

NHS Highland



Meeting: Highland Health and Social Care Committee

Meeting date: 7 May 2025

Title: Blueprint for Good Governance 6-Monthly Update – Implementing Self-Assessment Findings

Responsible Executive: Chief Officer, Highland HSCP

Report Author: Nathan Ware, Governance & Corporate Records Manager

Report Recommendation: The Committee is asked to note the content of the report and take assurance on the progress achieved with the Blueprint for Good Governance Improvement Plan actions that relate specifically to this Committee's remit.

1 Purpose

This is presented to the Committee for:

- Assurance

This report relates to a:

- Board Decision
- NHS Board/Integration Joint Board Strategy or Direction

This report will align to the following NHSScotland quality ambition(s):

Effective and Person Centred

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	All Well Themes			

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 had helped shape this workstream. Work was 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.

Further development of the Quality Framework/way forward was discussed at an EDG meeting in April 2025 through a paper. It was noted a quality lead post would be required to support next steps and once funding is finalised it would go out to advert.

Deputy Medical Directors & Associate Nurse Directors alongside AHP Leads would be among those involved in taking Quality forward.

The embedding of Care Opinion continues and the Board’s Clinical Governance Manager is supporting this work. There were more than 250 instances of Care Opinion being used for NHSH services over the past 12 months.

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	<div></div>	Moderate	<div>X</div>
Limited	<div></div>	None	<div></div>

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. A paper covering Quality has been presented to EDG in April 2025 with further updates.

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 of May 2025.

Appendix 1

DATE of MEETING	Exec Lead	Objective	Specific Action	Update for Update for November 2024 meeting	Update for Update for May 2025 meeting
<p><u>CGC</u> 7 March 2024 and 2 May 2024</p> <p><u>HHSC</u> 6 March 2023 and 8 May 2024</p>	<p>Nurse Director</p> <p>Medical Director</p>	Establish and agree a plan to implement a Quality Framework arising from recent work undertaken with Amanda Croft.	Establish a clear definition, understanding and organisational prioritisation of quality that is underpinned by patient and colleague experience, and National Guidelines.	<p>Boyd Peters 23/10/2024: 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>Boyd Peters: May 2025</p> <p>Further development of the Quality way forward came to EDG in a paper in April 2025 “A Quality Framework for NHHH 20-25”. A quality lead post is required to support next steps and once funding finalised will go to advert. Deputy Medical directors and Associate Nurse Directors & AHP leads among those who will be involved in taking Quality forward</p>

<p>CGC 7 March 2024 and 2 May 2024</p> <p>HHSC 6 March 2024 and 8 May 2025</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>	<p>Boyd Peters May 2025 - Embedding of Care Opinion continues, with the board’s Clinical Governance Manager supporting this work. There were more than 250 instances of Care Opinion being used wrt NHSH services in the past year.</p>
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