NHS Providers

# GOVERNWELL
## INDUCTION TOOLKIT

5

## CHAPTER FIVE
# WHAT TYPE OF INFORMATION AM I GOING TO SEE?

March 2020

# GLOSSARY

| Add to the list as you work through this section | |
|---|---|
| Acronyms and initialisms buster | Some trusts are now providing these alongside their public board papers.<br>An acronym is an abbreviation formed from the initial letters of other words and pronounced as a word (e.g. PIN, NICU). An initialism is an abbreviation consisting of initial letters pronounced separately (e.g. BBC, NHS). |
| Agenda | An agenda is a list of meeting activities in the order in which they are to be taken up with details of their author and purpose. It usually includes one or more specific items of business to be acted upon. It may, but is not required to, include specific times for one or more activities. |
| Annual plan | See *Strategy*. The trust will follow annual national guidelines on how annual plans are to be presented, which are issued by NHS England. |
| Annual report and accounts | All trusts are required to produce this document. NHSI produce an annual reporting manual which contains the formal accounts direction for foundation trusts and the requirements for the basic structure of this report. |
| Auditor | • External audit – the examination of a foundation trust's annual financial statements by someone independent of the foundation trust (normally one of the larger accounting firms).<br>• Internal audit – the Independent assurance on a foundation trust's internal financial (and some nonfinancial) processes and systems (normally a company specialising in NHS audit). |
| Board assurance framework | The board assurance framework (BAF) is designed to provide the board with a simple but comprehensive method for oversight and management of the principal risks to the trust's objectives. It helps to clarify what risks will compromise the trust's strategic objectives and should assist the board in driving its agenda and determining where to make the most efficient use of their resources in order to improve the quality and safety of care. |
| CIP | Cost Improvement plan or programme for the trust (internally decided and defined). |
| CoG | Council of governors. |
| Commissioner | A person who undertakes commissioning. Commissioning is the process of assessing needs, planning and prioritising, purchasing and monitoring health services, to get the best health outcomes. Services are commissioned by CCGs and NHS England on a local, regional and national basis. |
| CQUIN | CQUIN stands for commissioning for quality and innovation. This is a system introduced in 2009 to make a proportion of healthcare providers' income conditional on demonstrating improvements in quality and innovation in specified areas of care. |
| NHSI annual declaration | NHS trusts are required to self-certify that they can meet the obligations set out in the NHS provider licence (which includes requirements to comply with the National Health Service Act 2006, the Health and Social Care Act 2008, the Health Act 2009 and the Health and Social Care Act 2012, and to have regard to the NHS Constitution) and that they have complied with governance requirements.<br>The NHS provider licence requires two declarations:<br>• Providers must certify that their board has taken all precautions necessary to comply with the licence, NHS acts and NHS constitution.<br>• Providers must certify compliance with required governance standards and objectives.<br>It also includes a declaration that governors have been equipped to undertake their role. |

# GLOSSARY continued

| | |
|---|---|
| Policy | A statement of the principles or protocols a trust has adopted on a certain subject and often the standard of behaviours staff are required to follow. |
| Prescribed | Required or described by guidance or the law. |
| Self-assessment | A trust's own measurement of its compliance with a certain standard or framework. |
| Stakeholder | A person or organisation with an interest or concern in a given area e.g. healthcare. |
| Strategy | Statement of what a trust intends to achieve and how it intends to do so. The trust document recording this is known in full as the 'organisational operational plan', within this plan the trust will describe the strategic context. |

# 5

# TOOLKIT OVERVIEW



## CHAPTER OBJECTIVES

Having worked through this chapter you should be able to:

- identify the information you will receive as a minimum
- identify the other types of information you are likely to encounter
- understand how the trust uses information
- appreciate the many ways in which use of information can help you to fulfil your role as a governor.

## CHAPTER CONTENTS

# 5.1 OVERVIEW

## KEY POINTS

- **Governors have certain legal rights in respect of information, but are likely to receive more than the legal minimum.**
- **Trusts, and governors, have obligations in respect of information and its use as well as rights.**
- **Using good information effectively can significantly improve your ability to fulfil your role as a governor.**

Governors are legally entitled to have access to certain specific documents:

- board agendas and minutes
- annual report and accounts, and any auditor's reports on the accounts (draft and final).

These entitlements are set out in the Health and Social Care Act 2012.

Trusts are also obliged by the Act to provide governors generally with "...the skills and knowledge..." they need to carry out their role. This will include ensuring that governors have all the information necessary to comment effectively on the annual plan and to hold the NEDs to account for the performance of the board. Similarly, the code of governance advises that 'the council of governors should receive and consider other appropriate information required to enable it to discharge its duties, for example clinical statistical data and operational data.'

As a result, governors may also be given other types of documents, which might include:

- survey results
- strategies
- policies
- consultation documents
- performance data.

Trusts, like all other organisations are subject to requirements regarding the use of data and this chapter will explain broadly why trusts are obliged to collect certain information, how they treat it and what obligations they have as a result of holding the information. Your obligations as a governor in connection with information governance will also be explained. The importance of ensuring that information is accurate, and methods by which this can be tested will be explained, along with some tips on how to use the information you are given effectively.

This workbook will show you are familiar with the purpose of each kind of document and the uses to which the trust and you, as a governor, will put them.

# 5.2 BOARD AGENDAS, REPORTS AND MINUTES

## KEY POINTS

- **There is no prescribed format for board agendas, reports or minutes, so layout and content will vary from trust to trust.**
- **Some subjects will come up on a monthly basis, others less frequently and some only annually.**
- **Some of the information considered at a board meeting will be public and some private.**

The Health and Social Care Act 2012 requires foundation trusts to hold their board meetings in public.

The Act provides for boards to exclude the press and public from board meetings if there are grounds to do so. There is no formal guidance on what those grounds might be, but generally speaking it is only acceptable for boards to meet in private if the information under discussion is confidential – for example because it concerns individuals to whom the trust has obligations under the Data Protection Act 1998 or because it concerns the trust's commercial intentions – see the section on information governance for more about why a trust might want or need to keep its information private.

There is no obligation on trusts to publish their public board agendas, reports and minutes, but most do so (usually on the trust website). Boards are, however, legally obliged to ensure that governors are sent a copy of the agenda in advance of the board meeting, and a copy of the approved minutes as soon as practical after the minutes have been agreed.

The 2012 Act does not stipulate that governors must receive the agenda and minutes, although most trusts do forward these. For reasons of economy and environmental protection this is often by means of a link to an online version of the reports.

The legislation is silent on governors' access to the agenda, reports and minutes of any private part of the board meeting. The code of governance states that 'there is no legal basis on which the minutes of private sessions of board meetings should be exempted from being shared with governors'. In practice, it may be necessary to redact some information, for example, for data protection or commercial reasons. Governors should respect the confidentiality of these documents. Talk to your company secretary about what kinds of information your board discusses in private and how governors are given the information they need about the subjects covered.

There are no prescribed formats for board agendas or reports. Subjects likely to be covered in formal reports in most meetings include:

- financial performance – how the trust has done against its income targets
- operational performance – details of the trust's achievements against activity targets set nationally, by commissioners and in-house
- quality performance – the trust's patient safety, clinical effectiveness and patient experience data
- risk management – details of the operational risks identified during the month and progress in the management or treatment of those risks
- workforce issues – turnover rates, sickness absence, training, health and safety
- feedback from board committees may be combined into an integrated performance report.

Other topics like 'chief executive's update' or 'chairman's report' may be included on a regular or frequent basis, but might be taken as a verbal report rather than a formal written report. These are likely to include:

- performance against CQUINs and other targets measured on a quarterly basis
- compliance with regulatory frameworks, such as the Care Quality Commission's standards of quality and safety
- the outcome of the trust's quarterly declaration to NHSI about its financial and operational performance
- performance against the trust's strategic objectives and updates to the associated Board Assurance Framework.

Other subjects likely to come up annually include:

- approval of the annual report and accounts
- approval of the quality account
- approval of the annual plan/operational plan
- inpatient survey (if applicable)
- new auditor or NED appointments.

There is a wide range of other subjects which may be considered by the board at its meetings, depending on the focus of the trust (perhaps an expansion into a new service area), its particular plans (for example an anticipated merger), matters of interest to key stakeholders, updates on commissioning plans, clinical research and organisational development. These reports, if they are given to governors or published on the website, should be a rich source of information about the trust, which will help you to fulfil your role as a governor. There is more about how you can use information to be effective as a governor in section 5.9.

Some subjects will have been discussed at board committees before they reach the board. This enables a small group of the board's members to scrutinise the information in greater detail than would be possible at the wider board. The chair of each committee should ensure that there is verbal and written feedback from the committee about what it has discussed, and usually where it found assurance in the information it had been given, and where it had asked for more detail or remedial action.

Committees will often also be responsible for following up on matters initially discussed at the board. A significant advantage of matters being discussed in committee is not only that there is often more time for discussion, but also that the committee meetings are often attended by individuals who are not on the board and who can give more detail on a particular issue. The quality and safety committee, for example, may have clinicians in attendance, and the audit committee will generally be attended by representatives of the trust's internal and external auditors.

Trusts may make their board committee reports available generally to governors, but this is not usually the case. If there are governor representatives or observers on the committee they will usually get the reports and would be entitled to use them in their feedback to the council of governors about the committee meeting as long as they do not disclose confidential information.

# 5.3 ANNUAL REPORT AND ACCOUNTS

## KEY POINTS

- **Annual reports and accounts are vital documents for trust accountability to governors and the wider public.**
- **The format is heavily prescribed, but content outlines each trust's performance.**
- **The main focus is finance and delivery against important national targets.**

The annual report and accounts are important documents for many stakeholders and for governors because they are a means by which the directors are made accountable to the stakeholders, and provide a channel of communication from directors to stakeholders. The report and accounts enable the stakeholders to assess how well the organisation has been governed and managed. It should therefore be:

- clear and understandable to a reader with reasonable financial awareness, and
- reliable and truthful.

The trust's annual report will contain an explanation of:

- the basis on which the trust generates revenue and makes a surplus (or loss) from its operations (its 'business model'), and
- its overall financial strategy.

The reliability of the annual report and accounts depends on several factors, including:

- the care used by directors to satisfy themselves that the financial statements do give a 'true and fair view' and that everything of relevance has been properly reported
- the opinion of the external auditors, which the stakeholders should be able to rely on as an objective and professional opinion.

The *NHS foundation trust annual reporting manual* and *Department of Health and Social Care group accounting manual* require the board to present a balanced and understandable assessment of the trust's position and prospects in its report and accounts. This principle applies to narrative reporting in the annual report as well as to the financial statements.

NHSI prescribes the contents of the annual report and accounts produced by foundation trusts quite closely. Foundation trusts are required to make a significant number of 'disclosures' about their financial and corporate governance. As a result of the technical nature of the information they are required to include, foundation trust reports can be very dry, hard to penetrate documents.

Foundation trusts are required to submit their annual reports and accounts not just to NHSI, but also directly to parliament (known as laying before parliament), in accordance with a strict timetable. They are made available for inspection in the parliamentary library. Rules require that foundation trust annual report and accounts are submitted to parliament before they can be shared with governors and other stakeholders. These rules apply to all foundation trusts, however, and there are no current plans to change the law on this point.

Some trusts try to make their annual reports more accessible by producing a version which summarises the governance and financial information and includes more general interest information about the trust, its staff and patients.

## FIND OUT MORE

Have a look at the guidance on *Appointing the external auditor* and *The annual report and accounts*:
**https://nhsproviders.org/programmes/governwell/support-and-guidance/guidance-documents**

For the full guidance (not bedtime reading!):
**https://improvement.nhs.uk/resources/nhs-foundation-trust-annual-reporting-manual**

**https://www.gov.uk/government/publications/dhsc-group-accounting-manual-2019-to-2020**
(renewed annually)

## HERE'S A TASK FOR YOU

Review your trust's last annual report and accounts.
How is this year's performance going to influence the annual report next year?

# 5.4 QUALITY ACCOUNTS

## KEY POINTS

- **Quality accounts are prescribed documents, required by NHSI and the Department of Health and Social Care.**
- **Clear statements of performance against national and locally selected targets intend to demonstrate achievements in respect of patient safety, clinical effectiveness and patient experience.**

A quality account is a report about the quality of services provided by an NHS healthcare service. The report is published annually by each NHS healthcare provider and made available to the public.

## HOW IS THE QUALITY OF THE SERVICES PROVIDED DEFINED?

Healthcare providers will measure the quality of the services they provide by looking at aspects of:

- patient **safety**
- the **effectiveness** of treatments that patients receive
- patient **feedback** about the care provided.

## WHAT INFORMATION CAN BE FOUND IN YOUR TRUST'S QUALITY ACCOUNT?

All healthcare providers will answer questions in relation to the quality of healthcare they provide and give a detailed statement about the quality of their services.

Every quality account will include:

- A signed statement from the chief executive in which they will describe the quality of healthcare provided by the organisation. Within this statement senior managers should declare they have seen the quality account; that they are happy with the accuracy of the data reported; are aware of the quality of the NHS services they provide, and understand where the organisation needs to improve the services it delivers. The statement is also an acknowledgement of any issues in the quality of services currently provided.
- Answers to a series of questions that all healthcare organisations have to provide.
- This includes information on how the organisation measures how well it is doing, continuously improving the services it provides and how it responds to checks made by regulators such as the Care Quality Commission (CQC).
- A statement from the organisation detailing the quality of the services they provide. Clinical teams, managers, patients and patient groups may all have had a role in choosing what to write about in this section, depending on what is important to the organisation and to the local community. At the end of each quality account you will find a statement from the provider's main commissioner (buyer of their NHS services) on what they think of the provider's quality account. There may also be statements from the council of governors, local Healthwatch and overview and scrutiny committee.

## FIND OUT MORE

**https://www.nhs.uk/using-the-nhs/about-the-nhs/quality-accounts/about-quality-accounts**

The quality account will also include:

- Information about how many services the healthcare provider looked at in the last financial year. In order to measure the quality of the healthcare service, providers should review all relevant data available to them.
- At least three areas where they are planning to improve the quality of their services, the steps they will take to improve them and the associated targets they have set. Patients' views should be taken into account when organisations decide on the priorities for improvement.
- Results of monitoring performance against targets set in respect of the three areas chosen the previous year.
- Details of the trust's participation in national, local and clinical audits. A clinical audit is the process by which the quality of care and services provided are measured against agreed standards. Where services do not meet the agreed standard, the audit provides a framework where suggestions for improvement can be made.
- Details of the trust's participation in clinical research. Clinical research is a central part of the NHS, as it is through research that the NHS is able to offer new treatments and improve people's health. Organisations that take part in clinical research are actively working to improve upon the drugs and treatments offered to their patients.
- Details of goals agreed with commissioners. The CQUIN payment framework is a scheme that healthcare providers can join. It makes part of their income dependent on locally agreed priorities for improving the quality of patient healthcare.
- What the Care Quality Commission (CQC) says about the trust.
- Assessment of the accuracy of trust data. Organisations need to collect accurate data in order to be able to define the quality of the services they provide. The statements in the data accuracy section are designed to give an indication of the quality and accuracy of the information an organisation collects.

## YOUR TRUST'S QUALITY ACCOUNT

**Looking at your trust's most recent quality account can you find each of the areas listed above?**

# 5.5 FORWARD PLANS

## KEY POINTS

- **The annual plan/operational plan known as 'annual operating plan' is a prescribed document that all foundation trusts must submit to NHS England and NHS Improvement (NHSE and NHSI) in accordance with guidance each year.**
- **Foundation trusts are then held to account for their performance against the targets set out in the plan throughout the year.**
- **Trusts must involve governors in the development of the plan.**

NHS England and NHS Improvement issue joint guidance for foundation trusts in developing their organisational plans and strategy. NHSE and NHSI published the 2017-19 operational and contracting planning guidance three months earlier than normal to help local organisations plan more strategically. For the first time, the planning guidance covered two financial years, to provide greater stability and support transformation. This has been underpinned by a two-year tariff and two-year NHS standard contract. The planning process has been built around sustainability transformation partnerships so that the commitments and changes coming out of these plans translate fully into operational plans and contracts.

The annual operating plan is a document required of FTs by NHSE and NHSI. It is a detailed statement of the trust's financial and operational plans for the coming year, along with:

- the local system-wide operating plan
- activity and capacity planning
- quality planning
- workforce planning
- financial projections
- risk management
- membership and elections.

The trust must submit the approved plan to NHSE and NHSI by a given deadline (usually end of June) and will be held to account for the targets they have set for themselves over the next twelve months. At the time of publishing all FTs and NHS trusts have to submit a standardised monthly return to NHSI on financial performance.

There is no specific entitlement in law for the governors to receive a copy of the annual plan, but almost every trust will present the full document to the governors at some stage, and *Monitor's code of governance makes it clear that the monitoring body (now NHSI) expects this to happen (paragraph A.5.e). There is also a requirement for the trust to take governors' views into account in the development of the annual plan, so it is usually presented in draft form before approval by the board, or even earlier as a set of principles and aspirations.

The final version of the plan is a highly prescribed document, mainly spreadsheet based, so it is not an easy item to peruse, and presenting it in board and council of governors' meetings may be difficult. There is no standard template for the way in which governors should be enabled to have an input to the development of the annual plan and trusts may do it in very different ways. Some trusts have a rolling programme of consultation and feedback with governors and members that may not be specifically designated as annual plan discussion, but which nevertheless is effective in ensuring that the board is aware of governors' views on plans and proposals. Other trusts may prefer a large 'set-piece' consultation of the whole council and others yet may ask small governor work groups to look at different aspects of the draft plan before feeding back.

* Monitor became part of NHS Improvement in April 2016, the code of governance is still valid.

## FIND OUT MORE

Ask your trust secretary for an update session on the current reporting requirement of the trust for the national monitoring bodies.
**www.england.nhs.uk/deliver-forward-view**

## TASK

Ask your trust secretary how the governors will be given the information they need to comment authoritatively on the proposed annual plan, and how the council of governors will be enabled to contribute to its development.

Don't forget that the information you will need will include environmental or contextual information which will help you to understand why the trust is proposing to act in certain ways.

# 5.6 OTHER INFORMATION

## KEY POINTS

- **Information is not only the reports presented to the council of governors.**
- **Organisations and individuals outside the trust can be very useful sources of information.**
- **Information is used for a variety of purposes.**

From time to time the trust will present governors with other information about the trust or the context in which it operates. Such information might include:

- national and local survey results
- external reviews
- policies
- strategies
- self assessments
- feedback from service users
- consultation exercises
- presentations.

Some of these items will be for comment, some as explanation for matters previously raised or as assurance, some as guidance and some for explaining how governors should behave in certain circumstances (notably policies, e.g. on health and safety).

Governors may also acquire information from sources outside the trust, for example from NHS Providers, from the trust's partners and stakeholders, service user forums, regulators, and the local authority. Information like this can be very helpful for governors to understand the trust and its external environment, and in holding the NEDs to account for the performance of the board.

It is unlikely that other organisations will give governors confidential information which cannot be fed back to other colleagues or the board, but think carefully before you share or pass on any information that an individual has given you, especially if it is about their own or someone else's care, health conditions or other private details (including employment information). It is usually necessary to ensure that such information is fully anonymised before it is discussed with others. Ask the trust secretary if you are uncertain – they may also ask the information governance lead for advice.

Don't forget that 'information' comes in many forms, not just written reports. 'Information' can be described as the knowledge that can be extracted from data, facts and observation. A page of numbers alone will not make sense unless the reader knows what they mean or can place them in context. What a patient tells you about their care is information, as are the contents of a verbal presentation made by the infection control lead for example, and what you observe when you sit in a waiting area to look at aspects of patient experience. Some of the richest, most helpful information to a governor can come from sources other than formal reports. Keep your eyes and ears open for everything that will be useful to you in fulfilling your role.

## TASK

Think of examples of each of these types of information that you have been able to access so far.

# 5.7 INFORMATION GOVERNANCE

## KEY POINTS

- **Information governance is treated very seriously in the NHS – ask about additional training opportunities.**
- **Confidential information can be corporate or personal.**
- **Thinking about the purpose for which you have been given confidential personal information can help you to understand how to deal with it.**

Information governance is the framework of rules, regulations and policies by which organisations and individuals who collect and hold information gather it, keep it, use it and dispose of it.

The legal framework governing the use of personal confidential data in health care is complex. It includes the NHS Act 2006, the Health and Social Care Act 2012, the Data Protection Act, the Human Rights Act and the General Data Protection Regulation 2018 (GDPR).

The law allows personal data to be shared between those offering care directly to patients but it protects patients' confidentiality when data about them are used for other purposes. These "secondary uses" of data are essential if we are to run a safe, efficient, and equitable health service. They include:

- reviewing and improving the quality of care provided
- researching what treatments work best
- commissioning clinical services
- planning public health service.

Generally speaking, people within the healthcare system using data for secondary purposes must only use data that does not identify individual patients unless they have the consent of the patient themselves.

The NHS has very high standards of information governance, which is only reasonable given the highly sensitive nature of much of the information it holds about the individuals it treats, cares for and employs. Foundation trusts are required to deliver effective information governance training to all staff annually, and to make an annual declaration of the levels of its compliance against a wide and extensive range of information governance standards.

Ask your trust secretary about whether information governance training is provided for governors.

As we saw in earlier chapters, governors are sometimes given confidential corporate information. This is information that the trust:

- is obliged to keep completely private, such as information about individuals, or
- needs to keep temporarily private, such as embargoed national survey results, or
- wants to keep private because it is commercially sensitive and may be of use to the trust's competitors.

Governors must not disclose such information to anyone outside the council of governors. This can sometimes be particularly difficult for staff governors who may find themselves, as a staff governor, privy to confidential information which other staff members do not have. Trusts will be aware of the difficult position in which staff governors may consequently find themselves, and support staff governors during the period in which the information is confidential. Ask your trust secretary how this is dealt with for your staff governors.

Members of the public, and the press, may be aware of your role as a governor and may ask you for information that is not yet in the public domain. Refer such requests back to the trust communications team or the trust secretary – they are used to handling information requests and will be able to deal with the query appropriately.

Confidential corporate information is usually well signposted and you will often be told clearly what you can and can't say about it in public. What do you do, however, with private information that comes into your possession because of your role as a governor?

The trust owes its patients and employees very high levels of security and confidentiality for the information about them that they hold. Such information will almost never be passed on to governors by the trust. If information like this comes to you unintentionally (for example, if a copy of a letter to a patient is accidentally included in with a letter to you), make sure you report it very promptly to the trust secretary.

Sometimes patients may choose to share with you information that the trust would be obliged to keep private. This could be quite innocuous (perhaps a lost patient will show you a clinic appointment letter when asking for directions in the main foyer) or very detailed (an aggrieved member may contact you about what she believes is poor care and in the process divulge everything about her condition), and it is important that you know how to handle these situations.

In the example given above, the patient who showed you his clinic letter did so for the purpose of enabling you to give him directions to the right part of the hospital, but NOT for the purpose of you telling anyone else that that person is receiving treatment for a specific condition. There is therefore no need for you to tell anyone else about it and you should not do so. The patient who contacted you to complain about her care did so for the purpose of improving standards of her own care or perhaps for improving care generally in the hospital. If it is for the purpose of resolving the patient's concerns for her own care, although your first thought should be to encourage the patient to contact the Patient Advice and Liaison Services (PALS) or her consultant/specialist nurse herself, it may be necessary for you to take the patient's name and contact details so that you can ask PALS to call her back.

You can use the information the patient has given to summarise her concerns, but for no other purpose, because the patient can choose for herself how much she wants to pass on to PALS. If the patient has contacted you for the purposes of improving care generally, it may be necessary for you to share detail about incidents. In that case, ask yourself whether it is really necessary to identify the individual patient to anyone else – it probably isn't, and you can achieve the same effect without breaching the patient's confidentiality.

If in doubt, the best advice is not to share personal information with anyone until you have had the chance to discuss the situation with the trust secretary.

## FIND OUT MORE

**www.england.nhs.uk/ig**

There is also a useful paper on membership and GDPR:
**https://nhsproviders.org/media/4646/foundation-trust-membership-and-gdpr.pdf**

# 5.8 DATA QUALITY

## KEY POINTS

- **The quality of data is vital to its usefulness for the purpose for which it is collected.**
- **Accuracy depends on input.**
- **Data quality checks can be used as a starting point for holding the NEDs to account.**

Trusts use data to assess the effectiveness of treatments and procedures, understand what patients are saying about the care, demonstrate compliance with national and local performance targets, prove that they offer a high quality service and, essentially, get paid by commissioners for the work that they do.

Given the heavy reliance placed on data across the trust and the wider NHS, ensuring that it is accurate and reliable is very important. The trust will very often seek assurance about the quality of the data it collects and uses, and indeed may be required to do so by regulators or stakeholders. Data quality audits may be conducted internally or by external bodies.

Mistakes can arise in data collection and processing, but dishonesty should not be your first thought when incidents of data inaccuracy are identified. There are many, many individuals and teams in the trust, using a very wide range of information systems, and these are not always as compatible as they would be in an ideal world. This can be a significant source of frustration for trusts and boards. As governors you will not know about this in detail but it is important to be assured that many systems are in place to check and ensure good data quality.

Feedback on data quality may sometimes be included in board or committee reports and may be a very useful source of questions governors can use to hold NEDs to account for performance of the board. Asking about how NEDs are assured about the quality of data presented in a report is a good way of checking that performance is really as good (or as bad) as it is described.

# 5.9 USING INFORMATION EFFECTIVELY

## KEY POINTS

- **Familiarise yourself with the information before you need it.**
- **Ask about anything you don't understand and seek changes to the format of regular reports if this would help.**
- **Use information from a range of sources to help you in your role as a governor.**

The most obvious pointer for making the most effective use of information is to consider it in advance of the meeting (or whatever other occasion for which you'll be using it) and make sure you understand it.

Make sure that you can access the information effectively – if you need the reports to be produced in larger print or a different font, let your trust secretary know. If you are going to attend a presentation and you need to ensure that a hearing loop will be available, ask for one to be provided.

Once you have reviewed the information, if you find that what you have been given or found doesn't makes sense to you, ask someone about it.

Never be afraid or embarrassed to ask – a lot of the documents you will encounter will be complex and regrettably very often jargon or acronym-filled. Many trusts provide a glossary for governors – make good use of yours if you have one, or perhaps ask for one if there is nothing in place already. If you and your fellow governors consistently find a particular report difficult to interpret, ask for changes to the format, or a seminar on the subject that will help you all to make sense and use of the information.

Another good reason to ask questions in advance is that the provider of the information may not be able to answer all questions about it on the spot. For example, if you receive a set of figures about infection control performance at your trust, but want to know how you compare with other similar trusts, the director of infection prevention and control who attends the council of governors meeting may not have those details at her fingertips. If you have sent her an email or spoken to her in advance of the meeting (maybe via the trust secretary), however, to ask for that additional information, she will be able to access it and bring it to the meeting, enabling a more useful discussion to take place.

Effective use of information will be key to your role in holding the NEDs to account for the performance of the board. Useful questions for this purpose could include:

- Were the NEDs satisfied with the volume and quality of information they were given in connection with a recent key decision?
- Did they have to ask for additional information along the route to the final decision? Were they happy that they had everything they needed?
- Had there been robust checks of the quality of the data upon which the decision was based?
- You can use information gained from other sources for holding the NEDs to account too:
  - Ask about health-related incidents you have seen reported in the news and how the board is assured that the same thing is unlikely to happen at your trust.
  - Relate feedback you have had from patients about the food service to the NEDs and ask how they assure themselves about food safety and quality.
  - Refer back to a trust policy you have been given and ask the NEDs how the board gets assurance about its consistent application.

We hope that you have found this a useful resource.
We welcome any feedback via **governors@nhsproviders.org**

NHS Providers also delivers a wide range of other training and development support for governors, more details are available on our website.

## NOTES

**NHS Providers** is the membership organisation for the NHS hospital, mental health, community and ambulance services that treat patients and service users in the NHS. We help those NHS trusts and foundation trusts to deliver high-quality, patient-focused care by enabling them to learn from each other, acting as their public voice and helping shape the system in which they operate.

NHS Providers has all trusts in voluntary membership, collectively accounting for £84bn of annual expenditure and employing more than one million staff.

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GOVERNWELL
INDUCTION TOOLKIT

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CHAPTER FIVE
# WHAT TYPE OF INFORMATION AM I GOING TO SEE?

March 2020

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