

NHS Shetland

Meeting:	Shetland NHS Board
Meeting date:	16 December 2025
Agenda reference:	Board Paper 2025/26/46
Title:	Blueprint Improvement Action Plan Update
Responsible Executive/Non-Executive:	Gary Robinson, Chair of the Board, NHS Shetland
Report Author:	Carolyn Hand, Corporate Services Manager

1 Purpose

This is presented to the Board for:

- Assurance and noting

This report relates to:

- Local and national policy

This aligns to the following NHSScotland quality ambitions:

- Safe
- Effective

2 Report summary

2.1 Situation

The report provides an update on progress of the delivery of the actions included in the Board's Blueprint for Good Governance Improvement Action Plan.

2.2 Background

In November 2023 the Board 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 which was published in December 2022. The self-assessment involved a

detailed survey against the Blueprint functions, and a facilitated Board development session culminating in the agreement of the Board's Blueprint Improvement Action Plan which was shared with the Board and submitted to the Scottish Government in May 2024.

This report notes progress since the plan's development.

2.3 Assessment

The Blueprint for Good Governance Improvement Action Plan had an initial timespan for actions from May 2024 to the end of the financial year in March 2025, however it should be noted that some actions are ongoing. Eight action areas were identified, with significant progress made against all but the development of an assurance framework, owing to the previous understanding that a once for Scotland approach was being considered.

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 arrangements

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, however more recent advice from NHS NES has been that the full self-evaluation survey should be undertaken every two years, with reviews against Improvement Plans being undertaken in alternate years.

Alongside this standing committees are tasked with reviewing their effectiveness on an annual basis as part of the governance cycle.

In addition to the timetabled activities above, ongoing consideration is given to the effectiveness of governance arrangements by the Executive team, the Board Chair and Committee Chairs.

External review: It is our current understanding that an external evaluation of all NHS Boards' corporate governance arrangements will be undertaken in due course, however no further details are known at this point.

2.4 Recommendation

The Board is asked to:

- 1) Take assurance from the report and Appendix 1 update
- 2) Note that informal oversight of progress of the delivery of the Improvement Action Plan will be undertaken by the leads identified
- 3) Note that the Assurance Framework action will be taken forward by the Director of Finance and Corporate Services Manager in 2026.

3 List of appendices

The following appendix is included with this report:

- Appendix 1, NHS Shetland Blueprint for Good Governance Improvement Action Plan 2024/25

No	Priority Area	Blueprint Function	High level Action	Inter-dependency	Lead	Due	Status	Intended good governance outcome
1	Functions	Setting the Direction	Ensure strategic plans have clear timescales and measurable KPIs		Brian Chittick/ Gary Robinson	Dec-24	As part of delivering the Blueprint for Good Governance, the Board has just completed an Internal Audit reviewing the Strategic Delivery Plan progress against delivering our strategic intent. As part of this, there has been a review of both qualitative and quantitative reporting at Board level including KPIs. Learning from this audit will be reflected back into the relevant governance processes.	Quantifiable metrics to track and measure progress towards specific goals

BLUEPRINT FOR GOOD GOVERNANCE SELF-ASSESSMENT IMPROVEMENT ACTION PLAN – NHS SHETLAND – 2025/26

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2	Functions	Holding to Account	Tighten the Board's focus on financial scrutiny and innovation, as part of strategic planning and across the year		Brian Chittick/ Colin Campbell	Through FY 24-25	Financial Scrutiny has been reviewed by Internal Audit in 2024-25 and was discussed at a Board Development session. There are enhanced financial conversations taking place at both Board and Committee level due to the learning from this audit. The scrutiny now also includes monthly reporting to Board members which underpins the more regular financial conversations and allows better oversight of the financial journey the Board is undertaking in each financial year to realise its path to sustainability.	Financial sustainability
3	Functions	Managing Risk	Review risk appetite in light of current service and financial pressures. This should include a risk management development workshop for the Board		Brian Chittick/ Joe Higgins	Through FY 24-25	Risk Appetite Workshop held in March 2024 as a starter facilitated conversation about risk appetite. An action plan was drawn together and will be forwarded to Board members. Azets delivered a risk appetite training session in January 2025 which was followed by a session on risk management including a PESTLE framework to consider	Common understanding of collective risk appetite and a framework within which to base decision making

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							<p>the external factors influencing risk management within the Health Board.</p> <p>The CE has also benchmarked risk management including risk appetite in another Board to develop a risk planning cycle aligned with the risk management strategy.</p> <p>There is still an ambition to review all strategic/ organisational risks over the course of the year. All reviews/changes require a view to be taken on the risk appetite for each risk. This will be the basis of the risk planning cycle.</p>	
4	Functions	Diversity, Skills, and Experience	Skills matrix completed and used to inform improved succession planning and role allocation	Appraisal	Gary Robinson	Sep-24	<p>Skills mix drafted for circulation</p> <p>Self-assessment information received and collated.</p>	Aligning skill sets with areas of business and identifying gaps in knowledge/ expertise, both for training and succession

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								planning purposes
5	Delivery	The Assurance Framework	Ensure that there is a clear and specific Assurance Framework in place which is owned by the Board and clearly visible and understood across the organisation.		Colin Marsland/ Carolyn Hand	Dec-24	<p>Not started</p> <p>Previous understanding of a 'once for Scotland' approach through the Board Secretaries network is now changed but national guidance is being considered by the NES Board Development Team.</p> <p>Will progress locally through 2026.</p>	Provide reliable evidence to underpin the assessment of the risk and control environment
6	Delivery	The Integrated Governance System and The Operating System	Development session for Board members to understand and help improve the integrated governance system, especially as it relates to IJBs.		Jo Robinson/ Natasha Cornick	Sep-24	Planned session has been held over on more than one occasion so a different delivery route is now being considered.	Increased knowledge of existing governance routes and insight into challenges/ gaps
7	Delivery	The Integrated Governance System and The	Consider introducing a consistent approach to how the Board declares its level	Risk appetite/risk management	Kirsty Brightwell/ Edna Watson	Mar-25	Assurance rating system introduced within CGC process. A copy of the assurance rating scale is available.	Consistency of understanding across Board and standing committees

BLUEPRINT FOR GOOD GOVERNANCE SELF-ASSESSMENT IMPROVEMENT ACTION PLAN – NHS SHETLAND – 2025/26

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		Operating System	of “assurance” taken from the material it considers. - if doing this, what are you doing about it? decision notes/escalation process				Further discussion required through Board Development session about adopting this approach consistently across all standing committees and Board.	
8	Evaluation	Evaluation	Ensure that Board members have an up to date effective appraisal, objective setting process and have completed statutory and mandatory training as these are a core part of the job and of effective governance.	Skills matrix	Gary Robinson	Aug-24	Appraisals complete Reminders sent about Board Member training	Feedback on performance, identification of skills gaps and allow people to work to the best of their ability