Induction Pack

NHS Greater Glasgow and Clyde

Non-Executive Board Members

Page No

1. Introduction to NHS Scotland

2. Introduction to NHS Greater Glasgow and Clyde

3. Health and Social Care Integration

4. Introductory Meetings for new Non-Executive Board Members

5. Self-Reflection Tool

6. Board Membership and Biographies

7. Governance and Organisational Structure

8. Governance Committees - Terms of Reference

9. Standing Orders

10. Code of Conduct for Non-Executive Board Members

11. Learning Resources for Board Members

12. Glossary of NHS Terms and Abbreviations

ANNEX A - Induction Process Timeline

1. Introduction to NHS Scotland

National induction and orientation to the legislation, policies and oversight arrangements between Scottish Government and NHS Boards complements the local induction. The new national induction approach involves completing a digital training programme which has four components:

1. **Context** - how the NHS fits together and arrangements that enable the integration of health and social care.

2. **The Blueprint for Good Governance in NHS Scotland – 2nd Edition** - how the "Enablers" help Board Members take up their leadership role and fulfils the "Functions" of good governance.

3. **Creating conditions** - for health system quality governance for healthy organisational culture.

4. **Reflexivity** - an approach to capture understanding and learning about the Scottish health and social care system (national and local) during the six month induction period. This will enable the newly appointed Non-Executive Board Members to appreciate and demonstrate their capabilities in corporate governance at their six month performance review with their Board Chair.

The new national induction package is under construction and can be accessed on Turas Learn.

This package will include learning modules on the following topics:

1. Brief History of the NHS
2. Structure of the NHS in Scotland
3. NHS Scotland and the Scottish Government
4. National Strategies
5. NHS Values
6. Performance Initiatives
7. Integration of Health and Social Care
8. The 6 Leadership Capabilities for Health and Social Care

2. Introduction to NHS Greater Glasgow and Clyde

Welcome to NHS Greater Glasgow and Clyde (NHSGGC) as a new Non-Executive Board Member. I hope you find this pack helpful as you begin your role.

NHSGGC is responsible for providing and managing a whole range of health services including hospitals and General Practice. NHSGGC works alongside partnership organisations including Local Authorities and the voluntary sector.

NHSGGC:

- Serves a population of 1.3million people
- Employs around 39,000 staff
- Has 35 hospitals of different types
- Has contracts with around 232 GP Surgeries (1300 General Practitioners)
- Has dental services in more than 279 locations
- Has almost 188 Optician practices
- Has over 50 Health Centres and Clinics
- Has more than 288 Pharmacies
- Has an annual budget of £3.5billion.

As one of the largest NHS Boards in Scotland we also offer Regional, and National, Services that cover patients across the West of Scotland. For a number of specialist services we rely on regional arrangements with neighbouring NHS Boards. We have strong links with local educational providers such as the local universities and Royal Colleges.

Demographic and Social Profile of NHS Greater Glasgow and Clyde

NHSGGC serves the people of:

- East Dunbartonshire
- East Renfrewshire
- Glasgow City
- Inverclyde
- Renfrewshire
- West Dunbartonshire.

NHS Greater Glasgow and Clyde

NHSGGC has nine main hospital sites and 35 hospitals. This includes five maternity hospitals/units, five Emergency Departments and three Minor Injuries Units.

NHS Greater Glasgow and Clyde Moving Forward Together

In 2018 we published the 'Moving Forward Together' blueprint. The key driver for the blueprint was to achieve transformational change in services by creating:

- Less dependency on hospital beds by developing services in communities.
- A tiered model of care with a small number of specialist centres and provision of care in homes and communities.

Prior to the pandemic, clinicians including GPs, health and social care managers and planners, began working together with patients, service users, the public, and staff to develop plans for a better, modernised, healthcare and social care system for Greater Glasgow and Clyde residents.

This 'Moving Forward Together' strategy aims to result in a clear plan for change to make the Scottish Government's vision for health and social care a reality, and ensure that our health and social care services keep pace with national and regional developments.

New ways of working will be developed which provide safe, effective and patient centred care, make best use of available resources and the opportunities created by innovation and technology.

Further information on the strategy can be found here:- Moving Forward together - NHSGGC

Annual Accounts/Review

NHS Greater Glasgow and Clyde Annual Accounts and Review are subject to scrutiny via our Audit and Risk Committee (ARC). The 2021/22 accounts were scrutinised by ARC on 21 June 2022 and subsequently approved at our June Board Meeting.

Further details and previous reports can be found here:- Annual reports and reviews - NHSGGC.

3. Health and Social Care Integration

The aim of this reform is to meet the challenges of Scotland's ageing population by shifting resources to community-based and preventative care at home, or in a homely setting.

To achieve this, the Public Bodies (Joint Working) (Scotland) Act 2014 requires Local Authorities and NHS Boards to work together to form new partnerships, known as integration authorities (IAs). The aim is to ensure services are well integrated and that people receive the care they need at the right time, and in the right place.

IAs across Scotland are very different in terms of their size, resources and local context. But all IAs are responsible for the governance, planning and resourcing of social care, primary and community healthcare and unscheduled hospital care for adults. Some areas have also integrated additional services including children's services, social work, criminal justice services and all acute hospital services. Integration authorities manage the budget for providing all integrated services.

Audit Scotland published a helpful guide 'What is Integration? A short guide to the integration of health and social care services in Scotland' in April 2018. This guide summarises some key information on the background of health and social care integration in Scotland, and outlines how IAs are structured and function.

Copies can be downloaded from
www.auditscotland.gov.uk/uploads/docs/report/2018/briefing_180412_integration.pdf

There are six Health and Social Care Partnerships (HSCPs) across the Greater Glasgow and Clyde area, who manage a wide range of local health and social care services delivered in health centres, clinics, schools and homes.

HSCP	Chief Officer	Area Covered
East Dunbartonshire	Caroline Sinclair	Bearsden, Milngavie, Torrance, Cadder, Campsie Glen, Kikintilloch and Twechar
East Renfrewshire	Julie Murray	Neilston, Uplawmoor Newton Mearns, Barrhead, Giffnock, Stamperland,Clarkston, Eaglesham
Inverclyde	Kate Rocks	Greenock, Inverkip, Gourock, Port Glasgow, Kilmacolm, Quarriers Village, Wemyss Bay

HSCP	Chief Officer	Area Covered
Glasgow City	Susanne Millar	Linn, Newlands, Greater pollok, Craigton, Govan, Pollokshields, Langside, Southside, Calton, Anderston, Hillhead, Partick, Scotstoun, Anniesland, Drumchapel, Maryhill, Kelvin, Springburn, Shettleston, Bailleston, Provan, Easterhouse
Renfrewshire	Christine Laverty	Paisley, Renfrew, Erskine, Bishopton, Lochwinnoch, Johnstone, Bridge of Weir
West Dunbartonshire	Beth Culshaw	Balloch, Renton, Bellsmyre, Alexandria, Gartochan, Bowling, Old Kilpatrick, Clydebank

4. Introductory Meetings for New Non-Executive Board Members

It is important for new Non-Executive Board Members to understand the particulars of their Board. Introductory meetings are a key way to get to understand how your role interacts with those within your Board.

The following introductory meetings should be used to enhance your understanding of how the organisation directs and manages services for quality health care through its' operational structures. By the end of each meeting you should have an understanding of:

- who they are, their role and how that role relates to the Board and Scottish Government;
- strategic actions, policies and initiatives relating to that specific area and how these connect through the assurance routes for corporate governance; and
- the issues affecting that specific area and the implications of these issues when considered together with the issues gathered from each and all the specific areas you have met with. This will enable you to appreciate the challenges and opportunities across the whole governance system and the consequences of the decisions made at Board to drive quality and improvements across the Board.

Meetings to be arranged and topics to be covered therein:

Welcome Letter	**Completed**
Board Chair writes to the new Non-Executive Board Member welcoming them to the Board inviting them to get in touch and arrange an initial introductory meeting with the Chair and Board Secretary.	
Introductory Meeting	**Completed**
Board Chair	
The Chair of the NHS Board is responsible for: • Leadership of the Board, ensuring that it effectively delivers its functions in accordance with the organisation's governance arrangements • Keeping the organisation's governance arrangements and the Board's effectiveness under review • Setting the agenda, format and tone of Board activities to promote effective decision making and constructive debate • In the absence of a Succession Planning Committee, nominating Board Members to standing committees, Integration Joint Boards and	

other roles within the NHS Board and partner organisations. The allocation of roles to Board Members, including the Chair of standing committees, should be formally approved by the full Board • Developing the capability and capacity of the Board by contributing to the appointment of Board Members; appraisal and reporting on their performance; identifying appropriate training and development opportunities; and ensuring effective succession planning is in place • Providing performance management and identifying development opportunities for the Chief Executive • Representing the organisation in discussions with Ministers, the Scottish Parliament, the Scottish Government, Local Authorities and other key stakeholders. This is a responsibility shared with the Chief Executive.	
Induction Pack	**Completed**
Board Secretary	
The Board Secretary will prepare the Induction Pack and send this to the Non-Executive Board Member within one week of meeting with the Board Chair.	
Introductory Meetings with Board Members	**Completed**
As part of the Induction Pack finalisation the Board Secretary will arrange introductory meetings with the following people.	
Chief Executive	Date of Meeting:
In addition to their responsibilities as a Board Member, the NHS Chief Executive is also responsible for: • Overseeing the development of an integrated set of policies, strategies and plans that are designed to deliver the organisation's purpose, aims, values, corporate objectives, operational priorities and targets. This includes focusing globally and strategically on developments that will impact upon the provision of health and social care across Scotland, and working collaboratively with Ministers, the Scottish Parliament, the Scottish Government, Local Authorities, Health and Social Care Partnerships, and other key stakeholders to increase alignment and cohesion between government policy and the delivery of health and social care services to local communities. • Acting as the Accountable Officer for the proper management of public funds and for ensuring the regularity, propriety and value for money in the management of the organisation. • Providing leadership and day-to-day management of the organisation and its workforce, shaping desired cultural attributes within the NHS,	

and ensuring the organisation's policies, strategies and plans are delivered on time and within budgets. This includes building strategic and operational capability and accountability amongst the Executive Leadership Team, ensuring collective responsibility for delivering the organisation's purpose, aims, values, corporate objectives, operational priorities and targets. • Contributing to the delivery of multiple system-wide interventions at regional and national levels, whilst overseeing local delivery of change initiatives by the Executive Leadership Team. This includes encouraging and supporting research and innovation into new ways of delivering healthcare. • Managing relationships with NHS Board Members, Scottish Government Ministers, the Director General for Health and Social Care, Senior Civil Servants and other key stakeholders involved in the delivery of health and social care. This includes establishing and enabling inclusive and effective networks at local and national level, expanding these beyond NHS Scotland and a purely healthcare focus. This is a responsibility shared with the Board Chair.	
Chief Operating Officer	Date of Meeting:
The COO is responsible for the day to day oversight and delivery of patient services across GG&C acute hospitals. There are 6 Directorates which deliver services across GG&C – (North, South, Clyde W&C, Diagnostics and Regional services). Priorities in the Acute service relate to delivering unscheduled care via our ED departments and Minor Injury units, as well as delivering planned care. A key focus for the COO is ensuring services are delivered within the performance framework and maximising resources to support our population. Within the Acute Division there are circa 21, 000 staff and the Division has an operating budget of 1.8 billion.	
Director of Corporate Services & Governance	Date of Meeting:
The Director of Corporate Services and Governance has overall responsibility in supporting the NHS Board's approach to delivering good governance; ensuring that Board business is conducted in a spirit of openness and transparency and in accordance with any agreed Board protocol; communicating details of the Board's governance arrangements to ensure they are widely understood and effectively delivered by all the key players in the governance system. The Director of Corporate Services and Governance also has responsibility for a number of processes including Complaints, Whistleblowing, FOI and Legal Claims. The role includes regular liaison with the Scottish Government and the Central Legal Office in responding to any investigations or Public Inquiries.	

Medical Director	Date of Meeting:
The Medical Director has overall responsibility of patient safety and quality of care reporting. This includes pharmacy, clinical governance and quality improvement assurance mechanisms; medical education and training; research and development and strategic planning across the services.	
Director of HR and OD	Date of Meeting:
The Director of HR and OD is responsible for supporting the delivery of the Staff Governance Standard; leading the delivery of the Board's Workforce strategy that includes Health & Wellbeing, Leaders, Learning and Recruitment & Retention. Providing leadership, vision and direction for the Human Resources function within the Board and for all managers with people management responsibilities circa 300 staff. Developing and pursuing a strategy to ensure good and effective employee relations in which a genuine partnership approach with staff and their Trade Unions and professional organisations contributes to the provision of high quality services.	
Employee Director	Date of Meeting:
The Employee Director has the responsibility of ensuring the staff governance standard (what the five strands mean for staff); the internal partnership structure and how it works; values and behaviours; the role of the Employee Director.	
Director of Finance	Date of Meeting:
The Director of Finance is responsible for ensuring good financial governance and stewardship principles for the organisation; the financial and reporting framework; as well as endowment and charity trustee guidance and performance management.	
Director of Nursing	Date of Meeting:
The Director of Nursing has the professional responsibility for nursing workforce which includes; Acute and Community Nursing, Midwifery Services and Allied Health Professionals; Clinical and Care Governance; Public Protection covering Child and Adult Protection. The Director of Nursing is also responsible for Complaints / Patient Experience/Person Centred Care; Delayed Discharges; Implementation of the Health and Care (Staffing) (Scotland) Act; Nursing & Midwifery Strategy; Quality Strategy; Infection Prevention and Control; Practice	

Development; Excellence in Care; Advance Nurse Practice; Care Home Collaborative; Professional Development; Fitness to Practise and Professional Regulation; Financial Budget for NMAHP Directorate; NMAHP and the Corporate Risk Register.		
Director of Public Health	Date of Meeting:	
The Director of Public Health is responsible for providing public health leadership and expert advice to NHSGGC on all aspects of public health from outbreaks of disease and emergency preparedness through to improving local population health and access to health services.		
Director of Communications and Public Engagement	Date of Meeting:	
The Director of Communications and Public Engagement is responsible for internal communications and external engagement strategies; media and PR, digital and social media. The Director of Communications is also responsible for patient experience, evaluation and responsibility for public communications, engagement and communication in line with Board statutory responsibilities.		
Chair / Chief Officer of the Integration Joint Boards	Date of Meeting:	
The role of the IJB and how this feeds into NHS Greater Glasgow and Clyde Committees, namely FP&P and the Board Meeting.		

Non-Executive Board Member Mandatory Training	Completed
Fire safety awareness	
IT security	
Display screen equipment	
Safe information handling	
Equality and diversity	

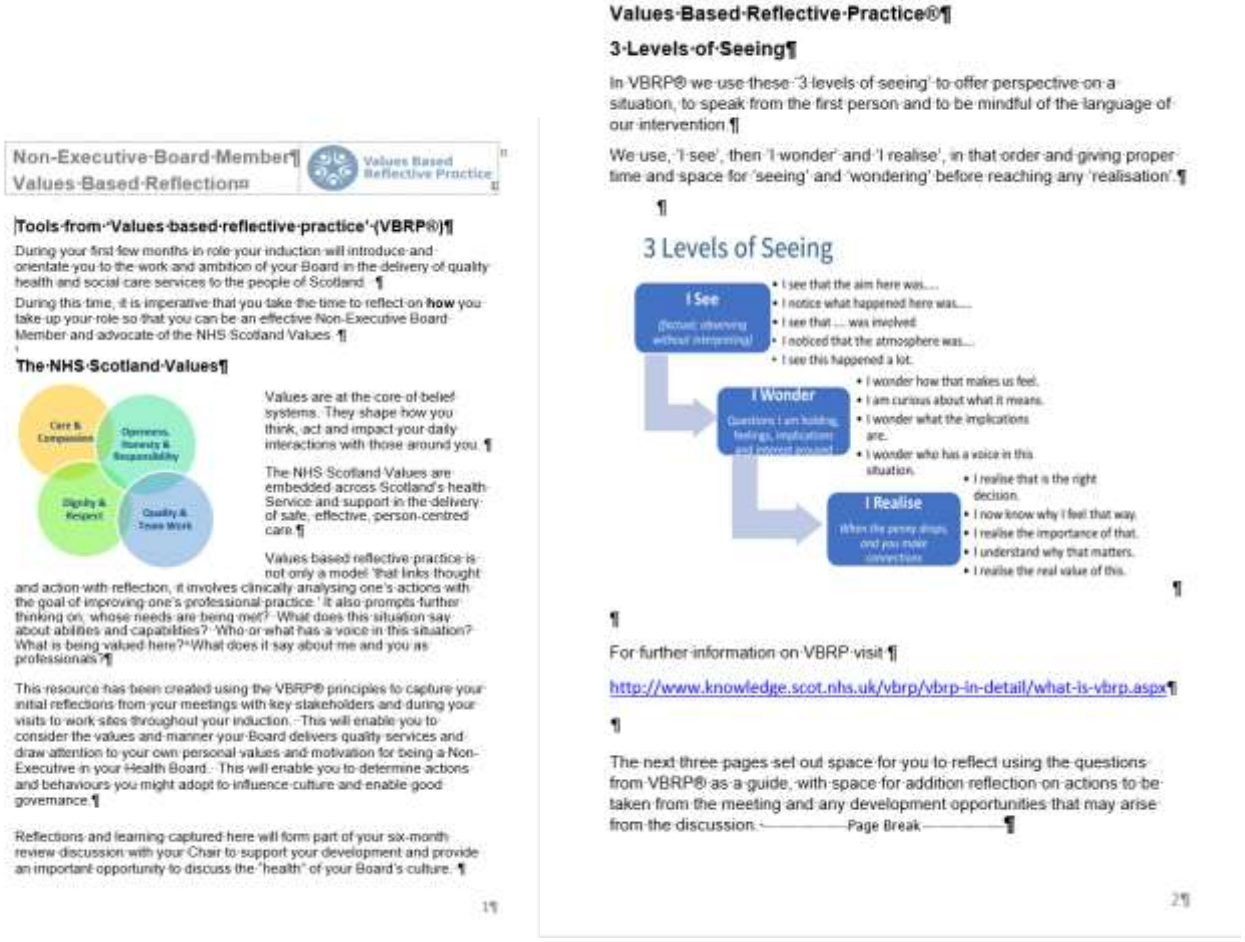
Non-Executive Board Member e-Learning	Completed
Induction	
Introduction to Policy	
Integration of Health and Social Care	
Essentials for Good Governance	
Continuing Professional Development	
Active Governance Programme	
Boardroom Bite-size	
Equality and the role of Board Members	

Documents and links provided:	
Members of devolved public bodies: model code of conduct - December 2021 - gov.scot (www.gov.scot)	
Our Aims and Objectives - NHSGGC	
Moving Forward together - NHSGGC	
www.nhs.scot	
Turas Learn (https://learn.nes.nhs.scot/)	
On Board: Scottish Government Guide for Members of Statutory Bodies (https://www.gov.scot/publications/board-guide-members-statutory-boards/)	
CIPFA: Good Governance Standard for Public Services (https://www.cipfa.org/policy-and-guidance/reports/good-governance-standard-for-public-services)	
Governance for Quality Healthcare in Scotland – an Agreement (https://www2.gov.scot/Resource/0042/00427583.pdf)	
Audit Scotland – Reports related to Health (https://www.audit-scotland.gov.uk/report/search?search=&council=All&region=All&sector%5B%5D=health&author=All)	
3. The Definition of Good Governance - NHS Scotland - blueprint for good governance: second edition - gov.scot (www.gov.scot)	
Other activities:	
Site visits: acute facility and community-based facility	

5. Self-Reflection Tool

An important part of the learning process is having the chance to reflect. This space will have a reflective questionnaire/tool for new Non-Executive Board Members to capture their thoughts and reactions throughout the induction process (eg key messages they took away from the introductory meetings; insights gained from the Welcome On Board workshop, and their perspective on the absorption of National policy into local practical action). This tool will be helpful during the six-month initial appraisal conversations to confirm capability and how to best take up your role to strengthen leadership and governance of the Board.

Blank versions of the reflective questionnaire are available from your Board Secretary or to download from TURAS Learn.



Non-Executive Board Member
Values Based Reflection

Tools from 'Values based reflective practice' (VBRP®)

During your first few months in role your induction will introduce and orientate you to the work and ambition of your Board in the delivery of quality health and social care services to the people of Scotland.

During this time, it is imperative that you take the time to reflect on **how** you take up your role so that you can be an effective Non-Executive Board Member and advocate of the NHS Scotland Values.

The NHS Scotland Values

Values are at the core of belief systems. They shape how you think, act and impact your daily interactions with those around you.

The NHS Scotland Values are embedded across Scotland's health Service and support in the delivery of safe, effective, person-centred care.

Values based reflective practice is not only a model that links thought and action with reflection, it involves clinically analysing one's actions with the goal of improving one's professional practice.' It also prompts further thinking on; whose needs are being met? What does this situation say about abilities and capabilities? Who or what has a voice in this situation? What is being valued here? What does it say about me and you as professionals?

This resource has been created using the VBRP® principles to capture your initial reflections from your meetings with key stakeholders and during your visits to work sites throughout your induction. This will enable you to consider the values and manner your Board delivers quality services and draw attention to your own personal values and motivation for being a Non-Executive in your Health Board. This will enable you to determine actions and behaviours you might adopt to influence culture and enable good governance.

Reflections and learning captured here will form part of your six-month review discussion with your Chair to support your development and provide an important opportunity to discuss the "health" of your Board's culture.

1

Values Based Reflective Practice®

3 Levels of Seeing

In VBRP® we use these '3 levels of seeing' to offer perspective on a situation, to speak from the first person and to be mindful of the language of our intervention.

We use, 'I see', then 'I wonder' and 'I realise', in that order and giving proper time and space for 'seeing' and 'wondering' before reaching any 'realisation'.

3 Levels of Seeing

I See
- I see that the aim here was....
- I notice what happened here was....
- I see that ... was involved
- I noticed that the atmosphere was...
- I see this happened a lot.

I Wonder
- I wonder how that makes us feel.
- I am curious about what it means.
- I wonder what the implications are.
- I wonder who has a voice in this situation.

I Realise
- I realise that is the right decision.
- I now know why I feel that way.
- I realise the importance of that.
- I understand why that matters.
- I realise the real value of this.

For further information on VBRP visit

http://www.knowledge.scot.nhs.uk/vbrp/vbrp-in-detail/what-is-vbrp.aspx

The next three pages set out space for you to reflect using the questions from VBRP® as a guide, with space for addition reflection on actions to be taken from the meeting and any development opportunities that may arise from the discussion.

Page Break

2

6. Board Membership and Biographies

The Role and Remit of NHS Greater Glasgow and Clyde

At NHS Greater Glasgow and Clyde, our purpose is to: *"Deliver effective and high quality health services, to act to improve the health of our population and to do everything we can to address the wider social determinants of health which cause health inequalities."*

Members of NHS Greater Glasgow and Clyde

The Board comprises of 28 members, as follows (examples below):

- a Chairperson (appointed by the Cabinet Secretary for Health & Sport);
- 18 Non-Executive Board Members (appointed by the Cabinet Secretary for Health & Sport);
- 2 Stakeholder members (e.g. Staff co-chairperson of the Area Partnership Forum and chairperson of the Area Clinical Forum);
- 6 Elected Members (nominated by Council and appointed by Scottish Ministers);
- the Chief Executive of NHS Greater Glasgow and Clyde;
- 4 Executive Directors (Director of Finance, Medical Director, Director of Nursing and Director of Public Health).

NHS [insert Board] Members

Role	Name	Term of Membership
Chair	John Brown	01/12/2015-30/11/2023
Chief Executive	Jane Grant	
Non-Executive Board Members:		
	Mehvish Ashraf	09/01/2023-08/01/2027
	Simon Carr	01/09/2015-31/08/2023
	Alan Cowan	01/07/2016-30/06/2024
	Jacqueline Forbes	01/07/2016-30/06/2024
	Dianne Foy	01/07/2022-30/06/2026
	David Gould	01/02/2022-31/01/2026
	Graham Haddock	01/05/2023-30/04/2017
	Margaret Kerr	01/04/2019-31/03/2027
	John Mathews (VC)	01/07/2016-30/06/2024

	Rebecca Metcalfe	01/09/2023-31/08/2027
	Ketki Miles	01/06/2020-31/05/2024
	Ann Marie Monaghan	01/07/2016-30/06/2024
	Ian Ritchie (VC)	01/07/2016-30/06/2024
	Paul Ryan	01/06/2021-31/05/2025
	Francis Shennan	01/06/2020-31/05/2024
	Rona Sweeney	01/07/2016-30/06/2024
	Charles Vincent	01/02/2020-31/01/2024
	Michelle Wailes	01/06/2021-31/05/2025
Stakeholder Directors:		
Employee Director	Ann Cameron-Burns	01/01/2022-31/12/2025
Chair of Area Clinical Forum	Lesley Rousselet	01/07/2021-30/06/2023
	Iain McInnes	01/07/2021-30/06/2025
Council Nominee	Jacqueline Cameron (Ren) Chris Cunningham (GC) Martin McCluskey (Inv) Collette McDiarmid (EDun) Michelle McGinty (WDun) Katie Pragnell (ERen)	08/06/2022-30/04/2027
Executive Directors:		
Medical Director	Jennifer Armstrong	
Director of Public Health	Emilia Crighton	
Director of Finance	Colin Neil	
Director of Nursing	Angela Wallace	
Other members of the Executive Corporate Directors Group		
Director of Corporate Services and Governance	Elaine Vanhegan	
Director of Estates & Facilities	Tom Steele	
Chief Operating Officer	William Edwards	
Director of HR and Organisational Development	Ann MacPherson	
Director of Communications and Public Engagement	Sandra Bustillo	

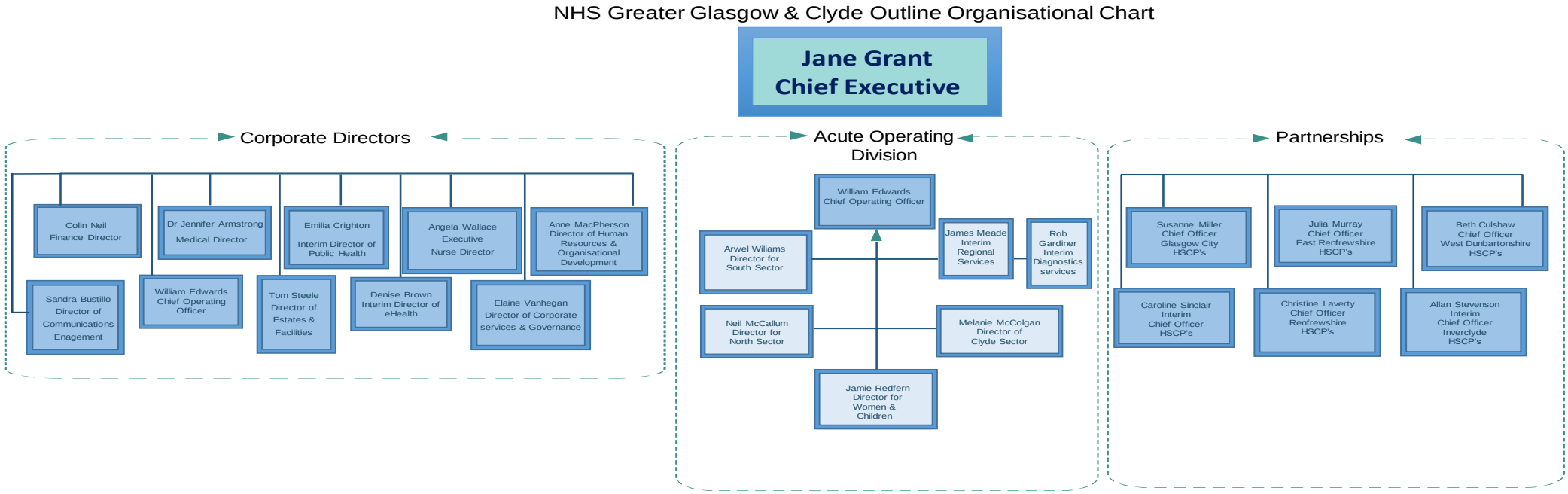
Director of eHealth	Denise Brown	

The purpose of the unified NHSGGC Board is to:

- Ensure efficient, effective and accountable governance of the local NHS system
- Provide strategic leadership and direction for the system as a whole, focusing on agreed outcomes.

Further information on our Board Members can be found here:- Meet the Board - NHSGGC

7. Governance and Organisational Structure of NHS Greater Glasgow and Clyde



Updated as at 26th July 2022

8. Governance Committees - Terms of Reference

NHSGGC Standing Committees:

Committee
Area Clinical Forum (ACF)
Acute Services Committee (ASC)
Audit and Risk Committee (ARC)
Clinical and Care Governance Committee (C&CG)
Endowments Management Committee (EMC)
Finance Planning and Performance Committee (FP&P)
Public Health and Wellbeing Committee (PHWB)
Remuneration Committee (RC)
Staff Governance Committee (SG)

9. Standing Orders

A copy of the Standing Orders which apply to all Boards is available from the www.nhs.scot website or [insert local NHS Board Website Address].

10. Code of Conduct for Non-Executive Board Members

Context

NHS Board Members all have a legal duty to follow the NHS Board Code of Conduct. The Standards Commission for Scotland promotes and enforces the Codes of Conduct for Members of devolved public bodies (such as NHS Boards and Integration Joint Boards), and publishes guidance to help those appointed as Members of such bodies. The Code of Conduct is based on the National ethical standards and the NHS Values which form part of the National Induction package.

As a NHS Greater Glasgow and Clyde Member you are personally responsible for:

- Ensuring that you are familiar with the provisions of the Code; and
- Ensuring that your actions comply with the provisions of the Code.

Some NHS Board Members will also be Councillors and / or members of an Integration Joint Board and will also have to observe the Code of Conduct of those other bodies. As well as observing certain standards of General Conduct under section 3 of the Code and matters relating to Lobbying and Access to Members of Public Bodies under section 6, you also have to take the following actions:

- Maintain your entry on the Register of Interests

The NHS Board itself has to create and publish the register and has appointed the Board Secretary as the 'Standards Officer', who advises Members on the Code, and keeps the Register up-to-date on the Board's website.

It is your responsibility to register any interest which the Code requires you to register and keep your entries up-to-date. For example, you have a registerable interest when you own or have any other right or interest in houses, land and buildings, which may be significant to, of relevance to, or bear upon, the work and operation of the NHS Board. The test to be applied when considering appropriateness of registration is to ask whether a member of the public acting reasonably might consider any interests in houses, land and buildings could potentially affect your responsibilities to the NHS Board and to the public, or could influence your actions, speeches or decision making.

You are not required to register the interest of "other persons" who are close to you, however you may be required to declare such interests (see below).

- Declare your interests

Declaration of interests comes under particular public scrutiny and is commonly featured in complaints to the Standards Commissioner. It is important that the public and other stakeholders are confident that decisions are being made in the public interest and not for any other reason.

In addition to any registered interests, you may need to declare an interest at a meeting before a particular item is discussed. At the start of every meeting the chair shall invite members to declare any interests. Any interest you declare may or may not already be on the register of interests. When deciding whether or not to declare an interest, you need to consider the Objective Test:

> "Whether an ordinary member of public with knowledge of the relevant facts, would reasonably regards the interest as so significant that it is likely to prejudice your decision making".

You also need to declare any financial or non-financial interests of any people or organisations you are connected with, eg spouse, partner, close relative or friend, employer or business partner.

The Standards Commission has granted a dispensation to NHS Board Members (and a similar one to councillors) who have been appointed as a member of an Integration Joint Board. "This is so members do not have to declare their interests when discussions on general health and social care issues arise and can participate in discussion and voting on these issues".

If you decide you have an interest that requires to be declared, then you must declare it and leave the meeting for the duration of the item under discussion. You should identify the need to declare such interests as early as possible and notify the chair of the meeting. If you have to leave the room, this may have an impact on whether the meeting will be in quorum when the item is being discussed. If you are the chair of a meeting, you should ensure there are arrangements in place for another member to take on the role of chair while you have left the meeting.

11. Learning Resources for Board Members

There are many learning and development resources available that are specifically tailored to the individual needs of NHS Board Members. This section provides some examples of external resources that will be of particular interest to newly-appointed Board Members.

Turas Learn

Turas Learn is NHS Education for Scotland's platform for learning and support resources (https://learn.nes.nhs.scot/). It provides all NHS Scotland health and social care staff access to learning and practice support resources produced by NHS Education for Scotland.

Non-Executive Board Members will have a private learning area dedicated to their induction and ongoing development needs. This space is currently being designed and will host interactive elearning modules, updates on learning and networking events, links and documentation on relevant topics as well as offering access to mentoring and coaching opportunities.

In addition to Turas Learn all NHS Board Members are eligible to register for an account at the NHS Knowledge Network, which holds a wealth of information on topics related to healthcare management, planning, policy and development. There are, for example, specific resources aimed at Board Members and Executive-level management.

National Induction

An overview and orientation for Non-Executive Board Members, giving the national context for Health and Social Care in Scotland is available on Turas Learn.

Workshop for Public Appointees

In addition to national and local induction the Scottish Government has developed a "Welcome On Board" workshop for Board Members appointed through the Public Appointments route. This workshop builds on the induction process Members receive at their respective Boards and highlight Scottish Ministers' expectations of them while encouraging newly appointed board members to network across Scotland.

Each workshop includes the following speakers; a Scottish Minister, a representative from the office of the Commissioner for Ethical Standards in Public Life in Scotland, and a representative from Audit Scotland.

The workshops are run up to three times a year, ensuring that every newly appointed board members has the opportunity to participate within six months of their appointment start date. Further information can be found on Board Members page on Turas learn.

You will also have been given access to the 'Governance Portal' which contains an e-learning version of 'On Board' and a discussion forum.

New members of public body boards may wish to familiarise themselves with the following documents:

- Audit Scotland Publication: The Role of Boards
- Good Governance in the Scottish Government
- On Board: A Guide for Members of Statutory Boards
- Model Code of Conduct for Members of Devolved Public Bodies
- Non-Executive Board Member toolkit
- Scottish Public Finance Manual (SPFM)

Scottish Government publications for Non-Executive Members of NHS Boards

The Scottish Government also publishes a series of booklets targeted specifically at Non-Executive Members of NHS Boards, to assist members in developing an improvement-focussed approach across all domains of governance and supporting their contribution to achieving the Scottish Government's healthcare ambitions. Copies may be found online at the following links:

- Quality Improvement and Measurement
- Quality, Efficiency and Value
- Being Effective
- Safety Checklist
- Person-centred Care
- Improvement Focused Governance

Please note the booklets are currently being updated to reflect the Blueprint for Good Governance.

12. Glossary of NHS Terms and Abbreviations

The NHS frequently uses a large number of acronyms, a selection of which are explained here. Definitions of other commonly used acronyms can be found on the NHS Confederation's Jargon Buster website.

18 Weeks RTT	18 weeks Referral to Treatment
A&E	Accident & Emergency
ABI	Alcohol Brief Intervention
ACF	Area Clinical Forum
ADC	Area Distribution Centre
ADP	Alcohol & Drugs Partnership
ADTC	Area Drug & Therapeutics Committee
AfC	Agenda for Change
AHP	Allied Health Professionals
AMAU	Acute Medical Admission Unit
AMC	Area Medical Committee
APF	Area Partnership Forum
Arbuthnott	Formula for allocating revenue on a national basis being replaced by NRAC (see below)
ASAU	Acute Surgical Admissions Unit
BNF	British National Formulary
CAMHS	Child and Adolescent Mental Health Services
CBT	Cognitive Behaviour Therapies
CCU	Coronary Care Unit
CD	Clinical Director
C.Diff	Clostridium Difficile

CEO	Chief Executive Office
CFS	Counter Fraud Services
CHD	Chronic Heart Disease
CHI	Community Health Index
CLO	Central Legal Office
CNA	Could Not Attend
COPD	Chronic Obstructive Pulmonary Disease
COPS	Chief Officers Public Safety Group
CPN	Community Psychiatric Nurse
CPP	Community Planning Partnership
CRES	Cash Releasing Efficiency Savings
CRL	Capital Resource Limit
CT (scanner)	Computerised Tomography (scanner)
DOF	Director of Finance
DNA	Did Not Attend
DPA	Data Protection Act 1998
DVT	Deep Vein Thrombosis
EDG	Executive Directors Group
EDISON	An NHS system used to manage delayed discharges
ENT	Ear, Nose & Throat
EQIA	Equality Impact Assessment

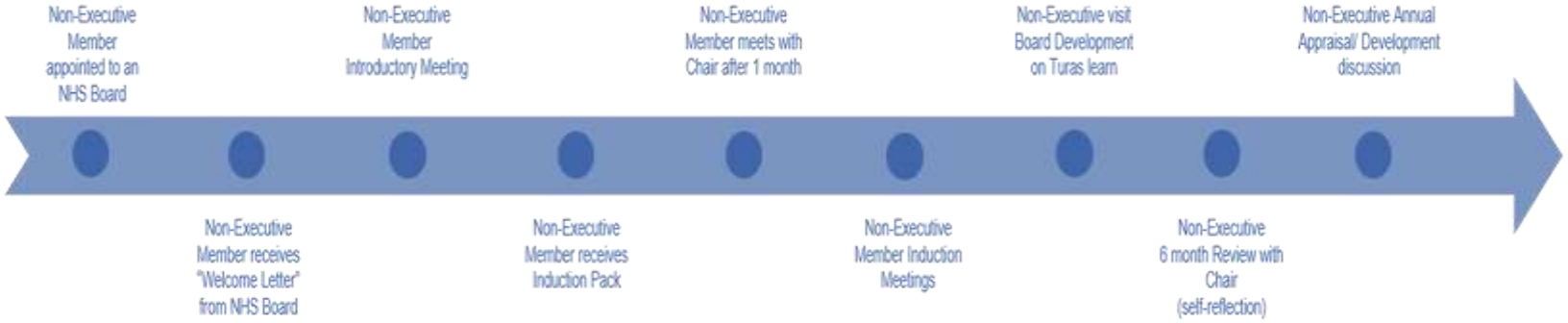
EWTD or EWTR	European Working Time Directive or Regulations
FOI	Freedom of Information
FOISA	Freedom of Information (Scotland) Act 2002
FY1/FY2	Foundation Year 1/2 (Medical Trainee)
GIRFEC	Getting It Right For Every Child
GJNH	Golden Jubilee National Hospital
GMS	General Medical Services
GPwSI	GP with Special Interest
GUM	Genito-Urinary Medicine
H&SCP	Health and Social Care Partnership
HEAT Targets	**H**ealth Improvement **E**fficiency and Governance **A**ccess to Services **T**reatment Appropriate to Individuals
HAI	Healthcare Associated Infection
HDU	High Dependency Unit
HEI	Healthcare Environment Inspectorate
HIS	Healthcare Improvement Scotland
HR	Human Resources
ICASS	Integrated Community Assessment and Support Service
IJB	Integration Joint Board
IMPACT	Improvement, Planning and Change Team
IP	In-Patient
IPR	Integrated Performance Report

IS	Information Services
ISD	Information Services Division
IT	Information Technology
ITU	Intensive Therapy Unit
JHIP	Joint Health Improvement Plan
JIT	Joint Improvement Team
KCND	Keep Childbirth Natural and Dynamic
KSF	Knowledge and Skills Framework
LDP	Local Delivery Plan
LMU	Local Management Unit
LoS	Length of Stay
LPF	Local Partnership Forum
LTC	Long Term Conditions
MaxFax	Oral and Maxillofacial Surgery
MCC	Modernising Clinical Careers
MCaN	Managed Care Network
MCN	Managed Clinical Network
MMC	Modernising Medical Careers
MOU	Memorandum of Understanding
MRI	Magnetic Resonance Imaging
MRSA	Methicillin-resistent Staphylococcus aureus
MSN	Managed Service Network

NES	NHS Education Scotland (a Special Health Board)
NRAC	National Revenue Allocation Committee
Obs & Gyn	Obstetrics and Gynaecology
OPD	Out-Patients Department
Paeds	Paediatrics
PCES	Primary Care Emergency Service
PDP	Personal Development Plan
PEN	Public Engagement Network
PFB	Patient Focussed Booking
PFPI	Patient Focus and Public Involvement
PIN	Partnership Information Network
PTS	Passenger Transport Service (managed by the Scottish Ambulance Service)
RHSC	Royal Hospital for Sick Children (Edinburgh or Glasgow)
RRL	Revenue Resource Limit
SAB	Staphylococcus Aureus Bacteraemia
SAS	Scottish Ambulance Service
SCN	Senior Charge Nurse
SEAT	South East and Tayside Regional Planning Group
SGHSCD	Scottish Government Health and Social Care Directorates
SIG	Strategy Implementation Group
SIGN	Scottish Intercollegiate Guidelines Network
SOA	Single Outcome Agreement
SPF	Scottish Partnership Forum
SPSP	Scottish Patient Safety Programme

SWAG	Scottish Workforce and Staff Governance
TTG	Treatment Time Guarantee
VHK	Victoria Hospital
WLI	Waiting List Initiative

Induction Process for Board Members – Timeline and Actions



Start date		1 week		1 month		6 months		1 year
New Non-Executive Member receives appointment letter from the Cabinet Secretary for Health and Sport	NHS Board Secretary writes to the new Non-Executive Member with the standard 'welcome' letter providing basic contact information.	NHS Board Secretary to organise introductory meeting with the Chair and Board Secretary, including discussion on identifying individual support requirements. *	NHS Board Secretary prepares the induction pack. This should also include forms to be completed (Declaration of Interests; Expenses; IT equipment; HR issues; payroll dates; how to get ID badge).	New Non-Executive meets with the Chair to discuss the feedback from the selection process and confirm areas of strength and design their development needs during the first 6 months in role. Complete Part 1 of the Induction Review Form.	NHS Board Secretary to arrange a formal induction programme for the new Non-Executive Member to meet with Committee Chairs, Members etc and also visits to services and facilities.	Non-Executives visit Board Development on Turas learn to explore development options and complete the short on-line interactive training sessions.	The Board Secretary should arrange a 6 month review meeting between the Chair and Non-Executive Member to discuss their growth and learning. A summary should be captured in Part 2 of the Induction Review Form to illustrate their effectiveness and build on their CPD journey.	The Board Secretary should arrange an annual Appraisal meeting with the Non-Executive Member and Chair. *This date should be arranged by the Board Secretary prior to the 6 month review meeting, so that it can be given out at that meeting.*

* if tailored support is required and cannot be provided locally, please contact Sharon Millar, Principal Lead Board Development, NHS Education for Scotland who would be happy to work with the Board on development requirements: E: sharon.millar@nes.scot.nhs.uk; T: 07769 367635 **Corporate Business Management Team**: cbmt@gov.scot