

NHS Golden Jubilee Board Assurance Framework



NHS Golden Jubilee
Board Assurance Framework

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Introduction

The purpose of this document is to summarise how NHS Golden Jubilee (NHS GJ) delivers and sustains good corporate governance to ensure delivery of its corporate ambitions outlined within our new Board Strategy 2025-2030 to deliver high quality services for the people of Scotland.

All NHS Scotland Boards must deliver the functions described within the Blueprint of Good Governance – Second Edition (the Blueprint) to the standard set by Scottish Government. Promoting and delivering good governance starts with the development of a Board Assurance Framework (BAF).

The BAF has been developed by reflecting upon the specific requirements of the Blueprint and NHS GJ's current Board reporting arrangements.

Since 2002, NHS Golden Jubilee has been providing exceptional care through collaboration for people across Scotland.

Our facilities include the:

- Golden Jubilee University National Hospital
- Golden Jubilee Research Institute
- Golden Jubilee Conference Hotel
- NHS Scotland Academy and
- Centre for Sustainable Delivery.

We work with global colleagues from industry to academia to ensure the highest quality of person-centred care. As a national resource as well as a West of Scotland regional planning partner, we firmly believe that working across traditional boundaries is critical to building person-centred and sustainable services that meet the needs of the people of Scotland.

NHS Golden Jubilee is a unique national institution within NHS Scotland, operated by its own NHS Board. Located in Clydebank, the Golden Jubilee campus is a hub of excellence that integrates healthcare, research, education, and hospitality to deliver a wide range of services.

Since our establishment, we have become a cornerstone for innovation and collaboration in Scotland's healthcare system, offering outstanding care and services to patients across the country.

How to use this Board Assurance Framework

This Board Assurance Framework (BAF) explains how the NHS Golden Jubilee Board receives the information and evidence it needs to be confident that we are delivering our corporate objectives and managing our key risks.

Use this document:

- to see how assurance is reported to the Board and where it is checked and challenged (for example, at Board and Committee meetings).
- when setting, reviewing or updating objectives and plans, to make sure measures, milestones and reporting are clear.
- to help spot when risks are above our risk appetite, or when we do not have enough assurance, so this can be escalated.
- to support planning for Board and Committee agendas by setting out what assurance evidence is expected and when.
- to provide supporting evidence for the Governance Statement in the Annual Report and Accounts.

You should read this BAF alongside the Code of Corporate Governance (including Standing Orders, Standing Financial Instructions, Scheme of Delegation and Committee Terms of Reference), the Risk Management Strategy, and the Board Strategy and delivery plans. These documents work together to explain what we are trying to achieve, the main risks to delivery, the key controls in place, and the evidence the Board uses to get assurance.

This BAF is kept up to date. We will review it and refresh it when our objectives or risks change, when requirements change, and when we learn lessons from audit, inspection and performance reporting.

The Board Assurance Framework

There are two potential definitions of what a BAF is and therefore defining the terminology at the outset and what we mean by it is important.

HM Treasury guidance (2012)² defines a BAF as something that describes and represents the total arrangements for managing an organisation's assurances. This provides overall clarity on how the Board receives and considers assurance across the system, describing high level governance arrangements and the various assurance systems.

It is this definition of a BAF that is proposed for adoption and further development within NHS GJ. This terminology aligns with the Blueprint's specific expectation that NHS Boards will implement, maintain and be able to clearly describe an Assurance Framework. NHS GJ BAF would also describe those systems that the Blueprint considers to be parts of the "Integrated Governance System" and from which the Board derives its primary assurances.

It is anticipated that NHS GJ's BAF would be clearly defined and described in a standalone document forming part of the Board's Operating Guidance. This would be widely accessible to Board Members, staff, partners and the public to aid understanding about how the Board seeks and receives assurance.

Assurance is evidence-based confidence that internal controls are in place, that they operate effectively and that objectives are achieved. This BAF describes the lines of accountability across the Executive Directors and the assurance activities of the Board and its Governance Committees which enable them to gain assurance on delivery of objectives.

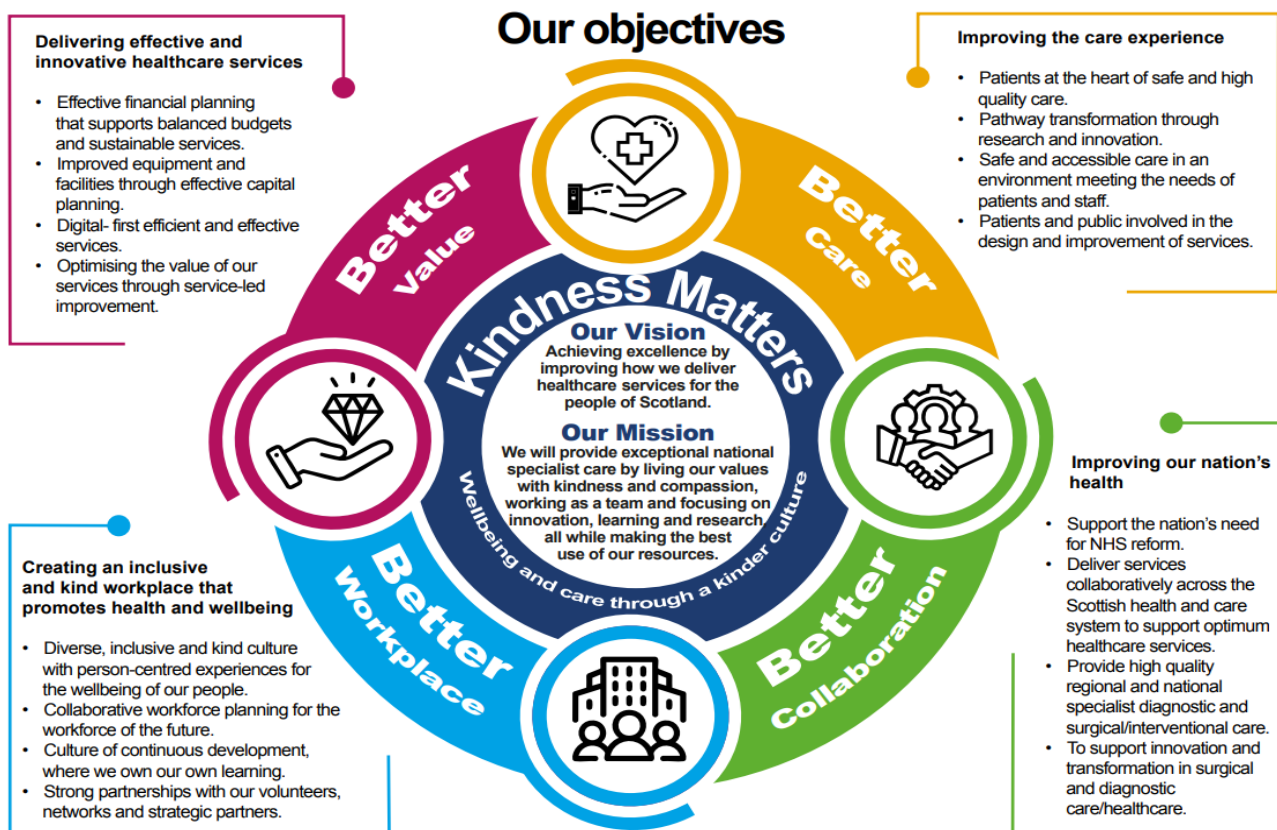
The BAF will provide a clear picture of the links between the outcomes expected by the Board and the Strategic Plans, transformational change projects and operational plans developed by the Executives to deliver those outcomes,

The BAF is a live document that will be regularly reviewed and updated, mapping our assurance processes, highlighting our corporate objectives and corporate risks which underpin our 2025-2030 Board Strategy.

The BAF also describes the performance indicators, change project milestones and targets linked to each of the corporate objectives and forms the foundations for the assurance information system that provides the accountability reports to the NHS Board and standing committees. The Board Key Performance Indicators map to the Corporate Objectives as follows:

Better Care- Improving the Care Experience	Better Collaboration- Improving our Nation's Health	Better Workforce- Creating an inclusive and kind workplace that promotes health and wellbeing	Better Value- Delivering Effective and Innovative Healthcare Services
Complaints response rate handling	Outpatients seen within 12 weeks	Staff sickness rates	
MRSA/MSSA bacteraemia rates	Inpatient admits within 12 weeks	Staff Turnover rates	Total bed occupancy
Clostridioides difficile infection rates	Treated within 18 weeks of referral	TURAS appraisal	Orthopaedic DoSA rate
Patient Reported Outcome Measures (under development)	31 day cancer (Lung)	Medical Staff Appraisal	Theatre Same Day Cancellation rate
Orthopaedic DoSA rate	Orthopaedic Mean Length of Stay		4 joint session rate
Theatre Same Day Cancellation rate			Ophthalmology procedures per list
% Same Day Hip Arthroplasty			% Same Day Hip Arthroplasty
% Same Day Knee Arthroplasty			% Same Day Knee Arthroplasty
31 day cancer (Lung)			Orthopaedic Mean Length of Stay

Corporate objectives are agreed each year and form the basis of the Executive's objectives. These annual corporate objectives are aligned to the Annual Delivery Plan and the Board Strategy objectives and aim to mitigate the service's key corporate risks.



Our governance arrangements incorporate all aspects of our business and how we operate, including:

- Board and governance committee arrangements
- Clinical Governance
- Staff Governance
- Financial Governance
- Service Delivery
- Hotel Governance
- Research Governance
- Information Governance
- Digital Governance
- Health and safety standards

NHS GJ is accountable for setting strategic direction and assurance in relation to the framework above. The Board functions as a corporate decision-making body, with Executive Directors and Non-Executive Directors sharing corporate responsibility for all the decisions of the Board, ensuring focus on development and maintaining strategic direction designed to deliver the Scottish Government's policies and priorities, provide effective scrutiny, challenge and support and advise to the Executive Leadership Team in the delivery of the organisation's purpose, aims, values, corporate objectives, operational priorities and targets.

Code of Corporate Governance - describes the governance framework within NHS GJ and sets out the Standing Orders for the Board, the Terms of Reference for its Governance Committees including the remits delegated to them by the Board and the Standing Financial Instructions. This requires that all Governance Committees provide an annual report to the Board setting out what areas of assurance they have considered during the year and how they have delivered their remit.

Strategic and Operational Planning – [NHS GJ Strategy 2025/2030](#) sets out the organisation's mission, vision, values and strategic objectives and was approved by NHS GJ Board. Operational plans are created each year in line with Scottish Government guidelines and statutory requirements. These include the Annual Delivery Plan, the Financial Plan and the Workforce Plan. Each plan is considered by the relevant Governance Committee and approved by the Board.

Assurance Information System – a performance management system is in operation within NHS GJ and it defines how NHS GJ manages its organisational performance. It describes the processes used to support achievement against the Strategy, Scottish Government priorities and the Annual Delivery Plan. Quarterly performance reports on progress with the Strategy and operational plans are provided to the Finance and Performance Committee. Each quarter financial performance is reported to the Audit and Risk Committee and workforce data is reported to the Staff Governance and Person-Centred Committee. Safety and quality care are reported to the Clinical Governance Committee. Feedback from the detailed scrutiny by these Committees is provided within the Board's quarterly report on these matters. As well as these reports, the Board and its Governance Committees receive a wide range of additional reports to provide assurance of delivery against objectives and specific statutory functions.

Assurance is provided to the Board through standard reporting formats which align to the NHS Scotland model meeting paper template.

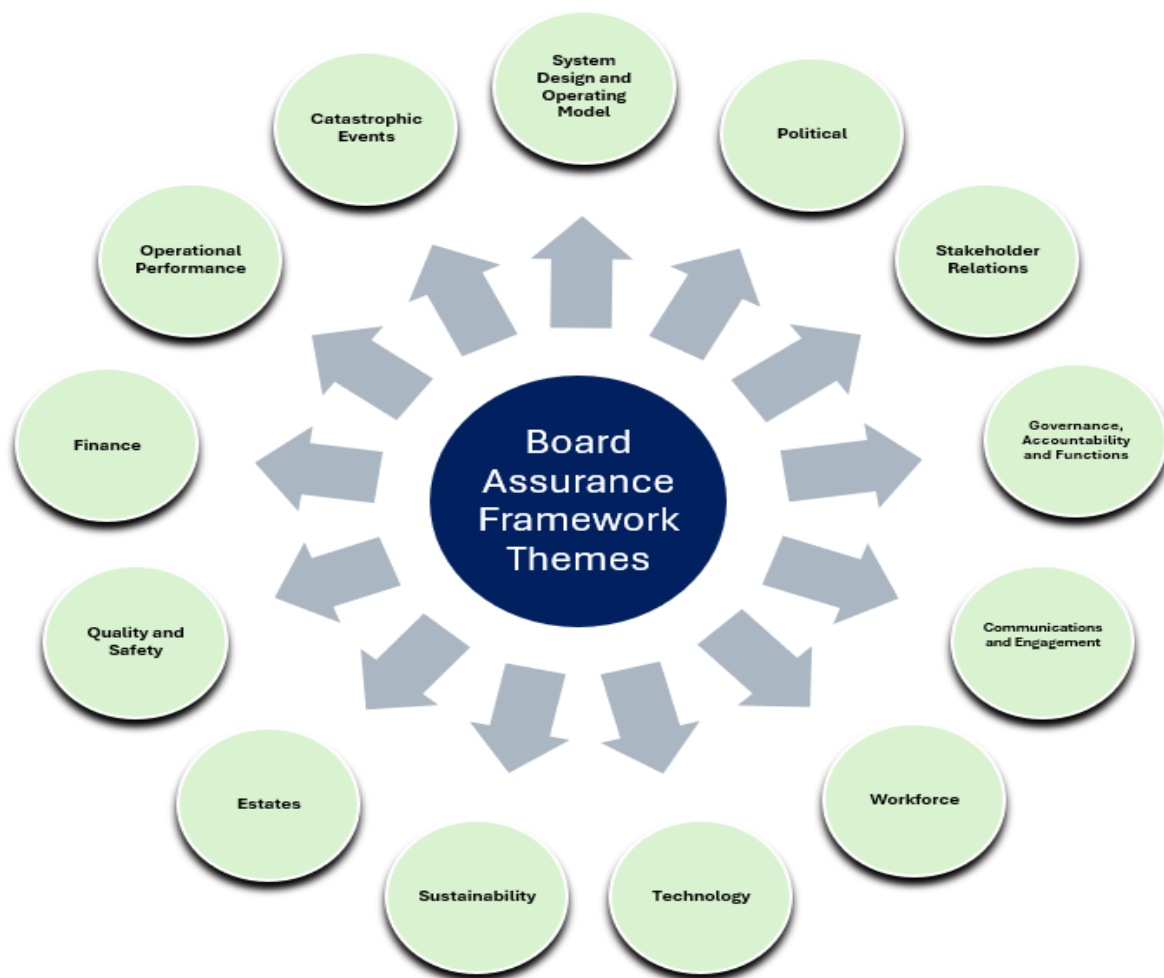
Risk Management – a Risk Management Strategy is in operation within NHS GJ. This ensures that strategic, operational plan and project risks are recorded, mitigated and reported upon. It also sets out roles and responsibilities in relation to risk management. The approach includes the use of risk appetite which enables the identification of risks which are out with appetite and therefore require focused attention. This also supports active governance. The Board, Audit and Risk Committee and the Executive Leadership Team consider the full Strategic Risk Register at their meetings while other Governance Committees consider the risks assigned to them. All high and very high operational plan risks are included in the quarterly performance report to the Finance and Performance Committee.

Internal Audit – the Internal Auditors report directly to the Audit and Risk Committee and provide independent assurance that the organisation's risk management, governance and internal control framework are operating effectively. They provide an annual work plan based on the key risks facing the organisation which also tests the main internal controls. This plan is approved by the Audit and Risk Committee, and they receive progress reports throughout the year. The Committee also receive all internal audit reports and updates on progress with recommendations arising from those reports. Internal audit reports are shared with other Governance Committees where the topic falls within or links to their remit.

External Audit – provide an objective assessment of the financial statements and related processes. An opinion is provided by an independent third party, appointed by the Auditor General for Scotland. The Audit and Risk Committee receive from External Audit the annual audit plan, the independent auditors report and other information in the Annual Report and Accounts.

Annual Work Plans have been developed to ensure that the Board discharges its responsibilities in a planned manner. It assists with agenda planning and is updated throughout the year to ensure the Board considers any additional items arising during the year.

The BAF aligns to the Corporate Objectives (as detailed above) and the priorities of NHS GJ. The Corporate Objectives are critical to the integrity of the Risk Management process and will inform the risk themes as shown in the diagram below. The themes are high level descriptors contained within our Strategic Risk Register and will be updated once the work has been completed to align our Board Risks to our Corporate Objectives.



NHS GJ Assurance Framework Implementation

The BAF is in place for reporting key information to the Board and Committees. This ensures that both the delivery of strategic and transformational change and the current operational outputs and outcomes are subject to appropriate scrutiny, at the appropriate level and in the appropriate place within the governance system.

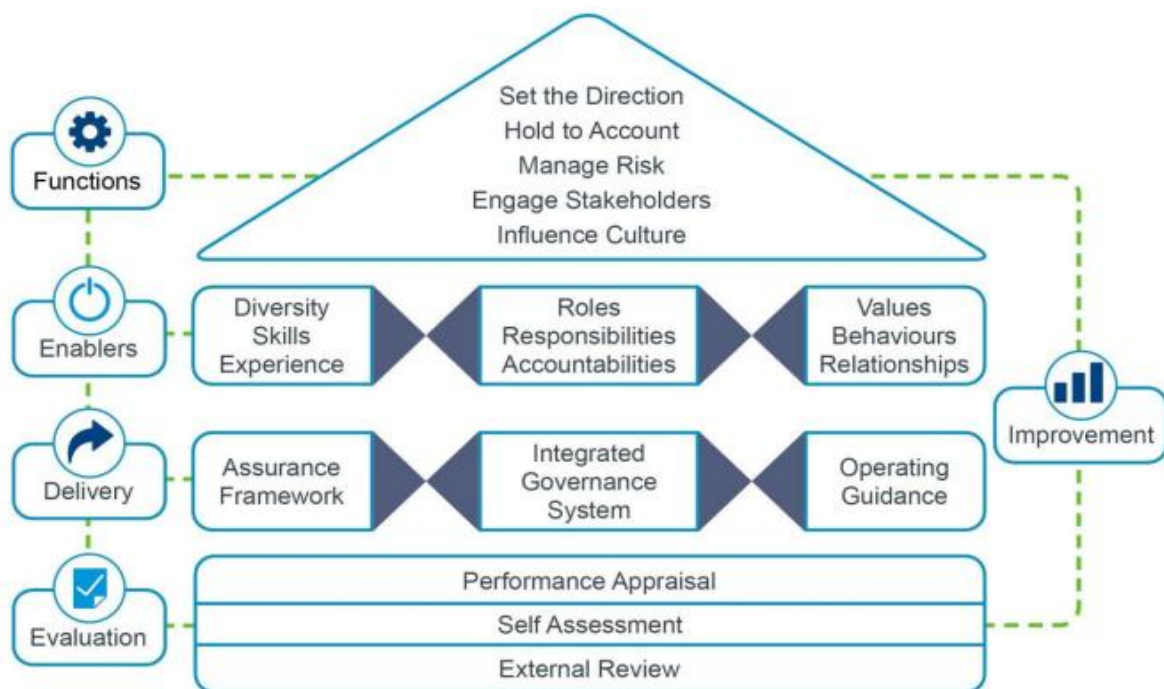
NHS GJ BAF has been framed around the Governance system and builds a picture of our governance infrastructure that collates in one place the relevant assurance provided to the Board.

The framework provides a clear picture of the links between the outcomes expected by the Board and the strategic plans, transformational change projects and operational plans developed by the Executive Leadership Team to deliver those outcomes.

The Blueprint for Good Governance

The Blueprint for Good Governance-Second Edition (DL (2022)38) was published in November 2022. The Blueprint emphasises the importance of good corporate governance and describes how its adoption will help NHS Boards to improve their corporate governance system. It will deliver a consistent, effective and transparent governance approach across NHS Scotland.

Our governance arrangements incorporate all aspects of NHS GJ business and how we operate including Board and Committee Governance arrangements, Information Governance, Clinical Governance, Staff Governance, Financial Governance, Service Delivery, Safety and Quality standards, Innovation and Transformational Change and Training and Development.



Delivery of good governance needs the functions, the enablers, the assurance framework, the integrated system and the operating procedures to be in place.

NHS GJ Governance Committees

In accordance with our Standing Orders and Standing Financial Instructions, each Board committee has key roles in the system of governance and assurance. They provide assurance to the Board through scrutiny of functions, services and matters delegated to them by the Board, making decisions, recommendations and escalating issues to the Board as appropriate.

The Governance Committees make a significant contribution to the monitoring and evaluation of the progress towards achieving the Board's purpose, aims, values, corporate objectives, priorities and

targets by providing the time, space and expertise to effectively scrutinise performance across the system.

Each Committee submits an annual report to the Board that specifies how it has met its remit during the year and sets out actions for the subsequent year. Progress against the actions is reviewed by the Board.

NHS Golden Jubilee has established the following Board Committees:

- Audit and Risk Committee
- Finance and Performance Committee
- Clinical Governance Committee
- Staff Governance and Person-Centred Committee
- Strategic Portfolio Governance Committee
- Remuneration Committee (reported through Staff Governance and Person-Centred)
- Succession Planning Committee

Each Committee is chaired by a Non-Executive Director and is supported by an Executive Lead and Head of Corporate Governance. The principal functions for each of the Committees are as follows.

Committee	Principal Function
Audit and Risk	To assist the Board to deliver its responsibilities for the issues of risk, control and governance and associated assurance through a process of constructive challenge. To provide an independent and objective overview and assurance on effective internal controls.
Finance and Performance	Responsible for providing assurance to the Board in relation to progress against delivery of the financial and operational performance. The key aspects relate to Financial Management, Financial Investment, Strategic Planning, Performance Management, Risk Management and Stakeholder Engagement.
Clinical Governance	To review and monitor the Board Clinical Governance position and performance against key targets and indicators. Ensuring clinical governance arrangements are effective in improving and monitoring the safety and quality of clinical care.
Staff Governance	Holds the organisation to account in terms of meeting the requirements of the NHS Scotland Staff Governance Standard. More specifically, the role of the Committee is to support and maintain a culture where the delivery of the highest possible standard of staff management is understood to be the responsibility of everyone working within NHS GJ and is built upon partnership and collaboration. Finally, the Committee ensures that robust arrangements to implement the Standard are in place and monitored, and that any associated risks assigned to the Committee are managed.
Strategic Portfolio Governance	To provide oversight and strategic direction for the Board strategic portfolio, whilst ensuring portfolio risks are managed in line with the overall Risk Management Strategy. Oversee all aspects of governance relating to the Strategic Portfolio and ensure full alignment to delivering the Board ambition of “delivering care through collaboration”.

Executive Remuneration	To assist the Board in discharging its responsibilities for staff employed on executive and senior management terms and conditions and remuneration arrangements ('executive cohort') and to maintain the highest possible standards of corporate governance in this area. In addition, the Committee takes an overview of the wider Executive Team, some of whom are employed on 'Agenda for Change' terms and conditions and remuneration arrangements.
Succession Planning	<p>Improve the diversity of the membership of NHS GJ Board by:</p> <ol style="list-style-type: none"> 1. Leading the process for Non-Executive Board appointments to ensure it captures a more diverse applicant pool and providing advice and recommendations to the Board. 2. Leading the review and evaluation of the skills, knowledge, diversity and expertise of current non-executive directors on an annual basis in line with the Blueprint for Good Governance; and working with and influence the Scottish Government approach to Public Appointments.

Each committee has Terms of Reference, which are reviewed annually and submitted to the NHS GJ Board for approval. The agenda for each meeting is set by the committee chair in discussion with the Executive Lead and supported by the Head of Corporate Governance. Agendas and approved minutes from each meeting are submitted to the Board, and each committee chair will provide an update on the most recent meeting.

Further details on the Governance Assurance Map is included at **Appendix 1**.

NHS GJ Executive Team

NHS GJ Board functions as a corporate decision-making body, with Executive Directors and Non-Executive Directors sharing corporate responsibility for all the decisions of the Board, ensuring focus on developing and maintaining a strategic direction designed to deliver Scottish Government policies and priorities, provide effective scrutiny, challenge, support and advice to the Executive Team in the delivery of the organisation's purpose, aims, values, corporate objectives, operational priorities and targets.

Except for powers reserved for the Board and its Governance Committees (as outlined in the Scheme of Delegation), the Board delegates authority for operational delivery and operational decisions to the Chief Executive.

The Chief Executive recognises the Executive Team as key leadership for the collective execution of delegated responsibility. This is in addition to the delegated individual accountabilities and responsibilities that each Executive Director has within their respective portfolios.

The Chief Executive and Executive Team meet weekly to oversee the operational management of the organisation. The wider Executive Leadership Team formally meet monthly to discuss finance, operational, clinical, workforce and any challenges.

Further detail on accountability in the Executive Assurance Map is included in Appendix 1 as a separate worksheet.

NHS GJ Corporate Risks

NHS GJ Strategic Risk Register identifies risks to achieving our corporate objectives and strategic aims. As a key component of the BAF, the Strategic Risk Register is a live document which is actively owned, reviewed and used by the Board to oversee, scrutinise and address corporate risks. NHS GJ has recently set up an Executive Risk Group to promote leadership to facilitate and deliver effective risk management arrangements within NHS GJ. This Group will identify, capture and monitor the strategic challenges ensuring executive management assurance is provided to the Committees and Board.

Risk Appetite

Risk appetite is generally understood to be the agreed level of risk that NHS GJ is prepared to accept or be exposed to in pursuit of its strategic objectives. Risk appetite guides the organisation regarding permitted levels of risk exposure, encourages consistency of approach to controlled risk-taking and ensures that finite resources are not used to reduce risk exposures that are already being managed at an acceptable level.

NHS GJ Board reviews and approves its risk appetite statement each year at its Board Seminar sessions.

Precise measurement of risk appetite is not always possible and instead it is often expressed as a broad statement of intent to be applied generally across the organisation. By stating its general intentions regarding risk appetite, NHS GJ Board endorses an appropriate balance between innovation and caution. This enables the Board to show that it has broad appetite for some types of risk and a general aversion to others, dependent upon the context of the risk and the associated balance of threat versus benefit.

The Strategic Risk Register report is one of the organisation's key management and assurance reports. It presents information about high-level business risks identified by appropriate services. Typically, these risks have either escalated from service/directorate level or are associated with gaps in control identified in the organisation.

In the interests of transparency, accountability and wider public interest and unless exceptional circumstances apply, the Strategic Risk Register is discussed by the NHS GJ Board during the public session of its formal meetings.

NHS GJ Internal Controls

A comprehensive system of internal controls is in place within the organisation and the main route of assurance for these is the Audit and Risk Committee. However, the Staff Governance and Person-

Centred Committee assures activity to support achievement of the Staff Governance Standard as well as other workforce controls while responses to complaints are assured by the Clinical Governance Committee. The Terms of Reference for Audit and Risk Committee, as well as the financial management controls in operation within NHS GJ, align to the [Government Financial Reporting Manual](#), the [Scottish Public Finance Manual](#) and the [Audit and Assurance Committee Handbook](#). In line with these, the purpose of the Audit and Risk Committee is stated as assisting the Board to deliver its responsibilities for the issues of risk, control and governance and associated assurance through a process of constructive challenge.

The table below summarises the main areas of internal control and what evidence for assurance is provided on these to the Board and Committees. The full suite of assurance evidence provided is set out within their business planning schedules.

Area of Internal Control	Assurance Evidence Provided
Financial Management	Annual Report and Accounts, quarterly finance report, annual procurement report, financial plan.
Performance	Annual Delivery Plan, Quarterly Performance report.
Risk Management	Risk reports from the strategic and operational Risk Registers.
Information Governance	Digital Information Governance Group quarterly update.
ICT Systems and Cyber Security	Digital Steering Group quarterly update, updates on the corporate website, a Non-Executive Director is appointed as Cyber Security Champion.
Counter Fraud Activity	Annual update from Counter Fraud Services, quarterly updates on Fraud, a Non-Executive Director is appointed as Counter Fraud Champion.
Complaints	Quarterly and Annual Feedback Reports that are also presented to the Executive Leadership Team.
Whistleblowing	Quarterly and Annual Whistleblowing Report, a Non-Executive Director is appointed as Whistleblowing Champion.
Workforce Governance	Staff Governance Action Plan updates and Monitoring returns, quarterly People report, annual iMatter Report, performance, development and wellbeing review updates.
Sustainability	Climate Change and Sustainability Strategic Group quarterly update, a Non-Executive Director is appointed as Sustainability Champion.
Conduct of the Board and executive staff	Register of Interests, Register of Gifts and Hospitality.

The Annual Report and Accounts includes a summary of the internal control environment and details any instances where controls have not been met. The Accounts also include a summary of the main controls in relation to staff governance. The Accounts in the first instance are assured by the Audit and Risk Committee before being provided to the Board.

NHS GJ Level of Assurance

NHS GJ corporate objectives include operational priorities, strategic aims, short-term and long-term projects, and projects in closing and development phases. Given this diversity, there need to be different levels of assurance and therefore scrutiny and supporting actions against these corporate objectives. The BAF will describe these, noting they can change depending on internal and external factors. Agreeing these at the outset avoids unnecessary additional work and scrutiny and makes clear the level of assurance that is acceptable to the Board.

The different levels of scrutiny are summarised below:

- Significant Assurance
- Moderate Assurance
- Limited Assurance
- No Assurance

In very extreme situations, 'no assurance' would be considered, but these would be highlighted to the Chief Executive and Chair.

The assurance levels are described in further detail below.

➤ **Significant Assurance**

Significant assurance can be taken when:

- The purpose is narrowly defined and it is easy to be comprehensively assured.
- There is little evidence of a system failure and the system appears to be robust and sustainable.
- The Committee is provided with evidence from several different sources to support its conclusion.

DEFINITION	MOST LIKELY COURSE OF ACTION
The Board can take reasonable assurance that the system of control achieves or will achieve the purpose that it is designed to deliver. There may be an insignificant amount of residual risk or none.	If no issues at all, may not require a further report until next scheduled periodic review of the subject, or if circumstances materially change. In the event of there being any residual actions to address, may ask for assurance that have been completed later agreed with the relevant Executive Lead, or it may not require that assurance.

➤ **Moderate Assurance**

Moderate assurance can be taken when:

- The purpose is being achieved in most cases.
- There are some areas where further action is needed, and the remaining is greater than 'insignificant'.
- The report includes a proposed remedial action plan, the Committee considers it to be credible and acceptable.

DEFINITION	MOST LIKELY COURSE OF ACTION
The Board can take reasonable assurance upon which the organisation relies to manage the risk(s) are in the main suitably designed and effectively applied. There remains a moderate amount of residual risk.	The Board or Governance Committee will ask the Executive Lead to provide assurance at an agreed later date that the remedial actions have been completed. The timescale for this assurance will depend upon the level of residual risk.

➤ **Limited Assurance**

Limited assurance can be taken when:

- There are known material weaknesses in key areas.
- It is known that there will have to be changes to the system (e.g. due to a change in the law) and the impact has not been assessed and planned for.
- The report has provided incomplete information and not covered the whole purpose of the report.
- The proposed action plan to address areas of identified residual risk is not comprehensive or credible or deliverable.

DEFINITION	MOST LIKELY COURSE OF ACTION
The Board can take reasonable assurance that the system of control achieves or will achieve the purpose that it is designed to deliver. There may be an insignificant amount of residual risk or none.	If no issues at all, may not require a further report until next scheduled periodic review of the subject, or if circumstances materially change. In the event of there being any residual actions to address, may ask for assurance that these have been completed later, agreed with the relevant director, or it may not require that assurance.

➤ **No Assurance**

DEFINITION	MOST LIKELY COURSE OF ACTION
The Board cannot take any assurance from the information that has been provided. There remains a significant amount of residual risk.	The Executive Lead to provide a further paper at its next meeting and the Governance Committee will monitor the situation until it is satisfied that the level of assurance has been improved. Additionally the Chair of the meeting will notify the Chief Executive and Board Chair of the issue.

➤ **Not Yet Assessed**

Not Yet Assessed would only be used if a paper was at the very start of its journey.

The BAF will be reviewed every three years but will be updated should assurance requirements need to change in line with national guidance, statutory duties or organisational delivery.

The Executive Leadership Team will review documentation and agree/modify format aiming to have a final BAF agreed to complement the 2026/27 corporate objectives.

Version Control: April 2026