NHS Greater Glasgow and Clyde	Paper No. 22/102
Meeting:	**NHS Board Meeting**
Meeting Date:	**20 December 2022**
Title:	**Active Governance – Assurance Information Framework**
Sponsor:	**Professor John Brown CBE, Chair of NHSGGC**
Report Author:	**Ms Elaine Vanhegan, Director of Corporate Services and Governance** **Mr Colin Neil Director of Finance**

1.   Purpose

The purpose of the attached paper is to:

- Provide an update on the work of the Active Governance programme in respect of Information flows to the Board and the Assurance Information System.

2.   Executive Summary

The paper can be summarised as follows:

- The paper describes the work underway to consider the information flows to the Board aligned to the four Corporate Aims.

3.   Recommendations

The Board is asked to be assured as to the position with the Active Governance Programme and the development of the Assurance Information System.

4.   Response Required

This paper is presented for **assurance.**

5.   Impact Assessment

The impact of this paper on NHSGGC's corporate aims, approach to equality and diversity and environmental impact are assessed as follows:

- **Better Health**   <u>**Positive**</u>
- **Better Care**   <u>**Positive**</u>
- **Better Value**   <u>**Positive**</u>
- **Better Workplace**   <u>**Positive**</u>
- **Equality & Diversity**   <u>**Positive**</u>
- **Environment**   <u>**Positive**</u>

6.   Engagement & Communications

The issues addressed in this paper were subject to the following engagement and communications activity:

- The Active Governance programme updates to the Board.

7.   Governance Route

This paper has been previously considered by the following groups as part of its development:

- The paper updates a strand of activity approved by the Board and overseen by Standing Committees and CMT.

8.   Date Prepared & Issued

Prepared on 12 December 2022
Issued on 13 December 2022

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1.   Introduction

1.1   Board members will be familiar with the work undertaken through the Blueprint for Good Governance, developing the Active Governance Programme over the past two years. A core part of the Blueprint and an integrated governance system, is the Assurance Information System (Appendix1). In the Active Governance update provided to the Board in June, members were advised of the output of the work to the develop performance indicators for each of the Standing Committees. The outstanding aspect to this phase of development, remains in respect of information flows to the Board.

1.1   The revised Blueprint for Good Governance states that the assurance information system should be designed to provide frequent and informative performance and financial reports to assure the Board that it is delivering safe, effective, patient centred, affordable and sustainable services. This system should deliver relevant, accurate and timely information on a wide range of activities, including:

- Service delivery
- Safety and quality standards
- Innovation and transformational change
- Workforce
- Education, training and development
- Finance

1.2   This should include information on both the management of current operations and the progress being made to deliver change across the healthcare system. A key driver behind this approach is that Boards are able to develop earlier and more acute awareness and understanding of information from a range of sources such that Boards can rapidly identify, escalate and manage issues which otherwise might not be seen or understood.

        The supplementary guidance to the second edition of the Blueprint can be seen in Appendix 2 also circulated in October.

2.   Current Position

2.1   As previously advised, the work to develop measures at Committee level has produced a solid foundation for the approach to Board level assurance, moving to Board wide aggregation of data.

2.2   Further work has been undertaken to align information to the four Corporate Aims of; Better Health, Better Care, Better Value and Better Workforce. The focus now is on aligning KPIs for the relevant Corporate Objectives under the Aims and in turn the Operational Priorities considering; measures, targets, frequency, format, period, trajectory, format and benchmarking – reflecting on, outputs, relationships and costs. An outline framework from which to apply measures has been created to complement that of the approach at committee level.

2.3   This work is also considering the data requirements in respect of system wide performance and recent consideration of the need to ensure a rounded view of service provision including primary care information.

3.   Next Steps

3.1   It is proposed that the next step to refine the overall approach, is that a small group convene to review the position against the committee level work, the purpose of which would be to agree aggregation/disaggregation of data, prevent duplication and ensure ownership at the highest level. The group would comprise, the Director of Finance, the Director of Corporate Governance, the Board Chair and Chairs of the Finance Planning and Performance Committee, the Clinical and Care Governance Committee, the Staff Governance Committee, the Audit and Risk Committee and an Integration Joint Board Chair.

3.2   As part of this work the group would also ensure appropriate triangulation of data and management information with other reports and the more qualitative information available on service delivery. The revised Blueprint states that an assurance information system should incorporate other regular reports on the operation of the healthcare system, particularly those that reflect patient, service user and staff experience. Examples of this category of assurance information sources, both internally and externally include for example; Whistleblowing Annual Report, HAIRT, Duty of Candour Annual Report, Audit Scotland Reports, Health Improvement Scotland reviews. The work of the Active Governance Programme means NHSGGC is well placed to ensure appropriate linkage through the approach to Annual Cycles of Business linking to the information assurance system moving forward.

4.   Conclusions

4.1   As described in previous papers to the Board, implementing Active Governance is a dynamic process which will continue to evolve as processes embed and mature. The work described in this paper will further enhance the approach. The revised Blueprint for Good Governance has been published, providing national guidance on all aspects of Active Governance in Healthcare. NHSGGC remains very well placed to adapt to any further requirements.

The Board is asked to be assured that the implementation of the Active Governance Programme continues, approve that a small group be convened to finalise the approach and that an Assurance Information proposal for Board level measures, will be brought to the February Board for approval.

5.   Recommendations

5.1   It is recommended that the Board:

- Be assured as to the position with the Active Governance Programme and the development of the Assurance Information System

6.   Implementation

6.1   This paper describes the ongoing implementation of the Assurance Information system as part of the Active Governance approach and core to the Blueprint for Good Governance
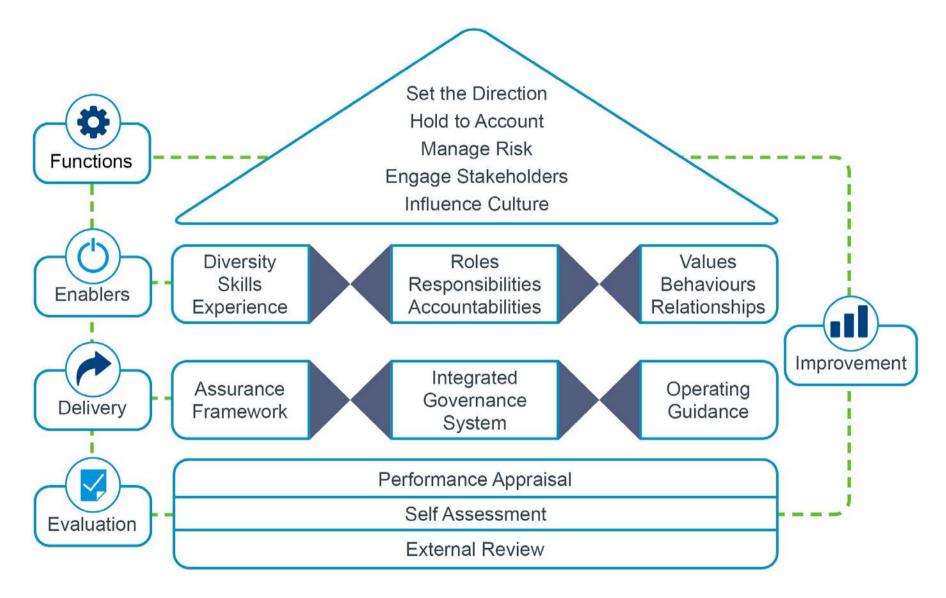
7.   Evaluation

7.1   The evaluation of the success of the Active Governance Programme will form part of the self-assessment in the spring of 2023.

8.   Appendices

Appendix 1 – The Blueprint for Good Governance
Appendix 2 – The Assurance Information System

Appendix 1 – The Blueprint for Good Governance
(Extract from the Blueprint for Good Governance in NHS Scotland, Second Edition, October 2022)

Functions
- Set the Direction
- Hold to Account
- Manage Risk
- Engage Stakeholders
- Influence Culture

Enablers
- Diversity Skills Experience
- Roles Responsibilities Accountabilities
- Values Behaviours Relationships

Delivery
- Assurance Framework
- Integrated Governance System
- Operating Guidance

Evaluation
- Performance Appraisal
- Self Assessment
- External Review

Improvement

Appendix 2 – The Assurance Information System
(Extract from the Blueprint for Good Governance in NHS Scotland, Second Edition, October 2022 – Supplementary Guidance)

C. The Assurance Information System

C.1   The assurance information system should be designed to provide frequent and informative performance and financial reports to assure the Board that it is delivering safe, effective, patient- centred, affordable and sustainable services. This system should deliver relevant, accurate and timely information on a wide range of activities, including:

- Service delivery
- Safety and quality standards
- Innovation and transformational change
- Workforce
- Education, training and development
- Finance.

C.2   NHS Boards should agree with the NHS Chief Executive the contents of the assurance information system required by the Board and the standing committees. This should include information on both the management of current operations and the progress being made to deliver change across the healthcare system.

C.3   How data should be presented in order to assist those preparing papers for Board Members' scrutiny should also be agreed with the NHS Chief Executive and in the case of territorial NHS Boards, with the Health and Social Care Partnership's Chief Officer(s).

C.4   Board papers should show data in a clear, consistent and effective way to ensure that Board Members are able to understand and interpret its significance and receive the level of assurance required. Best practice in presenting data includes:

- Presenting statistical information in charts or tables, rather than in a narrative format
- Including actual numbers rather than percentages, although there will be times where both are appropriate
- Limiting the volume of information shown as charts and tables that have too much information can mean that key messages are lost or difficult to see
- Ensuring units of time are consistent for comparative purposes, e.g., months have variable number of days but weeks always have the same number of days
- Using line charts to measure change or performance over time and if variation is a potential concern, add a target line or convert to a control chart

- Favouring control charts to show if variation is within normal limits and therefore not necessarily a concern
- Describing a position at a point in time by allocating RAG status but these should be used with caution as RAG charts could focus attention on lower priorities
- Benchmarking results using pareto charts which are preferable to pie charts
- Comparing results using funnel charts helps to identify special cause variation, i.e. one not typically expected
- Compiling a whole system view by presenting a series of charts showing different aspects of performance within the same area, giving a more comprehensive and thorough overview
- Including forecasts in tables and charts to describe what results are predicted with the resources available and in the circumstances expected
- Adding trajectories when a changing level of performance over time is required, often by the body commissioning the work.

C.5 Further guidance on the presentation of data to Board Members can be obtained from NHS Education for Scotland's material on the implementation of the active approach to delivering good governance.

C.6 While data and management information provides Board Members with a particular view of the organisation, to deliver good governance this has to be triangulated with other reports and the more qualitative information available on service delivery.

C.7 Therefore, the assurance information system should incorporate other regular internal reports on the operation of the healthcare system, particularly those that reflect patient, service user and staff experience. Examples of this category of assurance information sources would include the following:

- Healthcare Acquired Infection Report
- Complaints Report
- Duty of Candour Annual Report
- Public Health Screening Programme Annual Report
- Vaccination Programme Annual Report
- Child Poverty Action Plans Progress Report
- Research and Development Annual Report
- iMatter Reports
- Whistleblowing Annual Report.

C.8 It is important that this list is seen as simply an example and the majority of reports included are relevant to territorial Boards. Consideration of these reports by the Board or the appropriate standing committee should form part of the Annual Cycle of Business or in the case of the ad hoc reports, be reviewed at the earliest opportunity.

C.9 The Assurance Information System should also incorporate the wide range of external reports available to Boards. These include one-off Audit Scotland reports on various aspects of the health and social care system, Health Improvement Scotland reviews, Care Opinion feedback, Mental Welfare

Commission reports, Scottish Public Services Ombudsman's reports, NHS Education for Scotland Deanery Reports and the General Medical Council's reports on the training of junior doctors.

C.10   Board Members should be aware that the specific issues raised in these reports may signal wider concerns. For example, GMC reports on the training of junior doctors can potentially highlight wider issues concerning patient safety and the standard of care, thus providing an opportunity for early intervention and remedial action.

C.11   NHS Boards should also closely scrutinise the reports prepared for the Board's Annual and Mid- Year Reviews with the Scottish Government and pay particular attention to the Annual Reports submitted to the Scottish Government by the Health and Social Care Partnerships. These documents combine to give a comprehensive account of the progress made by the organisation across both Primary and Secondary Care and should provide Board Members with assurance on the progress being made to deliver the organisation's purpose, aims, values, corporate objectives, operational priorities and targets.

C.12   In additional to scrutiny of internal and external reports NHS Boards should also pay attention to the feedback to NHS Boards from the **Sharing Intelligence for Health and Care Group**[1]. This group is responsible for supporting improvement in the quality of care provided for the people of Scotland and its main objective is to ensure that any potentially serious concerns about a care system are shared and acted upon appropriately. The feedback from the group also highlights examples of where things are working well.

C.13   Feedback from a structured visiting programme by Board Members to frontline services and online discussions with patients, service users and staff should also feature in the assurance information system, enabling the quantitative data and the external perspective to be considered against the Board Members' impression of the patient and staff's views of the organisation.

C.14   In addition to having effective strategic planning, risk management and flows of assurance information to the NHS Board, an integrated approach to delivering good governance also relies on having effective internal and external audit arrangements.

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[1]   www.healthcareimprovementscotland.org/our_work/governance_and_assurance/sharing_intelligence.aspx