

NHS Highland



Meeting: NHS Highland Board

Meeting date: 30 July 2024

Title: Implementing the Blueprint for Good Governance Improvement Plan

Responsible Executive/Non-Executive: Sarah Compton Bishop, Board Chair

Report Author: Ruth Daly, Board Secretary

1 Purpose

This is presented to the Board for:

- Assurance

This report relates to a:

- Local policy

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 the Board with a progress update on delivery of the actions included in the Board's Blueprint for Good Governance Improvement Plan. The Plan was agreed by the Board in July 2023.

2.2 Background

From January to May 2023, the Board was engaged in a self-assessment of its governance against the terms of DL (2022)38, NHS Health Boards and Special Health Boards Blueprint for Good Governance, published in December 2022. The self-assessment involved a detailed survey against the Blueprint functions, and a series of Board development sessions culminating

in the agreement of the Board's Improvement Plan in July 2023. The Improvement Plan is a key element of implementing the arrangements of the NHS Scotland Blueprint for Good Governance.

The Board agreed in July 2023 that the ownership of the Plan would sit with the Board, with governance Committees having informal oversight of progress in delivering the improvement actions. Informal Committee oversight has taken place during the November 2023 and May 2024 cycles of Committee meetings.

2.3 Assessment

The key themes emerging from the self-assessment exercise were Performance, Finance and Best Value, Risk, Culture, Quality, Board members' development, SBAR development, and Engagement. **Appendix A** to this report provides the Board with an outline of progress on delivery of the whole Improvement Plan throughout the last year of implementation. There has been significant progress against all actions, however it must be recognised that several have long-term organisation-wide trajectories and will therefore continue beyond the first year of the plan.

The plan contains 17 actions in total of which nine are now proposed to be closed and marked as complete. The appendix to this report is the full Improvement Plan recording the intended outcomes of all the actions and all progress information. A colour coded system assists with assessment of progress.

The following provides brief commentary on actions with longer-term organisation-wide trajectories and on which significant progress has been made.

Risk

Reviewing and revising organisational controls in line with the risk appetite and cascading associated organisational training will be ongoing activity that will extend beyond the end of 2024.

Culture

Culture Oversight Group has made significant progress in initiating and pursuing all areas of its work. The group continues to oversee delivery of the leadership and culture framework on which good progress has been being made with a refreshed leadership and development programme now in place. Phase two has commenced with a focus on developing our learning system and considering cohort training for key groups of managers. Staff Engagement work is progressing and will be reported on late in 2024-2025.

The People and Culture Portfolio Board is now established with regular reporting to Area Partnership Forum and Staff Governance Committee.

Quality of Care

This area of work will extend beyond the lifespan of the Improvement Plan. 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 currently working prior to introducing a 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.

Assurance and future oversight

A substantial level of assurance is proposed for the progress made on the Improvement Plan. This is proposed on the basis that the Improvement Plan sits within a robust framework of control and agreed oversight, and significant progress has been evidenced against the actions. Actions

that will extend beyond the lifespan of the Improvement Plan will continue to be overseen by Governance Committees and the Board.

It is proposed, therefore, that governance Committees should continue to informally oversee the outstanding actions, all of which involve long-term activity with organisation-wide impacts. A further update on progress with these actions will be considered by the Board on a six-monthly basis.

Future evaluation against the Blueprint for Good Governance

The Blueprint sets out three levels of Board governance evaluation according to the following:

- Appraisal of Board Members' individual performance
- Self-assessment of the Board's effectiveness
- External review of the organisation's governance arrangement

Board Self-Assessment

The Blueprint for Good Governance states that NHS Boards should review their effectiveness and identify any new issues and concerns on an annual basis. Scottish Government have advised that Boards are likely to be invited to undertake the nationally administered self-evaluation survey in May 2025 and every other year thereafter. Boards will be asked to oversee and monitor progress against the resulting improvement plans in the intervening years. Further details on this arrangement will be provided to the Board once Scottish Government's intentions are finally determined.

In addition to the timetabled activities described above, ongoing consideration is given to the effectiveness of governance arrangements by the Executive team, Board Chair, Vice Chair and Committee Chairs. Recognising increasing pressures on the organisation and staff, and the need to efficiently scrutinise large quantities of information, the concept of 'Frugal Governance' offers an approach which supports the reduction of duplication and more efficient use of committee time. Following agreement at the January Committee Chairs meeting, further research will be carried out to identify which elements of frugal governance could be applied in NHS Highland to further enable delivery of our Governance Improvements Plan and uphold the standards as described in the Blueprint for Good Governance.

External Review

To enhance and validate the self-assessments, external evaluation of all NHS Boards' corporate governance arrangements will be undertaken in due course. Details of this will be shared with the Board once known.

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

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

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. However, the proposals will enable a more diverse range of skills and experience to be developed within the membership of the Board.

3.7 Other impacts

No other impacts

3.8 Communication, involvement, engagement and consultation

The proposals in the recommendation have been discussed and agreed with all the Board members.

3.9 Route to the Meeting

The subject of this report has built on the Blueprint Improvement plan agreed by the Board in July 2023 with a six-month update having been considered in January 2024 for assurance. Governance Committees provided informal oversight of the individual actions during November 2023 and May 2024. The report has been considered by the Board Chair, Vice Chair, Chief Executive, Deputy Chief Executive, and the Board Secretary.

4 Recommendation

The Board is asked to:

- (a) take **substantial assurance** from the report and Appendix A,
- (b) **note** that informal oversight of delivery of the improvement plan will continue to be undertaken by the Chairs Group and Governance Committees for outstanding longer-term actions during the November 2024 cycle of meetings, and
- (c) **note** that a further progress update will be submitted to the Board in January 2025.

4.1 List of appendices

- Appendix A – Excel Blueprint for Good Governance Improvement Plan 2023