

NHS Ayrshire & Arran



Meeting: Ayrshire and Arran NHS Board

Meeting date: Monday 2 June 2025

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 an update on the Board improvement plan and actions identified at the Board development session on the Blueprint for Good Governance self-assessment survey. The NHS Board approved the improvement plan on 26 March 2024 and it was subsequently submitted to Scottish Government.

The update is presented to Board for discussion and assurance on actions completed and the move to business as usual. Board members are asked to agree sign off of the plan as complete.

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 revised version of the Blueprint originally published in 2019 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.

The NHS Ayrshire & Arran Board self-assessment survey was completed in November 2023. A board development session, facilitated by Professor Hazel Borland, took place on Thursday 11 January 2024. The session reviewed the survey outcomes and data which highlighted potential areas of improvement. At the session Members agreed our high-level improvement areas where the Board would address improvements and/or change to demonstrate alignment with the Blueprint for Good Governance.

These outcomes were developed into a plan by a small group of Governance Committee Chairs and the Head of Corporate Governance and discussed at Integrated Governance Committee on 12 February 2024. The NHS Board approved the improvement plan at March 2024 Board meeting, where it was agreed that monitoring of delivery and completion of the plan would be through Audit and Risk Committee. An information update was provided to Integrated Governance on 25 July 2024 and remitted future reporting to Audit and Risk Committee.

Audit and Risk Committee discussed the report at meetings on 27 September 2024 and 15 May 2025 and were assured by progress reported.

2.3 Assessment

The improvement plan approved by the NHS Board set out six high level improvement actions assigned to an appropriate Director/Executive Lead and Non-Executive Member to consider and identify what was needed to deliver these.

The improvement plan update has been informed by discussions at Audit and Risk and with the Audit and Risk Committee Chair. This reflects that actions link closely with wider areas of work across the organisation including our whole system plan, reporting on our financial position and the linkages with our strategic risks and best value. There are also linkages to national work, for example on anti-racism for which Claire Burden, Chief Executive is a member of a Scottish Government Anti-Racism Group.

The improvement plan reflects the improvement identified, with a separate column to show the action agreed. The column on Contributions to Improvement is to show clearly the specific improvements related to the plan, mapping how actions are grouped together to reflect links and cross over in improvement actions. Action 1, 2 and 6 are grouped and Actions 3, 4, 5 are grouped.

The Board Chair, Vice Chair and Head of Corporate Governance reviewed the action plan and updated progress to reflect the current position. The plan identifies that actions are complete and will roll into business as usual as they deliver and be subject to continuous improvement to meet business requirements.

Delivery of actions/improvements themselves cannot automatically be regarded as effective delivery as Board members will be required to assess whether the intended good governance outcome has been achieved. This assessment will be delivered

through the next Board self-assessment process which is expected in 2025/26. The self-assessment is a national process.

Appendix 1 shows the updated plan with progress as at end March 2025.

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. Governance Committee Chairs discussed the plan as this developed at Integrated Governance Committee on 12 February. The NHS Board approved the plan on 26 March.

The Chair of Audit and Risk Committee was consulted and has supported development of the plan. The Board Chair and Vice Chair reviewed the plan and agreed the update provided for the position at end March 2025, which was discussed at Audit and Risk Committee who confirmed they were assured by progress.

2.3.10 Route to the meeting

Previous versions of the plan were discussed at Integrated Governance Committee on 25 July and Audit and Risk Committee on 27 September 2024. This version of the plan has been discussed at Audit and Risk Committee on 15 May 2025 prior to submission to the Board.

2.4 Recommendation

For decision. To discuss progress with the Board's improvement plan towards delivery of identified actions and confirm assurance with actions completed and moving to business as usual. To agree the plan as complete on this basis.

3. List of appendices

Appendix 1 – Board Improvement plan as at end March 2025

Following identification of the improvements/actions contained in this plan it became clear that there was a high level of overlap in delivery (e.g. being engaged at an earlier stage will enable right level of information to be provided for scrutiny and ensure risks are identified and managed). Multiple deliverables will contribute to an overall successful outcome. Actions have therefore been put into 2 groups with high level detail of actions/improvement recorded against these. All actions/improvements have progressed to completion by 31/3/2025 and will roll into business as usual as they deliver and be subject to continuous improvement to meet business requirements.

Delivery of actions/improvements themselves cannot automatically be regarded as effective delivery as Board members will be required to assess whether the intended good governance outcome has been achieved. This assessment will be delivered through the next Board self-assessment process which is expected in 2025/26. The self-assessment is a national process.

| Action No | Blueprint Priority Area | Blueprint Function | Improvement identified | Action | Interdependency | Lead | Timeline | Intended good governance outcome | Actions/ improvements delivered | Actions/ improvements to follow | Complete Yes/No |
|-----------|-------------------------------|--------------------|--|---|-----------------|---|------------|---|---|---|-----------------|
| 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) | As Whole System Plan (CfA) is developed ensure workshop with Board as soon as the information can be shared | Action 2,6 | Director of T&S - Kirsti Dickson Non-Executive - Linda Semple | 31/03/2025 | Members feel more involved in setting the direction | <p>Planning</p> <p>Board Workshop on whole system plan (WSP) 29/10/24. The annual planning Board workshop process will continue and will include content related to national planning requirements, including for example, whole system plan, financial plan, improvement plan, business continuity plan, workforce.</p> <p>Agreed timescales from workshop to Board approval in Dec 24/Jan 25 prior to SG Submission by 31 Jan 25 and repeating annually.</p> <p>CfA future updates will be embedded into WSP process.</p> <p>Annual processes for Revenue and Delivery Plans already exist and will continue.</p> <p>The Board, Governance Committees and the subcommittees reporting all have interlinked work plans.</p> | A Board workshop is planned for later in 2025 to enable a stocktake of the financial and delivery plan position. This will enable a "look back and look forward" in regard to financial position and delivery planning. This is included on the board workshop plan for 2025/26 which will be agreed with the Board Chair/Chief Executive, as business as usual planning. | Yes |
| 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 | FMR to be reviewed and improved - action from Caroline Lamb to Board Chair. FMR SLWG convened to deliver recommendations to Board Chair/CE/DoF. | Action 1,6 | Director of Finance - Derek Lindsay Non-Executive - Sheila Cowan | 31/03/2025 | Members can hold the executive to account and apply scrutiny at Governance Committees and Board | <p>Reporting</p> <p>FMR SLWG review completed and new format FMR in place for CMT, PGC and Board from Aug-2024 and being refined on ongoing basis to meet business requirements.</p> <p>CRES reporting initial enhancements delivered Q2 and being refined as work with Viridian progresses.</p> <p>Performance Reporting (including against ADP) being refined on ongoing basis</p> <p>Internal Audit on CRES process (rated red) will inform improvements alongside Viridian work</p> | | |

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|-----------|-----------------------------|--------------------|---|---|--|--|------------|--|---|--|-----------------|
| 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 NHS Scotland in order provide assurance and enable more constructive scrutiny. | Improvement to Risk templates and assurance information to Members on mitigations actions for strategic risks and links to our performance | Action 1,2 | Chief Executive - Claire Burden Non-Executive - Jean Ford | 31/03/2025 | Improved visibility to Board of assurance pathways and information to identify and resolve any gaps in control and assurance | <p>Improved governance in financial/ performance scrutiny with PGC-Light meetings scheduled to ensure performance and financial data is scrutinised prior to discussion at Board.</p> <p>Risk Strategic Risk Reporting is being enhanced to ensure sufficient information is available in relation to controls and actions to enable better understanding challenge to take place.</p> <p>Internal Audit of Risk Management (rated yellow) completed and implementation of actions will further enhance report content.</p> <p>Risk Management board workshop took place 20 August 2024. These are planned every two years in accordance with the Risk Management Strategy. If required, additional workshops would be held, for example, to consider proposals to develop the risk appetite statement.</p> <p>Agreement to review and develop our current risk appetite statement in the next year.</p> | | |
| 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. | Explain our current wide-ranging engagement with stakeholders for Board awareness. Provide reassurance on future plans for CFA/WSP engagement. | Links to 4. 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/Interim - Lesley Bowie/Linda Sample | 31/03/2025 | Effective stakeholder engagement to maintain public confidence in NHSAA as a public body | <p>Annual Equality mainstreaming report to Board with included equality outcomes - March 2025</p> <p>Community Wealth Building programme reports annually to Board</p> <p>Continued focus on parliamentary engagement through enquiries and regular offer of meetings with CE and Chair</p> <p>Improved engagement meeting with SG for Non-Executive vacancies to ensure role specification and forms are understandable and clear.</p> | <p>Specific engagement plans will be developed for WSP/CFA programmes of work as required following WSP approval by SG - 2025</p> <p>Development of organisational anti-racism plan from March 2025</p> <p>The Board Chair has agreed with CE that these actions sit within the operational space and moved to business as usual and will report through existing governance structures.</p> | Yes |
| 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. | See Action No5 below. Update Board on local work on equality, diversity and inclusion. Awareness of board skills/experience framework. Future board workshop | Links with 3. how we improve our engagement with communities to generate better public confidence | Chief Executive - Claire Burden Board Chair/Interim - Lesley Bowie/Linda Sample | 31/03/2025 | That NHSAA has the necessary diversity, skills and experience at Board level | <p>Non-Exec Vacancy process now includes online information sessions with Board Chair. (first session attracted approx. 40 attendees).</p> <p>Nationally, Board Chairs' portfolio group working with Public Appointments unit as a priority to review national appointment process.</p> <p>Board development/workshop plan includes a session on equalities/diversity and inclusion, date tbc.</p> | | |
| 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. | Vacancy process update and engagement with SG. Make Board aware of the comms/engagement plan for vacancy advertising. Expand our comms where possible | Dependent on National public appointment process. | Head of Corporate Governance - Shona McCulloch / Board Chair/interim - Lesley Bowie/Linda Sample | 31/03/2025 | That NHSAA has the necessary diversity, skills and experience at Board level | <p>Ensuring all mandated Equality and Diversity Turas modules are completed - being managed through Non-Execs appraisal process.</p> | | |