

Meeting:	Board Meeting
Meeting date:	27 th January 2026
Title:	Board Blueprint for Good Governance Improvement Plan - Update
Responsible Executive/Non-Executive:	Sarah Compton-Bishop, Board Chair
Report Author:	Nathan Ware, Deputy Head of Corporate Governance

Report Recommendation:

The Board is asked to:

Take **Substantial 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 6-monthly updates are presented to Board for oversight.

Note that a Board Development Session took place in November 2025 to begin reviewing and refreshing NHS Highland's approach to implementing the Blueprint for Good Governance.

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
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 and noted that a refreshed approach to implementing the guidance in the Blueprint for Good Governance may be useful.

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 originally 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.

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.

As part of refreshing the approach, the Board held a Development Session in November 2025 and discussed replacing the improvement plan taking cognisance of the ADP, OIP and likely movement around sub-national planning, it was agreed a list of actionable themes would be created and developed through smaller workshops.

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.

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.

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.

An Associate Director of Quality & Clinical Governance was appointed in December 2025 who will take this programme of work forward.

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 be a continuous programme of work.

- 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:** 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. The switch from Datix to InPhase is underway. 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 had advised they would contact Boards during 2025 regarding the timing of the next self-evaluation exercise, nothing has been received as the programme is under review. NHS Highland are being proactive and have held a Board Development Session in November 2025 to refresh its approach.

A Head of Corporate Governance and Deputy Head of Corporate Governance are 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 underway to identify how this concept can be applied in NHS Highland alongside a complete review of Governance arrangements to enable positive change.

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 checked="" type="checkbox"/> X	Moderate	<input 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 Board for oversight purposes only.

Substantial assurance is offered to provide confidence that the actions are all being actively pursued and to reflect that on-going activity is actively underway 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 2025 and elements of the appendix have previously been considered by Governance Committees.

4 List of appendices

The following appendices are included with this report:

- Appendix 1 – HSSCC & Audit Blueprint for Good Governance Improvement Actions

DATE of MEETING	Exec Lead	Operational Lead	Objective	Specific Action	Previous updates	Update for July 2024 Board meeting	Update for January 2026
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 28/09/2023 - Will occur during 2024 Boyd Peters 09/05/2024 - The timeline for this will run to the end of 2024, with no further update from the last Board Development session. The next step will be an exec director in group discussion, which is still awaited. No staff resource has been allocated to deliver the work, therefore, it will require action from the exec team. Expects the Exec Director Group to have further input.	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.	21.01.2026 Risk Management is now a regular item on Audit Committee's agenda and there has been a change in Exec Leadership for Risk to the Deputy CEO
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.	Boyd Peters 28/09/2023 - Will occur during 2024 Boyd Peters 09/05/2024 - The timeline for this will run to the end of 2024, with no further update from the last Board Development session. The next step will be an exec director in group discussion, which is still awaited. No staff resource has been allocated to deliver the work, therefore, it will require action from the exec team. Expects the Exec Director Group to have further input.	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. 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.	21.01.2026 Risk Management is now a regular item on Audit Committee's agenda and there has been a change in Exec Leadership for Risk to the Deputy CEO

Clinical Governance Committee and Highland Health and Social Care Committee

DATE of MEETING	Exec Lead	Operational Lead	Objective	Specific Action	Previous updates	Update for July 2024 Board meeting	Update for November 2024 meeting	Update for Board meeting
CGC <u>7 March 2024 and 2 May 2024</u>	Nurse Director		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>Louise Bussell - 15/09/2023 The outcome of the Quality review has been presented and discussed at the Area Clinical Forum and is due to be presented at the Area Medical Committee (3 October) and the NMAHP Advisory Group (28 September) as part of the development of a consensus on a Quality Framework. It is going to the psychology leads meeting on 12th October and the area pharmacy committee on the 23rd October. (Just need a date for social care).</p> <p>Louise Bussell 12/04/2024 There is a joint development session between ACF and the Board on 23rd April focussing on the proposed quality framework to consider if it is the best fit for the work required</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</p>	<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 NHSH 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>21.01.2026</p> <p>A new Associate Director of Quality & Clinical Governance has started in post and will take forward all associated outstanding actions in the improvement plan</p>

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.

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>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>Louise Bussell - 15/09/2023 Exploring approaches being utilised internally and externally in order to put forward recommendations for establishing consistent patient feedback.</p> <p>Louise Bussell 12/04/2025 This is going to be a longer term action as it requires considerable development work. Currently mapping out board position in order to establish a plan</p>	<p>Boyd Peters 25/06/2024 - no change to report</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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