Board meeting: a public meeting of the Healthcare Improvement Scotland Board will be held on:

**Date:** Wednesday 24 September 2014  
**Time:** 12.30pm  
**Venue:** Meeting room 6a/b | Delta House | Glasgow G1 2NP  
**Contact:** Pauline Donald | pauline.donald2@nhs.net | 0141 225 6872

## AGENDA

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<tr>
<td>1.1</td>
<td>12.30</td>
<td>Welcome</td>
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<td>12:35</td>
<td>Minutes of meeting held on: 25 June 2014</td>
<td>Chairman</td>
<td>BM2014/47</td>
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<td>1.4</td>
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<td>Review of action point register: 25 June 2014</td>
<td>Chairman</td>
<td>BM2014/48</td>
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<td><strong>2. CHAIRMAN’S REPORT</strong></td>
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<td>Risk management</td>
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<td>QI Hub review</td>
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<td>5.3</td>
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<td>Clinical Engagement Strategy</td>
<td>Executive Clinical Director</td>
<td>BM2014/55</td>
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2pm–2:10pm REFRESHMENT BREAK

**6.** 2:10 **Presentation: Strategic Scrutiny Group in Scotland**  
Mr Fraser McKinlay, Director of Performance Audit and Best Value and Antony Clark (in attendance)  
Director of Scrutiny and Assurance | BM2014/56 |
7. STANDING BUSINESS
Corporate

7.1 2.40  Financial Performance to 31 August 2014  Director of Finance and Corporate Services  BM2014/57
7.2 2.50  2014/15 Local Delivery Plan: performance report  Director of Finance and Corporate Services  BM2014/58

8. STANDING BUSINESS (GENERAL)

Director reports: key points

8.1 3pm  Clinical  Executive Clinical Director  BM2014/59
8.2 3:10  Evidence  Director of Evidence (Interim)  BM2014/60
8.3 3.20  Safety and Improvement  Director of Safety and Improvement  BM2014/61
8.4 3:30  Scrutiny and Assurance  Director of Scrutiny and Assurance  BM2014/62
8.5 3.40  Scottish Health Council  Director of Scottish Health Council  BM2014/63
8.6 3:50  Finance and Corporate Services  Director of Finance and Corporate Services  BM2014/64

9. STANDING BUSINESS (BOARD COMMITTEES): Board will receive minutes of standing committees and a report of key highlights from the Chair of each committee: for information and discussion

9.1 4pm  Audit and Risk Committee: to receive the key points from the meeting on 3 September 2014 and the approved minute from 23 June 2014.  Committee Chair  BM2014/65  BM2014/66
9.2 4.05  Evidence, Improvement and Scrutiny Committee: to receive the key points from the meeting on 9 July 2014 and 21 August 2014 and the approved minute from 9 July 2014.  Committee Chair  BM2014/67  BM2014/68  BM2014/69
9.3 4.10  Staff Governance Committee: to receive the key points from the meeting on 6 August 2014 and the approved minute from 21 May 2014.  Committee Chair  BM2014/70  BM2014/71
9.4 4.15  Scottish Health Council: to receive the key points from the meeting on 9 September 2014 and the approved minute from 17 June 2014.  Committee Chair  BM2014/72  BM2014/73

10. ANY OTHER BUSINESS

11. DATE OF NEXT MEETING
11.1 4.30  The next meeting will be held on Wednesday 17 December 2014, at 12.30pm, Boardroom, Gyle Square, Edinburgh
MINUTES – draft

Meeting of the Board of Healthcare Improvement Scotland
Date: 25 June 2014
Time: 12.30 pm – 3.20 pm
Venue: Meeting room 6a/b, Delta House, Glasgow

Present
Denise Coia   Chairman
Zoë Dunhill MBE
Paul Edie
Angiolina Foster CBE   Chief Executive
Nicola Gallen
John Glennie OBE
Peter Johnston  (joined the meeting at 12.45pm)
Marian Keogh
Kathleen Preston
Duncan Service
Pam Whittle CBE

In Attendance
Richard Norris   Director, Scottish Health Council (SHC)
Jo Matthews   Head of Safety (representing Ruth Glassborow)
Kathlyn McKellar   Head of Human Resources
Robbie Pearson   Director, Scrutiny and Assurance
Brian Robson   Executive Clinical Director
Karen Ritchie   Head of Knowledge Management (representing Sara Twaddle)
Maggie Waterston   Director of Finance and Corporate Services
Jenny Bennison   Executive Officer Quality, Royal College of GPs (Scotland)
John Gillies   President, Royal College of General Practitioners (Scotland)

Apologies
Sara Twaddle   Director, Evidence (interim)
Hamish Wilson CBE   Board Member (Vice Chairman)
Bob Masterton   Board Member
Ruth Glassborow   Director, Safety and Improvement (interim)

Committee support
Pauline Donald   Corporate Governance Manager (Minute Secretary)
Tracey Mitchell   PA to Chairman’s office (Admin support)

Declaration of interests
Declaration(s) of interest(s) raised are recorded in the detail of the minute.

Registerable interests
All Board members and senior staff are required to continually review and immediately advise of any updates to their registerable interests. The register is available on the Healthcare Improvement Scotland website.
1. **WELCOME AND APOLOGIES FOR ABSENCE**

1.1 **Chairman’s welcome and introduction**

The Chairman opened the public meeting of the Board and extended a warm welcome to all staff and members of the public in attendance.

She introduced and welcomed Kathleen Preston and Dr Zoë Dunhill, newly appointed Non Executive Board Members, to their first formal meeting of the Board. She also introduced and welcomed back to the organisation, John Glennie, now appointed in the capacity as a Non Executive Board Member. The Chairman advised that each of the individuals bring a wealth of experience to the organisation and that she had been delighted that they had all accepted the appointments.

The Chairman also welcomed Joanne Matthews, representing Ruth Glassborow, Interim Director of Safety and Improvement. She also advised the Board that Sara Twaddle is doing well following her recent surgery and extended the best wishes of the Board for her continued recovery.

The Chairman advised that she had been reappointed, by the Cabinet Secretary, to serve as Chairman of Healthcare Improvement Scotland for a further 4 year period. She commented that she had been delighted to accept this reappointment.

1.2 **Apologies for absence**

Apologies for absence were received as noted above.

1.3 **Minutes of meeting held on 14 May 2014**

The Board minutes of the meeting held on 14 May 2014 were accepted as an accurate record subject to the following amendments:

- Peter Johnston to be deleted from attendance list and included in list of apologies.
- Page 9 – amend ‘Care Inspector’ to Care Inspectorate.

1.4 **Review of action point register: 14 May 2014**

The Board received for review the action point register from the meeting held on 14 May 2014.

The Board noted the status report against each action, all forward planning actions and approved the action point register as presented subject to the following comments:

- The Board drew management attention to the action to identify, within the corporate template (section 6), the related risk, if relevant, from either the corporate or operational risk register.

- The Chairman confirmed that the Annual Review will be a ministerial review.
2. **CHAIRMAN'S REPORT**

The Board received a report from the Chairman. The following issues were highlighted:

a) On behalf of the Board, the Chairman thanked all staff for their continued efforts in taking forward and developing Healthcare Improvement Scotland into an organisation that contributes to and continues to drive improvement in healthcare.

b) NHSScotland event: the Cabinet Secretary recognised HIS as a key organisation to take forward programmes of work, including the development of a new system for listening to and promoting the patient voice.

c) Good practice advice has been received from the Scottish Government in relation to the Referendum on Independence which is applicable until 22 August 2014. Further advice related to the following 28 days thereafter, up to and including the day of the referendum, is awaited.

The Board endorsed the changes to the governance committee membership as outlined in the Chairman’s report. This information will be circulated as relevant across the organisation.

3. **CHIEF EXECUTIVE’S REPORT**

The Board received a report from the Chief Executive. The following issues were highlighted:

a) The Chief Executive commended the Director of Finance and Corporate Services for her professionalism and effective contribution in representing the organisation at the recent Health and Sport Committee session on scrutiny of NHS Board budgets. Her comments were endorsed by the Board.

b) NHSScotland Event: The Chief Executive reported that the work of HIS was explicitly profiled at this event and presented a formal and public recognition of the work of HIS.

c) The Remuneration Committee has approved the commencement of the recruitment process for the Director of Safety and Improvement and the Director of Evidence posts. Recruitment to the Director of Safety and Improvement has commenced. Recruitment for the Director of Evidence post will be taken forward in due course.

The Director of Finance and Corporate Services advised that, in response to a query raised by the Health and Sport Committee, the turnover rate for permanent staff was 5% in comparison to an overall turnover of 9% which included non-permanent staff. She advised that this information had been submitted to the Health and Sport Committee two days following the session.
4. BOARD GOVERNANCE

4.1 Risk management

The Director of Finance and Corporate Services presented an update on the management of risk.

The Chair of the Audit Committee advised that, at the Audit Committee on 23 June 2014, it was noted that the Scottish Medicines Consortium (SMC) related risks would be impacted by meetings taken place in between the Audit Committee and the Board meeting ie SMC Programme Board. She had therefore requested that the Board receive and discuss any updates and consider whether there was a requirement to update the risk scorings.

The Executive Clinical Director provided updates to the risks relevant to the SMC. He advised that the updates will be reflected in the next iteration of the registers.

In discussion, the Executive team clarified that, although progress had been made in some areas to further reduce the level of risk, some risks may remain inherently high simply by the nature of the undertaking that HIS had been asked to lead. The Executive Team provided assurance that every possible mitigation will be put in place but acknowledged that the risks may require to be managed at a very high level. They confirmed that, as a minimum, the organisation will ensure that the Scottish Government is clearly and regularly briefed.

The Board advised that they were content with the update received. The Executive Clinical Director extended his thanks to the Programme Manager (SMC) and the Lead Pharmacist (SMC) for their prompt action in responding to the recommendations from the Audit Committee.

The Board advised that they were content with the report received on the management of risk.

4.2 Code of Conduct

The Director of Finance and Corporate Services presented the draft revised Code of Conduct for members of devolved public bodies for approval by the Board.

The Board noted the amendments and the new requirements. They agreed to include any relevant actions within the implementation plan associated with the review of governance. In the meantime, the Board was asked to review the document and advise of any amendments to their Register of Interests.

The Chairman also advised that the Cabinet Secretary had announced that the appointments of Vice Chairs of NHS Boards need to be approved by the Minister. This does not apply to existing Vice Chairs and that the appointment of Hamish Wilson had been ratified. The Code of Corporate Governance will be amended accordingly.

The Board approved the Code of Conduct and the recommended approach to implementation.
5. STRATEGIC BUSINESS

5.1 Scrutiny of older people's services

Declaration of interest: Paul Edie declared an interest at this agenda item in his role as Chair of the Care Inspectorate. It was not considered necessary that he left the meeting.

Jacqueline Macrae, Head of Service Review joined the meeting for this item.

The Director of Scrutiny and Assurance presented an update on progress to date with implementation of the recommendations made in the report of the Care of Older People in Acute Hospitals Inspection Methodology Review Group.

The Director advised that the methodology will continue to develop as the scope of HIS inspections broadens to include areas such as leadership and culture, and the increased engagement with patients, carers and local populations. The Chair of the Scottish Health Council commented that the group has been delighted with the continuing level of engagement, at a high level, which effectively contributed to the ongoing value of this work.

Jacqueline Macrae provided a summary of the revised inspection footprint and explained the experiences, learning, intelligence and improvement opportunities to date. She confirmed that there would be opportunities to continually review the methodology going forward and apply in other reviews. She also outlined how the self assessment informs the inspection process and the associated challenges and variations within the system that need to be considered. She confirmed that discussions were continuing with the Scottish Government workforce division to incorporate the workforce intelligence from inspection visit to support improvement.

The Board advised that they were content with the reported progress and the broader links and opportunities for scrutiny and assurance in relation to the HIS strategic plan.

The Board thanked Jacqueline Macrae for sharing the experiences of the inspection process at ground level. The Chairman encouraged new and current Board members to shadow an inspection visit.

5.2 Death Certification

Declaration of interest: Paul Edie declared an interest at this agenda item in his role as an elected council member. It was not considered necessary that he left the meeting.

Declaration of interest: John Glennie declared an interest at this agenda item in his role as a Non Executive Board Member of NHS24. It was not considered necessary that he left the meeting.

George Fernie, Senior Medical Reviewer and Jane Byrne, Programme Manager joined the meeting for this item.

The Director of Scrutiny and Assurance presented an update on the development and implementation of the Death Certification Review programme.
The following key points were noted:

- the work programme continues to progress and the implementation of the HIS related aspects are on track
- extant issues remain around centralised responsibility for communications and a meeting had been arranged with the Scottish Government for 7 July 2014
- this remains a high risk programme for the organisation.

Additionally, the Director of Scrutiny and Assurance advised on recent discussions with the Scottish Government at which he had raised outstanding issues that are currently impacting on delivery of this programme. He advised that the Scottish Government had provided assurance of action against the areas which included communications, the pace of progress and the degree of leadership. An update will be provided at the next Board meeting.

George Fernie also advised the Board on the following positive developments:

- the sample size for testing had been confirmed at 10% and he advised that this was excellent progress.
- communication issues remained a concern, however, the tenor of response from the Scottish Government has provided a level of reassurance
- live testing has been conducted with positive outcomes
- the electronic case management system will be available at the end of August for testing
- the recruitment programme will recommence in August.

George Fernie commented that he did not foresee any significant issues related to the recruitment process. He clarified that he would expect that those who are appointed will continue in clinical practice; most likely on a part-time basis.

The Board thanked those present for the updates provided and acknowledged their support of the proposed actions. However, they advised that they remained concerned regarding the impact on grieving families if all relevant aspects of this programme are not achieved to timeline. They also highlighted the reputational risks to Healthcare Improvement Scotland given that it will be seen to ‘lead’ all aspects of delivery of this programme; albeit that this is not the case. It was agreed that the risks will continue to be monitored through the Audit and Risk Committee and the Board.

The Board noted the report and thanked George Fernie and Jane Byrne for their continued resilience and the excellent progress made by the team.

5.3 Short-life review of the Safety and Quality of Care at Aberdeen Royal Infirmary

The Director of Scrutiny and Assurance presented an update on progress with the recently announced short-life review of the safety and quality of care in Aberdeen Royal Infirmary.

He advised that this review will build on the methodology that was developed for the rapid review of NHS Lanarkshire. The Board noted that this work follows the agreed strategic direction of conducting comprehensive reviews of the quality and safety of care and will include a review of leadership, culture, values and behaviours as well as an assessment of the safety and quality of care in key specialty areas.
The Board noted that a review team is in place chaired by Dr Angus Cameron, Medical Director, NHS Dumfries and Galloway. Dr Brian Robson, Executive Clinical Director will chair the Expert Advisory Group. Robbie Pearson advised that he will act as executive lead and Mark Aggleton, Senior Programme Manager will lead the HIS team. The final report from this review will be published towards the end of the year.

Key points raised included:

- recognition of the positive support from across the organisation to commence this programme of work
- the continuing operational requirements and impact eg associated opportunity costs and clinical input required will be considered by the Executive Team
- the Board considered that they and the Executive Team will need to reflect on the impact of opportunity costs internally and externally associated with all our programmes of work
- the opportunity to undertaken this work presents HIS with a robust basis to drive intelligence led scrutiny and improvement and is an important marker in the confidence and reputation of the organisation.

The Board noted that a progress report will be submitted to the EIS Committee on 9 July 2014 and the Board will be kept informed as work progresses.

The Board noted the report.

6. STANDING BUSINESS (CORPORATE)

6.1 2014/15 Local Delivery Plan: performance report

The Director of Finance and Corporate Services presented a report outlining the progress toward achieving the objectives agreed within the HIS Local Delivery Plan 2014-15.

The Director asked the Board to note that the report is up to and including May 2014. Additionally, she advised that consideration will be given to the governance route for operational plan reporting given that this will not now be through the Finance & Performance Committee.

In relation to the report the following was noted:
- the human resources information requires to be updated
- there is currently no associated funding for the Patient Voice programme of work. Further information will be provided to the next meeting of the Board.
- HAI improvement team will align to the safety remit.

The Board commented that they were content with the format and presentation of this report.

6.2 Financial Performance to 31 May 2014

The Board received a report from the Director of Finance and Corporate Services on the financial performance to 31 May 2014.
The following key points were highlighted:

The accounts presented to the Board were a truncated version of the usual report and show an overspend of £600k for the first two months of the financial year. This needs to be interpreted carefully as funding streams of approximately £4million are still to be received from the Scottish Government. In addition, efficiency savings are not reported separately. This caused some confusion about the interpretation of corporate provisions. The Director of Finance and Corporate Services assured the Board that the finance team are working closely with budget holders and with Scottish Government to identify savings and to allocate all outstanding funding as soon as possible. A more comprehensive finance report will be available for all future meetings.

The Board advised that they were content with the report received.

6.3 Annual Accounts 2013-14

The Board received the Annual Accounts 2013-14. The Board noted that the annual accounts were considered in detail by the Audit Committee at a workshop session on 4 June 2014 following which the accounts were finalised and an audit certificate provided which confirmed an unqualified position, no disclosures and very healthy financial position. Thereafter, the Accounts were approved by the Audit Committee on 23 June 2014.

The Director of Finance and Corporate Services expressed her thanks to the finance team and budget holders for their efforts in delivering the requirements to meet the Annual Accounts process.

The Board commended the work of all staff involved and acknowledged the improved level of financial management that has delivered such a positive outcome for 2013-14.

The Board endorsed the Annual Accounts 2013-14.

7.1 STANDING BUSINESS (GENERAL)

7.1a Presentation: Quality Improvement Framework for General Practice

Dr Brian Robson introduced a presentation from Dr Bill Taylor, Clinical Lead and Jenny Bennison, Executive Officer Quality, Royal College of GPs, (Scotland) and Steven Wilson, Team Lead, HIS on the quality improvement framework for General Practice in Scotland.

The Board noted that this work had been jointly funded with the Royal College of General Practitioners (Scotland) to develop a framework for driving quality improvement in General Practice. Dr Taylor advised that this programme of work and the final report clearly sets out the intention within Our Strategy: Driving Improvement in Healthcare for HIS to work with general practice and the wider primary care environment and offers recommendations for future consideration. He advised that the purpose of the framework is to:

- map the current state of quality in General Practice in Scotland
- describe the current activities
- identify any gaps and omissions
- identify roles and responsibilities of organisations and individuals in developing tools and activities
• make recommendations on the priorities for future requirements.

Dr Robson advised that this was a strategic level document which presented ground-breaking collaborative work. He advised that the paper was submitted with the approval of the Chair of the EIS committee, given that the EIS committee meeting would not take place prior to the Board meeting. Dr Robson advised that the representation of the complex environment was prepared by Steven Wilson and the Communications team. He commended the efforts of review team and expert advisory group associated with this work.

The Chairman emphasised the importance of this work to HIS and summarised the key suggestions from the discussion:
• consider whole pathway of care and whole population; specifically including children and young people
• consider development of eg a supporting information sheet that will provide an understanding of the work to the population as a whole

The Board endorsed the work undertaken and noted that the final version will be published in July 2014.

7.1b Executive Clinical Director: key points

The Board received a report on behalf of the Executive Clinical Director which provided a high level update on recent activity and key developments within the Directorate. The following was highlighted:

• Engaging clinicians in shaping quality and safety reviews:
  The Executive Clinical Director acknowledged the efforts of his staff (Fiona Dagge-Bell, Jennifer Graham and Ross Stewart) in supporting this event which was attended by clinical leaders from across Scotland. He highlighted the value of this work for HIS and the key messages including the opportunity to capture lessons learned from the NHS Lanarkshire review and incorporate this learning into the NHS Grampian work and to develop recommendations for the future.

• Learning from deaths
  The Executive Clinical Director advised that there had been an excellent start to this important work to learn from deaths locally and nationally. He commented on the effective internal integrated approach which has involved many areas of the organisation. The working group is representative of professionals from across the NHS in Scotland.

• SPSP Fellows
  The Executive Clinical Director advised that the summary in his report provided a position statement on this programme and highlighted the experiences from the recent cohort of fellows. The Head of Safety commented on the way in which SPSP fellows continue to contribute to the national safety agenda.

7.2 Director of Evidence: key points

The Board received a report from the Interim Director of Evidence which provided a high level update on recent activity and key developments within the Directorate. The following was highlighted in addition to the key points
presented:

- Knowledge into Action: the Board queried the way in which this programme of work will be measured in relation to outcomes and impact.

  They noted that the organisation was currently developing an outcomes and evaluation framework that will measure delivery of the Strategic Plan; through which the outcomes and impact of this programme of work can be evidenced.

It was agreed that the outcomes and evaluation framework will be reconsidered at the Board seminar in August.

The Board commented that whilst there is an understanding of the complexity of information coming to the Board, there is a requirement to ensure that the clarity and purpose of the business presented is easily interpreted. More specifically, the Board requested, for its next meeting, a succinct paper explaining the purpose and business impact of Knowledge Into Action.

7.3 Director of Safety and Improvement: key points

The Board received a report from the Interim Director of Safety and Improvement which provided a high level update on recent activity and key developments within the Directorate. The following was highlighted in addition to the key points presented:

- Healthcare Associated Infections (HAI) improvement support: The Head of Safety advised that the Safety and Improvement Directorate and the Scrutiny and Assurance Directorate have worked closely to develop a team to support this new area of work which will provide expert HAI improvement advice and support to the Healthcare Environment Inspectorate (HEI) and, following an inspection, to NHS Boards.

- QI hub A revised draft memorandum of understanding has been agreed with strategic partners. The QI hub continues to progress its operating model.

- Person Centred Health and Care The 4th learning session was delivery on 27 and 28 May. There remains challenges with ensuring local teams use data to inform improvement work and the national teams are considering how they can further support services to achieve this.

7.4 Director of Scrutiny and Assurance: key points

The Board received a report from the Director of Scrutiny and Assurance which provided a high level update on recent activity and key developments within the Directorate. The following was highlighted in addition to the key points presented:
• Heads of Inspectorate meeting
  this event provided a real opportunity to not only share but understand differences with other organisation; specifically for HIS in its joint scrutiny and improvement role. The event provided the opportunity for future involvement and engagement with other organisations. Lessons to be considered include ensuring how the voice of the patient/public is brought more closely into scrutiny activities.

• HEI evaluation report
  The findings from this report will be used to inform future inspections.

7.5 Scottish Health Council: key points

The Board received a report from the Director of the Scottish Health Council which provided a high level update on recent activity and key developments within the Directorate. No additional points were raised in relation to this report.

7.6 Finance and Corporate Services: key points

The Board received a report from the Director of Finance and Corporate Services which provided a high level update on recent activity and key developments within the Directorate. The following was highlighted in addition to the key points presented:

• Governance
  Recommendations from the HIS governance review working group will be brought to the Board in September.

  The business of the Finance and Performance committee had been transferred either to the new Audit and Risk Committee, the Board or the Executive Team.

  The review of SMC governance is making good progress and one final meeting is required to finalise the recommendations and associated action plan. This will be reported to the September board meeting.

8. GOVERNANCE COMMITTEES

The Board received the approved minutes and key points from the meetings of each of the governance committees (as relevant).

The following was highlighted in addition to the key points presented:
• Audit and risk committee
  The Chair of the Audit committee acknowledged the work of the Director of Finance and her team on achieving the unqualified opinion. She advised that both Internal and External Audit had commented on the effective management of the process to review the annual accounts. This was also acknowledged by John Glennie in his previous role as interim Chief Executive.

  She also acknowledged the commitment from Marian Keogh as a member of the committee and thanked her for all the support she had provided. She also welcomed Kathleen Preston as a member of the new Audit and Risk Committee.
Scottish Health Council

The Chair of the Scottish Health Council advised that a significant issue of discussion at this meeting related to the Cabinet Secretary’s announcement on the programme of work related to a new system for listening and promoting the patient voice.

She also highlighted that a recommendation from the SHC team is that NHS Boards should be routinely encouraged to become engaged with the Scottish Health Council earlier in any service change process.

The Board was provided with a hard copy of the report Listening and Learning: how feedback, comments, concerns and complaints can improve NHS services in Scotland – as presented at the previous Board meeting. The Chair of the SHC commented that this report had been very well received in the service.

Staff Governance Committee

The Committee recommended that attention is given to completion of Section 10 of the corporate template to identify the impact on potential equality and diversity issues.

No other additional points were raised in relation to the governance committee reports or minutes.

9. ANY OTHER BUSINESS

No other items of business were raised.

10. DATE OF NEXT MEETING

The next meeting will be held on Wednesday 24 September 2014, at 12.30pm, meeting room 6a/b Delta House, Glasgow.
## ACTION POINT REGISTER

**Meeting:** Healthcare Improvement Scotland Board meeting  
**Date:** Wednesday 25 June 2014

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<th>Action point</th>
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<th>Status</th>
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| 1.3        | Minutes of meeting held on 14 May 2014 | Peter Johnstone to be removed from the attendee list and included in apologies list.  
Page 9, item 7.4, second paragraph ‘Care Inspector’ to be replaced with the ‘Care Inspectorate’. | 26 June 2014  
26 June 2014 | Corporate Governance Manager | Complete.  
Complete. |
| 1.4        | Review of Action point register 14 May 2014 | Specific attention to be given to completion of Section 6 and Section 10 of the Corporate Template. This relates to all Board and also all governance committee papers:  
- section 6 - the related risk from the corporate or operational risk register should be identified (if relevant).  
- section 10 – identify impact on potential equality and diversity issues (action from Staff Governance committee). | Ongoing | Executive Team | All to note. |
<p>| 2          | Chairman’s report | Board members to note the changes within the revised governance committee membership. | Ongoing | Executive Team | All to note. |
| 4.1        | Risk management | Risk register: SMC risks will be updated. | July 2014 | Executive Clinical Director | Complete. |
| 4.2        | Code of Conduct | Board members and senior staff will be contacted to update their register of interests. | August 2014 | Corporate Governance Manager | Board members/senior staff advised of action required. In progress. |</p>
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<td>The Code of Corporate Governance will be amended to reflect the new Code of Conduct and to reflect the requirement for appointment of a Vice Chair.</td>
<td>Corporate Governance Manager</td>
<td>Code of Conduct posted to the website. Code of Corporate Governance will be updated as part of the Governance review.</td>
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<td>5.1</td>
<td>Scrutiny of older people’s services</td>
<td>Board members reminded that they have the opportunity to shadow inspection visits.</td>
<td>Ongoing</td>
<td>Executive Team</td>
<td>All to note.</td>
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<td>5.2</td>
<td>Death Certification</td>
<td>Scottish Government officials will be invited to attend the September Board Meeting.</td>
<td>24 Sept 2014</td>
<td>Director of Scrutiny and Assurance</td>
<td>Agenda item, September Board meeting.</td>
</tr>
<tr>
<td>5.3</td>
<td>Short-life review of the Safety and Quality of Care at Aberdeen Royal Infirmary</td>
<td>Review to be submitted to the EIS committee on 9 July 2014. The Board will be kept informed of progress.</td>
<td>September/December 2014</td>
<td>Director of Scrutiny and Assurance</td>
<td>The Board was updated on progress via a presentation at the Board Seminar on 27 August 2014.</td>
</tr>
<tr>
<td>6.1</td>
<td>2014/15 Local Delivery Plan: performance report</td>
<td>Confirm governance route for operational plan reporting.</td>
<td>26 June 2014</td>
<td>Director of Finance and Corporate Services</td>
<td>Confirmed as Audit and Risk committee.</td>
</tr>
<tr>
<td>7.2</td>
<td>Director of Evidence: key points</td>
<td>Knowledge into action: purpose and business impact to be included in report to next Board meeting. Outcomes and evaluation framework.</td>
<td>Director of Evidence (Interim)</td>
<td>Director of Finance and Corporate Services</td>
<td>Agenda item at future EIS development session. Agenda item, August board seminar</td>
</tr>
<tr>
<td>7.6</td>
<td>Finance and Corporate Services: key points</td>
<td>Governance review/SMC Governance update to the Board meeting in September Board meeting.</td>
<td>Director of Finance and Corporate Services</td>
<td>Director of Finance and Corporate Services</td>
<td>Agenda item for September Board meeting.</td>
</tr>
</tbody>
</table>
SUBJECT: Chairman’s report

1. Purpose of the report
This report provides Healthcare Improvement Scotland Board with an update on key strategic and governance issues.

2. Recommendation
The Healthcare Improvement Scotland Board is asked to:
• receive and note the content of the report

3. Strategic issues

a) Strategic Scrutiny Group
The Chair and Chief Executive/Director of Scrutiny attend this group bi-monthly (last meeting took place on 28 August 2014).

It brings together a wide range of public sector regulators including Police, Prisons, Fire, Education and Social Care organisations. Chaired by Audit Scotland, it has developed four integrated work programmes around locality based quality assurance, improvement and prevention. Robbie Pearson leads one of the work streams supported by Audit Scotland, the Board will receive updates on the work of the group at today’s Board meeting.

b) NHSChairs/Scottish Government Quality Portfolio Group
The NHS Chairs Quality Portfolio Group is a joint endeavour with Scottish Government to improve the training and development for Chairs and non Executive Board members in relation to their Governance role around the delivery of high quality healthcare. A number of programmes of work have been commissioned by the group with their technical partners Healthcare Improvement Scotland and NHS Education for Scotland.

One area of work has been the development of the Adverse Event network for non-Executive directors led by HIS. The first meeting of the network took place on 19 August 2014. HIS colleagues provided an excellent session for Board members, who came from across Scotland, which was extremely well received.

c) Children and Young People (Scotland) Act 2014/National Corporate Parenting Guidance Advisory Group
The Children and Young People (Scotland) Act 2014 sets out the concept and responsibilities of ‘corporate parenting’. This concept will play a critical role in improving outcomes for looked after children, young people and careleavers across Scotland. Healthcare Improvement Scotland, as one of 24 public bodies named in the Act, has a role as a ‘Corporate Parent’ and therefore has a duty to seek out and listen to the voices of children and young people in the course of undertaking all our functions. In summary, the Act requires HIS to have a plan for how we propose to exercise and report our corporate parenting responsibilities. This plan will be prepared on a 3-year cycle starting in 2018 with the requirement for annual reporting. We are required to publish the plan.

A National Corporate Parenting Guidance Advisory Group has been established to
develop National Corporate Parenting Guidance that will assist public bodies to fulfil their corporate parenting duties. This work is being led by the Centre for Excellence for Looked after Children in Scotland (CELCIS). I attended the first meeting of this group and Zoë Dunhill is thereafter representing the Board on this Group and attended the second meeting on 3 September 2014. The group is currently scoping out the requirements to develop the guidance which will be underpinned by an evidence-base.

The Board will continue to receive update reports as this area of work progresses.

4. **Stakeholder engagement**

a) **Joint engagement: Chairman and Chief Executive – key issues**

   - The Chief Executive and I have recently attended a number of meetings with our key stakeholders eg President of the Royal College of Physicians, Glasgow; Chairman, Royal College of General Practitioners, Edinburgh; Chairman and Director (Scotland) Royal College of Nurses; Joint Improvement Partnership Team, Scottish Government; Director-General Health & Social Care and Chief Executive NHS Scotland.

   Engagement with our key stakeholders provides a two-way opportunity to share and learn from strategic approaches; gain an understanding of impact but also seek and share views that may drive improvement and inform future development that is of benefit to not only HIS but also to our stakeholders. Discussions were very positive and on the whole very supportive of HIS as an organisation and our strategic direction.

   The issues raised and discussed at these meetings were relatively similar:
   - acknowledgement of the variability of care across NHSScotland with the requirement for service redesign that is attuned to the needs of the population
   - integration of primary and secondary care
   - leadership to deliver change
   - workforce shortages
   - development of NHSScotland as a learning organisation

   - The Chief Executive and I also attended the ‘Once for Scotland’ Summit which provided Chairs and Chief Executives of the NHS Boards in Scotland with the opportunity to shape the strategic direction of NHSScotland by identifying services that can be provided on a ‘Once for Scotland’ basis to ensure the best use of resources.

b) **NHSScotland Chairs meeting**

   Discussion with NHSScotland Chairs continues to focus on the health and social care integration agenda and all issues of funding around integration. Additionally, there are discussions taking place related to locality planning and the associated responsibility and accountability as relevant to new integrated bodies.

c) **Healthcare Improvement Scotland Public Partners**

   I met with public partner representatives who shared their experience in the organisation and very positively reported on key developments which included: strengthening of the appraisal system for public partners; positive feedback in their involvement in the Evidence, Improvement and Scrutiny committee and the positive value that the organisation placed on their role.
5. Our governance

a) Annual review
Board members are reminded that the annual review will take place on 27 November 2014 at The Gyle, Edinburgh. The review will run from approximately 9 am – 1 pm. Confirmed timings will be circulated as soon as possible. Board members are asked to note the revised format for Ministerial reviews, ie the Minister will meet in private with the Board following the public annual review meeting.

b) Code of Conduct
The Board will be aware of the recent correspondence circulated in relation to the revised Code of Conduct. Members are asked to ensure that they review and resubmit their register of interests. An updated register will be submitted to the Board meeting in December 2104.

Members are reminded that the Standards Commission for Scotland is currently consulting on a draft Guidance document before making it available to Members of Devolved Public Bodies. The organisation will prepare a response to the consultation.

Denise Coia
Chairman

Social media
If you are active on Twitter, please follow the Chairman - @denisecoia. Our use of Twitter, facebook www.facebook.com/healthcareimprovementscot and you tube www.youtube.com/user/healthimprovescot is part of our growing media presence as a way of communicating directly with stakeholders and the public.
SUBJECT: Chief Executive’s report

1. Purpose of the report
   This report provides the Healthcare Improvement Scotland Board with information on some headline issues over and above the key points contained within the Directors’ reports.

2. Recommendation
   The Healthcare Improvement Scotland Board is asked to:
   - receive and note the content of the report.

3. Business updates
   a) Annual Report
      The Healthcare Improvement Scotland 2013-2014 Annual Report focuses on how we have driven improvement in healthcare. Selected highlights from our work in 2013-2014 will be included under three main headings:
      - Empowering people to shape services
      - Supporting best practice, and
      - Assessing quality and safety

      The final report will be shared with the full Board for information prior to the scheduled publication date on Friday 26 September. On publication, the report will be promoted through social media, particularly Twitter and Facebook. As with last year, the report is due to be published as an electronic document, although alternative formats will be available on request.

   b) Health and Sport Committee – NHS Boards Budget Scrutiny
      The Health and Sport Committee has undertaken its annual scrutiny of NHS Board budgets for 2014-15, which was informed by a survey of NHS Boards and oral evidence sessions with territorial and special health boards, including Healthcare Improvement Scotland. The Committee has now published its report. The report includes a number of references to Healthcare Improvement Scotland as well as other areas of direct interest. The Committee noted the extensive level of earmarked funding attributed to certain boards, including Healthcare Improvement Scotland.

      The Committee also noted the proportion of resources received as non-recurring funding by some boards and highlighted that Healthcare Improvement Scotland ‘receives almost 35% of its resources as non-recurrent funds on a yearly basis’. The report noted the planning and administrative challenges faced by Healthcare Improvement Scotland as a result of the proportion of earmarked and non-recurrent funds received.

   c) OECD Health Care Quality Review
      The OECD (Organisation for Economic Cooperation and Development) is undertaking a Quality Review of UK Health Care. The purpose of these reviews is to examine what works and what does not work in a number of different countries – both to benchmark the efforts of countries and to provide advice on potential for improvement. Ten to twelve countries will be covered with the final report on policies to drive improvements in health care quality produced in 2015.
A key element of these studies is the data/intelligence gathering by the OECD. This comprises a pre-visit questionnaire followed by a two day study visit to each of the countries that are participating. The visit to Scotland took place on 10 and 11 September and three members of Healthcare Improvement Scotland’s Executive Team were interviewed. Board Members will also wish to note that in the Scottish Government’s written submission, Healthcare Improvement Scotland figured very prominently.

d) **Meeting of Improvement Bodies**
The Chairman and I attended a meeting of Improvement Bodies on 25 August 2014, hosted by Professor Jim McGoldrick in his capacity of Chair of the Joint Improvement Partnership Board. There was a helpful exchange of information on current priorities, together with a clear acknowledgement of the need to demonstrate effective collaborative working between the improvement players active in health and social care in Scotland.

The Group has agreed that Healthcare Improvement Scotland will lead the development of a Frailty Improvement Programme. This would be a whole system approach to frailty, working across Health and Social Care, and looking at the whole pathway. Initial discussions suggest that this might take the form of doing some rapid development work in three or four localities, which already have relatively well developed joint health and social care community teams in place for older people. This is a potentially significant piece of work as it provides an opportunity to develop some of our existing methodologies and approach, and to test them in a multi-partner integrated health and social care environment.

e) **Engagement with Scottish Government**
I continue to have constructive dialogue with our Scottish Government sponsor aimed at placing the sponsorship relationship on a more strategic footing. Recent discussion has focussed on the content of a formal operating framework between Healthcare Improvement Scotland and the Scottish Government.

4. **Our Workforce**

a) **Staff appointments**
I would like to take the opportunity to congratulate Ruth Glassborow on her successful appointment as Director of Safety and Improvement with effect from 1 August 2014.

I would also like to update the Board on the interim management arrangements which we are putting in place to cover the Head of Human Resources extended period of sickness absence. I have asked Tony McGowan (HR Manager) to fulfil the duties of Acting Head of Human Resources effective from 8 September 2014. Tony will join the Executive Team in this acting capacity. In relation to this, I have asked Maggie Waterston, Director of Finance and Corporate Services, to provide additional leadership support for the HR Unit during the interim period. These interim arrangements are designed to help ensure continuity and do not imply any permanent change.

b) **Staff Huddles**
During the August Staff Huddles, staff discussed how the Huddles could be improved going forward and a number of changes were noted. A suggestion was made to have an “Executive Team Question Time” for the September meeting. An email account for staff questions has been set up, together with metal drop boxes located in both Delta House and Gyle Square.
Staff Huddles took place in early September in both sites and via teleconference for the benefit of Scottish Health Council staff in local offices and were well attended. Several staff questions had been received and were addressed during the meetings. Staff agreed to continue with the new test of change as suggested at the August meetings for the time being.

c) Values Workshops for Team Leads
NHS Boards have been asked to ensure that their local values align with the overall NHSScotland values and that they are reflected in everything they do. A series of workshops have taken place with team leads to role-model our values through the way they work and to encourage their team members to do the same. Each team has been tasked with undertaking the workshops and identifying their “always” and “never” behaviours. This work is an important strand of our defining what it means to be a single organisation, together with the values that will underpin it.

Angiolina Foster
Chief Executive
SUBJECT: Risk Management report

1. Purpose of the report
To provide an update to the Board regarding the current status of the management of risk.

2. Recommendation
The Healthcare Improvement Scotland Board is asked to:
• review the corporate risk register which has been aligned to the Driving Improvement in Healthcare: Strategic Plan 2014-2020 and is presented in a revised format from the new risk management system.

• the Chair of the Audit and Risk Committee will report on any key issues related to the management of risk that were considered at the Audit and Risk Committee meeting held on 3 September 2014.

3. Background and key issues
a) A key responsibility of the Board is to provide leadership within a framework of prudent and effective controls which allow risk to be assessed and managed. The Board therefore receives, as a standing agenda item, a status report on the management of risk and is asked at each of its meetings, to review and assess the corporate risks and very high level operational risks.

b) The corporate risk register has been aligned to Driving Improvement in Healthcare: Strategic Plan 2014-2020.

c) A risk management system (Compass) has been developed which integrates with the performance reporting system. Training and implementation of the system has commenced. The corporate risk register is presented in a revised report format from the Compass system with risks being reported by category.

d) The Board is asked to note that the organisation is currently in transition to implementing the new system. Directorates are working to upload their operational risks registers to the Compass system and full reporting will commence from 1 October 2014.

4. Strategic objectives/Local Delivery Plan
All corporate risks recorded support the strategic objectives of the organisation and identify any threats or opportunities that might prevent their achievement.

The Local delivery Plan (performance report) to the Board provides a cross reference against the risk register of any programmes of work that are at risk of not being completed as planned.
5. **Measures for improvement**
   The implementation of this revised approach to managing risk within the organisation will be subject to regular review to ensure that any further improvements can be made as necessary.

6. **Risk and legal implications**
   By reviewing risk and implications on a regular basis, the organisation is demonstrating good governance which should reduce the likelihood of a significant risk occurring.

7. **Resource implications**
   It is planned that the management and training of risk is conducted on a team basis and forms part of management responsibilities.

8. **Workforce implications/consultation**
   There are no additional resource requirements. Scott Moncrieff will continue to support the embedding of risk within the organisation.

9. **User involvement and person centredness/public consultation**
   The risk register is an internal governance system which does not require external engagement.

10. **Equality and diversity**
    There are no specific equality and diversity issues as a result of this paper.

11. **Governance and future reporting schedule**
    The Audit and Risk Committee is responsible for issues of risk, control, governance and associated assurance.

    The CMT and ET will review the risk registers at least monthly. The management of risk will be a standing item at all Directorate team meetings and relevant operational programme/project team meetings.

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**Angiolina Foster**
Chief Executive

**Maggie Waterston**
Director of Finance and Corporate Services

**Lead Director**
Lead Officer

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**Appendix:**
Corporate risk register
<table>
<thead>
<tr>
<th>Risk Identifier No.</th>
<th>Category</th>
<th>Project / Strategy</th>
<th>Director</th>
<th>Description</th>
<th>Net Risk Level</th>
<th>Current Mitigation</th>
</tr>
</thead>
</table>
| 11                  | Financial/Value for Money: cautious | Driving Improvement in Healthcare Strategy 2014-2020 | Maggie Waterston, Director of F&CS | There is a risk that we will be unable to deliver our work due to the current short-term funding arrangements that are in place resulting in inability to plan for longer term delivery against our objectives. | High - 12 | • Negotiating with Scottish government colleagues about transfer of non-recurring funds to our baseline.  
• Regular financial performance reports to ET, Audit and Risk Committee and the Board.  
• Early confirmation of allocations due by Scottish Government. |
| 14                  | Operational: open | Driving Improvement in Healthcare Strategy 2014-2020 | Ruth Glassborow, Director of Safety & Improvement | There is a risk that HIS fails to develop an organisational culture focussed on continuous improvement because of lack of understanding of techniques and knowledge required to deliver the strategy resulting in HIS not becoming a high performing organisation. | High - 16 | • Creation of a capability and capacity plan to identify the gaps.  
• Develop a supporting action and communications plan. |
| 12                  |            |                    | Maggie Waterston, Director of F&CS | There is a risk that we fail to meet the requirements of stakeholders and manage their expectations because of a lack of understanding of their needs resulting in missed opportunities and under delivery of our strategic objectives. | Medium - 12 | • Development of a decision making framework which identifies stakeholders.  
• Negotiate deliverable set of expectations and strategic priorities with stakeholders at planning stage.  
• Finalise and share within the organisation an external engagement strategy. |
| 7                   |            |                    | Tony McGowan, Head of HR (interim) | There is a risk that we do not manage our workforce well or flexibly enough to respond quickly to emerging areas of new work resulting in missed opportunities. | High - 15 | • The HR Unit are analysing the personal development review system to understand training needs and current skill levels of staff.  
• Capacity planning systems is being tested with Scrutiny and Assurance Directorate for future use.  
• Development of the decision making framework will assist ensuring that resources are in the right place at the right time. |
<table>
<thead>
<tr>
<th>Page</th>
<th>Reputational/Credibility: open</th>
<th>Driving Improvement in Healthcare Strategy 2014-2020</th>
<th>Maggie Waterston, Director of F&amp;CS</th>
<th>Maggie Waterston, Director of F&amp;CS</th>
<th>Maggie Waterston, Director of F&amp;CS</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>There is a risk that our work does not take account of the longer term, wider and evolving external environment because of a lack of horizon scanning, organisational appetite or capacity for change resulting in missed opportunities and reputational damage.</td>
<td>Medium - 12</td>
<td>Horizon scanning exercise being undertaken by Executive Team.</td>
<td>Medium - 12</td>
<td>Medium - 12</td>
</tr>
<tr>
<td>13</td>
<td>Ruth Glassborow, Director of Safety &amp; Improvement</td>
<td>There is a risk that the organisation does not effectively plan for health and social care integration agenda because of lack of understanding of the impact resulting in missed opportunities to drive improvement in health and care.</td>
<td>Medium - 12</td>
<td>Identify Lead Director within HIS.</td>
<td>Medium - 12</td>
</tr>
<tr>
<td>8</td>
<td>Robbie Pearson, Director of S&amp;A</td>
<td>There is a risk that we are challenged by a healthcare provider on our findings and are unable to defend the challenge which will lead to a reduction in our credibility with the service and with the public, therefore improvements in healthcare that we recommend, will not be implemented.</td>
<td>Development of evidence and judgment framework</td>
<td>Medium - 12</td>
<td>Medium - 12</td>
</tr>
<tr>
<td>6</td>
<td>Maggie Waterston, Director of F&amp;CS</td>
<td>There is a risk that the benefits of integrating our evidence, scrutiny and assurance and quality improvement implementation support functions will not be realised because of a lack of understanding, application and commitment resulting in a failure to deliver our strategy.</td>
<td>Medium - 12</td>
<td>Develop worked examples to support the organisational message about alignment for a purpose.</td>
<td>Medium - 12</td>
</tr>
<tr>
<td>10</td>
<td>Angiolina Foster, Chief Executive</td>
<td>There is a risk that the ET and the CMT do not create leadership capability and capacity within the organisation resulting in reduced effectiveness in delivering the strategy.</td>
<td>Medium - 9</td>
<td>Refocus content of ET and CMT meetings to be more strategic.</td>
<td>Medium - 9</td>
</tr>
</tbody>
</table>
SUBJECT: Governance Reviews

1. Purpose of the report
   To inform the Board of progress with the two governance reviews that have been taking place within the organisation ie the Board governance review and the SMC governance review.

2. Recommendation
   The Healthcare Improvement Scotland Board is asked to:
   - Agree the proposal for changes to the Board Committees outlined in (Appendix 1).
   - Agree that regular Board Seminars continue to take place.
   - Agree that the Board can meet ‘in Committee’ if necessary to take urgent decisions. In these instances, the decisions will be ratified at the following formal Board meeting to be held in public.
   - Agree that the Board is the commissioner of the work of its committees
   - Note that each governance committees will continue to report to each Board meeting and will continue to produce an annual report.
   - Approve the schedule of Board and governance committee meeting dates for 2015/16 (Appendix 2).
   - Note the Board Governance Action Plan in (Appendix 3) which incorporates the work of Jan Polley and of Scott Moncrieff from their separate reports. This work is currently being taken forward and updates will be provided to future Board meetings.
   - Note the SMC Action Plan in (Appendix 4) which was agreed by the working group and which is currently being implemented.

3. Background and key issues

   Board Governance Review
   At the Board seminar in August 2014, an update was provided about progress being made with the Board governance review. This review had come about for a number of reasons but mainly because of the opportunity to consider potential improvements to the organisation’s governance structures after three years in operation with a revised six year strategy in place and with significant changes to the membership of the Board.

   Two pieces of external work had been conducted and were used to support the review: A review of the Committee Structure by Scott Moncrieff in November 2013 and an Evaluation of Board Performance by Jan Polley in April 2014. In addition, reference was made to ‘The Good Governance Standard for Public Services’ produced by the Independent Commission for Good Governance in Public Services.

   A short life working group, chaired by Hamish Wilson, was created to review how the Board and its committee structure operates, to oversee the action plan created from recommendations from the two reports and to report the group’s findings to the Board in September 2014.

   The principles of the work are as follows:
   - The governance structure needs to support the delivery of the 6 year strategy, the 3 year corporate plan and each year’s Delivery Plan.
• The Board should be focussed on strategic delivery, external impact and public confidence (this includes mechanisms for engagement with and accountability to its stakeholders).
• The Board’s responsibility for holding the Executive to account should be through a performance framework which relates to quality, impact and outcomes.
• A Committee structure needs to have clear purpose, with specific terms of reference, and delegated powers and/or mandates.

The proposal for changes to the Committee structure is shown in Appendix 1. This was discussed thoroughly at the Board seminar in August and the Board are asked to agree this proposal. Following agreement, terms of reference will be revised and put to the December meeting of the Board for endorsement with the new structure being in place from January 2015.

The Board and governance committee meeting dates for 2015/16 have been scheduled and aligned to the revised committee structure. All dates should now have been agreed by the relevant Committee Chair and are shown in Appendix 2.

The Action Plan for the Board Governance review is set out in Appendix 3 and this incorporates all of the actions from the two reports that have supported this work. This is being taken forward by the Director of Finance and Corporate Services and by the Corporate Governance Manager.

**SMC Governance, Roles and Responsibilities Review Group**

During the autumn of 2013 a small working group chaired by Hamish Wilson, was set up to consider the governance structure of the Scottish Medicines Consortium (SMC) and how to align it with the corporate governance structure of Healthcare Improvement Scotland. The objective was to clarify roles and responsibilities around the governance of SMC, taking into account the responsibilities of Healthcare Improvement Scotland as outlined in the Public Services Reform Act 2010 and with the policy changes announced in 2013 regarding Improved Access to New Medicines.

The working group included the Chair and Deputy Chair of the SMC, and the CEO and the Executive Clinical Director of Healthcare Improvement Scotland. Hamish Wilson, Vice Chair of Healthcare Improvement Scotland led the group and the Director of Finance and Corporate Services of Healthcare Improvement Scotland provided logistical support.

An action plan was agreed by the group on 28 July 2014 and this is now being taken forward by the Director of Evidence and by the Director of Finance and Corporate Services. The action plan is attached to this paper at Appendix 4.

### 4. Strategic objectives/Local Delivery Plan

The reviews of governance support the delivery of the organisation’s strategic objectives.

### 5. Measures for improvement

Both of the governance reviews are aimed at making improvements to the ways of working of the organisation.

### 6. Risk and legal implications

The recommended changes and action plans ensure greater focus on strategic delivery and management of the legal environment around the organisation.
7. **Resource implications**  
All work will be undertaken within existing resources

8. **Workforce implications/consultation**  
All work will be undertaken by using existing structures.

9. **User involvement and person centredness/public consultation**  
All recommendations and changes are internal to the organisation and do not require external consultation.

10. **Equality and diversity**  
There are no specific equality and diversity issues as a result of this paper.

11. **Governance and future reporting schedule**  
Terms of Reference for the new Committee Structure will be brought to the December 2014 Board meeting for approval.

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Hamish Wilson  
Vice Chair

Maggie Waterston  
Director of Finance and Corporate Services

Lead Director  
Lead Officer

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**Appendices:**  
1. Recommended Transition of Committee Structure  
2. Board and governance committee meeting dates 2015/16  
3. Board Governance Review Action Plan  
4. SMC Governance, Roles and Responsibilities Action Plan
## Appendix 1: Proposed Transition of Governance Committees

<table>
<thead>
<tr>
<th>Existing Committee</th>
<th>Progress</th>
<th>Revised Committee</th>
</tr>
</thead>
</table>
| Finance and Performance Committee | Responsibilities divided  
• Board for strategic issues  
• Audit Committee for financial, related performance & risks  
• ET for operational issues | Committee stood down |
<p>| Audit Committee | Role augmented with relevant areas from F&amp;P | Audit and Risk Committee |
| Staff Governance Committee | Development work ongoing around the Staff Governance Standard Retain Committee | Staff Governance Committee |
| Remuneration Committee | Retain | Remuneration Committee |</p>
<table>
<thead>
<tr>
<th>Existing Committee</th>
<th>Progress</th>
<th>Revised Committee</th>
</tr>
</thead>
<tbody>
<tr>
<td>EIS Committee</td>
<td>Evolution of Committee to one which assures</td>
<td>Quality Committee</td>
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<td></td>
<td>• Strategic fit of new work</td>
<td>(examples of work to be considered would include SPSP, Quality of Care reviews,</td>
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<td></td>
<td>• Quality of strategically and operationally significant work</td>
<td>Health and social Care Integration, Stronger Voice).</td>
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<td></td>
<td>• Clinical assurance &amp; internal alignment of work of SIGN, SHTG and SMC</td>
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<tr>
<td></td>
<td>Operational work to be redirected to ET</td>
<td></td>
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<tr>
<td></td>
<td>Linked to Quality Strategy Outcomes</td>
<td></td>
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<tr>
<td>Scottish Health Council</td>
<td>Interrelationship with Quality Committee Retain Committee</td>
<td>Scottish Health Council</td>
</tr>
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## BOARD AND GOVERNANCE COMMITTEE MEETING DATES: (for remainder of the FINANCIAL YEAR 2014/15)

**Appendix 2**

<table>
<thead>
<tr>
<th>Meeting Date</th>
<th>Board</th>
<th>Board Seminar</th>
<th>Chairman’s Strategic meeting</th>
<th>Governance Committee Chair’s</th>
<th>Audit and Risk committee</th>
<th>EIS Committee</th>
<th>Staff Governance Committee</th>
<th>Scottish Health Council</th>
<th>Executive Remuneration Committee</th>
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<tr>
<td><strong>Committee support</strong></td>
<td>Tracey Mitchell 8565</td>
<td>Tracey Mitchell 8565</td>
<td>Tracey Mitchell 8565</td>
<td>Tracey Mitchell 8565</td>
<td>Rachael Lee 8562</td>
<td>Lesley Forsyth 8707</td>
<td>Eleanor Mackenzie 8585</td>
<td>Linda Bickerton 0141 225 6899</td>
<td>Eleanor Mackenzie 8585</td>
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<td><strong>January</strong></td>
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<td>21/01/15, 1pm, Glasgow</td>
<td>21/01/15 10am</td>
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<td>25/02/15, 12:30pm, Edinburgh</td>
<td>10/02/15, 12:30pm Edinburgh</td>
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<td><strong>March</strong></td>
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## BOARD AND GOVERNANCE COMMITTEE MEETING DATES: FINANCIAL YEAR 2015/16

<table>
<thead>
<tr>
<th>Meeting Date</th>
<th>Board</th>
<th>Board Seminar</th>
<th>Chairman’s Strategic meeting</th>
<th>Governance Committee Chair’s</th>
<th>Audit and Risk Committee</th>
<th>Quality Committee</th>
<th>Staff Governance Committee</th>
<th>Scottish Health Council</th>
<th>Executive Remuneration Committee</th>
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<tbody>
<tr>
<td><strong>Committee support</strong></td>
<td>Tracey Mitchell 8565</td>
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<td>Tracey Mitchell 8565</td>
<td>Tracey Mitchell 8565</td>
<td>Rachael Lee 8562</td>
<td>Lesley Forsyth 8707</td>
<td>Eleanor Mackenzie 8585</td>
<td>Linda Bickerton 0141 225 6899</td>
<td>Eleanor Mackenzie 8585</td>
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<td>ALIGNMENT TO RECOMMENDATIONS</td>
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- Strategy map  
- Planning framework  
- Measurement framework  
- Evaluation framework  
- Decision making framework  
- Integrated Planning  

b) Board to explore opportunities for benchmarking the work of HIS.  
c) Board to pay attention to developing a sense of collective belonging within HIS. | In progress | Chief Executive | JP report: Setting Strategic direction and agreeing priorities – role of Board |
| | | | Board | JP report: Board role in holding staff to account |
| | | | Board | JP report: Providing and leading the organisations values |
| 2. Engaging Stakeholders and making accountability real | Communications and training plan  
- develop communications/training approach to support governance review and action plan (includes Board engagement with external environment).  

- Board to develop stakeholder strategy to support strategic plan.  

- Board to develop a staff engagement programme (see item 6). | March 2015 | Director, F&CS | IA report: role of Directors  
IA report: Communications  
JP report: Board engagement with and accountability to stakeholders  
JP report: Providing and leading the organisations values | Board |
3. Performing effectively in clearly defined functions and roles

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<tr>
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<tbody>
<tr>
<td>a)</td>
<td>Review of Board Standing Orders Terms of Reference</td>
<td>Dec 2014</td>
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<td></td>
<td>• Governance structure map/terms of reference, Board remit/decision powers, meeting/seminar purpose and schedule of meetings, agenda structure).</td>
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<td>• Proposed transition of governance committees</td>
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<td>b)</td>
<td>Guidance and Standards toolkit :</td>
<td>Dec 2014</td>
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<td>• Membership/Chair, Lead Officer, senior executive attendance)</td>
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<td>• Board and governance committee information (including review of corporate template/annual report template/circulation of committee minutes)</td>
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<td>• Administrative Standards and resources</td>
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4. Developing the capacity and capability of the governing body to be effective

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<tbody>
<tr>
<td>a)</td>
<td>Board, Directors/senior management induction programme)</td>
<td>As required</td>
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<td>As required</td>
<td>Chairman/Chief Executive</td>
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<td>As required</td>
<td>Chairman/Chief Executive</td>
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<tr>
<td>b)</td>
<td>Board Performance appraisal programme (including, personal development and succession planning approach)</td>
<td>Annual</td>
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<td>c)</td>
<td>Director attendance at Board and committee meetings included in performance appraisals.</td>
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<td>d)</td>
<td>Board composition (changing composition of the board and effective operation as individuals/team/sharing expertise.</td>
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<td>e) Review of Board Standing Orders Terms of Reference</td>
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<td>• Governance structure map/terms of reference, Board remit/decision powers, meeting/seminar purpose and schedule of meetings, agenda structure)</td>
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<td>• Governance committee membership including external membership</td>
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<td>• Schedule of meeting dates 2015/16</td>
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<td></td>
<td>Dec 2014</td>
<td>Director, F&amp;CS</td>
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<td></td>
<td>24 Sept 2014</td>
<td>Board to approve</td>
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<td></td>
<td>IA report: role of Directors</td>
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<td></td>
<td>JP report: Providing and leading the organisations values</td>
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<td></td>
<td>Board seminar 26 August 2014</td>
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<th>f)</th>
<th>Guidance and Standards toolkit : (3b refers also)</th>
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<td>• membership/Chair, Lead Officer, senior executive attendance)</td>
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<td>• Administrative Standards and resources</td>
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<td>Dec 2014</td>
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<td></td>
<td>JP report: Providing and leading the organisations values (3b refers also)</td>
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5. Taking informed, transparent decisions and managing risk
   a) Management and monitoring of external risks
      • Board to consider identifying sources of independent assurance. |
      • Board to consider Identification and management of additional corporate risks arising from areas such as integration agenda eg joint meeting with care inspectorate board. |
      ? | Board |
      JP report: Board role in risk and assurance |

6. Promoting values for the whole organisation and demonstrating good governance through behaviour
   a) Development of values agreement between Board and organisation. |
   b) Board to develop a staff engagement programme. |
   ? | Board |
   ? | Board |
   JP report: Board role in holding staff to account |
   JP report: Providing and leading the organisations values |
## SMC Governance, Roles and Responsibilities Review group

### Agreed Action Plan 28 July 2014

<table>
<thead>
<tr>
<th></th>
<th>Next Steps</th>
<th>By Who</th>
<th>By When</th>
<th>Governance</th>
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<tbody>
<tr>
<td>1</td>
<td>The Code of Corporate Governance should include a reference which reflects the nature of SMC as a consortium of Health Board ADTCs.</td>
<td>Wording to be agreed and incorporated within CCG</td>
<td>Governance Group</td>
<td>ASAP</td>
</tr>
<tr>
<td>2</td>
<td>The SMC Chair, or deputy, should attend the EIS Committee or its equivalent, providing a quarterly update and an annual report.</td>
<td>Complete</td>
<td>Complete</td>
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<tr>
<td>3</td>
<td>The Chair of the EIS Committee or its equivalent, should be nominated as a specific point of contact for the SMC Chair regarding any concerns or threats to the independence of the SMC.</td>
<td>To be initiated</td>
<td>H Wilson</td>
<td>ASAP</td>
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<tr>
<td>4</td>
<td>The HIS Chief Executive and the SMC Chair should meet regularly.</td>
<td>In Place</td>
<td>A Foster/J Fox</td>
<td>Ongoing</td>
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<td>5</td>
<td>During the implementation of ‘Access to new Medicines’, regular reporting to the Board should be made to ensure that they are fully appraised of all issues resulting from this major change process.</td>
<td>Ongoing</td>
<td>S Twaddle (M Waterston)/ A Lee</td>
<td>Ongoing</td>
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<td>Next Steps</td>
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| 6 | HIS, as a key stakeholder, should be formally represented on the consortium. Clarification is required about the role of the HIS Executive Clinical Director on the consortium eg voting rights and ability to appoint a deputy to attend in his absence.  

HIS ECD currently has observer status. No deputies are allowed for any member.  
Complete                                                                                     | Complete     | Complete    | n/a         |
| 7 | The SMC Chief Pharmacist should become a permanent member of HIS Corporate Management Team.                                                                                              | Complete     | Complete    | CMT         |
| 8 | The SMC should sit within the Evidence Directorate and the Chief Pharmacist should report directly to the Director of Evidence with no changes to the existing reporting structure to the SMC Chief Pharmacist.  

To be formally communicated as part of the next CEO update to the organisation  
A Foster and A Lee to agree communications with SMC team separately  
A Foster  
A Foster/A Lee                                                                                      | A Foster     | Next Update | n/a         |
<p>| 9 | The SMC Executive group should include HIS representation eg Director of Evidence.                                                                                                     | Complete     | Complete    | EIS Committee or its equivalent |
| 10| The SMC Chief Pharmacist will have responsibility for the SMC budget. This responsibility will be delegated by the Director of Evidence.                                                                                                           | Complete     | Complete    | ET/Board    |
| 11. | HIS and SMC should agree together the financial reporting that is required to manage the budgets appropriately. The resources allocated to the SMC should be regularly reported to an appropriate group eg the SMC Programme Board who oversee the change and transition of SMC. They will also form part of the financial reporting to the Board. | Financial reporting and management accounting support is in place. The SMC budget is included within the Evidence Directorate’s budget and has been delegated to Anne Lee. | Complete | Complete | ET/Board |
| 12. | HIS and the SMC should work together to formally document the key roles and responsibilities in relation to SMC. The SMC Executive Governance Framework should be updated to clearly outline the SMC Executive Group’s role and remit. The remit should not overlap with the operational responsibility and financial authority of the SMC Chief Pharmacist. | A short life working group is established and chaired by the Director of Evidence or deputy, to oversee the changes to implement the New Medicines Policy. This would enable the current programme board to be stood down. In addition a separate and small governance group should be established and chaired by the Director of Finance and Corporate Services, to consider options about the future role of the SMC Exec and also the appointment process for the Chair of SMC. This governance group would include SMC Exec views and HIS views and make its recommendations to ET. Understanding of the role of OMTG and OMToG to be considered as part of the creation of additional groups. | S Twaddle | ASAP | ET/ EIS Committee or its equivalent |
| 13. | During the tenure of the SMC Chair, HIS and SMC should work in partnership to propose a new open and transparent appointment process for the post of the Chair of the SMC. | Agreed – this could be delegated to the small governance group in point 12 above. | M Waterston | ASAP | ET/Audit and Risk Committee (for code of corporate governance) |</p>
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<th>By When</th>
<th>Governance</th>
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<td>14.</td>
<td>The new arrangements should be clearly communicated within HIS, SMC, the Scottish Government and with other relevant stakeholders. As part of this process, all communication channels should be reviewed and rationalised to enable better sharing of information, including financial allocations. An SMC update should be added as a regular agenda item for meetings between HIS and its SG sponsor.</td>
<td>Agreed</td>
<td>A Foster</td>
<td>ASAP</td>
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<td>15.</td>
<td>A process for reviewing the new arrangements should be jointly agreed between HIS and SMC to ensure continuous improvement is made.</td>
<td>Agreed – to be included in the remit of the SLWG as they oversee the introduction of the changes for the new policy. Work to take place with SG to understand the evaluation that they will undertake</td>
<td>S Twaddle/ A Lee</td>
<td>Ongoing</td>
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<td>16.</td>
<td>An update of progress with the SMC governance work to be included within the overall governance review for the Board in September 2014.</td>
<td>H Wilson/ M Waterston</td>
<td>September 2014</td>
<td>Board</td>
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<td>17.</td>
<td>A further meeting of the original group to be held in January 2015 to review progress. To be chaired by A Foster</td>
<td>A Foster/ M Waterston</td>
<td>January 2015</td>
<td>ET/ Board</td>
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<td>18.</td>
<td>The Scott Moncrieff work has been superseded by this list of actions</td>
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M Waterston  5th August 2014
SUBJECT: Death Certification Review Programme: Update (to end August 2014)

1. Purpose of the report
To provide an update on the Death Certification Review Programme.

2. Recommendation
The Healthcare Improvement Scotland Board is asked to:
• Note the current status of the Programme.
• Note the updates regarding issues raised previously with Scottish Government.

3. Background and key issues
Healthcare Improvement Scotland (HIS) has a statutory responsibility from April 2015 to review the quality and accuracy of a sample of medical certificates of cause of death (MCCDs) and to manage the process of administering and authorising the burial and cremation of those who have died outside the UK and are returned (repatriated) for burial or cremation in Scotland. These responsibilities are outlined in the Certification of Death (Scotland) Act 2011.

The new national death certification review service is one aspect of a programme of reforms related to death registration, burial and cremation being overseen by Scottish Government. Since 2012 HIS has been working with partners to develop and establish the required infrastructure to allow the organisation to deliver on its statutory responsibilities as outlined in the Act. HIS is the lead organisation for the review aspect of the reforms, however, collaboration and joint working between a number of other key organisations is critical to the successful implementation of the service in April 2015.

The detailed operational plan for the 2014/2015 implementation phase of the programme, and the first year of operation 2015/2016, including financial projections, was approved by the HIS Executive Team at the beginning of September. The implementation phase of the programme which is currently underway includes:

• Development of death certification review programme business processes (for both MCCD reviews and repatriation cases): this includes appropriate procedures guidance and training (for the HIS employed staff) and communication with the service and other key stakeholders in respect of HIS’ role.

• Establishment of the death certification review team: this includes recruitment of a senior medical reviewer (SMR), medical reviewers and operational management and support staff and establishment of the required office space, infrastructure and equipment to accommodate the medical review teams which will be located within NHS 24 premises.

• IT and technical infrastructure: this includes specification, development and implementation of an electronic case management system (eCMS) with the capability to receive and send MCCDs and associated data electronically from/to National Records of Scotland (NRS). Development and delivery of the eCMS has been outsourced to NHS National Services Scotland Information Technology (NSSIT),

---

1 The Act confers a statutory responsibility on the Registrar General to ensure that randomly selected MCCDs are referred to HIS for review.
The eCMS will be hosted within **NHS 24** using existing technical infrastructure including telephony.

4. **Strategic objectives/Local Delivery Plan**
   The death certification review programme is part of Healthcare Improvement Scotland’s Supporting Safe Clinical Practice programme which includes three main scrutiny and assurance responsibilities introduced in part as a response to the recommendations from the Shipman Inquiry: governance arrangements related to controlled drugs; medical revalidation; and death certification review.

5. **Measures for improvement**
   The main measure for improvement is improved quality of completion of the MCCD including accuracy of the cause of death information recorded. An outcomes and evaluation framework for the programme is in development.

6. **Risk and legal implications**
   A Programme risk register is in place and as this Programme is a legislative requirement, for a number of the identified risks the Board’s risk appetite is classed as minimalist. A number of the operational risks are currently scored as ‘high’ (DC12 & DC17) or ‘very high’ (DC01, DC03). The position of these risks and the mitigation actions in place are regularly reported to the Board and the HIS Audit Committee.

   Central Legal Office is advising on legal implications.

7. **Resource implications**
   Scottish Government is funding this Programme of work.

8. **Workforce implications/consultation**
   This Programme requires the appointment of 6 WTE doctors as reviewers. Operational management staff (projected at 1.5 WTE (AfC band 7-8a), and support staff (maximum 6 WTE AfC band 4). Recruitment started in August 2014.

9. **User involvement and person centredness/public consultation**
   We are working with the Scottish Health Council to enable the participation of local communities in setting up the review programme locally. The death certification review programme board includes two HIS public partners.

10. **Equality and diversity**
    A full impact assessment has been carried out.

11. **Governance and future reporting schedule**
    | Key milestone to be reported against in forthcoming year: | To be reported to: | Date presented/to be presented: | Version number |
    |----------------------------------------------------------|--------------------|---------------------------------|----------------|
    | Implementation of the Death Certification Review Programme by April 2015 | Board, Executive Team and EIS Committee | Each meeting | Ongoing |

   **Robbie Pearson**
   Director of Scrutiny and Assurance
   Lead Director

   **Jane Byrne**
   Senior Programme Manager
   Lead Officer

**Appendix:**
Update report
Healthcare Improvement Scotland: Death Certification Review Programme: Update (to end August 2014)

1. Background and context

Each year in Scotland there are about 55,000 deaths. Every death in Scotland must be certified by a doctor who completes a form called a Medical Certificate of Cause of Death (MCCD). The MCCD provides a permanent legal record of the death, records information about the death (including the cause of death), and allows the death to be registered. A death cannot be registered without the MCCD and once registration is completed, the Registrar will provide the ‘Certificate of Registration of Death’.

The arrangements for death certification and registration have been extensively reviewed and in 2011 the Certification of Death (Scotland) Act 2011 was passed by the Scottish Parliament. It introduces a number of changes to the current system; in particular, it strengthens checks on the accuracy of MCCDs by setting up a new national review service which applies to a sample of death certificates prior to registration. The main aims of death certification review are to:

- improve the quality and accuracy of completed MCCDs
- strengthen checks on the accuracy of MCCDs, and
- provide improved public health information about causes of death in Scotland.

Healthcare Improvement Scotland (HIS) is named in the Act as the organisation responsible for the Death Certification Review programme and the review of MCCDs will be carried out by experienced and trained doctors. The Senior Medical Reviewer, Dr George Fernie, was appointed in December 2013. Healthcare Improvement Scotland will start reviewing MCCDs in April 2015. It will also manage the process of administering and authorising the burial and cremation of those who have died outside the UK and are returned (repatriated) for burial or cremation in Scotland.

This is reserved legislation and Scotland is required to introduce it in the context of the UK Act. England and Wales had planned to introduce 100% review of MCCDs although the development of that system is currently under further review. Northern Ireland is taking a different approach and plans to introduce locally-led review of MCCDs using locally employed doctors. The Scottish death certification review service will review a sample of MCCDs (10% (about 4000) at level 1 and a further approximately 2000 at level 2) per annum using a centrally-led team of medical reviewers. As there are already considerable differences in the approaches being taken we need to be confident we are setting up a robust system that can offer public assurance and represents value for money. We are also working in the context of a sensitive topic and we are well aware that these reviews have the potential to lead to delays to funerals.

2. Key elements of the death certification review programme

The key HIS elements of the implementation phase of the programme are:

- **Development of death certification review programme business processes (for both MCCD reviews and repatriation cases):** this includes appropriate procedures guidance and training (for the HIS employed staff) and communication with the service and other key stakeholders in respect of HIS’ role.

- **Establishment of the death certification review team:** this includes recruitment of a senior medical reviewer (SMR), medical reviewers and operational management and
support staff and establishment of the required office space, infrastructure and equipment to accommodate the medical review teams which will be located within NHS 24 premises.

- **IT and technical infrastructure:** this includes specification, development and implementation of an electronic case management system (eCMS) with the capability to receive and send MCCDs and associated data electronically from/to National Records of Scotland (NRS)\(^2\). Development and delivery of the eCMS has been outsourced to NHS National Services Scotland Information Technology (NSSIT). The eCMS will be hosted within NHS 24 using existing technical infrastructure including telephony.

3. **Current status of the programme**

The new national death certification review programme is only one aspect of a number of reforms to death certification, burial and cremation that are currently underway in Scotland. This is a complex programme of work which is reliant on a number of interdependent stakeholder organisations also delivering their component responsibilities to quality and timescale. While we are making steady progress with our areas of responsibility, the programme remains a high risk for the organisation due to the interdependencies involved. In light of this the HIS Board has been fully briefed about the various risks and issues over the course of the last 6–12 months and a number of key issues have been formally raised with Scottish Government at the request of the Board. A status update on the HIS programme and each of these issues follows.

3.1 **HIS programme update**

3.1.1 **Development of death certification review programme business processes**

The business processes for all elements of the new service have been comprehensively process mapped in collaboration with relevant stakeholders. The process maps have informed a suite of draft standard operating procedures which will be shared with key stakeholders for agreement shortly.

Qualitative testing undertaken during the summer months to ascertain whether reviews can be successfully completed using only electronically available patient information that can be accessed directly by the medical reviewer produced positive results. For the vast majority of cases tested (95% from a 100 case sample) the data available via the emergency care summary (ECS) and/or key information summary (KIS) and/or electronic palliative care summary (ePCS) was sufficient to conclude the review. This mitigates to a large degree the risk of delays that could be incurred by having to source hard copy patient records.

3.1.2 **Establishment of the death certification review team**

Interviews for the post of operations team manager for the new service were held at the beginning of September 2014 with the aim of bringing this individual into post at towards the end of the year. This will allow the operations team manager to be involved in recruitment of the support team and in planning the configuration and staffing profile for the service.

The Medical reviewer posts will be advertised on 05 September 2014 with interviews scheduled to take place mid October 2014 and successful applicants taking up the posts in early 2015. This will allow the medical reviewers to be trained as a cohort, and time for team building and educational and networking activity with NHS boards before the reviews commence in April 2015. All of the individuals who applied when the posts were advertised

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\(^2\) The Act confers a statutory responsibility on the Registrar General to ensure that randomly selected MCCDs are referred to HIS for review.
in August 2013 (prior to the change to the implementation date) have been kept on file and have been invited to have their application considered again in this round of recruitment.

3.1.3 IT and technical infrastructure
Development of the eCMS application code is well advanced. The code was deployed on 03 September to a test environment within NHS 24 for the purposes of commencement of functional and connectivity testing. The production environment hardware infrastructure is not yet in place and this has been escalated to senior management within NHS 24 by both the NHS 24 project manager and by NSSIT.

Resource issues within NRS are impacting on system development work at the NRS end and therefore on commencement of end to end connectivity testing. This was discussed at the eCMS project board on 01 September and a decision as to whether to escalate formally will be taken within the next two weeks.

The commencement of testing has already been delayed by several weeks due to issues with securing testing resource. This resource is now in place, however, any further significant delay will begin to impact on achievement of system development and testing milestones. This has the potential to impact on delivery of a functioning system in time for training the medical review teams and going live in April 2015. A close watching brief is being maintained and contingent options formalised.

3.1.4 Implementation phase 2014/2015 and ongoing operational and financial plan plan

The Death Certification Review Programme implementation phase 2014/2015 operational plan and service running costs projections from April 2015 were approved by the HIS Executive team on 02 September 2014. The paper covers:

- the approach that HIS has adopted to deliver its responsibilities under the Act
- the current status of the Death Certification Review Programme
- the operational plan, timescales and financial assumptions for 2014/15, and
- year on year projected running costs for the Death Certification Review Service post April 2015

This has been shared with Scottish Government for discussion and agreement.

3.2 Key issues update

3.2.1 Coordination and programme management

There has been a recent change to personnel within the Scottish Government death certification team. A new policy manager is in post and is dedicated full time (the previous post holder managed this work along side a number of other responsibilities) to overseeing implementation of the review programme and the associated reforms until the service goes live. A number of very positive operationally focused meetings have been held to date with the new policy manager.

The stakeholder group (HIS, NRS, NHS Education for Scotland (NES), NSSIT and NHS 24) continues to meet monthly to facilitate operational planning and delivery during the 2014/15 implementation phase. This group continues to report jointly to Scottish Government on the overall status of the programme, and the various interdependencies.
3.2.2 Communication
The Scottish Government's ‘Certification of Death (Scotland) Act 2011 Strategic Communications Plan’ was presented to the Death Certification National Advisory Group (DCNAG) in July 2014. This is a significant further iteration of the ‘In progress DC NAG Communications Plan’ and the ‘Communications Plan’ that were shared at the August 2013 and December 2013 DCNAG meetings respectively. This iteration of the plan contains significantly more detail and new information including:

- The roles and responsibilities with regard to communication of each implementing organisation (including Scottish Government)
- Timelines and key milestones for Scottish Government:
  - communicating key overarching messages, policy and strategic activity to all professional stakeholders
  - issuing CMO letters and CELs
  - developing and updating key core resources and information for all stakeholders
  - communicating with political stakeholders around implementation, and
- A section dedicated to communicating with the general public.

Each of the key implementing organisations (HIS, NRS and NES) have provided their individual communications plans to Scottish Government for inclusion in the overarching plan. The timescales and milestones included in the latest iteration of the strategic communications plan will be used to schedule HIS specific communications regarding the new review service.

3.3 Other updates

3.3.1 Local implementation leads network
All NHS boards have nominated a local implementation lead to drive developments locally in preparation for commencement of MCCD reviews in April 2015. The leads met for the first time in July 2014 and a schedule of meetings is in place over the coming months. Each lead is establishing a local implementation group within their NHS board area. The SMR has been meeting with each of the leads and has attended several local implementation group meetings.

3.3.2 New MCCD form
The new hard copy MCCD form was successfully rolled out and has been in use across Scotland since 06 August 2014.

3.3.3 Outcomes planning and evaluation: We are currently drafting an outcome planning and evaluation framework for the Death Certification Medical Review Service. A meeting with key stakeholders, clinicians, registrars and public partners will take place in September to formulate the framework.

3.3.4 User involvement
The Scottish Health Council supported the team to undertake three focus groups in July and August. These groups took place in Orkney, Tayside and Grampian. Further engagement sessions to gather the views of those in other localities and faith groups will take place in the Autumn.
4. Conclusion

Our work on this programme continues to progress well and implementation of the HIS related aspects of the review programme are currently on track for the April 2015 target. Board members are asked to note, however, the continued reliance on partner organisations meeting their obligations in order to ensure successful implementation in April 2015.

The July 2014 iteration of the ‘Certification of Death (Scotland) Act 2011 Strategic Communications Plan’ is a welcome development as the plan now defines the roles, responsibilities and expectations of each of the stakeholder organisations with regard to communications and sets out the centralised professional and public communications activity timetable for the next 6–8 months in the run up to commencement of MCCD reviews. We are looking forward to supporting colleagues at Scottish Government to implement the communications plan thus ensuring that the right information gets to the right people at the right time and our messages are consistent.

This remains a high risk programme of work for HIS and we will continue to update the Board on progress at regular intervals.
SUBJECT: NHSScotland Quality Improvement Hub (QI Hub)

1. Purpose of the report
The purpose of this paper is to provide an update on NHS Scotland QI Hub (QI Hub) and the outcomes of the review of its remit.

2. Recommendation
The Healthcare Improvement Scotland Board is asked to:
- note the revised Memorandum of Understanding (MoU) between Strategic Partners, Appendix 1
- note the key changes in the Memorandum of Understanding
- note the ongoing work by partners to agree priorities and outcomes for the work plan

3. Background and key issues
The QI Hub was established in 2010 with the broad aim of supporting the implementation of the quality strategy. Early in 2014, a review of the QI Hub was initiated by the strategic partners with the aim of providing greater clarity on its role and strengthening its ability to deliver.

This work led to a refresh of the QI Hub Memorandum of Understanding (MoU). A number of key changes are noted namely:

Focus
The purpose of the QI Hub has been re-focused to:

"Supporting NHS Scotland to develop the capacity, capability and infrastructures to excel in quality improvement with the aim of delivering the highest possible levels of safe, effective, person centred, timely, efficient and equitable care"

The new MoU also acknowledges the changing landscape in terms of health and social care integration. It is anticipated that, over the next 12 months, the role of the QI Hub will further evolve into a more explicit focus on Health and Social Care.

Membership
The Joint Improvement Team has now joined the QI Hub as a strategic partner. The Care Inspectorate has also recently requested membership of the QI Hub and it is anticipated that a proposal will go to the next Strategic Partners Meeting for discussion.

QI Approach
A definition of Quality Improvement has been included in the MoU. Further, the document recognises that improvement happens when the improvement intervention and how it is delivered aligns appropriately with the context. Therefore, the QI Hub may use a range of different QI methods. QI methods currently in use across Scotland include: The Model for Improvement, Lean, Vanguard, Theory of Constraints, Experience Based Co-design and Six Sigma.

Principles
The MoU identifies key principles that all the partners have signed up to. This draws on best practice around partnership working which highlights the importance of an agreed set of values/principles as the foundation for collaboration.
**Work plan**
The focus of the QI Hub work plan will be those activities which can only be successfully delivered through working in collaboration between two or more of the QI Hub partners. The revised MOU also recognises that not all QI Hub partners will be involved in every piece of work. The Strategic Partners Group is currently agreeing priorities and resources to support a new work plan.

The QI Hub is increasingly being recognised as a centre for collaboration and central support in QI. Two recent developments for the QI Hub include the commission from Scottish Government to support elements of the chair and non-executive’s development programme and agreement that the QI Hub will act as the Scottish representative on the UK Alliance for quality improvement, a new collaboration of UK improvement bodies.

**Governance**
The MoU strengthens the governance arrangements by requiring that all significant pieces of work have a project initiation document produced that is signed off by the Strategic Partners Group (SPG). It also commits to a process of exception reporting to SPG and the development of an outcomes measurement framework.

4. **Strategic objectives/Local Delivery Plan**
Healthcare Improvement Scotland is the host organisation for the QI Hub. Ensuring it effectively carries out its remit is a LDP priority.

5. **Measures for improvement**
Measures for improvement are being agreed alongside the revised work programme priorities.

6. **Risk and legal implications**
A previous operational risk was that “There is a risk of reputational damage to HIS because of a lack of alignment between SG and the QI HUB key partners on the priority deliverables for the QI HUB, different understandings of the respective roles and responsibilities for actioning those deliverables and a lack of clarity on how performance against the QI HUB plan is managed across the key partners, resulting in potential lack of delivery of key actions and differing perceptions on whether what has been delivered is in line with what was expected.” The revision of the MoU has addressed this risk and it has now been removed from the risk register.

There here are currently no high or very high risks on the QI Hub risk register.

7. **Resource implications**
Resources from partners take a number of forms including direct funding and in-kind contributions of time and expertise. The revised MoU makes it clear that the QI Hub may seek direct commissions from NHS boards and other funding organisations.

Work is in place to compile a resourcing template to identify the level of resources committed by each partner. Currently, HIS and QuEST are the main contributors of either dedicated staffing or funding.

8. **Workforce implications/consultation**
HIS provides core resources to ensure effective coordination of the QI Hub activities including improvement advice, business management, project management and administration. The revised MoU and resource mapping work is clear that these are resources HIS is contributing as the host organisation.
The revised workplan is also looking at the development of a QI Associate model that would enable the QI Hub to contract with individuals currently working in NHS boards/Health and Social Care Partnerships for a specified number of days per year. These days could be in return for access to free training nationally, as part of an exchange arrangement or directly funded.

9. **User involvement and person centredness/public consultation**
   This review did not engage directly with service users or members of the public as the focus was reviewing the QI Hubs role in supporting NHS boards to excel in quality improvement. However, public partners are actively engaged in any QI Hub work programme activities focused on clinical services.

   The QI Hub has representation from territorial boards on the Strategic Partner Group. These individuals were involved in the review. The revised MoU has also been discussed and agreed with the Scottish Government Quality Unit.

10. **Equality and diversity**
    As this review is around the overall focus and governance structures of the QI Hub it does not require an Equality Impact Assessment. However, the revised work plan will require an EQIA and we will ensure this is carried out as part of the revision process.

11. **Governance and future reporting schedule**
    The QI Hub strategic partners group is chaired by the Director of Safety and Improvement from HIS. Elements of the work plan for which HIS are directly responsible are reported to the EIS committee. The other partners will be accountable, through their Boards, for their respective parts of the work plan. The QI Hub also has a reporting line to the Scottish Government’s Infrastructure Delivery Group which reports to the Quality Alliance Board.

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<td>Progress report against key milestones</td>
<td>EIS Committee</td>
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**Appendix:**
QI Hub Memorandum of Understanding
NHS Scotland Quality Improvement (QI) Hub
Revised Memorandum of Understanding (Sept 2014)

1  Purpose of Memorandum of Understanding

1.1 The purpose of this Memorandum of Understanding ("the Memorandum") is to set out the arrangements for effective and participative partnership working between Healthcare Improvement Scotland; NHS Education for Scotland; NHS National Services Scotland, including the Public Health and Intelligence Strategic Business Unit; NHS Health Scotland; Scottish Government Quality and Efficiency Support Team; and the Joint Improvement Team (collectively “the Parties”), in relation to the operation of the Quality Improvement Hub and to clarify the role and responsibilities of each of the organisations.

1.2 This Memorandum of Understanding sets out how we propose to do this by setting out:

• the agreed purpose of the QI Hub and the seven key areas where it will focus activity.
• the principles which will underpin the collaborative working
• how the QI Hub is resourced
• how the work of the QI Hub is governed
• how key disagreements between partners will be managed
• arrangements to ensure the confidentiality of information
• legal status of the collaboration and;
• arrangements for monitoring and review of the Memorandum of Understanding.

2  QI Hub – purpose and focus

2.1 The NHSScotland Quality Improvement Hub ("the QI Hub") is a national collaboration between Special Health Boards, Scottish Government Health Directorates and the Joint Improvement Team.

Its purpose is to support NHSScotland to develop the capacity, capability and infrastructures to excel in quality improvement with the aim of delivering the highest possible levels of safe, effective, person centred, timely, efficient and equitable care.

2.2 All partners recognise that delivering the aim of supporting NHSScotland to excel in healthcare quality improvement means taking into account the context within which territorial boards operate. This includes the integrated delivery of health and social care. In recognition of this, the QI Hub collaboration now includes the Joint Improvement Team and ensures it keeps close links with other social care partners, such as the Health and Social Care Partnerships.
2.3 Quality Improvement is defined as the application of a systematic approach that uses specific techniques to improve quality. Though there are a range of different approaches that fit under this umbrella they all have the following in common:

a) The concept of a cycle of improvement which involves data collection, problem definition and diagnosis, generation and selection of potential changes, iterative testing and evaluation of those changes.

b) A set of tools and techniques that support individuals to implement the cycle of improvement.

c) A recognition of the importance of organisational context and the need for senior clinical and management leadership.

d) A recognition of the central importance of engaging those who receive and deliver a service in the improvement of that service.

2.4 In delivering this work the QI Hub does not subscribe to any one individual quality improvement model, rather it recognises:

a) that NHSScotland has moved beyond a one model approach and has now matured to an eclectic approach to QI that recognises that improvement happens when the improvement intervention and how it is delivered aligns appropriately with the context.

b) the importance of both QI technical skills and QI leadership skills.

c) the knowledge base around QI in healthcare is evolving and hence the need to remain open to new knowledge and to evolve approaches accordingly.

2.5 The QI Hub delivers its vision by partners working together to:

1 provide a range of educational opportunities that support NHS boards and key partners in the development of the technical and leadership skills necessary to enable successful implementation of local and national QI priorities.

2 provide support for NHS boards and key partners to make effective use of data to drive improvement.

3 provide practical guidance and support for NHS boards on developing an organisational approach to quality improvement.

4 support the development of QI networks which enable those engaged in leading QI work nationally and locally, including undergraduate health professionals, to share learning from the experience of ‘doing improvement work’, provide mutual support and challenge, and ensure Scotland takes its place as a thought leader in the field of quality improvement for healthcare services.

5 ensure an accessible web portal to information on quality improvement techniques, resources and expertise.

6 facilitate the alignment and integration of work across the different national and local quality improvement programmes with the aim of maximising the benefits whilst removing duplication and conflicting messages.

7 design and test innovative approaches to quality improvement.
provide a single portal where individuals looking for advice on whether Quality Improvement methodology can help them in their situation will receive either

- signposting to existing QI resources including local QI teams and self help material
- a one off consultation session with either an individual or group of QI experts
- support to conduct a more detailed diagnostic exercise to inform a decision about the appropriate next steps

3 Principles for collaborative working

3.1 The QI Hub partners will operate on the basis of the following principles:

- The partners will keep central to every discussion the QI Hub aim of supporting NHSScotland to excel in healthcare quality improvement. In doing this, they will also stay sighted on the fact that this is simply a means to achieving the overall ambition that the people who use the NHS in Scotland have the highest possible levels of safe, effective, person centred, timely, efficient and equitable care.
- The focus of the QI Hub workplan will be those activities which can only be successfully delivered through working in collaboration between two or more of the QI Hub partners. However, to ensure an integrated approach to QI work nationally the partners will also provide a regular update on QI initiatives being progressed by their organisation.
- The partners will aim to minimise duplication and maximise co-ordination of national QI activities. To achieve this all partners will make every effort to take account of, and be aware of, each other’s work and will use this to inform and develop complementary work programmes.
- Intelligence gathered during programmes of work will be shared to reduce duplication of effort, ensure consistency and take advantage of key learning.
- Where there are difficulties or disagreements, these will be openly and respectfully discussed with all partners committing to understanding each other’s perspectives and, if at all possible, reaching a shared agreement on the way forward.

4 Resources

4.1 The work of the QI Hub is funded through a combination of:

- QI Hub partners voluntarily contributing either funding or staff time to the work of the QI Hub.
- Direct commissions from the Scottish Government
- Resources in kind from territorial NHS boards
- Funding from grant making bodies
4.2 The QI Hub also reserves the option of entering into direct contracts with NHS boards for services over and above the funded core.

4.3 It is recognised that the focus of the QI Hub work means that some partners will allocate a higher level of resources to the work than others. To aid transparency and mutual accountability, each year a summary of contributions will be included within a QI Hub annual report.

4.4 To ensure effective co-ordination of work across the partners, the QI Hub will have a small co-ordinating team of individuals. This will be provided by the host organisation. The role of the host organisation is to ensure effective infrastructures are in place to:

- enable the strategic partners to jointly make key decisions on the overall focus and priorities for the QI Hub
- deliver the agreed work-plan.

4.5 In addition, partners will allocate staff and/or funding on a fixed term basis to take forward specific projects or programmes of work.

5 Governance Structures

5.1 The work of the QI Hub is overseen by the Strategic Partners Group (SPG). The Strategic Partners Group will include the nominated lead from each QI Hub partner together with two NHS territorial board representatives and two Scottish Government policy representatives. The NHS territorial board representatives should be nominated by the QI Exec leads. Subject matter experts and other members of staff may be invited to the SPG on an ad-hoc basis.

5.2 As the QI Hub is a voluntary collaboration, the decision making model will be consensus agreement.

5.3 The SPG is responsible for:

- agreeing the overall priorities for the QI Hub. It is expected that this will be undertaken in consultation with NHS territorial boards and Scottish Government policy leads.
- ensuring the Hub remains ‘customer focussed’ and supports care teams and organisations to achieve excellence in healthcare quality improvement.
- approving a realistic and resourced programme of work to deliver the QI Hub priorities.
- identifying and committing resources to support the work of the QI Hub.
- working to remove any barriers that are preventing any specific agreed programmes of work from progressing.
- managing the performance of each of the partner organisations and taking corrective action where expectations are not being met.
- oversight of a performance measurement framework linked to Hub priorities and work programme.
- ensuring substructures are in place to ensure effective operational governance of the day to day programme of work.
5.4 This group has a reporting line to the Scottish Governments Quality Infrastructure Delivery Group.

5.5 The Strategic Partners Group will meet bi-monthly. Ad-hoc meetings can be called by any of the partners. Please see the separate Terms of Reference for information on the structure and functioning of this group.

5.6 The Strategic Partners Group will consult and receive advice from the NHSScotland QI Executive Leads group. This includes senior representation from every NHS Board across Scotland.

5.7 The Strategic Partners Group will agree the governance arrangements to oversee the operational delivery of the work programme.

6 QI Hub Workplan

6.1 A QI Hub annual work plan will be agreed each year jointly through the Strategic Partners Group. This will outline the key activities for the following year. Each activity will be allocated to a lead organisation and the plan will clearly identify which other partners have a key role. It is recognised that not all QI Hub partners will be involved in every activity.

6.2 In recognition of the need to ensure all partners are signed up to and understand the key deliverables of the QI Hub, every significant piece of new work will have a project initiation document or charter that clearly identifies why we are doing it, what we expect to achieve, what the key deliverables are, the governance routes for the work, the key stakeholders, key milestone timeline with leads identified, what resources we are committing to it, the known risks and mitigations and how we will evaluate impact. This PID should be signed off by the Strategic Partners Group.

6.3 The SPG is responsible for ensuring structures are in place to provide day to day management of the work plan. The SPG will maintain oversight of the delivery of the QI Hub workplan and will do this through a combination of exception reporting against agreed deliverables and the development of an outcomes measurement framework.

6.5 An annual report will be produced each year that summarises the key achievements and lessons learnt.
7 Reconciliation of Disagreement

7.1 Where problems in the operation of this Memorandum are identified by any Party they will seek to resolve them quickly and informally. If this is not possible the following will take responsibility for achieving a mutually acceptable resolution:

- Director of Safety and Improvement, Healthcare Improvement Scotland;
- Quality Improvement Programme Director, NHS Education for Scotland;
- Director of Public Health and Intelligence, NHS National Services Scotland;
- Director of Delivery, NHS Health Scotland; and
- Head of Quality and Efficiency Support Team, Scottish Government.
- Director of Joint Improvement Team

8 Confidentiality and Information Security

8.1 All organisations will respect the confidential nature of the information shared between the organisations, within the context of the Freedom of Information (Scotland) Act 2002. Sharing or use of patient identifiable information will be routinely tested against the Caldicott Principles 1997 in order to ensure compliance with NHS Information Governance 2005 and the Data Protection Act 1998.

8.2 Many of the reports, or other publications, produced by the Parties to the Memorandum of Understanding are public documents; publications will abide by the UK Statistics Authority Code of Practice for official publications, as appropriate. Where a report from any organisation is of mutual interest, the report will be shared and discussed with the other organisation(s).

9 Monitoring and Review of the Memorandum of Understanding

9.1 All Parties will meet at least annually to review the operation of this Memorandum of Understanding.

9.2 This Memorandum, and working relationships, will also be reviewed if necessary following any pertinent changes to legislation, policies, procedures and structures of the Parties concerned.

9.3 Each organisation will endeavour to ensure that their staff are aware of the content of this Memorandum, and any revisions, and the responsibilities it places on each individual member of staff.
10   Legal Status

10.1 This Memorandum is not a contract and is not legally enforceable. It does not create legal obligations between the Parties. However, the Parties agree to adhere to the principles within the Memorandum and to show proper regard for each other’s activities.

10.2 This Memorandum does not affect existing statutory functions or amend any other policies or agreements relating to the activities of the Parties to the Memorandum of Understanding.

11 Signatories to the Memorandum of Understanding

Signed: ___________________________ Date: ______________________

Angiolina Foster
Chief Executive
Healthcare Improvement Scotland

Signed: ___________________________ Date: ______________________

Linda Semple
Head of QuEST, QuEST
Scottish Government

Signed: ___________________________ Date: ______________________
Malcolm Wright
Chief Executive
NHS Education for Scotland

Signed: ___________________________ Date: ______________________

Gerald McLaughlin
Chief Executive
NHS Health Scotland

Signed: ___________________________ Date: ______________________

Margaret Whoriskey
Director, Joint Improvement Team
Scottish Government

Signed: ___________________________ Date: ______________________

Ian Crichton
Chief Executive
NHS National Services Scotland
SUBJECT:  
Driving Improvement in Healthcare: 
Strategic Delivery Plan for Clinical Engagement (2014–17)

1. Purpose of the report
   The purpose of this report is to present Healthcare Improvement Scotland’s refreshed Clinical Engagement Strategy (2014-17) and the associated Strategic Delivery Plan for 2014-15 developed in support of Driving Improvement in Healthcare.

2. Recommendation
   The Healthcare Improvement Scotland Board is asked to:
   • Approve the refreshed Clinical Engagement Strategy (2014-17) and accompanying Strategic Delivery Plan for 2014-15.

3. Background and key issues
   Engaging healthcare professionals in our work is critical to Driving Improvement in Healthcare. Our current Clinical Engagement Strategy (2011-14) aimed to ensure that all Healthcare Improvement Scotland activities, from scoping and strategic planning to operational delivery, are influenced by clinical communities and that a progressive and sustainable approach to engaging healthcare professionals is firmly embedded. This work is at the heart of what Healthcare Improvement Scotland does and helps to inform our wider approach to engagement.

   This strategy was developed using a ‘90 day innovation technique’ which ensured that our refreshed areas of focus were shaped through a dialogue with healthcare professionals and other key stakeholders internal and external to Healthcare Improvement Scotland to provide a sense of co-ownership.

   A driver diagram incorporating the primary drivers and supporting change packages was considered at the Evidence, Improvement and Scrutiny Committee on 21 August 2014, and will accompany the publication of the refreshed Clinical Engagement Strategy on the Healthcare Improvement Scotland website.

4. Strategic objectives/Local Delivery Plan
   The refresh of our Clinical Engagement Strategy was undertaken as part of the External Engagement & Customer Focus work stream within the internal cross organisational improvement programme, and supports the organisation’s priorities for 2014-20 as set out in Driving Improvement in Healthcare.

5. Measures for improvement
   An on-line survey was undertaken to help inform the development of this strategy (235 respondents). We will carry out this survey on an annual basis to evaluate progress. Key goals for 2014-15 aligned to our primary drivers have been developed - incorporating clinical feedback, user experience measures, communications and activities measures etc.

6. Risk and legal implications
   The Evidence, Improvement & Scrutiny Committee will monitor progress against the Clinical Engagement Strategy delivery plan 2014-15 in line with the organisational governance arrangements.

   A risk register has been developed for this strategy – and operational risks will be monitored and escalated as per our organisational performance reporting process.
This works contributes to reducing the following corporate risks:
Reputational /credibility (Risk ID 2 & 3)

7. Resource implications
An internal Audit Report (September 2012) set out that the Executive Team consider appropriate resource allocation to support this important work.

Our approach to our clinical workforce is to retain a small employed clinical team and dedicated support staff within the Clinical Directorate. This directorate is a cross organisational resource and also has a major external facing role.

A flexible cross-organisational budget is established for clinical support at individual function, programme and project level. All healthcare professionals working with the organisation have an established line of appropriate professional leadership from within the Clinical Directorate in order to ensure appropriate clinical governance and professional support in addition to clear management lines.

8. Workforce implications/consultation
The refreshed strategy has been developed in consultation with healthcare professionals, national clinical organisations and professional groups.

9. User involvement and person centredness/public consultation
No issues have been identified.

10. Equality and diversity
An equality & diversity checklist review has been undertaken and no issues have been identified.

11. Governance and future reporting schedule
Following endorsement by the Healthcare Improvement Scotland Board, the Corporate Management Team will monitor progress with exception reporting to the Evidence, Improvement & Scrutiny Committee through the year. An annual summary report will be produced for the Evidence, Improvement & Scrutiny Committee.

<table>
<thead>
<tr>
<th>Key milestone to be reported against in forthcoming year:</th>
<th>To be reported to:</th>
<th>Date presented/to be presented:</th>
<th>Version number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Progress update against strategic delivery plan</td>
<td>Corporate Management Team</td>
<td>Bi-annually</td>
<td></td>
</tr>
<tr>
<td>Annual progress report</td>
<td>EI&amp;S Committee</td>
<td>September 2015</td>
<td></td>
</tr>
</tbody>
</table>

Dr Brian Robson  
Executive Clinical Director  
Fiona Dagge-Bell  
Chief Nurse, Midwife & Allied Health Professional  
Lead Director  
Lead Officer

Appendix:
Clinical Engagement Strategy 2014-17 with supporting Delivery Plan 2014-15
Improving Healthcare Together

Healthcare Improvement Scotland’s Clinical Engagement Strategy 2014-17
Introduction

The active engagement and involvement of healthcare professionals is essential to the delivery of Driving Improvement in Healthcare.

Clinical engagement and involvement is essential across all of our organisational activities – from scoping new work through to operational delivery. In this way, we can ensure that our work is aligned to local and national clinical priorities and has the greatest impact on improving patient care.

Our Clinical Engagement Strategy will consider the full range of engagement undertaken by Healthcare Improvement Scotland. The aim is to establish two way communication which reflect the priorities of healthcare professionals, managers, the public, Scottish Government and other stakeholders.

Clinical engagement should not be seen as an additional task, but as a way of helping to inform, shape and deliver our work.

Meaningful clinical engagement takes time: time to build relationships in the first place, and time to sustain them. This commitment to communication and engagement needs to be reflected within our plans and our actions, as well as understood by our staff who work with healthcare professionals.

It is recognised that breakthrough improvements in services and outcomes for patients occur when healthcare professionals and managers work closely together and our clinical engagement approach will aim to further foster these relationships internally and externally.

Our definition of clinical engagement

Clinical engagement is about how we formally and informally interact with and involve healthcare professionals across all of our organisational activities, from scoping through to operational delivery. This includes every discipline and at every level within the system.

Key areas of focus within 2014-17

- Establishing clear, robust and manageable processes to provide clinical assurance across our programmes of work;
- Developing our relationships on a multi-professional basis. Strengthening our dialogue with those clinical groups that we do not tend to engage routinely with at present, eg Dentistry, Paramedics etc;
- Identifying opportunities to strengthen our engagement with those healthcare professionals directly involved in delivering care to patients;
- Strengthening our approach to engaging and involving healthcare professionals in training / students through collaborative working with universities, deaneries and national clinical groups;
- Working with healthcare professionals within remote and rural areas to develop mechanisms to support them to work with us, and better
understand how our organisational outputs fit within their local context of healthcare, and;

- Supporting the organisation to develop an outcomes based approach to the evaluation of our work through our dialogue with healthcare professionals about our impact on clinical practice and patient care.

All of these areas of focus will be developed over the next 3 years.

The Clinical Engagement Strategy (2011-14) was developed in consultation with the clinical community and other key stakeholders. There have been a number of progressive and exciting developments that have been delivered through the implementation of this strategy – strengthening our engagement with healthcare professionals locally, nationally and internationally.

Innovation is at the very centre of our approach and over the last three years, we have endeavoured to work collaboratively with healthcare professionals in a creative, efficient and imaginative way.

As the lead healthcare quality improvement organisation within Scotland, it is essential that we continually review and improve our own methodologies. Our Clinical Engagement Strategy (2014-17) presents an updated and refreshed approach to engaging and involving healthcare professionals in our work. This builds on substantial progress made since 2011 and will prepare us for the ambitious aims of Driving Improvement in Healthcare (2014-20).

The focus of the strategy during 2011-14 was on our engagement with NHS Boards, professional groups (such as Royal Colleges) and strengthening our mechanisms to support individual healthcare professionals working with us.

Through our engagement with national clinical groups, our approach has naturally progressed into a more focused dialogue with specialist groups/societies and front line healthcare professionals. Ensuring that we actively engage and involve the multi-professional clinical team in the development of our work is central to our approach, and this strategy for 2014-17 encompasses this wider engagement.

A key theme that emerged as part of the development and implementation of this strategy was the need to ensure that healthcare professionals working with us felt supported in developing knowledge and skills in quality improvement methodologies and that this learning is delivered in a way that is transferrable to their substantive post within their NHS Board.

Recognising the constraints on healthcare professionals’ time, and the opportunities available to us through information & communication technology – we established our QI Connect WebEx series which allows healthcare professionals to interact, wherever they are, with international leaders in quality improvement.
Originally aimed at healthcare professionals working with us, our QI Connect series now has a global reach with over 40 countries taking part. Whilst this is a key achievement for our organisation, we are keen to widen our presence even further with a goal of 50 countries by the end of March 2015.

Combined with our commitment to supporting healthcare professionals in publishing their work with us in national and international trade press, this will strengthen Healthcare Improvement Scotland’s reputation as an international leader in the field of quality improvement. We have set a goal of 6 clinically authored publications per year.

These stimulating initiatives are just part of a suite of benefits that healthcare professionals can expect to receive working with us. Our Clinical Compact sets out the development opportunities that individual healthcare professionals will receive, the benefits to their NHS Board in releasing them to work with us - and how this strengthened engagement translates into improved care for patients. Our Compact now forms part of the established on-boarding process for healthcare professionals joining our organisation ensuring that they feel professionally supported and their efforts are valued and acknowledged.

As a result of this strategy, every meeting of Healthcare Improvement Scotland’s Board now includes a presentation from one of our National Clinical Leads to share how their work with us is impacting on clinical practice locally and ultimately making a difference to the patient.

In 2013, we established our Clinical Forum. This brings together healthcare professionals within the organisation to ensure a more coordinated approach to clinical activities across our programmes of work. By offering a mechanism for sharing clinical intelligence, the Clinical Forum also informs strategic decision-making.

Providing clinical assurance across the organisation has been, and will continue to be, a key focus within this strategy. To do this, all programmes of work now have an identified and aligned clinical professional lead from the Clinical Directorate. This both supports the programme teams and provides assurance that we are engaging and involving the most appropriate healthcare professionals in our work.

We will continue to ensure that our areas of focus are clinically relevant and that our outputs and support for their implementation are fit-for-purpose. This will be achieved through our dialogue with national clinical strategic groups including: Academy of Medical Royal Colleges & Faculties in Scotland, Royal College of Nursing, Royal College of Midwives, Medical Directors, Executive Nurse Directors, Directors of Pharmacy, Lead Midwives, AHP Directors & Leads in addition to expanding our work with professional and representatives for Dentists, Paramedics and others; and, over time, consider the engagement with staff working in independent and social care sectors.

In light of progress made during 2011-14, we have refreshed the detail of how we will deliver this strategy and through a series of goals; we will become even
more ambitious in our approach. Our key aims will continue to focus on creating and maintaining:

- a culture where healthcare professionals view collaboration with Healthcare Improvement Scotland as a necessary, valuable and worthwhile endeavour;
- a respectful partnership between Healthcare Improvement Scotland, the clinical community and key stakeholders;
- a sustainable infrastructure;
- an efficient and cost-effective approach to clinical engagement, and;
- a continual review and flexing of our approaches.

**Our approach and evidence base**

We will publish the findings from the evidence gathered through the development of our Clinical Engagement Strategy. This will build on the presentations and publication we have secured during 2013-14 and will add to internationally accessible literature on engaging healthcare professionals in quality improvement.

**Desired outcome**

Our Clinical Engagement Strategy will ensure that all Healthcare Improvement Scotland activities, from scoping to operational delivery, are influenced by clinical communities. Our aim is to embed a progressive and sustainable approach to engaging and involving healthcare professionals in our work.

**Best use of our resources**

When NHS staff are released to work with us, it has an impact on their service provision locally. We recognise this as part of our ongoing engagement with healthcare professionals, managers and NHS Boards.

A key focus for this strategy will be to continue this dialogue with local NHS providers. We seek to maximise input from healthcare professionals and actively involve NHS Boards in identifying the most efficient and cost-effective approach. However, we need to articulate the benefits to the healthcare professional and to the NHS Board in engaging with us. To support this process, we need robust HR and finance mechanisms.

Innovation and an engaging and enthusiastic style will be central to our approach. We will continue to explore opportunities to use information communication technology to help healthcare professionals to input to our work using virtual systems – such as WebEx, Video/Tele-conferencing and so on.

“The biggest challenge for staff engaging effectively with HIS is protected time. We are all busy people and to engage properly with HIS needs time and pressures of work sometimes make that very difficult.”

*Interviewee, 2014*
Implementation

This strategy will be supported by a clear delivery plan with responsible officers, deadlines and resource planning to ensure timely delivery against our objectives.

We will monitor our progress and regularly report on performance against our delivery plan to the Evidence, Improvement & Scrutiny Committee on an annual basis. A risk register has been established, and will be refreshed and monitored on a monthly basis by the Clinical Directorate - with clear contingency plans in place.

We will regularly review our work in partnership, to identify areas for improvement and carry out a number of small, focused evaluations for individual projects and programmes. Our approach to evaluation will ensure that we learn and improve as we move this strategy forward as well as looking back to learn from what we have done.

Specific objectives

We have identified the key themes contributing to excellence in clinical engagement and the corresponding priority areas for action in our refreshed Clinical Engagement Driver Diagram. The driver diagram also sets out the specific improvement interventions we will focus on to enable us to achieve our aim.

Further actions will be developed and outlined in 2014-17 Clinical Engagement Implementation Plan.

Driver 1: A culture where healthcare professionals view collaboration with Healthcare Improvement Scotland as a necessary, valuable and worthwhile endeavour

- Key communications activities focusing on building an understanding with the clinical community about HIS’s model of quality improvement and LDP. We will seek opportunities to share examples of our organisational outputs with the clinical community to demonstrate how our work results in improved patient care.

- Through our dialogue with clinical multi-professional groups, we will identify opportunities to strengthen our engagement with those healthcare professionals directly involved in delivering care to patients.

- Explore the theory of collaboration, and how this specifically supports clinical engagement, learning from approaches in place nationally and

“… most people see HIS as a scrutiny organisation .... not really convinced people how this links to improvement and evidence. Clinical engagement could really help to shape this conversation.”
Interviewee, 2014

“... Ensuring that every piece of work has engaged the multi professional team.”
Interviewee, 2014
internationally – and seek to work in partnership with the Colleges, NHS Boards, social care sector and the third sector on bringing healthcare professionals and other practitioners to discuss key clinical issues and how these translate to improved care for patients.

- We will refresh our Clinical Compact to ensure that it is fit-for-purpose and captures the impact of our work, clearly articulating the benefits to people accessing healthcare across all aspects of the service.

- Working closely with our HIS National Clinical Leads, we will continue to improve our approach to clinical leadership across our programmes of work. The aim is to ensure that healthcare professionals undertaking this role feel valued whilst working with us, and have opportunities for personal/professional growth through active learning and development support – and this learning can be applied when they return to their substantive post within their NHS Board. This is particularly important in relation to quality improvement methodologies and how they can be implemented – empowering our clinical leaders to take forward improvements to patient care.

- Nurture our relationship with the SPSP Fellows and create opportunities for ongoing network and support for the alumni.

- Explore opportunities to further strengthen our engagement with the clinical community in relation to annual Local Delivery Plan (LDP) planning as we broaden our reach into primary care, independent healthcare and the wider integration of health & social care.

- Ensure that our HIS QI Connect 2014 monthly WebEx series is delivered efficiently and effectively and further innovative international engagement opportunities are explored.

Driver 2 A respectful partnership between Healthcare Improvement Scotland, the clinical community and key stakeholders

- Develop our relationships with clinical professional groups at a multi-disciplinary level. Identify specific actions to take forward with those groups that we do not tend to engage routinely with at present, eg. Dentistry, Paramedics etc.

- Ensure that all key clinical strategic groups receive a formal update on specific areas of interest and impact across our programmes of work – and there is a clear mechanism for capturing this information back into the organisation at both programme and executive level.

- Develop a culture across the organisation of ensuring that we provide formal acknowledgement of clinical input to our work, eg thank you letters, certificates of attendance, CPD accreditation, etc.
• Ensure that a process for identifying healthcare professionals to work with us through our dialogue with national clinical groups and specialty specific groups/networks is firmly embedded across the organisation.

• Opportunities to support research, publication, career development for healthcare professionals working with us are explored (with a goal of 6 clinically-led publications per year).

• Establish meaningful dialogue with NHS Board Chief Executives, Executive Medical, Nursing and Pharmacy Directors in relation to ‘value based healthcare’. This model will enable a move towards a more focused, non-financial commissioning approach in accessing clinical time to input to national quality improvement work.

• Explore holding a joint seminar with the Institute of Healthcare Management and the QI Hub to consider how we actively support healthcare professionals and managers in addressing their QI agenda.

• Dovetail with, and support clinical engagement approaches undertaken by Scottish Government, NHS Boards, professional bodies etc.

• Further explore how to take forward the concept of professionalism for healthcare professionals working across the organisation, building on recommendations from previous work undertaken in 2012/13.

• Provide a formal invitation to relevant clinical professional leadership organisations to invite them each to attend and observe a meeting of the HIS Board (planned according to relevance of clinical presentation).

• Strengthen our approach to engaging and involving healthcare professionals in training / students through collaborative working with universities, deaneries and national clinical groups, eg. Scottish Academy Trainee Doctors Group.

• Work with healthcare professionals within remote and rural areas in order to develop mechanisms to support them to work with us, and to get a better understanding about how our organisational outputs fit within their local context of healthcare.

• Engage with healthcare professionals and staff working in the independent and social care sectors to ensure they have access to the same support, resources and learning as their NHS counterparts.

**Driver 3 A sustainable infrastructure is created and maintained**

• Clear, robust and manageable process in place to provide clinical assurance across our LDP.
• Regularly review and report on risk / issues and their management in relation to this strategy.

• Develop the role of the HIS’ Clinical Forum in sharing clinical intelligence and influencing strategic decision making.

• HR processes in place to support the recruitment and ‘on-boarding’ process.

• Ensure alignment with HIS’ Business Intelligence Strategy in order to access up-to-date and relevant information when engaging with clinical communities.

• Finance processes in place to identify the overall HIS spend on clinical input to its work.

**Driver 4 An efficient and cost-effective approach to clinical engagement, and;**

• A review of staff and non-staff resources to support the implementation of the Clinical Engagement Strategy is undertaken as part of organisational workforce and operational planning.

• Continue to maximise the use of information communication technologies to enable collaboration and communication.

**Driver 5 A continual review of our approaches**

• Ongoing scanning of best practice – mechanisms will be established to schedule review and further evolution of our Clinical Engagement Strategy.

• At least annual review of implementation of this strategy and progress – The Evidence, Improvement and Scrutiny Committee will receive an annual update of the Clinical Engagement Strategy and corresponding annual implementation plan.

• Create network of networks in this field. Recognising the international interest in the process of engaging healthcare professionals, we will ensure that we create connections nationally and internationally to ensure HIS learning from leaders in the field of clinical engagement.

• Regularly review and develop our processes for supporting professional registration and revalidation to provide assurance that they are transparent and fit-for-purpose in supporting clinical staff working in and with HIS.

• Develop a set of goals for this strategy – incorporating clinical feedback, user experience measures, communications and activities measures etc.

“Healthcare Improvement Scotland must strengthen their links into Managed Clinical Networks and other local clinical diagnostic networks – in order to have greater visibility with front line clinicians.”

Focus group participant
### Improving Healthcare Together: Clinical Engagement Strategy Delivery Plan 2014-15

<table>
<thead>
<tr>
<th>Driver 1: Healthcare professionals view collaboration with Healthcare Improvement Scotland as a necessary, valuable and worthwhile endeavour</th>
<th>Planned activities</th>
<th>Target date</th>
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<tbody>
<tr>
<td><strong>Action 2014-17</strong></td>
<td><strong>Planned activities</strong></td>
<td><strong>Target date</strong></td>
</tr>
<tr>
<td>1.1</td>
<td>Key communications activities focusing on building an understanding with the clinical community about HIS' model of quality improvement and LDP. We will seek opportunities to share examples of our organisational outputs with the clinical community to demonstrate how our work results in improved patient care.</td>
<td>Regular formal reports will continue to be provided to national clinical groups (eg. Royal Colleges, Scottish Association of Medical Directors, Scottish Executive Nurse Directors, Directors of Pharmacy, AHP Leads &amp; Directors etc.). Ongoing&lt;br&gt;As part of our reporting structure, our clinical professional leads will provide key point reports following meetings of national clinical groups to Executive Team and HIS’ Clinical Forum. Ongoing&lt;br&gt;We will seek opportunities at meetings of national clinical groups to provide 'communication deep dives' into particular programmes of work. Ongoing&lt;br&gt;We will continue to coordinate clinical presentations at meetings of HIS Board and work the Scottish Health Council to ensure alignment with patient stories. March 2015&lt;br&gt;We will seek to build on the positive feedback from the Shaping our future event on 29 May 2014 – by bringing clinical groups, for example SEND and SAMD, together on an annual basis to work collaboratively in developing organisational models of delivery. Annually&lt;br&gt;Establish engagement with NHS Board Liaison Coordinators to identify opportunities to strengthen our engagement locally. March 2015</td>
</tr>
<tr>
<td>1.2</td>
<td>Working closely with our HIS National Clinical Leads, we will continue to improve our approach to clinical leadership across our programmes of work. The aim is to ensure that healthcare professionals undertaking this role feel valued whilst working with us, and have opportunities for personal/professional growth through active learning and development support – and this learning can be applied when they return to their substantive post within their NHS Board.</td>
<td>Review standard role profile for National Clinical Leads to ensure that it is fit for purpose and clearly sets out roles and responsibilities in relation to clinical assurance. Ensure that this is undertaken in partnership with healthcare professionals and programme managers.</td>
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<td>Continue to test and improve our induction pack for National Clinical Leads to ensure that it provides the key information that healthcare professionals joining the organisation require.</td>
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<td>Using the exit interview template developed for National Clinical Leads, provide measurable feedback on what has worked well and areas to improve our approach going forward.</td>
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<td>Develop a process map of our established ‘on-boarding’ process, clearly setting out roles and responsibilities, in particular professional / operational leadership.</td>
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<td>Develop our FAQ for National Clinical Leads</td>
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<td>Raise visibility of National Clinical Leads – sharing photos, biogs and vox pop interviews on the HIS website.</td>
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<td>Schedule a session in collaboration with the SPSP team to bring together National Clinical Leads across the patient safety programmes.</td>
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<td>Facilitate a session bringing together all National Clinical Leads – and brainstorm with them how they would like to share and learn across programmes of work.</td>
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<tr>
<td>1.3</td>
<td>Nurture our relationship with the SPSP Fellows and create opportunities for ongoing network and support for the alumni.</td>
<td>Continue to ensure that Fellows are actively involved in shaping our QI Connect series – and have the opportunity to lead on asking questions to international leaders in QI.</td>
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<td></td>
<td>Explore opportunities with the National Clinical Lead for the SPSP Programme and colleagues at NES to utilise the skills of graduates from the Fellowship in our work.</td>
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<tr>
<td>1.4</td>
<td>Explore opportunities to further strengthen our engagement with the clinical community in relation to annual Local Delivery Plan (LDP) planning as we broaden our reach into primary care, independent healthcare and the wider integration of health &amp; social care.</td>
<td>We will continue to hold our LDP world cafe event – bringing together key clinical stakeholders in order to engage them in the development of our LDP. We will also seek to strengthen this consultation by facilitating a formal engagement exercise setting out our key clinical priorities for the year ahead.</td>
</tr>
<tr>
<td>1.5</td>
<td>Ensure that our HIS QI Connect 2014 monthly WebEx series is delivered efficiently and effectively and further innovative international engagement opportunities are explored.</td>
<td>Ensure smooth running of our QI Connect series – including liaising with speakers so that they feel supported and their time/efforts are formally acknowledged. Develop business case for 2015 series.</td>
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<td>Continue to capture data in relation to attendees (both to the live session and post recordings).</td>
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<td></td>
<td>Work with colleagues in our communications team to raise the profile of this initiative through a strong social media campaign.</td>
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<td>Reflect on evaluation feedback and continue to identify opportunities to improve.</td>
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<td>Publish a journal article summarising how the series has grown (from acorns.....)</td>
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</tbody>
</table>

**2014-15 GOAL:** Increase our international reach from 41 to 50 countries, by widening our reach globally.  

**March 2015**
### Driver 2: A respectful partnership is created and maintained between Healthcare Improvement Scotland, the clinical community and key stakeholders

<table>
<thead>
<tr>
<th>Action 2014-17</th>
<th>Progress to date / planned activities</th>
<th>Target date</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1 Develop our relationships with clinical professional groups at a multi-disciplinary level. Identify specific actions to take forward with those groups that we do not tend to engage routinely with at present, eg. Dentistry, Paramedics etc.</td>
<td>Work with the Chief Dental Officer to identify existing networks and opportunities to strengthen engagement with HIS.</td>
<td>Dec 2014</td>
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<td></td>
<td>Explore opportunities to strengthen engagement with Directors of Public Health and Faculty of Public Health.</td>
<td>March 2015</td>
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<tr>
<td></td>
<td>Royal College of Paramedics – meet with key representatives to scope opportunities to strengthen our engagement.</td>
<td>Sept 2014</td>
</tr>
<tr>
<td></td>
<td>Chief Nurse, Midwife &amp; Allied Health Professional to meet with Chair of AHP Directors &amp; Leads to identify opportunities to strengthen our engagement.</td>
<td>Dec 2014</td>
</tr>
<tr>
<td></td>
<td>Following a dialogue with the President, Royal College of Physicians of Edinburgh, we will host a joint brainstorming session to strengthen collaborative working.</td>
<td>Oct 2014</td>
</tr>
<tr>
<td>2.2 Ensure that all key clinical strategic groups receive a formal update on specific areas of interest and impact across our programmes of work – and there is a clear mechanism for capturing this information back into the organisation at both programme and executive level.</td>
<td>As per 1.1</td>
<td>Ongoing</td>
</tr>
<tr>
<td>2.3 Develop a culture across the organisation of ensuring that we provide formal acknowledgement of clinical input to our work, eg thank you letters, certificates of attendance, CPD accreditation, etc.</td>
<td>Ensure that Healthcare Improvement Scotland attendance certificates (with and without CPD points) are provided for all HIS events and lead by example by formally writing to healthcare professionals to thank them for their input.</td>
<td>Ongoing</td>
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<td></td>
<td>As part of our mechanisms for ‘on-boarding’, we will ensure that thank you letters are sent to NHS Boards acknowledging their support for releasing healthcare professionals to work with us.</td>
<td>Ongoing</td>
</tr>
<tr>
<td>2.4 Ensure that a process for identifying</td>
<td>To be progressed as part of our clinical assurance process.</td>
<td>Dec 2014</td>
</tr>
<tr>
<td>2.5</td>
<td>Establish meaningful dialogue with NHS Board Chief Executives, Executive Medical, Nursing and Pharmacy Directors in relation to 'value based healthcare'. This model will enable a move towards a more focused, non-financial commissioning approach in accessing clinical time to input to national quality improvement work. During review of National Clinical Leads secondment arrangements we will continue to explore rewards in kind with individuals and employers.</td>
<td>Ongoing</td>
</tr>
<tr>
<td>2.7</td>
<td>Dovetail with, and support clinical engagement approaches undertaken by Scottish Government, NHS Boards, professional bodies etc. To ensure a nationally co-ordinated approach, we will continue to work closely with Scottish Government colleagues in relation to work being taken forward around clinical engagement and leadership in quality improvement.</td>
<td>Ongoing</td>
</tr>
<tr>
<td>2.11</td>
<td>Strengthen our approach to engaging and involving healthcare professionals in training / students through collaborative working with universities, deaneries and national clinical groups, eg. Scottish Academy Trainee Doctors Group. Continue to support Universities in participating in the QI Connect series. Provide shadowing opportunities for clinical students to get an understanding of HIS and the quality improvement agenda. Actively seek opportunities for HIS’ Clinical Professional leads to present about our work and HIS’ model for quality improvement to healthcare students.</td>
<td>Ongoing</td>
</tr>
<tr>
<td>2.13</td>
<td>Engage with healthcare professionals and staff working in the independent and social care sectors to ensure they have access to the same support, resources and learning as their NHS counterparts. Continue to make the QI Connect series accessible to colleagues within independent and social care sectors.</td>
<td>Ongoing</td>
</tr>
</tbody>
</table>

2014-15 GOAL: We will coordinate medical writing support for healthcare professionals working with us in order to achieve 6 publications per year.
### Driver 3: A sustainable infrastructure is developed and maintained

<table>
<thead>
<tr>
<th>Action 2014-17</th>
<th>Planned activities</th>
<th>Target date</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1 Clear, robust and manageable process in place to provide clinical assurance across our LDP.</td>
<td>Our draft clinical assurance process is further developed by a subgroup of CMT.</td>
<td>Dec 2014</td>
</tr>
<tr>
<td></td>
<td>2014-15 GOAL: All programmes of work within our LDP will have an identified clinical professional lead.</td>
<td>Dec 2014</td>
</tr>
<tr>
<td></td>
<td>2014-15 GOAL: All Terms of Reference for Programme Boards etc specific to work within our LDP will clearly set out mechanisms for clinical assurance.</td>
<td>Dec 2014</td>
</tr>
<tr>
<td>3.2 Regularly review and report on risk / issues and their management in relation to the Strategy.</td>
<td>A risk register is in place for the Clinical Engagement Strategy (in line with the organisational approach) and is reviewed on a monthly basis by the Directorate.</td>
<td>Ongoing</td>
</tr>
<tr>
<td>3.3 Develop the role of the HIS’ Clinical Forum in sharing clinical intelligence and influencing strategic decision making.</td>
<td>Meetings of the Clinical Forum will continue to take place on a quarterly basis with key points reports provided to ET and the EIS Committee.</td>
<td>Ongoing</td>
</tr>
<tr>
<td></td>
<td>Facilitate a discussion with the Chair of the Area Clinical Forum Chairs’ Group to identify opportunities to strengthen the profile of HIS’ Clinical Forum nationally.</td>
<td>March 2015</td>
</tr>
<tr>
<td>3.4 HR processes in place to support the recruitment and ‘on-boarding’ process.</td>
<td>Whilst this has been strengthened during 2011-14, we will continue to work closely with HR to ensure that the tools that have been developed (eg Standard role profiles for National Clinical Leads) are embedded consistently across the organisation.</td>
<td>March 2015</td>
</tr>
<tr>
<td>3.5 Ensure alignment with HIS’ Business Intelligence Strategy in order to access up-to-date and relevant information when engaging with clinical communities.</td>
<td>We will seek to work closely with the Data &amp; Measurement team to ensure alignment between the Business Intelligence and Clinical Engagement Strategies. A meeting to be scheduled to brainstorm opportunities to link across – ensuring we capture key clinical intelligence through our engagement with national clinical groups.</td>
<td>March 2015</td>
</tr>
<tr>
<td>3.6 Finance processes in place to identify the overall HIS spend on clinical input to its work.</td>
<td>We will seek to work with finance to develop our budgeting and reporting systems to ensure that this information is captured routinely across all aspects of our work.</td>
<td>March 2015</td>
</tr>
</tbody>
</table>

### Driver 4: Create an efficient and cost-effective approach to clinical engagement
<table>
<thead>
<tr>
<th>Action 2014-17</th>
<th>Planned activities</th>
<th>Target date</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1</td>
<td>A review of staff resources to support the implementation of the Clinical Engagement Strategy is undertaken as part of organisational workforce planning.</td>
<td>A substantive business case/resource plan to be developed to support the implementation of the Clinical Engagement Strategy.</td>
</tr>
<tr>
<td>4.2</td>
<td>Continue to maximise the use of information communication technologies to enable collaboration and communication.</td>
<td>Maximise ICT support to enable involvement – ensure that this is cross referenced with Healthcare Improvement Scotland’s ICT Strategy and Scottish Government e Health Strategy</td>
</tr>
<tr>
<td>Action 2014-17</td>
<td>Planned activities</td>
<td>Target date</td>
</tr>
<tr>
<td>---------------</td>
<td>--------------------</td>
<td>-------------</td>
</tr>
<tr>
<td>5.1</td>
<td>Ongoing scanning of best practice – mechanisms will be established to schedule review and further evolution of our clinical engagement strategy.</td>
<td>Continue to work closely with colleagues within the Knowledge Management Unit</td>
</tr>
<tr>
<td>5.2</td>
<td>At least annual review of implementation of our strategy and progress</td>
<td>The Evidence, Improvement and Scrutiny Committee will receive an annual update of the Clinical Engagement Strategy and corresponding annual implementation plan.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>We will undertake an annual survey, using the data from the 2013 survey to measure improvement in our approach to clinical engagement.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Develop a set of stretch aims for our Strategy – incorporating clinical feedback, user experience measures, communications and activities measures etc</td>
</tr>
<tr>
<td>5.3</td>
<td>Create network of networks in this field. Recognising the international interest in the process of engaging healthcare professionals, we will ensure that we create connections nationally and internationally to ensure HIS learning from leaders in the field of clinical engagement.</td>
<td>The Clinical Professional leads within the Clinical Directorate will have a crucial networking role in engaging and influencing senior health professionals across Scotland and at all levels of the health service to obtain their support and commitment to the healthcare improvement agenda, and their co-operation with the work of Healthcare Improvement Scotland.</td>
</tr>
<tr>
<td>5.4</td>
<td>Regularly review and develop our processes for supporting professional registration and revalidation to provide assurance that they are transparent and fit-for-purpose in supporting clinical staff working in and with HIS.</td>
<td>Each Clinical Professional Lead will develop a tailored delivery plan for their clinical group to ensure robust processes are in place in relation to professional registration and revalidation.</td>
</tr>
</tbody>
</table>
1. **Purpose of the report**
   This report provides the context for a presentation that will be made by Fraser McKinlay, Director of Performance Audit and Best Value at Audit Scotland. The presentation will reflect the work of the new national Strategic Scrutiny Group and the opportunities for this group to provide a cohesive approach to the scrutiny of the public sector in Scotland.

2. **Recommendation**
   The Healthcare Improvement Scotland Board is asked to:
   - note this covering report.

3. **Background and key issues**
   Over the past several years, the Accounts Commission has chaired the Local Government Strategic Scrutiny Group. The Group involving senior colleagues from a range of scrutiny bodies, including Healthcare Improvement Scotland, has sought to provide a co-ordinate, proportionate and risk based approach to the scrutiny of local authorities. The membership also includes Scottish Government.

   It has been agreed that the Group should, as a natural evolution, adopt a broader role in ensuring a more co-ordinated approach of scrutiny across the public sector in Scotland. The primary purpose of the Strategic Scrutiny Group is to promote collaboration and shared learning amongst Scotland’s main public sector scrutiny bodies. The aim being to ensure efficient and effective, well co-ordinated scrutiny that supports an appropriate pace of improvement in Scotland’s public services.

   The group’s work is underpinned by the five principles of scrutiny (public focus, independence, proportionality, transparency and accountability) and the obligations of the Public Service Reform (Scotland) Act.

   The Strategic Scrutiny Group promotes collaboration in those areas of shared interest where working together will add greatest value and create collaborative gain. In promoting collaboration the group acknowledges the specific and distinctive statutory roles and responsibilities that each organisation has, and their respective governance and accountability structures.

   The group has the lead role in ensuring that scrutiny developments reflect the evolving public service reform agenda, with its focus on place, partnership, prevention and performance, and contribute to improved public services. The Director of Scrutiny and Assurance at Healthcare Improvement Scotland is the ‘sponsor’ of the public service reform strand of work of the Strategic Scrutiny Group.

4. **Strategic objectives/Local Delivery Plan**
   The Strategic Scrutiny Group has an important role in ensuring a balanced and proportionate approach to the scrutiny of the public sector in Scotland. The development of the integration of health and social care, reinforces the connected nature of scrutiny of the public sector and the opportunities for scrutiny bodies to work more closely together, such as at the interface between health and social care integration and community planning.
5. **Measures for improvement**  
The Strategic Scrutiny Group has developed a work plan which captures a range of measures for improvement including the development of joint training, the sharing of best practice methodologies, and the quality assurance of scrutiny.

6. **Risk and legal implications**  
The Strategic Scrutiny Group does not cut across or undermine existing accountabilities and statutory roles but provides a forum for improving the effectiveness and co-operation of the scrutiny bodies.

7. **Resource implications**  
The participants in the Strategic Scrutiny Group are considering how best to ensure the most appropriate senior level support and input to the strands of work that are being advanced.

8. **Workforce implications/consultation**  
Not applicable.

9. **User involvement and person centredness/public consultation**  
The approach of the Strategic Scrutiny Group will ensure a more connected approach across scrutiny bodies and meet obligations in respect of public engagement and consultation.

10. **Equality and diversity**  
Any aspects of work advanced by the Strategic Scrutiny Group will be subject to appropriate equality and diversity impact assessment.

11. **Governance and future reporting schedule**

<table>
<thead>
<tr>
<th>Key milestone to be reported against in forthcoming year:</th>
<th>To be reported to:</th>
<th>Date presented/to be presented:</th>
<th>Version number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Board, Governance Committee, Executive Team meeting, Group etc</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Robbie Pearson  
Director of Scrutiny and Assurance
SUBJECT: Financial Performance report as at 31 August 2014

1. **Purpose of the report**
   The paper provides an update on the financial position for 2014-15 as at 31 August 2014.

2. **Recommendation**
   The Board is asked to:
   
   • note the financial position at 31 August 2014
   • note the progress with regard to efficiency savings targets
   • note that discussions are ongoing with Scottish Government colleagues regarding the allocation of funding for 2014-15 and final budget allocations for 2015-16

3. **Background and key issues**
   The organisation’s most recent financial position is reported at each meeting of the Audit and Risk Committee and at all Board meetings. The financial position at 31st August 2014 is detailed below in Appendix 1.

   Discussions continue with Scottish Government colleagues regarding the many separate allocations of funding that are issued to us. A meeting is set for 25th September 2014 to receive an update of progress to date.

   A separate exercise which considers the sensitivity analysis of further reductions to our baseline budget from 2015-16 is being undertaken. This is in preparation for discussions around budget setting for future financial years. The exercise will have to consider a reduced and more focused work plan to enable the organisation to manage any further budget reductions.

4. **Strategic objectives/Local delivery plan**
   The financial plan underpins the Local Delivery Plan of the organisation. Any changes to this plan are approved by the Executive Team to ensure that they meet the strategic objectives of the organisation.

5. **Measures for improvement**
   The Executive Team have the opportunity to consider finance updates on a weekly basis. These include progress being made towards meeting financial targets, the introduction of new, national finance systems and the implementation of revised management procedures.

6. **Risk and legal implications**
   The risk associated with managing the financial outturn of the organisation is mitigated by regular reporting of the financial position to the Executive Team and the Corporate Management Team. Any areas of concern will be addressed as soon as they become evident. In addition, the management accountants work closely with designated budget holders and meet regularly to assess the impact of any changes to the financial position.

7. **Resource implications**
   There are no specific resource implications associated with this report

8. **Workforce implications/consultation**
   There are no specific workforce implications associated with this report
9. **User involvement and person centredness/public consultation**  
   Not applicable.

10. **Equality and diversity**  
    There are no equality and diversity issues as a result of this paper.

11. **Governance and reporting**  
    The Board receives a financial performance update report as a standing item. The Audit and Risk committee has a specific remit in relation to the financial governance of the organisation and appropriate reports are submitted and discussed at each meeting.

Maggie Waterston  
**Director of Finance & Corporate Services**  
**Lead Director**

Brian W Ward  
**Finance General Manager**  
**Lead Officer**

**Appendix:**  
Financial performance 2014-15 as at 31 August 2014
Appendix 1

Financial performance for the period to 31 August 2014

Table A below shows the summary position by directorate at 31 August 2014. This shows a year to date over spend of £0.925 million or 13.3% of phased budget. However, once account is taken of spend to date relating to non-recurring allocations yet to be received from SGHSCD, the over spend is reduced to £0.108 million. This over spend is principally the effect of unrelieved savings targets held centrally and also some budget phasing.

The financial position will continue to be closely monitored in order to provide the earliest opportunity to address any issues that may arise. The finance team are currently working closely with budget managers on a mid-year review to consider their financial requirements until March 2015 and to identify further savings. The outcome of this work will be included within the September 2014 report of the financial position.

Table A

Financial position at 31 August 2014

<table>
<thead>
<tr>
<th>Directorate</th>
<th>Original Budget</th>
<th>Revised Full Year Budget</th>
<th>Budget Remaining</th>
<th>YTD Budget</th>
<th>YTD Actual</th>
<th>YTD Variance</th>
<th>Outstanding Allocations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chief Executive</td>
<td>957,575</td>
<td>963,550</td>
<td>582,006</td>
<td>393,687</td>
<td>381,544</td>
<td>12,144</td>
<td></td>
</tr>
<tr>
<td>Clinical Directorate</td>
<td>1,073,329</td>
<td>1,043,329</td>
<td>619,784</td>
<td>436,218</td>
<td>423,546</td>
<td>12,672</td>
<td></td>
</tr>
<tr>
<td>*Corporate Charges</td>
<td>298,174</td>
<td>298,174</td>
<td>202,751</td>
<td>119,054</td>
<td>95,423</td>
<td>23,631</td>
<td></td>
</tr>
<tr>
<td>General Savings Target</td>
<td>(645,000)</td>
<td>(562,989)</td>
<td>(505,459)</td>
<td>(187,572)</td>
<td>(57,530)</td>
<td>(130,042)</td>
<td></td>
</tr>
<tr>
<td>Evidence</td>
<td>2,638,358</td>
<td>2,628,358</td>
<td>1,580,490</td>
<td>1,076,078</td>
<td>1,047,868</td>
<td>28,211</td>
<td></td>
</tr>
<tr>
<td>Finance &amp; Corporate Services</td>
<td>1,622,251</td>
<td>1,846,450</td>
<td>1,147,533</td>
<td>716,229</td>
<td>698,917</td>
<td>17,312</td>
<td></td>
</tr>
<tr>
<td>Property</td>
<td>1,435,502</td>
<td>1,435,502</td>
<td>853,497</td>
<td>598,126</td>
<td>582,005</td>
<td>16,121</td>
<td></td>
</tr>
<tr>
<td>Safety And Improvement</td>
<td>2,092,788</td>
<td>3,129,221</td>
<td>1,774,852</td>
<td>1,112,105</td>
<td>1,354,569</td>
<td>(242,464)</td>
<td></td>
</tr>
<tr>
<td>Scottish Health Council</td>
<td>2,352,440</td>
<td>2,422,440</td>
<td>1,408,537</td>
<td>1,004,033</td>
<td>1,013,904</td>
<td>(9,871)</td>
<td></td>
</tr>
<tr>
<td>Scrutiny &amp; Assurance</td>
<td>2,908,653</td>
<td>3,075,999</td>
<td>1,584,130</td>
<td>1,103,899</td>
<td>1,491,869</td>
<td>(387,970)</td>
<td></td>
</tr>
<tr>
<td>SMC</td>
<td>919,763</td>
<td>1,398,908</td>
<td>550,230</td>
<td>584,195</td>
<td>848,678</td>
<td>(264,483)</td>
<td></td>
</tr>
<tr>
<td>Healthcare Improvement Scotland</td>
<td>15,653,833</td>
<td>17,678,942</td>
<td>9,798,150</td>
<td>6,956,052</td>
<td>7,880,792</td>
<td>(924,740)</td>
<td></td>
</tr>
<tr>
<td>YTD Spend for Outstanding Additional Allocations</td>
<td>816,272</td>
<td>816,272</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current underlying position</td>
<td>17,678,942</td>
<td>10,614,422</td>
<td>6,956,052</td>
<td>7,880,792</td>
<td>-108,468</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Note: Corporate charges include depreciation, legal fees, insurance costs, bank charges etc.

Revenue resource allocations

The current position for revenue resource allocations is shown in Table B. This shows that in the first five months of the financial year, 87% of anticipated resources have been received. All of the outstanding allocations (Table C) have been confirmed and this mitigates the risk usually associated with outstanding allocations. In the case of Death Certification and the SMC New Medicines Review, resources are only being drawn down as expenditure is incurred which reflects the uncertain nature of spend associated with this work.
Table B
Revenue resource allocations

<table>
<thead>
<tr>
<th>Allocations</th>
<th>Recurring</th>
<th>Non-Recurring</th>
<th>Total</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£'000</td>
<td>£'000</td>
<td>£'000</td>
<td></td>
</tr>
<tr>
<td>Baseline 1 April 2014</td>
<td>15,454</td>
<td>0</td>
<td>15,454</td>
<td>76.3</td>
</tr>
<tr>
<td>Received to date</td>
<td>0</td>
<td>2,225</td>
<td>2,225</td>
<td>11.0</td>
</tr>
<tr>
<td>Allocation at 30 August 2014</td>
<td>15,454</td>
<td>2,225</td>
<td>17,679</td>
<td>87.3</td>
</tr>
<tr>
<td>Future SG funding – confirmed</td>
<td>0</td>
<td>2,587</td>
<td>2,587</td>
<td>12.7</td>
</tr>
<tr>
<td>Anticipated total 2014-15</td>
<td>15,454</td>
<td>4,812</td>
<td>20,266</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Details of the outstanding allocations can be found in Table C below.

Table C
Outstanding revenue resource allocations

<table>
<thead>
<tr>
<th>Project</th>
<th>Directorate</th>
<th>Anticipated Allocation</th>
<th>Spend to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£</td>
<td>£</td>
<td></td>
</tr>
<tr>
<td>Confirmed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SPSP - Mental Health</td>
<td>S&amp;I</td>
<td>245,100</td>
<td>74,032</td>
</tr>
<tr>
<td>Person Centred Care</td>
<td>S&amp;I</td>
<td>353,440</td>
<td>222,623</td>
</tr>
<tr>
<td>Primary Care Out of Hours (Phase 4)</td>
<td>S&amp;I</td>
<td>21,427</td>
<td>0</td>
</tr>
<tr>
<td>Death Certification</td>
<td>S&amp;A</td>
<td>778,305</td>
<td>166,716</td>
</tr>
<tr>
<td>Learning from Adverse Events</td>
<td>S&amp;A</td>
<td>208,000</td>
<td>49,983</td>
</tr>
<tr>
<td>SMC Implementation of New Medicines Review</td>
<td>Evidence</td>
<td>815,000</td>
<td>177,063</td>
</tr>
<tr>
<td>Scottish Medicines Consortium Product Assessment</td>
<td>Evidence</td>
<td>165,938</td>
<td>69,141</td>
</tr>
<tr>
<td>Total Confirmed</td>
<td></td>
<td>2,587,210</td>
<td>759,558</td>
</tr>
</tbody>
</table>

Efficiency savings targets

a) Internal efficiency savings targets 2014-15

In order to achieve a balanced budget for 2014-15, the Executive Team agreed a series of measures that required cash savings of £1.287million to be achieved in year. This sum has been increased by £0.050million to £1.337million in order to reflect the shortfall in the amount brought forward from the previous financial year. To date, £0.560million or 42% of this target has been achieved, predominantly via pay savings.

Successful delivery of the overall target will require continuous and effective management from all concerned, led by the Executive Team. It is expected that the outcome of the mid-year review work will contribute significantly to the savings target.

Progress to date is shown in Table D below.
Table D
Internal efficiency savings 2014-15
Achieved to 31 August 2014

<table>
<thead>
<tr>
<th>Category</th>
<th>Original Savings Target</th>
<th>Total Savings Target Achieved</th>
<th>Savings Target Remaining</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£’000</td>
<td>£’000</td>
<td>£’000</td>
</tr>
<tr>
<td>Pay</td>
<td>(642,095)</td>
<td>371,233</td>
<td>270,862</td>
</tr>
<tr>
<td>Corporate Target</td>
<td>(645,000)</td>
<td>189,541</td>
<td>455,459</td>
</tr>
<tr>
<td>Sub-Total</td>
<td>(1,287,095)</td>
<td>560,774</td>
<td>(726,321)</td>
</tr>
</tbody>
</table>

Increase to Corporate Target from 2013-14 carry forward
(50,000) - 0.00 (50,000)

Total Savings Target
(1,337,095) 560,774 41.94 (776,321)

b) Cash releasing efficiency savings (CRES)

The target allocated to us by SGHSCD for cash releasing efficiency savings for the financial year 2014/15 is £0.866million. The budget assumption was that £0.622million would come from pay savings, primarily generated due to vacant post management, with the balance being found from within recurring accommodation and other non-pay cost savings.

Progress to date is shown in table E below which demonstrates that at the end of the first five months savings of £0.473million have been identified which represents 55% of the annual target.

Table E
Cash releasing efficiency savings 2014/15

<table>
<thead>
<tr>
<th>Category</th>
<th>Target</th>
<th>Achieved</th>
<th>Outstanding</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£’000</td>
<td>£’000</td>
<td>£’000</td>
</tr>
<tr>
<td>Pay</td>
<td>622</td>
<td>371</td>
<td>251</td>
</tr>
<tr>
<td>Other (Incl. Accommodation)</td>
<td>244</td>
<td>102</td>
<td>142</td>
</tr>
<tr>
<td>Total</td>
<td>866</td>
<td>473</td>
<td>393</td>
</tr>
</tbody>
</table>

Capital expenditure 2014-15

The capital resource allocation for 2014-15 has been set at £0.200million in line with expectations. To date, there has been no spend in this area and further information on potential capital spend will be reported later in the financial year.
SUBJECT: Local Delivery Plan Performance August 2014

1. Purpose of the report
The purpose of this report is to advise the Board of the organisation’s progress toward achieving the objectives agreed within the Healthcare Improvement Scotland (HIS) 2014-15 Local Delivery Plan (LDP). The report format uses exception reporting to draw attention to areas of the LDP that are not proceeding as planned followed by more detail of the progress of all planned activity.

The content of the report is presented by corporate activity and the three Quality Ambitions.

2. Recommendation
The Healthcare Improvement Scotland Board is asked to:
- review the performance management report against the 2014-15 LDP
- note that LDP objectives are cross referenced with the Operational risk register as appropriate
- note that the operational performance report was considered by the Audit and Risk Committee at its meeting on 3rd September 2014

3. Background and key issues
The LDP sets out the organisation’s core functions and key deliverables. It provides a framework against which our performance and contribution to the healthcare improvement agenda is measured and forms the basis of our Annual Review with the Scottish Government. Performance is detailed against the Quality Ambitions and each activity has several projects attached to it.

4. Strategic objectives/Local Delivery Plan
The performance report links to Healthcare Improvement Scotland’s strategic objectives and supports achievement of these. In addition, individual deliverables within the performance report align with the Quality Ambitions within the Scottish Government’s 2020 Vision priority areas.

5. Measures for improvement
The performance report highlights the planned finish dates and the status of the projects on schedule and changed schedule. It also includes key Human Resource information such as absence rates. Ongoing review of the LDP will ensure that the work undertaken by Healthcare Improvement Scotland is focused on the key priorities for the organisation and NHSScotland to ensure continuous improvement in the quality and safety of healthcare. During 2014 we will realign our work activity with our new 3 strategic objectives and focus on the development of our integrated corporate plan

6. Risk and legal implications
Where performance is not progressing to schedule, there is a corresponding cross-reference to the relevant very high risk in the operational risk register.

7. Resource implications
The LDP reflects the core deliverables of Healthcare Improvement Scotland during 2014-15, secured against the resource allocation.
8. **Workforce implications/consultation**
   The LDP was subject to engagement with stakeholders in its development. The workforce implications of the priorities identified were funded either from core allocation or short-term programme monies from Scottish Government.

9. **User involvement and person centredness/public consultation**
   The process used in developing the Local Delivery Plan embeds extensive stakeholder consultation.

10. **Equality and diversity**
    Work is undertaken to ensure our commitment to equality and diversity is fully embedded within our work and ensures that our activity and recommendations promote equality and eliminate discrimination. These principles are applied to all aspects of work within the LDP.

11. **Governance and future reporting schedule**
    Failure to deliver the operational plan would present a significant corporate and reputational risk for the organisation. The information in the performance report is intended to highlight potential risk and corrective actions at an early stage.

<table>
<thead>
<tr>
<th>Key milestone to be reported against in forthcoming year:</th>
<th>To be reported to:</th>
<th>Date presented/to be presented:</th>
<th>Version number</th>
</tr>
</thead>
<tbody>
<tr>
<td>LDP Performance</td>
<td>Healthcare Improvement Scotland Board</td>
<td>24 September 2014</td>
<td>0.8</td>
</tr>
</tbody>
</table>

**Maggie Waterston**
Head of Finance and Corporate Support
Lead Director

**Brian Ross**
Planning & Performance Manager
Lead Officer

15 September 2014

**Appendix**
Board LDP Performance Report
Healthcare Improvement Scotland
Board LDP Performance Report
June 2014 – August 2014
## Healthcare Improvement Scotland LDP Performance Report
### August 2014 Contents

<table>
<thead>
<tr>
<th>Page</th>
<th>Section</th>
</tr>
</thead>
<tbody>
<tr>
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<td>Introduction</td>
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<tr>
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<td>Local Delivery Plan Summary by Quality Ambition</td>
</tr>
<tr>
<td>3</td>
<td>Local Delivery Plan Projects which have changed Schedule</td>
</tr>
<tr>
<td>4</td>
<td>New work added throughout 2014/15</td>
</tr>
<tr>
<td>5</td>
<td>2014 – 15 Operational Plan Project Delivered</td>
</tr>
<tr>
<td>6</td>
<td>LDP Highlights</td>
</tr>
<tr>
<td></td>
<td>4.1 Safe</td>
</tr>
<tr>
<td></td>
<td>4.2 Effective</td>
</tr>
<tr>
<td></td>
<td>4.3 Person Centred</td>
</tr>
<tr>
<td>7</td>
<td>Impact and benefits realisation</td>
</tr>
<tr>
<td>8</td>
<td>Human Resource Summary</td>
</tr>
<tr>
<td>9</td>
<td>Appendix 1 – 2014/15 Operational Plan Projects Completed</td>
</tr>
</tbody>
</table>
1.0 Introduction

This report tracks performance against the Local Delivery Plan (LDP) objectives for 2014-15 which were agreed with the Scottish Government. Section 4 of this report provides detailed progress of the 33 pieces of work which form the 2014-15 LDP.

2.0 Local Delivery Plan Performance Report

The Healthcare Improvement Scotland LDP was agreed between the Board and the Scottish Government in March 2014. The Scottish Government will review our performance against this plan during the course of the year. In section 2, our performance is reported by exception only to draw attention to areas that are not progressing to the original plan.

2.1 LDP Summary by Quality Ambition (Update August 2014)

<table>
<thead>
<tr>
<th>Quality Ambition</th>
<th>Complete</th>
<th>On Schedule</th>
<th>On Hold</th>
<th>Changed Schedule</th>
<th>Total Projects</th>
<th>New Work</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safe</td>
<td></td>
<td>17</td>
<td></td>
<td></td>
<td>17</td>
<td>2</td>
</tr>
<tr>
<td>Effective</td>
<td></td>
<td>10</td>
<td></td>
<td></td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Person Centred</td>
<td></td>
<td>6</td>
<td></td>
<td></td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>33</strong></td>
<td></td>
<td></td>
<td><strong>33</strong></td>
<td><strong>3</strong></td>
</tr>
</tbody>
</table>

2.2 LDP Projects which have changed schedule (April 2014 - date)

<table>
<thead>
<tr>
<th>LDP Ref</th>
<th>LDP Project</th>
<th>Operational Plan Project Title</th>
<th>Planned Finish Date</th>
<th>Revised Planned Finish Date</th>
<th>Explanatory Narrative</th>
<th>Reference to the Operational risk register</th>
</tr>
</thead>
</table>

NOTE: No projects have changed schedule this reporting month.

2.3 New work added to the Local Delivery Plan during 2014-15

<table>
<thead>
<tr>
<th>LDP Ref</th>
<th>Operational Plan Project Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>S18</td>
<td>Aberdeen Royal Infirmary - short life review of safety and quality (S&amp;A)</td>
</tr>
<tr>
<td>S18</td>
<td>Development of Methodology for Quality of Care Reviews (S&amp;A)</td>
</tr>
<tr>
<td>P4</td>
<td>Stronger Voice (SHC)</td>
</tr>
</tbody>
</table>


3.0  2014-15 LDP Projects Completed – (June - August 2014)

There were no projects completed during this reporting period.

<table>
<thead>
<tr>
<th>Project Title</th>
<th>Planned Start Date</th>
<th>Planned Finish Date</th>
<th>Deliverable</th>
<th>Actual Finish Date</th>
</tr>
</thead>
</table>

NOTE: A full list of operational plan work completed year to date is noted in appendix 1

4.0  LDP Highlights (Update August 2014)

This section provides a progress report of all areas within the LDP. The narrative has been provided by the function leads and approved by the Directors.

NOTE: Any risks identified in this section will be cross referenced to the operational risk register.

4.1  Safe

<table>
<thead>
<tr>
<th>Ref</th>
<th>Project Title</th>
<th>Very High Risks</th>
<th>Highlights (June - August 2014)</th>
<th>Accountable Director</th>
</tr>
</thead>
<tbody>
<tr>
<td>S1</td>
<td>Scottish Patient Safety Programme</td>
<td></td>
<td><strong>Overarching Safety Programme</strong></td>
<td>Director of Safety &amp; Improvement</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Workplan for the SPSP Strategic Delivery plan developed and signed off formally at SPSP Programme Board in July</td>
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<td></td>
<td></td>
<td></td>
<td>• Generic safety drivers and interventions to support quality improvement within boards in final draft format for testing with Boards post summer</td>
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<td></td>
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<td></td>
<td>• Shared site visit for NHS Forth valley took place in July, NHS Lothian in August and NHS Tayside will take place in October. These are testing an overall safety board visit approach as part of integration across all safety programmes.</td>
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<td></td>
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<td></td>
<td>• National Safety Event planned for 11th and 12th of November. Registration for Boards opened in July 2014</td>
<td></td>
</tr>
<tr>
<td>Ref</td>
<td>Project Title</td>
<td>Very High Risks</td>
<td>Highlights (June - August 2014)</td>
<td>Accountable Director</td>
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</tbody>
</table>
| S1 (cont) | Scottish Patient Safety Programme |                 | **SPSP – Mental Health**  
- Phase Two of the programme continues with all five work stream development subgroups up and running with defined aims and outcomes in place, linking into the agreed measurement plan.  
- Governance of the programme continues under the steer of the SPSP-MH delivery group with regular updates of risks and data status from the Boards.  
- Patient Safety Climate Tool continues to be developed and used by eight boards currently.  
**SPSP – MCQIC**  
- Learning Session 4 is planned for September 14 with follow up at the second day of the National Safety Event in November to achieve more efficient economic working  
- Governance of the programme continues under the steer of the MCQIC delivery group with regular updates of risks and data status from the Boards.  
- Capability and capacity building within the collaborative is ongoing with established clinical reference groups for all three strands and identified key contacts in each board.  
- Monthly WebEx in all three strands continue and the scheduling of MCQIC support visits for 2014 is underway.  
**SPSP – Acute Adult**  
- There are now established trajectories and milestones with process for regular assessment of progress against trajectories – reported via Acute Adult Delivery Group.  
- Consultation completed on revised plan to deliver programme content including learning sessions and action period activities. | Director of Safety & Improvement |
<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>S1</td>
<td>Scottish Patient Safety Programme</td>
<td></td>
<td><strong>SPSP – Primary Care</strong>&lt;br&gt;• Primary Care Phase 1 is on schedule to deliver as per LDP and Primary Care PID.&lt;br&gt;• The main focus of the August delivery group was to consider the recent scoping exercise report. This updated the evidence-base on harms identified in primary care. It will be used to ensure that Phase 2 of the programme focuses on the topics which are of greatest relevance to community care.&lt;br&gt;• Site visits are scheduled August – October 2014 and, in some areas, will include visits to GP practices.&lt;br&gt;• A Data &amp; Measurement group has been set up. We are developing a measurement framework that will allow NHS boards to monitor and assess their progress. Our reporting structure is aligned with the other safety programmes.&lt;br&gt;• On 23 September we will meet with our network to share successes and challenges around the first year of implementation. This will include themes around trigger tool reflection sheets, the safety climate survey and local aggregation of data.</td>
<td>Director of Safety &amp; Improvement</td>
</tr>
<tr>
<td></td>
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<td></td>
<td><strong>SPSP – Pharmacy in Primary Care</strong>&lt;br&gt;• We have successfully recruited NHS Fife, NHS Grampian, NHS Highland, and NHS Greater Glasgow and Clyde to take part in the collaborative. This is supported by an additional £50K worth of funding from the Health Foundation to ensure that there is representation from a broad range of demographics across Scotland.&lt;br&gt;• We have appointed Andrea Smith as clinical lead (pharmacist) for the collaborative.&lt;br&gt;• Our induction event to build our collaborative network was held 20-21 August and included NHS board and evaluation team representatives. All attendees were fully engaged in the process.</td>
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<td>Project Title</td>
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<tr>
<td>S2</td>
<td>Joint Inspection of Adult services</td>
<td></td>
<td></td>
<td>Director of Scrutiny &amp; Assurance</td>
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<tr>
<td></td>
<td></td>
<td><strong>Very High</strong> 74</td>
<td>- The pilot Inspections of Moray and Aberdeenshire reported on 20 August 2014&lt;br&gt;- The expert panel of clinicians to support the Strategic Adult Inspections has now been established.&lt;br&gt;&lt;br&gt;<strong>Risk 74</strong>&lt;br&gt;- There is a risk that we do not have joint ownership of the joint inspections of adult services, because we are new to joint working with the Care Inspectorate, resulting in us not having shared control of decision making and publication of inspection reports&lt;br&gt;- Build relationships with Care Inspectorate. Agree process and roles for inspections and publication of reports. Agree ways of working.</td>
<td></td>
</tr>
<tr>
<td>S3</td>
<td>Joint Inspection of Children’s Services</td>
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<td>Director of Scrutiny &amp; Assurance</td>
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<td>- Two Clinical Experts have been recruited on a rolling secondment basis to support children’s inspections</td>
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<tr>
<td>S4</td>
<td>National approach to Learning from Adverse Events</td>
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<td>Director of Scrutiny &amp; Assurance</td>
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<td></td>
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<td></td>
<td>- A number of responses have been received to our consultations on:&lt;br&gt;  o ‘Being Open’ in NHSScotland, and&lt;br&gt;  o a national approach to data redaction and standardised adverse event review reports.&lt;br&gt;- The first meeting of the non-executive directors’ clinical governance network was successfully held on 20 August&lt;br&gt;- We have agreed with the Procurator Fiscal to share key learning points from death investigations more widely across NHSScotland, which could potentially negate the need for a Fatal Accident Inquiry (on a case by case basis)&lt;br&gt;- Progress meetings with all NHS boards are scheduled for September and October to:&lt;br&gt;  o discuss work taking place to implement the national framework,&lt;br&gt;  o identify areas of good practice to share nationally, and&lt;br&gt;  o identify where further national support would be useful.</td>
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<tr>
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<td>Highlights (June - August 2014)</td>
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<tr>
<td>S5</td>
<td>Clinical Governance Arrangements for the Supervision of Management and Use of Controlled Drugs</td>
<td>• National summary report was published on the web on 31 July 2014.</td>
<td></td>
<td>Director of Scrutiny &amp; Assurance</td>
</tr>
<tr>
<td>S6</td>
<td>Death Certification</td>
<td>• We have received a Strategic Communications Plan from Scottish Government (SG) • There has been a change of SG policy manager for implementation of the Death Certification Act. New post holder will be working full time on this until it goes live. • Commencement date for new review system will tentatively be 29 April 2015 (to be formally communicated by SG). • New paper MCCD form was rolled out across Scotland on 5/6 August 2015. • Qualitative testing complete. • Electronic case management system development work underway – testing commenced at the end of August.</td>
<td>Director of Scrutiny &amp; Assurance</td>
<td></td>
</tr>
<tr>
<td>S7</td>
<td>Healthcare Associated Infection (HAI) Inspections</td>
<td>• During June and August, there were 8 inspections. Four were announced (3 were to community hospitals) and 4 were unannounced follow-up inspections.</td>
<td></td>
<td>Director of Scrutiny &amp; Assurance</td>
</tr>
<tr>
<td>S8</td>
<td>Human Tissue Bank Accreditation</td>
<td>• Proposal to extend the regional human tissue bank accreditation process to include the satellite NHS boards’ tissue collections has been submitted to Chief Scientist Office.</td>
<td></td>
<td>Director of Scrutiny &amp; Assurance</td>
</tr>
<tr>
<td>S9</td>
<td>Regulate Independent Healthcare Services</td>
<td>• During June and August, there were 9 unannounced inspections. Between June and August, three complaints were received. One is ongoing, one was cancelled by the complainant and the other was passed to the care inspectorate as the complaint was about a service they regulate.</td>
<td></td>
<td>Director of Scrutiny &amp; Assurance</td>
</tr>
<tr>
<td>S10</td>
<td>Readiness for revalidation</td>
<td>• Local reports and national overview are currently being drafted.</td>
<td></td>
<td>Director of Scrutiny &amp; Assurance</td>
</tr>
<tr>
<td>Ref</td>
<td>Project Title</td>
<td>Very High Risks</td>
<td>Highlights (June - August 2014)</td>
<td>Accountable Director</td>
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</tbody>
</table>
| S11 | Older People in Acute Care (OPAC) | - | • The OPAC team was invited to speak at a Kings Fund Innovations in Older People’s Care Event (June 2014) to share learning from the older people’s acute care work in Scotland. Professor David Oliver, chair of the British Geriatric Society highlighted the opportunities for colleagues to learn from the work in Scotland.  
• A blog outlining the work was published by the BGS following the event  
• The recent Older People in Acute Hospitals (OPAH) inspection to the Southern General Hospital created an opportunity to focus on specific areas for improvement. Working with colleagues from NHS GGC, HIS facilitated an improvement-focused day for staff with the aim of presenting a joined up approach to improving care for older people and their families. The ‘Think Best Care for Older People Everywhere’ day at the Southern General Hospital was attended by over 100 front-line staff and was very positively evaluated. As a result of the day a number of opportunities for local improvement work have been initiated and are being supported by the OPAC and PCC teams.  
• Learning from the day is informing opportunities to develop a more integrated approach to improvement support within boards.  
• A proposal is being developed in light of discussions with SG colleagues for a further phase of work for 2015/16 - that will build on progress to date and design and test a local collaborative approach to improving care for older people. | Director of Safety & Improvement |
| S12 | Older People in Acute Hospitals (OPAH) | Very High 76 | • Letters have been issued to NHS Boards advising them of the implementation of the revised OPAH methodology. The first round of annual NHS Board meetings will begin in October 2014  
• The 6 monthly overview report will publish in September 2014 | Director of Scrutiny & Assurance |
<table>
<thead>
<tr>
<th>Ref</th>
<th>Project Title</th>
<th>Very High Risks</th>
<th>Highlights (June - August 2014)</th>
<th>Accountable Director</th>
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</thead>
<tbody>
<tr>
<td>S12</td>
<td>Older People in Acute Hospitals (OPAH)</td>
<td><strong>Very High 76</strong></td>
<td><strong>Risk 76</strong>&lt;br&gt;• There is a risk that OPAH NHS board visits do not have clinical experts available to attend, because they are not able to get time from their substantive posts to attend a board visit, resulting in us having no clinical input to OPAH NHS board visits&lt;br&gt;• We are trying to expand this pool of experts by using existing networks to recruit clinical experts so that there are high numbers of experts to choose from when allocating experts to OPAH board visits.</td>
<td>Director of Scrutiny &amp; Assurance</td>
</tr>
<tr>
<td>S13</td>
<td>Primary Care Out of Hours Indicators</td>
<td></td>
<td>• Project scope and resourcing agreed with Scottish Government with project to run for one calendar year starting in October 2014 focussing on one of the quality indicators</td>
<td>Executive Clinical Director</td>
</tr>
<tr>
<td>S14</td>
<td>Building Capacity and Capability in Quality Improvement (QI Hub)</td>
<td></td>
<td><strong>Spreading Sustainability</strong>&lt;br&gt;• This work is ongoing with a report on the practice review due this financial year.&lt;br&gt;&lt;br&gt;<strong>Hub Implementation &amp; Strategic Development</strong>&lt;br&gt;• UK Improvement Alliance. This is a new initiative which aims to develop a network of improvement bodies across the UK, Discussions on the role and remit of the Alliance are at an early stage. The QI Hub will be the coordinating centre for this initiative in Scotland&lt;br&gt;&lt;br&gt;<strong>Building a QI Infrastructure</strong>&lt;br&gt;• QI infrastructure visit programme continues with 8 boards now in discussion about visits before the end of 2014&lt;br&gt;• Two representatives from IHI will support two board visits on the 29 Sep 2014&lt;br&gt;• HIS’s QI infrastructure visit to take place on 2nd December</td>
<td>Director of Safety &amp; Improvement</td>
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<td>Safe</td>
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<tr>
<td><strong>Ref</strong></td>
<td><strong>Project Title</strong></td>
<td><strong>Very High Risks</strong></td>
<td><strong>Highlights (June - August 2014)</strong></td>
<td><strong>Accountable Director</strong></td>
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</tbody>
</table>
| S15 | Suicide Reporting and Learning System |  | We have completed a programme of progress meeting with NHS boards to discuss improvements and challenges with suicide reviews and mental health service improvements. A learning report will be shared on the Suicide Reviews Community of Practice. Together with Scottish Government and other priority stakeholders we are working towards:  
- revising the Good Practice Statement on observation of people with acute mental health problems, and  
- adapting the NCISH safer mental health services toolkit for use in Scotland.  
Together with the mental health safety programme (SPSP-MH), we are leading a test of change with four NHS boards to use learning from Mental Health adverse events to drive service improvement.  
- All of the above is working towards delivering commitment 6 in the Scottish Government’s Suicide Prevention Strategy. | Director of Scrutiny & Assurance |
| S16 | ENDORSE – (Endoscopy: Raising Standards and Effectiveness) | Very High 5 | Global Rating Scale reports for each NHS Board were published on our website in June 2014.  
Risk 5  
There is a risk of non delivery of the ENDORSE Programme due to lack of existing resources with national stakeholders resulting in NHS boards not being in a position to gain accreditation by 2015 due to inability of national organisations to support the programme | Director of Scrutiny & Assurance |
| S17 | Mental Health Strategy 2012-15: Review of Commitment One – Reviewing the state of mental health services in Scotland |  | First pilot visit to NHS Ayrshire and Arran completed (14/15 May) as planned. Other 4 visits being organised and undertaken between June and end September 2014 by Mental Health Foundation | Director of Safety & Improvement |
## Safe

<table>
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<tr>
<th>Ref</th>
<th>Project Title</th>
<th>Very High Risks</th>
<th>Highlights (June - August 2014)</th>
<th>Accountable Director</th>
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</thead>
</table>
| S18  | Quality of Care Reviews       |                 | **Aberdeen Royal – Short life review of safety & quality**  
  • Healthcare Improvement Scotland has been invited by NHS Grampian to carry out a short-life review of the safety and quality of care at Aberdeen Royal Infirmary. The review follows an earlier validation visit undertaken by Healthcare Improvement Scotland in March 2014 on behalf of the Scottish Government. In mid August members of the review team visited Aberdeen Royal Infirmary over a 3 day period which the main focus was on the culture, leadership, values and behaviours aspect of this review. The service specific areas will be visited on 16 September 2014. The final report will be published towards the end of this calendar year | Director of Scrutiny & Assurance                         |

## Effective

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<tr>
<th>Ref</th>
<th>Project Title</th>
<th>Very High Risks</th>
<th>Highlights (June - August 2014)</th>
<th>Accountable Director</th>
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</thead>
</table>
| E1   | Cancer Quality Performance Standards and Indicators Programme |                 | • A stakeholder workshop was held on the 29th July where key decisions were made regarding the approach to review. Agreement was made re the level of improvement support which may be required.  
  • A paper outlining the process and terms of reference for the expert review panel will be presented to the NCQSG on 17 September 2014 | Director of Scrutiny & Assurance                         |
<p>| E2   | Improving diabetes care in Scottish hospitals |                 | • The Hub is working with one of their partners, the Quality and Efficiency Support Team (QuEST), to undertake a health economic impact. This is attempting to quantify the cost of a hypoglycaemic episode and the impact on length of stay. | Director of Safety &amp; Improvement                      |</p>
<table>
<thead>
<tr>
<th>Ref</th>
<th>Project Title</th>
<th>Very High Risks</th>
<th>Highlights (June - August 2014)</th>
<th>Accountable Director</th>
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<tbody>
<tr>
<td>E3</td>
<td>Review of Quality Indicators and Best Practice Statement for Learning Disabilities</td>
<td></td>
<td>- The implementation of the LD strategy will not require development of standards or indicators for Learning Disabilities in financial year 2014/15. Future requests for support may be forthcoming.</td>
<td>Director of Evidence</td>
</tr>
</tbody>
</table>
| E4a  | Evidence for Medicines and Technologies Programme                                                 | Very High       | **Scottish Antimicrobial Prescribing Group (SAPG)**  
- A report on the survey of Antimicrobial Management Teams has been produced and areas for improvement have been identified.  
- CDI Decision aid developed and ready for consultation with care home providers.  
- Antimicrobial Inspection Tool agreed, HEI Inspector training delivered and pilot of new clinical element planned.  
- Meetings held to agree activities for European Antibiotic Awareness Day                                                                                           | Director of Evidence/Executive Clinical Director |
|      |                                                                                                 | 30, 32 and 35   | **SMC- Implementation of new medicines review Recommendations**  
- SMC have now held 4 meetings in public at the Lighthouse, Glasgow. Each meeting has had the maximum number of 20 public observer places allocated.  
- The Patient and Clinician Engagement process was implemented for the first time for End of Life/Orphan medicines considered by the July New Drugs Committee, with the first PACE meeting held on 12 August 2014. The medicines considered at the August PACE meeting will be assessed at the September SMC meeting.  
- NMR recruitment schedule in progress. 10 WTE posts from 15.5 WTE posts now appointed, with 7 WTE in post by 31 August 2014. Companies will be Invited to SMC meetings to answer specific product related queries from the November 2014 SMC meeting.  
- SMC will meet with companies who require additional support with submissions (prior to product submissions) in the 3rd quarter 2014 | Director of Evidence/Executive Clinical Director |
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<tr>
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<th>Highlights (June - August 2014)</th>
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<tbody>
<tr>
<td>E4a (cont)</td>
<td>Evidence for Medicines and Technologies Programme</td>
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**Risk 30**
- There is a risk that the high volume of end of life and orphan medicine submissions cannot be assessed quickly enough to meet public expectation due to capacity issues for clinicians required to attend Patient and Clinician Engagement groups, the Committee, and SMC staff resulting in increased pressure on the Scottish Government from pharmaceutical companies and patient groups with subsequent negative media publicity and loss of reputation for Healthcare Improvement Scotland.

**Risk 32**
- There is risk of negative media representation and disengagement from clinicians surrounding decisions for End of Life/orphan medicines that have not been accepted for use where they have had a PACE meeting, as a result of increased expectations that higher numbers of End of Life/orphan medicines would be accepted through the new processes, resulting in a loss of reputation for Healthcare Improvement Scotland.

**Risk 35**
- There is a risk that the policy intent to increase access to new medicines will not be met within the Cabinet Secretary’s timelines due to lack of capacity in the existing SMC staff team resulting in delays to the agreed delivery dates for engagement with manufacturers.

**Scottish Health Technologies Group**
- SHTG Evidence Notes and Advice Statements on Renal Denervation for resistant hypertension and Homeopathy for migraine and osteoarthritis published 18th August.
- Topics recently referred & still to be considered for acceptance onto the SHTG work programme include: The
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</table>
| E4a (cont) | Evidence for Medicines and Technologies Programme | | • use of BP machines for hypertension monitoring at home; tele-monitoring of patients with heart failure and COPD; tele-care for people in the home care setting; and face-to-face digital technology for health and social care consultations and communications.  
• SHTG members endorsed the proposed changes to the topic referral process. Members agreed to: consider stakeholder groups to target; suggest themes for future topic calls; and assist in the prioritisation of topics referred.  
• A SLWG has been convened with the Comms. team to develop a communications strategy for SHTG and to support the new topic referral process.  
• The SHTG Chair will work alongside L McIver to develop a non-medicines technology strategy for HIS on behalf of the OMTG group. | Director of Evidence/Executive Clinical Director |

**SMC Horizon Scanning**

- Review completed of SMC Horizon Scanning Outputs

**SIGN Guideline Programme**

- Skin squamous cell carcinoma was published 5 June and patient version published 4 July.  
- On programme:  
  - 1 new topic  
  - 12 revisions (inc 6 CHD)  
  - 2 refreshes  
  - 3 patient versions  
  - Glaucoma out to peer review  
  - Asthma at desk top publishing
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</table>
|     |               | Very High 25 and 33 | **Scottish Medicines Consortium Product Assessment**  
- From March 2014 – August 2014 SMC reviewed the following:  
  - 24 Full Submissions  
  - 8 Resubmissions  
  - 5 Abbreviated Submissions  
  - 6 Non Submissions  

**Risk 25**  
There is risk that SMC 'Business as usual' is significantly disrupted due to excessive pressure on the existing staff team to deliver Business as Usual whilst implementing an extensive change programme resulting in errors and the potential for organisational failure.

**Risk 33**  
There is a risk that the requirement to introduce multiple changes to process in short timelines without sufficient capacity will lead to external stakeholder disengagement (e.g. the pharmaceutical industry and patient groups) resulting in a range of consequences including potential legal challenge from pharmaceutical companies over transparency and fairness of process. |
| E4a (cont) | Evidence for Medicines and Technologies Programme |               | Executive Clinical Director  |
| E4b | Clinical Leadership for Medicines and Technologies Programme |               | **Overarching Medicines & Technologies Group (OMTG)**  
- Off label cancer medicines-evidence into practice-complete  
- Non Medicine Technology Strategy -in development for March 2015  

**Medicines; implementation and strategic development**  
- Medicines Strategy 2012-2015 progressing on time and in budget and to be completed by March 2015.  

**Responses to the new medicine reviews (non-SMC)**  
- This work commenced in Q2 2014/15 with a meeting with the Area Drugs and Therapeutics Committees on 3 July | Executive Clinical Director  |
<table>
<thead>
<tr>
<th>Ref</th>
<th>Project Title</th>
<th>Very High Risks</th>
<th>Highlights (June - August 2014)</th>
<th>Accountable Director</th>
</tr>
</thead>
<tbody>
<tr>
<td>E4b</td>
<td>Clinical Leadership for Medicines and Technologies Programme</td>
<td></td>
<td>2014. Progress to develop a network meeting and involve public and patient involvement is underway. A meeting with focus on public engagement will be held in November – December 2014.</td>
<td>Executive Clinical Director</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><strong>NHS Surgical &amp; Medical Profiles</strong></td>
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<td></td>
<td></td>
<td></td>
<td>• An SBAR has been completed and discussions are progressing regarding how this work becomes integrated with other programmes of work within HIS</td>
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<td></td>
<td><strong>National Clinical Data Advisory Group (NCDAG)</strong></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>• The work of NCDAG has now concluded.</td>
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<td></td>
<td><strong>Hospital Standardised Mortality Ratios (HSMR)</strong></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>• The HSMR recommendations have been published and work is now underway. These are now available on the HIS website.</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>• The HSMR guide for Boards has been updated and produced and will was published on the SPSP website at the end of August 2014.</td>
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<td></td>
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<td></td>
<td>• There are ongoing interactions providing support to Boards around HSMR.</td>
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<td></td>
<td><strong>Making Measurement Count (MMC)</strong></td>
<td></td>
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<td></td>
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<td></td>
<td>• MMC action plan is progressing on schedule we will be completing a 6 month review of progress at end of September. The plan also includes an additional action with the team now providing data measurement and business intelligence support to the ARI review.</td>
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</tr>
<tr>
<td></td>
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<td></td>
<td>• The 90 day process is now complete and an end of project report produced which was taken to ET and EIS in August 2014. Further work is required in this area which will progress once the recommendations have been signed off. The business intelligence business case was taken to ET and EIS in August. The work in year 1, 2014/15, to deliver the strategy, is focused on supporting the Scrutiny and Assurance Directorate and testing 2 proof of concepts in this area.</td>
<td></td>
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</tbody>
</table>
### Effective

<table>
<thead>
<tr>
<th>Ref</th>
<th>Project Title</th>
<th>Very High Risks</th>
<th>Highlights (June - August 2014)</th>
<th>Accountable Director</th>
</tr>
</thead>
</table>
| E5 (cont) | Data Measurement & Business Intelligence Programme |                                                                 | **Risk 55**  
- There is a risk that the data measurement and business intelligence team does not have the capacity to fully meet the level of support required by Healthcare Improvement Scotland resulting in an inability to support the delivery of the organisations priorities.  

**Risk 63**  
- There is a risk that we cannot fill the information analyst vacancy due to ongoing funding issues and we will not be able to deliver our commitment to enhance intelligence lead scrutiny activity  

**Sharing intelligence to support Scrutiny & Assurance**  
We continue to provide analysis support to HEI and OPAC inspection.                                                                                                                     | Executive Clinical Director                      |
| E6   | Review of Standards                       |                                                                 | **Revision of existing hospital acquired infection standards**  
- Publication date brought forward (by SG). Consultation commenced on 28 August 2014 (4 weeks). Publication date will be 24 October 2014.                                                                                     | Director of Evidence                             |
|      |                                           |                                                                 | **Review of existing Food, Fluid and Nutrition Standards**  
- The consultation period finished on 15 July and the standards will be published at the end of October2014.                                                                                          |                                               |
|      |                                           |                                                                 | **Review of existing standards- Older People in Acute Care**  
- Consultation will begin at the end of September (deferred until after the referendum). The standards will be published in January 2015                                                                 |                                               |
| E7   | Research                                  |                                                                 | **DECIDE Work package 3**  
- Analysis of user testing on ways of presenting recommendations to patients and the public is underway to be published 2015. Revision of G-I-N participation toolkit also underway based on the findings. | Executive Clinical Director                      |
### Effective

<table>
<thead>
<tr>
<th>Ref</th>
<th>Project Title</th>
<th>Very High Risks</th>
<th>Highlights (June - August 2014)</th>
<th>Accountable Director</th>
</tr>
</thead>
</table>
| E7  | Research                       |                |  - **Knowledge into Action**  
  Process mapping workshop took place on 26 August for the adverse events national project. National search and synthesis service methodology and approach in development phase.                                                                                                                                                                                                                                                                                                                                | Executive Clinical Director           |
|     | (cont)                         |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                       |
| E8  | Indicators of Healthcare Practice |                |  - **Indicators Programme**  
  A workshop to prioritise the revision of standards and indicators will be held on 23 September 2014. A paper will be submitted to ET with recommendations for S&I work programme in early November 2014.                                                                                                                                                                                                                                                                                           | Director of Evidence                  |
| E9  | National Screening Programmes  |                |  - **Bowel Screening Programme Standards**  
  The first project group meeting will be held in September 2014. The standards will be published in March 2015                                                                                                                                                                                                                                                                                                                                         | Director of Scrutiny & Assurance       |
| E10 | Improving Quality in Primary Care |                |  - **Developing a Quality Framework for General Practice in Scotland**  
  The *Quality Framework for General Practice in Scotland* was endorsed by the HIS Board at their meeting on 25 June 2014 and has been published on the Healthcare Improvement Scotland website                                                                                                                                                                                                                                                                                                          | Executive Clinical Director           |

#### 4.3 Person Centred

### Person-Centred

<table>
<thead>
<tr>
<th>Ref</th>
<th>Project Title</th>
<th>Very High Risks</th>
<th>Highlights (June - August 2014)</th>
<th>Accountable Director</th>
</tr>
</thead>
</table>
| P1  | Participation Network          |                |  - Literature and practice scoping exercise has begun to support the ‘Stronger Voice’ project. Report due in September this year.  
  - Engagement plans for stronger Voice have been drafted, the governance process agreed and resources secured to support delivery by December 2014  
  - Plans for the evaluation of PASS service underway                                                                                                                                                                                                                                                                                                                                      | Director of Scottish Health Council   |
<table>
<thead>
<tr>
<th>Ref</th>
<th>Project Title</th>
<th>Very High Risks</th>
<th>Highlights (June - August 2014)</th>
<th>Accountable Director</th>
</tr>
</thead>
<tbody>
<tr>
<td>P2</td>
<td>Service Change</td>
<td></td>
<td>• The team have been finalising 2 Major Service Change reports based on change processes in NHS Highland. These will be published in September and October respectively.</td>
<td>Director of Scottish Health Council</td>
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<tr>
<td>P3</td>
<td>Participation Standard</td>
<td></td>
<td>• Approach for Assessment of participation for 2013-2014 agreed in principle with review group and will focus on complaints and feedback. A detailed approach and framework are under development. Recommendations from 'Listening and Learning' report are being progressed alongside other national agencies and NHS board staff.</td>
<td>Director of Scottish Health Council</td>
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</tr>
<tr>
<td>P4</td>
<td>Community Engagement and Improvement Support</td>
<td></td>
<td>Support for NHS Scotland Volunteers</td>
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<td></td>
<td></td>
<td></td>
<td>• Early conversations for a phase 2 approach to volunteering support across health and Social care interface have begun with SG colleagues.</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Community Engagement Improvement Support</td>
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<td></td>
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<td></td>
<td>• National requests for engagement support at local level continue and are evaluating well.</td>
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<td></td>
<td></td>
<td></td>
<td>• Local engagement plans being progressed to support the ‘Stronger Voice’ conversation with local groups and members of the public.</td>
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</tr>
<tr>
<td>P5</td>
<td>Public Involvement Unit</td>
<td></td>
<td>Engaging People Strategy in final draft form awaiting approval</td>
<td>Director of Scottish Health Council</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Annual EQIA audit of board reported activity completed and collated for reporting in September.</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>• Stakeholder consultation in SMC currently underway which includes HIS public partners and voluntary organisations.</td>
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</tr>
<tr>
<td>P6</td>
<td>Person Centred Care</td>
<td></td>
<td>The principle of focussing on a small number of changes/interventions for Person Centred Care has been agreed with SG and the Boards. Discussions are underway with Boards to agree which elements of the wide range of person-centred work already underway will become the small number of changes that the collaborative will focus on.</td>
<td>Director of Safety and Improvement</td>
</tr>
</tbody>
</table>
5.0 Impact and Benefits Realisation for completed projects

NOTE: there are no completed LDP projects for this reporting period

6.0 Human Resources Summary

Sickness Absence Rate

Monthly & rolling annual reporting periods to July 2014*
*The latest ISD/Scottish Government absence rates available for our Board are shown, which are released a month in arrears (to allow for full recording of absence). The HIS ranking compared to other boards are also shown along with the HEAT standard measure.

<table>
<thead>
<tr>
<th>Monthly Sickness Absence rate (July 2014)</th>
<th>1.95%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ranking of HIS absence compared to other 22 Boards (July 2014)</td>
<td>Lowest (22/22)</td>
</tr>
<tr>
<td>Annual Sickness Absence rate (12 months rolling)</td>
<td>2.80%</td>
</tr>
<tr>
<td>Ranking of HIS absence compared to other 22 Boards (12 months rolling)</td>
<td>Low (20/22)</td>
</tr>
<tr>
<td>HEAT Standard</td>
<td>4.00%</td>
</tr>
</tbody>
</table>

Performance and Development Review Activity

Healthcare Improvement Scotland continues to be committed to embedding the NHS Knowledge and Skills Framework (KSF) Performance and Development Review (PDR) process throughout the Organisation and is actively working towards achieving a 100% participation rate of those eligible to have a review during this period - i.e. that 100% of all Agenda for Change (AfC) staff will have a completed PDR recorded on e-KSF. Our current position is as follows:

Reporting period 1 January to 31 August 2014

<table>
<thead>
<tr>
<th>No. of AfC Staff *</th>
<th>280*</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of PDRs Completed</td>
<td>264 (94.3%)</td>
</tr>
<tr>
<td>No. of PDRs Recorded on e-KSF</td>
<td>249 (88.9%)</td>
</tr>
</tbody>
</table>

* adjusted to reflect all eligible AfC staff at 31 August 2014.

KSF Outline Status 31 August 2014

<table>
<thead>
<tr>
<th>Total No. of AfC Posts Required</th>
<th>114</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of Approved KSF Post Outlines</td>
<td>104 (91.2%)</td>
</tr>
<tr>
<td>No. of Outstanding KSF Post Outlines</td>
<td>10 (8.8%)</td>
</tr>
</tbody>
</table>
## Appendix 1

### 2014-15 Operational Plan Projects delivered – (April – August)

<table>
<thead>
<tr>
<th>Directorate</th>
<th>Function</th>
<th>Project</th>
<th>Output</th>
<th>LDP Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Directorate</td>
<td>Data, Measurement &amp; Business Intelligence</td>
<td>National Clinical Data Advisory Group (NCDAG)</td>
<td>Improvement Support</td>
<td>E5 – Data Measurement and Business Intelligence</td>
</tr>
<tr>
<td>Evidence (Interim)</td>
<td>Evidence &amp; Technologies</td>
<td>Revision of Cancer Referral Guidelines</td>
<td>Guidance</td>
<td>E4a – Evidence for Medicines and Technologies Programme</td>
</tr>
<tr>
<td>Scrutiny &amp; Assurance</td>
<td>Service Review</td>
<td>Investigation into concerns regarding NHS Grampian Eye Service</td>
<td>Inspection Report</td>
<td>S18 – Quality of Care Reviews</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Investigation into concerns - NHS Tayside Mental Health Service</td>
<td>Inspection Report</td>
<td>S18 – Quality of Care Reviews</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Adverse Events Management</td>
<td>Audit/Review Report</td>
<td>S4 – National approach to learning from adverse events</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Developing a Quality Framework for General Practice in Scotland</td>
<td>Policy &amp; Strategy</td>
<td>S18 - Quality of Care Reviews</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NHS Lanarkshire Rapid Review Assessment</td>
<td>Audit/Review Report</td>
<td>S18 - Quality of Care Reviews</td>
</tr>
</tbody>
</table>
SUBJECT: Executive Clinical Director: key points report

1. Purpose of the report
   This report provides the Healthcare Improvement Scotland Board with information on key developments relevant to the overall programme of work associated with the Clinical Directorate and complements the update provided in the Performance Report to the Board.

2. Recommendation
   The Healthcare Improvement Scotland Board is asked to:
   • Receive and note the content of the report.

3. Key points

   a) Report of 90 day process on developing indicators on quality at NHS Board level

      The data measurement and business intelligence team completed a 90 day process investigating board level measures of quality and how these data could be identified and used. The output of this 90 day period was presented at the Evidence, Improvement & Scrutiny (EIS) Committee on 21 August and the recommendations around the principles which would support the measurement of quality were strongly supported. The report is published on the HIS website and further work will be undertaken to apply the principles to a core data set, test with stakeholders and engage with a single territorial board to build a draft set of quality measures. The EIS Committee recommended wider awareness at the HIS Board in December 2014.

   b) NHS Grampian Review

      The data measurement and business intelligence team is supporting the review at Aberdeen Royal Infirmary. Specifically the team have compiled a substantial data pack to support the review team in developing its key lines of inquiry. They are also providing ongoing measurement advice throughout the course of this work to support the review team in triangulating its main conclusions.

   c) Health Foundation Measurement and Monitoring of Safety

      Healthcare Improvement Scotland, working with NHS Borders and NHS Tayside, has submitted an application for funding (£600k over 18 months) to the Health Foundation to test a framework for measuring and monitoring patient safety in an invited competitive process. There is active involvement from various teams from across Healthcare Improvement Scotland and supported by Scottish Government and Public Health and Intelligence in our application. The lead contributors will attend an interview with the Health Foundation on the 8th September.

In addition to the above, we are delighted to highlight that Healthcare Improvement Scotland’s QI Connect WebEx series is now reaching 40 countries and all recordings...
are available to watch on request. Our next speaker is Dr Helen Bevan, Chief Transformation Officer, NHS Improving Quality on 23 September 2014, 4-5 pm. The title of Helen’s talk is “Being a great change agent: how to rock the boat and stay in it.” Board members are invited to join the event.

Dr Brian Robson
Executive Clinical Director

Appendix:
QI Connect: Flyer for September session with Dr Helen Bevan
Being a great change agent: how to rock the boat and stay in it

Presented by Dr Helen Bevan

Dr Helen Bevan has been a leader of large scale change in the English National Health Service for more than 20 years. She led the groundbreaking “Business Process Reengineering” transformation programme at The Leicester Royal Infirmary in the 1990s. As a result, she was asked to become a national leader of initiatives to improve patient access to NHS care for which she was made an Officer of the Order of the British Empire in 2001.

Helen is acknowledged globally for her expertise in large scale change and ability to translate it into practical action and deliver outcomes. She provides advice, guidance and training on transformational change to leaders of healthcare systems across the world. She is a source of energy and inspiration for change and helps to “think the unthinkable”. In 2008, the 60th anniversary of the National Health Service, Helen was recognised as one of the 60 most influential people in the history of the NHS.

In 2010, Helen’s team launched a call to action, utilising social movement leadership principles, which contributed to a 51% reduction in prescribing of antipsychotic drugs to people with dementia across the country. Helen initiated NHS Change Day, in partnership with a group of young clinical and managerial leaders in 2012. NHS Change Day 2014 was the largest ever voluntary collective action for improvement in the history of the NHS with more than 700,000 pledges made to take action to improve experience and outcomes for patients. NHS Change Day also won the global “Leaders Everywhere” challenge run by Harvard Business Review and McKinsey.

Healthcare Improvement Scotland has an exciting line up of monthly WebEx sessions presented by an exceptional global faculty. Simply link in from your own desk to learn from national and international leaders in Quality Improvement.

To receive WebEx log-in details for this session, click here. A certificate of attendance will be provided following this session.

The QI Connect series now features as an approved resource within ISQua’s Fellowship Programme.

Tuesday 23 September 2014, 4pm – 5pm, GMT

Use hashtag #HISQIconnect
1. **Purpose of the report**
   This report provides the Healthcare Improvement Scotland Board with information on any other significant issues relevant to the overall programme of work associated with the Evidence Directorate, but which is additional to the update provided in the Performance Report to the Board.

2. **Recommendation**
   The Healthcare Improvement Scotland Board is asked to:
   - receive and note the content of the report.

3. **Key points**
   
   **a) Scottish Medicines Consortium – progress on implementation of the new medicines review recommendations**
   The Patient and Clinician Engagement (PACE) process for end of life / orphan medicines is now fully operational and the first meetings were held in August. This is in line with the timescale identified by the Scottish Government. The meetings have been well supported by both patient groups and clinicians. The output from the first two medicines considered under the PACE process was considered by SMC at its September meeting and the resulting decisions will be made public in October.

   Since the process started in April 2014, SMC has received 19 submissions for end of life / orphan medicines, out of a total of 39 full submissions. As a result, three PACE meetings will be scheduled each month from October. This, along with the other recommendations of the new medicines review (meeting in public, enhanced public engagement and increased engagement with pharmaceutical companies), has been extremely resource intensive to implement. This is set against a backdrop of business as usual, with increasingly complex submissions, and continued high political and media activity in the arena of access to new medicines.

   To support the work of implementing the recommendations, funding has been made available from the Scottish Government for an additional 15 posts. The recruitment process is now nearing completion and all new posts should be in place by the end of 2014.

   **b) Strategic alliances with Health Economics and Health Services Research Units, University of Aberdeen**
   A strategic alliance has been in place with the Health Economics Research Unit (HERU) at the University of Aberdeen since 2012. This was established to provide external support and mentoring to a very specialist staffing group who may otherwise become relatively isolated from other health economists. To date, the alliance has provided an opportunity for staff from both HERU and HIS to share issues and explore solutions to problems. Further developments planned include applying for, and undertaking, joint research projects and shadowing colleagues in the other organisation.

   In the light of the success of the HERU collaboration, a strategic alliance is being established with the Health Services Research Unit (HSRU) to provide similar
support for the health services researchers (HSRs) in the Evidence Directorate. The alliance aims to:

- advance methods and processes for appraisal of non medicine technologies assessment to support practical application within NHSScotland
- enable HIS to access academic advice and input on quantitative and qualitative research methodology queries, including the interpretation of statistical analysis
- exchange knowledge on research challenges, developments and approaches to improving the quality of healthcare
- provide a forum for discussion of current and prospective work and hence identify any options for sharing findings or collaborative projects, and
- promote knowledge exchange between with HSRU and the health service researcher resource in HIS with a view to making the most efficient use of health research resources within Scotland.

It is intended that the new strategic alliance will be agreed by the end of October 2014.

c) Referral guidelines for urgent suspicion of cancer

The full suite of revised referral guidelines for urgent suspicion of cancer was published on 29 August 2014. The methodology used to develop the guidelines differs from those produced by SIGN, with the multi-disciplinary groups considering the recommendations from extant evidence based guidelines and using consensus to produce the Scottish guidelines. The revised guidelines aim to facilitate appropriate referral between primary and secondary care for patients whom a GP suspects may have cancer. The guidelines should help to identify those patients who are most likely to have cancer and who therefore require urgent assessment by a specialist.

Implementation support for the guidelines is being taken forward in collaboration with the Detect Cancer Early team at the Scottish Government, the Scottish Primary Care Cancer Group and Macmillan Cancer Support.

Sara Twaddle
Director of Evidence (Interim)
SUBJECT: Director of Safety and Improvement: key points report

1. Purpose of the report
This report provides the Healthcare Improvement Scotland Board with information on any other significant issues relevant to the overall programme of work associated with the Safety and Improvement Directorate, but which is additional to the update provided in the Performance Report to the Board.

2. Recommendation
The Healthcare Improvement Scotland Board is asked to:
• receive and note the content of the report.

3. Key points

a) Non Executive Development Work
The Scottish Government is currently leading work to develop a programme of interventions focused on supporting the development of NHS Chairs and Non Executives. As part of this programme, it has commissioned HIS and NES (though the QI Hub) to produce a set of guides and e-learning resources around board level leadership of quality improvement and the effective use of data and measurement to drive improvement.

Through the QI Hub, HIS and NES have secured some additional input from QuEST and the Quality Unit to support this work. The project team are pulling together a project initiation document that will include information on how they intend to engage non-executive directors in the development of these resources.

The Scottish Government have also set up a Short Life Working Group to look at interventions to support Board Effectiveness and have invited the QI Hub to have representation on this group.

b) SISCC
The Scottish Improvement Science Collaborating Centre (SISCC) is a large-scale collaboration involving universities, health boards, local authorities, patients, carers, communities and advocacy groups. It has a particular focus on researching the effectiveness of quality improvement interventions. Funding of £3.25 million has been allocated from a partnership involving the Scottish Funding Council, the Chief Scientist Office, The Health Foundation, and NHS Education for Scotland (NES).

In August 2014, the Director of Safety and Improvement and Acting Director of Evidence met with Professor Mary Renfrew (overall lead for SISCC), Nicola Gray (Programme Manager SISCC) and Dr Stephen MacGillivray (SISCC lead on methods). This was an open and productive session with both organisations stating their commitment to working in partnership on this key agenda. Specific areas identified for collaboration included:
• the rapid evidence reviews that SISCC is committed to undertaking.
• the potential for HIS to support the delivery of the neo-natal improvement work that forms one of the two new improvement programmes that SISCC will initially focus its evaluation work around.
In recognition of the importance of the partnership working between SISCC and HIS, both organisations have agreed to a regular two way meeting in addition to HIS having representation on each of the advisory groups.

c) **SPSP Integrated Site Visits**

In line with the strategic delivery plan, SPSP has completed the first two tests of integrated site visits. Historically, each of the four SPSP programmes conducted separate visits to each NHS board to talk about local progress against each of the four programmes. For the first time, these visits brought together the Adult Acute, Maternity and Children’s Quality Improvement Collaborative (MCQIC), Mental Health and Primary Care programmes into a joint visit.

This enabled strategic discussion around the organisational infrastructures that are needed to support the safety work across all four programmes. It also acted as a lever to help the NHS Boards to make connections across their programmes locally, as well as helping the national team to do the same. Feedback from the two boards was positive about this more integrated approach.

A key issue that came up during the initial tests was the relationship of these visits to the QII Infrastructure work and the potential opportunities to further integrate and streamline approaches across these two streams of work.

---

**Ruth Glassborow**

**Director of Safety and Improvement**
SUBJECT: Director of Scrutiny and Assurance: key points

1. Purpose of the report
This report provides the Healthcare Improvement Scotland Board with information on any other significant issues relevant to the overall programme of work associated with the Directorate of Scrutiny and Assurance.

2. Recommendation
The Healthcare Improvement Scotland Board is asked to:
• receive and note the content of the report.

a) Planning for 2015/16 Scrutiny & Inspection

We have previously developed and consulted upon an Annual Scrutiny and Inspection plan, which sets out the priority areas for the Scrutiny and Assurance Directorate. We have developed this plan to be open and transparent about our work programme, but also to fulfil the requirement placed upon us in the Public Services Reform (Scotland) 2010 Act, which specifies in section 10L that we must “prepare a plan for carrying out inspections in accordance with best regulatory practice”.

As this year’s Scrutiny and Inspection plan sets out the plan “sits firmly within the broader context of our new strategy, Driving Improvement in Healthcare. Increasingly, Healthcare Improvement Scotland will be adopting a more integrated approach to leading and supporting scrutiny, with a particular emphasis on flexibly applying the skills and experience across the organisation and in NHS boards to assist in driving the necessary improvements in the quality of healthcare in Scotland.”

As we have agreed to develop a corporate delivery plan to describe how we will deliver our strategy, and our strategy clearly emphasises the importance of working as one integrated organisation, we have decided that a standalone Scrutiny and Inspection plan for 2015-16 is not required. The contents will be incorporated into our corporate delivery plan which will clearly signal our integrated approach and will allow the links between all our programmes of work to be made explicit.

b) Sharing Intelligence Group

We have established a Sharing Intelligence Group with membership from Audit Scotland, Care Inspectorate, Mental Welfare Commission, NHS Education Scotland and NSS Public Health and Information Services. By bringing together these key audit, inspection and training bodies to form a Sharing Intelligence Group we can provide

• a proactive and supportive environment for collaboration and intelligence sharing
• regular opportunities to build stronger working relationships and a better understanding of roles
• a shared view of risks to quality through our collective intelligence
• an early warning mechanism of risk about poor quality and areas for improvement

The Sharing Intelligence Group is jointly chaired by the Director of Scrutiny & Assurance and Prof Stewart Irvine (Medical Director, NHS Education for Scotland). We are currently scheduling a rolling programme of bi-monthly meetings starting in September 2014.
c) **OPAH Inspection Training Programme**

We have developed a course with NES to allow inspectors to have training on advanced communication skills. This includes gathering evidence, giving feedback and delivering difficult messages.

Each cohort will have a maximum of 6-8 people and it is envisioned that 3 cohorts will be delivered. If there is space we would hope to include other staff as some of the skills are transferrable.

On-going education continues, we have recently had the Mental Welfare Commission deliver a session on the use of Adults with Incapacity legislation and a session on nutritional care has been delivered by a senior dietician from and NHS Board.

Robbie Pearson  
**Director of Scrutiny and Assurance**
SUBJECT: Director of the Scottish Health Council: key points report

1. Purpose of the report
   This report provides the Healthcare Improvement Scotland Board with information on any other significant issues relevant to the overall programme of work associated with the Scottish Health Council, but which is additional to the update provided in the Performance Report to the Board.

2. Recommendation
   The Healthcare Improvement Scotland Board is asked to:
   • receive and note the content of the report.

3. Key points
   a) In August we published our report ‘Supporting Patient and Public Feedback Across Scotland’

   In this report we provide an overview of how we have responded to requests from stakeholders to gather public views over the past two years.

   Supporting national and international programmes, our local staff have gathered views on a variety of topics to collate a Scotland-wide view; road tested patient information and checked the accessibility of public information and surveys; and sought reaction to specific issues in healthcare provision.

   Feedback from the stakeholders who made the requests – as well as from the patients, service users and members of the public who were involved in these projects – has been very positive.

   ![Supporting Patient and Public Feedback Across Scotland](image)

   b) We have published a Policy Briefing on the Amendments to Pharmaceutical Services (Scotland) Regulations 2014 (Pharmacy Applications) which summarises the key points in relation to the duties to engage and consult on pharmacy applications and in our view the changes represent a significant step forward in improving the overall transparency of process to local communities which has been subject to criticism in the past.

   These changes include:
   • the establishment of a ‘prejudice test’ to establish whether an application would adversely affect primary medical and pharmacy services in the area
   • the requirement for a ‘pre-application consultation’ which amongst other things will test the level of support of residents in the neighbourhood for the application
   • provide for a ‘Community Representative’ to be appointed to represent the views of the affected community.
c) **Stronger Voice**
   The engagement work has now commenced with 18 Local Focus Group Discussion Sessions taking place in September across Scotland from Dumfries to Shetland. We are also planning larger engagement events to begin developing and shaping proposals in October, and the first meeting of the Stakeholder Reference Group took place on 8 September 2014 in Edinburgh with a good turnout and constructive engagement involving a variety of partner organisations, including patient groups and public partners.

**Richard Norris**  
**Director**  
**Scottish Health Council**
SUBJECT: Finance and Corporate Services Directorate: key points report

1. Purpose of the report

This report provides the Healthcare Improvement Scotland Board with information on any other significant issues relevant to the overall programme of work associated with the Finance and Corporate Services Directorate, but which is additional to the update provided in the Performance Report to the Board.

2. Recommendation

The Healthcare Improvement Scotland Board is asked to:

• receive and note the content of the report.

a) Integrated Planning Process

The Planning, Finance and HR teams have started work on a joint planning process to create a three year corporate plan. Meetings are taking place with all programme leads to agree current work programmes, likely future requirements and to test out revised templates. Simultaneously, a decision making framework is being developed and this will be used to prioritise the data that is being collected from the integrated planning meetings. ET and CMT will be consulted to agree the parameters for the decision making framework which will incorporate the outcomes chain presented at the last Board seminar. ET will use the decision making process to agree the content of the corporate plan. This work is developmental and includes significant learning for the organisation. Regular updates of progress will be provided to the Board.

b) Internal Improvement Programme

It has been agreed to combine the internal improvement work from ‘Driving Improvement’ with the action plan that has been developed in response to the organisation’s completion of the Quality Improvement Infrastructure diagnostic tool. Both of these work programmes have the objective of achieving a high performing organisation and align well together. Lesley Holdsworth will lead this programme of work and will be supported by Ruth Glassborow in an improvement capacity. The internal improvement programme will also include some of the work from the workforce group and some developmental IT work.

c) IT and e-health Update

Work is taking place to review progress against the current e-health strategy. A draft report has been prepared and is currently being finalised. This will provide a starting point for the refresh of the current strategy which has its completion date during 2015 and this will be taken forward by a short life working group.

The service level agreement with the Scottish Ambulance Service for management provision to support the IT service continues to operate well. A check point meeting is scheduled for 17th September and preliminary discussions are taking place regarding continuation of the service beyond March 2015, when the current arrangement expires.

Maggie Waterston
Director of Finance and Corporate Services
SUBJECT: Audit and Risk Committee: key points

1. Purpose of the report
   This report provides the Healthcare Improvement Scotland Board with an update on key issues arising from the meeting of the Audit and Risk Committee on 3 September 2014.

2. Recommendation
   The Healthcare Improvement Scotland Board is asked to receive and note the key points outlined.

a) Risk Management
   The Committee reviewed the corporate risk register in the abridged COMPASS format. We recognise the hard work involved in moving to the COMPASS system and welcome the new easier-to-read format. We look forward to the presentation which is planned for the December Committee meeting to learn more about COMPASS and the work which has been carried out to move to the new system, as well as the opportunity to discuss which information we would like to see in the corporate risk register document.

   The Committee also reviewed in detail the very high and high risks from the operational risk register. Due to the transition of the operational risks from the extant register to the COMPASS system, the committee sought verbal assurance on these risks which had not been updated on the register. It was further agreed that an update report on these risks will be circulated to committee members.

b) Financial Position
   The Committee continues to have concerns about the way in which HIS receives allocations from the Scottish Government. We fully support the ongoing discussions with SG colleagues to increase the portion of our budget which is classified as recurring and for that spend to be received at the start of the financial year. The current situation with allocations not yet agreed, and agreed allocations not yet received makes it difficult to plan strategically, and requires considerable resource and effort to negotiate and monitor the flow of money.

c) Operational Plan Performance Report
   The Committee received this report, which had previously been overseen by the Finance and Performance Committee and noted the additional assurance it provides that any project slippage, cancellation or other changes will be flagged to the Audit and Risk Committee. We look forward to seeing how associated risk information further enhances the report.

Nicola Gallen
Committee Chair
MINUTES – approved

Meeting of the Healthcare Improvement Scotland Audit and Risk Committee
23 June 2014
Meeting Room 4, 4th Floor, Delta House, 50 West Nile Street, Glasgow, G1 2NP

Present
Ms Nicola Gallen    Chair
Ms Marian Keogh    Board Member
Pam Whittle        Board Member

Healthcare Improvement Scotland Officers
Angiolina Foster    Chief Executive
Maggie Waterston  Director of Finance and Corporate Services
Richard Norris     Director, Scottish Health Council
Robbie Pearson     Director of Scrutiny and Assurance
Brian Robson       Executive Clinical Director

In Attendance
Pauline Donald     Corporate Governance Manager
Paul Wishart       Finance Manager
Chris Brown        Scott Moncrieff
David Eardley     Scott Moncrieff
Martin Pitt        PricewaterhouseCoopers
Matthew Swan       PricewaterhouseCoopers

Committee Support
Shivani Scott   Committee Secretary

Apologies
Hamish Wilson      Vice Chair
Ruth Glassborow   Interim Director of Safety and Improvement
Sara Twaddle      Interim Director of Evidence
Laura McIver       Chief Pharmacist
Brian Ward        Finance General Manager

ACTION

1. WELCOME AND APOLOGIES FOR ABSENCE
1.1 The Chair welcomed all present at the meeting, in particular Paul Wishart, Finance Manager deputising for Brian Ward. She advised that Paul Kelly of Scott Moncrieff would be attending the meeting for item 6.2.

The Chair informed those present that as part of the governance review, the business of the Audit Committee and the Finance and Performance Committee had been reviewed. As a result of this process, it had been agreed to establish an Audit and Risk Committee and to incorporate the business from the Finance and Performance Committee into either the Audit and Risk Committee business or into another governance/operational committee. To ensure due process, it had been agreed that the minutes and action point register from the previous meeting of the F&P Committee will be taken for approval at the first meeting of the Audit and Risk Committee. However, as Hamish Wilson (Chair of F&P Committee) was unable to attend today, it was agreed that these will be considered at the next Audit and Risk
Committee meeting.

Members therefore noted that this is the first meeting of the Audit and Risk Committee and that the Finance and Performance Committee had been disbanded.

1.2 Apologies for absence were received and noted as above.

2. MINUTES OF PREVIOUS MEETING/ACTION REGISTER

2.1 Minute of Audit Committee meeting on 12 March 2014
The minutes of the previous meeting held on 12 March 2014 were accepted as an accurate record.

2.2 Minute of Finance and Performance Committee meeting on 5 March 2014
The review of the minutes for the Finance and Performance Committee was deferred until the next meeting.

2.3 Review of action point register of Audit Committee meeting on 12 March 2014
The committee received the status report against the action point register from the previous meeting, noting that most of the items were shown either as complete or for discussion at this meeting.

2.4 Review of action point register of Finance and Performance Committee meeting on 5 March 2014
The review of the action point register was deferred until the next meeting.

3. GOVERNANCE

3.1 Business Planning Schedule 2013/14
The committee reviewed the Business Planning Schedule.

The Committee was advised by the Director of Finance and Corporate Services that the document presented should be viewed as a draft and may be subject to amendment due to the ongoing governance committee review. The Committee advised that they had nothing further to add to the draft.

3.2 Code of Corporate Governance
The Director of Finance and Corporate Services asked the Committee to note and agree to the proposed changes to the Standing Financial Instructions, Section 5 (Purchase of Supplies and Services) Procurement thresholds.

The Committee asked for clarity on the safeguards in place for the £50k threshold, given the increase from the original £20k threshold. The Director of Finance and Corporate Services agreed to report back at the next meeting on the number of budget holders who have been given this threshold.

Following receipt of requested information the Committee is content to agree to the
proposed changes.

4

STRATEGIC BUSINESS

4.1 Risk Management Strategy

The committee received a report which advised of progress with the management and implementation of risk across the organisation following a significant review over the last six months. Also included for review were the corporate risk register and the operational risk register.

In discussion of the registers, the following amendments were requested:

- Review of the template used to maximise size for ease of reading.
  
  Corporate Risk Register: the committee reviewed the register as presented and advised that they were content that this is under review; noting that a revised version will be submitted to the next meeting.

- Operational risk register
  
  The committee reviewed the registers as presented and the following was noted:

  The Executive Clinical Director advised that the SMC programme Board were scheduled to meet the following day and will review all SMC risks in detail. The Audit Committee therefore agreed to receive a verbal update report on the status of these risks at the Board meeting on 25 June 2014.

- Operational Risk Register: ID2 – The Committee requested an update before the Board meeting on this risk.

  Operational Risk Register: ID1 – Update from Executive Clinical Director – the BI strategy was approved by the Board in May 2014. The Board had requested a resource plan which will be brought to the EIS committee in July and thereafter submitted to the Board.

- Operational Risk Register: ID4 – Update from Director of Scrutiny and Assurance – Health Facilities have been involved in relation to decontamination. Meeting scheduled with SG to discuss resource implications to take it to the next stage - agreed that score of twenty-five still stands.

- Operational Risk Register: ID13 – Update from Director, Scottish Health Council – wording to be modified to reflect lack of active discussion with SG colleagues. A new risk will be identified around the delivery aspect of this work.

4.2 Audit Actions Follow-Up Report

The Director of Finance and Corporate Services provided a status report regarding the implementation of all outstanding Internal Audit Recommendations and advised that this had been reviewed by Internal Audit. The Committee was asked to note for assurance the progress updates, approve the recommendations to defer the timelines and approve the revised reporting format.

The Committee was advised that there are 6 items deferred relating to the Business Intelligence strategy, these items are not deferred indefinitely but until
implementation of the strategy.

The Committee held a discussion about attendance at governance committee meetings. The Committee stated that it would be useful for the Executive Team to attend meetings regularly and not just when an issue has been identified within their area of responsibility. It was specifically requested that a member from the HR team attends the Audit Committee on a regular basis. It was agreed that attendance at committees would be discussed at the next Governance Committee Chairs meeting.

5. **ANNUAL ACCOUNTS**

5.1 **Service Audit Assurance Reports**

The Director of Finance and Corporate Services informed the Committee that the service audit assurance reports were discussed at the workshop on 4 June.

The Committee had no further comments on the reports.

5.2 **Report to those charged with governance on the 2013/14 audit (ISA 260)**

External Audit provided an overview of the report to those charged with governance. The Committee was informed that the audit had been completed subject to Board approval. External Audit thanked the finance team for an excellent audit on a timely basis with no issues to draw attention to.

External Audit signed off the report page by page highlighting one minor point on page 9. The committee requested the Director of Finance and Corporate Services to inform staff that a purchase order should be raised immediately and not to wait for the invoice to come in.

The committee was informed that an unqualified audit opinion on the financial settlements will be issued on 23 June 2014.

5.3 **Internal Audit Report: Governance Statement 2013/14**

Internal Audit provided an overview of the report stating that the report was discussed in detail at the June workshop. The Committee was advised that there were no internal audit findings 2013/14 that they believed needed to be disclosed within the 2013/14 Governance Statement.

5.4 **Letter of Representation**

The Director of Finance and Corporate Services advised the Committee that the Chair of the Board and Chief Executive Officer will sign the letter as part of the process of adopting the 2013-14 accounts by the Board at its meeting on 25 June 2014.

The Committee noted that the letter is standard except for dilapidations, the Director of Finance and Corporate Services advised that during 2014/14 a surveyor will be requested to validate the reserves being held in relation to Delta House.
5.5 **Annual Accounts (including governance statement and audit option)**

The Director of Finance and Corporate Services informed the committee that the annual accounts have been discussed in detail at the June workshop. One amendment has been made to page 89 (note 18) and a correction has been issued.

External audit clarified that the wording used on page 34 in relation to remuneration is standard across all boards. The committee agreed that they are happy to use this wording as long as it is consistent across all boards and suggested that a discussion is held in advance of next year’s accounts to amend the wording.

The Director of Finance and Corporate Services advised that the previous Chief Executive had provided the current CEO with a signed governance statement for the period of time working for the organisation. It was noted that External Audit has had sight of these.

The Chair thanked the finance team for all their hard work in achieving the current financial position. The Director of Finance and Corporate Services reiterated her thanks to the finance team.

The Committee stated they were happy to recommend the annual accounts for adoption by the Board at their meeting on 25 June 2014.

**Statement of Significant Issues**

The Committee agreed that there are no issues to be disclosed to the Health and Wellbeing Audit and Risk Committee and agreed that the letter will be signed off today by the Chair of the Audit and Risk Committee.

6. **INTERNAL AUDIT**

6.1 **Internal Audit Annual Report**

Internal Audit spoke to the paper which provided a summary of the Internal Audit conclusions 2013/14 for Healthcare Improvement Scotland. The Committee was advised that it was a clean audit, no major weakness with a positive view of controls in place.

The Committee noted the report.

6.2 **IT Performance Measures Report**

Paul Kelly from Internal Audit joined the meeting for this item.

Internal Audit spoke to this paper which provided a summary of the ICT Performance Measures within Healthcare Improvement Scotland. The Committee was informed that there has been a general improvement in how ICT services have been delivered since collaborating with the Scottish Ambulance Service. The Committee was advised that performance metrics need to be established by which HIS can assess whether the service received from SAS is meeting expectations.

The Director of Finance and Corporate Services advised that the ICT services have improved greatly with issues such as the ‘helpdesk’ being addressed. The
Committee was informed that there is a quarterly checkpoint meeting between SAS ICT and HIS management through which services can be discussed. The Committee was further advised that there is a need for the HIS eHealth strategy to be developed by SAS and agreed by HIS management. It was noted that a paper will be brought to a future Executive Team meeting outlining the development of the e-health strategy.

The Committee stated that they found this update useful and requested that the paper is discussed at the next Staff Governance Committee meeting.

The Committee thanked Internal Audit and noted the report.

7. STANDING BUSINESS

7.1 Financial performance Report to 31 May 2014

The Director of Finance and Corporate Services provided an update on the provisional financial position at 31 May 2014 and asked the Committee to note that progress with regard to cash releasing efficiency savings (CRES) is ongoing and a more detailed report would be provided to the next meeting.

The Director of Finance and Corporate Services advised the Committee not to be alarmed by the £600k overspend as allocations for the current financial year have not yet been received. It is anticipated that additional allocations for non-recurring activity will appear in the letter scheduled for 30 June 2014.

It was noted that this paper provides a brief overview for where the organisation is at in May and during the month of June the finance team will be spending significant time with budget holders to identify anticipated allocations and efficiency savings.

7.2 Governance Committee minutes and key points

The Committee received a status report in relation to meetings of Healthcare Improvement Scotland’s governance committees and approved minutes and key points from previous meetings.

The committee noted the content of the minutes and key points.

7.3 Non-competitive tender log

The Director of Finance and Corporate Services provided a summary of non-competitive quotation/tender activity since the previous meeting of the committee.

The Director of Scrutiny and Assurance pointed out that the printing of this report appears to have replicated some wording between two of the items. It was agreed that a corrected version of the report will be brought to the next meeting. The Committee requested clarity on the Scottish Health Council request, highlighting that the request is not a one off. The Director for Scottish Health Council agreed to find out further information concerning this and provide an update at the next meeting.
7.4 **Board report: 3 key points**

The Chair advised that the following key points would be reported to the Board:

- Annual Accounts
- Risk register
- Shared services

8. **ANY OTHER BUSINESS**

The Chair formally thanked Marian Keogh for all her hard work as part of the Committee in particular her robust questioning and attention to detail.

9. **DATE OF NEXT MEETING**

- 10:30 – 13:00, 3 September 2014
SUBJECT: Evidence, Improvement and Scrutiny Committee: key points

Purpose of the report
This report provides the Healthcare Improvement Scotland Board with an update on key issues arising from the Evidence, Improvement and Scrutiny Committee meeting held on 21 August 2014.

Recommendation
The Healthcare Improvement Scotland Board is asked to receive and note the key points outlined:

a) **Clinical Engagement Strategy** – The Committee welcomed and endorsed the 2014-17 Strategy and Delivery Plan and the commitment to extend engagement in particular to professionals in the social sector. The Strategy is due to be published on Healthcare Improvement Scotland’s website on 30 September. Any queries should be directed to Dr Brian Robson (email: brian.robson@nhs.net)

b) **90 day process report on NHS Board level measurement of quality** – The Committee strongly endorsed this report and supported further work to be undertaken to develop appropriate indicators, including those for person-centred care for primary care and mental health. Given the seminal importance of this topic the Committee asked that the report be brought for information to the Healthcare Improvement Scotland Board and that it should be accompanied by a follow up plan detailing the way forward against the recommendations made in the report.

c) **Systemic anti-cancer therapy in independent settings** – The Committee supported the recommendation to introduce a step-wise approach to governance of chemotherapy and anti-cancer biological therapies in Independent Healthcare Services in Scotland. It was noted that this was the first involvement in developing governance arrangements for the independent sector and that these measures would mirror those that apply in the NHS. This strategic approach was strongly endorsed.

Professor Bob Masterton
Chair
Evidence Improvement and Scrutiny Committee
SUBJECT: Evidence, Improvement and Scrutiny Committee: key points

1. Purpose of the report
   This report provides the Healthcare Improvement Scotland Board with an update on key issues arising from the Evidence, Improvement and Scrutiny Committee meeting held on 9 July 2014.

2. Recommendation
   The Healthcare Improvement Scotland Board is asked to receive and note the key points outlined:
   
   a) Scottish Medicines Consortium (SMC)
      The Committee was pleased to note SMC was making good progress in terms of the implementation and assessment of its new processes.

   b) Healthcare Improvement Scotland (HIS) Quality Improvement Diagnostic Tool
      The Committee acknowledged the report as an excellent and important piece of work for HIS and agreed that a further update including performance against outcomes be submitted to the December Board.

   c) Person-Centred Health and Care Collaborative (PCHC)
      The Committee welcomed the report as a helpful update on progress and acknowledged the complexities of capturing data to demonstrate improvements in person-centred care. The Committee looked forward to receiving clarification as to who was accountable for Boards who did not report on improvements as part of the improvement collaborative.

In addition to the above key themes the Committee noted the Aberdeen Royal Infirmary review, supported the process and looked forward to hearing more about the stratification of the organisation’s response.

Professor Bob Masterton
Chair
Evidence Improvement and Scrutiny Committee
MINUTES – approved

Meeting of the Evidence, Improvement and Scrutiny Committee, Public Session

Date: Wednesday 9 July 2014 10.30am - 12.25pm
Venue: Meeting Room 4, Delta House, Glasgow

Present

Non-Executive Members
Bob Masterton Chair
Zoë Dunhill MBE Non-Executive Director
Duncan Service Non-Executive Employee Director

Healthcare Improvement Scotland (HIS) Officers
Denise Coia Chairman (up to and including item 5.4)
Fiona Dagge-Bell Chief Nurse, Midwife and Allied Health Professional (NMAHP), deputising for the Executive Clinical Director
Angiolina Foster CBE Chief Executive (up to and including item 5.4)
Ruth Glassborow Director of Safety and Improvement
Simon Mackenzie Clinical Lead for Business Intelligence
Robbie Pearson Director of Scrutiny and Assurance
Karen Ritchie Head of Knowledge and Information deputising for Interim Director of Evidence
Maggie Waterston Director of Finance and Corporate Services
June Wylie Head of Implementation and Improvement
John Kinsella Chair of Scottish Intercollegiate Guidelines Network (SIGN)
Aileen Muir Co Vice-Chair of Scottish Medicines Consortium (SMC)
Iain Robertson Chair of Scottish Health Technologies Group (SHTG)

In attendance
Jane Byrne Senior Programme Manager (from item 5.1)
Rosemary Hector Programme Manager, Quality Improvement Hub
Pauline Donald Corporate Governance Manager (up to and including item 5.3)

Committee Support
Lesley Forsyth Committee Secretary

Apologies
Brian Robson Lead/Executive Clinical Director
Jonathan Fox Chair SMC
Norman Gibb Public Partner
Marian Keogh Non-Executive Director
Laura McIlver Chief Pharmacist
Donald Morrison Head of Data Measurement and Business Intelligence
Eric Sinclair Public Partner
1. OPENING BUSINESS

1.1 Welcome

The Chair congratulated Ruth Glassborow on her appointment, following an open interview process, to the post of Director of Safety and Improvement.

He welcomed all present to the public session of the Evidence, Improvement and Scrutiny Committee (EIS) in particular those attending for the first time. He explained that the development session had been deferred to a future committee meeting date and that the Clinical Engagement Strategy had been taken off the agenda for further revision and would come to the August Committee meeting.

1.2 Apologies for absence

Apologies were noted as above.

1.3 Minutes of meeting held on 17 April 2014

The minutes of the meeting held on 17 April were approved. The approved minutes will be submitted to the September Board meeting.

1.4 Review of action note register: 17 April 2014

The Committee reviewed the action point register from the meeting held on 17 April 2014 and noted that all action points were complete or included in the agenda with the exception of two items.

2.1 The Chief NMAHP reported that a review of information governance risks had been undertaken and four new risks would be submitted to the Audit Committee’s September meeting.

6.1 EIS Committee business - The Chief Executive reported that this was a work in progress and tied in with the governance committee review work led by Hamish Wilson. She and the Committee Chair had discussed the strategic framing of the EIS Committee business and agreed the focus be on assurance and the listening functions of the Committee.

2. COMMITTEE GOVERNANCE

2.1 Risk Management for Evidence, Improvement and Scrutiny Committee

The Chief Executive invited the Director of Finance and Corporate Services to update the Committee on risk management. The Corporate Management Team (CMT) was in the process of reviewing the corporate risk register to align with Driving Improvement in Healthcare: Strategic Plan 2014-2020. A revised corporate risk register would be presented to the September Audit Committee and from there to the September Board. CMT were also reviewing the
The Director of Scrutiny and Assurance reported that discussions were ongoing with Scottish Government regarding death certification and that this remained a red risk. A further update would be provided in due course.

The Director of Finance and Corporate Services reported that there were four red risks relating to recruitment of staff for SMC to introduce the new medicines review but that these were reducing as the recruitment programme was moving on.

The Committee noted update on progress and that the governance committee review work may impact on the risks that will be presented to the Committee in the future.

2.2 Evidence, Improvement and Scrutiny Committee Annual Report 2013/2014

The Chief NMAHP presented the first draft annual report for the business year and commented that the governance committee review work may impact on the business presented to the Committee in the future. The Committee noted that the report reflects on the Committee’s achievements over the year and also suggests recommendations and improvements for the future. Discussion at the proposed development day would help decide what and how the Committee will deliver going forward.

2.3 Declarations of interest

The Chair reminded members to declare any potential conflicts of interest. None were raised.

3. STANDING BUSINESS

3.1 Business planning schedule for the Evidence, Improvement and Scrutiny Committee

The Chief NMAHP presented the updated schedule showing the current and forthcoming year and reported that it had been revised following the April meeting and was subject to further change given the governance committee review work that is currently underway. The Chief NMAHP explained that, when necessary, items which have gone to CMT and ET, are escalated to the Committee on an exception basis. Following discussion the Committee agreed to retain the schedule on the agenda until the wider governance changes have been agreed.

4. EVIDENCE

4.1 Updates from Health Technologies Strategy Groups – SMC, SIGN and SHTG

The Chair invited the Chairs of SIGN and SHTG and Co Vice-Chair of SMC to provide three key points from their groups.
SIGN - The Chair of SIGN reported on effective dissemination and implementation of guidelines, eg the Pain Guideline was reported in the Royal College of General Practitioners journal and also the British Journal of Anaesthesia.; SIGN 50 which had been updated prior to SIGN’s Lead Methodologist retiring; and the re-introduction of the Guideline Programme Advisory Group (GPAG) chaired by Rajan Madhok.

He explained that GPAG is made up of public representatives and different clinical specialties. He assured the Committee that there is a transparent process for selection of topics providing an objective assessment of need. He explained that SIGN Council retains independence for topic selection and that this poses no risk to the organisation. He confirmed that Council minutes are available on the SIGN website. If a topic is not appropriate for SIGN it may be passed on to another part of the organisation better placed to deal with it. The Committee welcomed the report.

The Co Vice-Chair of SMC reported on SMC meetings in public; Patient and Clinician Engagement (PACE); and engagement with pharmaceutical companies. She reported that having to make extensive changes to ways of working in a short time was challenging and care was being taken to avoid any potential for errors and organisational failure. She confirmed that interviews for staff were taking place and risks being managed appropriately.

Feedback from public meetings had been generally positive from public observers but feedback from Committee members indicated a reluctance on how much they were willing to discuss eg if something was commercially in confidence. Once feedback assessment had been undertaken the lessons learned would be enacted. The Committee welcomed this proactive approach.

PACE - Given the high profile politically and publicly, evaluation of the new process would be required to ensure it is rigorous and transparent. This would be done through self appraisal and process appraisal and provided an opportunity for SMC to demonstrate how this should be structured. The Co Vice-Chair of SMC reported that the principal pharmacists were working well and that she would check whether further assistance was required. Further information would be provided at the next Committee meeting.

The Committee noted that Scottish Government would be conducting its own independent evaluation in a year’s time. It was agreed that the organisation should be ahead of this process by enacting its own evaluation against the intended benefits from the new ways of working that were being adopted.

The Chair of SHTG agreed that non-medicine technologies was challenging for SMC and recognised similar issues for SHTG. The Chief Executive agreed the internal evaluation should be shared with SHTG for forward planning.

The Committee was assured that, given that some patient groups were funded by pharmaceutical companies and that, within PACE, members may have personal specific interests, all those involved...
were required to declare interests.

The Chair of SHTG reported on the Primary Submission Process (PSP); topic referral process; and communications.

The PSP aims to support innovation and early access to market by identifying and assessing non-medicine technologies with potential earlier in their development. Two companies were taking part in a pilot. The Chair of SHTG reported that it was challenging for companies to submit their clinical and cost effectiveness evidence for assessment by SHTG with subsequent SHTG advice disseminated across NHSScotland and challenging for SHTG to move from a high to a low evidence environment.

The Committee was reassured that topic selection was an open and transparent process with topics now being prioritised against criteria such as whether it is an appropriate topic for SHTG and the cost effectiveness relevance to NHSScotland. The Committee noted that the SHTG Committee included some public members and SHTG minutes were made public.

The Committee noted that SHTG is working with the HIS Communications team to develop an SHTG communications strategy to raise general awareness of the group and to target communication in advance of SHTG topic calls to maximise impact and response. This would include developing a core script, making it relevant to themed topics and reviewing messages to stakeholders.

The Chair of SHTG confirmed that SHTG have good links with Innovation Centres.

The Chair endorsed the Chief Executive’s comments that the reports were extremely useful in helping to better understand the work of the groups, in spotting common themes and in providing an opportunity for the Committee to add value.

The Chair thanked the Chairs of SIGN and SHTG and the Co Vice-Chair of SMC. Further update reports would be submitted to the August Committee.

5. IMPROVEMENT AND IMPLEMENTATION


The Chief NMAHP invited the Clinical Lead for Business Intelligence to provide an update. HSMR is a controversial measure with potential reputational risk. The Committee noted that the final version of the HSMR Short-Life Working Group (SLWG) recommendations paper had been published on the HIS website on 30 June 2014. The Chair reported to the Committee Marian Keogh’s concern around the purpose of the Committee given that it had been asked to note the report following its publication on the website rather than having sight of it prior to publication. The Clinical Lead for Business Intelligence
confirmed that Public Health & Intelligence (PHI) and Scottish Government had seen the report prior to publication.

The Committee noted that the HSMR Guide for NHS boards had been updated and will be circulated to boards in August; and the flowchart for engaging with NHS boards about high/increasing HSMR had been updated and interactions with Scottish Government ongoing as the flowchart is further developed and tested.

The Clinical Lead for Business Intelligence confirmed that the Care Quality Commission approach is similar in its use of a wider suite of measures. He explained the process for dealing with statistical outliers and confirmed that, where there was deviation, accountability rested with the Chief Executive and Chair of the health board with the option to escalate to Scottish Government if necessary. He offered to provide the Committee with the Standard Operating Procedure for escalation.

The Director of Scrutiny and Assurance highlighted that the organisation does have accountability for HSMR in that it has to respond to intelligence.

The Director of Safety and Improvement reported that the SPSP also used HSMR as a measure and that it was important to ensure that links for reporting are in place across the organisation.

The Clinical Lead for Business Intelligence reported there were longstanding variations between hospitals which were difficult to explain. He confirmed there was merit in looking at trends both in performance and relative performance.

It was agreed that the 90 day process recommendations about improvement indicators would be submitted to the Committee prior to publication.

The Committee agreed that the paper was a good exemplar of a complex topic written for non-practitioners and thanked the Clinical Lead for Business Intelligence for his report. A progress report against the MMC action plan would be submitted to the October EIS Committee.

### 5.2 Healthcare Improvement Scotland's Clinical Forum

The Chief NMAHP outlined the purpose of the Clinical Forum for new committee members and presented the update on key issues arising from the Clinical Forum meeting held on 14 April 2014.

The Committee noted the key points outlined:

### 5.3 Increasing the pace and scale of improvement in NHSScotland – Building a Quality Improvement Infrastructure

The Director of Safety and Improvement invited the Head of Implementation and Improvement to provide an update on the outcomes of using a QI diagnostic tool within Healthcare
Improvement Scotland. She reported that this was the first time a cohesive approach had been taken to improvement work and that significant progress had been made. She clarified that the paper dealt specifically with HIS’s role and that a paper reporting back on the national programme of Building Improvement would be brought back to the Committee early 2015.

The Committee noted that the five priority areas for action, in particular capacity and capability building and evaluation, were approved by ET in June 2014 as part of the Driving Improvement Strategy. The Committee also noted the plans for HIS to undergo a visit of critical friends in November 2014 to discuss the outcomes of the diagnostic tool.

The Chair of SIGN suggested that this might be a useful reporting tool to use in single clinical units in addition to across organisations and the Committee heard that this was already being explored in clinical areas by NHS Tayside.

The Committee acknowledged the report as an excellent and important piece of work for HIS. The Chair commented that the Committee would expect to see performance against outcomes and suggested an action plan specifying outcomes be prepared. An update on this work should be presented to the December Board for information. The Committee noted that staff governance had had sight of the internal assessment.

5.4 Person-Centred Health and Care Collaborative (PCHC)

The Head of Implementation and Improvement circulated a leaflet entitled ‘People at the Centre of Health and Care’ explaining the role and aims of the PCHC and provided a brief update on progress. A substantive report and presentation will be brought to the Committee in December 2014.

Pauline Donald left the meeting.

The Head of Implementation and Improvement reported that there was wide variation in the range of PCC activities being undertaken by boards and that reporting against the person-centred care (PCC) collaborative activities was challenging for Boards and that analysis of individual internal Board reports demonstrated limited utility to monitor progress and demonstrate impact. The Committee acknowledged the complexities of capturing data to demonstrate improvements in person-centred care and acknowledged the report as a helpful update on progress made.

The Committee noted that four Boards had not provided evidence of their progress in March 2014. The Committee requested clarification on HIS’s role in relation to Boards that did not report on improvements as part of improvement collaboratives and supported the Chief Executive to clarify the position with Scottish Government.

The Director of Safety and Improvement commented that there were similar issues around submission of data with SPSP and agreed that, once a solution with safety was found, this would be shared with...
A significant focus of the work with the health boards was the five “must do with me” elements. The Head of Implementation and Improvement reported that feedback had been positive and Boards were beginning to understand how improvement methodology can be used in PCC to change culture.

In response to a question regarding adolescent care, the Head of Implementation and Improvement clarified that Boards identified the test teams so, if there were currently no test team for the care of adolescents, the programme would not impact on that care at the moment but that it was hoped that PCC would be across all services for all people by 2015.

The Chairman and Chief Executive left the meeting.

The Committee noted establishment of the PCHC Collaborative Operational Delivery Group and of the PCHC Portfolio Steering Group by Scottish Government; plans to implement structured quarterly reporting for all Boards; and ongoing work to develop and introduce ‘key changes’ to accelerate progress and use of improvement methodology.

6. **SCRUTINY**

6.1 **Clinical Governance Arrangements for the Supervision of Management and Use of Controlled Drugs**

The Director of Scrutiny and Assurance invited Jane Byrne to update the Committee on progress with regard to Healthcare Improvement Scotland (HIS) fulfilling its responsibilities under the Controlled Drugs (Supervision of Management and Use) Regulations 2013. She reported that, subject to the comments below, assurance mechanisms for controlled drugs were in place and the feedback to each designated body and the baseline scoping exercise national summary report was due for publication on HIS’s website the end of July 2014. The Director of Scrutiny and Assurance would decide the most appropriate mechanism for reporting to the Boards prior to publication.

Four boards not included in the report are to submit action plans and ensure networks are established by December 2014.

The two main provisions for ensuring safe management of controlled drugs are the appointment of Controlled Drugs Accountable Officers (CDAOs) and the sharing and using of information between organisations, regulators and agencies through local intelligence networks.

The Committee noted that the organisation was succeeding in keeping the register of CDAOs up to date and that the one designated body which had not submitted a self assessment return would be named to comply with transparency.

This item is potentially an important issue for the Board and would be
brought back to the EIS committee for information. The Committee noted progress.

6.2 Short-life review of the Safety and Quality of Care at Aberdeen Royal Infirmary

The Director of Scrutiny and Assurance provided a verbal update on the review of safety and quality of care at Aberdeen Royal Infirmary which was instigated by a cohort of senior doctors approaching the Cabinet Secretary with concerns about safety.

The Committee noted that the review team is chaired by Dr Angus Cameron, Medical Director, NHS Dumfries and Galloway, and that the Executive Clinical Director of HIS will chair the Expert Advisory Group. The Committee noted an agreed strategic approach to these types of investigation and management of risk is required. In addition to an assessment of the safety and quality of care in three principle areas: care of the elderly, emergency medicine and some areas of surgery there would also be a review of leadership, culture, values and behaviours and meetings had been scheduled with a range of staff between 12 and 14 August to discuss these.

The Director of Scrutiny and Assurance reported that a survey of around 800 doctors had been undertaken to measure clinical engagement in NHS Grampian.

He commented that the response to reviews is currently ad hoc but that there were opportunities for stratification of the organisation’s response to reviews incorporating learning from the validation experience and confidential alert line and suggested considering stratification of scrutiny activities to form a scrutiny catalogue.

The Chair commented that the organisation needs to be able to demonstrate it listens to anyone with concerns.

7. CLOSING BUSINESS

7.1 Board report: three key points

The Committee agreed to submit the following key points to the September Board meeting:

a) Scottish Medicines Consortium (SMC) - The Committee was pleased to note SMC was making good progress in terms of the implementation and assessment of its new processes.

b) HIS QI Diagnostic Tool - The Committee acknowledged the report as an excellent and important piece of work for HIS and agreed that a further update including performance against outcomes be submitted to the December Board.

c) Person-Centred Health and Care Collaborative (PCHC) - The Committee welcomed the report as a helpful update on progress and acknowledged the complexities of capturing data to demonstrate improvements in person-centred care. The Committee looked forward to receiving clarification as to
who was accountable for Boards who did not report on improvements as part of the improvement collaborative.

In addition to the above key themes the Committee noted the Aberdeen Royal Infirmary review, supported the process and looked forward to hearing more about the stratification of the organisation’s response.

8.2 Any other business

There was no other business.

9. DATES OF NEXT MEETINGS

Dates in brackets are corresponding Wednesday Board meeting dates at Delta House, Glasgow

Thursday 21 August Boardroom, level 2, Gyle Square (Please note change of venue) (24 September 2014)
Thursday 9 October Gyle Square Boardroom level 2 (17 December 2014)
Thursday 18 December Delta House, Meeting Room 4 (25 February 2015)
Thursday 19 February 2015 Delta House Meeting Rooms 6a and 6b.

Attendance record
SUBJECT: Staff Governance Committee: key points

1. Purpose of the report
This report provides the Healthcare Improvement Scotland Board with an update on key issues arising from Staff Governance Committee on 6 August 2014.

2. Recommendation
The Healthcare Improvement Scotland Board is asked to receive and note the key points outlined.

   a) Workforce Plan
   The Committee approved the workforce plan with amendments. The Committee welcomed the new integrated planning approach which would address a number of the outstanding concerns that the committee had with the current plan (ie linking finance and work programme more explicitly with the workforce). The Committee also felt that as this was an important area it should have more visibility to the whole Board.

   b) Knowledge and Skills Framework/ Personal Development Plans
   The Committee was advised that the new approach of carrying out all reviews by the end of May had been successful and that completion was much better than in previous years. There are a small number of outstanding reviews which the Committee expects to be completed before their November meeting.

   c) Committee Governance
   The Committee had a successful development day which had led to a number of actions for the Committee members to work on and it is intended to continue this work with a further development session before the November meeting. This included clarifying the terms of reference and the role of the Committee within the wider governance structures.

Duncan Service
Committee Chair
MINUTES – approved

Meeting of the Healthcare Improvement Scotland Staff Governance Committee
21 May 2014   14.00-16.00
Delta House (Meeting Room 6A)

Present
Duncan Service         Employee Director (Chair)
Hamish Hamill          Board Member
Marian Keogh           Board Member
Angiolina Foster       Chief Executive

Healthcare Improvement Officers
Fiona Dagge-Bell       Royal College of Midwives
Kathlyn McKellar       Head of Human Resources
Prince Obike           Unison

In attendance
Anne Lumsden           Organisational Development and Learning Manager
Anthony McGowan        Human Resources Manager
Richard Norris         Director of Scottish Health Council
Robbie Pearson         Director of Scrutiny and Assurance
Karen Ritchie          Head of Knowledge & Information
Brian Robson           Executive Clinical Director
Maggie Waterston       Director of Finance and Corporate Services

Committee support
Eleanor Mackenzie      Committee Secretary

Apologies
Denise Coia            Chairman (Healthcare Improvement Scotland)
Hamish Wilson          Board Member
Ruth Glassborow        Interim Director of Safety and Improvement
Sara Twaddle           Interim Director of Evidence

1. WELCOME AND APOLOGIES FOR ABSENCE

1.1 Welcome

The Chair welcomed everyone to the meeting. The Chair gave thanks to Michael Fuller for the work previously undertaken as Chair of the Staff Governance Committee. The Chair asked the Committee to reflect throughout the meeting on the three key points to be highlighted to the board. For the benefit of all those attending the meeting, introductions took place around the table.
1.2 **Apologies for absence**

Apologies for absence were received as noted above.

2. **MINUTES OF PREVIOUS MEETING/ACTION POINT REGISTER**

2.1 **Minutes of previous meeting**

The minutes of the meeting held on 21 February 2014 were agreed as an accurate record of the meeting.

2.2 **Review of Action Point Register**

The Committee noted the action point register and made comment on the following points.

It was noted by a member of the Board that although the excessive reporting requirements were to be discussed at the Employee Director meeting, this also required to be raised by management with the Scottish Government. The Board member suggested that this action should be included in the action register.

The Board member also wished to highlight the fact that papers submitted to the Committee should focus on the outcomes and be submitted in plain English with less jargon.

The Chair confirmed that the role of the Committee and papers that are presented to the Committee would be discussed at the development session in August.

The Director of Finance and Corporate Services confirmed that there had been a Governance Review meeting on Monday which was looking to approach all work of the committees in equal fashion. The internal Auditors undertook a review of the Audit Committee and brought together themes to focus on. The Director of Finance and Corporate Services would enquire with Scott Moncrieff whether it would be feasible to carry out a review for the Staff Governance Committee in time for the development session in August.

The Committee discussed who should be included in the circulation of the questionnaire. The Chair confirmed that Hamish Hamill would be included in the distribution of the questionnaire.

3. **COMMITTEE GOVERNANCE**

3.1 **Annual Report 2013/14**

For information. No further feedback required from the Committee.
3.2 Terms of Reference

The Director of Finance and Corporate Services reported that the Terms of Reference would normally be reviewed at this stage, however, this along with a number of outcomes from the recent audit, would be taken up by the Governance Review group.

A Board member commented that the current Terms of Reference were a correct description, however as a Committee they had not achieved one of their duties which was to monitor benefits realisation processes.

It was confirmed that the Governance Review Group plan to have their first draft report ready by end of June 2014, this would allow for discussion at the development session on 6 August.

3.3 Business Planning Schedule

The Business Planning Schedule was for information. This would also be discussed at the development session.

The Committee confirmed that the Business Planning Schedule would require to be updated and should be reviewed for each meeting.

3.4 Risk Management Report

The Director of Finance and Corporate Services talked to the paper. It was confirmed that the Corporate and Operational Risk Register for the Staff Governance Committee was last updated on 7 April.

A Board member confirmed that there had been an improvement over the last 18 months in the presentation of the risk register. This would be reviewed at the next Audit Committee.

It was highlighted that there was a typographical error on the cover page under item 3(a) stating that the Risk Management Strategy was approved by the Board on 18 December 2014, this should read December 2013.

4. STRATEGIC BUSINESS

4.1 Highlights Report

The Head of Human Resources gave an overview of the work of the Driving Improvement Workforce Groups. There were two key plans that required reporting to Scottish Government: the Staff Governance Action Plan 2014/15 and the 2020 Workforce Vision Implementation Plan. These had been integrated into the work of the Driving Improvement Workforce sub-groups.

The Head of Knowledge Management then talked to the paper. She hoped that the Committee appreciated this new way of reporting.

It was confirmed that the groups were looking to ensure all staff have
their corporate objectives incorporated into their personal objectives and their personal development plans completed by the end of May 2014.

It was also confirmed that there had been a good uptake of the attendance at the Dignity at Work sessions being undertaken by Human Resources in conjunction with representatives of Partnership Forum.

The Board congratulated the Workforce Group in engaging with staff. However it was noted that the savings that these groups may eventually bring to the organisation may be too late to be effective for this financial year.

The Director of Finance and Corporate Services confirmed that the Driving Improvement work would continue and encouraged the sharing of knowledge and information across the organisation.

It was confirmed by a Board member that this highlights paper was what the Committee were looking for. There were a number of jargon words within the Appendix that required to be put into plain English, however, the overall context showed really good work and engagement with staff.

A member of the Committee confirmed that the chairs of the various Driving Improvement groups meet regularly and implement any items requiring action as the year progresses.

It was highlighted that this Committee along with the other Committees were not reporting correctly with regard to the equality and diversity statement on the cover paper. It was confirmed that there was an easy reference guide that should be circulated to the Executive and Corporate Management Teams to disseminate to their staff to remind staff of the reporting requirements.

There was further discussion with regard to the equality impact assessment of a number of cost cutting measures recently implemented. It was agreed that these were operational discussions and should be discussed at Partnership Forum.

**Staff Governance Action Plan**

The Committee agreed to highlight any specific questions regarding the plan rather than review the whole plan.

**Page 7 – iMatter –**

It was confirmed that this was a national tool being developed to help in managing/measuring staff engagement. It was currently in development, however, this is dependent on an e-system being developed nationally.

A member of the Executive Team enquired if iMatter would replace the Knowledge and Skills Framework system. It was confirmed that it would not.

The Chief Executive asked for clarification on whether the organisation
had managers who are people managers as an integral part of their job or do we have managers in place who are in post due to their specific technical value and do not see people management as part of their role?

There was discussion by the Committee around this and it was confirmed that there were managers that covered the full spectrum. It was advised that there had been management changes in the last few years which had now settled down and more support and materials were being developed for managers to enable them to manage staff more effectively.

The Organisational Development and Learning Manager confirmed that iMatter when implemented would provide indirect feedback from staff on managers’ performance. A qualitative survey of personal development plans was to be undertaken in July to establish how effective the appraisal process had been.

It was noted by the Committee that a huge amount of work had gone into the action plans and the Committee should have a say in taking this to the next stage.

This would be discussed further at the development session in August.

**2020 Workforce Vision Implementation Plan**

The Head of Human Resources highlighted that there were similar actions across both plans as they had been aligned where possible to make it read across more easily.

A Board member confirmed that it was in a readable format. He sought clarification on the inclusion of a reference to voluntary redundancy.

The Head of Human Resources confirmed that this was intended to highlight the range of tools at the organisation’s disposal in terms of workforce management were funds available.

A member of the Board highlighted the huge amount of resource that was required to produce these reports. It was confirmed that these plans were not submitted to Scottish Government on a regular basis, and that they were kept updated to allow tracking of the plans for the Staff Governance Committee and Partnership Forum.

The Chair questioned whether the Committee found these plans useful coming to each meeting. It was agreed that this should be a question for the review. What reports do the committee find useful/helpful?

An Executive member commented that within the Evidence, Improvement and Scrutiny Committee, there was a proposal put forward regarding which reports were considered by the Executive Team and which by a governance committee. The Evidence, Improvement and Scrutiny Committee agreed that these plans were operational and only required to be seen by the Evidence, Improvement and Scrutiny Committee once and then reported on at the end of the year.
A member of the Committee raised some further points. It was agreed that these points should be directed through the Partnership Forum representative for the specific group.

It was confirmed that these documents had been developed through partnership groups, with Partnership Forum representatives along with the Chairs of the groups in attendance, prior to being submitted to the Corporate Management Team and Partnership Forum.

It was agreed where issues were not resolved elsewhere then it would be appropriate for the Committee to discuss them further.

4.2 Workforce Plan

The Head of Human Resources updated the Committee that the draft Workforce Plan had been discussed at Partnership Forum and by the Executive Team. The Plan had been developed through the Workforce Planning Group in line with the Local Delivery Plan and Financial Plan. The Driving Improvement strategy document had recently been published and a three year operational plan was currently being worked on. The Workforce Plan would now be updated prior to coming to the Staff Governance Committee including workforce projections which were required to be submitted to Scottish Government in June.

The Committee were advised that there was currently an After Action Review being undertaken to help improve the approach to the development of future workforce plans, more directly linked to the Local Delivery Plan and Financial Plan.

This development work was being taken forward by the Workforce Group Chairs.

Both the Head of Human Resources and Chair/Employee Director were joint sponsors for the Workforce Group.

It was confirmed that the three year Workforce Projections required to be submitted to Scottish Government by the end of June 2014 and the Workforce Plan required only to be published on our website in August and with notification given to Scottish Government.

The Board requested sight of the Workforce Plan prior to publication in August.

It was confirmed that the Workforce Plan would come to the next Staff Governance Committee and Partnership Forum meeting for discussion prior to being published on the website.

4.3 Health & Safety Update

The Human Resources Manager provided a verbal update to the Committee and confirmed a full report would follow at the next Staff Governance Committee.
A review meeting is due to take place in June with National Service Scotland partners with regard to the service level agreement for Health and Safety and Fire Safety.

There had been 4 incidents/accidents since December 2013. These had all been followed up successfully.

The Health@Work Group had been reformed and was working with the national Healthy Working Lives to achieve the Silver award. Recording of all evidence could now be undertaken electronically which would benefit the group. It had been agreed to revisit the Bronze award and ensure all that had been undertaken for this award was still in place whilst continuing to go forward for the Silver award.

An update on the developments of the service level agreements and how this was progressing would be provided to the Corporate Management Team and Executive Team to seek their feedback.

4.4 Shared Services

The Chair informed the Committee that the letter included with the papers with regard to feedback from Unison was for noting only.

The Committee agreed that this was a good outcome.

15:15 Robbie Pearson left the meeting

4.5 Update on SMC Pharmacy Staff Transfer

The Human Resources Manager provided a verbal update to the Committee. It was confirmed that 12 staff had transferred to the organisation from National Services Scotland. There had been full engagement with them regarding employment and contractual issues. There were no outstanding Human Resources related issues for the staff transferring over and all technical issues were currently being addressed. It was confirmed that the TUPE process had worked well.

An Executive member commented that despite the small numbers involved it had taken some time to conclude the transfer due to the detailed work involved.

The Human Resources Manager also highlighted the importance of fostering good relationships with National Services Scotland going forward.

The Committee congratulated the team in taking this forward.

5. STANDING BUSINESS

5.1 Mandatory Statistics

The Human Resources Manager talked to the paper and highlighted key
points.

The Board confirmed that some aspects of reporting required to be clearer. It was also requested that when quoting percentages the full figure should also be shown. The report should also show the comparable base number from the previous year.

The Human Resources Manager noted the points and would refine this for the year going forward.

15:25 Brian Robson left the meeting.

A Committee member commented that although there was a very small number of grievance cases, this was double from last year.

The Human Resources Manager confirmed that there was no underlying issue to be addressed. These incidents were all completely unrelated.

A Committee member questioned one of the figures which he would discuss with the Human Resources Manager outwith the meeting.

5.2 KSF Update

The Organisational Development and Learning Manager confirmed that they had been working hard to get the reviews aligned with the reporting timeline of April/May 2014. They were aware of activity ongoing between staff and line managers, however, the completion of the personal development plans and objectives may roll into June.

It was confirmed that 50.5% of KSF’s had been completed as at the 21 May 2014 and this was being monitored regularly.

It was noted that the SMC Pharmacists still had to be transferred over to eKSF system.

A Committee member wished to ascertain if eKSF would continue or be replaced by iMatter? It was confirmed that the eKSF system would be replaced with a new system in due course, however, this would not be iMatter.

An Executive member confirmed that there was positive feedback from all staff undertaking their development plans at the same time.

The Chair confirmed that this should hopefully show in the statistics.

5.3 Staff Survey

The Employee Director confirmed the letter attached was for information. It was confirmed that there would be another staff survey undertaken this year. The organisation had been invited to provide up to three local questions.

Suggestions from the Committee were to consider including a question
from the following areas:

- Relating to the management of staff
- On staff knowledge in relation to Driving Improvement
- On dignity at work

It was agreed that the Head of Human Resources would take this matter forward.

A Committee member also confirmed that Partnership Forum members were also giving consideration to possible questions.

5.3 **Partnership Forum Minutes**

The Committee received and noted the minutes of the Partnership Forum meeting held on 30 January 2014. The Chair felt that this paper should be presented by one of the representatives on the Staff Governance Committee going forward and would discuss this outwith the meeting.

A Board member referenced the resistance to staff opening diaries. It was confirmed that this had now been undertaken.

It was further commented by a member of the Committee on the speed at which the approved Partnership Forum minutes come to Staff Governance Committee.

6. **CLOSING BUSINESS**

6.1 The Chair agreed to draft three key points to be presented at the next Board meeting.

a) Development Session  
b) Local questions to be put forward for the Staff Survey  
c) Equality impact assessment on reports

7. **ANY OTHER BUSINESS**

The Chair gave thanks to Hamish Hamill for all his work on the Committee. He and all the experience that he brought to the Committee would be missed. The Chair also provided thanks on behalf of the Board.

Hamish responded with a verse which he agreed to circulate to the Committee.

8. **DATE OF NEXT MEETING**

Development Session Wednesday 6 August 2014 – Delta House 10.30 – 1pm.

Committee Meeting Wednesday 6 August 2014 – Delta House 2 – 4pm.
SUBJECT: Scottish Health Council: key points

1. Purpose of the report
   The following key points come from the meeting of the Scottish Health Council on 9 September 2014. Peter Johnston, Committee Member, chaired this meeting on behalf of Pam Whittle.

2. Recommendation
   The Healthcare Improvement Scotland Board is asked to receive and note the key points outlined.

   a) A Stronger Voice for service users and the public
      The Committee were assured to hear that we have now discussed and agreed with Scottish Government and key stakeholders a project narrative and timetable for group meetings, events and focus groups. Whilst the narrative is not necessarily written in the format we would normally follow when developing something we would put out into the public domain sometimes, in order to get agreement with other diverse partners, we need to agree to use other organisation's preferred terms as it was felt important that we reached a High Level Policy agreement quickly. The first meeting of Stakeholders which was held on 8 September 2014 had been very useful in discussing the way forward. We feel that there is now an inclusive process in place to move ahead although, as this is the beginning of the interactive consultation, we expect to develop the project thinking as we gather feedback from various participants.

      The Committee will meet in early November 2014 to allow the Committee as Stakeholders to have an input to collating information and formulating the initial draft proposals paper. Following this, in accordance with formal governance process, the Stronger Voice project work will be presented to the Healthcare Improvement Scotland Board (Board seminar) under an agenda item at their meeting on 26 November 2014 as the final draft proposal paper would need to be presented to Scottish Government Ministers and other Stakeholders before the next Healthcare Improvement Scotland formal Board meeting in mid December 2014.

   b) Participation Standard
      The Participation Standard was recently reviewed by representative patient focus and public involvement practitioners from territorial and national Boards, public partners, Public Partnership Forum representatives and the Public Involvement Manager from Scottish Government, supported by Scottish Health Council staff. Input from a mixed stakeholder reference group has informed our approach for 2014-15 and after discussion the Committee endorsed the decision to focus on the theme of feedback and complaints. The Performance and Planning Team has commenced work on developing guidance and templates which will be issued to Boards to clearly set out the expectations for the 2014-15 assessment process.

   c) Audit of Equality Impact Assessment of HIS Board papers
      The Committee received the third annual report which had previously been developed to measure equality impact assessment in relation to the organisation’s ability to meet its obligations in terms of equality impact assessment. The objective for this annual report was to highlight any areas for improvement and enable year on
year progress to be tracked. The Committee was pleased to note that continuing on last year’s trend there had been a further improvement this year with every policy paper presented to the Board in the annual reporting period with a requirement for a quality impact assessment being submitted with full policies registered and completed. Training sessions had been held for staff which has resulted in an improvement over the last two years and now that we have reached full compliance levels we expect to retain this level of registration.

Peter Johnston
on behalf of Pam Whittle, Chair
Scottish Health Council
September 2014
Meeting of the Scottish Health Council
17 June 2014
Meeting Room 4, Delta House, 50 West Nile Street, Glasgow G1 2NP

Present
Pam Whittle  Chair
Laura Borland  Member
Helen Cadden  Member
Carol Vanzetta  Member
Peter Johnston  Member

In attendance
Richard Norris  Director
Sandra McDougall  Head of Policy
Jacki Smart  Head of Operations
Christine Johnstone  Community Engagement Manager
Daniel Connelly  Service Change Manager
Angiolina Foster  Chief Executive Healthcare Improvement Scotland (part meeting)

Apologies
John Glennie  Member

Committee support
Linda Bickerton  Committee Secretary

1 WELCOME AND APOLOGIES FOR ABSENCE

1.1 The Chair thanked everyone for attending and welcomed the new Chief Executive of Healthcare Improvement Scotland, Angiolina Foster, to the meeting. Angiolina was previously the Director of Primary Care and Head of Integration at the Scottish Government Health Directorate. The Chair announced that John Glennie had been appointed as our new Non-Executive Committee Member to fill the vacancy left by Michael Fuller’s departure. The Chair confirmed that the current term for the remaining Non-Executive Committee Members will run to April 2015 and that discussions will be held nearer the time with the Chair of Healthcare Improvement Scotland to think about the new agenda, the mix of skills and the reasons for having external people on the committee.

The Chair welcomed Jacki Smart back as she has just returned to her Scottish Health Council post as Operations Manager.

The Chair noted we had received apologies from John Glennie.

1.3 Minutes of meeting held on 8 April 2014

The minutes of the meeting held on 8 April 2014 were approved as read apart from a date amendment.
1.4 Matters Arising

The Chair asked for any matters arising. No matters were raised which were not on the agenda for later in the meeting.

2 COMMITTEE GOVERNANCE

2.1 SHC - Operational Plan Evaluation – 2013/2014

The Director introduced this evaluation where we have tried to mix an informal approach with a more structured analysis in order to evaluate impact and outcomes. The Director noted that we have also produced an interactive Review of the Year which has been published on our website.

Helen Cadden commented that she felt this was a useful, informative report. Carol Vanzetta felt that the information provided was a huge step forward for the short term process but noted that she was also interested in seeing medium and long term impact evaluation.

The Director explained that Healthcare Improvement Scotland’s Business Data Team were looking at longer term impacts and would liaise with the Director as the work developed.

Laura Borland agreed that this would help the organisation to measure impact and noted that she had worked with the “Social Audit Committee” who could provide us with useful information. She agreed to send contact information details to the Director.

2.2 Operational Plan – 2014/2015

The Director reported that we have now added more detail to this plan following the initial draft which was presented to the Committee Members at the April meeting. The Head of Operations noted that we are likely to have to reprioritise some work after the announcement by the Cabinet Secretary and the associated remit from Scottish Government.

The Head of Operation reported that managers felt that the current Operations Plan layout was too busy and difficult to read. A new, slicker summary report is being compiled at present and it is hoped to have this completed for the next Committee meeting.

The Director reported that we will also have more detailed information on the new Scottish Government led work for the next Committee meeting.

2.3 Risk Register Update

The Director explained that the new work commissioned by the Scottish Government is likely to create a risk regarding capacity and timescales but until we have had meaningful discussions with the Health Directorate we are unable to describe any possible risk in a meaningful way. The Risk Register will be updated once meetings have taken place.
The Head of Operations explained that this Risk Register is produced on a new organisational template which now makes it easier to pull off extracts. As the document is new it could look different once we have assessed the impact of the new work on the operational plan.

3 STRATEGIC BUSINESS

3.1 Equality Outcomes – progress update

The Head of Policy explained that this report summarised progress in implementing equality outcomes for Healthcare Improvement Scotland to ensure compliance with our public sector equality duty. We are responsible for the delivery of this work in partnership with the rest of the organisation and collaborate with the Staff Governance Committee to monitor progress. All agreed this was an informative update paper and were happy with progress to date.

3.2 User Involvement Monitoring Report

The Head of Policy noted that this was the third report on equality data monitoring and that the reporting period had now been changed to cover April 2013 to March 2014 so that this would now be aligned to our other annual reports. We have recently developed an equality monitoring user guide and a reporting pro-forma which, combined with staff training sessions, has helped raise staff awareness and streamline this work which will benefit future monitoring.

3.3 Patient & public involvement in service change within NHS Scotland

The Chair welcomed Daniel Connelly, Service Change Manager, to the meeting who then presented slides to accompany his paper which provided an overview of current service change activity, outlined the work of the service change team and described the importance of involving patients and the public in service change. The paper proposed that existing guidance and approaches within NHS Scotland would provide a sound basis for adaptation and use by Health & Social Care Partnerships.

The Committee agreed that this was the right time to take stock of service change team work and highlight where we want to go. Only a small number of service change engagement is designated ‘Major’ but we need to keep connected with all the ongoing other pieces of work within NHS Boards.

The service change team would like to be more pro-active and are looking at current guidance and opportunities to improve our model of engagement.

3.4 Supporting a National Voice

The Chair introduced Christine Johnstone, Community Engagement Manager, who attended to talk Committee Members through where we have been and where we are heading in regard to work being carried out by local offices in responding to requests for support from stakeholders to gather views of members of the public across Scotland.
A summary report had been circulated previously and the Community Engagement Manager presented powerpoint slides as she explained the local office support background and outlined the types of support provided to date. As the requests from stakeholders for support increased a standard process was developed to establish what project support was viable. We are clear that we do not carry out ‘research’, but this activity is for engagement and consultation purposes.

The introduction of a formal request process with the use of standardised forms has made it much easier to assess suitability of applications.

The Chair then formally introduced Angiolina Foster the new Chief Executive of Healthcare Improvement Scotland who joined us for the remainder of the meeting.

3.5 Developing Proposals for a National Patient Voice

The Director had prepared a paper summarising the undernoted request from the Cabinet Secretary which had been circulated previously.

On 4th June 2014 at the NHS Scotland Event the Cabinet Secretary for Health and Wellbeing, Alex Neil MSP announced that:

“... we must do more to listen to, and promote, the voices of those we care for. We need the voices of our patients, those receiving care and their families, to be heard in a much clearer and stronger way ... However, we will not stop there. That is why I will be bringing forward proposals for a new system of listening to, and promoting, the patients’ voice. I have tasked Healthcare Improvement Scotland and the Scottish Health Council to develop these new proposals.

“Their task is straightforward – develop a system that means we do more to truly hear the voice of patients.”

All agreed that this is a major high profile piece of work for Healthcare Improvement Scotland and the Scottish Health Council and that this was a positive and welcome development.

The Director confirmed that we will be discussing with Scottish Government requirements for progressing this work. Some resource had already been identified internally through work prioritisation and progressing work in this area had already been flagged up in our operational plan.

After discussion the Committee agreed that whilst we have already done some preliminary work, we would still need to obtain more guidance from the Scottish Government in terms of the specific requirements and timescales for producing proposals by the end of the year.

An update report will be brought to the next Committee meeting.
4. **ANY OTHER BUSINESS**

   There was no other business the Chair then formally closed the meeting.

5. **DATE OF NEXT MEETING**

   10.00 – 13.00 Tuesday 9 September 2014

   in Meeting Room 4, Delta House, Glasgow