NHS Greater Glasgow and Clyde	**Paper No. 23/66**
Meeting:	**Board Meeting**
Meeting Date:	**29 August 2023**
Title:	**Implementing the Active Governance Approach in NHS Greater Glasgow and Clyde – Update**
Sponsor:	**Professor John Brown CBE, Chair of NHSGGC**
Report Author:	**Ms Elaine Vanhegan, Director of Corporate Services and Governance/ Mr Colin Neil Director of Finance**

1. Purpose

The purpose of this paper is to present the Active Governance Programme Action Plan 2023/24.

2. Executive Summary

As Active Governance becomes more embedded across the organisation, many actions are being completed as business as usual and for those actions outstanding, timeframes have been applied as set out in Appendix 1. In addition, this paper includes the Operational Priorities for 2023/24 further to review at the Board Seminar on 30th May 2023 (Appendix 2) and the current draft of the Assurance Information Framework (Appendix 3).

3. Recommendations

It is recommended that the Board:

- Be assured as to the position with the Active Governance Programme, approving approach and timescales.
- Approve the Operational Priorities for 2023/24.
- Approve the approach and timescales to taking forward the Assurance Information Framework, acknowledging further work to finalise between the August and October Board meetings.

4. Response Required

This paper is presented for **approval**.

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**
- **Better Care** **Positive**
- **Better Value** **Positive**
- **Better Workplace** **Positive**
- **Equality & Diversity** **Positive**
- **Environment** **Positive**

6. Engagement & Communications

The issues addressed in this paper were subject to the following engagement and communications activity:

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

7. Governance Route

This paper has been previously considered by the following groups as part of its development:

- The paper updates a strand of activity approved by the Board and overseen by the Standing Committees and CMT.

8. Date Prepared & Issued

Prepared on 24 August 2023
Issued on 24 August 2023

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1. Introduction

1.1 This paper presents the Active Governance Programme Action Plan 2023/24 for approval. As Active Governance becomes more embedded across the organisation, many actions are being completed as business as usual. For those actions outstanding, timeframes have been applied.

1.2 In addition, this paper includes the Operational Priorities for 2023/24 further to review at the Board Seminar on 30th May 2023. To ensure alignment, it was agreed that approval of the priorities would be sought after completion of the Annual Delivery Plan (ADP) which was submitted to the Scottish Government on the 31st July 2023. The ADP was also approved by the Finance Planning and Performance Committee (FP&P) on 1 August 2023.

1.3 Board members will be familiar with the work in respect of the Assurance Information Framework (AIF). The current draft is being brought to the Board for approval in terms of approach and timescales. The final version will be considered by the Board in October for content approval.

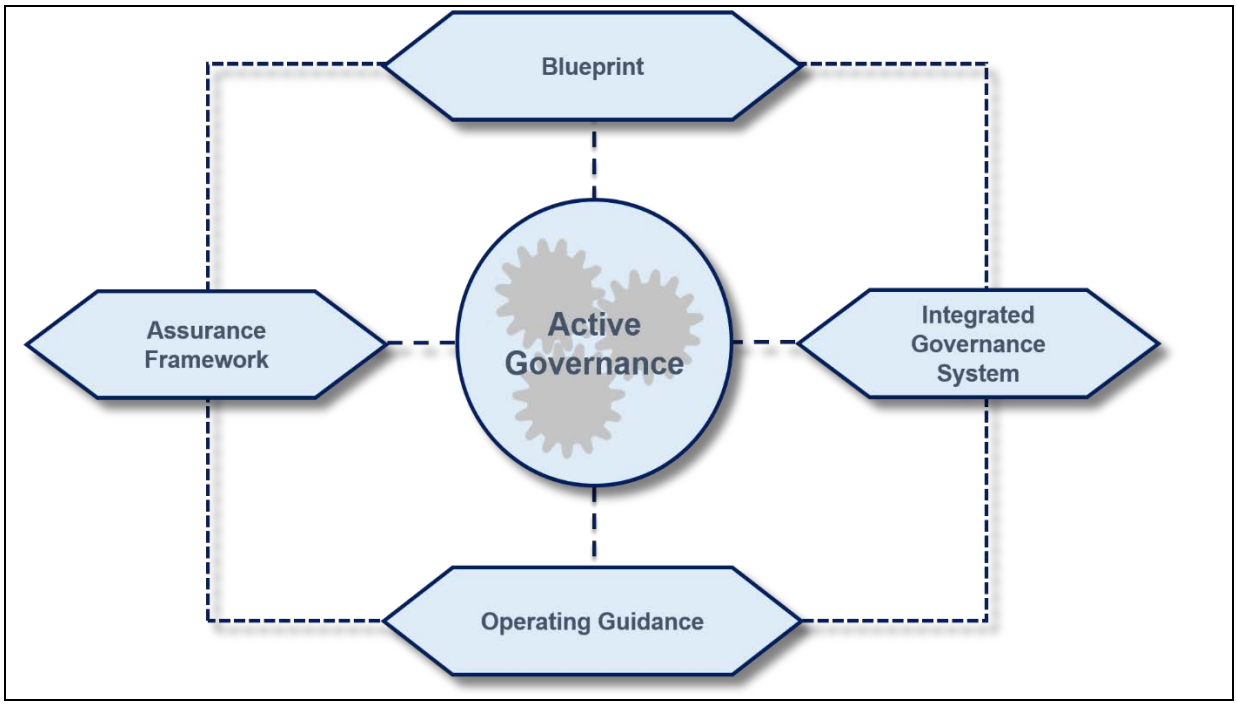
2. Background

2.1 The Board is aware that Active Governance is a key element of the implementation arrangements for the NHS Scotland Blueprint for Good Governance ('the Blueprint') with the second edition published in December 2022 and issued under DL (2022) 38.

2.2 NHS GGC has paid significant focus to the development of Active Governance in the past 3 years. The second edition of the Blueprint highlights the importance of

effective governance, requiring Boards to continuously review, develop and improve their arrangements. Board members are reminded of this cohesive in Figure 1 below.

Figure 1



3. Active Governance Programme

3.1 Active Governance Programme Action Plan

The Active Governance Programme Action Plan has been updated for 2023/24 in alignment with the headings of the Blueprint, thus ensuring a proactive focus on all the elements. Many actions now form part of business as usual and are completed in that manner. Those areas where further and ongoing work is required, timescales have been noted. The Action Plan can be seen in Appendix 1.

3.2 Operational Priorities

The Operational Priorities were considered at the Board Seminar on 30th May 2023 with feedback received from Board members reflected. The Priorities are aligned to the 4 Corporate Aims of the organisation, and are designed to support delivery of the Corporate Objectives. In developing this year's priorities, there has been a focus on ensuring alignment with the ADP.

The Operational Priorities are presented in Appendix 2 along with the approved Corporate Statements.

3.3 The Assurance Information Framework

The FP&P Committee received an update on the approach and progress in respect of the AIF at their meeting held on 1st August 2023. This update underlined the requirements within the guidance of the Blueprint which stipulates:

The requirement to provide frequent and informative performance and financial reports to assure the Board that it is delivering safe, effective, patient-centred, affordable and sustainable services which should deliver relevant, accurate and timely information on a wide range of activities, including:

- *Service delivery*
- *Safety and quality standards*
- *Innovation and transformational change*
- *Workforce*
- *Education, training and development*
- *Finance.*

The AIF should also include information on both the management of current operations, as well as the progress being made to deliver change across the healthcare system.

Phase 1 was undertaken in 2022 where the Information Flows across the Standing Committees were reviewed and agreed. In January 2023, the Chair established a Short Life Working Group to take forward Phase 2 with a range of Non-Executive members. From this a 'user requirement' and format was developed for Board level information by the Chair.

Further work had been undertaken to map all the elements to ensure oversight and assurance of delivery, considering data availability and other sources of information in terms of routine reports and Strategies. A benchmarking exercise was undertaken with other Health Boards to establish best practice in an AIF.

The AIF is based on the Blueprint guidance and considers:

- *Operational Targets*. These are designed to measure progress towards delivering the Operational Priorities described in the ADP approved by the NHS Board.
- *Performance Indicators*. These are designed to measure progress towards delivering the longer term Corporate Objectives set by the NHS Board. At this stage many are linked to routine reports.
- *Strategy Updates.* This part of the AIF lists the briefing papers and reports that are presented to the NHS Board to describe progress towards delivering the Strategic and Commissioning Plans previously approved by the NHS Board and the Integration Joint Boards. This includes the reports such as the Child Poverty Action Plans, IJB Annual Reports.

The Assurance Information Framework has been designed to, where applicable, be able to present Values, Frequency, Format, Period, History, Trajectory, Forecast, Benchmark and Timing. The Framework also identifies which Standing Committee receives which report and a column noting in which reports where the information may be presented.

Further work will be undertaken between now and the October Board to refine relevant values, frequency and planned format where this is outstanding. Once agreed, the total number of targets and indicators will be finalised. The timing of presentation of the varying data and reports will also be linked to the Annual Cycle of Business for the Board. It is expected this will reduce the level of unnecessary

duplication of information flows between the NHS Board and the Standing Committees.

As described in the June Board update, the intention is to introduce the Assurance Information Framework over the next 6 months, with a new and automated Assurance Information System integrated with the other parts of the governance system from April 2024, revising presentation from October 23.

The draft AIF, based on the user requirement of the Chair can be seen in Appendix 3.

4. Conclusions

4.1 Implementing Active Governance is a dynamic process which will continue to evolve as processes embed and mature. The work over the past three years in implementing the Active Governance Programme puts the organisation on a firm footing with the approach to further embed as BAU, balanced with evaluation and a focus on striving for improvement remaining key. The Board will continue to see regular updates of key elements moving forward.

4.2 In addition the self-assessment process, to be scheduled this autumn, will also guide future review and development

5. Recommendations

5.1 It is recommended that the Board:

- Be assured as to the position with the Active Governance Programme, approving approach and timescales - Appendix 1
- Approve the Operational Priorities for 2023/24 – Appendix 2
- Approve the approach and timescales to taking forward the Assurance Information Framework, acknowledging further work to finalise between the August and October Board meetings – Appendix 3

6. Implementation

6.1 This paper presents a detailed update on the implementation of the plan that is attached at Appendix 1.

7. Evaluation

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

8. Appendices

Appendix 1 - The Active Governance Programme Action Plan August 2023 – April 2024
Appendix 2 - The Operational Priorities for 2023/24
Appendix 3 - The Draft Board Level Assurance Information Framework

APPENDIX 1

The Active Governance Programme Action Plan – August 2023 to April 2024 – Update August 2023

1	The Corporate Governance System	Timeline	Executive Lead	Sponsor	Oversight Committee
1.1	**The Assurance Framework**				
1.1.1	Review and approve corporate objectives – previously approved Oct 2020	Feb 24	JG	Chair	Board
1.1.2	Approve Operational Priorities for 23/24	Aug 23	JG	JB	Board
1.1.3	Approve Annual Delivery Plan	Completed	JA	JB	FP&P
1.1.4	Approve Medium Term Plan	Completed	JA	JB	FP&P
1.1.5	Approve corporate risks bi-annually	Completed	CN	MW	ARC
1.1.6	Allocate oversight of strategic & commissioning plans to Standing Committees	Completed	CN	MW	ARC
1.2	**The Integrated Governance System**				
	Strategic Planning & Commissioning				
1.2.1	Refine strategic planning system linkage to the AIF and committee allocation	Oct 23	JA	MK	FP&P
1.2.2	Review alignment between Health Board & IJB planning & reporting processes link to AIF	Dec 23	JA	MK	FP&P
	Risk Management System				
1.2.5	Confirm the Board's risk appetite – reviewed bi-annually	2nd Review Feb 24	CN	MW	Board
1.2.6	Identify risks and maintain corporate risk register	Completed	CN	MW	ARC
	Assurance Information System (AIF)				
1.2.7	Agree the framework and implementation at Board level	Aug - Oct23	CN	MK	FP&P
1.2.8	Review requirements for information flows to Standing Committees	Feb 24	CN	MK	FP&P
1.2.9	Provide guidance on the format, presentation & timing of performance & financial reports.	Oct - Feb 24	CN	MK	FP&P
1.2.10	Review allocation of strategic and commissioning plans to Standing Committees through AIF	Aug - Oct 23	JA		
	Audit Arrangements				
1.2.11	Agree Internal Audit Programme with Azets 23/24	Completed	CN	MK	ARC
1.2.12	Agree External Audit Programme with EY 23/24	Completed	CN	MK	ARC
1.3	**The Assurance Operating Requirements**				
	Operating Instructions				
1.3.1	Review Standing Orders	Completed	EV	JB	Board
1.3.2	Review Standing Financial Instructions	Completed	EV	JB	ARC
1.3.3	Review Scheme of Delegation	Completed	EV	JB	Board
1.3.4	Review Code of Conduct	Completed	EV	JB	Board
1.3.5	Review Committee Terms of Reference	Completed	EV	JB	Board
1.3.6	Review Committee Annual Reports	Completed	EV	JB	Board
1.3.7	Review Integration Schemes	TBC	EV	JB	Board

	Board & Standing Committees Operating Arrangements				
1.3.8	Agree Board Members' responsibilities for 2023/24 – update as required in year	Completed	EV	JB	Board
1.3.8	Review Standing Committee annual cycle of business 2023/24 – update as required at pre agenda	Completed	LX	SCC	SCs
1.3.10	Review Board annual cycle of business 2023/24 – reviewed bi-monthly at pre agenda	Completed	EV	JB	Board
2	**Supporting Board Members**	**Timeline**	**Executive Lead**	**Sponsor**	**Oversight Committee**
2.1	Complete and publish Induction website including Board Member Handbook	Completed	EV	JB	Board
2.2	All Board Members to register on the TURAS system	Completed	EV	JB	Board
2.3	Review requirements & roles of Board Level Champions	Oct 23	EV	JB	Board
2.4	Arrange Board Appraisal programme for 2023/24	Nov 23	EV	JB	Board
2.5	Re-affirm the Board Protocol	April 24			
3	**Evaluation & Review**	**Timeline**	**Executive Lead**	**Sponsor**	**Oversight Committee**
3.1	Prepare the Annual Governance Statement June 23	Completed	EV	MK	ARC
3.2	Prepare the Annual Review Self-Assessment	Oct 23	EV		
3.3	Complete the self-assessment of Board effectiveness against the Blueprint for Good Governance	TBC	JB		
4	**Communications & Engagement**	**Timeline**	**Executive Lead**	**Sponsor**	**Oversight Committee**
4.1	Encourage public & media virtual attendance at Board meetings - BAU.	Completed	SB	JB	Board
4.2	Recommence the NHSGGC Board Visiting Programme 2024/25	Sept 23	SB	JB	Board
4.4	Ensure proactive approach to review of the Stakeholder Communications and Engagement Strategy	Feb 24	SB	JB	

Original V-final - 17/8/23

Key

ARC	Audit and Risk Committee
FP&P	Finance, Planning and Performance Committee
LX	Lead Executive
SCC	Standing Committee Chairs
SGC	Staff Governance Committee

JA	Jennifer Armstrong
JB	John Brown
KM	Ketki Miles
JG	Jane Grant
ACB	Ann Cameron-Burns
MK	Margaret Kerr
EV	Elaine Vanhegan
CN	Colin Neil
MW	Michelle Wailes

APPENDIX 2

NHSGGC DRAFT OPERATIONAL PRIORITIES 2023/24

NHSGGC Corporate Statements

NHS Greater Glasgow and Clyde

Purpose

To protect and improve population health and wellbeing while providing a safe, accessible, affordable, integrated, person centred and high quality health service

Values

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

Aims

Better Health | Better Care | Better Value | Better Workplace

Corporate Objectives

Improving health and wellbeing of the population

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

Improving 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.
- To ensure services are timely and accessible to all parts of the community we serve.
- To deliver person centres care through a partnership approach built on respect, compassion and shared decision making.
- To continuously improve the quality of care, engaging with out patients and our people to ensure healthcare services meet their needs.
- To shift the reliance on hospital care towards proactive and co-ordinated care and support in the community.

Reducing the cost of delivering healthcare

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

Creating a great place to work

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

FINAL DRAFT OPERATIONAL PRIORITIES 2023/24

Better Health	
Operational Priority 2023/24	**Action**
OPBH 1.0a Child Health and Early Intervention Ensure the best start for children with a focus on developing good health and wellbeing in their early years through the Universal Health Visiting Pathway (UHVP).	• Robust and **consistent delivery of the UHVP** across the 6 HSCPs. • Use of common staffing method to review caseload management. • Ensure **robust and accessible data** on delivery on the UHVP identifying impact e.g. identification of needs and any gaps.
OPBH 1.0b Child Oral Health Improve children's oral health, increasing registration with dental services enabling secondary prevention.	• Focus activity on dental **registration** of young children supporting the most vulnerable children and families via the UHVP. • Increase uptake of **Childsmile Programme** in the most deprived areas establishing tooth brushing in the early years. • **Reduce need for general anaesthetics** in children requiring tooth extraction.
OPBH 1.0c Obesity and Prevention and Early Intervention on Type 2 Diabetes - Children Working in partnership, increase healthy weight interventions for children and families, through community Weight Management interventions.	• Expand **healthy weight intervention** through the UHVP. • Expand community based '**Thrive under Five'** Programme. • Increase uptake of weight management interventions in line with national standards.
OPBH 2.0 Early and pro-active intervention T2DM - Adults Focus on targeted and structured approaches to ensure early intervention and prevention of Type 2 Diabetes in adults.	• Support **increased detection and diagnosis**, targeting most at risk groups e.g. pregnant women, the BAME communities. • Increase the number of newly diagnosed patients who complete **structured education** and weight management programmes.

Better Health	
Operational Priority 2023/24	**Action**
OPBH 3.0 Drug Related Deaths Work towards delivery of the National Mission on Drug Deaths Plan 2022-2026, in conjunction with the Alcohol and Drug Partnerships, HSCPs/Alcohol and Drug Recovery Services in GGC.	• Continue to **roll out Medication Assisted Treatment** (MAT) Standards across the 6 HSCPs aiming to continue reduction in drug related death. • Ensure public health input to the GGC-wide MAT Standards Implementation Group. • **Monitor drug use and drug harms** through the Drug Trends Monitoring Group and inform any requirements for change. • Lead the coordination of efforts to **address blood-borne virus transmission** in GGC.
OPBH 4.0 Vaccination Protect most vulnerable population from the effects of vaccine preventable diseases, especially Covid and Flu.	• **Roll out vaccination programmes** across all relevant sectors and target populations.
OPBH 5.0 Public Protection Ensure robust procedures are in place to protect the most vulnerable in society.	• Complete the final design stage of the **Public Protection Strategy** and seek Board approval. • Complete the benchmarking for the new **NHS National Accountability and Assurance Framework** and embed as a delivery plan priority.

Better Workplace	
Operational Priority 2023/24	**Action**

OPBW 6.0a Staff Health and Wellbeing
 	
Deliver ongoing support to staff physical and mental health and wellbeing.
	• **Update Staff Health Strategy for 2023-**2025 with new Action Plan For Staff Health and Wellbeing following results from the Staff Health Survey - areas for action:
	  o Mental Health including stress,
	  o In Work Poverty,
	  o Fair Work,
	  o Support for managing attendance.
	• Deliver 2023/24 **Workforce Equality Action** plan.

OPBW 6.0b Workforce Ensure a sustainable workforce through workforce planning that is responsive to changes in the demand for services.	• Focus on new roles and delivery of '**Recruitment and Attraction**' Action Plan i.e. MAPS, HCSWs Band 4s, new supply routes. • Deliver against Workforce Plan Action Plan and link workforce to transformation of services. • Focus on **refresh of training and development** programme within the Workforce Strategy.
OPBW 6.0c Partnership Working & Staff Engagement Work in collaboration with partners in developing and implementing plans for recovery and redesign.	• Work in collaboration with the ACF, APF and Employee Director to **embed partnership working**. • Deliver against the **Investors in People Standards** - towards Board Accreditation. • Further develop staff engagement through the **'Staff Communication and Engagement Strategy**' • Embed a rolling programme of local delivery of **IiP and iMatter** actions for improvement.

Better Care	
Operational Priority 2023/24	***Action***
OPBC 7.0 Planned Care Increase the level of activity within the Planned Care Programme in line with the ADP reducing waiting times across all specialties focusing on longer term sustainability.	***Deliver ADP targets:*** • **New Outpatients:** 95% of 2019/20 base activity across the year (273,456 patients) • **TTG:** 80% of 2019/20 base activity across the year (64,359 patients). • **New and Return Endoscopy Patients:** 90% of 2019/20 base activity across the year (31,234 patients- NB, this figure relates to new activity only). • **Radiology:** commitment to hold maximum waiting of 26 weeks by end of Sept for all modalities. All radiology activity to deliver 168,992 examinations. • **Endoscopy:** 90% of 2019/20 base activity across the year with development of additional monitoring for completed waits relating to Category 1 and Category 2 patients to ensure meeting USOC pathway 2 week requirement.
OPBC 8.0 Cancer Recover performance against the national waiting time standard acknowledging increase in referrals with Urgent Suspicion of Cancer (USOC).	• Introduction of referral policy for all cancer types working closely with GPs • Continue to deliver the 95% performance for the **31 day** 'decision to treat' target • Take forward key actions to **improve the 62 day** 'referral to first treatment' target focusing on high volume challenging pathways.
OPBC 9.0 Unscheduled Care Work in partnership to improve unscheduled care pathways across the system.	• Improve the **4 hour Emergency Department 4 hr** wait target • Improve the **Delayed Discharge** position across the 6 HSCPs and surrounding partnerships - both Acute and Mental Health • Maximize the virtual unscheduled care service for patients, linking with the GP Out of Hours service, Flow Navigation Centre,

Better Care	
Operational Priority 2023/24	***Action***
	Community Hubs, NHS 24 and SAS to increasing virtual unscheduled care activity. • Evaluate and refine Glasflow Model. • Deliver 'Discharge without Delay' bundle across identified ward areas. • Maximise Digital support for improving Delayed Discharges developing digital referral and access for HomeCare pathway.
OPBC 10.0 Moving Forward Together/Clinical Infrastructure Strategy Deliver the revised work programme and track individual projects to drive forward service improvement and redesign maximising digital opportunities.	• Review Infrastructure work – reporting in early summer 2023, informing future streams of work • Present position to the NHS Board • Focus on re-engineering of patient pathways maximising digital solutions. • Deliver key MFT portfolios incl Best Start and Thrombectomy.
OPBC11.0 Patient Safety and Experience <u>Quality Strategy</u> Review and update the Quality Strategy – *The Pursuit of Excellence* <u>Patient Experience</u> Deliver a person-centred approach through effective public and stakeholder engagement by ensuring patient and service users' experience is included in the design and delivery of services. <u>Infection Prevention & Control</u> Ensure continued robust infection prevention and control across the system, delivering against key targets seeking opportunities for continuous improvement.	• Engage all stakeholders in reviewing the Strategy and bring forward Year 1 priorities linking to patient experience and ensuring a person centred approach in care. • Deliver engagement programmes supporting corporate priority areas. • Review patient, public and stakeholder feedback, using it to drive service improvements. • Deliver national targets set for 2019-2024 (*Staphylococcus aureus* bacteraemias (SAB), *Clostridioides difficile* infections (CDI), *E. coli* bacteraemias (ECB). • Continue local Surgical Site Infection Surveillance. • Engage with ARHAI to develop a whole system approach to the surveillance of healthcare associated infections in high risk units.

Better Care	
Operational Priority 2023/24	***Action***
OPBC 12.0 Primary Care Develop extended multi-disciplinary teams in primary care, maintaining access to core services at the right time and in the right place.	• Develop **Primary Care Strategy** and prioritised action for year 1. • Implement **Primary Care Improvement Plans** • Align activity to MFT proposals. • Address **gaps in data provision** supporting the Board's Assurance Information Framework. • Reaffirm the **OoH** strategic position.
OPBC 13.0a Mental Health Ensure a continual focus on improving mental health and wellbeing services across the system.	• Refresh **Strategy for Mental Health Services in GGC- 2023-28.** • Implement of the Next Phase of **Enhancing Community Mental Health Services.** • Deliver CAMH tgts • Deliver Psychological Therapies tgts
OPBH 13.0b Mental Health of Children and Young People Increase access to early intervention and non-clinical support for children and young people.	• Refresh **suicide prevention and self-harm** action plans relating to children and young people in line with the new national strategies. • Undertake further work to better understand increasing **demand for CAMHS** services for girls age 12-17, and presentations with eating disorders.

Better Value	
Operational Priority 2023/24	***Action***
OPBV 14.0 Queen Elizabeth University Hospital & Royal Hospital for Children Continue to respond to the requirements of the Scottish Hospitals Public Inquiry, the Court proceedings against the Parties responsible for delivering the QEUH/RHC construction project and the Police Investigation. o Rectification o Legal Claim o Public Inquiry o Police Investigation	• Ensure a **robust & monitored approach the rectification work** in respect of known defects as part of litigation. • Manage the process working with MacRoberts to maximize potential recompense through adjudication. • Ensure **robust programme management** in response to the requests for information and development of the approach to Positioning Papers. • Ensure support for witness precognitions for the inquiries focusing on staff welfare through forthcoming hearings. • Continue to engage productively with Police Scotland working to minimise duplication where possible.
OPBV 15.0 Finance Implement the financial plans, to enable the Board to live within the resources available. Includes; o Develop feasible financial projections o Deliver efficiency plans and recurring savings options to help reduce the underlying recurring deficit	• The roll forward position for **2023/24** notes financial plan recurring challenge of **£190.9m** and non-recurring investments of £5.2m. This requires recurring savings of **£75m** to make progress on recurring deficit. A further **£50m** has been identified as non-recurring savings target, however this still derives a gap of **£71.1m** to be closed. • Identify and deliver the level of schemes required to meet the financial challenge. • Ensure sufficient focus required input to this area given the breadth of the operational agenda. • Financial grip and control across areas of current overspend and areas of expenditure without identified recurring budget will also play significantly in the outturn for 2023/24.

Better Value	
Operational Priority 2023/24	***Action***
	• Ensure a whole system approach to mitigate current pressures, reduce additional spend caused by increased demand, and drive a new level of savings to meet the financial gap.
OPBV 16.0 Digital Continue to provide resilient and secure eHealth systems for services with the necessary support and training for staff; Deliver the programmes within the **eHealth Delivery Plan**, enabling service improvement and redesign through the use of digital tools.	• Scaling up of **virtual outpatient appointments** agreeing targets for specialties. • Continue focus on scale up of **remote monitoring** for COPD, Heart Failure and BP Pathways. • Further implementation of hospital electronic prescribing and administration **(HEPMA)** developing a Benefits Realisation Plan. • Further **digitisation of inpatient records** -complete pilot in Acute 3 early adopter wards at QEUH and complete business case for review. • **Ophthalmology EPR** implementation.
OPBV 17.0 **Sustainability and Climate Change** Ensure NHS GGC provides safe, reliable and high-quality services that are environmentally, socially and economically equitable meeting targets and legislative policy requirements to work towards achieving net zero by 2040.	• Finalise the **GGC Sustainability Strategy** and seek Board approval. • Work **towards ISO standards** to ensure effective Quality & Environmental Management Systems. • Set out proposed action to **decarbonise fleet in line with targets** (2025 for cars / light commercial vehicles & 2032 for heavy vehicles at latest). • Set out plan to achieve **waste targets** set out in DL (2021) 38. • Set out actions to adopt the learning from the **National Green Theatre Programme**; provide outline for greater adoption level. (inclusive of N20, Entonox & Volatile Gases).

NHS Greater Glasgow & Clyde

Assurance Information Framework 2023/24 | ***Version 3.0 (August 2023)***

Key:

Committee	
NHSB	NHS Board
ASC	Acute Services Committee
ARC	Audit & Risk Committee
CCGC	Clinical & Care Governance Committee
FPPC	Finance Planning & Performance Committee
PHWC	Population Health & Wellbeing Committee
SGC	Staff Governance Committee
Frequency	
6/6	All NHS Board meetings
3/6	Three meetings per annum
2/6	Two meetings per annum
1/6	Annually
Format	
D	Data
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 only
PP3	Previous three periods
PP12	Previous twelve periods
PP24	Previous twenty four periods
PP36	Previous thirty-six periods
PFY	Previous financial year
PFY2	Previous two financial years
PFY3	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	
MTNB	Mainland Territorial NHS Boards
NHSS	NHS Scotland
NHSUK	NHS UK

NHS Greater Glasgow & Clyde

Assurance Information Framework 2023/24 | *Version 3.3 (August 2023)*

		Number of Operational Targets / Actions
A1	**Better Health**	TBC
OPBH 1.0a	**Child Health and Early Intervention**	
	Ensure the best start for children with a focus on developing good health and wellbeing in their early years through the Universal Health Visiting Pathway (UHVP).	
OPBH 1.0b	**Child Oral Health**	
	Improve children's oral health, increasing **registration** with dental services enabling secondary prevention.	
OPBH 1.0c	**Obesity and Prevention and Early Intervention on Type 2 Diabetes - Children**	
	Working in partnership, increase healthy weight interventions for children and families, through community Weight Management interventions.	
OPBH 2.0	**Early and pro-active intervention T2DM - Adults**	
	Focus on targeted and structured approaches to ensure early intervention and prevention of Type 2 Diabetes in adults	
OPBH 3.0	**Drug Related Deaths**	
	Work towards delivery of the National Mission on Drug Deaths Plan 2022-2026, in conjunction with the Alcohol and Drug Partnerships, HSCPs / Alcohol and Drug Recovery Services in GGC.	
OPBH 4.0	**Vaccination**	
	Protect most vulnerable population from the effects of vaccine preventable diseases, especially Covid and Flu.	
OPBH 5.0	**Public Protection**	
	Ensure robust procedures are in place to protect the most vulnerable in society.	
A2	**Better Workplace**	
OPBW 6.0a	**Staff Health and Wellbeing**	
	Deliver ongoing support to staff physical and mental health and wellbeing.	
OPBW 6.0b	**Workforce**	
	Ensure a sustainable workforce through workforce planning that is responsive to changes in the demand for services.	
OPBW 6.0c	**Partnership Working & Staff Engagement**	
	Work in collaboration with partners in developing and implementing plans for recovery and redesign.	

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		Number of Operational Targets / Actions
A3	**Better Care**	
OPBC 7.0	**Planned Care**	
	Increase the level of activity within the Planned Care Programme in line with the ADP reducing waiting times across all specialties focusing on longer term sustainability.	
OPBC 8.0	**Cancer**	
	Recover performance against the national waiting time standard acknowledging increase in referrals with Urgent Suspicion of Cancer (USOC).	
OPBC 9.0	**Unscheduled Care**	
	Work in partnership to improve unscheduled care pathways across the system.	
OPBC 10.0	**Moving Forward Together/Clinical Infrastructure Strategy**	
	Deliver the revised work programme and track individual projects to drive forward service improvement and redesign maximising digital opportunities.	
OPBC 11.0	**Patient Safety and Experience**	
	Quality Strategy - Review and update the Quality Strategy – The Pursuit of Excellence.	
	Patient Experience - Deliver a person-centred approach through effective public and stakeholder engagement by ensuring patient and service users' experience is included in the design and delivery of services.	
	Infection Prevention & Control - Ensure continued robust infection prevention and control across the system, delivering against key targets seeking opportunities for continuous improvement.	
OPBC 12.0	**Primary Care**	
	Develop extended multi-disciplinary teams in primary care, maintaining access to core services at the right time and in the right place.	
OPBC 13.0a	**Mental Health**	
	Ensure a continual focus on improving mental health and wellbeing services across the system.	
OPBC 13.0b	**Mental Health of Children and Young People**	
	Increase access to early intervention and non-clinical support for children and young people.	
A4	**Better Value**	
OPBV 14.0	**Queen Elizabeth University Hospital & Royal Hospital for Children**	
	Continue to respond to the requirements of the Scottish Hospitals Public Inquiry, the Court proceedings against the Parties responsible for delivering the QEUH/RHC construction project and the Police Investigation. • Rectification • Legal Cliam • Public Inquiry • Police Investigation	

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		Number of Operational Targets / Actions
OPBV 15.0	**Finance** Implement the financial plans, to enable the Board to live within the resources available. Includes: • Develop feasible financial projections. • Deliver efficiency plans and recurring savings options to help reduce the underlying recurring deficit.	
OPBV 16.0	**Digital** Continue to provide resilient and secure eHealth systems for services with the necessary support and training for staff; Deliver the programmes within the eHealth Delivery Plan, enabling service improvement and redesign through the use of digital tools.	
OPBV 17.0	**Sustainability and Climate Change** Ensure NHS GGC provides safe, reliable and high-quality services that are environmentally, socially and economically equitable meeting targets and legislative policy requirements to work towards achieving net zero by 2040.	
	Total Number of Operational Targets / Actions	**0**

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		Number of Operational Targets / Actions
A1	**Better Health**	
OPBH 1.0a	**Child Health and Early Intervention**	
	Ensure the best start for children with a focus on developing good health and wellbeing in their early years through the Universal Health Visiting Pathway (UHVP).	
	Actions	
	• Robust and **consistent delivery** of the UHVP across the 6 HSCPs.	
	• Use of common staffing method to review caseload management.	
	• Ensure **robust and accessible data** on delivery on the UHVP identifying impact e.g. identification of needs and any gaps.	
OPBH 1.0b	**Child Oral Health**	
	Improve children's oral health, increasing **registration** with dental services enabling secondary prevention.	
	Actions	
	• Focus activity on dental registration of young children supporting the most vulnerable children and families via the UHVP.	
	• Increase uptake of **Childsmile Programme** in the most deprived areas establishing tooth brushing in the early years.	
	• **Reduce need for general anaesthetics** in children requiring tooth extraction.	
OPBH 1.0c	**Obesity and Prevention and Early Intervention on Type 2 Diabetes - Children**	
	Working in partnership, increase healthy weight interventions for children and families, through community Weight Management interventions.	
	Actions	
	• Expand **healthy weight intervention** through the UHVP.	
	• Expand community based **'Thrive under Five'** Programme.	
	• Increase uptake of weight management interventions in line with national standards.	
OPBH 2.0	**Early and pro-active intervention T2DM - Adults**	
	Focus on targeted and structured approaches to ensure early intervention and prevention of Type 2 Diabetes in adults	
	Actions	
	• Support **increased detection and diagnosis**, targeting most at risk groups e.g. pregnant women, the BAME communities.	
	• Increase the number of newly diagnosed patients who complete **structured education** and weight management programmes.	
OPBH 3.0	**Drug Related Deaths**	
	Work towards delivery of the National Mission on Drug Deaths Plan 2022-2026, in conjunction with the Alcohol and Drug Partnerships, HSCPs / Alcohol and Drug Recovery Services in GGC.	
	Actions	
	• Continue to **roll out Medication Assisted Treatment** (MAT) Standards across the 6 HSCPs aiming to continue reduction in drug related death.	
	• Ensure public health input to the GGC-wide MAT Standards Implementation Group.	
	• **Monitor drug use and drug harms** through the Drug Trends Monitoring Group and inform any requirements for change.	
	• Lead the coordination of efforts to **address blood-borne virus transmission** in GGC.	
OPBH 4.0	**Vaccination**	
	Protect most vulnerable population from the effects of vaccine preventable diseases, especially Covid and Flu.	
	Actions	
	• **Roll out vaccination programmes** across all relevant sectors and target populations.	
OPBH 5.0	**Public Protection**	
	Ensure robust procedures are in place to protect the most vulnerable in society.	
	Actions	

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		Number of Operational Targets / Actions
	• Complete the final design stage of the **Public Protection Strategy**, present to CMT in June and the Board Seminar in July.	
	• Complete the benchmarking for the ne **NHS National Accountability and Assurance Framework** and embed as a delivery plan priority.	
A2	**Better Workplace**	
OPBW 6.0a	**Staff Health and Wellbeing**	
	Deliver ongoing support to staff physical and mental health and wellbeing.	
	Actions	
	• **Update Staff Health Strategy for 2023-2025** with new Action Plan For Staff Health and Wellbeing following results from the Staff Health Survey - areas for action: • Mental Health including stress • In work Poverty • Fair Work • Support for managing attendance.	
	• Deliver **2023-24 Workforce Equality Action Plan.**	
OPBW 6.0b	**Workforce**	
	Ensure a sustainable workforce through workforce planning that is responsive to changes in the demand for services.	
	Actions	
	• Focus on new roles and delivery of **'Recruitment and Attraction'** Action Plan i.e. MAPS, HCSWs Band 4s, new supply routes.	
	• Deliver against Workforce Plan Action Plan and link workforce to transformation of services.	
	• Focus on refresh of training and development programme within the Workforce Strategy.	
OPBW 6.0c	**Partnership Working & Staff Engagement**	
	Work in collaboration with partners in developing and implementing plans for recovery and redesign.	
	Actions	
	• Work in collaboration with the ACF, APF and Employee Director to **embed partnership working.**	
	• Deliver against the **Investors in People Standards** - towards Board Accreditation.	
	• Increase visibility of leaders through Team Brief and visitation programme.	
	• Further develop staff engagement through the **'Staff Communication and Engagement Strategy'.**	
	• Develop a programme for leaders.	
	• A rolling programme of local delivery of IiP and **iMatter** actions for improvement.	
A3	**Better Care**	
OPBC 7.0	**Planned Care**	
	Increase the level of activity within the Planned Care Programme in line with the ADP reducing waiting times across all specialties focusing on longer term sustainability.	
	Actions	
	• **New Outpatients:** 95% of 2019/20 base activity across the year (273,456 patients).	
	• **TTG:** 80% of 2019/20 base activity across the year (64,359 patients).	
	• **New and Return Endoscopy Patients:** 90% of 2019/20 base activity across the year (31,234 patients- NB, this figure relates to new activity only).	
	• **Radiology:** commitment to hold maximum waiting of 26 weeks by end of Sept for all modalities. All radiology activity to deliver 168,992 examinations.	

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		Number of Operational Targets / Actions
	• **Endoscopy:** 90% of 2019/20 base activity across the year with development of additional monitoring for completed waits relating to Category 1 and Category 2 patients to ensure meeting USOC pathway 2 week requirement.	
OPBC 8.0	**Cancer**	
	Recover performance against the national waiting time standard acknowledging increase in referrals with Urgent Suspicion of Cancer (USOC).	
	Actions	
	• Introduction of referral policy for all cancer types working closely with GPs.	
	• Continue to deliver the 95% performance for the **31 day** 'decision to treat' target.	
	• Take forward key actions to **improve the 62 day** 'referral to first treatment' target focusing on high volume challenging pathways.	
OPBC 9.0	**Unscheduled Care**	
	Work in partnership to improve unscheduled care pathways across the system.	
	Actions	
	• Improve the **4 hour Emergency Department 4 hr wait** target.	
	• Improve the **Delayed Discharge** position across the 6 HSCPs and surrounding partnerships - both Acute and Mental Health.	
	• Maximize the virtual unscheduled care service for patients, linking with the GP Out of Hours service, Flow Navigation Centre, Community Hubs, NHS 24 and SAS to increasing virtual unscheduled care activity.	
	• Evaluate and refine Glasflow Model.	
	• Deliver 'Discharge without Delay' bundle across identified ward areas.	
	• Maximise Digital support for improving Delayed Discharges developing digital referral and access for HomeCare pathway.	
OPBC 10.0	**Moving Forward Together/Clinical Infrastructure Strategy**	
	Deliver the revised work programme and track individual projects to drive forward service improvement and redesign maximising digital opportunities.	
	Actions	
	• Review Infrastructure work – reporting in early summer 2023, informing future streams of work.	
	• Present position to the NHS Board.	
	• Focus on re-engineering of patient pathways maximising digital solutions.	
	• Deliver key MFT portfolios incl Best Start and Thrombectomy.	
OPBC 11.0	**Patient Safety and Experience**	
	Quality Strategy - Review and update the Quality Strategy – The Pursuit of Excellence.	
	Actions	
	• Engage all stakeholders in reviewing the Strategy and bring forward Year 1 priorities linking to patient experience and ensuring a person centred approach in care.	
	Patient Experience - Deliver a person-centred approach through effective public and stakeholder engagement by ensuring patient and service users' experience is included in the design and delivery of services.	
	Actions	
	• Deliver engagement programmes supporting corporate priority areas.	
	• See patient, public and stakeholder feedback, using it to drive service improvements.	
	Infection Prevention & Control - Ensure continued robust infection prevention and control across the system, delivering against key targets seeking opportunities for continuous improvement.	
	Actions	
	• Deliver national targets set for 2019-2024 (Staphylococcus aureus bacteraemias (SAB), Clostridioides difficile infections (CDI), E. coli bacteraemias (ECB).	
	• Continue local Surgical Site Infection Surveillance.	

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		Number of Operational Targets / Actions
	• Engage with ARHAI to develop a whole system approach to the surveillance of healthcare associated infections in high risk units.	
OPBC 12.0	**Primary Care**	
	Develop extended multi-disciplinary teams in primary care, maintaining access to core services at the right time and in the right place.	
	Actions	
	• Develop Primary Care Strategy and prioritised action for year 1.	
	• Implement Primary Care Improvement Plans.	
	• Align activity to MFT proposals.	
	• Address gaps in data provision supporting the BOARD'S Assurance Information Framework.	
	• Reaffirm the OoH strategic position.	
OPBC 13.0a	**Mental Health**	
	Ensure a continual focus on improving mental health and wellbeing services across the system.	
	Actions	
	• Refresh **Strategy for Mental Health Services in NHSGGC- 2023-28.**	
	• Implement of the Next Phase of *Enhancing* **Community Mental Health Services.**	
	• CAMHS.	
	• Psychological Therapies.	
OPBC 13.0b	**Mental Health of Children and Young People**	
	Increase access to early intervention and non-clinical support for children and young people.	
	Actions	
	• Refresh **suicide prevention and self-harm** action plans relating to children and young people in line with the new national strategies.	
	• Undertake further work to better understand increasing demand for **CAMHS** services for girls age 12-17, and presentations with eating disorders.	
A4	**Better Value**	
OPBV 14.0	**Queen Elizabeth University Hospital & Royal Hospital for Children**	
	Continue to respond to the requirements of the Scottish Hospitals Public Inquiry, the Court proceedings against the Parties responsible for delivering the QEUH/RHC construction project and the Police Investigation. • Rectification • Legal Cliam • Public Inquiry • Police Investigation	
	Actions	
	• Ensure a robust & monitored approach the rectification work in respect of known defects as part of litigation. • Manage the process working with MacRoberts to maximize potentials recompense through adjudication. • Ensure robust programme management in response to the requests for information and development of the approach to Positioning Papers. • Ensure support for witness precognitions for the inquiries focussing on staff welfare through forthcoming hearings. • Continue to engage productively with Police Scotland working to minimise duplication where possible.	
	Finance	
	Implement the financial plans, to enable the Board to live within the resources available. Includes: • Develop feasible financial projections. • Deliver efficiency plans and recurring savings options to help reduce the underlying recurring deficit.	

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		Number of Operational Targets / Actions
OPBV 15.0	*Actions*	
	• The roll forward position for **2023/24** notes financial plan challenge of **c£190.9m - £200m and non-recurring investments of £5.2m. This** requires recurring savings of **c£75m** to make progress on recurring deficit. A further **£50m** has been identified as non-recurring savings target, however this still derives a gap of c£71.1m to be closed.	
	• Identify and deliver the level of schemes required to meet the financial challenge.	
	• Ensure sufficient focus required input to this area given the breadth of the operational agenda.	
	• Financial grip and control across areas of current overspend and areas of expenditure without identified recurring budget will also play significantly in the outturn for 2023/24.	
	• Ensure a whole system approach to mitigate current pressures, reduce additional spend caused by increased demand, and drive a new level of savings to meet the financial gap.	
OPBV 16.0	**Digital**	
	Continue to provide resilient and secure eHealth systems for services with the necessary support and training for staff; Deliver the programmes within the eHealth Delivery Plan, enabling service improvement and redesign through the use of digital tools.	
	Actions	
	• Scaling up of **virtual outpatient appointments** agreeing targets for specialties.	
	·• Continue focus on scale up of **remote monitoring** for COPD, Heart Failure and BP Pathways.	
	• Further implementation of hospital electronic prescribing and administration **(HEPMA)** developing a Benefits Realisation Plan.	
	• Further **digitisation of inpatient records** -complete pilot in Acute 3 early adopter wards at QEUH and complete business case for review.	
	• **Ophthalmology EPR** implementation.	
	• Complete training of Community Optometrists to use glaucoma pathway tools.	
	• **eRostering** Implement initial stage of programme for Print & Post in Q2. Questionnaires for Pre-Op Assessment, ENT USOC.	
OPBV 17.0	**Sustainability and Climate Change**	
	Ensure NHS GGC provides safe, reliable and high-quality services that are environmentally, socially and economically equitable meeting targets and legislative policy requirements to work towards achieving net zero by 2040.	
	Actions	
	• Finalise the GGC Sustainability Strategy and seek Board approval .	
	• Work towards ISO standards to ensure effective Quality & Environmental Management Systems.	
	• Set out proposed action to decarbonise fleet in line with targets (2025 for cars / light commercial vehicles & 2032 for heavy vehicles at latest).	
	• Set out plan to achieve waste targets set out in DL (2021) 38.	
	• Set out actions to adopt the learning from the National Green Theatre Programme; provide outline for greater adoption level. (inclusive of N20, Entonox & Volatile Gases).	
	• Set out approach to implement the Scottish Quality Respiratory Prescribing guide across primary care and respiratory specialities to improve patient outcomes and reduce emissions from inhaler propellant.	
	Total Number of Operational Targets	**0**

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Ref	Operational Targets	Values	Reports							Operational Priority	SC Scrutiny	Other Reports
			Frequency	Format	Period	History	Trajectory	Forecast	Benchmark			
A1	**Better Health**											
	Improving the health and wellbeing of the population											
Vaccination												
	Vaccination take-up by targeted groups	Various	1/6	P+D / CC	M	PFY	√		NHSS	**TBC**	PHWC	Vaccination Report
Children's Health												
	Child development assessments completed on time.	TBC	1/6	P+D / CC	M	PFY		√		OPBH1	PHWC	Turning The Tide updates
	Children registered with a NHS dentist	TBC	1/6	P+D / CC	M	PFY		√		OPBH1	PHWC	
	Children requiring general anaesthetic for dental treatment	TBC	1/6	D / CC	M	PFY		√		OPBH1	PHWC	
Type Two Diabetes												
	Overweight and obese people who achieve healthy weight or 5% weight loss	TBC	1/6	P+D / CC	M	PFY		√		OPBH2	PHWC	Turning The Tide updates
	Targeted interventions with at risk groups	TBC	1/6	D / CC	M	PFY		√		OPBH2	PHWC	
	Newly- diagnosed patients who complete weight management programme	TBC	1/6	D / CC	M	PFY		√		OPBH2	PHWC	
Drug Related Death and Harm												
	People referred to assertive outreach < 2 days of referra	TBC	3/6	P+D / CC	M	PFY		√		OPBH3	PHWC	
	People starting treatment within three weeks of referral	90%	3/6	P+D / CC	M	PFY		√		OPBH3	PHWC	
A2	**Better Care**											
	Improving individual experience of care											
Urgent Care												
	Patients waiting for treatment in A& E Departments < 4 hours	95% (70%)	6/6	P+D / CC	M	PFY		√	NHSS & MTNB	OPBC5	ASC	
	Patients with delayed discharge from Acute Services	TBC	6/6	D / CC	M	PFY	√		NHSS & MTNB	OPBC5	FPPC	
	Patients with delayed discharge from Mental Health Services	TBC	6/6	D / CC	M	PFY	√		NHSS & MTNB	OPBC5	FPPC	
	Bed days lost due to delayed discharge	TBC	6/6	D / CC	M	PFY	√		NHSS & MTNB	OPBC5	FPPC	
	GPOOHS scheduled shifts filled	90%	6/6	P+D / CC	M	PFY		√	NHSS & MTNB	OPBC5	FPPC	
	Patients treated by GP Out of Hours Service	TBC	6/6	D / CC	M	PFY		√	NHSS & MTNB	OPBC5	FPPC	
Scheduled Care												
	Number of new outpatients on the waiting list	145,000	6/6	P+D / CC	M	PFY	√	√	NHSS & MTNB	OPBC4	ASC	
	Number of new outpatients waiting > 78 weeks	0	6/6	P+D / CC	M	PFY	√	√	NHSS & MTNB	OPBC4	ASC	
	Number of new outpatients waiting > 52 weeks	8,000	6/6	P+D / CC	M	PFY	√	√	NHSS & MTNB	OPBC4	ASC	
	Number of patients on the inpatient / daycase waiting list	45,657	6/6	P+D / CC	M	PFY	√	√	NHSS & MTNB	OPBC4	ASC	
	Number of new outpatients seen	273,456							NHSS & MTNB			
	Number of patients waiting > 104 weeks for an inpatient / daycase procedure	0	6/6	P+D / CC	M	PFY	√	√	NHSS & MTNB	OPBC4	ASC	
	Number of patients waiting > 78 weeks for an inpatient / daycase procedure	5,990	6/6	D / CC	M	PFY	√	√	NHSS & MTNB	OPBC4	ASC	
	Number of patients waiting > 52 weeks for an inpatient / daycase procedure	14,200	6/6	P+D / CC	M	PFY	√	√	NHSS & MTNB	OPBC4	ASC	
	Number of inpatient / daycases seen	64,359	6/6	D / LC	M	PFY	√	√	NHSS & MTNB			
	Patients treated within 31 days of decision to treat cancer	95%	6/6	P+D / CC	M	PFY		√	NHSS & MTNB	OPBC4	ASC	
	cancer	85%	6/6	P+D / CC	M	PFY		√	NHSS & MTNB	OPBC4	ASC	
	Number of patients on scope waiting list	12,800	6/6	P+D / CC		PFY		√	NHSS & MTNB	OPBC4	ASC	
	Scope activity	31,234	6/6	D / CC	M	PFY	√	√	NHSS & MTNB	OPBC4	ASC	
	Patients treated within 18 weeks of a referral for psychological therapies	90%	6/6	P+D / CC	M	PFY		√	NHSS & MTNB	OPBC4	FPPC	
	Patients treated within 18 weeks of a referral for CAMH Services	90%	6/6	P+D / CC	M	PFY	√	√	NHSS & MTNB	OPBC4	FPPC	
Primary Care												

	GP Appointments - Primary Care Access	TBC	AM	P+D / CC	M	PFY	√	√	NHSS	OPBC8	FPPC	Developing Primary Care Strategy
	Dental Appointments - Primary Care Access	TBC	AM	P+D / CC	M	PFY	√	√	NHSS	OPBC8	FPPC	
Infection Prevention and Prevention												
	SAB rates	23 per month	6/6	D / CC	M	PFY			NHSS	OPBC10	CCGC	HAIRT Report
	CDI rates	17 per month	6/6	D / CC	M	PFY			NHSS	OPBC10	CCGC	
	ECB rates	38 per month	6/6	D / CC	M	PFY			NHSS	OPBC10	CCGC	
A3	**Better Value**											
	Reducing the cost of delivering healthcare											
Revenue												
	Total Budget Allocation by Acute, Corporate and Partnership	Total	6/6	P+D / CC	M	PFY	√	√		OPBV12	FPPC	
	Staffing Budget Allocation by Acute, Corporate and Partnership	Total	6/6	P+D / CC	M	PFY	√	√		OPBV12	FPPC	
	Other Running Costs Budget Allocation by Acute, Corporate and Partnership	Total	6/6	P+D / CC	M	PFY	√	√		OPBV12	FPPC	
	Pharmacy Budget Allocation by Acute and Partnership	Total	6/6	P+D / CC	M	PFY	√	√		OPBV12	FPPC	
	Total Expenditure by Acute and Partnership	Full Spend	6/6	P+D / CC	M	PFY	√	√		OPBV12	FPPC	
	Staffing Expenditure by Acute and Partnership	Full Spend	6/6	P+D / CC	M	PFY	√	√		OPBV12	FPPC	
	Other Running Costs Expenditure by Acute and Partnership	Full Spend	6/6	P+D / CC	M	PFY	√	√		OPBV12	FPPC	
	Pharmacy Expenditure by Acute and Partnership	Full Spend	6/6	P+D / CC	M	PFY	√	√		OPBV12	FPPC	
	Anticipated Additional Budget Allocation	TBC	6/6	P+D / LC	M	PFY		√		OPBV12	FPPC	
Capital												
	Budget Allocation by Acute and Partnership	Break Even	6/6	P+D / CC	M	PFY	√	√		OPBV12	FPPC	
	Expenditure by Acute and Partnership	Full Spend	6/6	P+D / CC	M	PFY	√	√		OPBV12	FPPC	
	Anticipated Additional Budget Allocation	TBC	6/6	P+D / LC	M	PFY		√		OPBV12	FPPC	
Sustainability & Value												
	Total Efficiency Savings delivered by Acute, Corporate and Partnership (£m's)	125,000	AM	P+D / CC	M	PFY	√	√		OPBV12	FPPC	ship still to be included
	Recurring Efficiency Savings delivered by Acute, Corporate and Partnership (£m's)	75,000	AM	P+D / CC	M	PFY	√	√		OPBV12	FPPC	ship still to be included
	Non-Recurring Efficiency Savings delivered by Acute, Corporate and Partnership (£m's)	50,000	AM	P+D / CC	M	PFY	√	√		OPBV12	FPPC	ship still to be included
A4	**Better Workplace**											
	Creating a great place to work											
Staffing												
	Vacancies - Total	TBC	3/6	P+D / CC	M	PFY		√	NHSS	OPBW15	SGC	
	Attendance - Total	TBC	6/6	P+D / CC	M	PFY		√	NHSS	OPBW15	SGC	
	Supplementary Staffing - Total	TBC	3/6	P+D / CC	M	PFY		√	NHSS	OPBW15	SGC	

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		Number of Performance Indicators
A1	**Better Health**	
COBH1	To reduce the burden of disease on the population through health improvement programmes that deliver a measurable shift to prevention rather than treatment.	
COBH2	To reduce health inequalities through advocacy and community planning.	
COBH3	To reduce the premature mortality rate of the population and the variance in this between communities.	
COBH4	To ensure the best start for children with a focus on developing good health and wellbeing in their early years.	
COBH5	To promote and support good mental health and wellbeing at all ages.	
A2	**Better Care**	
COBC6	To provide a safe environment and appropriate working practices that minimise the risk of injury or harm to our patients and our people.	
COBC7	To ensure services are timely and accessible to all parts of the community we serve.	
COBC8	To deliver person centred care through a partnership approach built on respect, compassion and shared decision making.	
COBC9	To continuously improve the quality of care, engaging with our patients and our people to ensure healthcare services meet their needs.	
COBC10	To shift the reliance on hospital care towards proactive and co-ordinated care and support in the community.	
A3	**Better Value**	
COBV11	To ensure effective financial planning across the healthcare system that supports financial sustainability and balanced budgets.	
COBV12	To reduce cost variation, improve productivity and eliminate waste through a robust system of efficiency savings management.	
COBV13	To exploit the potential for research, digital technology and innovation to reform service delivery and reduce costs.	
COBV14	To utilise and improve our capital assets to support the reform of healthcare.	
A4	**Better Workplace**	
COBW15	To ensure our people are treated fairly and consistently, with dignity and respect, and work in an environment where diversity is valued.	
COBW16	To ensure our people are well informed.	
COBW17	To ensure our people are appropriately trained and developed.	
COBW18	To ensure our people are involved in decisions that affect them.	
COBW19	To promote the health and wellbeing of our people.	
COBW20	To provide a continuously improving and safe working environment.	
	Total Number of Performance Indicators	**0**

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Ref	Performance Indicators	Values	Reports								Corporate Objective	SC Scrutiny	Reports
			Frequency	Format	Period	History	Trajectory	Forecast	Benchmark	Timing			
A1	**Better Health** *Improving the health and wellbeing of the population*												
COBH1 - Reducing the burden of disease & delivering shift to prevention													
	Adults with a healthy weight - Maternal (Proxy)	TBC	1/6	P+D / CC	M	PFY3		√	NHSS	TBC	COBH 1&3	PHWC	
	Children with a healthy weight at Primary One	TBC	1/6	P+D / CC	M	PFY3		√	NHSS	TBC	COBH 1&3	PHWC	Turning The Tide Update
	Newly diagnosed Type 2 Diabetes patients	TBC	2/6	D / CC	M	PFY3		√	NHSS	TBC	COBH 1&3	PHWC	
	Referrals to Weight Management Service	TBC	1/6	D / CC	M	PFY3		√	NHSS	TBC	COBH 1&3	PHWC	
	% of Referrals to Alcohol & Drugs Service Starting Treament < 3 weeks	90%	2/6	D / CC	M	PFY3		√	NHSS	TBC	COBH 1&3	PHWC	IJB Report
	Vaccination take-up by targeted groups	TBC	3/6	P+D / CC	M	PFY3		√	NHSS	TBC	COBH 1&4	PHWC	Routine Vaccination Report
	Delivery of MAT Standards	TBC	2/6	P+D / CC	M	PFY3		√	NHSS	TBC	COBH 1&4	PHWC	IJB Report
COBH2 - Reducing health inequalities through advocacy & community planning													
COBH3 - Reducing premature mortality rate													
	Life expectancy	TBC	1/6	P / LC	Y	PFY3			NHSS	TBC	COBH2&3	PHWC	
	Healthy life expectancy	TBC	1/6	P / LC	Y	PFY4			NHSS	TBC	COBH2&3	PHWC	
	Premature mortality rate	TBC	1/6	P+D / CC	Y	PFY3			NHSS	TBC	COBH3	PHWC	
	Screening take-up by targeted groups	TBC	1/6	P+D / CC	Y	PFY3			NHSS	TBC	COBH3	PHWC	DPH Annual Report
	Smoking quit rate	TBC	1/6	P+D / CC	Y	PFY4			NHSS	TBC	COBH4	PHWC	
	Reported alchohol related deaths	TBC	1/6	D / CC	M	PFY3			NHSS	TBC	COBH3	PHWC	
	Reported drug related deaths	TBC	1/6	D / CC	M	PFY4			NHSS	TBC	COBH3	PHWC	
	Number of Alcohol Brief Interventions	TBC	3/6	D/LC	Q	PP3				TBC	COBH3		IJB Annual Report
COBH4 - Ensuring the best start for children													
	Children receiving MMR vaccination	TBC	1/6	P+D / CC	Y	PFY3			NHSS	TBC	COBH4	PHWC	
	% children being breastfed at 6 - 8 weeks	TBC	1/6	P+D / CC	Y	PFY3			NHSS	TBC	COBH4	PHWC	
	Children meeting developmental milestones (UHVP)	TBC	1/6	P+D / CC	Y	PFY3			NHSS	TBC	COBH4	PHWC	
	Children in households with income < 60% of medium UK income	TBC	1/6	P+D / CC	Y	PFY3			NHSS	TBC	COBH5		
	Children in households with income < 60% of medium UK income in 2010/11	TBC	1/6	P+D / CC	Y	PFY3			NHSS	TBC	COBH6		
	Children in households with income < 70% of medium UK income without basic necessities	TBC	1/6	P+D / CC	Y	PFY3			NHSS	TBC	COBH7		Child Poverty Actions Plans
	Children who have lived in relative poverty in 3 of last 4 years	TBC	1/6	P+D / CC	Y	PFY3			NHSS	TBC	COBH8		
	At least 80% of pregnant women in each SIMD quintile will have booked for antenatal care by 12 weeks of gestation	80%	3/6	P+D / CC	Q	PP3			NHSS	TBC	COBH4		
COBH5 - Promoting and supporting good mental health & wellbeing													
	Children referred to early intervention Mental Health services - Tiered Services	TBC	2/6	D / CC	Q	PFY3			NHSS	TBC	COBH4&5	PHWC	

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Ref	Performance Indicators	Values	Reports								Corporate Objective	SC Scrutiny	Reports
			Frequency	Format	Period	History	Trajectory	Forecast	Benchmark	Timing			
A2	**Better Care** *Improving individual experience of care*												
COBC6 - Providing a safe environment & working practices that minimise the risk of injury or harm													
	Hospital Standardised Mortality Rate	< or = 1.00	3/6	D/LC	Q	PFY3			NHSS	TBC	COBC6	CCGC	
	% of complaints (per patient contact)			P+D / CC	Q	PFY3					COBC6		
	Complaints closed timeously	80% Stage 1 70% Stage 2	2/6	P+D / CC	Q	PFY3			NHSS	TBC	COBC 6&7&9	CCGC	
	Complaints upheld	TBC	2/6	P+D / CC	Q	PFY3				TBC	COBC 6&7&10		
COBC7 - Ensuring services are timely and accessible to all parts of the community													
	Refer to Operational Targets - ADP												
	MSK – Access to Treatment Waiting Times	90%	6/6	P+D / LC	M	PP12			NHSS	TBC	COBC7	FPPC	
	Podiatry – Access to Treatment Waiting Times	90%	6/6	P+D / LC	M	PP12			NHSS	TBC	COBC7	FPPC	
COBC8 - Delivering person centred care through a partnership approach built on respect, compassion and shared decision making.													
	MFT / Quality Strategy / Communications Strategy - relevant actions												
COBC 9 - Continuously improving the quality of care, engaging with our patients and our people to ensure healthcare services meet their needs.													
	MFT / Quality Strategy / Communications Strategy - relevant actions												
COBC - 10 - Shifting the reliance on hospital care towards proactive and co-ordinated care and support in the community.													
	Accident & Emergency Attendances aged 65+ by Partnership	100,000	1/6	P+D / CC	Q	PFY3	√	√	NHSS	TBC	COBC10	FPPC	
	Accident & Emergency Attendances aged 18+ by Partnership	100,000	1/6	P+D / CC	Q	PFY3	√	√	NHSS	TBC	COBC10	FPPC	
	Emergency Admissions aged 18+ by Partnership	100,000 population	1/6	P+D / CC	Q	PFY3	√	√	NHSS	TBC	COBC10	FPPC	
	Emergency Admissions aged 65+ by Partnership	100,000	1/6	P+D / CC	Q	PFY3	√	√	NHSS	TBC	COBC10	FPPC	
	Unscheduled care occupied bed days	TBC	1/6	P+D / CC	Q	PFY3	√	√	NHSS	TBC	COBC10	FPPC	
	Readmission to hospital within 28 days of discharge	TBC	1/6	P+D / CC	Q	PFY3			NHSS	TBC	COBC10	FPPC	
	Falls rate at home / community setting by HSCP	TBC	1/6	P+D / CC	Q	PFY3			NHSS	TBC	COBC10	FPPC	
	Proportion of last 6 months of life at home / community setting by HSCP	TBC	1/6	P+D / CC	Q	PFY3			NHSS	TBC	COBC11	FPPC	IJB Annual Reports
	Adults with intensive care needs receing care at home	TBC	1/6	P+D / CC	Q	PFY4			NHSS	TBC	COBC11	FPPC	
	GP OOH – Number of Shifts Open	90%	6/6	P+D / LC	M	PP12				TBC	COBC11	FPPC	
	GP OOH – Level of Activity	TBC	6/6	D/LC	M	PP12				TBC	COBC11	FPPC	
	Delayed Discharges – Number of Acute Non-AWI and AWI Delays	TBC	6/6	D/LC	M	PP12				TBC	COBC11	FPPC	
	Delayed Discharges – Number of Delays in Mental Health Beds	TBC	6/6	D/LC	M	PP12				TBC	COBC11	FPPC	
	Delayed Discharges – Number of Occupied Bed Days Lost Due to Delayed Discharges	TBC	6/6	D/LC	M	PP12				TBC	COBC11	FPPC	

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A3	**Better Value** *Reducing the cost of delivering healthcare*												
	COBV11 - Ensuring effective financial planning across the healthcare system that supports financial sustainability and balanced budgets.												
	Recurring Structural Deficit	119.7	1/6	CC	Y	PFY3	√	√		February	COBV11	FPPC	
	Net Cash Efficiency Challenge (£m)	190.9	1/6	CC	Y	PFY3	√	√		February	COBV11	FPPC	Financial Plan
	COBV12 - Reducing cost variation, improve productivity and eliminate waste through a robust system of efficiency savings management.												
	Partnership (£m's)	125	1/6	CC	Y	PFY3	√	√		February	COBV12	FPPC	
	Partnership (£m's)	75	1/6	CC	Y	PFY3	√	√		February	COBV12	FPPC	
	Partnership (£m's)	50	1/6	CC	Y	PFY3	√	√		February	COBV12	FPPC	Financial Plan
	COBV13 - Exploiting the potential for research, digital technology and innovation to reform service delivery and reduce costs.												
	Key Digital Strategy/MFT Delivery Actions										COBV13	FPPC	Digital Strategy/MFT
	COBV14- Utilising and improving capital assets to support the reform of healthcare.												
	Capital Plan Updates									February	COBV14	FPPC	Infrastrcuture Strategy
	MFT / Infrastructure Strategy Actions											FPPC	
	COBV15- Ensure NHSGGC reliable and high-quality services that are environmentally, socially and economically equitable meeting targets and legislative policy requirements to work towards achieving net zero by 2040.												
	Key Sustainability Strategy Actions											FPPC	Sustainabilty Strategy

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Ref	Performance Indicators	Values	Reports								Corporate Objective	SC Scrutiny	Reports
			Frequency	Format	Period	History	Trajectory	Forecast	Benchmark	Timing			
A4	**Better Workplace** *Creating a great place to work*												
COBW15 - Ensuring our people are treated fairly and consistently, with dignity and respect, and work in an environment where diversity is valued.													
	iMatter Action Plans in place	TBC	1/6	D / LC	Y	PFY3			NHSS & MTNB	TBC	COBW 15 to 21	SGC	SGC
	Staff disclosure of protected characteristics	TBC	1/6	D / LC	Y	PFY3			NHSS & MTNB	TBC	COBW 15	SGC	Equality & Diversity Report
	Disciplinary cases concluded	TBC	1/6	D / LC	Y	PFY3			NHSS & MTNB	TBC	COBW 15	SGC	
	Grievance cases concluded	TBC	1/6	D / LC	Y	PFY3			NHSS & MTNB	TBC	COBW 15	SGC	Staff Governance Annual report
	Dignity at work cases concluded	TBC	1/6	D / LC	Y	PFY3			NHSS & MTNB	TBC	COBW 15	SGC	
COBW16 - Ensuring our people are well informed.													
	Employee Engagement Index by Acute, Corporate and Partnerships	70 tbc	1/6	D/LC	Y	PFY3			NHSS	TBC	COBW 15 &16	SGC	Staff Governance Annual report
COBW17 - Ensuring our people are appropriately trained and developed.													
	KSF and Personal Development Plan Completion	80%		P/CC	M	PP12						SGC	Staff Governance Annual report
	Statutory and Mandatory Training Completion Rates	90%		P/CC	M	PP12						SGC	
COBW 18 - Ensuring people are involved in decisions that affect them.													
COBW19 - Promoting the health and wellbeing of our people.													
	Staff Turnover - TBC	10%	1/6	P+D / CC	Q	PFY3			NHSS & MTNB	TBC	COBW 19 & 20	SGC	
	Staff Turnover in Primary Care - TBC	TBC	1/6	P+D / CC	Q	PFY3			NHSS & MTNB	TBC	COBW 19 & 20	SGC	
	Staff Sickness Absence Rate - Overall Position (Local Target)	5%	6/6	P+D / LC	M					TBC	COBW 19	SGC	
	Staff Sickness Absence Rate - Short Term Position (Local Target)	2%	6/6	P+D / LC	M					TBC	COBW 19	SGC	
	Staff Sickness Absence Rate - Long Term Position (Local Target)	3%	6/6	P+D / LC	M					TBC	COBW 19	SGC	
COBW20 - Providing a continuously improving and safe working environment.													

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Ref	Strategy Updates - Additional Assurance Reports	Reports			Number of Additional Reports	SC Scrutiny
		Frequency	Period	Timing		
A1	**Better Health** *Improving the health and wellbeing of the population*				**3**	
	Turning the Tide Through Prevention Update	1/6	Y	February		PHWC
	Joint Health Protection Plan	1/6	Y	April		PHWC
	Public Health Screening Programme	1/6	Y	June		PHWC
A2	**Better Care** *Improving individual experience of care*				**18**	
	Moving Forward Together Implementation Strategy Update	1/6	Y	April		FPPC
	East Dunbartonshire IJB Annual Performance Report & Child Poverty Update	1/6	Y	TBC		FPPC
	West Dunbartonshire IJB Annual Performance Report & Child Poverty Update	1/6	Y	TBC		FPPC
	Inverclyde IJB Annual Performance Report & Child Poverty Update	1/6	Y	TBC		FPPC
	Glasgow City IJB Annual Performance Report & Child Poverty Update	1/6	Y	TBC		FPPC
	Renfrewshire IJB Annual Performance Report & Child Poverty Update	1/6	Y	TBC		FPPC
	East Renfrewshire IJB Annual Performance Report& Child Poverty Update	1/6	Y	TBC		FPPC
	Adult Mental Health Strategy Update (Revised Strategy due for approval August)	1/6	Y	August		PHWC
	Clinical & Care Governance Annual Report	1/6	Y	October		CCGC
	Best Start Implementation Plan Update	1/6	Y	February		CCGC
	Child Poverty Action Plans - Update	1/6	Y	TBC		PHWC
	Health Care Quality Strategy Update (Revised Strategy due for approval December)	1/6	Y	TBC		CCGC
	Research & Development Annual Report	1/6	Y	April		FPPC
	Patient Private Funds Annual Report	1/6	Y	June		FPPC
	NHS GGC Winter Plan Update	1/6	6M	October		ASC

	Stakeholder Communication and Engagement Strategy (Update for approval Feb 24)	1/6	Y	October		FP&P
	Annual Delivery Plan	1/6	Y	June		FP&P
	Medium Term Plan	1/6	Y	August		FP&P
A3	**Better Value** *Reducing the cost of delivering healthcare*				**6**	
	Annual Report & Accounts	1/6	Y	June		ARC
	Finance Plan (2023 - 2026) Update	1/6	Y	April		FPPC
	Digital Strategy Update	1/6	Y	August		FPPC
	Moving Pharmacy Forward Update	1/6	Y	December		FPPC
	Governance Framework and Operating Requirments	1/6	Y	June		ARC
	Sustainability Strategy (Strategy for approval August)	1/6	Y	August		FP&P
A4	**Better Workplace** *Creating a great place to work*				**6**	
	Workforce Strategy (2021-2025) Update	1/6	Y	February		SGC
	Staff Health Strategy / Mental Health & Wellbeing Plan Update	1/6	Y	December		SGC
	Internal Communications & Employee Engagement Strategy Update	1/6	Y	February		SGC
	Staff Governance Annual Report	1/6	Y	June		SGC
	Whistleblowing Annual Report	1/6	Y	August		ARC
	A Fairer NHS GGC (2020-2024) Update	1/6	Y	December		SGC

Total Number of Additional Assurance Reports/Strategies	**33**