NHS Highland

Meeting:	**NHS Highland Board**
Meeting date:	**30 January 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 six-month update on progress on delivery of the actions included in the Board's Blueprint for Good Governance Improvement Plan.

It identifies the next steps and future activities, and provides assurance as to progress against the plan.

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.

It was agreed in July that governance committees would have informal oversight of progress in delivering the improvement actions while the ownership of the Plan sits with the Board. There has been informal oversight of progress during the November and December 2023 cycle of governance committee meetings. This report provides the Board with its first six monthly progress update on the whole Improvement Plan.

2.3 Assessment

The primary implementation phase of the Improvement Plan spans from July 2023 to July 2024, and it is noted that some actions will be ongoing beyond this timescale. The key themes emerging from the self-assessment exercise were as follows: Performance, Finance and Best Value, Risk, Culture, Quality, Board Members development, SBAR development, and Engagement. These themes have formed the structure of the Improvement Plan.

The plan contains 17 actions in total of which 12 were allocated a target timeframe of 31 December 2023, with the remainder being expected to be initiated by July 2024. Eight of the actions with a December 2023 target have been graded as complete, and significant progress has been made against the remaining four.

Appendix A to this report is the full Improvement Plan which records all progress information, as well as the intended outcomes of all the improvement actions. A colour coded system assists with assessment of progress.

The following information shows the objectives and specific actions included in the Plan with commentary detailing progress made over the last six months.

Performance

	Objective	Specific Action
1	Performance reporting to triangulate with other NHS Highland data, including patient experience, using trajectories, trends, and benchmarking with other Boards & systems,	Data in IPQR to include wider in-house data to assist with triangulation and to refer to any live critical issues facing NHS Highland. IPQR also to include description of trends, trajectories, and benchmark with other Boards.
2	IPQR to make explicit linkage with quality of care and outcomes.	Incorporate patient experience into IPQR with explicit reference to care and outcomes.

Action 1
All data now has national benchmarking and a clearer description of progress made and work still to complete with timescales. All areas have trajectories where agreed, and once integrated service planning is complete this will improve further. Benchmarking is available on all pages of the integrated Performance and Quality Report. This action is now **Complete**.

Action 2
This action has a July 2024 timeframe. The Head of Strategy and Transformation has agreed a test of change to be used for the March FRP Committee IPQR relating to cancer and radiology where care opinion and QPIs are embedded. This pilot will be reviewed to expand to other areas once the test of change has been approved.

Finance and Best Value

	Objective	Specific Action
3	Creation of a framework for business change/service redesign to evidence the value of expenditure with links to ADP & finance.	Review proforma for approval of business cases, evolve a checklist to ensure good decisions and best value for the wider organisation. Best Value to be based on Realistic Medicine definition.

4	Advisory Boards to inform and be part of the decision-making process for business change	ACF and APF will hold discussions at their meetings in early 2024 on processes for business change and engagement with the Advisory Boards.

Action 3
Work is ongoing and the intention is to align the financial planning, performance, and workforce planning for 24/25 budget setting.

Action 4
Both Area Clinical and Area Partnership Forums will hold discussions at meetings in early 2024 on how we provide assurance to APF and ACF that there is staffside and professional representation built into the strategic change programmes. This action has now been marked as **Complete**.

Risk

	Objective	**Specific Action**
5	Board to reset its Risk Appetite	Board to refine the risk framework and the risk appetite statement in consultation with clinicians - to be brought back to a Board Development Session within 2023-24.
6	Audit Committee to include oversight of the risk process within its ToR	This is already in place.
7	Translation of revised risk appetite into workable processes for colleagues	Review and revise organisational controls in line with revised risk appetite.
8	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.

Action 5
The Board's risk system and appetite were discussed at Board briefing sessions in April and September 2023 and the Board agreed its risk appetite statement on 28 November 2023. The next phase will entail using the risk appetite within the strategic and operational parts of the organisation, will occur throughout 2024. This action has now been marked as **Complete**.

Action 6
The Audit Committee Terms of Reference specifically includes oversight of the risk process. The ToR is included in the Board's Code of Corporate Governance which undergoes an annual review and will be presented to the Board again in March 2024. This Action is now **Complete**.

Actions 7 and 8
Translation of the risk appetite into workable processes and upskilling the workforce in risk management will take place going forward in 2024. Future updates will include progress on these significant areas of work.

Culture

	Objective	**Specific Action**
9	Clear thread of organisational culture/ethos between front line teams and the Board. Ensure a broader systemic overview of the organisation's ethos incorporating quality, safety and practitioner outcomes with links to the performance framework. Clarity of how this is reflected in the work of governance committees with distinct reference within SBARs.	Fulfilment of the intentions of the ADP for People and Culture.
10	Reframe and transition of the organisational culture/ethos with	Paper to Staff Governance Committee in September 2023 initiating the following:

	emphasis on learning and development throughout the performance framework.	• Focus on developing confidence and capability of management colleagues through a review of the leadership and management programmes. • Head of OD to draft a localised proposal on an established nationwide approach to assist colleagues to address staffing matters outwith formal processes and build a proposal over next 3-5 years. • Training in compassionate leadership and embrace 'Civility' work undertaken by Director of Medical Education, with colleague engagement and input. • Reestablishment and refresh of Partnership working to maximise the reach of the Area Partnership Forum in terms of employee engagement. • Revision of People Processes • Culture Oversight Group reinstatement
11	Ensure engagement and communication with staff fits within the governance structure	Clarify where staff engagement sits within People and Culture. Clarify permanent ongoing resource and expectations. Establish appropriate process for reporting. Compliance with Staff Governance Standard through Staff Governance Committee and in collaboration with Area Partnership Forum on a yearly basis.

Action 9
A refreshed leadership and culture framework has been discussed with the Cultural Oversight Group, including proposals to strengthen our approach to leadership development and a learning system to support wider engagement with staff and leaders in practising compassionate care. This has also progressed through the Area Partnership Forum, Staff Governance Committee and an update provided to the Board.

The Medical and Nurse Directors are progressing discussions with stakeholders in relation to the externally commissioned review of our approach to quality. This will develop consensus on next steps for evolving our approach to quality.

Action 10
Cultural Oversight Group Terms of Reference have been reviewed and the group has been re-established and refreshed.

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A programme of improvement has been established focussed on key people processes starting with recruitment. Further workstreams will be added relating to payroll and job evaluation.

Significant work has already been undertaken to enhance awareness and understanding of partnership working.

Action 11
Proposal are being developed on our approach to staff engagement building on work already undertaken to establish new methods such as listening and learning panels.

In terms of future activity, a paper has been considered by the Culture Oversight Group proposing a 'deep dive' over the course of 2024.

Quality of Care

	Objective	Specific Action
12	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.
13	Ensure that patient feedback is consistently collected, effectively shared, responded to and utilised across all areas of the Board.	Ensure systems and processes are developed to improve in the collection, reporting and use of patient experience feedback across the Board

Action 12
The outcome of the Quality review has been presented and discussed at the Area Clinical Forum, the Area Medical Committee, NMAHP Advisory Group, Psychology Leads group, and the Area Pharmacy Committee as part of the development of a consensus on a Quality Framework.

Action 13
The approaches to collect, report and use patient experience feedback, both internally and externally, is currently being explored so that recommendations can be made to establish a consistent patient feedback approach.

Board Members development

	Objective	Specific Action
14	Training for members to enhance skills in challenge and scrutiny, particularly relating to how the board works effectively in the strategic areas.	Non-Executive training plan to be developed to address training needs identified from Non-Executive appraisals and succession plan. A workshop to be held to understand the current skill-sets and skills gap, particularly relating to scrutiny and challenge. Further training to be arranged to meet any skills gaps.

Action 14
Discussions held with NHS NES colleagues to deliver bespoke training for Board members using current reports and scenario workshops. A detailed programme for the training is being prepared with a view to it being undertaken at the March 2024 Board Development Session. This session will also include colleagues from NHS England National Team for Intensive Support 'Making Data Count'. An updated succession plan for Non Executives was created to support the Board appointments in December 2023 and will be supplemented going forward with personal development needs arising from appraisals. This action is now **complete**.

SBAR development

	Objective	Specific Action
15	Improvements to SBAR contents with clear evidence of assurance being offered to improve the Board's assurance and scrutiny role.	Report writers to record how to lift assurance to substantial within SBAR format. Further training and guidance to report authors.
16	Improvements to use of assurance maturity matrix within Committee and Board meetings	Committee Chairs to use the assurance matrix to retain better oversight of business that has less than substantial assurance. Chairs to ensure Committees take an active and deliberate focus on the level of assurance during agenda preparation and during Committee meetings.

Action 15
There have been significant improvements noted in SBAR reporting with authors now being expected to provide commentary on the measures necessary to lift assurance levels. Report writer training and resource materials have been updated and refresher training sessions will be offered to regular report writers before the end of the financial year. This action has been marked as **Complete**.

Action 16

Committee Chairs have refreshed their awareness of applying the assurance matrix and on that basis the action is marked as **Complete**.

Engagement

	Objective	Specific Action
17	Embedding patient and community representation and feedback within the performance framework and governance structure	• Pilot increased publicity of Care Opinion • Pilot in Community services and decision made on whether to expand Care Opinion to Community services • 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. • Continue Highland 100 panel recruitment - ongoing to end of 2023/24 - and send out first survey by December 2023

Action 17

Pilots have been progressing well with a measurable increase in stories being received and responded to. There have been additional services seeking to join the pilot.

On embedding patient and community representation, the Care Opinion pilot is complete, and work is currently taking place on the final report. Management of Care Opinion will revert to the Feedback Team.

Work is ongoing between Strategy and Transformation, and Communications and Engagement teams to embed engagement and feedback into planning and redesign protocols.

A report on the engagement framework was considered at both Highland Health and Social Care and Clinical Governance Committees in November.

The Highland 100 panel contact details are being collated and the first survey is due to go out in January 2024.

This action has been marked as **complete** as the only remaining elements are to finalise and circulate the Care Opinion pilot report and to send out the first Highland 100 survey, both of which are in hand.

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 and emerging issues and concerns on an annual basis. Recent advice from NHS NES is that the full self-evaluation survey should be undertaken every two years, with reviews against Improvement Plans being undertaken in alternate years.

The findings of Committee Self Assessments undertaken in November and December 2023 will, if appropriate, be included in the Plan and a further progress update reported to the Board on 30 July 2024. Governance Committees will maintain informal oversight of further progress during the May 2024 cycle of meetings.

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 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	x	Moderate	
Limited		None	

A substantial level of assurance is proposed on two counts: the Improvement Plan's progress sits within a robust framework of control to ensure that its improvement actions and objectives can be achieved, and significant progress has been evidenced against the agreed actions.

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 report presented to the Board in July 2023 and elements of the appendix have been considered by Governance Committees during November and December 2023 to oversee progress. 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 progress of delivery of the improvement plan will be undertaken by the Chairs Group and Governance Committees in May 2024, and
(c) **note** that a further progress update will be submitted to the Board in July 2024.

4.1 List of appendices

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