

Meeting: Board Meeting

Meeting date: 29 July 2025

Title: Board Blueprint for Good Governance Improvement Plan - Update

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

Report Author: Nathan Ware, Governance & Corporate Records Manager

Report Recommendation:

The Committee is asked to:

Take **Moderate Assurance** from this report, **Note** that informal oversight of progress delivery of the improvement plan continues to be undertaken by the Chairs group and Governance Committees and **Note** that 6-monthly updates are presented to Board for oversight.

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 six-month update on progress on delivery of the actions included in the Board's Blueprint for Good Governance Improvement Plan.

2.2 Background

Scottish Government's Blueprint for Good Governance v.2 (DL (2022) 38) was issued in December 2022. NHS Highland Board carried out a self-assessment against the provisions of the Blueprint and agreed an Improvement Plan in July 2023. Since this time, governance committees have maintained informal oversight of progress in delivering the improvement actions and the Board has received six monthly progress updates.

2.3 Assessment

While the primary implementation phase of the Improvement Plan was from July 2023 to July 2024, it was noted that some actions would extend beyond this timescale. Appropriate Governance Committees considered progress on the Improvement Plan in November 2024 and May 2025.

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.

The plan contained 17 actions in total of which 12 are now deemed complete. The remaining actions relate specifically to quality of care, and risk appetite and management. The activities identified to bring these actions to a closure will extend beyond the lifespan of the current Improvement Plan.

Highland Health and Social Care Committee (HHSCC) maintains oversight of the Quality of Care actions and Audit Committee maintain oversight of Risk Appetite and Management.

Quality of Care - HHSCC

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 has been an increase in the use of Care Opinion with more than 250 instances logged 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.

Risk Appetite and Management - Audit

The outstanding actions relating to this Committee's remit focus on 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.

1. **Board to reset is Risk Appetite:** The risk appetite work was completed and will be subject to review over time.
2. **Translation of revised risk appetite into workable processes for colleagues:** A board development session on risk appetite was held in March 2025 indicating next steps for incorporation of risk appetite into high-level risk register. Additionally, there is ongoing work in operational risk management including training in acute and development within the HSCP.
3. **Upskilling workforce in risk management knowledge & methodology:** A board development session on risk appetite was held in March 2025 indicating next steps for incorporation of risk appetite into high-level risk register. Additionally, there is ongoing work in operational risk management including training in acute and development within the HSCP. Acute services has appointed a lead for its Risk management and she is undertaking training with NHS Providers which will inform training of colleagues within the operational services. A risk workshop is being planned for 2025, at which training in risk management will be given to key staff within Acute. The switch from Datix to InPhase will be an opportunity to refresh risk systems. The appendix to this report now details the progress that has been made for Board members' information and oversight.

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

Scottish Government have advised they will contact Boards during 2025 regarding the timing of the next self-evaluation exercise. The Blueprint for Good Governance states that NHS Boards should review their effectiveness and identify any new and emerging issues and concerns on an annual basis.

A Head of Corporate Governance has started in post and ongoing consideration is being 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. Work is currently underway to identify how this concept can be applied in NHS Highland to 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 Boards' self-assessment, an 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 type="checkbox"/>	Moderate	<input checked="" type="checkbox"/>
Limited	<input type="checkbox"/>	None	<input type="checkbox"/>

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.

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. 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

Through appointed Governance Committees & Chairs Group Meetings with associated updates to Board.

3.9 Route to the Meeting

The subject of this report has built on the report presented to the Board in July 2023 and elements of the appendix have been considered by Governance Committees.

4 List of appendices

The following appendices are included with this report:

- Appendix 1 – HHSCC Blueprint for Good Governance Improvement Actions
- Appendix 2 – Audit Blueprint for Good Governance Improvement Actions

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>CGC 7 March 2024 and 2 May 2024</p> <p>HHSC 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 Further development of the Quality way forward came to EDG in a paper in April 2025 “A Quality Framework for NHH 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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Appendix 2

DATE of MEETING	Exec Lead	Objective	Specific Action	Update for July 2024 Board meeting	Update for May 2025 meeting
September Board Development Session	Medical Director	Board to reset its Risk Appetite	Board to refine the risk framework and refine the risk appetite statement in consultation with clinicians - to be brought back to a Board Development Session within 2023-24	Boyd Peters 25.06.2024 - complete - A session for the exec directors is planned now, late July.	Risk appetite work was completed and will be subject to regular review over time.
6 February 2024 and 21 May 2024	Medical Director	Translation of revised risk appetite into workable processes for colleagues	Review and revise organisational controls in line with revised risk appetite.	Boyd Peters 25.06.2024 - No change to the comments previously given.	Boyd Peters 14.04.2025 A board development session on risk appetite was held in March 2025 indicating next steps for incorporation of risk appetite into high-level risk register. Additionally there is ongoing work in operational risk management including training in acute and development within the HSCP.

6 February 2024 and 21 May 2024	Medical Director	Upskilling workforce in risk management knowledge and methodology	Devise and cascade organisational training to support and empower colleagues to take appropriate decisions flowing from the revised risk appetite.	<p>Boyd Peters 25.06.2024 - No change to the comments previously given.</p>	<p>Boyd Peters 14.04.2025 A board development session on risk appetite was held in March 2025 indicating next steps for incorporation of risk appetite into high-level risk register. Additionally there is ongoing work in operational risk management including training in acute and development within the HSCP.</p> <p>Acute services has appointed a lead for its Risk management and she is undertaking training with NHS Providers which will inform training of colleagues within the operational services. A risk workshop is being planned for 2025, at which training in risk management will be given to key staff within Acute.</p> <p>The switch from Datix to InPhase will be an opportunity to refresh risk systems.</p>
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