

NHS Highland



Meeting: Health and Social Care Committee

Meeting date: 8 May 2024

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

Responsible Executive: Chief Officer, Community

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 actions contained in the Board's agreed Blueprint for Good Governance Improvement Plan 2023 that are of relevance to the Clinical Governance and Health and Social Care Committees.

2.2 Background

The Board agreed its Blueprint Improvement Plan on 25 July 2023 and that the relevant Governance Committees should oversee its progress and delivery.

In addition to Governance Committee oversight, the Board Secretary provides a formal six-monthly assurance report to the Board focussing on governance improvements as identified in the Blueprint Improvement Plan. The next Board-

level progress update is scheduled for the end of July 2024. Assurance rating will reflect delivery against agreed improvement actions.

2.3 Assessment

The Board has agreed that informal oversight of the progress of the improvement work is undertaken at relevant Governance Committee and Committee Chairs meetings.

The Board's Blueprint for Good Governance Improvement Plan contains 17 specific actions in total. Three of these commitments relate directly to the remit of both the Clinical Governance and Highland Health and Social Care Committee. Oversight of progress on the three specific actions is therefore being reported to both groups.

The appendix to this report now 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

Substantial assurance can be offered once the actions on the blueprint Improvement Plan have been completed. This report indicates that there is progress being made and hence the moderate assurance level.

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 on 25 July 2023.

4 Recommendation

The Committee is asked to take assurance on the progress achieved with the Blueprint for Good Governance Improvement Plan actions.

4.1 List of appendices

- Appendix 1 Extract Blueprint for Good Governance Improvement Plan 2023 actions relating to this Committee's Terms of Reference

DATE of MEETING	CLINICAL GOVERNANCE COMMITTEE & HHSCC				
	Exec Lead	Operational Lead	Objective	Specific Action	Status Update - 15/09/2023
HHSCC & Clinical Gov Cttees 1 and 2 Nov	Director of People & Culture, Medical Director, Chief Officer Community,	Head of Comms and Engagement	Embedding patient and community representation and feedback within the performance framework and governance structure	<p>Pilot increased publicity of Care Opinion</p> <p>Pilot in Community services and decision made on whether or not to expand Care Opinion to Community services.</p> <p>Report on learnings from pilots to HHSCC and CGC in November as part of Community Engagement reporting and capture Highland HSCP assessment of the Engagement Framework's progress as part of this.</p>	<p>Pilots going well with measurable increase in stories being received and responded to. New services seeking to join the pilot.</p> <p>Work ongoing between Strategy and Transformation and Communications and Engagement teams to embed engagement and feedback into planning and redesign protocols.</p> <p>HHSCC and CGC report being considered at November meetings.</p> <p>Highland 100 panel contact details being collated and first survey drafted.</p>
HHSCC & Clinical Gov Cttees 6 and 7 March 2024	Nurse Director Medical 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.	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 and the NMAHP Advisory Group as part of the development of a consensus on a Quality Framework.

<p>HHSC & Clinical Gov Cttees</p> <p>6 and 7 March 2024</p>	<p>Nurse Director 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 to put forward recommendations for establishing consistent patient feedback.</p>
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