

<b>NHS Greater Glasgow &amp; Clyde</b>	<b>Paper No. 21/19</b>
<b>Meeting:</b>	<b>Board Meeting</b>
<b>Date of Meeting:</b>	<b>27<sup>th</sup> April 2021</b>
<b>Purpose of Paper:</b>	<b>For Noting</b>
<b>Classification:</b>	<b>Official Sensitive</b>
<b>Sponsoring Director:</b>	<b>Chairman</b>

## **RCPE QGC Independent Review of the Governance of Greater Glasgow and Clyde NHS Board**

### **1. Recommendation**

- 1.1 The Board is asked to;
- i) Note the final report of RCPE QGC Review of the Governance within NHS Greater Glasgow and Clyde.
  - ii) Note the planned development session on 27<sup>th</sup> July 2021 to discuss the findings in more detail with Professor Michael Deighan, Director of Quality Governance Collaborative, RCPE.

### **2. Purpose of Paper**

- 2.1 The purpose of this paper is to present the findings of the Royal College of Physicians of Edinburgh's Quality Governance Collaborative Review of the Governance within NHS Greater Glasgow and Clyde.

### **3. Key Issues to be Considered**

- 3.1 As Board members are aware, the Royal College of Physicians of Edinburgh's Quality Governance Collaborative has recently undertaken a review into how the Board and the Standing Committee Members deliver their roles.
- 3.2 Overall, this independent report describes the Board as professional with membership skills that reflect the needs of the organisation. Board Members challenge robustly while upholding the NHSGGC values. They are conscious of the need to deliver on behalf of the community they serve and there is a strong focus on risk and consistent evaluation of patient safety. There is a high degree of trust and confidence between Board Members.
- 3.3 The report also makes some recommendations on how the Board's effectiveness could be improved and these have been included in the Active Governance Programme Plan. This includes developing a Board etiquette and protocol, linking the Board's annual cycle of

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business to the Assurance Framework and supporting the development of presentation skills for people invited to attend Board meetings.

- 3.4 A Board Development Session is being arranged for 27<sup>th</sup> July 2021 to give the report's author, Professor Michael Deighan, the opportunity to discuss his findings with Board Members. Further actions will be developed and included in the Active Governance Programme Plan following the Development Session.

**4. Any Patient Safety/Patient Experience Issues**

None.

**5. Any Financial Implications from this Paper**

None.

**6. Any Staffing Implications from this Paper**

None.

**7. Any Equality Implications from this Paper**

None.

**8. Has a Risk Assessment been carried out? If yes, please provide details**

N/A

**9. Highlight the Corporate Objectives to which your paper relates?**

All Corporate Objectives

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**Date:** 20<sup>th</sup> April 2021



ROYAL  
COLLEGE *of*  
PHYSICIANS *of*  
EDINBURGH

Royal College of Physicians of Edinburgh  
Quality Governance Collaborative

Independent Review of the Governance of  
NHS Greater Glasgow & Clyde Health Board

April 2021

## Contents

Contents.....	1
Royal College of Physicians Edinburgh’s (RCPE) Quality Governance Collaborative (QGC).....	2
Invitation.....	2
Significant point of governance.....	3
Methodology & Terms of Reference.....	4
Review Outcome.....	5
Specific Review Outcomes.....	6
Conclusion & Next Steps.....	11
Core Priorities.....	12
Development Points.....	12

## Royal College of Physicians Edinburgh's (RCPE) Quality Governance Collaborative (QGC)

The QGC is an independent, neutral, non-governmental programme committed to a new integrated approach to quality governance in healthcare. It brings together multi-professional groups as part of national and international collaborations with the aim of highlighting issues and improving the practice of quality governance, particularly but not exclusively, in healthcare.

The QGC was established in response to a rising numbers of incidents of governance failings across healthcare in UK and the clear opportunity for an independent organisation such as the RCPE to contribute to quality improvement. It is a highly relevant and timely initiative as NHS Boards across the UK struggle with governance challenges. These include:

- ineffective systems;
- a lack of succession planning;
- few formal training schemes;
- a reluctance among clinicians to seek Board level positions.

### Invitation

Professor John Brown Chair of NHS Greater Glasgow & Clyde (NHSGGC) invited the QGC to undertake a governance Board review, focusing on the behaviours of the Board, the ability of members to effectively critique and challenge when necessary, and the governance processes and outcomes that result from Board decisions.

#### *Quality Governance Collaborative:*

The NHSGGC governance review work has been undertaken by:

- Review Lead: Prof Michael Deighan FRCP Edinburgh - Director of QGC  
Review Support: Fiona Aitken – QGC Faculty

- The review methodology and outcomes will be overseen by the Quality Governance Collaborative Oversight Committee of the Royal College of Physicians of Edinburgh.

### Significant point of governance

In considering this report, it is important to recognise that it is often not possible to separate one sub-committee from another as the membership of the committees often crossover.

It is also critical to note that the criteria used to evaluate the observations are taken from three of the seven criteria of the *RCPE QGC Governance Grading Guide*, as agreed with the Chair of the NHSGGC Board, which are: *Integrated Board annual agenda cycle – integrating activity, resources & clinical quality; Audit committee (AC) with authority for clinical & corporate governance; and Integrated Organisational Assurance Framework (AF)/System.*

It was also essential to critically examine if the behaviours of the members of the various committees altered based on the focus of the specific committee of which they were in attendance. One other significant factor is that this review was implemented virtually, and did not allow the review team to observe the board members in an enclosed setting. Equally, the conclusions reached can only be made on what has been observed during Board and sub-committee meetings, and what was read.

The supporting questions used by the QGC throughout the review process allow the QGC to analyse the Board members' performance – Chairs, CEO's, Executive and Non-Executive Board Members, in particular:

- Ability to challenge
- Decision making process
- Questioning methodology
- Understanding of the overall governance of the Health Board

These questions aid the QGC in the review process allowing the QGC to assess the Board's ability to challenge both the agenda and decisions taken and agreed from the agenda.

## Methodology & Terms of Reference

The QGC will carry out a staged governance review process of the NHSGGC Health Board. These stages will be:

1. A desktop review of NHSGGC Governance Board self-assessment documentation will be carried out prior to the commencement of observations.
2. A thorough observation of the Board and sub-committee meetings (Standing Committees) will be completed. Their performance will be considered against the *RCPE QGC Governance Grading Guide* criteria with support from the agreed underpinning questions, and the *NHS Scotland Blueprint for Good Governance*.

This observation will particularly focus on the guiding questions below:

- Why do the Board members as individuals think they are a good Board?
- Why do the Board members believe they challenge well?
- Why does the Board believe they self-assess their capabilities well?
- What is the Board doing currently in regard to:
  - Response to Board questioning
  - Ability to uphold NHSGGC values
  - Ability to challenge decisions of the Board

The evidence used to populate the report:

- A desktop review of meeting documents – Board reports & papers
- Direct observation of the NHSGGC and sub-committee meetings:
  - NHS GGC Board meeting x2 –27.11.2020 & 23.02.2021
  - Clinical Care and Governance Committee x2 – 15.10.2020 & 01.12.2020
  - Staff Governance Committee – 03.11.2020
  - Acute Services Committee – 17.11.2020
  - Board Seminar – 24.11.2020
  - Finance, Planning & Performance Committee – 08.12.2020
  - Audit & Risk Committee – 16.03.2021
- Direct observation of the NHSGGC and sub-committee pre meetings:
  - NHSGGC Board meeting – 08.10.2020
  - Clinical Care & Governance Committee – 07.10.2020
  - Clinical Care & Governance Committee – AS\* – 02.11.2020
  - Staff Governance Committee – 15.10.2020
  - Audit & Risk Committee – 01.12.2020
  - Finance, Planning & Performance Committee – AS\* –19.11.2020

\*AS – Agenda Setting

## Review Outcome

1. Upon completion of all review, observation and interview stages the review team will analyse all documentation and gathered information and develop a draft final report and recommendations for NHSGGC that will be submitted to the Chair and Board of NHSGGHC prior to presentation.
2. The RCPE QGC review lead will deliver a final presentation to the NHSGGC Health Board with findings and review outcomes – aligned to the *Governance Grading Guide*. The Board the will receive the final report prior to presentations.



## Specific Review Outcomes

The Review identified five important development areas for NHSGGC Health Board governance. This follows on from a systematic consideration of the three agreed criteria of focus – aligned to the *RCPE QGC Governance Grading Guide and the NHS Scotland Blueprint for Good Governance*.

### A. Response to Board questioning

**Guiding Question:** What is the board doing in regard to response to Board questioning?

**Commentary:** The Chair clearly leads and encourages open debate on key strategic issues. There is, however, an obliged tendency for the Chair to supplement the responses from the executive directors to ensure clear and strategic understanding and responses to challenges and questions.

**Observation:** A significant point from Board Members was to remind the entire board that all reports and responses to questions and challenges should be understandable to the public and jargon free. During the period under review, questions and responses in general across main board and sub-committees were operational in focus rather than strategic. This operational focus could be due to the challenges faced by the organisation in response to the COVID-19 emergency; however, the Board should be mindful that this point is addressed as the NHSGGC recovers from the pandemic. There was a tendency in certain meetings of an acute awareness of the 'political' environment that the Board operates within as a public sector body and this was reflected in the manner in which questions were framed and responded to. There was also a trend of Board Members wishing to make supportive statements of the organisation, prior to or rather than questioning performance, this resulted in lengthening of meetings and agenda item discussions. Overall the board members challenged robustly; however, they should be mindful of the need to be sharper and shorter in their questions along with responses.

## **B. Ability to uphold NHSGGC Values**

**Guiding Question:** What is the Board doing to uphold NHSGGC values?

**Commentary:** The overall perception during the board meetings was that board members robustly upheld the NHSGGC board values by being conscious of the need to deliver on behalf of the overall community but also being aware of the need to decrease strain on executive director workloads, particularly during COVID. Reports and papers should remain driven by core NHSGGC priorities and principles. There was strong focus on risk architecture even without an Assurance Framework; however, an AF would strengthen the Board's ability to look at risks accurately to ensure the values are upheld. There is a consistent evaluation of patient safety and awareness throughout all discussions and it is done with aplomb, care and professional sensitivity.

**Observation:** There is a strong focus on the risk architecture – the alignment of risk against improved performance and NHSGGC values and reputation. There is a need for more awareness and discussion of the alignment between financial and clinical performance and the greater strategic focus. Whilst the Board must continually focus on local agendas, it must be aware of its contribution to the overall success of NHS Scotland and the political agenda that drives the public sector in Scotland. A values-based assurance framework could give broader assurances to the board, e.g. where do the quality and value issues fit into the NHSGGC assurance framework. The governance architecture aligned to the *NHS Scotland Blueprint for Good Governance* is clearly in place but in order that the board does not become complacent this governance architecture should be annually reviewed.

## **C. Ability to Challenge Strategic Decisions of the Board**

**Guiding Question:** Why do the Board members believe they challenge well?

**Commentary:** Challenges throughout the discussion are expected but at times are not always well-received. It is important to frame this in light of increased operational priorities due to COVID-19 and the huge demands made on executive directors of NHSGGC. There needs to be an overall board reminder that challenging is not a personal issue. Furthermore we observed that not all members of the board appeared

comfortable or confident about seeking assurances, as historically there was no AF to give overall structured guarantee on both corporate and clinical performance.

**Observation:** The evidence from the meeting discussions clearly reflect a select group of more experienced Board Members willing to challenge the executive director's proposals and corporate decision-making style. The agenda should be driven by the core objectives of the AF. Boards should not be "taking note" of agenda item, rather they should be making decisions. Decisions were made on the assumption that all members read all papers. There is heightened trust and confidence between members of the Board and, whilst this is positive, perhaps this is why there is less of a tendency to challenge at the Board Meeting when issues have already been discussed at sub-committees. Members outlined/requested that all data should in future be presented as trends rather than raw data at board meetings. The agendas themselves are lengthy, this may be refined if an AF was in place allowing core priorities to come to the Board by exception.

#### **D: Board behaviours and Board Performance**

**Guiding Question:** Why do the Board members as individuals think they are a good Board?

**Commentary:** There is a culture of openness and honesty at the Board that encourages challenge between Chair and Board members. Although this can create tensions between members, this is positive and leads to strong focused debate. Board membership relating to backgrounds and expertise should be continually reviewed and refined. There are certain members who can present short, sharp and concise reports to the Board; however, there is a clear need for an overall board presentation style, as certain members do not follow a concise presentation protocol. There was also commentary from members that they frequently only receive operational rather than strategic data. This could be addressed by members being aware of the type of data they need and how to request it. There is a need to manage how committee meeting supporting documents are presented & drafted (there should be a common approach to short and sharp Board papers). Certain presentations and reports are very polished and short but this is not the norm, as

most presentations to the Board are lengthy and time consuming. As a result, there is a risk that these agenda items could receive less challenge.

**Observation:** It is very clear from the meetings we have attended that the Board Chair has firm and robust control of the Board. The Chair is open to inviting debate but robustly ensures that the agenda is adhered to and outcomes from the discussion are actioned appropriately. There is clearly a need to shorten sub-committee meetings and agendas. A new structure has been encouraged by the Chair to achieve this, but it may be that this process should be monitored to ensure compliance and better use of the directors' time.

### **E: Consistency of Board Member Performance**

**Guiding Question:** Why does the Board believe they self-assess their capabilities well?

**Commentary:** There seems to be a less focus on future scoping around many agenda items currently; however, due heed must be paid to this review taking place during COVID-19. Some members expressed they were nervous to be observed and this could have changed their behaviour during the meetings. Chairs of both the main Board and sub committees work hard to ensure that meeting agendas remain focused- one way this could be encouraged is to only bring items by exception to the board meetings and by continually updating the agenda structure as necessary. The board need to be mindful of the following two points: Observations versus challenges and clarification versus assurances need to be defined. These points could be ratified by the use of a developed AF. One further consideration is the need for all Board members to be mindful of their responsibility to hold invited external contributors and/or auditors to account for commissioned NHSGGC work. While also ensuring this work is based on agreed work programmes and finalised terms of reference.

**Observation:** There are certain board members who consistency challenge well both within the main Board and their sub-committees. Particularly within sub-committees there is a need for all board members to participate more in the sub-committee performance review discussion. There needs to be more clarity around the

corporate style of chairing the sub-committee meetings of the Board and our overall recommendation and development points reflect this. Many of the discussion points both in Board and sub-committee meetings have a tendency to be discussed by members with an operational focus rather than a strategic viewpoint. For example, the examination of specifics as opposed to future scoping and impacts. A Board should not be considered a team; it is an arena of debate and there is a tendency for a mutually-supportive approach to be taken by the Board members.

## Conclusion & Next Steps

The final and interim conclusion of this governance behaviour review found that the corporate Board works well together. As mentioned above in the commendatory of section B *“There is a consistent evaluation of patient safety and awareness throughout all discussions and it is done with aplomb, care and professional sensitivity.”*

The NHSGGC Board is professional and its membership skills reflect the needs of NHSGGC. There is a tendency that during public meetings, updates and questioning can become politicised. There is evidence that occasionally, some Board members deferring to the outcomes and recommendations of presentations from invited, expert contributors, without substantive challenges.

The NHSGGC Board members do not always recognise the professional skill level of its membership and therefore do not fully realise the benefits of their internal expertise. This is particularly prominent when pieces of work are given to external bodies when there is internal expertise available – albeit, we recognise this internal expertise may not have time available to carry out or implement said work. It may be recognised that where circumstances dictate an external ‘independent’ review may be seen as a better option to ensure trust and confidence in the outcome.

In general the NHSGGC sub-committees prepare well for each sub-committee meeting, while fully recognising the challenges that NHSGGC and its executives are under due COVID-19 and competing priorities. The internal NHSGGC review of sub-committee management undertaken (as described to the governance reviewers), now appears to encourage a greater consistency of performance, with the Chairs sensibly directing and managing the sub-committee Board members.

Based on the above specific review outcomes we have classified the next steps in this report into two distinct categories:

## Core Priorities

- Use of the Board for assurance by executive directors
  - Executive directors utilisation of the non-executive Board Members supportive capabilities
- Establishment of a formal assurance framework (AF) - underpinned by a defined number of strategic objectives
  - Board appreciation of the need for a robust AF
- Establishment of a revised Board annual cycle of business - aligned to the AF
  - Board follows the updated annual cycle of business and aligns it to a working AF
- Length of all meetings and agendas
  - Impact of meeting length impact on constructive challenging, especially in the current virtual meeting setting

## Development Points

- The need for the establishment of Board behavioural etiquette
- A NHSGGC Board performance protocol - how do we evaluate our corporate competence - underpinned by a Board development programme (approach) to achieve this
- As above, the need to establish an NHSGGC AF – developed specifically for the health board, but aligned (in future) to IJB protocols – this will positively shorten board meetings
- The need to further develop the presentation skills of the people invited to present board papers
- The need to develop an enhanced NHSGGC health board annual cycle of business, linked to the AF.