

<b>NHS Greater Glasgow and Clyde</b>	<b>Paper No. 25/30</b>
<b>Meeting:</b>	<b>NHSGGC Board Meeting</b>
<b>Meeting Date:</b>	<b>29 April 2025</b>
<b>Title:</b>	<b>Health Board Collaboration and Leadership</b>
<b>Sponsoring Director:</b>	<b>Professor Jann Gardner, Chief Executive</b>
<b>Report Author:</b>	<b>Ms Elaine Vanhegan, Director of Corporate Services and Governance</b>

## 1. Purpose

The purpose of this paper is to provide the Board with an overview of the new governance arrangements in place following the establishment of the NHS Scotland Executive Group.

## 2. Executive Summary

**The paper:**

- sets the context for renewal and reform following the First Minister’s statement on 27 January 2025
- briefs NHS Boards on the new governance arrangements with the establishment of the NHS Scotland Executive Group and wider efforts to support a more collaborative ethos in NHS Scotland
- describes the need for all NHS Boards to ensure a systematic approach to balancing local delivery with the need to contribute to meet the needs of larger populations – beyond their geographical boundaries – in the delivery of planned care

## 3. Recommendations

The Board is asked to acknowledge and endorse the progress of the renewal and reform of the NHS in Scotland as highlighted within the FM statement and seek assurance on the delivery of these commitments.

## 4. Response Required

This paper is presented to **acknowledge and endorse**.

## 5. 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** Positive impact
- **Better Care** Positive impact
- **Better Value** Positive impact
- **Better Workplace** Positive impact
- **Equality & Diversity** Positive impact
- **Environment** Positive impact

## 6. Engagement & Communications

The content of this paper was considered by the Chief Executive and the Director of Corporate Services and Governance.

## 7. Governance Route

N.A

## 8. Date Prepared & Issued

Prepared on: 16 April 2025

Issued on: 17 April 2025

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## Purpose

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## Background

- The First Minister's statement on Improving Public Services and NHS Renewal on 27 January 2025, emphasised the need for NHS Boards to work collaboratively to achieve the principles and aims that he set out: improved access to services; shifting the balance of care to the community; focus on innovation to improve access to; and delivery of care.
- The First Minister's statement reflected the shift sought in DL (2024) 31: *A renewed approach to population-based planning across NHS Scotland*, which was published on 28 November 2024. The DL emphasises the need for service planning to align with the population size and be collaborative. It highlights a significant shift in planning, organising, delivering, and potentially funding services to meet Scotland's

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changing needs and ensure high-quality, sustainable services. NHS Boards will be required to collaborate across NHS Board boundaries – and with Scottish Government – to implement these principles, particularly through the annual delivery plan process.

4. NHS Board Chairs and Chief Executives received a letter on 7 February 2025 from the Director General Health and Social Care and Chief Executive of NHS Scotland (DGNHS) setting out expectations about collaboration. This letter reaffirmed the principles set out in DL (2024) 31 with an expectation for increased collaboration between NHS Boards for to help improve the health and wellbeing of the citizens and communities of Scotland and is aligned to the principles of co-operation and assistance as set out in section 12 (J) of the 1978 NHS Scotland Act.
5. This letter also aligns with the key priority deliverables set out in the First Minister's speech on 27 January 2025 which aims to improve access, reform and equity for the people of Scotland.

### Governance Arrangements

6. Over the past year, steps have been taken to revise national governance arrangements. This is intended enhance collaborative working in recognition that the challenges facing the NHS and social care require a system-level leadership and corporate working across NHS Board boundaries.
7. In October 2024, the NHS Scotland Executive Group was established. It is co-chaired by the Director General Health and Social Care and Chief Executive of NHS Scotland and the Chair of Board Chief Executives Group. This newly formed group provides collective leadership in addressing key issues which require a national perspective. NHS Chairs received a briefing on the role of the Group on 5 November 2024.
8. NHS Boards are working to advance practical examples of building a more cohesive approach to the design and delivery of services on behalf of NHS Scotland. NHS Board Chief Executives undertook a successful two-day session on group development and digital **innovation** in September 2024 at the National Robotarium in Edinburgh. In relation to adoption of new digital developments and products it was agreed that the default position should be national development approach and local adoption. It was also recognised that this principle may well apply in a range of other planning matters.

### Renewal and Reform

9. Since the end of 2024, a small cohort of Board Chief Executives, on behalf of the wider NHS Board Chief Executives Group, have contributed to a weekly **reform coordination group**. This group also includes senior Scottish Government officials and was set-up to create early dialogue on the phasing of reform and renewal plans due to be published this year. NHS Board Chief Executives have welcomed this approach as it has enabled NHS representatives to meaningfully contribute to and influence the early approach on reform and renewal.

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10. Representatives of the reform coordination group led on delivery of a joint Chief Executives/Executive Leads and Scottish Government session on NHS Renewal, held at COSLA on 18 February. This session explored the current position of the 3 'products' that are due to be published in the first half of 2025:
  - Operational Improvement Plan (by the end March)
  - Population Health Framework (Spring)
  - Health and Social Care Service Reform Framework (pre summer Scottish Parliament recess)
11. These policy documents will provide the platform for the delivery of the First Minister's commitments. There is significant opportunity for NHS Board Chairs, Chief Executives and teams to contribute to this work, as well as partners, patients and communities themselves. It is important that NHS Boards contribute to the scrutiny of any proposals to ensure that the plans are deliverable.
12. In parallel to reform, there is renewed focus on wider public sector reform and efficiency and productivity with an onus on Chief Executives and NHS Boards to ensure that all opportunities for service efficiency and improvement are explored and delivered, whilst simultaneously progressing longer term reform. A paper will be presented to the NHS Scotland Executive Group on 6 March on Business Services which will demonstrate opportunities available to NHS Boards to deliver transformation of business services and supporting systems.

### **Improvements in Planned Care**

13. NHS Board Chief Executive representatives updated colleagues on weekly meetings they had contributed to which were convened and chaired by the First Minister, including the Cabinet Secretary for Health and Social Care and Scottish Government officials. This has resulted in the development of a National Planned Care Framework, which sets out a number of principles for achieving the necessary improvements in planned care.
14. The Framework seeks to create a balanced planned care system, ensuring all patients in Scotland have equal and timely access to care. It aims to maintain or improve care standards while balancing short-term and long-term actions on waiting lists. This draft framework was discussed and approved by the NHS Board Chief Executives Group on 19 February. It will now be subject to engagement with NHS Boards.
15. The National Planned Care Framework exemplifies new working methods, adhering to the principles of cooperation and assistance outlined in section 12(J) of the 1978 NHS Scotland Act. As we advance in planning, organising, delivering, and potentially funding services to meet Scotland's evolving needs and lay the groundwork for service transformation, the Director General Health and Social Care and Chief Executive of NHS Scotland is committed to reviewing and modifying the performance governance of individual Boards to reflect this new approach, emphasising collective accountability. This will be important as there will likely be a requirement to adopt a collaborative approach to delivery across other key areas of healthcare policy.

## Recommendations

16. NHS Greater Glasgow and Clyde is asked to note the:
- 16.1 the commitment set out by the First Minister to progress the renewal and reform of the NHS in Scotland, and associated requirement for the Board to seek assurance on delivery of these commitments.
  - 16.2 the evolution of the new governance arrangements which are intended to enable and foster stronger collective accountability whilst underpinning the strength of local accountability mechanisms.
17. NHS Greater Glasgow and Clyde Board is asked to acknowledge and endorse:
- 17.1 the duality of their role for the population / Board they serve as well as their contribution to population planning that will cross traditional Board boundaries and approves local implementation of this approach, consistent with DL (2024) 31 and 12 (J) of the 1978 NHS Scotland Act
  - 17.2 the anticipated increased pace of change and requirement for regional and national collaboration in coming weeks and months as there is requirement to deliver the principles set out by the First Minister in his speech on 27 January, to deliver efficiencies and savings and to put into action the commitments set out in the three reform documents.
  - 17.3 NHS Greater Glasgow and Clyde to note that in response to these changes, it is recognised that there is requirement to refresh the traditional approach to Board performance framework and indeed Executive personal objectives, which was referenced in Caroline Lamb's letter of 7 February.

## Progress Update

18. The table below sets out when Boards will be meeting to discuss the paper for endorsement. It is expected that all boards will have had the opportunity to meet and discuss the paper by 29.04.2025

Health Board	Date paper being taken to Board Meeting
<b>Territorial Health Boards</b>	
Ayrshire & Arran	31 March
Dumfries & Galloway	7 April
Borders	3 April
Fife	25 March
Forth Valley	29 April
Greater Glasgow & Clyde	29 April
Grampian	10 April
Highlands	25 March
Lanarkshire	27 March
Lothian	16 April
Orkney	24 April
Shetland	29 April
Tayside	24 April

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Western Isles	24 April
<b>National Health Boards</b>	
Golden Jubilee	27 March
HIS	26 March
NES	27 March
NHS24	24 April
NSS	28 March
PHS	26 March
SAS	26 March
State Hospital	24 April