

Good Governance Indicators

Assurance Committees

Status as at 1st Aug 2025

Assurance Committee	Good Governance Indicators for reporting at Committee level (Agreement with Execs and Chairs/Vice Chairs)
Population Health	Agreed to progress and deliver on Population Health Workplan (KPIs and Deliverables)
Audit and Risk	Indicators will be reported to each cycle of the Committee
Performance Assurance, Finance and Infrastructure	Performance Framework effectiveness, HAWD Performance Report, Finance Plan, Value and Sustainability, Key Infrastructure Deliverables: <ul style="list-style-type: none">• Maximise return on investment and identify and execute opportunities to rationalise our estate where appropriate• Delivery of the NHSG Climate Emergency & Sustainability Strategy related action plan• Construction of Major Capital Projects
Staff Governance	Indicators agreed for reporting at Committee
Clinical Governance	Majority of indicators agreed

Roles and Functions of NHS Grampian Assurance Committees

Assurance Committee	Primary Role	Key Functions	Blueprint Governance Domains Covered
Staff Governance	To provide assurance that NHS Grampian is a responsible employer and is meeting its statutory obligations to staff.	<ul style="list-style-type: none">- Monitor workforce KPIs (e.g. training, appraisals, absence)- Oversee staff wellbeing, culture, and engagement- Ensure compliance with Staff Governance Standards	Leadership & Strategic Direction Accountability & Governance Structures
Clinical Governance	To provide assurance that systems are in place to ensure that clinical care is safe, effective, person-centred, and continuously improving are in place and functioning adequately	<ul style="list-style-type: none">- Review clinical quality and safety data- Monitor adverse events and learning- Oversee clinical audit and improvement activity	Risk Management & Internal Control Performance Monitoring
Population Health	To provide assurance on the Board’s role in improving public health and reducing health inequalities.	<ul style="list-style-type: none">- Monitor public health outcomes and equity indicators- Oversee prevention and early intervention strategies- Align with national health improvement priorities	Leadership & Strategic Direction Performance Monitoring
Performance Assurance, Finance & Infrastructure	To ensure effective delivery of services, financial sustainability, and infrastructure resilience.	<ul style="list-style-type: none">- Monitor operational and financial performance- Oversee capital projects and digital infrastructure- Ensure value for money and resource optimisation	Accountability & Governance Structures Performance Monitoring Risk Management
Audit & Risk	To provide independent assurance on the effectiveness of internal controls, risk management, and governance.	<ul style="list-style-type: none">- Review risk registers and audit reports- Monitor fraud, IG breaches, and compliance- Ensure follow-up on internal and external audit actions	Risk Management & Internal Control Accountability Effective Decision-Making

Performance Assurance, Finance and Infrastructure Committee (PAFIC) - Good Governance Indicators	
Infrastructure	Maximise return on investment and identify and execute opportunities to rationalise our estate where appropriate
	Delivery of the NHSG Climate Emergency & Sustainability Strategy related action plan (with clear deliverables)
	Construction of Major Capital Projects e.g.Baird and Anchor and other property related matters (with clear deliverables)
Finance	Finance Plan
	Value and Sustainability
Performance	HAWD Performance Report
	Integrated Performance Assurance and Reporting Framework

Staff Governance Committee - Good Governance Indicators
Compliance with mandatory training will increase to 80% for all new starts and 60% for all other colleagues (70% overall)
Compliance with statutory training will increase to 90% for all new starts and 70% for all other colleagues (80% overall)
Sickness absence rate for NHS Grampian to be 5% or below
50% of all staff have current appraisal on Turas or SOAR
Number of formal whistleblowing cases (that are reported to the INWO) and resolution times – (needs tweaking) % - quarterly report to staff governance
Proportion of staff reporting discrimination, bullying, or harassment or grievances (annual)

Population Health Committee Good Governance Indicators

KPIs	Deliverables
Screening programme participation rates: % uptake in eligible cohorts(s), gender, age, local authority area and SIMD (where data is available)	Implementation of Year 1 actions within the Health Inequity Plan (2024-2029)
Uptake rates in routine vaccination programmes: % uptake in eligible cohort(s), gender, age, local authority area and SIMD (where data is available)	Develop and implement a pan-Grampian approach to supporting local joint strategic needs assessments to strengthen our approach to system wide population health planning including access to services
Infant Feeding - Breastfeeding: % of eligible mothers who are breastfeeding at discharge and at 6-8 weeks, presented to include age, local authority area and SIMD	Improve the effectiveness and sustainability of action to build healthy communities and embed community-centred ways of working within whole systems action to improve population health
Smoking cessation: Number of individuals who are referred for smoking cessation therapy and % who achieve smoking quit rates at 12 weeks, presented to include gender, age, local authority area, SIMD and information on smoking cessation in pregnancy	Deliver against the Joint Health Protection Plan to prevent, prepare for and respond to the risk of communicable diseases, infectious, chemicals and radiological environmental hazards and the effects of the climate emergency
Adult Weight Management Service Uptake and Outcomes	Develop and implement a plan for embedding primary, secondary and tertiary prevention within healthcare pathways
Participation rates for the Childsmile programme at Board level	Provide specialist Public Health input to support the National Mission on drugs to reduce deaths and improve lives
Waiting Well service target - service delivered to an additional 8,000 patients	Implement the Sexual Health and Blood Borne Virus Action Plan for Scotland across Grampian
	Contribute to reducing child poverty by delivering on key actions set out in the Child Poverty Action Plans
	Complete the child oral and dental health needs assessment, develop an action plan, and work with stakeholders to improve oral health and reduce oral health inequalities in Grampian.
	Set the foundation for the Putting People First including to proof-of-concept work e.g. Community Appointment Day approaches, developing staff skills and competencies to improve colleague and citizen engagement in addition to building an evidence base and development an infrastructure to make this a visible priority.

Audit and Risk Committee (Good Governance Indicators)			
Focus Area	Why Good Governance	Performance Indicator	Evidence
Review Internal Audit Progress Report	Effectiveness of system of internal control	% Planned IA reviews completed in year and rating	IA Annual Report - ARC & Governance Statement
Monitor progress with high risk recommendations	Responsiveness for addressing weaknesses	% of high risk internal audit management actions implemented within agreed timeframe	6 monthly report - ARC
Monitor progress with low and medium risk recommendations	Responsiveness for addressing weaknesses	% of low/medium risk internal audit management actions implemented within agreed timeframe	6 monthly report - ARC
Approve internal audit annual report	External verification of system of internal control	Receipt of an assured internal audit opinion	IA Annual Report - ARC & Governance Statement
Effectiveness of Internal Audit Function	External verification of system of internal control	5 yearly review has been completed with an assured opinion	ARC
Review external audit annual report	External verification of system of governance and control	Receipt of unmodified external audit opinion	EA Annual Report - ARC and Board
Review progress against Management actions identified in the external audit annual report	External verification of system of governance and control	% of management actions implemented within agreed timeframe	6 monthly report - ARC
Strategic risk register – status and progress update reflecting developing scope	System of monitoring and assurance in place	No of strategic risk with action plan and No of strategic risks where ARC receives assurance from sub-committees that action plan are being implemented	ARC report
Review assurance report from Compliance sub group	System of monitoring and assurance in place	% of non-compliance with action plan (Part 1) % of non-compliance with action plan and no of non-compliance where ARC receives assurance from compliance group that action plan are being implemented (Part 2)	6 monthly report - ARC

Clinical Governance Committee – Good Governance Indicators

Indicator Name
Number of significant adverse events reviewed and closed within timeline
Compliance with clinical audit programme (planned vs delivered) to be finalised
% of services reporting learning from adverse events in Board reports
Clinical quality dashboard compliance with key care bundles (e.g. sepsis, VTE)
Patient safety incident reporting rate (per 1000 occupied bed days)
Service-user experience reports (patient experience)
Rate of mortality reviews completed and actions reported to committee – to be finalised