# BLUEPRINT FOR GOOD GOVERNANCE IMPROVEMENT PLAN 2024/25

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| **Priority Area**  | **Blueprint Function** | **High level Action**  | **Interdependency** | **Lead** | **Timeline** | **Status** | **End Year Update** |
| **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 Workshop2. To support, where possible, wider community as an Anchor organisation | Board (Seminar) | Board ChairChief ExecutiveDirector of FinanceBoard Secretary | 31-Dec-24 | Complete | 1. Endowments funding for transformation programmes has been assigned to the Culture Programme. Going forward, this process will be explored for future change and redesign programmes such as SACCs patient support.2. NHS GJ has joined West Dunbartonshire Community Planning Management Board and will review opportunities to deploy general endowments to support Anchor activity. The 25/26 Anchor priorities will involve Estate and Facility use as Anchor Org. |
| 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 influenced3. Longer term review of financial and activity planning4. Review of KPIs for each Governance Committee | 1. Board2. Executive  Leadership Team  (ELT)3. Finance and  Performance  Committee (FPC)4. All Governance  Committees | 1, 3, 4. Director of Transformation,  Strategy, Planning and  Performance2. Chief Executive / Executive  Leadership Team3. Director of Finance with  Director of Transformation,  Strategy, Planning and  Performance | 31-Mar-25 | Complete | 1. Board Strategy is will be submitted to the March Board for approval2. CEO and Exec Dirs are involved in Regional and National Planning groups3. To be delivered as part of annual planning cycle for 25/26 plans and beyond4. KPI review has been completed for all Committees |
| **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 walkrounds3. Use Board Seminar for QI discussion on improvement | Board /Strategic Portfolio Governance Committee | Board ChairChief ExecutiveBoard SecretaryDirector of Transformation, Strategy, Planning and Performance | 31-Oct-24 | Complete | 1. Transformational Programme delivery is reported through the Strategic Programmes Portfolio report to SPGC. 2. A structured programme of visits for Board members to frontline and corporate departments will be re-instated for 25/26.3. Annual QI Work Plan is in place accompanied by a review of the Quality Management approach |
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| **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 framework5. Future Board Seminar on Comms Strategy  | 1. Board2. ELT / FPC3. Board4. Strategic Portfolio  Governance  Committee (SPGC)5. Board | Board Secretary along with:1. Director of Communications  and Stakeholder  Relationships2. ELT3. Board Chair / Chief Executive4. Chief Executive5. Board Secretary | 31-Dec-24 | Complete | 1. Board seminar in January 2025 discussed stakeholder relationships and use of feedback from recent engagement and reputation survey.2. TAVI regional provision and funding approved. Regional planning review underway on EP/Devices to move to more sustainable delivery model- Dir of Operations leading from GJ- likely to continue well into 25/26.3. Mapping exercise complete with NEDs to explore existing relationships4. Maturing Strategic Partnership with University of Strathclyde and Programme reporting in place. Memorandum of Understanding signed with University of Glasgow- initial priorities now agreed and progressing5. Stakeholder research presented to the January 2025 Board seminar. |
| **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 Culture2. Board Secretary | 31-May-24 | CompleteComplete | 1. Culture report has been developed as a concept and will connect with wider Culture programme. A new set of culture measures will be developed as part of this programme.2. Has now been completed and included on all agendas |
| **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  Relations2. Board Chair / Board Secretary3. All Board Members | 31-Mar-24 | Complete | 1. Opportunities to influence mainstreamed through Chair discussions.
2. Training and skills review completed for Non-Executive Directors
3. Ongoing and business as usual

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| 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 | Complete | Mapping exercise has been completed of ELT national group attendance and roles to support portfolio review and opportunity to influence |
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| **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 SecretaryChief Executive | 31-Dec-24 | Complete | 1. Advisory Committees have been reviewed as part of wider governance committee review, approved by the Board in December 2024.2. Chief Executive is Chair of National Planned Care Transformation Delivery Board3. GJ Non Execs represent NHS GJ on NHSS Chairs Group, NHSS Vice Chairs Group and ARC Chairs Group. |
| **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 | Complete | Review concluded as part of organisational KPI review- approved by the Board in December 2024. Benchmarking data is routinely used within IPR. New Board Performance report will be in place for 2025 Board cycle.  |
| **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 | Complete | NHS Scotland Performance Framework as it relates to NHS GJ was updated and was provided to the Board. Board reviewed and endorsed its signing |