# NHS Golden Jubilee

### **Meeting: NHS Golden Jubilee Board**

### **Meeting date: 28 March 2024**

### **Title:** Blueprint for Good Governance Improvement Plan 2024/25

### **Responsible Executive/Non-Executive: Gordon James, Chief Executive**

### **Report Author: Nicki Hamer, Head of Corporate Governance and Board Secretary**

## 1 Purpose

### This is presented to NHS Golden Jubilee Board for:

### Assurance

### Decision

### This report relates to a:

* Government policy/directive
* Local Policy

### This aligns to the following NHSScotland quality ambition(s):

* Safe
* Effective
* Person Centred

**This aligns to all NHS GJ Corporate Objectives.**

## 2 Report summary

## 2.1 Situation

This paper has been developed to provide an update on the delivery of actions contained within the Board’s agreed Blueprint for Good Governance Improvement Plan 2024/25. NHS Golden Jubilee Board is asked to agree its Blueprint for Good Governance Improvement Plan following approval at the relevant Governance Committees to oversee the progress and delivery of actions.

In addition to Governance Committee oversight, the Board Secretary will provide a formal Quarterly Assurance Report to the Board focussing on governance improvements as identified in the Blueprint Action Plan. The first formal Board progress update is scheduled for 25 July 2024.

## 2.2 Background

The key stakeholders for completion of the Blueprint for Good Governance Self-Assessment Survey were Non-Executive Directors, Executive Leadership Team and a number of Senior Managers who had presented to the Board during 2023. The Self-Assessment survey link was circulated on Friday 3 November with a closing date of Friday 24 November.

On Tuesday 9 January an Extraordinary Board Seminar session was facilitated by NHS Golden Jubilee’s Learning and Organisational Department to review the evidence gathered by the survey. Following this session an Improvement Plan was created from the discussions held and was further discussed on 25 January 2025 for final accuracy.

## 2.3 Assessment

The Board has agreed that informal oversight of the progress of the improvement work is undertaken at relevant Governance Committee meetings with a Quarterly Assurance Report focussing on governance improvements being presented to the Board in an update by the Board Secretary.

The Board’s Blueprint for Good Governance Improvement Plan contains 10 specific actions in total. The Appendix to this report shows the commitments that relate directly to the Board and to each of the Governance Committees.

### 2.3.1 Quality/ Patient Care

Ensuring that members of Governance Committees have the right skills and experience to scrutinise and challenge will ensure that decisions, which may impact on quality of patient care, are made in line with good governance practice.

### 2.3.2 Workforce

There are no workforce implications.

### 2.3.3 Financial

The provision of robust governance arrangements is key to NHS Golden Jubilee delivering on its key corporate objectives.

### 2.3.4 Risk Assessment/Management

A suite of corporate risks have been developed to cover all of the key risk areas to the Board. One of the risks relates to the management of corporate governance, linking the Blueprint and the corporate governance framework as part of the further controls that are being worked through to help mitigate the risk.

### 2.3.5 Equality and Diversity, including health inequalities

An impact assessment has not been completed as there is no impact in relation to inequalities or protected characteristics.

### 2.3.6 Other impacts

**Climate Emergency and Sustainability**

No impacts were identified in relation to climate emergency and sustainability when preparing this paper.

### Communication, involvement, engagement and consultation

This paper has been prepared as an update on corporate governance activity to give assurance on the existing and planned good governance arrangements, therefore, no external consultation is required.

### Route to the Meeting

This element of this paper has been presented to the relevant Governance Committees for approval.

## 2.4 Recommendation

**Assurance** – NHS Golden Jubilee Board is asked to review the action and timelines allocated within the Blueprint for Good Governance Improvement Plan for 2024/25.

**Decision** – NHS Golden Jubilee Board is asked to approve the ten commitments contained within the Blueprint for Good Governance Improvement Plan.

## List of appendices

The following appendix is included with this report:

* Appendix No 1, Blueprint for Good Governance Improvement Plan

# APPENDIX 1 – BLUEPRINT FOR GOOD GOVERNANCE IMPROVEMENT PLAN 2024/25

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Priority Area** | **Blueprint Function** | **High level Action** | **Interdependency** | **Lead** | **Timeline** | **Status** | **Intended Good Governance Outcome** |
| **Setting the Direction** | Encourage and facilitate innovation, drive change and transform service delivery to support a culture of continuous improvement | 1. To discuss further within a facilitated Workshop  2. To support, where possible, wider community as an Anchor organisation | Board (Seminar) | Board Chair  Chief Executive  Director of Finance  Board Secretary | 31-Dec-24 | Open | Creation of a space to explore, encourage and facilitate discussions. Recognise the need for business change/service redesign along with financial challenges. Could Endowments support innovation and transformation - could it be promoted as Anchor projects. |
| Consider and make allocation decisions on budgets, areas for investment/disinvestment including any capital investments required to deliver strategic and operational plans | 1. To ensure Board Strategic Plan dates are committed to and do not waiver.  2. Effective National and Regional Planning is influenced  3. Longer term review of financial and activity planning  4. Review of KPIs for each Governance Committee | 1. Board  2. Executive  Leadership Team  (ELT)  3. Finance and  Performance  Committee (FPC)  4. All Governance  Committees | 1, 3, 4. Director of Transformation,  Strategy, Planning and  Performance  2. Chief Executive / Executive  Leadership Team  3. Director of Finance with  Director of Transformation,  Strategy, Planning and  Performance | 31-Mar-25 | Open | Review responsiveness to internal decisions and further influence regional planning. Review how to triangulate wealth of data held by the organisation |
| **Holding to Account** | Create a learning environment within the organisation, which embeds continuous improvement and quality management approaches and encourages innovation and promotes best practice | 1. Increase Board Visibility of improvement programmes  e.g. HEPMA, eRostering, etc.  2. Increase Board walkrounds  3. Use Board Seminar for QI discussion on improvement | Board / Strategic Portfolio Governance Committee | Board Chair  Chief Executive  Board Secretary  Director of Transformation, Strategy, Planning and Performance | 31-Oct-24 | Open | Areas for improvement already in the pipeline i.e. QI structure and QI performance |
| **Priority Area** | **Blueprint Function** | **High level Action** | **Interdependency** | **Lead** | **Timeline** | **Status** | **Intended Good Governance Outcome** |
| **Engaging Stakeholders** | Meaningfully involve stakeholders and take account of their views in shaping the development of the Board's strategic and commissioning plans, priorities and the design of services. | To be discussed at a future Board Seminar session with outputs:  1. Ensure that patient feedback and involvement is  consistently reviewed to identify any gaps and is  shared with the Board.  2. Proposal to set up commissioning model within regional  planning arrangements  3. Relationships - Scottish Government, Civil Services,  Non-Executives to Non-Executives, attendance at  meetings (opportunity for all Board Members)  4. Embed strategic partnerships framework  5. Future Board Seminar on Comms Strategy | 1. Board  2. ELT / FPC  3. Board  4. Strategic Portfolio   Governance  Committee (SPGC)  5. Board | Board Secretary along with:  1. Director of Communications  and Stakeholder  Relationships  2. ELT  3. Board Chair / Chief Executive  4. Chief Executive  4. Board Secretary | 31-Dec-24 | Open | Who is a stakeholder to NHS GJ. Need to explore good stakeholder relationships i.e. high value/importance/ patients/staff. Need to be clearer on this to be able to action further i.e. commissioning, relationships, and strategic partnerships.  How do we further promote NHS GJ identity and the value of working with NHS GJ. |
| **Influencing Culture** | Ensure that the board creates a psychologically safe environment for staff to speak out, raise concerns and report them. | 1. To link into triangulation of performance (IPR) to include data on culture   2. Agendas to end with 'Debrief' item. This will allow Chairs to ascertain what went well, what did not go well and what could be done better to ensure constant review of the agenda management of the meeting. | 1. Staff Governance and  Person Centred  Committee (SGPCC)  2. Board / All Governance  Committees | 1. Director of Transformation,   Strategy, Planning and Performance / Director of People and Culture  2. Board Secretary | 31-May-24 | Open | Consideration of Integrated Performance Reporting around culture - how culture is defined - via mechanisms such as iMatter.  Clarity of how this is reflected in the work of the Governance Committees:   - Meetings/teams to allow  'speak out' and 'speak up'   - Review balance of data versus  progress/process of change |
| **Diversity, Skills and Experience** | Take a strategic succession planning approach in identifying gaps in the diversity, skills and experience required of the Board to inform future recruitment and undertake any targeted action required to address under-representation on the Board | 1. NHS GJ to influence process as much as possible 2. Continued 1:1 discussions for training requirements and refresh of Board Skills Matrix 3. Support for Chair/Chief Executive in delivery good news to other Boards who are not doing so well | Board | 1. Board Chair / Director of Strategic   Communications and Stakeholder   Relations  2. Board Chair / Board Secretary  3. All Board Members | 31-Mar-24 | Open | Consideration of Public Appointment process run by SG  Review training and skills requirement of Non-Executive Directors  Influencing of external stakeholders |
| Actively seek opportunities to inform and contribute to the development of Scottish Government policies and strategies for healthcare in Scotland | 1. Maximise external relationships at every opportunity. 2. Review areas of policy where NHS GJ can influence | Board /  Strategic Portfolio Governance Committee | Board Members / Executive Leadership Team | 31-Mar-25 | Open | How do we influence. Ensure Board members are equipped to ask appropriate questions, constructively challenge and influence areas to promote NHS GJ model. |
| **Priority Area** | **Blueprint Function** | **High level Action** | **Interdependency** | **Lead** | **Timeline** | **Status** | **Intended Good Governance Outcome** |
| **Roles, Responsibilities and Accountabilities** | Maximise the effectiveness of the Board's Standing Committees and Advisory Committees within the system of governance, e.g. Area Clinical Forum (ACF)/Area Partnership Forum (AFP) in scrutinising, monitoring and evaluating progress towards achieving the Board's plans and priorities and escalating issues to the Board as appropriate | 1. Review what is currently in place and the decision-making around this.  2. Ensure continuous discussion going forward to enable NHS GJ to be an influencer. This includes representation on the National Planning and Delivery Board.  3. Non Executive Chairs to be involved in Scotland network of Committee Chairs | Board | Director of Transformation, Strategy, Planning and Performance / Board Secretary  Chief Executive | 31-Dec-24 | Open | To review Advisory Committees - what we have to inform and be part of the decision making process for business change.  Regional Planning - consideration of NHS GJ current   planning role in supporting all NHS Boards |
| **The Assurance Framework** | Measure the Board's performance by benchmarking results against those of similar organisations.  Review of information cascaded to sub Board level and upwards | Provide opportunity to triangulate data with reports and benchmarking information. Better oversight and consistency of system-wide assurance at Board level.   Review of internal governance of sub Board level | Board /  All Governance Committees | Director of Transformation, Strategy, Planning and Performance    Board Secretary | 30-Sep-24 | Open | Data in IPR to include broader sources to assist with triangulation and to refer to any live critical issues facing NHS GJ. IPR also to include description of trends, trajectories and benchmark with other Boards.  Use of promoting NHS GJ i.e. patient stories and keep doing these, not to be distracted by others issues. |
| **The Integrated Governance System and the Operating System** | Ensure Board Members have a clear understanding of the NHS Scotland Performance Management Framework, ladder of escalation and the positioning of the Board within this framework, now known as NHS Scotland: support and intervention framework | To understand what the compliance for the NHS Scotland Support and Intervention Framework means for NHS Golden Jubilee as a National Board. Draft interim Framework to be taken to Board Seminar for further consideration | Board /  Strategic Portfolio Governance Committee | Chief Executive | 01-Mar-24 | Open | To look at trajectories, trends and benchmarking again other Boards and how this will affect NHS GJ Annual Delivery Plan, especially if other NHS Boards are escalated. |