

NHS Ayrshire & Arran



Meeting:	Ayrshire and Arran NHS Board
Meeting date:	Tuesday 26 March 2024
Title:	Blueprint for Good Governance – Board improvement plan
Responsible Director:	Claire Burden, Chief Executive
Report Author:	Shona McCulloch, Head of Corporate Governance

1. Purpose

This is presented to the Committee for:

- Decision

This paper relates to:

- Government policy/directive
- Local policy

This aligns to the following NHSScotland quality ambition(s) of:

- Effective

2. Report summary

2.1 Situation

This paper presents the draft improvement plan of high level actions identified at the Board development session arising from the Blueprint for Good Governance self-assessment survey. The high level improvement plan identifies areas where the Board will address issues to demonstrate alignment with the Blueprint for Good Governance. The improvement plan is presented for Board approval prior to submission to Scottish Government.

2.2 Background

On 22 December 2022 the Scottish Government circular [DL\(2022\)38](#) published the second edition of the [Blueprint for Good Governance](#). This is a revised version of the Blueprint originally published in 2019 that shares the latest thinking on healthcare governance.

The Blueprint sets out the need for Boards to have a consistent and systematic approach to assessing their current governance arrangements and identifying any new and emerging issues or concerns. A key part of this is a Board self-assessment survey which focuses on how effective boards are against the Blueprint model in relation to the functions, enablers, delivery approaches and evaluation.

A national self-assessment process was progressed through Scottish Government who provided the survey and managed the results process.

All Boards agreed an independent facilitator to support the session with the offer of support from the NES Board Development team if required. For NHS Ayrshire & Arran the Chief Executive and Board Chair agreed for Professor Hazel Borland to facilitate the NHS Board Development Session. Professor Borland was previously the Nurse Director at NHS Ayrshire & Arran and had supported a governance review at NHS Forth Valley. Professor Borland is currently supporting the Board as the Covid inquiries clinical lead and agreed to support the Board in facilitating the development session.

2.3 Assessment

The NHS Ayrshire & Arran Board self-assessment survey was undertaken through November 2023 and issued to all Board Members including the Executive Team and Directors/Senior Managers who normally attend Board meetings. The survey replies were anonymous. 24 out of 26 (92%) members completed the survey.

The high level survey results were sent by Scottish Government to the Board Chair and Head of Corporate Governance, with a detailed breakdown of results data provided only to the independent facilitator Prof Borland to enable evaluation of the data and help the Board understand potential areas for improvement.

As part of the evaluation process, an in-person Board Development Session was held to review the results of the survey and to inform an improvement plan using the template provided by Scottish Government. This to be completed and signed off by the Board and then shared with the Board Governance and Appointments Team and NES Board Development Team by the end of the financial year 2024.

The NHS Ayrshire & Arran board development session took place on Thursday 11 January 2024. This was a face to face session at University Hospital Ayr. The aims of the session were to:

1. Consider the results of the self-assessment survey and what this means for the Board
2. Identify strengths and development needs
3. Agree Improvement Plan and actions

At the session members were split into two groups and asked:

- What three areas of governance are working well in the Board and why?
- What are your three priority areas for improving governance in the Board and why?

The results showed a number of areas of strength across the board and it is important to note that there were no “inadequate” responses received across the range of questions answered (54 questions). When discussing the areas of governance working well in the Board and Why, the two groups identified:

- Risk processes - assessing risk appetite, the risk tolerance and the process behind this.
- Our Committee & Governance structure, the use of Work Plans and robust Terms of Reference
- The board deals well with challenges and as an organisation is flexible to adapt to changes/challenges internally and externally to meet quickly changing plans, timelines and deadlines.
- Evaluation – there were no concerns and Members were assured by our processes which includes annual reporting and self-assessment by governance committees
- Population Health and needs

In considering why these areas work well Members commented that small groups manage these processes with forward planning, dedicated space and time for discussion with the right people, which enables a quality outcome.

In determining priority areas for improvement the two groups focused on specific questions where the results had three or more weak responses to aid focus for areas of improvement. From the output of the two groups, Members agreed six priority areas for the Board improvement plan which could be delivered in the next year. The priority areas could be summarised as:

- ✚ Provide improved, clear, information to members to enable Board's involvement to shape and influence strategy in order to set direction of travel and ambitions
- ✚ Improve the detail to Members on our Financial controls and hence improve assurance
- ✚ Improve communication with our communities to generate better public confidence, understanding and trust
- ✚ Generate more/better visibility of Board, its business and ambitions to improve health across our communities to encourage interest in workforce and Board member recruitment from diverse groups.
- ✚ Consider how we can resolve any barriers to the Non-Executive application process for key groups of our communities.
- ✚ Strengthen greater understanding of finance risks, controls and mitigation to improve assurance to board and enable more constructive scrutiny

It was agreed that the Chairs of Performance Governance, Healthcare Governance and Audit and Risk Committees who were in attendance at the session, and the Head of Corporate Governance would develop a draft plan and populate the template for discussion at Integrated Governance Committee on 12 February. At this meeting Integrated Governance Committee members supported the high level plan being developed.

There has been a further review and discussion on the high level actions and the final draft of the improvement plan is provided at Appendix 1. More detailed underlying actions will be agreed to deliver the improvement plan and this will include input and support from executive leads and our board members as this work develops.

It is proposed that the Board delegate monitoring of delivery of the plan and evidence of action taken to the Audit and Risk Committee, as Audit and Risk Committee hold the remit for Corporate Governance assurance.

2.3.3 Quality/patient care

Taking forward actions in the plan will ensure the quality of our governance practice which supports the effective delivery of services across the organisation.

2.3.4 Workforce

There is no impact on workforce in delivering the improvement plan or from the improvements identified.

2.3.5 Financial

There is no financial impact in delivering the improvement plan or from the improvements identified.

2.3.6 Risk assessment/management

Not delivering on the agreed improvements would present a risk to compliance with the national Blueprint for Good Governance.

2.3.7 Equality and diversity, including health inequalities

An impact assessment is not required to support the discussions on progress. If an assessment is required to deliver areas of the improvement plan this will be completed.

2.3.8 Other impacts

- Best value - the focus on corporate governance improvement strengthens the organisations corporate governance arrangements and delivers best value in all areas.
- Compliance with Corporate Objectives - The recommendations will deliver improvements to the organisation's corporate governance arrangements and system of internal control

2.3.9 Communication, involvement, engagement and consultation

There is no requirement for formal consultation. Board Members were involved in completing the survey and developing the high level priorities at the in-person development session. The Governance Committee Chairs noted above were involved in developing the plan to the final draft stage. The final draft has been discussed and agreed with the Chief Executive and Board Chair and those assigned as Leads.

2.3.10 Route to the meeting

The draft high level improvement plan was discussed and supported at the Integrated Governance Committee on 12 February.

2.4 Recommendation

For decision. Board Members are asked to approve the improvement plan for submission to Scottish Government and to agree that monitoring of delivery will be delegated to Audit and Risk Committee. Members to note that underlying actions are being developed to support delivery of the high level improvements.

3. List of appendices

Appendix 1 – Draft Board Improvement plan.

D R A F T NHS Ayrshire & Arran Board Improvement Plan

Updated: 19/03/24

Appendix 1

Action No	Priority Area	Blueprint Function	High level Action	Interdependency	Lead	Timeline	Status	intended good governance outcome
1	Set the direction	Functions	Improved information to support financial and delivery plan decision making. Ensure Members have access to clear data/information and have opportunity at an early stage to influence strategy in order to set direction of travel and ambitions (revenue and capital planning, Caring for Ayrshire).		Director of Transformation - Kirsti Dickson / Non-Executive Member - Linda Semple	31/03/2025		Members feel more involved in setting the direction
2	Hold to account / Manage risk	Functions	Improved scrutiny and assurance. Support Members to hold the executive to account by providing improved information on the financial controls - financial performance and delivery and mitigation of financial risks. Provide assurance with clear improvement actions to deliver the agreed financial position and link this to Best Value principles		Director of Finance - Derek Lindsay / Non-Executive Member - Sheila Cowan	31/03/2025		Members can hold the executive to account and apply scrutiny at Governance Committees and Board
3	Engage Stakeholders	Functions	Improved public perception and engagement with stakeholders through improved communication with our communities to generate better public confidence, understanding and trust.	Links to how we improve visibility of our board and our ambitions to seek to increase diversity and equality in our Board	Chief Executive - Claire Burden / Board Chair - Lesley Bowie	31/03/2025		Effective stakeholder engagement to maintain public confidence in NHSAA as a public body
4	Diversity Skills Experience	Enablers	Stimulate interest in joining the Board (and the organisation) from our communities and diverse groups, when vacancies are advertised with improved visibility of the Board, its business and ambition to improve health outcomes across our communities.	Links with how we improve our engagement with communities to generate better public confidence	Chief Executive- Claire Burden / Board Chair - Lesley Bowie	31/03/2025		That NHSAA has the necessary diversity, skills and experience at Board level
5	Diversity Skills Experience	Enablers	Seek to engage with Public Appointments team for any possibilities to shape and resolve any barriers to the Non-Executive Member application process for key groups of our communities.	Dependent on National public appointment process.	Head of Corporate Governance -Shona McCulloch / Board Chair - Lesley Bowie	31/03/2025		That NHSAA has the necessary diversity, skills and experience at Board level
6	Assurance Framework	Delivery	Improve assurance to Board by strengthening greater understanding of risks, how these are being mitigated and how they triangulate with different sources of assurance information such as performance and quality reports and benchmarking across NHSScotland in order provide assurance and enable more constructive scrutiny.		Chief Executive - Claire Burden / Non-Executive Member - Jean Ford	31/03/2025		Improved visibility to Board of assurance pathways and information to identify and resolve any gaps in control and assurance