

NHS Highland



Meeting: Highland Health and Social Care Committee

Meeting date: 6 November 2024

Title: Implementing the Blueprint for Good Governance Self-Assessment Findings

Responsible Executive: Chief Officer, Highland HSCP

Report Author: Ruth Daly, Board Secretary

1 Purpose

This is presented to Clinical Governance Committee for:

- Assurance

This report relates to a:

- Board Decision

This aligns to the following NHSScotland quality ambition(s):

- Effective

This report relates to the following Strategic Outcome(s)

Start Well		Thrive Well		Stay Well		Anchor Well	
Grow Well		Listen Well		Nurture Well		Plan Well	X
Care Well		Live Well		Respond Well	X	Treat Well	
Journey Well		Age Well		End Well		Value Well	
Perform well	X	Progress well	X				

2 Report summary

2.1 Situation

This report provides an update on the delivery of longer-term outstanding actions contained in the Board's agreed Blueprint for Good Governance Improvement Plan that are of relevance to the Highland Health and Social Care Committee.

2.2 Background

The Board approved its Blueprint Improvement Plan on 25 July 2023 and agreed that Governance Committees should provide informal oversight of progress and delivery of elements relevant to their functions.

The Board receives a six-monthly assurance report on progress against the elements of the Blueprint Improvement Plan and received its first full year review in July 2024.

2.3 Assessment

The Board's Blueprint for Good Governance Improvement Plan contains 17 actions of which nine have been completed and closed. Remaining actions have longer-term completion dates and have an organisation-wide focus.

The outstanding actions relating to this Committee's remit focus on quality of care. Feedback from a joint ACF and Board session in April 2024 has helped shape this workstream. Work is now underway to review how the organisation is working prior to introducing a quality framework through a measured and planned approach. Patient feedback and experience will be included in the framework dataset and the work is being benchmarked against the approaches other Boards have taken.

The appendix to this report details the progress that has been made for Committee members' information and oversight.

2.4 Proposed level of Assurance

Formal assurance reporting on delivery of the Blueprint for Good Governance Improvement Plan will be provided to the Board on a bi-annual basis. Board-level Assurance will be based on delivery against the whole plan. This report is being presented to the Committee for oversight purposes only and indicates the following level of assurance at this stage:

Substantial	<input type="checkbox"/>	Moderate	<input checked="" type="checkbox"/>
Limited	<input type="checkbox"/>	None	<input type="checkbox"/>

Comment on the level of assurance

Moderate assurance is offered to provide confidence that the actions are all being actively pursued and to reflect that on-going activity will be required to fully meet the objectives.

3. Impact Analysis

3.1 Quality/ Patient Care

3.2 Workforce

3.3 Financial

The provision of robust governance arrangements is key to NHS Highland delivering on its key objectives and to improving workforce, clinical and financial governance.

3.4 Risk Assessment/Management

A risk assessment has not been carried out for this paper.

3.5 Data Protection

N/A

3.6 Equality and Diversity, including health inequalities

There are no equality or diversity implications arising from this paper.

3.7 Other impacts

No other impacts

3.8 Communication, involvement, engagement and consultation

The proposals in the recommendation have been agreed by the Board on 25 July 2023 and discussed with all Board members.

3.9 Route to the Meeting

The subject of this report has been agreed by the Board in July 2023 with an annual review against progress considered at the Board in July 2024.

4 Recommendation

The Committee is asked to take assurance on the progress achieved with the Blueprint for Good Governance Improvement Plan actions that relate specifically to this Committee’s remit.

4.1 List of appendices

- Appendix 1 Extract Blueprint for Good Governance Improvement Plan 2023 actions relating to this Committee’s Terms of Reference as at November 2024.

DATE of MEETING	Exec Lead	Objective	Specific Action	Status Update - July 2024	Update November 2024
<p><u>Clinical Governance Cttee 7 Nov 2024</u></p> <p><u>HHSCC 6 November 2024</u></p>	<p>Nurse Director</p> <p>Medical Director</p>	<p>Establish and agree a plan to implement a Quality Framework arising from recent work undertaken with Amanda Croft.</p>	<p>Establish a clear definition, understanding and organisational prioritisation of quality that is underpinned by patient and colleague experience, and National Guidelines.</p>	<p>Boyd Peters 25/06/2024 - following the Board & ACF session, a summary note was created and the MD & ND will work with the professional leadership group (DMDs Assoc NDs AHPS etc) and also with the Exec Director Group to determine next steps. Sessions planned to occur through the summer months. The aim will be to embed quality in everything rather than to create a quality silo. Also to bear in mind the overlap between clinical governance and quality</p> <p>Louise Bussell and Boyd Peters 27.06.24 - The quality work to date and a proposed quality framework were presented and explored at the joint ACF and Board in April. The feedback from the session has helped shape the direction of our quality work. We have since had a session in May with clinical leaders in relation to this work and its relationship to clinical governance. We are now reviewing how we are already working across the Board prior to introducing the framework to ensure we are in a position to do this in a planned and measured way.</p> <p>The quality framework will be closely related to this work as patient feedback and experience is part of the rounded picture captured within the framework dataset. We have commenced a mapping exercise to understand where we are capturing patient experience effectively already, where we need to do more and where we do not have a route for feedback other than through formal processes such as complaints. This includes our position in relation to patient opinion. We are also exploring what approaches other Boards have taken.</p>	<p>Boyd Peters 23/10/2024:</p> <p>The Quality framework has been formulated into a paper which has gone to EDG and now will be shared with the professional leadership and ACF in October, and will come to Board members before taking out further to pilot in services.</p>
<p><u>Clinical Governance Cttee 7 Nov 2024</u></p> <p><u>HHSCC 6 November 2024</u></p>	<p>Nurse Director</p> <p>Medical Director</p>	<p>Ensure that patient feedback is consistently collected, effectively shared, responded to and utilised across all areas of the Board.</p>	<p>Ensure systems and processes are developed to improve in the collection, reporting and use of patient experience feedback across the Board</p>		<p>Boyd Peters 23/10/2024: We have further explored the expanded opportunities to use Care Opinion across the board area, and QR code feedback mechanisms as piloted in one department in acute with success. Further work will be needed and this will take time to mature.</p>