



Improvement Focused Governance

What Non-Executive Directors need to know

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This resource is one strand of a wider induction and development programme led by the NHS Chairs Group and the Corporate Business Management Team at the Scottish Government.

It was written for Non-Executive Directors of NHS boards. However, the document and additional resources referred to within the document may also be of value to Executive Directors.

NHS Boards should consider how to use this resource in relation to their local Board development.

Foreword

NHS Boards provide the vision and strategic direction through which high quality, safe and effective services are delivered to the people of Scotland. Boards also have responsibility for the provision of effective governance and oversight arrangements for service provision and the non-executive members of the boards have a particular role in seeking assurance that the delivery of these services meets quality standards, and that systems are in place to identify opportunities for improvement and their delivery.



NHS Chairs and colleagues from the Scottish Government Health and Social Care Directorates have been developing a series of resources to assist non-executive directors in their roles and the current versions can be accessed at <http://www.gov.scot/Topics/Health/NHS-Workforce/NHS-Boards/BoardDevelopment> and <http://www.nes.scot.nhs.uk/education-and-training/by-theme-initiative/leadership-and-management/resources-services.aspx>. Particular focus has been concentrated on Quality Improvement and the introduction of a QI programme for non-executive and executive board members.

This resource has, therefore, been prepared to assist non-executive directors in developing an improvement focussed approach across all domains of governance, supporting their contribution to achieving the Scottish Government's healthcare ambitions. The guide considers how "Good Governance" might be achieved. The content should be used alongside the other documents forming this series, reflecting the wider aims of helping non executive directors understand how they too, can play an essential role in ensuring that their NHS Board maintains its focus on quality.

On behalf of the Chairs of NHS boards, I hope you find this resource useful.

David Garbutt
Chair of NHS Chairs' Quality Portfolio Group and Chair of Scottish Ambulance Service

Introduction

NHSScotland is one of the world's leading healthcare systems in respect of the implementation of quality improvement science to support delivery of the healthcare quality ambitions.

'Improvement focused governance' supports continuous improvement in the quality of service through regular review of information, the identification of actions required to maintain a strategic focus on improvement and the risks that might exist to the delivery of these strategic objectives.

Non Executive Directors want to be assured that safe and high quality care is being delivered and that the processes supporting this continually consider the actions to be taken to sustain and improve outcomes and experiences for the people served.

This booklet has been prepared to support Non-Executive Directors across NHSScotland, maximising their contribution to the strategic direction and effective stewardship of NHSScotland.

It shall be the duty of each Health Board, Special Health Board... to put and keep in place arrangements for the purpose of monitoring and improving the quality of health care which it provides to individuals.

[National Health Service \(Scotland\) Act \(1978\)](#)

There are a wide range of available guidance materials on corporate governance. Many focus on 'what' areas need to be covered – 'Governance for Healthcare Quality in Scotland' is an excellent example of such guidance.¹ This booklet considers how this might be achieved. The complexity and fast paced nature of the changes impacting upon health and social care organisations can also make delivery of 'good governance' challenging.

¹ <http://www.gov.scot/Resource/0042/00427583.pdf>

This booklet outlines a process that can be applied across different governance domains to:

- support the formulation of strategy;
- support the delivery of accountability;
- shape a culture of improvement within governance process; and
- support an improvement focus when considering information.

Board Members (including Executive Directors) need to be assured of the approaches being taken to ensure that an organisation meets all of its strategic and statutory obligations.

Quality planning, monitoring and improvement are some of the most important considerations across all of the following governance domains relating to NHSScotland:

- Clinical governance
- Financial governance
- Staff governance
- Information governance
- Educational governance
- Research governance

All of these domains are supported by further specific guidance and resources (see Annex A).

Each domain requires processes to support systematic follow-through from the point information is first considered through to the point that actions can be then be assessed against Board priorities.

Reviews of governance failures within healthcare (and within the wider public sector) have emphasised the need for a relentless focus and rigor to ensure both accountability for the delivery of high quality public services and a responsibility to create conditions that support continuous and sustainable improvements in quality.

Improvement Focused Governance

Governance processes are sometimes considered to be incompatible with quality improvement models and approaches. Processes such as risk management, compliance reporting, scrutiny and inspection are also often thought to be at odds with quality improvement.

Non Executive Directors need to know what to ask, know when and how to contribute positively to dialogue, and when to challenge. Further discussion about where a Board might need to ensure further action, new actions or a change in the way support or resources are being allocated. For example, the booklet in this series entitled “[Safety Checklist: Questions Everyone Should Ask About Safety](#)” outlines the ways in which various elements of the Scottish Patient Safety Programme might influence Board dialogue or the way in which learning from adverse event reviews might then inform actions to improve systems and processes.

An improvement focused governance discussion would focus on challenge and scrutiny in a way that was informed by models of quality improvement (i.e. taking account of systems issues, the nature of the variation in data considered or psychological processes influencing staff responses).

It would also focus on understanding trends in data and would not be content with reassurance through infrequent measurement that is then aggregated and presented in a ‘Red’, ‘Amber’ and ‘Green’ (RAG) report for example.²

Improvement focused governance is better served by measurement processes that encourage action when the data signal concerns or successes – rather than requiring effort or actions in responding to inherent variation or noise in the data being considered.

² This will depend on the nature of the data and the way in which quality monitoring has been organised.

Principles of Improvement Focused Governance

Principles of good governance have been referred to in the guide “What NHS Non Executive Directors can expect from Induction” and “Being Effective: What Non Executive Directors Need to Know”. The principles that most directly support improvement focused governance are outlined below:

Clearly defined functions and roles are performed effectively.

Effectiveness will differ in accordance with the area of governance being considered and should be informed by the relevant guidance referred to at Annex A. A good understanding of the subject area, complemented by appropriate dialogue with operational staff working in the areas concerned is vital to provide a personal context to improvement focused governance. This understanding can often maximise the effectiveness of contributions that come through a ‘fresh pair of eyes’.

Values of openness and accountability are promoted and demonstrated through actions.

This will be reflected in the contributions in meetings, the way in which discussions are documented, where and how information is made available.

Informed and transparent decisions are taken to ensure continuous quality improvement.

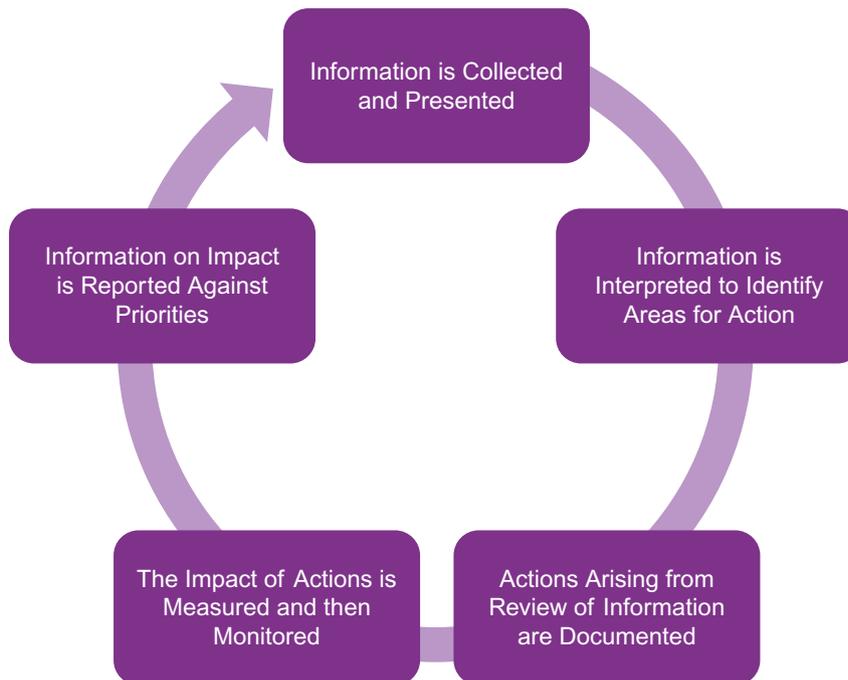
Staff are supported and developed.

Almost all dimensions of improvement focused governance require a working understanding of the way in which staff have been involved, supported. If this is not apparent from the information that is presented then it will be vital to seek this and to support ways of supporting and developing staff who are involved.

All actions are focused and can be described in ways that articulate the impact on outcomes relating to the provision of high quality, safe, effective and person-centred services.

The Improvement Focused Governance Cycle

The following cycle can be followed to support dialogue, planning and actions that promote the reliable implementation of improvement focused governance across NHSScotland.



Each of these phases within the cycle support an improvement focused governance approach. Tips on how to retain an improvement focus throughout this cycle are outlined in the remaining sections of this booklet.

Considering the right information

Improvement focused governance activity is only possible if the right information is being presented for review.

Papers that progress through a series of stages before being considered by a Board or Board level committee should become progressively shorter in length as they make progress through and the information ‘flows’ through the system.

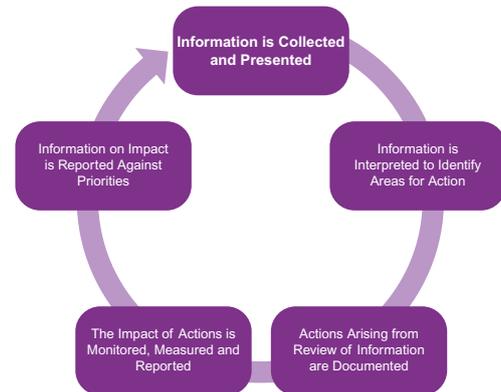
Non-Executive Directors should not be considering documents developed for other purposes/groups.

Generally speaking a paper being considered by a Board level committee should be shorter and more condensed than a paper previously considered by a contributing

Committee or an individual Directorate. The challenge often for an effective improvement focused governance system is to address the tensions between ‘work and re-work’ of papers and the need for non-duplicative reports to be submitted for a range of meetings; to provide appropriate checks and balances while minimising costs of producing papers and ensuring testing and improvements.

Too much information presented too close to the date of a meeting does not allow for assimilation of the details, preparation and identification of issues for reflection and dialogue.

“Recycled” reports (which may not contain the most up to date information or which haven’t been revised to consider the purpose of presenting the report to more than one committee) are generally unhelpful. Improvement focused governance is better served by ensuring all reports clearly describe the specific aim in presenting the report content across different groups.



Improvement focused governance is best served when there is a balance of information presented in relation to the past and to the future.

If the right information is presented it needs to be the right amount of information to support interpretation of the issue being considered. Important detail on context should also be provided to support discussion, decision-making and any actions to be agreed.

Information presented should focus whenever possible on both process and outcome data – covering what is known about the contributors to variation and the implications of this for improvement focused action.

Information reports should be brief and present information using a combination of text as well as graphically/diagrammatically when possible.

While it is important to ensure that there is an appropriate balance of information on services and processes that are working/performing well, Non-Executive Directors should ensure that appropriate focus is given to understanding powerful and important opportunities for improvement that can be identified from system defects/failures.³

³ <http://www.pipsqc.org/BlogEvents/PIPSQCBlog/tabid/89/EntryId/34/Leadership-and-Pre-Occupation-With-Failure.aspx>

Data for dialogue

The guide “Quality Improvement and Measurement: What Non-Executive Directors need to know” highlights issues to be considered when reviewing data. As more NHSScotland staff becomes aware of quality improvement approaches to support change and improvement, questions may arise in relation to when information is to be considered for ‘judgment’ or ‘improvement’.

It is important to understand the purpose that informed the collection of the data (i.e. data collected for improvement will have different characteristics to that collected for submission to inform national statistics).

All data and information should support an improvement focused dialogue: assurance that there is good staff engagement in collecting data over time and across processes to support improvement can be as important as receiving assurance that data are showing a significant trend or shift in one outcome measure.

What Non-Executive Directors can do to ensure that the right information is collected and presented

- Support and encourage the presentation of timely information. This should also clearly outline why this is being presented and what decisions are required.
- Consider processes, outcomes and experiences when reviewing information – and if these are not presented then ask for this information.
- Communicate expectations that information is presented succinctly, with background information and in a way that reflects priorities for services and continuous improvement.
- Discourage the use of ‘The Board noted the paper’ or ‘For information’ items and encourage more detail on what it is that is to be noted and how the information being tabled relates to the requirement for any actions to support or enhance services.

Actions identified should be learning and ‘celebration’ focused as well as those focusing remediation and the need for improvement.

What ‘lens’ is needed to consider information?

NHSScotland places quality of care at the centre of everything we do. Improvement focused governance is best facilitated by considering all information that is presented to Boards through this ‘lens’.

Appendix 2 of the booklet in this series

“Quality Improvement and Measurement. What Non

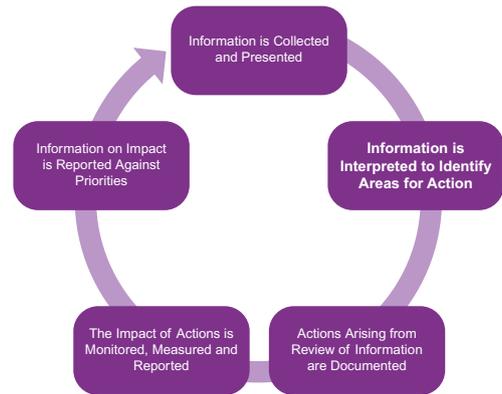
Executive Directors Need to Know” covers key issues in

measurement, understanding variation and data presentation that should be considered when reviewing information at this part in an improvement focused governance cycle.

The processes and reporting cycles for review of information being considered should be scheduled in advance and for any issues arising outside of this cycle, clearly agreed in advance.

Information should be considered from the perspectives of patients, service users and/or staff members. This can then support a conversation more focused on what matters to the people directly affected by the issues being considered. Actions can then be more effectively focused on what will be required to support improvement in the areas identified.

The booklet as part of this series on “Person-Centred Care” describes the way in which a person-centred ‘lens’ also be used to consider the ways in which services and thinking about service delivery are enhanced by focusing more on ‘What matters to...’ than ‘What’s the matter with...?’ For example, a Board paper that collates information on future plans for people living with neurological conditions that makes no reference to considering what matters most to people may require an action to collect this information and identify changes and improvements needed.



Linking Governance Discussions

Information from other related governance conversations/processes may need to be considered when identifying what action to take – for example, a discussion in a Clinical Governance meeting might identify the need to support more doctors to develop skills in improvement science. This would raise the need to have a link with Staff Governance or Educational Governance process where additional work demands and training arising from the agreed action could be considered. Integrated governance meetings, frameworks and discussions can also help.

When interpreting information it can be important to focus on the process factors at play – as opposed to focusing solely on single examples, events or descriptions of a process at a single point in time).

Concentration on the ‘whole’ picture as opposed to selective parts often identifies areas where action will be required to support continuous improvement in quality or efficiency of services. This can be forgotten or overlooked when there is pressure to change or initial distress about the information and change processes.

It is important to remember that ‘big’ changes do not necessarily require ‘big’ action.

What Non-Executive Directors can do to ensure that information is interpreted to support the identification of actions

- Consider what will be required in terms of staff involvement, engagement and the related requirements to implement the action.
- Consider whether the voices and experiences of people who have direct experience of the services being considered (patients and staff) influence the discussion on actions required.
- Ensure that the actions that have been identified as necessary address the need to take actions that will change processes most likely to impact on outcomes and experience.
- Remember to consider the risk that actions are being formulated on the basis of ‘noise’ in the information being presented – if this is not clear, ask for the ‘signal’ and ‘noise’ issue to be explained.

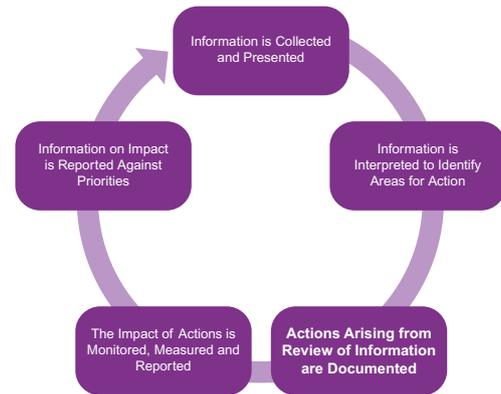
Improving the Quality of Action Plans

Governance processes and meetings often result in agreement of actions that need to be implemented to sustain, spread or implement continuous improvement. Actions must take account of the need to consider the impact on people, processes, outcomes and finances.

The development of an 'action plan' is often the response when a need for change, improvement or assurance has been identified. Governance and improvement meetings also often summarise the actions to be taken following consideration of the issue.

Improvement focused governance needs to make sure that the 'right' actions are identified, that these are described clearly and that links are made with measures that are sensitive to the changes that will be needed to monitor impact and outcomes.

Getting the right measure of progress is one of the most important actions that can arise from consideration of information presented.



Measures of Implementation AND Measures of Effectiveness

Clearly described actions need to be linked with measures of implementation and with measurement of effectiveness (Kaiser Permanente, 2016). Too much emphasis is often placed on measures of implementation – committee minutes or other documents being circulated.

A Measure of Implementation (MoI) is evidence that the action was implemented. It describes what was done to verify the action was instituted. However, it does not address the effectiveness of the measure.

A Measure of Effectiveness (MoE) provides evidence that the action was effective and has the desired impact. This can include monitoring of processes for an agreed period (possibly as part of an improvement programme) and reporting outcomes thereafter to the Board.

The following table outlines examples of Measures of Implementation and Measures of Effectiveness:

Action	Measure of Implementation	Measure of Effectiveness
Increase staff numbers on evening shift	Staff increased by one nurse on evenings is demonstrated on staffing sheet	Improved transfer times due to additional staff member in evenings

One Action, One Person

There needs to be clarity of responsibility for any actions arising from consideration of information presented through a governance process. Ideally there should be one owner responsible for implementation of the action outlined, ensuring that the efforts of the range of people involved with the action are coordinated and described succinctly for committee or Group members. This avoids diffusion of responsibility and related psychological factors that can blur lines of accountability.

Putting it all together...

Would you be able to summarise how the decisions made in a governance process support staff to deliver high quality outcomes, positive experiences or learning how to make things better? If not, how could this happen?

It can be useful to think about how decisions and actions reached collectively deliver strategic aims. This is sometimes referred to as a strategic narrative covering the range of work being undertaken in respect of quality, safe, effective, person-centred care, supporting the improvement of outcomes for the population served.

Being able to articulate a narrative that engages hearts and minds of staff and those receiving services will support an improvement focus to the actions agreed in support of improvement focused governance.

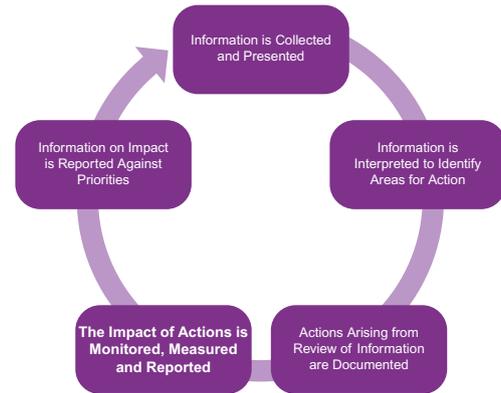
What Non-Executive Directors can do to ensure that the right actions are taken following consideration of information?

- Make sure that it is clear what action(s) have been agreed to determine what needs to be done, by whom and when? There should be one person responsible for leading and coordinating the work on the action.
- For all actions identified ensure that you have answers to the following questions:
 - How will you know that the action agreed has been implemented?
 - How will you know if the action has had any impact when it is implemented?
 - Is the action strong enough to lead to change?
 - Who is accountable for the delivery, monitoring and reporting of the progress and improvement against the actions agreed?
 - Is it clear how actions will support the main strategic priorities of the Board?

Governance committees should have clearly described plans that consider how the operating effectiveness of a committee or governance process will be reviewed. This can be done by asking for feedback at the end of meetings or by the collection of responses to some key questions on the process of participating in the meeting.

Measures of effectiveness from previously agreed actions should be considered when determining the impact. This ensures that progress is noted, learning from the work is identified and that the links to other important strategic priorities can be emphasised.

The possible impact of actions on other parts of a system or process needs to be considered and, if necessary, actions agreed to monitor this and review as required.



What Non-Executive Directors can do to ensure that the right actions are taken following consideration of information?

- Make sure that you are presented with information that allows you to assess whether actions that have been identified previously have been effectively implemented. This will depend on there being an effective way of tracking the actions (including linked actions) that are identified.
- Monitoring engagement with stakeholders and how this has influenced actions and evaluation of the impact of actions on priority outcomes.
- Consider whether the actions taken have addressed the need to have a 'whole-system' focus.

The Board should consider the benefits of an integrated overview within and between Governance processes/ committees. Non Executive Directors have a central role in identifying interdependencies across actions or any themes in respect of approach to change, culture, values, leadership or factors.

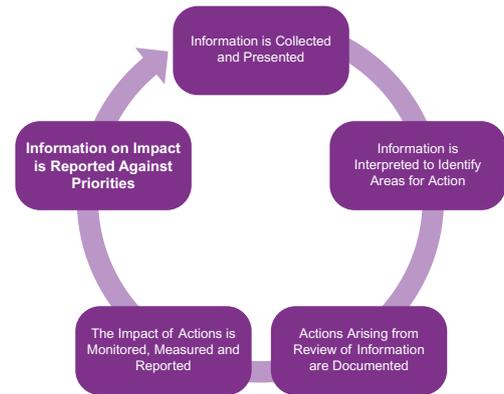
This could involve a review of themes in information being presented, actions being identified and processes that are being monitored. This could involve the monitoring of themes within the work of a committee.

For example, a **Clinical Governance Committee**

(or equivalent) may consider a range of approaches being taken to improve patient safety and want to comment on the successes in staff engagement or leadership that they would like to encourage and support within another area.

An **Information Governance Committee** might have identified that resources are being mentioned as contributory to meeting statutory deadlines in both Health Records and Freedom of Information support services and ask for actions to be considered to develop and test a more efficient streamlined support process.

Information on impact will often be reported in dashboards. These need to reflect the priority areas of focus. If actions that have been identified to support improvement are aligned with outcome and experience data then these will rightly feature in the dashboards being presented, supporting dialogue about the impact of the actions that have previously been agreed.



The following dashboards illustrate the importance of considering whether the right measures, measured right, are being presented. In the first example (Figure 1) the right measures are available for the purpose involved (safely flying a plane):

Are the measures presented appropriately for purpose ?

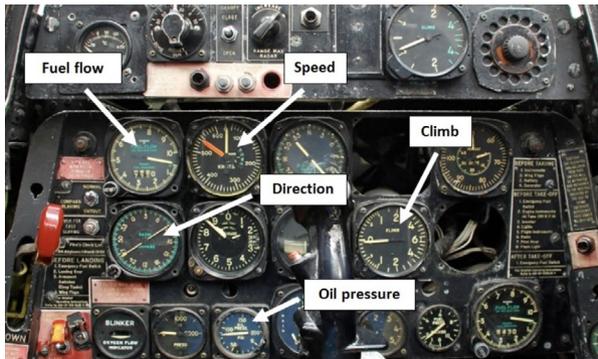


Figure 1 – Right Measures for Purpose

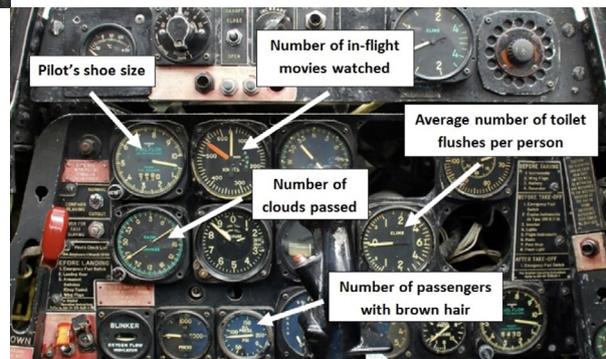


Figure 2 – Wrong Measures for Purpose

If the measures chosen are not relevant to the agreed purpose then problems will arise in being able to evaluate whether aims are being achieved and, in the worst case, can actually lead to poor decisions and increased risk. By illustration of this point, figure 2 shows a plane dashboard populated by the wrong measures.

It is also possible to measure the right things but in ways that are less useful (see Figure 3).

Consider the dials in the pictures above but presented in a manner that is less than helpful for the purpose:



Figure 3 – Right measures presented less usefully

Source: <https://inspquilfoyle.wordpress.com/2013/10/12/right-measures-measured-right/>
Reprinted with permission.

What Non-Executive Directors can do to ensure that impact of previously agreed actions are reported against priorities

- Are there arrangements to record, track and identify progress against individual actions?
- Are the right measures being presented in the right way to determine the impact?
- How could evidence of effectiveness across strategically linked actions be collated and presented to evidence the improvement focus of governance processes?

For more information on the appropriate presentation of data please see the guide “Quality Improvement and Measurement: What Non-Executive Directors need to know”.

References and Resources

NHSScotland Booklet Series: What Non-Executive Directors Need to Know

<http://www.gov.scot/Topics/Health/NHS-Workforce/NHS-Boards/BoardDevelopment>

Quality Improvement and Measurement

<http://www.gov.scot/Resource/0049/00492311.pdf>

Being Effective

<http://www.gov.scot/Resource/0048/00488326.pdf>

Induction Approach

<http://www.gov.scot/Resource/0048/00487869.pdf>

Quality, Efficiency and Value

<http://www.gov.scot/Resource/0048/00487735.pdf>

Safety Checklist

<http://www.gov.scot/Resource/0048/00487876.pdf>

Person-centred Care

<http://www.gov.scot/Resource/0049/00494029.pdf>

Reducing Inequalities

<http://www.healthscotland.scot/media/1182/reducing-health-inequalities-aug-2015.pdf>

Further Reading

Donabedian, A. (2002). *An introduction to quality assurance in health care*. Oxford University Press.

Good Governance Institute and Healthcare Quality Improvement Partnership (2015).

Good Governance Handbook.

(Available at <http://www.good-governance.org.uk/wp-content/uploads/2015/01/GGH-Main-.pdf>)

Kaiser Permanente (2016). *'Thorough, Credible and Effective Toolkit, Root Cause Analyses and Action Plan Toolkit for Sentinel Events'*. (Available at: <https://files.acrobat.com/a/preview/1235e486-a32d-4817-8abb-54207f038945>)

NHS Leadership Academy (2013) *'The Health NHS Board 2013. Principles for Good Governance'*.

(Available at <http://www.leadershipacademy.nhs.uk/wp-content/uploads/2013/06/NHSLeadership-HealthyNHSBoard-2013.pdf>)

Orlikoff, J.E. & Totten, M.K. (2001). *Trustee Handbook for Healthcare Governance* (Second Edition). Josey-Bass: New York, USA.

Annex A also includes links to further reading materials to support reliable implementation of improvement focused governance.

Annex A – NHSScotland Governance Guidance

Clinical and Care Governance

1. Clinical and care governance is the process by which accountability for the quality of health and social care is monitored and assured. It should create a culture where delivery of the highest quality of care and support is understood to be the responsibility of everyone working in the organisation – built upon partnership and collaboration within teams and between health and social care professionals and managers.
2. It is the way by which structures and processes assure Integration Joint Boards, Health Boards and local authorities that this is happening – whilst at the same time empowering clinical and care staff to contribute to the improvement of quality – making sure that there is a strong voice of the people and communities who use services.
3. Clinical and care governance should have a high profile, to ensure that quality of care is given the highest priority at every level within integrated services. Effective clinical and care governance will provide assurance to patients, service users, clinical and care staff and managers, Directors alike that:
 - Quality of care, effectiveness and efficiency drives decision making about the planning, provision, organisation and management of services;
 - The planning and delivery of services take full account of the perspective of patients and service users;
 - Unacceptable clinical and care practice will be detected and addressed.
4. Effective clinical and care governance is not the sum of all these activities; rather it is the means by which these activities are brought together into this structured framework and linked to the corporate agenda of Integration Authorities, NHS Boards and local authorities.

5. A key purpose of clinical and care governance is to support staff in continuously improving the quality and safety of care. However, it will also ensure that wherever possible poor performance is identified and addressed. All health and social care professionals will remain accountable for their individual clinical and care decisions.
6. Many clinical and care governance issues will relate to the organisation and management of services rather than to individual clinical decisions. All aspects of the work of Integration Authorities, Health Boards and local authorities should be driven by and designed to support efforts to deliver the best possible quality of health and social care. Clinical and care governance, however, is principally concerned with those activities which directly affect the care, treatment and support people receive.

Clinical and Care Governance Framework

<http://www.gov.scot/Resource/0046/00465077.pdf>

NHS HDL (2001) 74 Clinical Governance Arrangements.

Scottish Executive

http://www.sehd.scot.nhs.uk/mels/HDL2001_74.htm

NHS MEL (2000) 29 Clinical Governance.

Scottish Executive

http://www.sehd.scot.nhs.uk/mels/2000_29final.htm

NHS MEL (1998)75 Clinical Governance

Scottish Executive

http://www.sehd.scot.nhs.uk/mels/1998_75.htm

Staff Governance

Staff Governance Standard

Staff Governance focuses on how NHSScotland staff are managed and feels they are being managed. It is implemented through the Staff Governance Standard which is the key policy document and is enshrined in legislation as part of the NHS Reform (Scotland) Act 2004. The Staff Governance Standard sets out what staff can expect from their Boards and the corresponding responsibilities for all staff. These responsibilities relate to all stakeholders including colleagues, managers, staff, patients, their carers, the public, the Board. These responsibilities are evidenced through implementation of the Standard.

The Standard requires all NHSScotland Boards to demonstrate that staff are:

- well informed;
- appropriately trained and developed;
- involved in decisions;
- treated fairly and consistently, with dignity and respect, in an environment where diversity is valued; and
- provided with a continuously improving and safe working environment, promoting the health and wellbeing of staff, patients and the wider community.

More information about Staff Governance in NHSScotland can be found at <http://www.staffgovernance.scot.nhs.uk/>

Staff Governance Committee

Each Board's Staff Governance Committee acts as a guardian of the Staff Governance Standard on behalf of the Board's Partnership Forum. The Staff Governance Committee will ensure that arrangements are in place to ensure delivery of the Staff Governance Standard. Each element of the Framework will be assessed in relation to policy, targets and organisational effectiveness, with measurement of organisational success against the elements of the Framework being carried out locally.

Partnership Forums will be directly involved in assessing the performance of NHS Boards as employers through the use of the nationally agreed staff experience and staff governance monitoring arrangements. The assessment will not rely on a single form of measurement, and local health systems will have the flexibility to agree and set their own priorities.

Staff Governance Committee Responsibilities

- oversee the commissioning of structures and processes which ensure that delivery against the Standard is being achieved;
- monitor and evaluate strategies and implementation plans relating to people management;
- approve any policy amendment, funding or resource submission to achieve the Staff Governance Standard;
- take responsibility for the timely submission of all staff governance information required for national monitoring arrangements;
- provide staff governance information for the statement of internal control;
- provide assurance that systems and procedures are in place through the local Remuneration Committee* to manage senior manager pay as set out in MEL (1993) 114 (amended).

The Scottish Workforce and Staff Governance Committee (SWAG)

Nationally, [Scottish Workforce and Staff Governance Committee \(SWAG\)](#) supports the Scottish Government Health and Social Care Directorates in the development and implementation of employment policy and practice for NHSScotland. SWAG will therefore review each Board's performance against the Staff Governance Framework [Scottish Workforce and Staff Governance Committee \(SWAG\)](#) as guardians of the Staff Governance Standard, on behalf of the [Scottish Partnership Forum \(SPF\)](#).

Information Governance

This committee should consider the performance and improvement actions required to ensure that the NHSScotland Information Security Policy is reliably implemented. Details of this and related guidance can be found at <http://www.informationgovernance.scot.nhs.uk/>.

Educational Governance

Education and training of healthcare staff is an essential responsibility of health boards, Integrated Joint Boards and other providers of health and social care. Effective education ensures the future supply of well-trained professionals and underpins safe and effective services. Healthcare professionals in training also form an important part of the health and social care workforce, providing a range of vital services. The importance of high quality education and training in healthcare is reflected in the regulation, scrutiny and approval processes to which it is subject.

Given the pivotal importance of education, and the significant investment in education and training made by health and care providers, there is a strong imperative to ensure that is subject to effective governance. This is to ensure that organisations are accountable for aligning their educational activities with strategic and operational priorities, and that educational quality is maintained and continuously improved.

Educational Governance is an essential feature of an integrated system of governance that links together clinical and care governance, staff governance, research governance, audit, risk management and other board duties. This responsibility may be discharged through a discrete, board level Educational Governance Committee or, more usually, by ensuring that responsibilities for educational governance are explicitly delegated by the Board to relevant committees. Clinical & Care Governance and Staff Governance Committees each have a clear locus in education and training.

Boards and other healthcare organisations have a specific remit for ensuring that standards for education and training set by statutory regulators are met. Some regulatory bodies, including the General Medical Council, have a clear standard and a requirement that educational governance should be discussed and visible at board level, and that a named member of the board should be responsible for educational governance. This helps to ensure that the learning environment is of a high and improving standard, that trainees respond positively to their programmes, and that patient care and safety is not compromised.

The specific responsibilities of the Board and its committees in relation to Educational Governance include:

- approving and monitoring an educational strategy that supports organisational priorities and quality improvement;
- applying effective scrutiny of educational quality to ensure that regulatory and other standards are being met;
- approving and monitoring the structures and processes for managing educational quality; and
- ensuring compliance with statutory and mandatory training requirements.

NHS Education for Scotland (NES) has a leading role in [Educational Governance](#) within NHSScotland. NES's own [Educational Governance Framework](#) can be found at: http://www.nes.scot.nhs.uk/media/3263607/educational_governance_framework_2015_final_-_1_may_15.pdf)

Research Governance

Research is a core function of health and social care. It is essential for our health and wellbeing and for the care we receive. Research should improve the evidence base, reduce uncertainties and lead to improvements in future care. The current [Research Governance](#) framework can be found at: [Scottish Executive Research Governance Framework for Health and Community Care](#).

At the time of publication, this document is currently being updated and a harmonised UK policy document is being produced. A copy of the consultation document is available at:

<http://www.hra.nhs.uk/documents/2015/12/uk-policy-framework-health-social-care-research.pdf>

The UK policy framework for health and social care research sets out principles of good practice in the management and conduct of health and social care research that take account of legal requirements and other standards. These principles protect and promote the interests of patients, service users and the public in health and social care research, by describing ethical conduct and proportionate, assurance-based management of health and social care research, so as to support and facilitate high-quality research in the UK that has the confidence of patients, service users and the public.

Audit Committees

Good practice in relation to corporate governance requires that effective arrangements are in place to provide assurance on risk management, governance and internal control. In this respect, the Board should be independently advised by the [Audit Committee](#).

The [Audit Committee](#) is required to provide assurance to the Board and Accountable Officer that appropriate systems of control are designed and operated within all areas of the health board so as to ensure:

- the good stewardship of funds under control of the Board and, in particular, the safeguarding and proper accounting of public money;
- that activities are conducted in accordance with all applicable laws, regulations and standards;
- that financial statements are prepared in a timely manner and reflect a true and fair view of the Board's financial position;
- the economic, efficient and effective use of all resources; and
- that reasonable steps and measures are taken to allow for the prevention and detection of fraud and/or any other irregularities.

The activities of the **Audit Committee** will include:

- assisting in discharging the Board's responsibilities as they relate to management and internal controls, accounting policies and financial reporting;
- the receipt of reports from the external auditors of the Board and the pursuit, where necessary, of any such issues arising from these reports;
- the agreement of work programmes and remits of internal audit so as to satisfactorily discharge the committee's responsibility in ensuring systems of control; and
- the receipt of any reports arising from executive management, external or internal audit – outwith the agreed programme – and ensuring that appropriate action is taken to introduce any remedial actions as are deemed necessary.

The key relevant documentation is set out below:

Scottish Public Finance Manual – guidance on the operation of audit committees

<http://www.gov.scot/Topics/Government/Finance/spfm/auditcommittees>

Audit Committee Handbook

Scottish Government, published July 2008

<http://www.gov.scot/Resource/Doc/235062/0064493.pdf>

On Board – A guide for Board Members of Public Bodies in Scotland

<http://www.gov.scot/Publications/2015/04/9736>



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