1. Current situation**

- 9.1.1. The Group noted the longstanding collaboration that existed between academia and the NHS, with both sectors having the shared mission to improve population health and wellbeing. Professor Walters was attending on behalf of Stakeholder Board Member, Professor Iain McInnes, who represented the medical school of the University of Glasgow. He highlighted the University's commitment to impactful research and sustainable higher education, the expansion of medical school places and the ongoing curriculum revision to prepare students for 21st-century clinical practice. This involves close collaboration with colleagues in the NHS to optimise the curriculum and indeed, meetings are already taking place with the UoG to consider the skills required for medical staff of the future as part of the Board's plans for its virtual hospital.
- 9.1.2. The Group heard from both Professor Walters and Chloe Cowan on the strong non-research programme involving academia, NHSGGC and industry that delivers benefits for our patients, workforce and the wider economy.
- 9.1.3. The University of Glasgow has a vision to develop an internationally competitive and holistic campus for healthcare education which draws of the skills and expertise of stakeholders across the city, including academic partners and NHSGGC. A further priority, shared with NHSGGC, is the alleviation of health inequalities, and it was emphasised that Glasgow University has a strong research focus in this area, and there are many examples of strong and productive research projects in this area, jointly undertaken by University and NHS colleagues.
- 9.1.4. The ambitions for R&I within NHSGGC are set out in the R&I strategy for 2024-29 which the Board approved in August 2024. The R&I Operational Team sits within the Directorate of the Medical Director and progress with the strategy is overseen through Board governance processes (Clinical and Care Governance Committee).

### **9.2. Discussion**

- 9.2.1. The Group considered the role that individual Board members might play beyond governance oversight of the Board's R&I strategy. Professor McInnes welcomed the closer involvement that was now expected of him as a stakeholder member within the Board. Recognising that he represented a single university, the Group discussed the opportunity for a structured approach to engagement with the various universities and colleges within the catchment of the Board. They also discussed facilitating the relationship between the universities and the six HSCPs. There was support for the creation of a 'committee' or group to bring together representatives from academia and Board members, alongside HSCP representatives to strengthen ties.
- 9.2.2. The group noted that the Chair, Dr Lesley Thomson KC, chairs the Glasgow Health Sciences Partnership Oversight Board and agreed that it would be helpful for Board members to be informed of the activities of this Board.
- 9.2.3. The Group also considered the awareness of specific research projects that Board members have beyond the annual report that is presented. They suggested that it



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would be helpful for the Board visits to include opportunities to meet research communities working within NHSGGC e.g. investigators and research teams, WoS Innovation Hub. The suggestion that Board meetings also feature an example of innovation at each meeting, like the patient story, was also discussed.

### 9.3. Recommendations

#### 9.3.1. The following recommendations were made:

- (6) Consider the establishment of a 'committee' or group to meet 2 or 3 times a year to bring together representatives from academia and Board members, alongside HSCP representatives to strengthen ties.
- (7) The activities of the Glasgow Health Sciences Partnership Oversight Board to be shared with Board members
- (8) Board Member visits to include opportunities to hear about specific research programmes
- (9) Consideration to be given to including an innovation story highlighting a specific R&I programme at each Board meeting

## 10. Staff

### 10.1. Current situation

10.1.1 Non-Executive Board members meet staff who are invited to give presentations at the governance committees, seminars, briefings and the full Board meeting. They have the opportunity to meet staff directly through the Board members' visit programme, currently formal and limited to two visits per year, through attendance at the annual staff awards and, for some, in their roles as Champions/Links. Some Non-Executive Board Members also participate in visits to services managed by HSCPs in their role as IJB members. The Glasgow City visit programme was praised by Graham as a good approach. Finally, as part of the recently introduced arrangement of holding Board meetings at different venues, Non-Executive Board members get the opportunity to meet staff working in the host site after the Board meeting. The Chair and Vice-Chair have also presented at induction sessions for new medical appointees.

### 10.2. Discussion

10.2.1. The group discussed the value of Non-Executive Board members engaging directly with staff and agreed that these were two-fold: (a) to increase morale amongst staff (b) to increase the flow of information between staff and the Board and to increase knowledge of services and of the Board between the two parties.

10.2.2. The Board had considered how to increase Non-Executive Board member visibility at previous development days, and a sub-group of Non-Executive Directors had put together a proposal with recommendations for increasing visibility, and awareness amongst staff of the Board and its role in the organisation. The Group reviewed and updated these previous recommendations.

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### 10.3. Recommendations

#### 10.3.1. The following recommendations were made:

- (10) Board members' visit to be increased and to be more informal with opportunities for smaller groups to meet staff
- (11) Develop a standard approach to visits, including formalising Board member and staff feedback
- (12) Non-Executive Board members to have the opportunity to attend local awards ceremonies
- (13) Consider extending role of link Board member/Champion, once roles have been formalised
- (14) Complete and publish short videos introducing Board members

### 11. Next steps

11.1. It is recommended that the Report is presented to the NHS Board for consideration.

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### Recommendations

- (1) Framework to be drawn up to set out the level/type of patient and public engagement activity in which individual Non-Executive Board members to be routinely invited to play a direct role, which will depend on the strategic scale and or/impact of the project/network.
- (2) Terms of Reference and role descriptors to be created for Board member champions and link roles.
- (3) Non-Executive Board members to participate in the MSP/MP sessions as observers.
- (4) The NHS Board to consider whether it plays a greater role in community planning partnerships and how this should be resourced.
- (5) The NHS Board to consider whether it plays a greater role in building relationships with third sector/charities partnerships and how this should be resourced.
- (6) Consider the establishment of a 'committee' or group to meet 2 or 3 times a year to bring together representatives from academia and Board members, alongside HSCP representatives to strengthen ties.
- (7) The activities of the Glasgow Health Sciences Partnership Oversight Board to be shared with Board members.
- (8) Board member visits to include opportunities to hear about specific research programmes.
- (9) Consideration to be given to including an innovation story highlighting a specific R&I programme at each Board meeting.
- (10) Board members' visit to be increased and to be more informal with opportunities for smaller groups to meet staff.
- (11) Develop a standard approach to visits, including formalising Board members and staff feedback.
- (12) Non-Executive Board members to have the opportunity to attend local awards ceremonies.
- (13) Consider extending role of link Board member/Champion, once roles have been formalised.
- (14) Complete and publish short videos introducing Board members.

## Appendix A

Engaging Stakeholder function 'Blueprint for Good Governance, publ. December 2022

4.24 To deliver good governance NHS Boards also need to respect and pursue the rights and interests of all the stakeholders in the healthcare system and effective stakeholder engagement is required to establish and maintain public confidence in the organisation as a public body.

4.25 There is a wide range of diverse individuals and communities who can be considered as stakeholders in the NHS. Many of these stakeholders have a keen interest and a major influence in the governance arrangements that exist in the healthcare system. These key stakeholders include:

- The people of Scotland, including their elected representative at the Scottish Parliament, the Scottish Local Authorities and the UK Parliament
- The people who receive the care provided by the NHS, including patients, service users and their families
- The people who are responsible for delivering healthcare, including the Executive Leadership Teams, the workforce employed by the NHS Boards and their Trade Unions and Professional Bodies
- The organisations who are accountable for delivering good governance, including the Scottish Government, the NHS Boards and the Integration Authorities
- The public bodies, private sector, third sector and charitable organisations that interact with and support the NHS, including delivery partners, other health and social care providers and suppliers of services to NHS Boards
- The regulatory bodies such as the Health & Safety Executive, UK and Scottish Information Commissioners, Scottish Fire & Rescue Service, and the Medicines and Healthcare Products Regulatory Agency
- The media who inform and influence public opinion by reporting and commenting on the services provided and the changes proposed to the delivery of healthcare.

4.26 To ensure meaningful engagement with their stakeholders, NHS Boards should ensure that:

- Key stakeholders are identified and the approach to engagement adopted takes into account the stakeholders' interest and influence on the work of the NHS Board
- Appropriate stakeholders are involved in the development of the Board's strategic and commissioning plans, policies and the setting of corporate objectives and operational priorities
- The organisation's purpose, aims, values, corporate objectives, operational priorities and targets are clear, well communicated and understood by all stakeholders, including patients, service users, the public, managers and staff
- The views of the relevant stakeholders are taken into account when designing services and patient pathways.

4.27 Engagement that takes place routinely helps to develop trust between communities and public bodies, fosters mutual understanding and makes it easier to identify sustainable service improvements. Effective stakeholder engagement also assists Boards to create and exploit opportunities to contribute to the Scottish Government's policies on healthcare.

4.28 The duty to involve people and communities in planning how their public services are provided is enshrined in law in Scotland. [The Charter of Patient Rights and](#)

[Responsibilities](#)<sup>[7]</sup> summarises what people are entitled to when they use NHS services and receive NHS care in Scotland, and what they can do if they feel their rights have not been respected.

4.29 The Scottish Health Council, which operates as [Healthcare Improvement Scotland - Community Engagement](#)<sup>[8]</sup>, has a key role in supporting NHS Boards and Integration Authorities to meaningfully engage with people and communities to shape national policies and health and social care services. NHS Boards should make use of the resources available to the Community Engagement Directorate to provide assurance that people and communities have been involved in any major service change.

4.30 Therefore, NHS Boards are required to collaborate with Community Engagement to ensure appropriate engagement with local communities throughout changes to services. This is a statutory duty that includes reviewing existing services and planning new services and patient pathways. Guidance on the planning and commissioning of health and social care services is included in the [Planning with People](#)<sup>[9]</sup> document published by the Scottish Government and the Convention of Scottish Local Authorities.

4.31 The criticality and potential of community planning in Scotland should be recognised by all NHS Boards. Scotland's community planning mechanisms are particularly relevant to the NHS's wider ambitions to address population health and the underlying causes of inequalities. For this reason, all Boards should take steps to seek assurance that the strongest possible contribution is consistently made to local community planning activities.

4.32 When engaging in community planning activities NHS Boards must also consider their role in promoting community empowerment. In Scotland public service reform and legislation has underpinned community empowerment. **The Community Empowerment (Scotland) Act 2015**<sup>[10]</sup> included measures which strengthened community planning and community right-to-buy arrangements, and introduced participation requests and asset transfer requests. In July 2019 Audit Scotland published a briefing on [Principles of Community Empowerment](#)<sup>[11]</sup>. Empowering communities remains a national priority for the Scottish Government, and all public bodies should be continually developing their systems to facilitate community empowerment. Therefore, NHS Boards should consider how their systems of governance enable and provide assurance on the effectiveness of their approach to community empowerment.

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### Appendix B – Current Board Champions and Link Non-Executive Board Members

Board Champions	
Mental Health	Karen Turner
Staff Health Strategy	TBC
Organ Donation	David Gould
Environment & Sustainability	Michelle Wailes
Whistleblowing	Brian Auld
Equality & Diversity (Disability)	Dianne Foy
Equality & Diversity (BAME)	Mehvish Ashraf
Equality & Diversity (LGBTQ+)	Ketki Miles
NHS Charities (RHC)	Graham Haddock
NHS Charities (Beatson WoSCC)	Vacant
Veterans	Vacant
Anti-Fraud	Colin Neil

Link Non-Executive Board Members	
Oral Health Directorate	Libby Cairns David Gould