Meeting of:
NHS Board
31st March 2021

Lanarkshire NHS Board
Kirklands
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SUBJECT: ACTIVE GOVERNANCE PILOT UPDATE

1.   PURPOSE

This paper is coming to the Board:

For approval	☐	For Assurance	☐	For Noting	☒

The Board is asked to note the development of an action plan following on from the Active Governance development session on 3rd February 2021.

2.   ROUTE TO THE BOARD

This report has been prepared by Roslyn Rafferty, Strategy & Performance Manager and reviewed by the Corporate Management Team on 22nd March 2021.

3.   SUMMARY OF KEY ISSUES

This paper follows on from the briefing paper prepared for the February 2021 Board meeting.

As discussed previously, Boards not only require information systems that provide frequent and informative performance and financial reports, they also need the knowledge, skills and experience to interpret and challenge that information to assure themselves that the organisation is delivering safe, accessible, quality, affordable and sustainable services. This Active Governance approach is being progressed by the NHS Scotland Corporate Governance Steering Group on behalf of the Cabinet Secretary for Health and Sport and the NHS Scotland Chairs Group.

The development of effective assurance information systems as part of an Active Governance programme approach will encompass:

- The areas of the organisation's performance that should be scrutinised by the Board and the assurance information the Board requires to carry out that scrutiny effectively.
- The presentation of assurance information, including the content, format, frequency and recipients of that information at Board level.
- The support Board Members require to make good use of assurance information, including the training and skills they require to interpret and challenge that information.

NHS Education for Scotland (NES) is hosting the Active Governance (AG) national project and NHS Lanarkshire participated in a development session with the AG Team on 3 February 2021. The actions arising from this development session were captured and shared with NES and NHS Lanarkshire Board Members, and have been developed into the following action plan.

Active Governance Board Development Session – 3rd February 2021 – Action Plan

	ACTIVE GOVERNANCE (AG) DEVELOPMENT FEBRUARY 2021 SESSION - ACTIONS		
	ACTION	**RESPONSE**	**LEAD/TIMELINE**
1	Review and refine data and information flows for assurance considered by the Board and the way in which data is presented at both the Board and Governance Committees and be clear about the differences between assurance and reassurance.	An initial meeting took place in February to identify the KPIs regularly reported to the NHS Board. These reports are prepared in a variety of formats (narrative, RAG rated and run charts), and work will now commence to quantify the work involved in converting existing RAG rated reports to Statistical Process Control (SPC) reports (control charts are a tool of SPC). Training to ensure an understanding of assurance & re-assurance data purposes will be incorporated into action 9.	**C Lauder** Key members of staff have been redeployed to support the delivery of the vaccination programme and other projects to address the challenges of the global pandemic. As there is no timeline for these staff to return to normal duties, a definitive date cannot be provided for completion of this work. It is also dependent on the Board coming out of an emergency footing and being able to re-establish the normal functioning of Governance Committees. **Timeline - Autumn 2021**
2	Understand and clarify the different levels of data requirements by the Board, Governance Committees and Operating Divisions – the difference between operational management information and data for governance so that the data provides assurance, anticipates issues and is able to tell the Board what it needs to focus on	The review of the performance management processes agreed in May 2019 will underpin the approach we will adopt and be reflective of the Active Governance training session from 3rd February 2021. This will deliver on the assurance and re-assurance requirements and specify the appropriate use of validated and unvalidated information. (Annex 1 provides a summary of the current process and Annex 2 describes the appropriate use of data). Training/ re-affirmation of this approach and an understanding of assurance & re-assurance purposes will be incorporated into action 9.	**C Lauder** Key members of staff have been redeployed to support the delivery of the vaccination programme and other projects to address the challenges of the global pandemic. As there is no timeline for these staff to return to normal duties, a definitive date cannot be provided for completion of this work. It is also dependent on the Board coming out of an emergency footing and being able to re-establish the normal functioning of Governance Committees. **Timeline – Autumn 2021**
3	Reflect on the role of Governance Committees in scrutinising data in more detail and how Committees exercise their delegation role on behalf of the Board and provide assurance to the Board through exception reporting.	This will involve further refinement of the exception reporting mechanism, with Governance Committees (GC) giving consideration as to how this could be adopted within their own remit.	**Governance Committee Chairs** As described above, the timelines for this work to be completed will be dependent on the GCs being "stood-up". **Timeline – Autumn 2021**
4	Clarify what information should be used for triangulation, what is available locally and nationally and feed through any suggestions to national Active	This will be linked to the roll-out	**National Active Governance Team & Governance Committees** **AG Team** – the timelines

	Governance (AG) work.	nationally of the AG pilot development sessions and the commitment from the AG Team to create a resource library on their website, providing access to examples of data used for triangulation. GCs will also be asked to consider the scope for triangulation using the data sources they routinely consider. This will be linked to action 3.	will be dependent on the roll-out of the pilot development sessions with other NHS Boards. **Timeline – tbc** **GCs** - timelines for this work to be completed will be dependent on the G.C.s being "stood-up". **Timeline – August 2021**
5	Consider metric linkage – what is the data telling us about wider strategic priorities and outcomes so that the Board is not just considering outputs.	This will be addressed by refining reports to ensure that all charts have appropriate labelling and analysis. For example, reports should indicate if high performance levels are "better" or "worse", as well as provide appropriate analysis illustrating the impact of performance and linkages to wider strategic priorities. As detailed at action 9, we will establish a SLWG to plan the delivery of the May staff development session and this will form part of these discussions.	**C Lauder** **Timeline – April/May 2021**
6	Consider how we can influence a shared understanding of the AG work with SG in relation to performance data required and what Boards should be monitoring.	This was discussed at the NHS Scotland Corporate Governance Steering Group in March 2021 as an action. This is being explored by Scottish Government.	**NHSScotland Corporate Governance Steering Group** **Timeline – completed**
7	Consider how best to present and consider unvalidated versus validated data and establish views of SG on this, as there appears to be an inconsistent approach to what is being presented in the public domain across Boards.	It has been established that a variety of approaches are used across NHS Boards. SG to be contacted to clarify its views on appropriate data use. As explained at item 2 (and detailed at Annexes 1 & 2), the performance management review of May 2019 explored this issue and agreed on the appropriate use of specific information sources across the three tiers of performance management reporting. All reports should be clearly labelled to identify data sources and this approach should be re-affirmed through action 9.	**P Cannon** to contact Richard McCallum to clarify the SG position. **Timeline – March 2021** **C Lauder** **Timeline – May 2021**
8	Update NHS Lanarkshire's internal document on the Data & Measurement Framework (& Data Visualisation Guidance).	The Data & Measurement Framework & Data Visualisation Guidance will be reviewed and updated in line with NHS Scotland Guidance. This will ensure those in leadership roles have the knowledge and skills in Quality Improvement to be able to effectively lead continuous quality.	**K Cormack** **Timeline – May 2021**
9	Consider a separate development session for staff who provide data sets for the Board, Governance Committees, and Operating Divisions on the presentation of data and reflect on how this sits with the	A development session with the AG Team will be held for NHSL staff who produce data for the Board, GCs and Operating Divisions to support a move from RAG reports towards run charts and control charts.	**C Lauder** **Timeline – end of May 2021**

| proposed NHS Lanarkshire's Master Classes on data measurement. | A SLWG will be established in March and will meet fortnightly to further discuss the delivery of the May development session. | **C Lauder**
Timeline – April / March 2021 |
| | Four data & measurement master classes will take place targeted at staff undertaking improvement projects to ensure best approaches to assessing and illustrating improvement. | **K Cormack**
Timeline – April 2021/ March 2022 |

4. STRATEGIC CONTEXT

This paper links to the following:

Corporate objectives	☒	AOP	☒	Government policy	☒
Government directive	☒	Statutory requirement	☐	Achieving Excellence /local policy	☐
Urgent operational issue	☐	Other	☐		

5. CONTRIBUTION TO QUALITY

This paper aligns to the following elements of safety and quality improvement:

Three Quality Ambitions:

Safe	☒	Effective	☒	Person Centred	☒

Six Quality Outcomes:

Everyone has the best start in life and is able to live longer healthier lives; (Effective)	☒
People are able to live well at home or in the community; (Person Centred)	☒
Everyone has a positive experience of healthcare; (Person Centred)	☒
Staff feel supported and engaged; (Effective)	☒
Healthcare is safe for every person, every time; (Safe)	☒
Best use is made of available resources. (Effective)	☒

6. MEASURES FOR IMPROVEMENT

The current objective of the pilot is to develop a standard development session that can be rolled out to all NHS Boards to ensure that there is a consistency of approach in introducing Active Governance across the NHS in Scotland.

7. FINANCIAL IMPLICATIONS

There are no financial implications. The project is being delivered through NHS Education for Scotland (NES), and the initial commitment is in relation to Board Members attending a developments session for 2 hours.

8. RISK ASSESSMENT/MANAGEMENT IMPLICATIONS

None identified.

9. FIT WITH BEST VALUE CRITERIA

This paper aligns to the following best value criteria:

Vision and leadership	☒	Effective partnerships	☒	Governance and accountability	☒
Use of resources	☒	Performance management	☒	Equality	☒
Sustainability Management	☒				

10. EQUALITY IMPACT ASSESSMENT / FAIRER SCOTLAND DUTY

Not applicable.

11. CONSULTATION AND ENGAGEMENT

The pilot is subject to evaluation by NES and the National Steering Group on Corporate Governance.

12. ACTIONS FOR THE BOARD

The Board is asked to:

Approve	☐	Accept the assurance provided	☐	Note the information provided	☒

The Board is asked to:

1. note the development of an action plan following on from the Active Governance development session on 3 February 2021;

2. agree to receive further progress reports on the Active Governance NHS Lanarkshire pilot project at a future date; and

3. note that the development of the 2021/22 Corporate Objectives is described in the separate Performance Management paper on the agenda.

13. FURTHER INFORMATION

For further information about any aspect of this paper, please contact

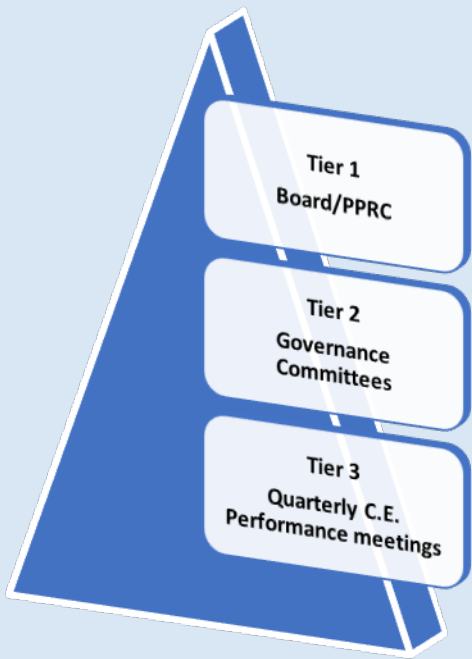Roslyn Rafferty, Strategy & Performance Manager, Telephone: 01698 752843.

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Colin Lauder
Director of Planning, Property & Performance

ANNEXES

Annex 1   **Performance Reporting for Governance & Assurance**

Annex 2   **Table Based on The Code of Practice for Statistics
– Use of Validated and Unvalidated Statistics**
(Extract from May 2019 Board Paper)

PERFORMANCE REPORTING FOR GOVERNANCE & ASSURANCE -process as agreed by Board (May 2019)

	ROLE	**REPORT & PURPOSE**
TIER 1	**Board/PPRC Performance Reports** To consider whether oversight provided by the respective Governance Committees/ Executive Directors is sufficient The Board/PPRC is asked to note the Quarterly AOP Report and confirm whether it provides sufficient assurance of progress in the delivery of locally agreed standards and AOP targets. The Board/PPRC is asked to approve the annual reporting template and note the progress reports.	**Quarterly Annual Operational Plan (AOP) Progress Report** The Quarterly AOP Report is a summation & confirmation of the information that has already been submitted to, and reviewed by, the respective Governance Committee (G.C.) This is the sole means of reporting against locally agreed standards and AOP targets in a single report to the Board, highlighting variation by means of a traffic light system with agreed parameters for triggering levels for each KPI. **RAG rated report using validated data, from ICPF** **Corporate Objectives – Mid-Year and Year-End Reports** Corporate Objectives (CO) are developed annually by CMT, with progress reports prepared for governance and assurance purposes. COs are the critical areas of business that must be delivered on time and to standard during the forthcoming year. The COs provide high level descriptions of KPIs, with each KPI assigned to an Executive Director and reflected in their objectives. **RAG rated report using validated, published data**
TIER 2	**Governance Committee Reports to Board/PPRC** Governance Committees have responsibility for the governance and assurance of each of the ICPF performance indicators. This mirrors the process of assurance which is used in compiling and monitoring the Corporate Risk Register and individual G.C. Risk Registers.	**Quarterly Exception Reports** Reporting by exception any "Red" rated items and, where appropriate, agree and monitor an action plan to return the metric to compliance. KPIs which are of concern, but are not rated as "Red", are also identified for escalation. **RAG rated report using validated data, from ICPF**
TIER 3	**Quarterly C.E. Performance meetings - Chief Officers & Director of Acute Services** Board Chief Executive meets individually with the Chief Officers of North and South Lanarkshire HSCPs and the Director of Acute Services on a quarterly basis to review performance measures and for assurance on overall performance.	**Quarterly Progress Report** To review KPIs and for assurance on overall performance. The information set contains a mix of unvalidated management information and validated data to allow more real-time performance monitoring and review. **RAG rated report using validated data & unvalidated management information**

Tier 1
Board/PPRC

Tier 2
Governance Committees

Tier 3
Quarterly C.E.
Performance meetings

Integrated Corporate Performance Framework (ICPF) or "*Dashboard*" reflects validated, publishable data, with Key Performance Indicators (KPIs) grouped into three sections: Person Centred

Care , Safe Care and Effective Care. Each KPI is the responsibility of a specific Executive Director/Chief Officer and Governance Committee.

NHSL Governance Committees - Staff Governance Committee, Population Health, Primary Care & Community Services Committee (Population Committee), Healthcare Quality Assurance & Improvement Committee (HQAIC), Acute Operational Management Governance Committee (OMC), Planning, Performance & Resources Governance Committee (PP&RC)

TABLE BASED ON THE CODE OF PRACTICE FOR STATISTICS – USE OF VALIDATED AND UNVALIDATED STATISTICS   (Extract from May 2019 Board Paper)

PURPOSE	DATA TYPE	USED FOR	PROS	CONS
Assurance and Governance	*Validated, published nationally*	• *Board and Committee assurance and governance;* • *Public publication;* • *Other sharing.*	• *Accurate and reliable;* • *Consistent over time;* • *Matches what is published / available elsewhere (Scotland Performs, ISD);* • *Complies with UK National Statistics and other legal requirements;* • *Can be shared / used anywhere.*	• *Time lag – can be 3, 6 or more months in arrears.*
Service management and improvement	Unvalidated, local	• Local internal performance monitoring and review; • Local Management Information only.	• Up to the minute, fresh; • Locally available.	• Not absolutely accurate – can change over time; • Can change daily – depends when you draw data off; • Should not be publicly published or shared.
Benchmarking - to compare NHSL against other Boards: At Governance / Assurance level	Validated, published data, matching that used in other nationally available reports – e.g., Scotland Performs, ISD website	• Board and Committee assurance and governance; • Public publication; Other sharing.	• Accurate and reliable; • Consistent over time; • Matches what is published / available elsewhere (Scotland Performs, ISD); • Complies with UK National Statistics and other legal requirements; • Can be shared / used anywhere.	• Time lag – can be 3, 6 or more months in arrears.
At operational / management level	Discovery - validated, unpublished	• Local performance monitoring and review; • Local Management Information only.	• Up to the minute, fresh; • Locally available.	• Not absolutely accurate – can change over time; • Can change daily – depends when you draw data off; • Should not be publicly published or shared.