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

**Date**: Wednesday 25 June 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

<table>
<thead>
<tr>
<th>Item</th>
<th>Time</th>
<th>Agenda item</th>
<th>Lead officer</th>
<th>Report</th>
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<tbody>
<tr>
<td><strong>1. OPENING BUSINESS</strong></td>
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<tr>
<td>1.1</td>
<td>12.30</td>
<td>Welcome</td>
<td>Chairman</td>
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<td>1.2</td>
<td></td>
<td>Apologies for absence</td>
<td>Chairman</td>
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<tr>
<td>1.3</td>
<td></td>
<td>Minutes of meeting held on: 14 May 2014</td>
<td>Chairman</td>
<td>BM2014/22</td>
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<tr>
<td>1.4</td>
<td></td>
<td>Review of action point register: 14 May 2014</td>
<td>Chairman</td>
<td>BM2014/23</td>
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<tr>
<td><strong>2. CHAIRMAN’S REPORT</strong></td>
<td>12:40</td>
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<td>BM2014/24</td>
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<tr>
<td><strong>3. CHIEF EXECUTIVE’S REPORT</strong></td>
<td>12:45</td>
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<td>BM2014/25</td>
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<td><strong>4. BOARD GOVERNANCE</strong></td>
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<td>4.1</td>
<td>12:50</td>
<td>Risk management</td>
<td>Director of Finance and Corporate Services</td>
<td>BM2014/26</td>
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<tr>
<td>4.2</td>
<td></td>
<td>Model Code of Conduct</td>
<td>Director of Finance and Corporate Services</td>
<td>BM2014/27</td>
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<tr>
<td><strong>5. STRATEGIC BUSINESS</strong></td>
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<td>5.1</td>
<td>13:10</td>
<td>Scrutiny of older peoples services</td>
<td>Director of Scrutiny and Assurance</td>
<td>BM2014/28</td>
</tr>
<tr>
<td>5.2</td>
<td></td>
<td>Death certification</td>
<td>Director of Scrutiny and Assurance</td>
<td>BM2014/29</td>
</tr>
<tr>
<td>5.3</td>
<td></td>
<td>Short-life review of the Safety and Quality of Care at Aberdeen Royal Infirmary</td>
<td>Director of Scrutiny and Assurance</td>
<td>BM2014/30</td>
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<td><strong>6. STANDING BUSINESS</strong></td>
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<td><strong>Corporate</strong></td>
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<td>6.1</td>
<td>13:40</td>
<td>2014/15 Local Delivery Plan: performance report</td>
<td>Director of Finance and Corporate Services</td>
<td>BM2014/31</td>
</tr>
</tbody>
</table>
6.2 Financial Performance to 31 May 2014  Director of Finance and Corporate Services  BM2014/32

6.3 13:50 Annual Accounts 2013-14  Chief Executive  BM2014/33

REFRESHMENT BREAK (14.15 – 14.30)

7.1a 14:30 Presentation: Quality Improvement Framework for General Practice  BM2014/34
Dr Bill Taylor, Clinical Lead and Jenny Bennison, Executive Officer  BM2014/35
Quality, Royal College of GPs (Scotland)

7. STANDING BUSINESS (GENERAL)
Director reports: key points

7.1b 14:50 Clinical  Executive Clinical Director  BM2014/36
7.2 Evidence  Director of Evidence (Interim)  BM2014/37
7.3 Safety and Improvement  Director of Safety and Improvement (Interim)  BM2014/38
7.4 Scrutiny and Assurance  Director of Scrutiny and Assurance  BM2014/39
7.5 Scottish Health Council  Director of Scottish Health Council  BM2014/40
7.6 Finance and Corporate Services  Director of Finance and Corporate Services  BM2014/41

8. 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

8.1 15:50 Audit and Risk Committee: to receive the key points from the meeting on 23 June 2014.  Committee Chair  Verbal
8.2 Evidence, Improvement and Scrutiny Committee: no papers (meeting takes place on 9 July 2014)  Committee Chair  Verbal
8.3 Staff Governance Committee: to receive the key points 21 May 2014 and the approved minute from 27 February 2014.  Committee Chair  BM2014/43
8.4 Scottish Health Council: to receive the key points from the meeting on 17 June 2014 and the approved minute from the meeting on 8 April 2014.  Committee Chair  BM2014/44

9. ANY OTHER BUSINESS

10. DATE OF NEXT MEETING
10.1 16.00 The next meeting will be held on Wednesday 24 September 2014, at 12.30pm, meeting room 6a/b Delta House, Glasgow.
MINUTES – draft

Meeting of the Board of Healthcare Improvement Scotland
Date: 14 May 2014
Time: 12.30 pm
Venue: Meeting room 6a/b, Delta House, Glasgow

Present
Denise Coia Chairman
Paul Edie
Angiolina Foster CBE Chief Executive
Nicola Gallen
Hamish Hamill CB
Peter Johnston
Marian Keogh
Prof Bob Masterton
Duncan Service
Hamish Wilson CBE Vice Chairman
Pam Whittle CBE

In Attendance
Ruth Glassborow Director, Safety and Improvement (interim)
Richard Norris Director, Scottish Health Council (SHC)
Laura McIver Chief Pharmacist (representing Dr Brian Robson)
Kathlyn McKellar Head of Human Resources
Robbie Pearson Director, Scrutiny and Assurance
Karen Ritchie Head of Knowledge Management (representing Dr Twaddle)
Maggie Waterston Director of Finance and Corporate Services
Jacki Smart Operations Manager, Scottish Health Council (Agenda item
Jamie Malcolm Clinical Advisor (Agenda item
Anna Wimberley Programme Manager (Agenda item

Apologies
Susan Brimelow Chief Inspector, Healthcare Environment Inspectorate
Brian Robson Executive Clinical Director
Sara Twaddle Director, Evidence (interim)

Committee support
Pauline Donald Corporate Governance Manager (Minute Secretary)
Michelle De Felice PA (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 reviewed their registerable interests. The register has been updated accordingly and will be published on the Healthcare Improvement Scotland website.
1. WELCOME AND APOLOGIES FOR ABSENCE

1.1 Chairman’s welcome and introduction

The Chairman welcomed all present to the public meeting of the Board. She introduced and welcomed Angiolina Foster, Chief Executive to her first formal meeting of the Board.

The Chairman advised that Hamish Hamill will retire from the Board with effect from 31 May 2014. She extended the thanks of the Board to Hamish for his dedication and the expertise he has brought to the organisation.

1.2 Apologies for absence

Apologies for absence were received as noted above.

1.3 Minutes of meeting held on 26 March 2014

The Board minutes of the meeting held on 26 March 2014 were accepted as an accurate record subject to the following amendment:

- Ruth Glassborow, Director of Safety and Improvement (interim) to be included in the list of attendees.

1.4 Review of action point register: 26 March 2014

The Board received for review the action point register from the meeting held on 26 March 2014.

The Board noted the status report against each action, all forward planning actions and approved the action point register as presented.

Agenda item 5.5: Death Certification – the Board requested to receive a copy of the letter circulated to the Scottish Government.

2. CHAIRMAN’S REPORT

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

a) Board member appointments: The Board will be advised of the new appointments following approval by the Cabinet Secretary.

b) The Chairman advised that she had attended the launch of the ‘Feeling Down’ project, looking at improving the mental health of people with learning disabilities at the House of Lords on 12 May 2014. A copy of the report is available on request.

c) The Board agreed to cancel the Board meeting scheduled for 30 July 2014. It was considered that the business of the Board would not be negatively impacted by this cancellation.
d) The Annual Review will take place on 27 November 2014 and will be attended by the Minister for Public Health. The Director of Finance and Corporate Services will be the lead Director and Hamish Wilson, Vice Chairman will input from the Board, as required.

3. CHIEF EXECUTIVE’S REPORT

The Board received a report from the Chief Executive who highlighted the following:

The Chief Executive provided a summary of the recent meeting with new Chairman of the Royal College of Physicians of Edinburgh at which she and the Chairman were present. She advised the Board that this had been a very positive meeting with the opportunity for a good discussion which included

• the shared interest in maximising the quality and safety of healthcare
• the shared belief of the central role of improvement to maximise quality and safety
• his views on engagement practices with the Royal College
• his commitment to identify areas of mutual interest for further follow-up.

The Chief Executive clarified the following in relation to queries raised from her report:

a) Opportunities to improve engagement across the range of all Royal Colleges (multidisciplinary) will be pursued through the Clinical Engagement Strategy.

b) The recruitment to senior vacant posts will be taken forward with advertisement probably taking place in early summer. For the purpose of assurance, the Board requested that the associated structure proposals are submitted to the Board for approval, prior to the commencement of recruitment.

c) FOI request in relation to patient safety climate survey –the status of the request to the Scottish information Commissioner for a further review will be clarified.

d) The Board requested receipt of Freedom of Information data on a regular basis.

4. BOARD GOVERNANCE

4.1 Register of interests

The Board received the Register of Interests 2014/15 for review and approval.

The Director of Safety and Improvement advised of revisions and following amendment, the Register will be published on the website.

4.2 Governance Committee annual reports

The Board reviewed and approved the Annual Reports from each of the Governance Committees.

The Board asked that the Executive Team consider how this approach can be
improved in the future. It was agreed that this will be a consideration for the Board working group undertaking the review of governance.

4.3 Governance review: next steps

The Vice Chairman, Chair of the Board working group tasked with taking forward the governance review, provided a summary of the proposed approach to the review and this was supported by the Board.

He advised that the working group will meet shortly to develop an action and implementation plan. The plan will incorporate, but not be limited to, the recommendations from the recent independent Board evaluation report, the Internal Audit report on the review of governance committees, the recommendations from governance committee annual reports and recommendations from discussion with governance committee Chairs.

The Board will continue to receive update reports on progress.

4.4 Annual Accounts and Governance Statement 2013/14: position statement

The Director of Finance and Corporate Services provided a verbal progress report on the arrangements that will be put in place to meet the requirements for the Annual Accounts and Governance Statement 2013/14.

The Board noted that this involved an Audit Committee workshop which will take place on 4 June 2014 at which the draft accounts will be reviewed in detail prior to submission to the Audit Committee for approval on 23 June 2014 and thereafter to the Board for adoption on 25 June 2014.

The Chair of the Audit Committee advised that this process provided additional assurance and was supported by the Board.

5. STRATEGIC BUSINESS

5.1 Driving improvement in healthcare: our strategy 2014-2020

The Chief Executive presented the final version of Driving improvement in healthcare: our strategy 2014-2020 for approval.

She acknowledged the opportunity, as incoming Chief Executive, to provide her formal endorsement to the strategy prior to submission to the Board. She commented that she considered that the document presented a strong piece of strategic thinking and commended the work of those involved in its production.

The Board acknowledged the efforts of those involved in the development of the Strategy. They also noted the development of an internal communication plan to support continued staff engagement and operational translation of the strategy.

The Board approved the Strategy.

The Chief Executive provided her further thoughts on how the strategy will be delivered; commenting that some elements of the document remained aspirational and acknowledged the challenges faced by the organisation to
make operational delivery a reality whilst considering the following areas:

a) All aspects of our work have, as its lead and purpose, improvement in the broadest sense.
b) Within NHS Boards and health and social care partnerships, improvement and pursuit of improvement is inseparable from day to day business.
c) Boards and health and social care partnerships value HIS as an indispensible strategic partner.

The Chief Executive commented that some elements of these considerations are under way but identified her evolving priorities which related to:

- effective operational management and delivery with the Board operating in their strategic role
- demonstrating the value of the combination of evidence, improvement and scrutiny in one organisation
- defining a people strategy that will deliver a high performing organisation
- developing a mature sponsorship relationship with the Scottish Government
- delivering in driving improvement but also exploration and expansion in eg area of Scottish Health Council
- impacting on the disparate landscape across Scotland to support our own delivery approach
- review of our engagement and involvement in the integration agenda as it moves forward to delivery and implementation
- leadership role of the Chief Executive within eg NHS Scotland Chief Executives Group and the role of HIS Directors across their respective peer groups.

The Board welcomed the approach outlined by the Chief Executive and acknowledged their support.

5.2 Scottish Patient Safety Programme (SPSP) Strategic Delivery Plan

The Director of Safety and Improvement (interim) presented the final SPSP Strategy Delivery Plan 2014-2016 for approval. She advised that written confirmation had been received from the Scottish Government confirming approval of their role as outlined in the strategy. Two late minor but relevant amendments had been received and these will be incorporated.

The Director of Safety and Improvement acknowledged the support Jo Matthews, Head of Safety for her work in development of the document. She also acknowledged the support received from Marian Keogh, Board member in reviewing the document.

The Board commented that this was an excellent document; they commended the efforts of the Director and her staff and acknowledged the support from the Scottish Government.

The following comments were noted and will be taken forward by the Director:

- Comment and response number two in Appendix 2 conflicts with final bullet point in Appendix 1. It was noted that the action plan referred to is in development and will be submitted to the SPSP programme board at the end of May 2014, albeit work is progressing in parallel.
• Point 6 on the cover sheet references the operational risk register. It was recommended that this approach is adopted for all Board papers.

• How will the Board have assurance that the organisation can deliver on this work? The Director commented that budgets are current being re-profiled (as noted in the report) in order to create additional capacity. The action plan will incorporate realistic and deliverable timelines with some actions timed for delivery into the latter part of 2015.

• The Board commented that in developing/promoting a particular approach or policy in the future, it should be considered how we seek to portray our interests and that of other sectors; as a member of the public it would be important to be aware of what is/is not applicable.

The Board approved the SPSP Strategic Delivery Plan 2014-2016.

5.3 Learning from suicides in Scotland

The Board received a presentation from Jamie Malcolm, Clinical Advisor and Anna Wimberley, Programme Manager on progress in learning from Mental Health services’ suicide reviews and how this informs both the wider suicide prevention agenda in Scotland and national Mental Health Service improvement.

Jamie and Anna outlined the aims of the programme, the achievements to date, the learning from the programmes and the work undertaken to drive improvement across the service. They highlighted the partnership approach to this work which has not only integrated areas across the organisation but also nationally. In particular, they reported how the programme is supporting NHS Boards to change their perspective from eg managing adverse events to seeking opportunities for improvement. Throughout the programme, the team has worked closely with families, carers and patients who have helped to shape the priorities.

The Director of Scrutiny and Assurance commended the exceptional quality of the work of the team which is highly regarded by the service.

The Board thanked Jamie and Anna for their presentation and acknowledged the significant amount of work involved in what is a complex and challenging area. A copy of the presentation will be circulated to the Board.

6. STANDING BUSINESS (CORPORATE)

6.1 Financial Performance to 31 March 2014

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

• the Accounts were currently being audited but that there is no expectation of any change to the reported position
• following further discussions with the Scottish Government they have agreed, in principle, to transfer revenue resource allocations into baseline funding, where possible. The Chief Executive commented that this arrangement will support the organisation’s ability to more effectively operate.
The Chairman commended the work involved in achieving this agreement which reflected the strong working relationships that have been built with the Scottish Government financial unit.

The Board expressed their thanks to the Director of Finance and Corporate Services and her team for their efforts in their achievements and this was reiterated by the Chair of the Audit Committee.

The Board approved the financial performance report to 31 March 2014.

7. STANDING BUSINESS (GENERAL)

Listening and Learning - How Feedback, Comments, Concerns and Complaints can Improve NHS Services in Scotland

The Board received a presentation from Jacki Smart, Person Centred Care Advisor, Scottish Health Council on the above report which had been recently published by Healthcare Improvement Scotland. The Board noted the report findings and recommendations, the next steps for the Scottish Health Council and alignment with broader HIS activity and the use of complaint and feedback reporting as part of a dashboard for safety and quality.

The Board noted the Executive summary and that an electronic copy of the report had been circulated. They were advised that a hard copy of the full report will be circulated to them as soon as it was available.

In discussion, the following was noted:

- the findings present good approaches and opportunities for sharing and learning for both NHS Boards but also for HIS.
- the status of impact in relation to the integration agenda and the differing systems that are in operation require further clarity and guidance.
- SHC will consider the outcomes from this report and how it fits into current priorities. In this respect, a Board member queried both the commissioning of such work by the Scottish Government and the internal reporting processes; with a view to ensuring that HIS is considered to be the lead organisation on such areas of work; whilst acknowledging SHC as a key part of the organisation.

Additionally, it was suggested that HIS needs to consider how it will take the lead with NHS Boards to improve the future quality of annual complaints reporting.

The Chairman thanked Jacki Smart for her presentation and the Board acknowledged the quality of the report. They considered that the next steps required to be worked through by SHC. A copy of the presentation will be circulated to the Board.

The Chair of the Scottish Health Council clarified that she is fully committed to the integration of SHC as part of HIS. Additionally, she outlined her responsibilities in her role as Chair of the SHC as appointed by the Minister. She commented that the new HIS Strategy: Driving Improvement in Healthcare provides a sound structure to maximise integration across the various areas of
the organisation. She advised that the report will be jointly badged from HIS and SHC. However, she advised the report will be issued directly by SHC given that the commissioning was a directive to SHC by the Scottish Government.

The report was endorsed by the Board.

The Board also agreed to receive a regular report from HIS on information on feedback, comments, concerns and complaints

Chief Executive

7.1 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 in addition to the key points presented:

The next meeting of the EIS committee has been rescheduled to 9 July 2014. Therefore, the Clinical Engagement Strategy and the Business Intelligence Strategy may be rescheduled for submission to the Board.

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:

- The first public meeting of the Scottish Medicines Consortium was held on 6 May 2014. Attendees (including patient interest groups, public and press) were asked to complete a feedback questionnaire and this information will be used to identify any improvements/learning and to support discussions with key interest groups and industry organisations. This approach will be repeated at each meeting.

The Chief Executive also advised that there had been scope to misinterpret the press reporting following the meeting. However, she confirmed that any discrepancies had been clarified by the Chairman at the meeting.

The Director confirmed that formal evaluation of the changes to access to new medicines is planned and the planned approach will be submitted to the Board as soon as it is available. The Board advised that they will continue to follow-up on this issue.

- The DECIDE (developing and evaluating communication strategies to support informed decisions and practice based on evidence) conference was very successfully hosted by Healthcare Improvement Scotland with approximately 260 in attendance from 21 countries. The Director expressed her thanks to the staff involved in organising the conference which created a opportunity for international recognition of the innovative work of SIGN and HIS on getting evidence into practice.

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:

- **Scottish Improvement Science Collaborating Centre (SISCC)**
  In addition to the information reported, the Director advised that this collaborative had agreed to commit to review their name and include research into their title. It was considered that this will provide a clearer identity between their organisation and Healthcare Improvement Scotland.

- **The Board noted that the one day event hosted by the QI hub for Scottish Government leads, NHS board members and QI strategic partners presented a number of learning opportunities but also a positive shift in the level of engagement from NHS boards.** The Director acknowledged the work of her team in hosting the event and also expressed her thanks to Hamish Wilson and Peter Johnston (Board members) for their contributions. The Chief Executive also commended the contributions from the service which she considered had been outstanding. Key learning points included the need to increase the pace to health and social care partnerships, to reduce confusion about what is meant by quality improvement, but also to be aware that Healthcare Improvement Scotland itself is not exempt from identifying opportunities for improvement within the context of our work.

  The Chief Executive commented that the event presented a great example of driving improvement in real terms and also of NHS Boards taking the opportunity to learn from what Healthcare Improvement Scotland has to offer. Additionally, she acknowledged that HIS has a significant role to play in positioning itself within the Scottish Government in order to ensure that all opportunities to contribute to and influence future policy direction and support improvement are identified.

**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:

- **Jan Warner, Associate Director has taken up a secondment with the Care Inspector.** This post will support closer working relationships with the Care Inspectorate and Healthcare Improvement Scotland. It is also a value step forward in working the Care Inspectorate and other agencies in the context of the integration agenda.

- **Review of methodology for care of older people:** It was noted that a progress report will be submitted to the June Board meeting.

- **In response to a query from the Board, the Director of Scrutiny and Assurance clarified that HIS has a role in testing the robustness of commissioning plans but not in preparing the commissioning of initial schemes at local level.**

**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 further additional queries were raised in addition to the key points presented.

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. No further additional queries were raised in addition to the key points presented.

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:

- Staff Governance committee: the committee has scheduled a development session in August to take forward the recommendations from the internal audit report on the review of governance committees.

- Scottish Health Council: the Chair drew attention to section 1.4 of the minute which recorded the commitment received from Paul Gray, Director General/Chief Executive, NHSScotland.

9. ANY OTHER BUSINESS

The Chairman commented that the contributions from staff to the Board meeting is very much welcomed. She commended the quality of the presentations received from staff at the meeting today and acknowledged the significant achievements presented.

10. DATE OF NEXT MEETING

The next meeting will be held on Wednesday 25 June 2014, at 12.30pm, meeting room 6a/b Delta House, Glasgow.
## ACTION POINT REGISTER

**Meeting:** Healthcare Improvement Scotland Board meeting  
**Date:** Wednesday 14 May 2014

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<tr>
<th>Heading</th>
<th>Action point</th>
<th>Timeline</th>
<th>Lead officer</th>
<th>Status</th>
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<tbody>
<tr>
<td>1.3 Minutes of previous meeting</td>
<td>Add Director of Safety and Improvement to attendance list.</td>
<td>15 May 2014</td>
<td>Corporate Governance Manager</td>
<td>Complete</td>
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</tbody>
</table>
| 1.4 Action point register        | 5.5 : Death certification  
Copy of letter to Scottish Government to be circulated to the Board. | 19 May 2014    | Director, Scrutiny and Assurance       | Complete |
<p>| 2. Chairman's report             | Board meeting schedule for 30 July 2014 is cancelled.                         | 15 May 2014    | All                                   | All to note |
|                                  | Annual Review: 27 November 2014 (Ministerial review)                          |                |                                       |          |
| 3. Chief Executive’s report      | FOI request - Patient safety climate survey: determine the status of the request to the Scottish information Commissioner for a further review. | 15 May 2014    | Director of Safety and Improvement    | Ongoing  |
|                                  | Proposals for Director appointments (Evidence and Safety and Improvement) to be submitted to the Board. |                | Chief Executive                       | Complete |</p>
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<th></th>
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<th>The Board requested receipt of Freedom of Information data on a regular basis.</th>
<th>n/a</th>
<th>Executive Team to consider report format.</th>
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<td></td>
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<td>Opportunities to improve engagement across the range of all Royal Colleges (multidisciplinary) will be pursued through the Clinical Engagement Strategy.</td>
<td>Executive Clinical Director</td>
<td>The refreshed Clinical Engagement Strategy will come to the Evidence, Improvement and Scrutiny Committee on 9 July 2014 and Board Meeting on 24 September 2014 and this matter will be incorporated there. Meantime enhanced multidisciplinary engagement exemplified in Executive Clinical Director report at June Board.</td>
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<td>4.1</td>
<td>Register of Interests</td>
<td>Director of Safety and Improvement to submit further additions. Register will be amended accordingly and published on the website.</td>
<td>15 May 2014</td>
<td>Director of Safety and Improvement Corporate Governance Manager Complete. Complete.</td>
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<td>4.2</td>
<td>Governance Committee annual reports</td>
<td>Board governance review working group will consider the recommendations and future format of the annual reports in their review. Working group will also consider if any improvements are required in the format of the annual reports.</td>
<td>19 May 2014</td>
<td>Board working group: governance review Agenda item Board meeting 25 June 2014</td>
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<td>4.3</td>
<td>Governance review: next steps</td>
<td>A progress report will be submitted to the next Board meeting.</td>
<td>25 June 2014</td>
<td>Board working group: governance review Complete.</td>
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<td>General</td>
<td>Board papers: Point 6 – risk and legal implications</td>
<td>All Board papers to make reference to the relevant corporate/operational risk related to the area being reported.</td>
<td>Ongoing</td>
<td>Executive Team Executive Team to note for all Board and committee papers.</td>
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<td>5.2</td>
<td>SPSP Strategic Delivery Plan</td>
<td>Comment and response number two in Appendix 2 conflicts with final bullet point in Appendix 1.</td>
<td>15 May 2014</td>
<td>Director, Safety and Improvement</td>
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<td>5.3</td>
<td>Learning from suicides in Scotland</td>
<td>A copy of the presentation to be circulated to the Board.</td>
<td>19 May 2014</td>
<td>Corporate Governance Manager</td>
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<td>A hard copy of the final report will be circulated to the Board when available.</td>
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<td>Corporate Governance Manager</td>
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<td>A copy of the presentation to be circulated to the Board.</td>
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<td>Chief Executive/ Executive Team</td>
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<td>Executive Team to consider format/frequency of HIS complaints reporting to the Board.</td>
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<td>7</td>
<td>Listening and Learning - How Feedback, Comments, Concerns and Complaints can Improve NHS Services in Scotland</td>
<td>A hard copy of the final report will be circulated to the Board when available.</td>
<td></td>
<td>Director, SHC</td>
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<td>7.1</td>
<td>Executive Clinical Director: report</td>
<td>Noted change of date for EIS committee which will now take place in July (following the Board meeting in June).</td>
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<td>Executive Clinical Director</td>
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<td>Consider reporting process for Business Intelligence Strategy and Clinical Engagement Strategy (both of which were due to be submitted to the Board meeting in June).</td>
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<tr>
<td>7.2</td>
<td>Director of Evidence: report</td>
<td>SMC Evaluation: proposals to be submitted to the Board for review.</td>
<td></td>
<td>Director of Evidence</td>
</tr>
<tr>
<td>7.4</td>
<td>Director of Scrutiny and Assurance: report</td>
<td>Review of care of older people: report will be submitted to June Board meeting</td>
<td>June 2014</td>
<td>Director of Scrutiny and Assurance</td>
</tr>
</tbody>
</table>
SUBJECT: Chairman’s report to the Board: key points

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
   - endorse the revised governance committee membership

3. Strategic issues
   a) As Chairman of the Board, I would like to take this opportunity to thank 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. The Board recognises that our staff, across all levels of the organisation, are our key asset in taking forward our success. The Executive Team have reported to the Board the recent significant efforts and achievements across the range of our work programmes.
   
   b) Healthcare Improvement Scotland featured prominently in the Cabinet Secretary’s speech at the NHSScotland event, not just in terms of new announcements, but also in acknowledging the breadth of our current activities.

   In terms of the new announcements, I am delighted that Healthcare Improvement Scotland is recognised as a key organisation to take forward programmes of work that is in line with our strategic direction – Driving Improvement in Healthcare. The Executive Team will report the detail of the new announcements as more information becomes available.

   c) I have taken the opportunity to share the excellent work of the organisation across national and international audiences and through this identify opportunities and new areas for development. The Executive Team will take forward some of these developments:
   - Mental Health Leadership Exchange event 2014: this event allowed me to share the work of the mental health patient safety programme with international colleagues.
   - Red Cross Garden Party, Buckingham Palace: I was invited at this event to meet with their quality assurance team who are taking forward a lot of work as a third sector partner in new integration services in England and Wales.

4. Stakeholder engagement
   a) NHSScotland Chairs meeting: 19 May 2014 & 23 June 2014
   A key focus of discussion with NHSScotland Chairs continues to include the health and social care integration agenda and all issues of funding around integration. I represent the Chairs Group on the Ministerial Group for the integration of health and social care which will meet on 18 June 2014.
The next NHSScotland Chairs meeting will take place on 23 June 2014. Any relevant issues from these two meetings will be reported at the Board meeting.

b) NHSChairs/Scottish Government Quality Portfolio Group
HIS is a technical partner of this group together with NHS Education for Scotland. The group is undertaking a programme of work to drive forward improvement in governance arrangements across NHS Boards.

c) Director General, Health and Social Care/Chief Executive of NHSScotland
Paul Gray will host a dinner for the NHSScotland Chairs on 23 June 2014. A discussion topic will relate to Board governance arrangements in relation to integration of health and social care.

5. Our governance

a) Referendum on Independence
The Scottish Government has issued good practice advice in the run up to the Referendum on Independence. The advice is issued in two parts. The first part commences from 30 May 2014 and applies until 22 August 2014 (Appendix). The second part will commence thereafter, for a period of 28 days, until and including the date of the Referendum. Separate advice covering the 28-day period will be issued in due course.

The attached advice note provides guidance for Board members and also refers to the Model Code of Conduct (Agenda item 4.2). The link to the full document is detailed on the advice note for reference.

b) Board member appointments
The Cabinet Secretary has approved the appointment of the following new Board members effective 1 June 2014.

- Dr Zoë Dunhill
- John Glennie CBE
- Kathleen Preston

A biography for each of the above can be viewed on our [website](#).

c) Governance committee membership
As a result of recent changes to Board membership, following completion of the Board appraisal process, to support succession planning and extend Board member experience, the following changes to governance committee membership are put forward for endorsement by the Board:
### Governance Committee membership

<table>
<thead>
<tr>
<th>Committee</th>
<th>Proposed new membership</th>
<th>Changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Audit and Risk Committee:</td>
<td>Nicola Gallen (Chair) Pam Whittle Hamish Wilson Kathleen Preston</td>
<td>Marian Keogh (transfer from Audit and Risk to EIS) Hamish Wilson (transfer from F&amp;P to Audit and Risk)</td>
</tr>
<tr>
<td>Evidence, Improvement and Scrutiny Committee</td>
<td>Bob Masterton (Chair) Marian Keogh Dr Zoë Dunhill Duncan Service</td>
<td>Marian Keogh and Dr Zoë Dunhill (join EIS)</td>
</tr>
<tr>
<td>Staff Governance Committee</td>
<td>Duncan Service (Chair) Marian Keogh Hamish Wilson</td>
<td></td>
</tr>
<tr>
<td>Scottish Health Council</td>
<td>Pam Whittle (Chair) Peter Johnston John Glennie OBE</td>
<td>John Glennie (joins SHC)</td>
</tr>
<tr>
<td>Remuneration Committee</td>
<td>Peter Johnston (Chair) Denise Coia Bob Masterton Duncan Service</td>
<td></td>
</tr>
</tbody>
</table>

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**Denise Coia**  
**Chairman**

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**Social media**  
If you are active on Twitter, please follow the Chairman - @denisecoia. Our use of Twitter, facebook [www.facebook.com/healthcareimprovementscot](http://www.facebook.com/healthcareimprovementscot) and you tube [www.youtube.com/user/healthimprovescot](http://www.youtube.com/user/healthimprovescot) is part of our growing media presence as a way of communicating directly with stakeholders and the public.

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**Appendix**
APPROACHING THE REFERENDUM:
Supporting Ministers in Scotland – Good Practice Advice in the Run-Up to the Referendum on Independence

Public bodies

29. Public bodies should avoid situations where any actions by their staff, or board members (acting in their capacity as board members), could reasonably be construed as politically controversial or partisan in terms of the referendum on independence.

30. Public bodies should avoid any actions by staff or board members (acting in their capacity as board members) which might be interpreted as meaning they are working with any organisation that has the ability to spend money as a campaign organisation (for whichever outcome) in the referendum during the referendum period.

31. Public bodies should refer to the advice on government communications activities set out in the preceding section of this note. If in doubt, public bodies should always seek advice from their Scottish Government sponsor team. The chief executive of a public body, as accountable officer, should ensure that staff and board members are aware of their responsibilities and the relevant code of conduct.

32. Staff of public bodies, like all public servants, are required to maintain political impartiality in the way in which they go about their public duties.

33. There is no absolute prohibition on political activity for staff of public bodies, but public bodies need to be sure that, as a minimum, staff engaging in political activity avoid any comment on the business of their public body itself, bring any political involvement into their day to day work or engage in controversy relevant to the body’s work. Codes of conduct for staff of public bodies provide further detail.

34. The Model Code of Conduct for Members of Public Bodies provides guidance for board members of public bodies. Board members must not use resources provided by the public body, or any information to which they have access, for political purposes or any campaigning activities. The key principles of the Model Code, especially those in relation to integrity, honesty and openness, are given practical effect by the requirement for members to declare certain interests in proceedings of the public body.

35. Board members choosing to make a public position of a campaigning nature should be mindful that their view may be perceived as representing the views of the board, even when the board member is doing so as a private citizen or in another capacity. A board member should therefore make it clear that the view expressed is his or her personal opinion and not that of the public body, to avoid any perception that he or she is speaking on behalf of the public body.
SUBJECT: Chief Executive’s report: key points

1. Purpose of the report
   This report provides the Healthcare Improvement Scotland Board with key operational 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. Operational Issues
   a) Procurement Reform Bill
      The Procurement Reform (Scotland) Bill aims to establish a national legislative framework for public procurement and is framed within existing EU legislation. Healthcare Improvement Scotland is listed as a contracting authority within the Bill.

      The stage three debate on the Bill took place on 13 May, when the Bill was passed. Throughout the debate the balance between business support and social responsibility was discussed. All contributors emphasised the importance of secondary legislation in giving effect to important aspects of the Bill.

      Health and Sport Committee - Special Health Board evidence session: 27 May 2014
      The Health and Sport Committee has been undertaking its annual scrutiny of NHS Board budgets. A special health board session was held on 27 May 2014 and Healthcare Improvement Scotland was selected as one of the three special health boards to give evidence to the Committee. It is expected that a third evidence session on NHS Board budgets, with Scottish Government officials, will take place on 17 June 2014.

   b) Patient Voice Announcement
      The Cabinet Secretary announced, on 4 June 2014, that proposals for a new system of listening to, and promoting, the patients’ voice would be brought forward by the end of the year. Healthcare Improvement Scotland and the Scottish Health Council have been tasked with developing these new proposals. This is covered more fully in the Reserved Business section agenda item 2.1.

4. Stakeholder Engagement
   a) Chief Executives’ meeting
      The issue of a smoke free environment around hospitals was raised, with reference made to some patients/visitors continuing to smoke despite visible notices to the contrary. Staff are reluctant to challenge smokers because of negative responses and it was agreed to consider further options and approaches to this dilemma.

      The announcement by the Cabinet Secretary that Healthcare Improvement Scotland and the Scottish Health Council would be tasked with proposals for a stronger patient voice was discussed. Also at issue, is the need for a credible national patient voice contributing to policy and media discussion.

      It was agreed that the issue of waiting list targets requires a narrative about longer term service redesign with patients involved in that discussion.
The Referendum on Independence should be treated as if it was an election and should therefore follow election guidance. It was noted that some NHS Chairs have gone public on their views, but it is important that such views are recorded as their personal preferences and not in their capacity as NHS Board Chairs.

b) **NHSScotland event 3-4 June 2014**
Healthcare Improvement Scotland and the QI Hub both enjoyed a number of key mentions from the main stage including the work of the Older People in Acute Care Improvement Programme, the importance and impact of inspections, Driving Improvement, the Person Centred Health and Care work around “what matters to me” and the Safety Programme work.

c) **Engagement Scottish Government**
I continue to have constructive dialogue with our Scottish Government Sponsor, aimed at placing this sponsorship relationship on a more strategic footing. The Chairman and I are meeting with Paul Gray next month in order to secure Director General Level support for these changes.

5. **Our Workforce**
   a) **Staff appointments**
The evaluation of the Director of Evidence and Director of Safety & Improvement posts was undertaken by representatives from management and staff side on Friday 6 June 2014. The posts were band matched to the Professional Manager, Performance/Operations Higher Level National Job Profile and the recruitment process is now underway for one of the two posts – the Director of Safety and Improvement.

   b) **Staff Huddles**
Staff Huddles have taken place in both Delta House and Gyle Square, with a WebEx Staff Huddle held for the benefit of Scottish Health Council staff based in local offices. I have asked the Values, Behaviours, Engagement and Communication Group to give consideration to how the Staff Huddles have been run to date, together with an assessment of their impact upon staff. Duncan Service and I plan to raise this item for further discussion at the Partnership Forum meeting on 18 June 2014.

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 risks and very high operational risks and advise whether they are content with the mitigation actions in place and the current position statement
   - note that the Audit Committee will review the corporate risk register, and a report on the very high and high operational risks at their meeting on 23 June 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 to review and assess the corporate risks and very high level operational risks.
   b) The Board is asked to note that work is in progress to align the corporate risk register to Driving Improvement in Healthcare: Strategic Plan 2014-2020. A revised corporate risk register aligned to the strategy will be presented to the next meeting of the Audit Committee for review and thereafter by the Board.
   c) The Chair of the Audit Committee will report on any key issues related to the management of risk that were considered at the Audit Committee meeting held on 23 June 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 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  
Lead Director

Maggie Waterston  
Director of Finance and Corporate Services  
Lead Officer

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**Appendices:**
1. Corporate risk register
2. Very high operational risks
| ID  | Date       | Risk       | Risk Description                                                                 | Risk Appetite | Risk Owner | Risk Manager | Risk Category & Risk Appetite | Risk Treatment | Impact | Score | Likelihood | Likelihood | Current Risk Level | NET RISK LEVEL | Effective Date | Controls | Description Options and Implementation                                                                 |
|-----|------------|------------|----------------------------------------------------------------------------------|---------------|------------|--------------|--------------------------------|----------------|--------|------|------------|------------|------------------|----------------|---------------|----------|-------------------|---------------------------------------------------|
| 1   | 13/03/2014 | Reputational/credibility - Open | There is a risk that our work does not take account of the range of factors involved leading to reduced attractiveness. | Strategic       | Chief Executive | Chief Executive | CMT Executive | CMT Executive | medium | 3    | 4           | 12         | Medium - 9        | Medium - 12 | 7 April 2014 | Work is taking place to define and agree the revised strategy. Following the end of the year plan a new proposed plan aligns to the strategy. The niche external within the organisation and with our Scottish Government partner. |
| 2   | 14/08/2013 | Reputational/credibility - Open | There is a risk that if a new Chief Executive is not in post by 31 May 2014 then the revised strategy will not be implemented. | Strategic       | Chief Executive | Chief Executive | CMT Executive | CMT Executive | medium | 3    | 4           | 12         | Medium - 9        | Medium - 12 | 7 April 2014 | Work is taking place to finalise the outcomes required to deliver a new strategy. Following the end of the year plan a new proposed plan aligns to the strategy. The niche external within the organisation and with our Scottish Government partner. |
| 3   | 14/08/2013 | Reputational/credibility - Open | There is a risk that we are challenged by a Chief Secretaries decision to alter the contracts that are currently in place. | Strategic       | Chief Executive | Chief Executive | CMT Executive | CMT Executive | medium | 3    | 4           | 12         | Medium - 9        | Medium - 12 | 7 April 2014 | Work is taking place to finalise the outcomes required to deliver a new strategy. Following the end of the year plan a new proposed plan aligns to the strategy. The niche external within the organisation and with our Scottish Government partner. |
| 4   | 14/08/2013 | Reputational/credibility - Open | There is a risk that our work does not take account of the range of factors involved leading to reduced attractiveness. | Strategic       | Chief Executive | Chief Executive | CMT Executive | CMT Executive | medium | 3    | 4           | 12         | Medium - 9        | Medium - 12 | 7 April 2014 | Work is taking place to define and agree the revised strategy. Following the end of the year plan a new proposed plan aligns to the strategy. The niche external within the organisation and with our Scottish Government partner. |
| 5   | 14/08/2013 | Reputational/credibility - Open | There is a risk that our work does not take account of the range of factors involved leading to reduced attractiveness. | Strategic       | Chief Executive | Chief Executive | CMT Executive | CMT Executive | medium | 3    | 4           | 12         | Medium - 9        | Medium - 12 | 7 April 2014 | Work is taking place to define and agree the revised strategy. Following the end of the year plan a new proposed plan aligns to the strategy. The niche external within the organisation and with our Scottish Government partner. |
### Risk Management

#### Agenda Item 4.1 Risk Management

**Version:** 2.0  
**Date:** 20140616

<table>
<thead>
<tr>
<th>Item ID</th>
<th>Risk Description</th>
<th>Risk Category &amp; Risk Appetite</th>
<th>Impact</th>
<th>Score</th>
<th>Likelihood</th>
<th>Net Risk Level</th>
<th>Risk Owner</th>
<th>Risk Manager</th>
<th>Risk Owner</th>
<th>Risk Manager</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1</td>
<td>There is a risk that we do not manage our strategic objectives effectively</td>
<td>Operational - Open</td>
<td>High</td>
<td>5</td>
<td>Medium</td>
<td>No update</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.2</td>
<td>There is a risk that we will be unable to deliver our agreed strategic objectives</td>
<td>Financial - Cautious</td>
<td>Medium</td>
<td>3</td>
<td>High</td>
<td>High</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**RISK TREATMENT**

**MITIGATION**

- Embed performance management within the culture of the organisation to avoid current variation.

**CONTROLS**

- The LDP has been completed and submitted to the Scottish Government. Performance appraisals have been brought into line with the 2014 exclusions planning cycle. The Driving Improvement Strategy has been agreed. Non-NHS planning at Board/Staff governance, and 2015/16 Vision and Implementation Plan are under review.

**Narrative Position Statement (Continuous Review)**

As at 1 June 2014

- Internal/External Audit Committee.
- Following discussions with the Scottish Government, non-financial data has been declared.
- Driving Improvement workforce groups.
- Actions around workforce are being taken forward by the Driving Improvement Executive Team.
- Development needs and line management issues have been discussed by Executive Team in April 2014. Further discussion to take place with Scottish Government regarding future funding arrangements for staffing.

**Narrative Position Statement (Previous)**

As at 1 June 2013

- Board receivedunscheduled report on an existing issue at each meeting.
- All funding for 2013-14 financial plan has been confirmed with the Scottish Government setting out project and resource priorities. Further discussion to take place with Scottish Government regarding future funding arrangements for staffing.
- Draft Workforce Plan to be discussed by Executive Team in April 2014. Development needs and line management issues have been taken forward by Driving Improvement Strategy.

---

**Compliance/Regulatory**

Minimalist

No risks identified

---

**Financial**

Value for money - Cautious

No risks identified

---

**Operational**

Open

- Budget holder attendance at Audit Committee meetings.
- Mid-year review.
- Scheme of Delegation.
- Regular meetings with Scottish Government.
- Performance appraisals have been brought into line with the 2014 exclusions planning cycle.
- The Driving Improvement Strategy has been agreed. Non-NHS planning at Board/Staff governance, and 2015/16 Vision and Implementation Plan are under review.
- Development needs and line management issues have been discussed by Executive Team in April 2014. Further discussion to take place with Scottish Government regarding future funding arrangements for staffing.

---

**Review Date:**

14/08/2013

**Date:** 20140616

**Produced by:** pd
## Agenda Item 4.1 Risk Management

**Version:** 2.0  **Date:** 20140616

**Brian Robson**  **Sign:**  Brian Robson

There is a risk of negative media representation surrounding Senior SMC Communications group chaired by Ken Miller. A further party may raise awareness of the issues involved and manage expectations surrounding the implementation of PACE.

**Risk Description:**
- There is a risk that the policy intends to increase access to new medicines will not deliver within the Cabinet Secretary’s timeline due to the ‘recruitment gap’ leading to inability to secure the appropriately qualified staff which will result in delays to the agreed delivery date.

**CONTROLS**
- Programme Lead will prioritise reviews over new guidelines. New guidelines are reviewed annually for non delivery of this piece of work.

**RISK LEVEL**
- Very High

**RISK TREATMENT**
- Change the likelihood of the risk occurring.

**RISK DESCRIPTION**
- There is a risk that DMBI are not able to deliver LDP priorities.

**CONTROLS**
- Scottish Medicines Consortium will produce a contingency plan to demonstrate the potential impact of delay to key staff on the delivery timetable.

**RISK LEVEL**
- Very High

**RISK TREATMENT**
- Change the likelihood of the risk occurring.

**RISK DESCRIPTION**
- There is a risk that the high volume of end of life and rare medicine submissions cannot be assessed quickly enough to meet public expectation due to capacity issues for clinicians required to attend Patient and Clinician Engagement group, 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.

**CONTROLS**
- HIS Executive Team will engage the services of an external consultant who could support SMC’s HTA work for the next 6 months.

**RISK LEVEL**
- Very High

**RISK TREATMENT**
- Change the likelihood of the risk occurring.

**RISK DESCRIPTION**
- There is a risk that while the new medicines submission process in place currently does not create potential legal challenges from pharmaceutical companies over transparency and fairness of process.

**CONTROLS**
- Clear communication with all stakeholders to inform them of the organisational risks that may result if PACE is not introduced in a staged manner.

**RISK LEVEL**
- Very High

**RISK TREATMENT**
- Clear communication with all stakeholders to inform them of the organisational risks that may result if PACE is not introduced in a staged manner.

### Appendix 2 - Operational risk: very high risks

<table>
<thead>
<tr>
<th>ID</th>
<th>Risk Source</th>
<th>Risk Description</th>
<th>Risk to Risk Governance: Reporting Structure/roles and Responsibilities</th>
<th>Net Risk Level</th>
<th>Risk Assessment</th>
<th>Risk Treatment</th>
<th>Risk Description</th>
<th>Controls</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>There is a risk that the high volume of end of life and rare medicines submissions cannot be assessed quickly enough to meet public expectation due to capacity issues for clinicians required to attend Patient and Clinician Engagement group, 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.</td>
<td>None</td>
<td>Very High</td>
<td>Change the likelihood of the risk occurring.</td>
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<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>Change the likelihood of the risk occurring.</td>
<td>Clear communication with all stakeholders to inform them of the organisational risks that may result if PACE is not introduced in a staged manner.</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
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<td></td>
<td>There is a risk that new medicines submission process in place currently does not create potential legal challenges from pharmaceutical companies over transparency and fairness of process.</td>
<td>None</td>
<td>Very High</td>
<td>Change the likelihood of the risk occurring.</td>
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<td>HIS Executive Team will engage the services of an external consultant who could support SMC’s HTA work for the next 6 months.</td>
<td></td>
</tr>
</tbody>
</table>
There is a risk that SMC ‘Business as usual’ is significantly disrupted due to the pressures on the team delivering an extensive change programme while managing a high volume of routine work, resulting in errors and potential for organisational failure.

SMC Product Assessment
HIS Board
Brian Robson (Clinical Director) & Sara Twaddle (Evidence Director)
Anne Lee (Chief Pharmacist for Scottish Medicines Consortium)
Kieran McQuaid (SMC Operations Manager)

Operational = Open
New recruitment scheduled for additional NMR work.

5 5 15 High
Reduce risk likelihood
Develop change packages for person centred care methods and tools that have been tested using improvement methodology or are clearly amenable to it by August 2014.

There is a risk that improvement methodology will not be used by local teams in boards due to lack of buy-in due to applying improvement methods to person-centred care resulting in lack of measurable progress at the local and national levels.

Person Centred Care
EIS
Ruth Glassborow, Interim Director of Safety and Improvement
June Wylie, Head of Implementation and Improvement
Gareth Adkins, Implementation and Improvement Team Lead

Operational
Currently supporting programme managers and their teams with visits to boards by current improvement advisor and programme lead to develop understanding of improvement methodology and providing learning opportunities through their schedule of meetings and national learning.

4 5 20 Very High
Reduce risk source
Proposed mitigation to be taken forward at directorate level would be to establish/agree new model of funding for improvement programmes with Scottish Government that includes greater proportion of core funding, this has not been agreed with director and will be discussed at Unit head meeting in June 2014.

There is a risk that specialist and essential staff will leave the organisation before the end of their assigned programmes due to fixed term and secondment based staffing resulting in failure to deliver key outputs and objectives successfully.

Person Centred Care
EIS
Ruth Glassborow, Interim Director of Safety and Improvement
June Wylie, Head of Implementation and Improvement
Gareth Adkins, Implementation and Improvement Team Lead

Operational
Team/unit level contingency plan to recruit replacement staff as required and/or redeploy staff from core establishment but not agreed at directorate level.

4 5 20 Very High
Reduce risk source
Proposed mitigation to be taken forward if in discussion would be to establish/agree new model of funding for improvement programmes with Scottish Government that includes greater proportion of core funding, this has not been agreed with director and will be discussed at Unit head meeting in June 2014.

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.

ENDORSE
Robbie Pearson, Director, Scrutiny & Assurance
Anne Hanley, Operations Manager, S&A
Morag Kasmi, Programme Manager

Operational - open
Detailed PID with identified costs in place

4 5 25 - Very High

There is a risk that evidence for the Scottish Medicines Consortium (SMC) Endorsement of the Code of Practice for medicines awareness and screening procedures is insufficient to meet these demands.

SMC Product Assessment
HIS Board
Brian Robson (Clinical Director) & Sara Twaddle (Evidence Director)
Anne Lee (Chief Pharmacist for Scottish Medicines Consortium)
Kieran McQuaid (SMC Operations Manager)

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ENDORSE
Robbie Pearson, Director, Scrutiny & Assurance
Anne Hanley, Operations Manager, S&A
Morag Kasmi, Programme Manager

Operational - open
Detailed PID with identified costs in place

4 5 25 - Very High

There is a risk that evidence for the Scottish Medicines Consortium (SMC) Endorsement of the Code of Practice for medicines awareness and screening procedures is insufficient to meet these demands.

SMC Product Assessment
HIS Board
Brian Robson (Clinical Director) & Sara Twaddle (Evidence Director)
Anne Lee (Chief Pharmacist for Scottish Medicines Consortium)
Kieran McQuaid (SMC Operations Manager)

Operational = Open
New recruitment scheduled for additional NMR work.

5 5 15 High
Reduce risk likelihood
Develop change packages for person centred care methods and tools that have been tested using improvement methodology or are clearly amenable to it by August 2014.

There is a risk that improvement methodology will not be used by local teams in boards due to lack of buy-in due to applying improvement methods to person-centred care resulting in lack of measurable progress at the local and national levels.

Person Centred Care
EIS
Ruth Glassborow, Interim Director of Safety and Improvement
June Wylie, Head of Implementation and Improvement
Gareth Adkins, Implementation and Improvement Team Lead

Operational
Currently supporting programme managers and their teams with visits to boards by current improvement advisor and programme lead to develop understanding of improvement methodology and providing learning opportunities through their schedule of meetings and national learning.

4 5 20 Very High
Reduce risk source
Proposed mitigation to be taken forward at directorate level would be to establish/agree new model of funding for improvement programmes with Scottish Government that includes greater proportion of core funding, this has not been agreed with director and will be discussed at Unit head meeting in June 2014.

There is a risk that specialist and essential staff will leave the organisation before the end of their assigned programmes due to fixed term and secondment based staffing resulting in failure to deliver key outputs and objectives successfully.

Person Centred Care
EIS
Ruth Glassborow, Interim Director of Safety and Improvement
June Wylie, Head of Implementation and Improvement
Gareth Adkins, Implementation and Improvement Team Lead

Operational
Team/unit level contingency plan to recruit replacement staff as required and/or redeploy staff from core establishment but not agreed at directorate level.

4 5 20 Very High
Reduce risk source
Proposed mitigation to be taken forward if in discussion would be to establish/agree new model of funding for improvement programmes with Scottish Government that includes greater proportion of core funding, this has not been agreed with director and will be discussed at Unit head meeting in June 2014.

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.

ENDORSE
Robbie Pearson, Director, Scrutiny & Assurance
Anne Hanley, Operations Manager, S&A
Morag Kasmi, Programme Manager

Operational - open
Detailed PID with identified costs in place

4 5 25 - Very High

There is a risk that evidence for the Scottish Medicines Consortium (SMC) Endorsement of the Code of Practice for medicines awareness and screening procedures is insufficient to meet these demands.
There is a risk that National Records of Scotland is not in a position to prescribe and roll out the revised MCCD and affect timely progression of the risk of death certification.

Because of lack of consensus on the content of the new MCCD, we are currently experiencing difficulties with development of existing IT systems.

Resulting in: technical experimentation in the EIS and being concluded in late February 2014 so a September 2014 roll out is feasible for easing of the MCCD, the SCR and clinical guidance receiving proposed. NRS carried out a consultation exercise on the new MCCD in October 2013 to ensure that the new form is in line with the requirements of the legislation and of all parties concerned. A consultation exercise will be undertaken by NRS in liaison with HIS (in line with the requirements of the legislation and of all parties concerned).

There is a risk that the new operational implementation delivery group provides a regular meeting for a period of nine months, captures the experience of stakeholders and the experience of implementation.

Resulting in: NRS IT team and the PM for the eCMS system are continuing to plan

There is a risk that NRS is mandated in the Certification of Death (Scotland) Act 2011 to be a core part of the Certification of Death review system. The review system will be submitted for consideration by the NAG in March and the NRS/CMS/PCDS Committee to be developed during implementation.

Resulting in: the Scottish Government’s National Advisory Group (NAG) and the Scottish Government’s National Advisory Group (NAG) are continuing to develop the design of the system is fit for purpose by September 2014 and to develop the design of the system is fit for purpose by September 2014 and

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Resulting in: the Scottish Government’s National Advisory Group (NAG) and the Scottish Government’s National Advisory Group (NAG) are continuing to develop the design of the system is fit for purpose by September 2014 and
SUBJECT: Model Code of Conduct for members of devolved public bodies

1. Purpose of the report
To present the new Model Code of Conduct for Healthcare Improvement Scotland.

2. Recommendation
• To approve the revised Model Code of Conduct and approve inclusion into the Healthcare Improvement Scotland Code of Corporate Governance.
• To support inclusion of any implementation requirements within the action plan for the review of governance.
• Board members and senior staff are asked to review the Code in relation to their current registration of interests and advice of any amendments.

3. Background
The Ethical Standards in Public life etc. (Scotland) Act 2000 provides for Codes of Conduct for local authority councillors and members of relevant public bodies. The Act requires the Scottish Ministers to lay before Parliament a Model Code for Members of Devolved Public Bodies. Public bodies listed in schedule 3 of the Act are required to produce a Code of Conduct in line with the Model Code.

The revised Model Code was approved by Scottish Parliament and we are required to ensure a new Code is produced and agreed by the Board. The Commissioner for Ethical Standards in Public Life has prepared a style Code for general public bodies. This has been circulated to all NHS Boards/Public Bodies/Special Health Boards by Sponsor Divisions for approval by Boards.

Where relevant the revised Model Code, takes into account changes introduced in the revised Councillors’ Code and also suggestions submitted to the public consultation. The changes introduced in the Model Code are proportionate and make it easier to understand.

In summary, the Model Code now highlights the need for Board members to have
• an awareness of their Board’s policies in relation to a number of areas eg appointments, equality, diversity, succession planning, bullying and harassment in the workplace and the Bribery Act 2010.
• it introduces a new requirement for registration of gifts and hospitality over £50 and shares and securities which may be significant to or relevant to the work of the body.

4. Next steps
The Board of Healthcare Improvement Scotland is required to approve the Code and to implement it in full and forward a copy to the Sponsor Division at the Scottish Government. It is recommended that implementation requirements are included as part of the action plan related to the review of governance.

Once the Code is formally approved by Scottish Government, the Code and a copy of the approval letter will be passed to the Standards Commission for their records and for publication of the Code on their website.

Maggie Waterston
Director of Finance and Corporate Services
Pauline Donald
Corporate Governance Manager
Lead Director
Lead Officer

Appendix
Healthcare Improvement Scotland Model Code of Conduct
CODE of CONDUCT

for

MEMBERS

of

Healthcare Improvement Scotland
CODE OF CONDUCT for MEMBERS of Healthcare Improvement Scotland

CONTENTS

Section 1: Introduction to the Code of Conduct
Appointments to the Boards of Public Bodies
Guidance on the Code of Conduct
Enforcement

Section 2: Key Principles of the Code of Conduct

Section 3: General Conduct
Conduct at Meetings
Relationship with Board Members and Employees of Public Bodies
Remuneration, Allowances and Expenses
Gifts and Hospitality
Confidentiality Requirements
Use of Public Body Facilities
Appointment to Partner Organisations

Section 4: Registration of Interests
Category One: Remuneration
Category Two: Related Undertakings
Category Three: Contracts
Category Four: Houses, Land and Buildings
Category Five: Interest in Shares and Securities
Category Six: Gifts and Hospitality
Category Seven: Non-Financial Interests
Section 5: Declaration of Interests

General

Interests which Require Declaration

Your Financial Interests

Your Non-Financial Interests

The Financial Interests of Other Persons

The Non-Financial Interests of Other Persons

Making a Declaration

Frequent Declaration of Interests

Dispensations

Section 6: Lobbying and Access to Members of Public Bodies

Introduction

Rules and Guidance

Annexes


Annex B: Definitions
SECTION 1: INTRODUCTION TO THE CODE OF CONDUCT

1.1 The Scottish public has a high expectation of those who serve on the boards of public bodies and the way in which they should conduct themselves in undertaking their duties. You must meet those expectations by ensuring that your conduct is above reproach.

1.2 The Ethical Standards in Public Life etc. (Scotland) Act 2000, “the Act”, provides for Codes of Conduct for local authority councillors and members of relevant public bodies; imposes on councils and relevant public bodies a duty to help their members to comply with the relevant code; and establishes a Standards Commission for Scotland, “The Standards Commission” to oversee the new framework and deal with alleged breaches of the codes.

1.3 The Act requires the Scottish Ministers to lay before Parliament a Code of Conduct for Councillors and a Model Code for Members of Devolved Public Bodies. The Model Code for members was first introduced in 2002 and has now been revised in December 2013 following consultation and the approval of the Scottish Parliament. These revisions will make it consistent with the relevant parts of the Code of Conduct for Councillors, which was revised in 2010 following the approval of the Scottish Parliament.

1.4 As a member of Healthcare Improvement Scotland “the Board”, it is your responsibility to make sure that you are familiar with, and that your actions comply with, the provisions of this Code of Conduct which has now been made by the Board.

Appointments to the Boards of Public Bodies

1.5 Public bodies in Scotland are required to deliver effective services to meet the needs of an increasingly diverse population. In addition, the Scottish Government’s equality outcome on public appointments is to ensure that Ministerial appointments are more diverse than at present. In order to meet both of these aims, a board should ideally be drawn from varied backgrounds with a wide spectrum of characteristics, knowledge and experience. It is crucial to the success of public bodies that they attract the best people for the job and therefore it is essential that a board’s appointments process should encourage as many suitable people to apply for positions and be free from unnecessary barriers. You should therefore be aware of the varied roles and functions of the public body on which you serve and of wider diversity and equality issues. You should also take steps to familiarise yourself with the appointment process that your public body will have agreed with the Scottish Government’s Public Appointment Centre of Expertise.

1.6 You should also familiarise yourself with how the public body’s policy operates in relation to succession planning, which should ensure the public body have a strategy to make sure they have the staff in place with the skills, knowledge and experience necessary to fulfil their role economically, efficiently and effectively.
Guidance on the Code of Conduct

1.7 You must observe the rules of conduct contained in this Code. It is your personal responsibility to comply with these and review regularly, and at least annually, your personal circumstances with this in mind, particularly when your circumstances change. You must not at any time advocate or encourage any action contrary to the Code of Conduct.

1.8 The Code has been developed in line with the key principles listed in Section 2 and provides additional information on how the principles should be interpreted and applied in practice. The Standards Commission may also issue guidance. No Code can provide for all circumstances and if you are uncertain about how the rules apply, you should seek advice from the public body. You may also choose to consult your own legal advisers and, on detailed financial and commercial matters, seek advice from other relevant professionals.

1.9 You should familiarise yourself with the Scottish Government publication “On Board – a guide for board members of public bodies in Scotland”. This publication will provide you with information to help you in your role as a member of a public body in Scotland and can be viewed on the Scottish Government website.

Enforcement

1.10 Part 2 of the Ethical Standards in Public Life etc. (Scotland) Act 2000 sets out the provisions for dealing with alleged breaches of this Code of Conduct and, where appropriate, the sanctions that will be applied if the Standards Commission finds that there has been a breach of the Code. Those sanctions are outlined in Annex A.

SECTION 2: KEY PRINCIPLES OF THE CODE OF CONDUCT

2.1 The general principles upon which this Code is based should be used for guidance and interpretation only. These general principles are:

Duty
You have a duty to uphold the law and act in accordance with the law and the public trust placed in you. You have a duty to act in the interests of the public body of which you are a member and in accordance with the core functions and duties of that body.

Selflessness
You have a duty to take decisions solely in terms of public interest. You must not act in order to gain financial or other material benefit for yourself, family or friends.
Integrity
You must not place yourself under any financial, or other, obligation to any individual or organisation that might reasonably be thought to influence you in the performance of your duties.

Objectivity
You must make decisions solely on merit and in a way that is consistent with the functions of the public body when carrying out public business including making appointments, awarding contracts or recommending individuals for rewards and benefits.

Accountability and Stewardship
You are accountable for your decisions and actions to the public. You have a duty to consider issues on their merits, taking account of the views of others and must ensure that the public body uses its resources prudently and in accordance with the law.

Openness
You have a duty to be as open as possible about your decisions and actions, giving reasons for your decisions and restricting information only when the wider public interest clearly demands.

Honesty
You have a duty to act honestly. You must declare any private interests relating to your public duties and take steps to resolve any conflicts arising in a way that protects the public interest.

Leadership
You have a duty to promote and support these principles by leadership and example, and to maintain and strengthen the public’s trust and confidence in the integrity of the public body and its members in conducting public business.

Respect
You must respect fellow members of your public body and employees of the body and the role they play, treating them with courtesy at all times. Similarly you must respect members of the public when performing duties as a member of your public body.

2.2 You should apply the principles of this Code to your dealings with fellow members of the public body, its employees and other stakeholders. Similarly you should also observe the principles of this Code in dealings with the public when performing duties as a member of the public body.

SECTION 3: GENERAL CONDUCT

3.1 The rules of good conduct in this section must be observed in all situations where you act as a member of the public body.
Conduct at Meetings

3.2 You must respect the chair, your colleagues and employees of the public body in meetings. You must comply with rulings from the chair in the conduct of the business of these meetings.

Relationship with Board Members and Employees of the Public Body (including those employed by contractors providing services)

3.3 You will treat your fellow board members and any staff employed by the body with courtesy and respect. It is expected that fellow board members and employees will show you the same consideration in return. It is good practice for employers to provide examples of what is unacceptable behaviour in their organisation. Public bodies should promote a safe, healthy and fair working environment for all. As a board member you should be familiar with the policies of the public body in relation to bullying and harassment in the workplace and also lead by exemplar behaviour.

Remuneration, Allowances and Expenses

3.4 You must comply with any rules of the public body regarding remuneration, allowances and expenses.

Gifts and Hospitality

3.5 You must not accept any offer by way of gift or hospitality which could give rise to real or substantive personal gain or a reasonable suspicion of influence on your part to show favour, or disadvantage, to any individual or organisation. You should also consider whether there may be any reasonable perception that any gift received by your spouse or cohabitee or by any company in which you have a controlling interest, or by a partnership of which you are a partner, can or would influence your judgement. The term “gift” includes benefits such as relief from indebtedness, loan concessions or provision of services at a cost below that generally charged to members of the public.

3.6 You must never ask for gifts or hospitality.

3.7 You are personally responsible for all decisions connected with the offer or acceptance of gifts or hospitality offered to you and for avoiding the risk of damage to public confidence in your public body. As a general guide, it is usually appropriate to refuse offers except:

(a) isolated gifts of a trivial character, the value of which must not exceed £50;

(b) normal hospitality associated with your duties and which would reasonably be regarded as appropriate; or

(c) gifts received on behalf of the public body.
3.8 You must not accept any offer of a gift or hospitality from any individual or organisation which stands to gain or benefit from a decision your body may be involved in determining, or who is seeking to do business with your organisation, and which a person might reasonably consider could have a bearing on your judgement. If you are making a visit in your capacity as a member of your public body then, as a general rule, you should ensure that your body pays for the cost of the visit.

3.9 You must not accept repeated hospitality or repeated gifts from the same source.

3.10 Members of devolved public bodies should familiarise themselves with the terms of the Bribery Act 2010 which provides for offences of bribing another person and offences relating to being bribed.

Confidentiality Requirements

3.11 There may be times when you will be required to treat discussions, documents or other information relating to the work of the body in a confidential manner. You will often receive information of a private nature which is not yet public, or which perhaps would not be intended to be public. You must always respect the confidential nature of such information and comply with the requirement to keep such information private.

3.12 It is unacceptable to disclose any information to which you have privileged access, for example derived from a confidential document, either orally or in writing. In the case of other documents and information, you are requested to exercise your judgement as to what should or should not be made available to outside bodies or individuals. In any event, such information should never be used for the purposes of personal or financial gain, or for political purposes or used in such a way as to bring the public body into disrepute.

Use of Public Body Facilities

3.13 Members of public bodies must not misuse facilities, equipment, stationery, telephony, computer, information technology equipment and services, or use them for party political or campaigning activities. Use of such equipment and services etc. must be in accordance with the public body’s policy and rules on their usage. Care must also be exercised when using social media networks not to compromise your position as a member of the public body.

Appointment to Partner Organisations

3.14 You may be appointed, or nominated by your public body, as a member of another body or organisation. If so, you are bound by the rules of conduct of these organisations and should observe the rules of this Code in carrying out the duties of that body.
3.15 Members who become directors of companies as nominees of their public body will assume personal responsibilities under the Companies Acts. It is possible that conflicts of interest can arise for such members between the company and the public body. It is your responsibility to take advice on your responsibilities to the public body and to the company. This will include questions of declarations of interest.

SECTION 4: REGISTRATION OF INTERESTS

4.1 The following paragraphs set out the kinds of interests, financial and otherwise which you have to register. These are called “Registerable Interests”. You must, at all times, ensure that these interests are registered, when you are appointed and whenever your circumstances change in such a way as to require change or an addition to your entry in the body’s Register. It is your duty to ensure any changes in circumstances are reported within one month of them changing.

4.2 The Regulations¹ as amended describe the detail and timescale for registering interests. It is your personal responsibility to comply with these regulations and you should review regularly and at least once a year your personal circumstances. Annex B contains key definitions and explanatory notes to help you decide what is required when registering your interests under any particular category. The interests which require to be registered are those set out in the following paragraphs and relate to you. It is not necessary to register the interests of your spouse or cohabitee.

Category One: Remuneration

4.3 You have a Registerable Interest where you receive remuneration by virtue of being:

- employed;
- self-employed;
- the holder of an office;
- a director of an undertaking;
- a partner in a firm; or
- undertaking a trade, profession or vocation or any other work.

4.4 In relation to 4.3 above, the amount of remuneration does not require to be registered and remuneration received as a member does not have to be registered.

4.5 If a position is not remunerated it does not need to be registered under this category. However, unremunerated directorships may need to be registered under category two, “Related Undertakings”.

4.6 If you receive any allowances in relation to membership of any organisation, the fact that you receive such an allowance must be registered.

¹ SSI - The Ethical Standards in Public Life etc. (Scotland) Act 2000 (Register of Interests) Regulations 2003 Number 135, as amended.
4.7 When registering employment, you must give the name of the employer, the nature of its business, and the nature of the post held in the organisation.

4.8 When registering self-employment, you must provide the name and give details of the nature of the business. When registering an interest in a partnership, you must give the name of the partnership and the nature of its business.

4.9 Where you undertake a trade, profession or vocation, or any other work, the detail to be given is the nature of the work and its regularity. For example, if you write for a newspaper, you must give the name of the publication, and the frequency of articles for which you are paid.

4.10 When registering a directorship, it is necessary to provide the registered name of the undertaking in which the directorship is held and the nature of its business.

4.11 Registration of a pension is not required as this falls outside the scope of the category.

**Category Two: Related Undertakings**

4.12 You must register any directorships held which are themselves not remunerated but where the company (or other undertaking) in question is a subsidiary of, or a parent of, a company (or other undertaking) in which you hold a remunerated directorship.

4.13 You must register the name of the subsidiary or parent company or other undertaking and the nature of its business, and its relationship to the company or other undertaking in which you are a director and from which you receive remuneration.

4.14 The situations to which the above paragraphs apply are as follows:

- you are a director of a board of an undertaking and receive remuneration declared under category one – and
- you are a director of a parent or subsidiary undertaking but do not receive remuneration in that capacity.

**Category Three: Contracts**

4.15 You have a registerable interest where you (or a firm in which you are a partner, or an undertaking in which you are a director or in which you have shares of a value as described in paragraph 4.19 below) have made a contract with the public body of which you are a member:

(i) under which goods or services are to be provided, or works are to be executed; and
(ii) which has not been fully discharged.

4.16 You must register a description of the contract, including its duration, but excluding the consideration.

**Category Four: Houses, Land and Buildings**

4.17 You have a registerable interest where you own or have any other right or interest in houses, land and buildings, which may be significant to, of relevance to, or bear upon, the work and operation of the body to which you are appointed.

4.18 The test to be applied when considering appropriateness of registration is to ask whether a member of the public acting reasonably might consider any interests in houses, land and buildings could potentially affect your responsibilities to the organisation to which you are appointed and to the public, or could influence your actions, speeches or decision making.

**Category Five: Interest in Shares and Securities**

4.19 You have a registerable interest where you have an interest in shares comprised in the share capital of a company or other body which may be significant to, of relevance to, or bear upon, the work and operation of (a) the body to which you are appointed and (b) the nominal value of the shares is:

(i) greater than 1% of the issued share capital of the company or other body; or

(ii) greater than £25,000.

Where you are required to register the interest, you should provide the registered name of the company in which you hold shares; the amount or value of the shares does not have to be registered.

**Category Six: Gifts and Hospitality**

4.20 You must register the details of any gifts or hospitality received within your current term of office. This record will be available for public inspection. It is not however necessary to record any gifts or hospitality as described in paragraph 3.7 (a) to (c) of this Model Code.

**Category Seven: Non–Financial Interests**

4.21 You may also have a registerable interest if you have non-financial interests which may be significant to, of relevance to, or bear upon, the work and operation of the body to which you are appointed. It is important that relevant interests such as membership or holding office in other public bodies, clubs, societies and organisations such as trades unions and voluntary organisations, are registered and described.
4.22 In the context of non-financial interests, the test to be applied when considering appropriateness of registration is to ask whether a member of the public might reasonably think that any non-financial interest could potentially affect your responsibilities to the organisation to which you are appointed and to the public, or could influence your actions, speeches or decision-making.

SECTION 5: DECLARATION OF INTERESTS

General

5.1 The key principles of the Code, especially those in relation to integrity, honesty and openness, are given further practical effect by the requirement for you to declare certain interests in proceedings of the public body. Together with the rules on registration of interests, this ensures transparency of your interests which might influence, or be thought to influence, your actions.

5.2 Public bodies inevitably have dealings with a wide variety of organisations and individuals and this Code indicates the circumstances in which a business or personal interest must be declared. Public confidence in the public body and its members depends on it being clearly understood that decisions are taken in the public interest and not for any other reason.

5.3 In considering whether to make a declaration in any proceedings, you must consider not only whether you will be influenced but whether anybody else would think that you might be influenced by the interest. You must, however, always comply with the objective test ("the objective test") which is whether a member of the public, with knowledge of the relevant facts, would reasonably regard the interest as so significant that it is likely to prejudice your discussion or decision making in your role as a member of a public body.

5.4 If you feel that, in the context of the matter being considered, your involvement is neither capable of being viewed as more significant than that of an ordinary member of the public, nor likely to be perceived by the public as wrong, you may continue to attend the meeting and participate in both discussion and voting. The relevant interest must however be declared. It is your responsibility to judge whether an interest is sufficiently relevant to particular proceedings to require a declaration and you are advised to err on the side of caution. If a board member is unsure as to whether a conflict of interest exits, they should seek advice from the board chair.

5.5 As a member of a public body you might serve on other bodies. In relation to service on the boards and management committees of limited liability companies, public bodies, societies and other organisations, you must decide, in the particular circumstances surrounding any matter, whether to declare an interest. Only if you believe that, in the particular circumstances, the nature of the interest is so remote or without significance, should it not be declared. You must always remember the public interest points towards transparency and, in particular, a possible divergence of interest between your public body and another body. Keep particularly in mind the advice in paragraph 3.15 of this Model Code about your legal responsibilities to any limited company of which you are a director.
Interests which Require Declaration

5.6 Interests which require to be declared if known to you may be financial or non-financial. They may or may not cover interests which are registerable under the terms of this Code. Most of the interests to be declared will be your personal interests but, on occasion, you will have to consider whether the interests of other persons require you to make a declaration. The paragraphs which follow deal with (a) your financial interests (b) your non-financial interests and (c) the interests, financial and non-financial, of other persons.

5.7 You will also have other private and personal interests and may serve, or be associated with, bodies, societies and organisations as a result of your private and personal interests and not because of your role as a member of a public body. In the context of any particular matter you will need to decide whether to declare an interest. You should declare an interest unless you believe that, in the particular circumstances, the interest is too remote or without significance. In reaching a view on whether the objective test applies to the interest, you should consider whether your interest (whether taking the form of association or the holding of office) would be seen by a member of the public acting reasonably in a different light because it is the interest of a person who is a member of a public body as opposed to the interest of an ordinary member of the public.

Your Financial Interests

5.8 You must declare, if it is known to you, any financial interest (including any financial interest which is registerable under any of the categories prescribed in Section 4 of this Code).

There is no need to declare an interest which is so remote or insignificant that it could not reasonably be taken to fall within the objective test.

You must withdraw from the meeting room until discussion of the relevant item where you have a declarable interest is concluded. There is no need to withdraw in the case of an interest which is so remote or insignificant that it could not reasonably be taken to fall within the objective test.

Your Non-Financial Interests

5.9 You must declare, if it is known to you, any non-financial interest if:

(i) that interest has been registered under category seven (Non-Financial Interests) of Section 4 of the Code; or

(ii) that interest would fall within the terms of the objective test.

There is no need to declare an interest which is so remote or insignificant that it could not reasonably be taken to fall within the objective test.
You must withdraw from the meeting room until discussion of the relevant item where you have a declarable interest is concluded. There is no need to withdraw in the case of an interest which is so remote or insignificant that it could not reasonably be taken to fall within the objective test.

The Financial Interests of Other Persons

5.10 The Code requires only your financial interests to be registered. You also, however, have to consider whether you should declare any financial interest of certain other persons.

You must declare if it is known to you any financial interest of:-

(i) a spouse, a civil partner or a co-habitee;
(ii) a close relative, close friend or close associate;
(iii) an employer or a partner in a firm;
(iv) a body (or subsidiary or parent of a body) of which you are a remunerated member or director;
(v) a person from whom you have received a registerable gift or registerable hospitality;
(vi) a person from whom you have received registerable expenses.

There is no need to declare an interest if it is so remote or insignificant that it could not reasonably be taken to fall within the objective test.

You must withdraw from the meeting room until discussion of and voting on the relevant item where you have a declarable interest is concluded. There is no need to withdraw in the case of an interest which is so remote or insignificant that it could not reasonably be taken to fall within the objective test.

5.11 This Code does not attempt the task of defining “relative” or “friend” or “associate”. Not only is such a task fraught with difficulty but is also unlikely that such definitions would reflect the intention of this part of the Code. The key principle is the need for transparency in regard to any interest which might (regardless of the precise description of relationship) be objectively regarded by a member of the public, acting reasonably, as potentially affecting your responsibilities as a member of the public body and, as such, would be covered by the objective test.

The Non-Financial Interests of Other Persons

5.12 You must declare if it is known to you any non-financial interest of:-

(i) a spouse, a civil partner or a co-habitee;
(ii) a close relative, close friend or close associate;
(iii) an employer or a partner in a firm;
(iv) a body (or subsidiary or parent of a body) of which you are a remunerated member or director;
(v) a person from whom you have received a registerable gift or registerable hospitality;
(vi) a person from whom you have received registerable election expenses.

There is no need to declare the interest if it is so remote or insignificant that it could not reasonably be taken to fall within the objective test.

There is only a need to withdraw from the meeting if the interest is clear and substantial.

**Making a Declaration**

5.13 You must consider at the earliest stage possible whether you have an interest to declare in relation to any matter which is to be considered. You should consider whether agendas for meetings raise any issue of declaration of interest. Your declaration of interest must be made as soon as practicable at a meeting where that interest arises. If you do identify the need for a declaration of interest only when a particular matter is being discussed you must declare the interest as soon as you realise it is necessary.

5.14 The oral statement of declaration of interest should identify the item or items of business to which it relates. The statement should begin with the words “I declare an interest”. The statement must be sufficiently informative to enable those at the meeting to understand the nature of your interest but need not give a detailed description of the interest.

**Frequent Declarations of Interest**

5.15 Public confidence in a public body is damaged by perception that decisions taken by that body are substantially influenced by factors other than the public interest. If you would have to declare interests frequently at meetings in respect of your role as a board member you should not accept a role or appointment with that attendant consequence. If members are frequently declaring interests at meetings then they should consider whether they can carry out their role effectively and discuss with their chair. Similarly, if any appointment or nomination to another body would give rise to objective concern because of your existing personal involvement or affiliations, you should not accept the appointment or nomination.

**Dispensations**

5.16 In some very limited circumstances dispensations can be granted by the Standards Commission in relation to the existence of financial and non-financial interests which would otherwise prohibit you from taking part and voting on matters coming before your public body and its committees.

5.17 Applications for dispensations will be considered by the Standards Commission and should be made as soon as possible in order to allow proper consideration of the application in advance of meetings where dispensation is sought. You should not take part in the consideration of the matter in question until the application has been granted.
SECTION 6: LOBBYING AND ACCESS TO MEMBERS OF PUBLIC BODIES

Introduction

6.1 In order for the public body to fulfil its commitment to being open and accessible, it needs to encourage participation by organisations and individuals in the decision-making process. Clearly however, the desire to involve the public and other interest groups in the decision-making process must take account of the need to ensure transparency and probity in the way in which the public body conducts its business.

6.2 You will need to be able to consider evidence and arguments advanced by a wide range of organisations and individuals in order to perform your duties effectively. Some of these organisations and individuals will make their views known directly to individual members. The rules in this Code set out how you should conduct yourself in your contacts with those who would seek to influence you. They are designed to encourage proper interaction between members of public bodies, those they represent and interest groups.

Rules and Guidance

6.3 You must not, in relation to contact with any person or organisation that lobbies do anything which contravenes this Code or any other relevant rule of the public body or any statutory provision.

6.4 You must not, in relation to contact with any person or organisation who lobbies, act in any way which could bring discredit upon the public body.

6.5 The public must be assured that no person or organisation will gain better access to or treatment by, you as a result of employing a company or individual to lobby on a fee basis on their behalf. You must not, therefore, offer or accord any preferential access or treatment to those lobbying on a fee basis on behalf of clients compared with that which you accord any other person or organisation who lobbies or approaches you. Nor should those lobbying on a fee basis on behalf of clients be given to understand that preferential access or treatment, compared to that accorded to any other person or organisation, might be forthcoming from another member of the public body.

6.6 Before taking any action as a result of being lobbied, you should seek to satisfy yourself about the identity of the person or organisation that is lobbying and the motive for lobbying. You may choose to act in response to a person or organisation lobbying on a fee basis on behalf of clients but it is important that you know the basis on which you are being lobbied in order to ensure that any action taken in connection with the lobbyist complies with the standards set out in this Code.

6.7 You should not accept any paid work:-
(a) which would involve you lobbying on behalf of any person or organisation or any clients of a person or organisation.

(b) to provide services as a strategist, adviser or consultant, for example, advising on how to influence the public body and its members. This does not prohibit you from being remunerated for activity which may arise because of, or relate to, membership of the public body, such as journalism or broadcasting, or involvement in representative or presentational work, such as participation in delegations, conferences or other events.

6.8 If you have concerns about the approach or methods used by any person or organisation in their contacts with you, you must seek the guidance of the public body.
ANNEX A

SANCTIONS AVAILABLE TO THE STANDARDS COMMISSION FOR BREACH OF THE CODE

(a) Censure – the Commission may reprimand the member but otherwise take no action against them;

(b) Suspension – of the member for a maximum period of one year from attending one or more, but not all, of the following:
   
   i) all meetings of the public body;
   
   ii) all meetings of one or more committees or sub-committees of the public body;

   (iii) all meetings of any other public body on which that member is a representative or nominee of the public body of which they are a member.

(c) Suspension – for a period not exceeding one year, of the member’s entitlement to attend all of the meetings referred to in (b) above;

(d) Disqualification – removing the member from membership of that public body for a period of no more than five years.

Where a member has been suspended, the Standards Commission may direct that any remuneration or allowance received from membership of that public body be reduced, or not paid.

Where the Standards Commission disqualifies a member of a public body, it may go on to impose the following further sanctions:

(a) Where the member of a public body is also a councillor, the Standards Commission may disqualify that member (for a period of no more than five years) from being nominated for election as, or from being elected, a councillor. Disqualification of a councillor has the effect of disqualifying that member from their public body and terminating membership of any committee, sub-committee, joint committee, joint board or any other body on which that member sits as a representative of their local authority.

(b) Direct that the member be removed from membership, and disqualified in respect of membership, of any other devolved public body (provided the members’ code applicable to that body is then in force) and may disqualify that person from office as the Water Industry Commissioner.

In some cases the Standards Commission do not have the legislative powers to deal with sanctions, for example if the respondent is an executive member of the board or appointed by the Queen. Sections 23 and 24 of the Ethical Standards in Public Life etc. (Scotland) Act 2000 refer.

Full details of the sanctions are set out in Section 19 of the Act.
ANNEX B

DEFINITIONS

“Chair” includes Board Convener or any person discharging similar functions under alternative decision making structures.

“Code” code of conduct for members of devolved public bodies

“Cohabitee” includes a person, whether of the opposite sex or not, who is living with you in a relationship similar to that of husband and wife.

“Group of companies” has the same meaning as “group” in section 262(1) of the Companies Act 1985. A “group”, within s262 (1) of the Companies Act 1985, means a parent undertaking and its subsidiary undertakings.

“Parent Undertaking” is an undertaking in relation to another undertaking, a subsidiary undertaking, if a) it holds a majority of the rights in the undertaking; or b) it is a member of the undertaking and has the right to appoint or remove a majority of its board of directors; or c) it has the right to exercise a dominant influence over the undertaking (i) by virtue of provisions contained in the undertaking’s memorandum or articles or (ii) by virtue of a control contract; or d) it is a councillor of the undertaking and controls alone, pursuant to an agreement with other shareholders or councillors, a majority of the rights in the undertaking.

“A person” means a single individual or legal person and includes a group of companies.

“Any person” includes individuals, incorporated and unincorporated bodies, trade unions, charities and voluntary organisations.

“Public body” means a devolved public body listed in Schedule 3 of the Ethical Standards in Public Life etc. (Scotland) Act 2000, as amended.

“Related Undertaking” is a parent or subsidiary company of a principal undertaking of which you are also a director. You will receive remuneration for the principal undertaking though you will not receive remuneration as director of the related undertaking.

“Remuneration” includes any salary, wage, share of profits, fee, expenses, other monetary benefit or benefit in kind. This would include, for example, the provision of a company car or travelling expenses by an employer.

“Spouse” does not include a former spouse or a spouse who is living separately and apart from you.

“Undertaking” means:

a) a body corporate or partnership; or
b) an unincorporated association carrying on a trade or business, with or without a view to a profit.
SUBJECT: Scrutiny of Older Peoples Services

1. Purpose of the report
The purpose of this paper is to provide the Healthcare Improvement Scotland Board with an update of 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 (Healthcare Improvement Scotland, 2013).

2. Recommendation
The Healthcare Improvement Scotland Board is asked to:
Note for assurance

3. Background and key issues
In November 2013 the Care of Older People in Acute Hospitals Inspection Methodology Review group, chaired by Pam Whittle, CBE published a report which made 19 recommendations for the further development of the methodology for inspection. This incorporated the learning and recommendations from the Review of the Inspection of the Care of Older People in Ninewells Hospital (2013).

4. Strategic objectives/Local delivery plan
The inspection of the care of older people in acute hospitals is set out in the HIS Local Delivery Plan.

5. Measures for improvement
Measures are against the recommendations in the Older People in Acute Hospitals Methodology Review Group Report (2013).

6. Risk and legal implications
Through the work undertaken on evidence and judgement, and quality assurance, the revised methodology aims to reduce the reputational risk to Healthcare Improvement Scotland from factual inaccuracies within our reports. The biggest risk is being unable to deliver the inspection programme, which now includes two further visits to each Board, within our available resources.

7. Resource implications
Review of the role of the project officer within the new inspection footprint is currently underway to ensure best use of their skills at the most appropriate time. Clinical expertise to support the inspection is being brokered from NHS Boards on a per inspection basis. Discussions are on-going with Improvement colleagues as to how they can continue to support the inspection programme.

8. Workforce implications/consultation
There are no specific workforce/consultation implications associated with this report.

9. User involvement and person centredness/public consultation
Public partners are key members of the inspection team and have been involved in the review and development of the methodology.

10. Equality and diversity
The inspection methodology has been subject to EqIA.
11. Governance & Future Reporting Schedule

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Robbie Pearson
Director, Scrutiny and Assurance
Lead Director

Jacqueline Macrae
Head of Service Review
Lead Officer

Appendix:
Update to HIS Board on progress with implementation of the recommendations made in the Older People in Acute Hospitals Methodology Review Group
Appendix

Introduction

In November 2013 the Care of Older People in Acute Hospitals Inspection Methodology Review group, chaired by Pam Whittle, CBE published a report which made 19 recommendations for the further development of the methodology for inspection. This incorporated the learning and recommendations from the Review of the Inspection of the Care of Older People in Ninewells Hospital (2013).

The review focussed on the following 8 areas and has led a revised inspection footprint:

- National standards, guidance and best practice
- Intelligence led, proportionate and risk based scrutiny
- Self assessment
- Case note review
- Evidence and judgement
- Composition of inspection team
- Structure and format of reports, and
- Quality assurance of the scrutiny process

The revised inspection footprint has introduced two important stages; a pre-inspection meeting with the NHS Board to discuss the self assessment and a post inspection follow-up visit to discuss the Board’s improvement plan. These are discussed more fully later in the report.
Update on the key areas

National standards, guidance and best practice
Healthcare Improvement Scotland is currently revising the standards for the Care of Older People in Acute Hospitals (2002). There is representation from the OPAH inspection team on the standards review group. The draft standards will be issued for consultation over summer 2014, and the planned date for publication is January 2015. The Food, Fluid and Nutrition National Care Standards (2003) are also under review and again, one of the Older People in Acute Hospitals inspectors attends the review group.

Intelligence led, proportionate and risk based security
Data to inform inspections is obtained from a range of sources, such as, Scottish Patient Safety Programme, Ombudsman, Information Services Department, NHS Board annual report on complaints, previous inspections to the hospital.

Work continues with colleagues from the Business Intelligence Unit to develop a scorecard of data items which will give an indication of the Boards performance over key areas. This enables the team to prioritise inspections according to risk.

Self assessment and pre-inspection visit
The self assessment which is completed by the NHS Board prior to the inspection site visit has been fully revised. It now consists of 11 outcomes. We have also included guidance on the type of evidence which will support Boards to demonstrate their performance against the self assessment outcomes.

The inspection team, including our improvement colleagues, clinical experts and public partners now meet with Boards to discuss their self assessment. This meeting gives Boards the opportunity to present key areas from their self assessment, including any improvement work they are undertaking. The meeting provides important context and focus for unannounced inspections within the Board area.

The purpose and format of the pre-inspection visit has been developed following two test inspections in NHS Borders and NHS Tayside. An evaluation was conducted via Survey Monkey following the NHS Boarders test and improvements made prior to the test in NHS Tayside. A further evaluation was carried out following the NHS Tayside Board visit.

The pre-inspection visit is now conducted over a day, beginning with the Board presentation of their self assessment. Following the presentation a number of focus groups, led by the inspection team clinical experts, enable more detailed discussion between the inspection team, Board clinical experts, and front line staff on the inspection themes such as tissue viability, falls, and cognitive impairment. The public partner has the opportunity to meet with representatives from the Board’s patient/ public forums.

As well as the clinical discussions, it is planned that future meetings will include a focus group to discuss leadership and management issues, such as, workforce and patient capacity and flow.

In the afternoon there are further focus groups to gain the views staff across the professions (including students) and support services, and volunteers. This is followed by a closing
session in which the Board are able to discuss the visit and any emergent, high level, themes can be feedback.

Initial feedback indicates that Boards welcome the increased level of engagement with Healthcare Improvement Scotland and the increased focus on inspection for improvement.

Following the Board pre-inspection visit, the hospital site visit will be an unannounced inspection. This will usually be within six months of the pre-inspection meeting. Feedback from frontline staff is that they find unannounced visits less stressful than announced visits, and that although ‘a point in time’, they give the inspectors a more realistic view of day-to-day activity within the hospital.

**Case note review**
Case note review continues to be an essential part of the inspection process. New tools have been developed to ensure that inspectors are being consistent in their approach to the data being gathered. Tools include food, fluid and nutrition, pressure area care, cognitive impairment, medicines reconciliation and discharge planning.

**Evidence and judgement**
There is now a robust mechanism for triangulation of evidence during inspection. There are also clear processes for escalation in the event of any significant concerns identified by the inspection team. In addition, feedback is now given to the Board at the end of every day during the inspection visit. This allows any issues to be addressed immediately, as well as managing expectations as to what will be reported.

Robust evidence and in-time feedback have contributed to a significant reduction in factual accuracy challenges by Boards of our reports, with only one Board asking for minor amendments in the last 6 months.

We are working with colleagues in NHS Education Scotland to formalise our evidence and judgement processes into a framework. This will form part of our *Guidance for Inspection* which we aim to publish at the end of the summer.

NES are also supporting a development programme for inspectors. This will include how to give difficult information to NHS Board Executive teams.

**Composition of inspection team**
All inspectors within the OPAH team are registered nurses with considerable experience in the care of older people. To enhance the specialist knowledge within the team, we now have a minimum of 3 clinical experts who support the team. To date this has included nurse consultants in tissue viability, dementia, and older peoples’ services and Board nutritional leads.

The role of the clinical expert is to focus on their area of expertise and provide the team with analysis of the relevant data, self assessment sections, and any supporting evidence submitted by the Board. The clinical experts attend the pre-inspection visit and constructively challenge staff from the Board on their findings from the analysis. The clinical experts are not expected to participate in the inspection site visit, although they may have the opportunity to do so for their personal development [depending on the size of the team]. However, the information they provide enables the inspectors undertake a more focused inspection during the site visit and the clinical experts are available, by telephone, should the team require support during the visit.

We are continuing to provide a development opportunity for front line staff to participate in the whole inspection footprint. This provides frontline staff with the opportunity to gain
valuable insight into the inspection process, observe practice in another NHS Board, and allows them to share learning with their own NHS Board on return.

Public partners continue to be fundamental to the inspection team. Their role during the pre-inspection meeting is to meet with representatives from the Board’s formal engagement structures. During the site visit, the public partners speak with patients and relatives, supporting them to complete the questionnaire when required. Public partners are supported by a named inspector during the whole inspection footprint. The public partner meets with the inspector at the end of the inspection to discuss what went well, whether the public partner felt supported, and identify any areas for development.

**Structure and format of reports**
A revised report is being developed to allow the report to be based on the 11 outcomes of the self assessment

**Quality assurance of the scrutiny process**
There is now a clear process for internal Quality Assurance of all reports before they go to the NHS Board for factual accuracy checks.

An external QA process to review a sample of our inspection documentation and reports is being developed. However, this will not be introduced until the new report has been fully implemented.

**Follow up**
As part of the new footprint, the Senior Inspector now meets with the NHS Board 16 weeks following submission of the NHS Board’s post inspection improvement plans. This enables discussion over progress, the setting of realistic target dates for improvement and signposting to improvement colleagues and/or other Boards who may be performing well in a given area.

**Moving forward.**
As of July 2014, the revised self assessment and pre-inspection visit will be implemented throughout Scotland. The methodology will continue to develop, and progress will be monitored by the Older People in Acute Hospitals Methodology Review Group.

**Summary**
The methodology for the inspection of the care of older people in acute hospitals continues to develop. In line with improvement science methodology, elements within the new inspection footprint have been tested and improved.

A number of benefits have already been identified, such as:
- the reduction in factual accuracy challenges of our reports,
- greater engagement with Boards
- an increased emphasis on inspection for improvement, and
- Boards seeing a more joined up approach by Healthcare improvement Scotland across evidence, improvement and scrutiny.

The inspection methodology will continue to develop as the scope of our inspections broadens to include areas such as leadership and culture, and we increase our engagement with patients, carers and local populations.
Death Certification
Briefing Note

Healthcare Improvement Scotland leads new national review programme

What is changing?
The arrangements for death certification and registration have been extensively reviewed and in 2011 new laws were passed by the Scottish Parliament to:

- streamline the current process
- improve the accuracy of death certification, and
- provide improved public health information about causes of death in Scotland.

The Certification of Death (Scotland) Act 2011 introduces a number of changes to the current system. In particular, it introduces checks on the accuracy of Medical Certificates of Cause of Death (MCCDs) by setting up a new national review system. Under the new system, a sample of MCCDs will be selected for review. Sampling and review will be required regardless of whether burial or cremation is chosen.

At the moment, a burial can take place before the death is registered. The new system is due to start in April 2015 and from then all deaths must be registered before a body is buried or cremated.

Who is in charge of reviewing MCCDs?
The Certification of Death (Scotland) Act 2011 states that Healthcare Improvement Scotland will implement the death certification review programme and run the service, with the review of MCCDs carried out by experienced and trained doctors. The Senior Medical Reviewer will lead this work for Scotland and Dr George Fernie was appointed to this post in December 2013.

Healthcare Improvement Scotland will start reviewing MCCDs in April 2015.

More information about the current process for certifying and registering deaths can be found in a booklet called ‘When someone has died’ which can be found at www.nhsinform.co.uk/Bereavement/~media/NHSinform/Bereavement%20zone/WhenSomeoneHasDied.aspx

Deaths abroad
Healthcare Improvement Scotland 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. More information about what to do when somebody dies outside the UK is available from www.gov.uk/government/publications/coping-with-death-abroad
Facts and figures

- 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 records information about the death (including the cause of death). It also allows the death to be registered and the funeral to take place.

- All deaths must be registered.

- The person registering the death (called “the informant”) must take the MCCD to a Registrar. A death cannot be registered without the MCCD and once registration is completed, the Registrar will provide the “Certificate of Registration of Death” (the Death Certificate).

- The informant can be a family member, friend, partner, or other relevant person. Other arrangements can be made if there is no one available who knew the person who has died.

- Accurate certification of the cause of death is an important part of the medical record and of putting affairs in order.

- The Certificate of Registration of Death is the document that is generally required to confirm the death has taken place (for example by the funeral industry).

Meet the team

The death certification team: Programme Manager Caroline McGeachie, Administrative Officer Katherine Wilkinson, Senior Programme Manager Jane Byrne, Senior Medical Reviewer George Fernie, Associate Director for Scrutiny and Assurance Jan Warner and Project Officer Tammy Fenton. Not pictured: National Services Scotland IT Programme Manager Carol Lawrence and Senior Communications Officer Rob MacPhail
Senior Medical Reviewer Dr George Fernie has overall responsibility for leading Healthcare Improvement Scotland’s programme to review death certificates.

With a long and distinguished career in medicine, including a background in medical law and clinical forensic medicine, George brings a wealth of experience to the role. Since he was appointed in December, the Glasgow-born former medico-legal adviser has been focusing on preparing the groundwork for the new system which is due to launch in April 2015 and delivering a programme that is “proportionate, affordable and robust for public confidence.”

George explains: “Specifically, this programme aims to improve the manner in which certifying doctors complete certificates on the cause of death and to ensure that these are in order. We won’t be looking at the medical care that was given to the deceased – the aim is to be clear on what caused the death. As with other parts of Healthcare Improvement Scotland’s work, ultimately this is about improving quality and increasing public confidence in the medical profession.”

Cases to be reviewed will fall under one of two categories. For Level 1 reviews, the Medical Reviewer will scrutinise the certificate and speak to the certifying doctor. For Level 2 reviews, the Medical Reviewer will speak to the certifying doctor and check relevant medical records. It is anticipated that Level 1 reviews will take one day to complete, and Level 2 reviews will take three days.

An early priority for George was to meet the various stakeholders who will be affected by the new arrangements, including doctors, registrars and patient groups.

“One of the challenges arising from the new Act is that all deaths will now have to be registered before the body can be buried or cremated and this has the potential to impact particularly on certain faith groups. Muslim and Jewish communities, for example, have certain requirements about burying the body within a specific timescale following the death. I’ve met with representatives from those communities to hear their concerns, and I’m confident that we can complete our reviews within the necessary timescale and limit any potential delays to funerals.”

When George is joined by his team of Medical Reviewers in early 2015 he’ll be stressing to them that this programme is built on the principles of person-centredness: “I’m very conscious of the fact that, as a doctor, your relationship with patients doesn’t end with their death – there are still things you can do to help them and their family. Through this work we can provide greater detail on what caused someone’s death, and this may be of great benefit to the family they leave behind.”
Key milestones

**January 2005**  
The Scottish Executive establishes the Burial and Cremation Review Group, chaired by Sheriff Robert Brodie, to review existing legislation on burials, cremations and death certification.

**April 2011**  
The Certification of Death (Scotland) Act 2011, which states that Healthcare Improvement Scotland will run the Death Certification Review programme, passed by the Scottish Parliament.

**September 2011**  
The Scottish Government National Implementation group established to oversee the implementation of the Act.

**December 2012**  
Healthcare Improvement Scotland Death Certification Programme Board set up to oversee delivery of the review programme.

**April 2013**  
Healthcare Improvement Scotland outline business case for review programme development approved.

**October 2013**  
Scottish Government announces intention to introduce electronic recording of death data in the NHS along with the new death certification review programme in April 2015.

**December 2013**  
Dr George Fernie appointed as Senior Medical Reviewer by Healthcare Improvement Scotland.

**March 2014**  
Chief Medical Officer letter sets out actions for NHS boards to ensure systems and operations are fully prepared for the forthcoming changes.

**August 2014**  
New paper Medical Certificate of Cause of Death form to be rolled out across Scotland.

**January 2015**  
Medical Reviewers and support staff to be appointed by Healthcare Improvement Scotland.

**April 2015**  
New system for reviewing death certificates scheduled to be launched and electronic recording of MCCD data in the NHS to be rolled out.

For more information about Healthcare Improvement Scotland’s death certification review programme, please contact Programme Manager Caroline McGeachie – phone 0131 623 4751  email caroline.mcgeachie@nhs.net

More information about the programme is also available at  
[www.healthcareimprovementscotland.org/our_work/governance_and_assurance/death_certification.aspx](http://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/death_certification.aspx)
SUBJECT: Death Certification Review: Update

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

2. Recommendation
   The Healthcare Improvement Scotland Board is asked to:
   - Note the current status of the programme.

3. Background and key issues
   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”. All deaths must be registered.

   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 system which applies to a sample of death certificates prior to registration.

   Healthcare Improvement Scotland 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 (SMR), 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.

4. Strategic objectives/Local Delivery Plan
   This Programme is part of Healthcare Improvement Scotland’s workstream on Supporting Safe Clinical Practice which includes the three main legislative scrutiny responsibilities introduced following the Shipman Inquiry: controlled drugs; medical revalidation; and death certification review.

5. Measures for improvement
   The main measure for improvement is improved certification of the cause of death. An outcomes and evaluation framework is being developed for the programme.

6. Risk and legal implications
   A risk register is in place and as this Programme is a legislative requirement, the Board’s appetite for risk is scored as low. The 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 7-8b/c provisional), and support staff (maximum 6 WTE AfC band 4 provisional). Recruitment will start in summer 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 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**

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<th>Date presented/to be presented:</th>
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<td>Each meeting</td>
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**Robbie Pearson**  
Director of Scrutiny and Assurance  
Lead Director

**Jane Byrne**  
Senior Programme Manager  
Lead Officer

**Appendices:**
1. Update Report
2. Briefing Note
Healthcare Improvement Scotland: Death Certification Review Programme: Update

1. Background

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”. All deaths must be registered.

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 system which applies to a sample of death certificates prior to registration. The main aims of the death certification review programme 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 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.

2. Key Elements of the Programme

This programme has three key elements:

- **Context:** This is reserved legislation and we are 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 their 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. Scotland plans to review a sample of MCCDs using a centrally-led team of 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. We are also working in the context of a sensitive topic and we are well aware that our reviews have the potential to lead to delays in funerals.

At the outset of the programme we recommended the development of an electronic MCCD which can be filled in on-line by the certifying doctor. As far as possible this should be pre-populated using the CHI number. This will not only improve legibility and support accurate completion of the certificate but will also result in a quicker review process as we will sample the MCCDs at the point of completion rather than waiting for it to be presented to the registrar. This work has now been approved by Scottish Government and is underway.
The eMCCD will be rolled out across Scotland from April 2015. Work is also nearly complete on electronic referral to the Procurator Fiscal (currently referral paper based) which is due to commence in July 2014. We are the first country in the UK to develop these systems which will significantly streamline the process.

- **Collaboration:** There are a number of partners responsible for different elements of implementation of the new legislation which can only be achieved if there is effective collaboration. Not only do the partners need to collaborate to deliver the complete suite of legislation; they cannot deliver their respective responsibilities without working together. The partners include local authorities (who employ registrars); National Records Scotland; NHS Education for Scotland; and the Funeral Directors Association and Crematoria Authorities. Healthcare Improvement Scotland has a further important partner, NHS 24, which is hosting the review service and the providing the technological infrastructure for the electronic case management system.

- **Communication:** While we need to develop communication materials for our element of the new Act (death certification review and repatriation of bodies), there are a wide range of general publications about what to do after a death in Scotland. All of these need to be amended and updated to reflect the new systems. Each organisation needs to use a core script that is consistent to avoid confusing messages and there is now some urgency about developing this core script. NHS Education for Scotland has developed materials for certifying doctors (and non-certifying staff) and is also developing a more general web site. National Records Scotland is developing a comprehensive training programme for registrars which will also be shared with funeral directors. Each NHS board has now identified a local implementation lead and they will be our key contact point over the next twelve months.

### 3. Current Status Update

As previously referenced, 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 each of these issues and other areas of development to note follows.

**Coordination and programme management:** The issue of overall responsibility for coordination and programme management of the various stakeholders has been raised with Scottish Government on a number of occasions and by various stakeholders. This risk has been included on the HIS operational risk register from the outset and regularly brought to the attention of the Death Certification Programme Board and the National Advisory Group (NAG). In his letter of 21 May to the Health and Sport Committee the Minister for Public Health reiterated the role of the Scottish Government NAG as being ‘responsible for overseeing the implementation of the new scrutiny system’.

To facilitate operational planning and delivery during the 2014/15 implementation phase HIS National Records of Scotland (NRS), NHS Education for Scotland (NES), NHS National Services (NSS) and NHS 24 have established a stakeholder group. This group is hosted by HIS and chaired by the SMR. It brings together the various operational strands of work to ensure a shared approach to implementation.
This group meets monthly and reports jointly to Scottish Government on the overall status of the programme, and the various interdependencies.

**Sample size:** The initial sample size for level 1 reviews was confirmed by the Minister for Public Health on 21 May 2014 as 10% (approximately 4000 cases per annum). A further 2000 or so deaths will be subject to the more comprehensive Level 2 review. This decision was made following a number of approaches by HIS to Scottish Government and provision of supporting data from a variety of sources. The decision on the initial sample size is welcomed and allows us to finalise our detailed recruitment plan for bringing in the full complement of medical reviewers in early 2015. This will allow them 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. Detailed financial assumptions are being worked up based on the now agreed 10% sample and will be passed through HIS governance channels before being presented to Scottish Government for approval.

**Communication:** From the outset, Scottish Government has taken responsibility for coordinating communications and developing the overarching core script. There is a website in place which contains basic information including a standard presentation. A CMO letter with more detailed information was sent to the NHS and other healthcare providers in March 2014.

Scottish Government has not yet delivered an overarching communications plan with timescales which the other organisations can use to inform the development of their own communications materials. This issue has featured on the HIS risk register for many months and was formally escalated with Scottish Government on behalf of the HIS Board on 1 April 2014. The concerns articulated related to information provision for:

- the public
- certifying doctors and other healthcare professionals, and
- local authorities.

We have now had sight of a draft letter to local authorities and the first meeting of the local implementation leads has been confirmed for 15 July. These recent developments are welcomed and will help us to move forward. However, it has been reiterated to Scottish Government that there remain a number of gaps particularly in respect of a planned, coordinated and timely approach to liaison and information sharing with the various groups as outlined above regarding the wider changes that are due to take place over the coming months.

In the interim we are continuing to communicate individually with stakeholders about the review programme with the information that we currently have. This includes the first in a series of briefing notes on the programme. The briefing note is available on our website and has been distributed widely amongst colleagues. We have received positive feedback and engagement following the publication.

**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.

**User involvement:** The Scottish Health Council is supporting the team to undertake 3 focus groups in July and August. These groups will take place in Orkney, Tayside and Highland. Further engagement sessions to gather the views of those in other localities and minority 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 on track for the April 2015 target. The recent activity within Scottish Government to reach agreement on the initial level 1 sample size and the convening of the local implementation leads group is welcomed and will allow us to move forward on a number of fronts.

There are extant issues around centralised responsibility for communications. We are continuing discussions regarding how best to address these and a meeting with Scottish Government colleagues to discuss issues and concerns has now been confirmed for 7th July.

We have highlighted to Scottish Government that without a co-ordinated approach to communications it is the view of HIS that the first phases of the reforms (the most imminent of which is the implementation of the new paper MCCD form on 6 August 2014) are likely to be problematic. Thereafter, when the system of scrutiny is introduced in April 2015, the preceding lack of effective communication could compound any difficulties for the component being introduced by us, notwithstanding our best endeavours. This presents a significant reputational risk to HIS.

This remains a high risk programme of work for HIS and we will continue to update the Board on progress at regular intervals.
SUBJECT: Short-life review of the Safety and Quality of Care at Aberdeen Royal Infirmary

1. Purpose of the report
   This report provides an update to the Board on the progress with the recently announced short-life review of the safety and quality of care in Aberdeen Royal Infirmary.

2. Recommendation
   The Healthcare Improvement Scotland Board is asked to:
   • Note this report

3. Background and key issues
   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 on behalf of the Scottish Government.

   The review will encompass leadership, culture, values and behaviours as well as an assessment of the safety and quality of care in certain key specialties namely, emergency medicine, care of the elderly and surgical specialties. The review will also refer, as appropriate, to other inter-dependent specialties such as critical care.

   The review will be chaired by Dr Angus Cameron, Medical Director at NHS Dumfries and Galloway. Alongside the review team, an Expert Advisory Group will be established. It will be chaired by Dr Brian Robson and will provide additional expertise and advice to the work of the review team. The Director of Scrutiny and Assurance will act as the executive lead for this review and Mark Aggleton, Senior Programme Manager, will lead the Healthcare Improvement Scotland team.

   The first stage of the review will consist of a baseline assessment, which will inform key lines of enquiry for the review. The baseline assessment will include: sampling of complaints; adverse events; an assessment of the clinical engagement (by a survey); NHS Grampian documentation; and existing qualitative and quantifiable data and intelligence.

   The second stage will be an onsite review of the leadership and culture at Aberdeen Royal Infirmary (anticipated for early August 2014). This will also inform specific service reviews in the following weeks covering emergency medicine, care of the elderly and surgical specialties. The review methodology will encompass a combination of visits to clinical areas; focus group discussions; and unannounced follow-up inspections. A case note review will also be undertaken.

   The Director of Scrutiny and Assurance will also ensure that this short-life review is mindful of other related strands of work being separately undertaken by Scottish Government (such as in relation to waiting time performance management).

   The final report will be published towards the end of this calendar year.
4. **Strategic objectives/Local Delivery Plan**
   The ultimate objective of this review is to identify, through robust and independent scrutiny, areas for improvement and good practice in NHS Grampian. This is consistent with the strategic direction set out in our recently published strategy, *Driving Improvement in Healthcare*. The review will be a multi-disciplinary effort across Healthcare Improvement Scotland drawing on the skills and expertise across each of the functional areas in the organisation.

5. **Measures for improvement**
   The review will, in due course, identify opportunities for improvement regarding the safety and quality of care at Aberdeen Royal Infirmary.

6. **Risk and legal implications**
   There is a need to ensure sufficient capacity and capability is brought to bear in this short-life review, in order to avoid impacting on other LDP and scrutiny and inspection plan priorities in 2014-15. The Executive Team will be kept appraised by the Director of Scrutiny and Assurance on the detailed progression of the review and the management and mitigation of risks.

7. **Resource implications**
   As far as possible, the additional costs will be absorbed within the Directorate of Scrutiny and Assurance’s core budget. The review will entail some net additional costs to Healthcare Improvement Scotland (eg in regard to backfill of clinical staff participating in the review). The Director of Scrutiny and Assurance is undertaking an assessment of the likely net additional costs, following the assessment of the costs from the NHS Lanarkshire rapid review.

8. **Workforce implications/consultation**
   The review crucially depends upon the recruitment of the necessary clinical experts to participate in this work.

   Several NHS boards in Scotland have been approached to seek the input of clinical staff to participate in the review. So far, Healthcare Improvement Scotland has received considerable interest and co-operation in allowing the necessary experts to participate in the review team and the Expert Advisory Group.

   Programme management resource is being allocated from the existing staffing complement in Healthcare Improvement Scotland, including the Data Measurement and Business Intelligence Team. Inevitably, this has had a knock-on impact on the phasing of some other work.

9. **User involvement and person centredness/public consultation**
   There has already been a strong commitment given to secure the involvement of the public in this review. The review team will also include public partners. Healthcare Improvement Scotland will take into account the learning from the public engagement work undertaken for the NHS Lanarkshire rapid review in designing the most effective approach. The Head of Policy at the Scottish Health Council will be a member of the review team.

10. **Equality and diversity**
    The review will ensure appropriate consideration of access and provision to healthcare at Aberdeen Royal Infirmary for service users and their families and the barriers that may impinge on groups or individuals accessing safe and high quality healthcare.
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>Progress report</td>
<td>EIS Committee</td>
<td>9 July 2014</td>
<td></td>
</tr>
</tbody>
</table>

Robbie Pearson  
Director of Scrutiny and Assurance  
Lead Director
SUBJECT: Local Delivery Plan Performance June 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 operational plan is reviewed thoroughly by the Finance and performance Committee.

   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 first performance management report against the 2014-15 LDP
   • note that LDP objectives are cross referenced with the Operational risk register as appropriate

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 all four of 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.

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

7. Resource implications
   The LDP reflects the core deliverables of Healthcare Improvement Scotland during 2013-14, 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: Board, Governance Committee, Executive Team meeting, Group etc</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>25 June 2014</td>
<td>0.1</td>
</tr>
</tbody>
</table>

Maggie Waterston  
Head of Finance and Corporate Support  
Lead Director

Brian Ross  
Planning & Performance Manager  
Lead Officer
### Healthcare Improvement Scotland

**LDP Performance Report**

**June 2014 Contents**

<table>
<thead>
<tr>
<th>Page</th>
<th>Contents</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Introduction</td>
</tr>
<tr>
<td>2</td>
<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>2013-14 Project Completed</td>
</tr>
<tr>
<td>6</td>
<td>LDP Highlights</td>
</tr>
<tr>
<td></td>
<td>3.1 Safe</td>
</tr>
<tr>
<td></td>
<td>3.2 Effective</td>
</tr>
<tr>
<td></td>
<td>3.3 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>
</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 June 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></td>
</tr>
<tr>
<td>Effective</td>
<td></td>
<td>10</td>
<td></td>
<td></td>
<td>10</td>
<td></td>
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<tr>
<td>Person Centred</td>
<td></td>
<td>6</td>
<td></td>
<td></td>
<td>6</td>
<td></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></td>
</tr>
</tbody>
</table>

2.2 LDP Projects which have changed schedule (Update June 2014)

<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 Operational Plan during 2014-15

<table>
<thead>
<tr>
<th>LDP Ref</th>
<th>Operational Plan Project Title</th>
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</table>

**NOTE:** There has been no new added to the operational plan during this reporting period.
3.0  2013-14 Project Completed – (April – June 2014)

The following projects completed during this reporting period. Impact assessment forms have been submitted and can be viewed in section 5.0.

<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: There have been no projects completed this reporting period.

4.0  LDP Highlights (Update June 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>Highlights (April 2014 – March 2015)</th>
<th>Accountable Director</th>
</tr>
</thead>
</table>
| S1  | Scottish Patient Safety Programme | **Overarching Safety Programme**  
• Strategic Plan agreed at May Board, workplan developed and will be signed off formally at SPSP Programme Board July 18th  
• Generic safety drivers and interventions to support quality improvement within boards in final draft format for testing with Boards post summer  
• Shared site visits booked for NHS Forth valley in July and NHS Lothian August and NHS Tayside in October, to test an overall safety board visit approach as part of integration across all safety programmes.  
• National Safety Event planned for 11th and 12th of November. Registration for Boards will open July 2014  
• HAI PID agreed in principle by Scottish Government to fund capacity to support HAI programme including improvement advice and support post HEI inspections and broader coordination of all HAI activities. Job descriptions now under construction with an aim to complete recruitment by end of September | Director of Safety & Improvement  
| S1  | Scottish Patient Safety Programme | **SPSP – Pharmacy in primary Care**  
• Successful recruitment of 4 NHS Boards to participate for duration of programme with the support of an additional £50K worth of funding agreed by the Health Foundation to ensure that a representation from broad range of demographics across Scotland |
<table>
<thead>
<tr>
<th>Ref</th>
<th>Project Title</th>
<th>Highlights (April 2014 – March 2015)</th>
<th>Accountable Director</th>
</tr>
</thead>
</table>
| S1 (cont) | Scottish Patient Safety Programme | • Recruitment underway to appoint Clinical Lead with interviews completed by end of June.  
• Project manager now in post  
• Governance of project will be managed through existing Primary care Delivery Group  
**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**  
• LS 4 is planned for Sept 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. Future networking events for these groups are scheduled for June 14 for national programme updates and to deliver QI sessions.  
• 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.  
**SPSP – Primary Care**  
• Primary Care on schedule to deliver as per LDP and PC PID. Scoping exercise due for completion July 2014 to identify next priority areas within the programme | Director of Safety & Improvement |
<table>
<thead>
<tr>
<th>Ref</th>
<th>Project Title</th>
<th>Highlights (April 2014 – March 2015)</th>
<th>Accountable Director</th>
</tr>
</thead>
<tbody>
<tr>
<td>S2</td>
<td>Joint Inspection of Adult services</td>
<td>• The first two inspections out of the 6 inspections that take place this year are currently underway.</td>
<td>Director of Scrutiny &amp; Assurance</td>
</tr>
<tr>
<td>S3</td>
<td>Joint Inspection of Children’s Services</td>
<td>• Work continues on schedule. The first of 6 inspections that take place this year is currently underway.</td>
<td>Director of Scrutiny &amp; Assurance</td>
</tr>
<tr>
<td>S4</td>
<td>National approach to Learning from Adverse Events</td>
<td>• More than 200 stakeholders from across Scotland attended our event in May 2014 to discuss progress in embedding the national framework for learning from adverse events and to share lessons. Patient and staff stories were central to the event, and our approach and progress was commended by the Cabinet Secretary in his speech. Feedback from this event is informing the next phase of the programme and our commitment to refresh the national framework later in 2014.</td>
<td>Director of Scrutiny &amp; Assurance</td>
</tr>
</tbody>
</table>
| S5  | Clinical Governance Arrangements for the Supervision of Management and Use of Controlled Drugs | • External quality assurance panels were completed in April.  
• Local feedback to designated bodies has been drafted.  
• The national summary report is currently being drafted. | Director of Scrutiny & Assurance |
| S6  | Death Certification | • The initial sample size for level 1 reviews has been agreed at 10%.  
• The Caldicott Guardians’ forum has endorsed the approach to accessing data pertaining to deceased patients for the purposes of testing. Testing is scheduled for June.  
• First Healthcare Improvement Scotland (HIS) death certification briefing note has been issued. Positive initial feedback has been received from stakeholders.  
• All NHS boards have notified Scottish Government of their named implementation lead for the death certification. Work is underway to link with these individuals regarding the HIS aspects of death certification reforms.  
• Supplier engaged (via NHS 24) to develop electronic case management system.  
• Ongoing discussion with Scottish Government regarding responsibility for centralised co-ordinated communications regarding wider death certification reforms. | Director of Scrutiny & Assurance |
<table>
<thead>
<tr>
<th>Ref</th>
<th>Project Title</th>
<th>Highlights (April 2014 – March 2015</th>
<th>Accountable Director</th>
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</thead>
</table>
| S7  | Healthcare Associated Infection (HAI) Inspections | • There have been 21 inspections to date from the start of the new inspection year in October 2013.  
• Six of these inspections were announced to community hospitals and 16 were unannounced, one of which was a follow-up inspection to check on progress since the previous inspection.                                                                                                                  | Director of Scrutiny & Assurance             |
| S8  | Human Tissue Bank Accreditation                   | • A Task and Finish Group has been established to develop proposals for a proportionate accreditation model for human tissue collections that are hosted out with the 4 existing regional bio repositories.  
• Proposals will be presented to ET and then to CSO by the end of June 2014.                                                                                                                                                                                                                                                                                    | Director of Scrutiny & Assurance             |
| S9  | Regulate Independent Healthcare Services          | • There have been 21 inspections to date from the start of the new inspection year in October 2013.  
• Six of these inspections were announced to community hospitals and 16 were unannounced, one of which was a follow-up inspection to check on progress since the previous inspection.                                                                                                                  | Director of Scrutiny & Assurance             |
| S10 | Readiness for revalidation                        | • The self assessment was sent to all designated bodies – the deadline for returns was 30th May 2014.                                                                                                                                                                                                                                                                                                                                                                                   | Director of Scrutiny & Assurance             |
| S11 | Older People in Acute Care (OPAC)                 | • Funding has been received until March 2015.  
• The frailty report was published in May 2014 highlighting 4 case studies with examples of improvements in identifying and managing care of frail older people.  
• There was a positive story published in May in the Scotsman on the frailty report.                                                                                                                                                                                                                                                                        | Director of Safety & Improvement             |
| S12 | Older People in Acute Hospitals (OPAH)            | • Testing of the new methodology has taken place in NHS Tayside and NHS Borders.  
• The OPAH Overview Report highlighting key themes from May 2013 to March 2014 will be published in June.  
• In March 2014, we completed inspections to all of the 23 hospitals listed in our original methodology. Between April and June 2014, five inspections will take place, two of which are follow-up inspections.                                                                                   | Director of Scrutiny & Assurance             |
<p>| S13 | Primary Care Out of Hours Indicators              | • Scottish Government has requested a further period of focussed improvement support. Discussions are underway in relation to the scope of work and resource requirements.                                                                                                                                                                                                                                                                                                      | Executive Clinical Director                  |</p>
<table>
<thead>
<tr>
<th>Ref</th>
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</tr>
</thead>
</table>
| S14  | Building Capacity and Capability in Quality Improvement (QI Hub)              | **Spreading Sustainability**  
- The narrative review from this programme, which is an analysis of the key evidence surrounding spread and sustainability of change, was launched at the NHSScotland event on 3 June, and is available on the QI Hub website.  
- A practice review which concentrates on exploring the relationship between the 10 key elements identified in the evidence review and current practice in NHSScotland is underway. Interviews are taking place with staff in NHS Fife and the Golden Jubilee to identify barriers and enablers to spread and sustainability of improvement. This will inform decision about what further work is required to support boards to reliably spread and sustain improvements.  

**Driving & harnessing innovation**  
- We will be reviewing our overall approach to driving and supporting innovation. This will include assessing the need for the development, testing and implementation of an innovation pipeline, an approach commonly used in industry and other improvement organisations.  

**Hub Implementation & Strategic Development**  
- Revised QI Hub Memorandum of Understanding currently with strategic partners for discussion with executive teams.  
- The QI Hub has been asked by SG to lead on the QI elements of a chairs and non executive development programme  
- QI Executive Leads group met on 20/05/2014. This network continues to receive positive feedback and active engagement from boards.  
- The QI Hub led delivery of the NHSScotland poster exhibition at the NHSScotland event on 4 and 5 June with positive feedback received from all key stakeholders including SG leads.  

**Building a QI Infrastructure**  
- 2014-15 programme funding secured from QuEST.  
- National event for boards was successfully delivered on 12 May 2014 and evaluated very well against learning objectives.  
- Two test board visits were held in NHS Fife and NHS Tayside on 13 May 2014 and initial feedback has been very positive.  
- Three QII information sheets developed and published on QII programme, high performing organisations and the Triple Aim.  
<p>|     |                                                                                |                                                                                                                                             | Director of Safety &amp; Improvement |</p>
<table>
<thead>
<tr>
<th>Ref</th>
<th>Project Title</th>
<th>Highlights (April 2014 – March 2015)</th>
<th>Accountable Director</th>
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</thead>
</table>
| S15 | Suicide Reporting and Learning System | • We have launched our Suicide Reviews: Community of Practice website, which includes a learning and development resource for staff involved in suicide reviews.  
• We have nearly completed a programme of progress meeting with NHS boards to discuss improvements and challenges with suicide reviews and mental health service improvements.  
• We will produce a learning report from the valuable discussions that we have had with NHS boards.  
• 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.  
• Working with the mental health safety programme (SPSP-MH), we have drafted a proposal to translate learning into service improvement, by targeting information on specific areas of practice to critical interest groups and existing improvement programmes.  
• This will be tested both nationally and locally at three NHS boards.  
• 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) | • Scottish Government contacts are being identified to allow submission of funding requests. Business Case and PID are in place.  
• Global Rating Scale census for April is currently being analysed and will be published in June 2014 | 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 September 2014 by Mental Health Foundation. | Director of Safety & Improvement |
### 4.2 Effective

<table>
<thead>
<tr>
<th>Ref</th>
<th>Project Title</th>
<th>Highlights (April 2014 – March 2015)</th>
<th>Accountable Director</th>
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</thead>
</table>
| E1  | Cancer Quality Performance Standards and Indicators Programme | - Work is ongoing to develop an approach to the assurance of services against national QPI data. Two senior external clinicians have been brought in to assist the programme in developing and testing an approach; this testing will take place at the end of June 2014.  
- The programme team presented the proposed approach to the National cancer quality steering group during April and this was well received.  
- HIS colleagues attended the Scotland against cancer event on the 2nd of June where Dr Aileen Keel noted the work undertaken by HIS in developing an approach which would provide assurance at a national level and support Boards in their improvement work. | Director of Scrutiny & Assurance |
| E2  | Improving diabetes care in Scottish hospitals | - Data is continuing to be collected in demonstrator sites, whilst progress with spreading sustainable improvements continues.  
- Discussions have taken place with SG Quality Unit on integration of the DiSH project within the refreshed 3 year Diabetes Action Plan.  
- Additional staff have now been recruited to support the work until March 2015 | Director of Safety & Improvement |
<p>| E3  | Review of Quality Indicators and Best Practice Statement for Learning Disabilities | - This summer we will undertake stakeholder engagement events where participants will be asked to prioritise our extant work, alongside proposed work. The outputs from this will be used to inform our work programme. | Director of Evidence |</p>
<table>
<thead>
<tr>
<th>Ref</th>
<th>Project Title</th>
<th>Highlights (April 2014 – March 2015)</th>
<th>Accountable Director</th>
</tr>
</thead>
<tbody>
<tr>
<td>E4a</td>
<td>Evidence for Medicines and Technologies Programme</td>
<td><strong>Scottish Antimicrobial Prescribing Group (SAPG)</strong>&lt;br&gt;- Survey to NHS board Antimicrobial management Teams completed to evaluate maturity of antimicrobial stewardship across Scotland.&lt;br&gt;- Development of CDI decision aid for care homes is in progress.&lt;br&gt;- There is ongoing collaboration with HEI on revised antimicrobial inspection tool.&lt;br&gt;&lt;br&gt;<strong>SMC- Implementation of new medicines review Recommendations</strong>&lt;br&gt;- SMC met for public for the first time on 6th May 2014. All meetings are now held in public at the Lighthouse, Glasgow.&lt;br&gt;- New Patient and Clinician Engagement process has been developed and is currently being implemented with the first products that may require a PACE meeting being considered at the July New Drugs Committee.&lt;br&gt;- Public Involvement Co-ordinator and Public Involvement Officer are both in post, strengthening links with Patient Groups and gathering public attitudes on new medicines.&lt;br&gt;- NMR recruitment schedule in progress with 15.5 WTE due to be recruited during 2014/15.&lt;br&gt;- Companies will be invited to SMC meetings to answer specific product related queries in the 3rd quarter 2014.&lt;br&gt;- SMC will meet with companies who require additional support with submissions (prior to product submissions) in the 3rd quarter 2014.</td>
<td>Director of Evidence/Executive Clinical Director</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Scottish Health Technologies Group</strong>&lt;br&gt;- Primary submission process development ongoing. Key development is agreement from EUnetHTA to allow SHTG to pilot their draft European devices template as part of this work. SHTG team in discussion with manufacturers to progress a pilot.&lt;br&gt;- Topics recently referred/accepted onto the work programme include:&lt;br&gt;  - Antimicrobial wound dressings (HTA protocol post public consultation phase and agreed); relationship between volume &amp; outcomes associated with TAVI procedures; and PET/CT for head &amp; neck cancer.&lt;br&gt;  - SHTG to consider developing a planned element to its work programme going forward. Proposals to be considered at the July SHTG meeting.</td>
<td></td>
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### Effective Projects

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<thead>
<tr>
<th>Ref</th>
<th>Project Title</th>
<th>Highlights (April 2014 – March 2015)</th>
<th>Accountable Director</th>
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</thead>
<tbody>
<tr>
<td></td>
<td><strong>SMC Horizon Scanning</strong></td>
<td>• Review completed of SMC Horizon Scanning outputs.</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>SIGN Guideline Programme</strong></td>
<td>• Dental caries published 17 March</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Refreshes published on:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>➢ antibiotic prophylaxis</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>➢ obesity</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>➢ diabetes</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Care of deteriorating patient consensus guideline published 6 May</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• On programme:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>➢ 2 new topics</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>➢ 11 revisions (inc 6 CHD)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>➢ 2 refreshes</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>➢ 4 patient versions</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Osteoporosis out to peer review</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Skin squamous cell carcinoma and patient version was available on 5 June.</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Scottish Medicines Consortium Product Assessment</strong></td>
<td>• From March 2014 – June 2014 SMC reviewed the following:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>➢ 18 Full Submissions</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>➢ 4 Resubmissions</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>➢ 3 Abbreviated Submissions</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>➢ 5 Non Submissions</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• The following submissions are due to reviewed in July 2014:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>➢ 3 Full Submissions</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>➢ 3 Resubmissions</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>➢ 2 Abbreviated Submissions</td>
<td></td>
</tr>
<tr>
<td>E4a</td>
<td>Evidence for Medicines and Technologies Programme</td>
<td></td>
<td>Director of Evidence/ Executive Clinical Director</td>
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<td>(cont)</td>
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<tr>
<td>Ref</td>
<td>Project Title</td>
<td>Highlights (April 2014 – March 2015)</td>
<td>Accountable Director</td>
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</tbody>
</table>
| E4b | Clinical Leadership for Medicines and Technologies Programme | **Overarching Medicines & Technologies Group (OMTG)**  
• OMTG approved its revised terms of reference and structure in April. The new chairs of SIGN, SMC and SHTG and the new representative from Scottish Government were welcomed to the group. It approved the report on the Off label use of cancer medicines; evidence into practice that it had commissioned, discussed Access to New Medicines and innovation.  
**Medicines: implementation and strategic development**  
• The team contributed medicines expertise to the scrutiny activities in particular the regulation of independent healthcare, oversaw the publishing of a resource on Hospital Electronic Prescribing and Medicines Administration, and, jointly with NHS Education for Scotland, an eLearning resource to support training in medicines reconciliation. The team also supported the SPSP Primary care team to secure a Health Foundation grant to support improvement work in pharmacy in primary care.  
**Responses to the new medicine reviews (non-SMC)**  
• This work has been rescheduled to begin Q2 2014-2015 | Executive Clinical Director |
| E5  | Data Measurement & Business Intelligence Programme | **NHS Surgical & Medical Profiles**  
• Discussions are currently underway regarding how we take forward profiles work in 2014/15.  
**National Clinical Data Advisory Group (NCDAG)**  
• A decision has been made not to continue the work of NCDAG, which will conclude at the end June 2014.  
**Hospital Standardised Mortality Ratios (HSMR)**  
• The final HSMR recommendations have been produced and will be published by the end of June.  
• The HSMR guide for Boards has been updated, along with a new standard operating procedure regarding the communication and escalation of HSMR decisions. There are ongoing interactions providing support to Boards around HSMR. | Executive Clinical Director |
<table>
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</table>
| E5  | Data Measurement & Business Intelligence Programme | Making Measurement Count (MMC)  
- MMC action plan was signed off by the EIS Committee in April and is progressing well.  
- Our work supporting SPSP is progressing with a key focus on the information systems project. 90 day process investigating high level measures of quality and safety started in April 2014 and is on track.  
- Our business intelligence strategy is being developed further with a business case being drafted which sets out the key deliverables for 2014/15 which will go to ET and the HIS Board in June 2014.  
Sharing intelligence to support Scrutiny & Assurance  
- We continue to provide analysis support to HEI and OPAC inspections and are in discussions with the Scrutiny and Assurance directorate to define business intelligence requirements for 2014/15. | Executive Clinical Director |
| E6  | Review of Standards                                | Revision of existing hospital acquired infection standards  
- Draft standards being developed by project group  
- Consultation will be held at the end of September (6 weeks)  
- Final standards will be published in January 2015  
Review of existing Food, Fluid and Nutrition Standards  
- Draft standards being developed by project group  
- Consultation will be held on 16 June (4 weeks)  
- Final standards will be published in October 2014  
Review of existing standards- Older People in Acute Care  
- Draft standards being developed by project group  
- Consultation will be held at end of Sept 2014 (6 weeks)  
- Final standards will be published in January 2015 | Director of Evidence |
<table>
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<tr>
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<th>Highlights (April 2014 – March 2015)</th>
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</table>
| E7  | Research                                  | **DECIDE Work package 3**  
- DECIDE conference took place 2-5 June in RCPE attracting 260 participants from 21 countries. Topics included methodological aspects of guideline development, getting best evidence into practice, and supporting shared decision making.  

**Knowledge into Action**  
- High level workplan for 2014-15 agreed with NHS Education for Scotland and Scottish Government. HIS contribution agreed as national project on supporting learning from adverse events and development of co-ordinated search and synthesis service for NHSScotland | Executive Clinical Director |
| E8  | Indicators of Healthcare Practice         | **Indicators Programme**  
- Survey (use and currency of extant standards) distributed w/c 9/6/2014 with closing date 30/6/2015. Prioritisation workshops to be held in August with recommendations for S&I work programme to ET September 2014. | Director of Evidence |
| E9  | National Screening Programmes            | **Bowel Screening Programme Standards**  
- Scoping work being undertaken, with potential chair being identified. All project implementation documentation being developed with proposed project group to be held in August 2014. | Director of Scrutiny & Assurance |
| E10 | Improving Quality in Primary Care        | **Developing a Quality Framework for General Practice in Scotland**  
- The Quality Framework was approved by ET on 27 May. The report will go RCGP Council and HIS Board at their June meetings.  
- The purpose of the Quality Framework is to:  
  - map the current state of quality in General Practice in Scotland  
  - describe 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 | Executive Clinical Director |
### Person-Centred

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<tr>
<th>Ref</th>
<th>Project Title</th>
<th>Highlights (April 2014 – March 2015</th>
<th>Accountable Director</th>
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</table>
| P1  | Participation Network            | - Evaluation of Chest Heart & Stroke Scotland Voices programme complete and on website. Training session for Local Officers and NHS Boards buddies on the use of Voices was delivered on 2nd May and opportunities for pilot work are being explored to support Health and Social Care Integration.  
- Updates participation toolkits which include the Evaluation Toolkit and e-Participation toolkit produced with soft cover and distributed at PCC Learning Session 4 on 27 May | Director of Scottish Health Council                                                                                                                                                                                       |
| P2  | Service Change                   | The team’s work includes quality assurance of NHS Highland’s patient and public involvement in 2 major service change processes which are currently ongoing:  
  ➢ Review of Community Hospital Services within Badenoch & Strathspey  
  ➢ Review of Healthcare Facilities – Skye, Lochalsh and Wester Ross | Director of Scottish Health Council                                                                                                                                                                                        |
| P3  | Participation Standard           | - A review group is being established to agree the process and areas for focus in the 2014-2015 Participation Standard self-assessments. The group will include representation from Scottish Health Council, NHS Boards, Public Partners, Scottish Government and Healthcare Improvement Scotland. | Director of Scottish Health Council                                                                                                                                                                                        |
| P4  | Community Engagement and Improvement Support | **Support for NHS Scotland Volunteers**  
- Progress is being made in deploying the Volunteering Information System (Database) to NHS Boards and a support contract has been agreed with the developer following a procurement exercise through Public Contracts Scotland.  

**Community Engagement Improvement Support**  
Local Offices are currently supporting/discussing 4 Requests for Support which are at varying stages:  
  ➢ Gathering public attitudes on the provision of drugs project (Scottish Medicines Consortium).  
  ➢ Gathering feedback on Death Certification (Healthcare Improvement Scotland).  
  ➢ Supporting consultation on new HAI Standards (Healthcare Improvement Scotland).  
  ➢ Pilot supporting new older peoples inspections (Healthcare Environment Inspectorate) | Director of Scottish Health Council                                                                                                                                                                                      |
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<th>Project Title</th>
<th>Highlights (April 2014 – March 2015)</th>
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</table>
| P5  | Public Involvement Unit | • 9 new public partners are being matched to and prepared for involvement opportunities across the organisation  
• Further round of induction/preparation training being co-ordinated with HEI colleagues to increase the number of public partners who can take part as members of inspection teams  
• Improvements being made to request for involvement and preparation for involvement processes in partnership with public partners and staff.  
• Move top use of national volunteering database is planned throughout June  
• Paper on performance appraisal system for public partners will be discussed by Executive Team  
• Equality outcomes progress reporting to Scottish Health Council Committee in June.  
• User involvement equality monitoring report 2013-14 will be submitted to Scottish Health Council Committee in June. | Director of Scottish Health Council |
| P6  | Person Centred Care Collaborative | **Person Centred Care Collaborative**  
• Learning Session 4 successfully delivered at end of May 2014. 570 delegates attended and full evaluation still pending but initial feedback very positive  
• A chair has been appointed to the operational delivery group for the Person-Centred Health and Care Collaborative, first meeting set for August.  
• Discussions are underway with a range of partners and SG about the need to focus on a small number of changes/interventions that can be tested in multiple sites/boards.  
• SG have provided funding for an additional Improvement Advisors post in 2014/15 to build capacity and capability in improvement for programme managers and clinical staff | Director of Safety and Improvement |
|     | Person Centred Care | **Person Centred Care**  
• New Request For Support received from the Scottish Government’s Service Improvement Team (Quality & Efficiency Support Team, Health Workforce and Performance Directorate) for SHC local offices to run two focus groups to gather patients’ views to support the Patient Flow Improvement Programme Request.  
• The Scottish Government in its response to the Health and Sport Committee Stage 1 Report on the Public Bodies (Joint Working) (Scotland) Bill stated that it is content to explore the | Director of Scottish Health Council |
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<tr>
<th>Ref</th>
<th>Project Title</th>
<th>Highlights (April 2014 – March 2015)</th>
<th>Accountable Director</th>
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</table>
| P6 (cont) | Person Centred Care | development of a single standard for participation, as suggested by the Scottish Health Council and to look at the level of detail it might be appropriate to provide in guidance relating to this.  
• The Scottish Health Council is working with different board areas to take forward the Scottish Health Council stated position that guidance should be provided to health and social care partnerships with recommended mechanisms for public involvement in each health and social care partnership area, with local areas asked to comply or explain their local variation. And that practice should build on existing networks and relationships with condition specific and equalities groups taking account of geography and culture.  
• The participation network has produced an e-Participation Toolkit to support NHS Boards' use of new technologies to involve people. Launch date is 24th February 2014.  
• The service change team is currently working with NHS Boards across Scotland on service changes, including 4 changes which are likely to be regarded as ‘major’ and 7 other changes which could be classified as “major” in the future, or are currently attracting local public or political interest. Routine work continues between Service Change Advisors, Local Officers and NHS Board colleagues with the Service Change Team currently linked in with around 70 other areas of work.  
• NHS Boards have been advised that the next assessment year for the Participation Standard will be 2014-15, providing space for Boards to continue making improvements in the interim. The Scottish Health Council will work with a range of stakeholders, including patient and public representatives, and NHS Board colleagues over the summer to develop and refine the assessment framework, building on the evaluation of the most recent assessment. The Scottish Government has indicated that it is content to explore a single standard for participation in the context of integrated health and social care services and the Scottish Health Council has indicated we would be happy to be involved in developing this. In the meantime, the 2014-2015 assessment will continue to focus on NHS Boards only. | Director of Scottish Health Council |
5.0 Impact and Benefits Realisation for completed projects

NOTE: there are no completed projects for this reporting period

6.0 Human Resources Summary

Sickness Absence Rate

Reporting 12-month rolling period March 2014

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<tbody>
<tr>
<td>Sickness Absence rate (12 months rolling)</td>
<td>2.94%</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 12-month rolling period to 31 March 2014

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<table>
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<tbody>
<tr>
<td>No. of AfC Staff *</td>
<td>237*</td>
</tr>
<tr>
<td>No. of PDRs Completed</td>
<td>220 (92.8%)</td>
</tr>
<tr>
<td>No. of PDRs Recorded on e-KSF</td>
<td>205 (86.5%)</td>
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</table>

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

KSF Outline Status 31 March 2014

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<tbody>
<tr>
<td>Total No. of AfC Posts Required</td>
<td>105</td>
</tr>
<tr>
<td>No. of Approved KSF Post Outlines</td>
<td>98 (93.3%)</td>
</tr>
<tr>
<td>No. of Outstanding KSF Post Outlines</td>
<td>7 (6.7%)</td>
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</tbody>
</table>
SUBJECT:  Financial Performance report as at 31 May 2014

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

2. **Recommendation**
The Healthcare Improvement Scotland Board is asked to:
• note the provisional financial position at 31 May 2014
• note the progress with regard to cash releasing efficiency savings (CRES).

3. **Background and key issues**
The organisation’s most recent financial position is reported at each meeting of the Audit and Risk Committee and the Board.

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 Executive Team to ensure that they meet the strategic objectives of the organisation.

5. **Measures for improvement**
The Executive Team 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 at each meeting as required.

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 May 2014
Financial performance for the period to 31 May 2014

The initial resource allocation letter from Scottish Government confirms the following:

Core Revenue Resource Limit £15,453,832
Core Capital Resource Limit £ 200,000

Both of these allocations are in line with expectations.

It is anticipated that the first additional allocation for non-recurring activity will appear in the letter scheduled for 30 June 2014. In the interim an exercise is underway to identify the proportion of anticipated allocations (c£5million) that have received formal confirmation to permit early conversations with colleagues at Scottish Government regarding the balance.

Revenue resource allocation

Table A below shows the summary position by directorate at 31 May 2014. This demonstrates a year to date over spend of £0.628million.

Table A
Financial position at 31 May 2014

<table>
<thead>
<tr>
<th>Directorate</th>
<th>Full Year Budget</th>
<th>Budget Remaining</th>
<th>YTD Budget</th>
<th>YTD Actual</th>
<th>YTD Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£</td>
<td>£</td>
<td>£</td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td>Chief Executive</td>
<td>957,575</td>
<td>817,966</td>
<td>159,596</td>
<td>139,609</td>
<td>19,987</td>
</tr>
<tr>
<td>Clinical Directorate</td>
<td>1,073,329</td>
<td>902,685</td>
<td>178,109</td>
<td>170,645</td>
<td>7,464</td>
</tr>
<tr>
<td>Corporate Provisions</td>
<td>(346,826)</td>
<td>(384,174)</td>
<td>(59,878)</td>
<td>37,348</td>
<td>(97,226)</td>
</tr>
<tr>
<td>Evidence</td>
<td>2,638,358</td>
<td>2,214,404</td>
<td>426,237</td>
<td>423,954</td>
<td>2,284</td>
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<td>Finance &amp; Corporate Services</td>
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<td>1,368,000</td>
<td>273,198</td>
<td>254,251</td>
<td>18,947</td>
</tr>
<tr>
<td>Property Costs</td>
<td>1,435,502</td>
<td>1,203,701</td>
<td>239,250</td>
<td>231,801</td>
<td>7,449</td>
</tr>
<tr>
<td>Safety And Improvement</td>
<td>2,092,788</td>
<td>1,459,586</td>
<td>321,882</td>
<td>633,202</td>
<td>(311,319)</td>
</tr>
<tr>
<td>Scottish Health Council</td>
<td>2,352,440</td>
<td>1,968,335</td>
<td>389,463</td>
<td>384,105</td>
<td>5,358</td>
</tr>
<tr>
<td>Scrutiny &amp; Assurance</td>
<td>2,908,653</td>
<td>2,407,095</td>
<td>362,847</td>
<td>501,558</td>
<td>(138,712)</td>
</tr>
<tr>
<td>Scottish Medicines Consortium</td>
<td>919,763</td>
<td>624,461</td>
<td>153,294</td>
<td>295,302</td>
<td>(142,008)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>15,653,832</strong></td>
<td><strong>12,582,058</strong></td>
<td><strong>2,443,998</strong></td>
<td><strong>3,071,774</strong></td>
<td><strong>(627,776)</strong></td>
</tr>
</tbody>
</table>

This result must however be viewed in context.

- The physical budget load was only possible once the result for the prior year had been confirmed by the successful conclusion of the audit process. This point was reached on 4 June and there has therefore not been time to rigorously test the data particularly in relation to budget phasing.
• It follows that the detailed exercise to identify and agree budget that can be transferred to meet savings targets has yet to be concluded. This unrelieved value again contributes to the inflation of the headline over spend.

• Budgets are only loaded to the financial management information system upon receipt of the amended allocation letter. Accordingly the Period 2 result is heavily influenced by spend on projects where budget is still anticipated but not received.

**Revenue resource allocations**

In common with financial performance reporting for the prior year the Board and the Audit Committee will be regularly updated on progress in relation to unconfirmed non-recurring allocations.

**Savings targets including Cash Releasing Efficiency Savings (CRES)**

Reporting against savings targets will commence as usual with effect from Period 3 (30 June 2014). The introduction of the Driving Improvement Programme is expected to have a growing impact in the area of efficiency and productivity. The extent to which individual working groups will add to the cash releasing savings target in future will vary but particular contributions can be expected from the workforce, non-pay and processes working groups.

**Capital resource allocation**

The shape of the capital budget is currently being considered and will be reported at a future meeting.
SUBJECT: Annual Accounts 2013-14

1. Purpose of the report
   To agree, approve and adopt the Annual Accounts for 2013-14

2. Recommendation
   The Healthcare Improvement Scotland Board is asked to:
   • consider the Annual Accounts for 2013-14 (Appendix 1)
   • accept the recommendation from the Chair of the Audit Committee regarding the
     Annual Accounts, and
   • approve the adoption of the Annual Accounts 2013-14.

3. Background and key issues
   The Annual Accounts for 2013-14 were prepared in draft form for an informal meeting of
   the Audit Committee on 4 June 2014. The meeting was attended by Audit Committee
   members, the Chief Executive, former Interim Chief Executive, Director of Finance &
   Corporate Services, Finance General Manager, Finance Manager, HR Manager,
   Internal Audit and External Audit.

   The draft Annual Accounts for 2013-14 were considered in detail and assurances were
   provided by Internal and External Audit and other service assurance reports provided by
   National Services Scotland and NHS Ayrshire and Arran.

   The financial outturn for the draft accounts was an under spend of £0.150 million and this
   position has not changed. Some alterations were requested which primarily related to
   wording and these amendments have been made.

   Following the meeting on 4 June 2014, the accounts have been finalised and an audit
   certificate has been provided confirming an unqualified position. The final set of accounts
   is attached in Appendix 1 and these are being considered by the Audit Committee at
   their meeting on 23 June 2014. It is anticipated that the Audit Committee will agree the
   accounts and recommend them to the Board for adoption. Should any changes be
   agreed at the Audit Committee a revised set of accounts will be brought to the Board
   meeting with details of any changes that are made to the Annual Accounts in
   Appendix 1.

Maggie Waterston
Director of Finance & Corporate Services
Lead Director

Brian Ward
Finance General Manager
Lead Officer

Appendix
Healthcare Improvement Scotland Annual Accounts 2013-14
SUBJECT: Healthcare Improvement Scotland/Royal College of General Practitioners (Scotland) Quality Framework for General Practice in Scotland

1. Purpose of the report
   To present the joint Healthcare Improvement Scotland/Royal College of General Practitioners (Scotland) Quality Framework for General Practice in Scotland to the Healthcare Improvement Scotland Board.

2. Recommendation
   The Healthcare Improvement Scotland Board - is asked to:
   • Approve the draft Quality Framework for General Practice in Scotland.

3. Background and key issues
   Healthcare Improvement Scotland has funded a joint piece of work with the Royal College of General Practitioners Scotland to develop a framework for driving quality improvement in Scottish General Practice. This project was supported by a multi-disciplinary working group which brought together patients and professionals to explore what planned approach could be developed to drive further, sustainable improvement in General Practice specifically and, over time, the wider primary care sector. Whilst specifically focussed on General (Medical) Practice, this work was multidisciplinary with patients and public, doctors, nurses, managers and government and could have generalisable aspects to wider Primary Care.

   This work and the final report sets out clearly the intention within Driving Improvement in Healthcare for Healthcare Improvement Scotland to work in General Practice and the wider primary care environment and offers recommendations which will be considered for inclusion in our work programme in due course.

   The collaborative approach taken with a wide group of key stakeholders, facilitated via the Royal College of General Practitioners, is a notable feature of the approach we have taken. This builds on our clinical engagement approach and wider stakeholder engagement and reflects well on HIS as a collaborative organisation.

   The purpose of the Quality Framework is to:
   • map the current state of quality in General Practice in Scotland
   • describe 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

   We are testing different format and layout options for the Quality Framework. An electronic document with interactive diagrams has been produced along with a printable hard copy version of the Framework.

4. Strategic objectives/Local Delivery Plan
   Joint development of the Quality Framework will support the Healthcare Improvement Scotland commitment, set out in the Driving Improvement Strategy, to enhance our
support and drive for improving the quality of care in primary care, interface care and in the health and social care services.

5. Measures for improvement
The Quality Framework maps the existing quality and safety activities in General Practice and identifies any gaps or omissions. A key part of this work has been to identify opportunities and future requirements for further development of quality measures.

6. Risk and legal implications
No specific additional legal implications arise as a result of these activities.

7. Resource implications
Healthcare Improvement Scotland has provided funding to cover meeting costs, travel costs, locum fees and project administration.

Future work arising from the recommendations will be considered in Healthcare Improvement Scotland’s business planning process in due course.

8. Workforce implications/consultation
We have consulted on and engaged with a wide range of stakeholders in the development of the Quality Framework. This includes Scottish Government, Scottish Health Council, British Medical Association, Practice Managers, Practice Nurses and Royal College of General Practitioners (Scotland) Patient Partnership in Practice Group. Workforce implications will be considered as part of the Healthcare Improvement Scotland business planning process in due course.

9. User involvement and person centredness/public consultation
There is an active representation on the Short Life Working Group from Scottish Health Council and Royal College of General Practitioners Patient and Public Involvement Group.

10. Equality and diversity
Equality Impact Registration Assessment has been completed.

11. Governance and future reporting schedule
Executive Team has received regular updates on progress. The Healthcare Improvement Scotland/Royal College of General Practitioners (Scotland) document was presented at the Royal College of General Practitioners Scottish Council on 7 June 2014 and the final draft report will be presented to the Healthcare Improvement Scotland Board on 25 June 2014. All comments and suggestions will be incorporated in the final version for publication by Healthcare Improvement Scotland and Royal College of General Practitioners in July 2014.

<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>Publication of final draft Quality Framework Document</td>
<td>Healthcare Improvement Scotland Board Meeting</td>
<td>25 June 2014</td>
<td></td>
</tr>
</tbody>
</table>

Dr Brian Robson
Executive Clinical Director
Lead Director

Steven Wilson
Senior Programme Manager
Lead Officer

Appendix:
Draft Quality Framework for General Practice in Scotland
Contents

Foreword .................................................................................................................. 4
Recommendations .................................................................................................... 5
Background and Introduction .................................................................................... 6
What is a Quality Framework? ................................................................................... 8
Developing the Quality Framework .......................................................................... 10
Creating Scotland’s Framework ............................................................................... 12
National Venn Diagram .......................................................................................... 13
Locality Venn Diagram ........................................................................................... 14
Practice Venn Diagram ............................................................................................ 15
Organisational Levels ............................................................................................... 16

Appendix 1: Glossary ............................................................................................... 25
Appendix 2: Bibliography/References ....................................................................... 26
Appendix 3: Short Life Working Group Membership ............................................... 28
Appendix 4: Virtual Reference Group Membership ................................................. 29
Foreword

The world is changing: health and social care face unprecedented challenges and will need to evolve significantly to meet the needs of 21st century populations, new demographics and individual care. General Practice, and wider Primary Care, is at the forefront of Scotland’s vision for Integrated Health and Social Care and the quality of that care is paramount. This document sets out the substantial contributions to high quality General Practice already in place as well as opportunities for further evolution here in Scotland.

This report is the outcome of a significant joint project between the Royal College of General Practitioners (RCGP) Scotland and Healthcare Improvement Scotland. It sets out a framework for improving quality for Scottish General Practice at a time of considerable change in demography, complexity, expectations and need. It is set in the context of RCGP Scotland work on the Essence of General Practice and follows many of the recommendations of the RCGP Scotland Vision document of 2011. These are rooted in a generalist approach including the development of closer working with communities, which is developed further in The 2022 GP (RCGP 2013). The developing science of quality improvement is also reflected in the document.

Scottish Government policy, as set out in the 2020 Vision, and plans for the integration of health and social care, will require the full engagement of Scottish General Practice to succeed.

Healthcare Improvement Scotland is committed to continually seek out opportunities to ensure high quality healthcare for every person, every time. Our Driving Improvement in Healthcare strategy sets out our intention to support quality improvement across health and social care: this framework helps set out how we will take that ambition forward.

We recognise the considerable workload pressures on all Scottish practices and the desire to reduce waste, unnecessary variation and harm. We believe this framework offers practical insight into how this can be achieved.

Instrumental in the development of this report has been the input of a high level strategic working group and a multi disciplined virtual group. The report has also received ratification from RCGP Scotland Executive Board and Scottish Council, Scottish Government GMS program board, and from Healthcare Improvement Scotland’s Board.

This work is only a first step. The framework will provide a basis for more detailed work which is reflected in our recommendations. These include the production of standards and a self evaluation tool for practices in the coming year, as well as better support for practices to improve quality.

Dr John Gillies
Chair
RCGP (Scotland)

Dr Brian Robson
Executive Clinical Director
Healthcare Improvement Scotland
Recommendations

The activity table contains all the future requirements identified but the following are considered high priority.

<table>
<thead>
<tr>
<th>Recommendations</th>
<th>Action by</th>
</tr>
</thead>
<tbody>
<tr>
<td>Development of a set of standards for General Practice to use in self-assessment and peer review</td>
<td>HIS/RCGP Scotland</td>
</tr>
<tr>
<td>A guidance document of available resources for developing quality in General Practice. These resources would include:</td>
<td>HIS/RCGP Scotland</td>
</tr>
<tr>
<td>• Updated Treating Access Toolkit</td>
<td>RCGP Scotland</td>
</tr>
<tr>
<td>• Supported Self Management of Long Term Conditions</td>
<td>Person-Centred Team</td>
</tr>
<tr>
<td>Quality Improvement advice, support, and training for General Practices, including data interpretation and facilitation skills</td>
<td>SG/QuEST/RCGP Scotland/HIS/NES/Health Boards</td>
</tr>
<tr>
<td>Increase patient involvement and engagement at practice level</td>
<td>SG/RCGP Scotland/HIS (Scottish Health Council)</td>
</tr>
<tr>
<td>Increase awareness of community resources and assets for General Practice</td>
<td>SG/RCGP Scotland/Third Sector</td>
</tr>
<tr>
<td>Evidence Based Guidance for patients with multi-morbidities</td>
<td>HIS(SIGN)/ RCGP Scotland/ SG/CSO</td>
</tr>
<tr>
<td>Leadership development for quality improvement at practice, locality and health and social care partnership levels for GPs/ PNs/Practice managers</td>
<td>SG/NES/RCGP Scotland/ HIS (SPSP)</td>
</tr>
</tbody>
</table>
Background and Introduction

The future of health care presents major challenges for the NHS in Scotland, as the proportion of elderly people in our population continues to grow. 23% of all people live with multi morbidity, but this rises sharply with age, and 65% of over-65’s live with three or more chronic conditions.

Rates of dementia are rising rapidly as the population ages. We also face the challenges of poor mental and physical health, the growing problems of obesity, inactivity and alcohol abuse. Deprivation and poverty are other important factors to be considered. Despite the insights and action of clinicians, public health and Scottish Government policies, major health inequalities persist, most visible in, but certainly not confined to, our major cities. Public expectations of the NHS in Scotland, and demands for health care have never been so high. At the same time, the NHS faces financial pressures in an adverse economic climate, while the costs of health technologies continue to exceed inflation. Governance systems need to be seen to be effective, especially in the light of recent failings within the NHS in England such as Mid Staffordshire.

General Practice, firmly based in primary care and communities, will have to be at the heart of addressing these challenges if we are to succeed. The Royal College of General Practitioners (Scotland) (RCGP Scotland) has been closely involved over the past few years in the Scottish Government Health Directorates (SGHD) initiative ‘Delivering Quality in Primary Care’ (2010). General practice is based on:

- sound clinical generalism
- advocacy for individual patients
- jointly developed outcomes between doctor and patient
- a person-centred approach.

SGHD policy for the future requires general practice to be more outward facing, more involved in NHS systems. This will need a rethinking of the current balance between clinical effectiveness, patient safety and person-centred care, different drivers for GPs, and tools to support practices develop in this direction. This scoping exercise is designed with 2020, now approaching rapidly, in mind.

The New Quality and Safety domain in the GMS contract for 2014/15 includes:

- A requirement for a designated practice-based liaison GP to link to a specified liaison person from the Health and Social Care Partnerships to enable full engagement for the practice with the evolving integration agenda.
- An annual review (involving patients) of access, covering current patient demand, and focusing on the best solutions to both met / unmet needs for that practice.
- A new ‘continuous quality improvement’ indicator requiring an annual quality report reflecting relevant activity in the previous year, plus participation in a 3 year rolling programme of formative and supportive peer review visits.
General practice has a range of sources of data on its activity and, increasingly on the quality, effectiveness and efficiency of the services provided. Improved, timely, simplified and easily used data will be essential to identify and drive improvements in quality. Developments in data analytics to support quality improvement will include data available through the SPIRE project. The SPIRE project is a collaboration between the Scottish Government and NHS National Services Scotland (NHS NSS). It aims to provide a national system to extract data from General Practice clinical IT systems in Scotland. SPIRE will also set up a service to analyse the data extracted for specific and approved purposes whilst ensuring the highest standards of patient confidentiality and privacy are maintained. The service will be used by the NHS and Scottish Government to understand and monitor the health of the population and to plan and manage services accordingly.

Work in RCGP Scotland in recent years on the Essence project (Gillies et al 2009) and the 2010 Vision (2011) have defined a clear direction for Scottish general practice that is supportive of Scottish Government policy. The RCGP 2022 report produced this year reinforces this approach and calls for generalist-led integrated services to be developed to deliver personalised cost-effective care, with a focus on enhanced skills and flexibility of the workforce, and on supporting community based practices, teams and networks.

Healthcare Improvement Scotland has historically focussed its activities in secondary care. Its new 6 year strategy ‘Driving Improvement in Healthcare’ sets out an intention to enhance its support and drive for improving the quality of care in primary care, interface care and in the health and social care services.

Quality improvement in General Practice requires collective action from a range of stakeholders working towards common, clearly understood goals. This can only be achieved through effective planning, robust control and innovative improvement methods. This collaboration project explores what planned approach could be developed to drive further, sustainable improvement in general practice specifically and, over time, the wider primary care sector.
What is a Quality Framework?

The Quality Framework for General Practice in Scotland is a strategic working document that describes existing quality improvement activities within general practice, determines where the gaps are, and makes a number of recommendations for future priorities. The framework is dynamic, adaptable to different contexts and encompasses the views and aspirations of the stakeholders in Scottish general practice.

The purpose of the Quality Framework is to:

- map the current state of quality in general practice
- describe current activities
- identify any gaps and omissions
- set out a framework which reflects developments in General Practice in the NHS in Scotland; including locality groups and integration of health and social care
- identify roles and responsibilities of organisations and individuals in developing tools and activities
- empower General Practice teams to improve quality and safety in response to the needs of their patients and practice.

The Quality Framework for General Practice has been defined and organised using the three Juran processes (known as the Juran Trilogy):

- Quality Planning
- Quality Improvement
- Quality Control

The Juran Trilogy is made up of three important managerial tools that work together to help organisations realise the full benefits of quality management in the pursuit of quality of care. These processes represent the sequences of events to effectively plan, control, and improve quality. These processes have been used widely in many industries around the world for many years and, in recent years, applied to healthcare systems.

**Quality Planning** is a structured process for designing and organising services that meet new goals and ensure that patient needs are met. There are various steps which include: setting the aim, identifying the practice population, identifying patient and carers needs, developing a process to meet the need, and developing checks to ensure the aim is met. Through this process General Practice will be supported to:

- set quality improvement goals
- identify strategies, infrastructure and resources required
- build interest, motivation and ownership
- align with existing national and local quality initiatives.
**Quality Improvement** can be defined as a set of processes within general practice which includes training in specific improvement methods and approaches, the creation of improvement teams, data feedback, tailored facilitation and support (Lilford 2003). This ensures that the individuals who provide care have the necessary skills in improvement techniques and are able to adopt various approaches including improvement tools, self-reflection and benchmarking in order to understand and address the reasons for variations in quality, and to identify areas where acceptable quality can be improved further. They can then implement corrective measures, and devise new approaches to improve quality of care (Kings Fund 2011). The Institute of Medicine conceptualised quality as having six dimensions: safety, timeliness, effectiveness, efficiency, equity and patient centeredness – sometimes referred to as the STEEP acronym (IOM, 2001). Through this process General Practice will be supported to:

- understand and use the appropriate quality improvement tools/methodologies
- define improvement projects: What parts of the process are not working?
- diagnose the problem: What is the root cause of the problem?
- identify the changes required to address the problem
- confirm that the change was effective
- communicate and share best practice.

**Quality Control** is a process for meeting quality aims by measuring actual performance and planned performance and taking action on the difference. Quality control encompasses a range of activities across a number of levels from national oversight and inspection through to local practice/practitioner evaluation and peer group review. This level of local data collection and monitoring instils a strong degree of ownership and helps promote a practice culture of continuous quality improvement. Through this process General Practice could be supported to:

- undertake self-evaluation and take part in peer group review of quality and safety in the practice
- measure current performance and its variance from expected or intended performance
- describe variability in processes, understanding and interpreting that variability, reducing or eliminating unnecessary or inappropriate variation, and expanding or maximising positive variation
- provide feedback comparing actual performance to intended, achievable outcomes
- use data to manage the process, evaluate effectiveness, maintain quality improvement gains, and facilitate further planning and improvements.

The framework outcomes need to be sustainable, but be adaptable for the ever changing face of general practice. To be effective the quality framework needs to be distributed to all stakeholders in a way that captures their attention and motivates them to adopt the relevant sections.

General Practice teams in Scotland have often been at the forefront of developing quality within their practices. There has been enthusiasm and drive to provide the best care of their patients. It is the intention that this Quality Framework will provide a guide to allow professional values to flourish without placing undue constraints and to aid practices to develop in a way that suits their needs and those of their patients. Practices are facing numerous challenges and increasing demands and expectations and can only develop a few quality activities at one time. This framework will help inform them of the various activities at national to practice level and help them in sign posting the activities that are most suitable to their practice.
Developing the Quality Framework


A Short Life Working Group (SLWG) was established to lead on the development of the quality framework. Membership of the SLWG drew together expertise from a number of sources: Healthcare Improvement Scotland, Royal College of General Practitioners (Scotland), Scottish Government, NHS Education Scotland, British Medical Association, Practice Management, General Practice Nursing (details, Appendix 2). Specifically this work involved:

(i) mapping existing quality and safety activities in general practice
(ii) considering what Quality will be in the NHS in Scotland of the near future
(iii) identifying where there are gaps or omissions
(iv) determining opportunities for further development.

The SLWG also drew on the knowledge of a virtual reference group to seek advice and views on the emerging quality framework (details, Appendix 3). This reference group consisted of professionals with extensive experience of quality and safety improvement in general practice and others with a strong background in research and policy development. The virtual reference group has been an invaluable resource, and their advice, expertise, and ideas have helped shape the final document.
Guiding principles used in the development of the Quality Framework for General Practice in Scotland

• Co-produced with the people who will use them to reflect stakeholder views
• Support a professional model of general practice
• Use the developing area of evidence-based quality improvement
• Supportive – used to identify problems and solutions – supported by performance management or regulation where appropriate.
• Developmental – looking at potential and setting expectations (not all outcomes will be achievable from day one)
• Iterative, reflecting the developmental journey that general practice will undertake over the next 12 months and beyond
• Minimise the burden for general practice
• Promote localism
• Support a comprehensive and robust sector-led improvement programme
• Signpost to other resources where necessary
• Strengthen existing mechanisms of identifying poorly performing practices

This mapping exercise is not intended to be an exhaustive account of all relevant initiatives. Instead it provides both a flavour of key pieces of information and an indicator of the breadth and quality of activities which are available from those organisations with responsibility for quality and safety.
Creating Scotland’s Framework

There is no simple way to capture the entirety of elements which contribute to improving quality in general practice however we set out in this document three complementary approaches in order to demonstrate how these factors contribute and help identify gaps.

The Quality Framework for General Practice in Scotland is represented in both diagrammatic and table format. This framework provides a visual representation of existing quality and safety activities in place at a national, locality, practice and practitioner level across Scotland, and shows where these activities can support the delivery of quality planning, improvement and control in General Practice.

(i) Venn Diagrams
Each of these Venn diagrams shows a visual representation of the Juran trilogy as it applies to General Practice at:

- National strategic level
- Locality
- Practice level

Each circle in the Venn diagram represents one element of the Juran trilogy (planning, improvement, control) and lists the quality and safety activities relevant to this element of the Juran process. Clearly many of these quality and safety activities are applicable to more than one circle but in order to simplify the diagram we have positioned each activity under what we believe is the most appropriate Juran process. Those activities that clearly combine more than one element of the Juran trilogy have been placed in the areas where the circles overlap.

The term locality has been used to denote a grouping of practices below Health Board level. They may refer to Health and Social Care Partnership groupings but more often will refer to a level below this.

(ii) Organisation Levels
This organisational levels model is divided into 3 sectors (planning, improvement, control) with 5 layers to denote the different levels or spheres of influence (Practitioner, Practice, Locality, Health Board and National). Patients have been placed at the heart of this model for improving quality and safety in General Practice. The model can be used for a number of purposes.

- It is a quick and simple tool that graphically displays the 5 layers and the logical connections between quality and safety activities.
- It distinguishes between national strategic level activities and those operational activities that practices can actively implement or engage with locally.
- It is a useful tool for identifying gaps in quality activity across the 5 layers and areas of duplication.
- At a project, programme or policy level, organisations can use the quality framework to identify priorities for quality and safety improvement. It lends itself to group work at all levels in projects, programmes, or policies.

(iii) Activity Table
These tables are split into the 3 Juran processes (quality planning, improvement, control) and show the current activities in place across Scotland to support quality and safety in General Practice, the level at which they apply, future requirements and the suggested lead organisation. Where available, hyperlinks have been included to signpost the reader to relevant online tools and resources to support each activity.
National Venn Diagram

1. **Quality planning**
   - Local Delivery Plan
   - Government Strategy
   - Professional Strategies
   - RCGP strategy
   - GMS Contract
   - Needs Assessment
   - NES Strategy
   - Resources, premises/finance/people
   - Public Education
   - Prevention
   - Localities
   - Health & social integration
   - HIS strategy
   - Primary/secondary interface
   - New models of care

2. **Quality improvement**
   - Patient Safety Programme
   - Productive General Practice
   - Guidelines
   - Payment Verification

3. **Quality control**
   - QOF Score
   - Revalidation
   - Accreditation
   - Audit
   - Public Accountability
   - Payment Verification

4. **Quality Planning/Quality Improvement/Quality Control**
   - Data set & analysis
   - Public involvement & engagement
   - Leadership
   - IT

5. **Quality Planning/Quality Improvement**
   - Standards
   - Quality

6. **Quality Improvement/Quality Control**
   - Equity

7. **Quality Planning/Quality Improvement/Quality Control**
   - Data set & analysis
   - Public involvement & engagement
   - Leadership
   - IT
**Locality Venn Diagram**

1. **Quality planning**
   - Local Delivery Plan
   - 17C Contract
   - Population: Demographics/deprivation
   - Needs Assessment
   - Health and Social Integration
   - Patient/carers education
   - Prevention
   - Primary/secondary interface

2. **Quality improvement**
   - Patient Safety Programme
   - Tools
   - Peer review

3. **Quality control**
   - Peer review
   - Payment Verification
   - Accreditation

4. **Quality planning**
   - Facilitation

5. **Quality planning**
   - Facilitation

6. **Quality Planning**
   - Standards
   - Facilitated visits
   - Quality Visits

7. **Quality Planning**
   - Leadership
   - Data collection/interpretation

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**Locality Venn Diagram**

- **Quality Planning**
- **Quality Improvement**
- **Quality Control**

The Venn diagram visually represents the overlapping areas of quality planning, quality improvement, and quality control, highlighting the areas where these processes intersect and interact.
**Practice Venn Diagram**

1. **Quality planning**
   - Practice Plans
   - Population: Demographics/deprivation
   - Access: demand/capacity
   - Needs Assessment
   - Health and Social Integration
   - Patient/carers education
   - Prevention
   - Primary/secondary interface
   - Premises
   - Financial Planning

2. **Quality improvement**
   - Patient Safety Programme
   - Productive General Practice Tools
   - QI practice skills

3. **Quality control**
   - Self evaluation
   - QOF Score
   - Accreditation

4. **Quality planning/Quality improvement**
   - Patient/carer involvement & engagement
   - Continuity
   - Staff development
   - In house education

5. **Quality Planning/Quality Control**
   - Equity

6. **Quality Improvement/Quality Control**
   - Standards
   - Appraisal
   - Quality Visits

7. **Quality Planning/Quality Improvement/Quality Control**
   - Practice culture
   - Team working
   - Leadership
   - Patient/carer feedback
   - Data collection/interpretation
Organisational levels

**Practitioner**
- Personal Development Plan

**Practice**
- Team Working
- Patient Education
- Premises
- Practice Plans
- Staff Development
- Access
- Financial Planning
- Culture

**Locality**
- Population
- Patient needs
- Facilitation

**Health Board**
- Localities
- Geography
- Primary/Secondary Interface
- Prevention
- 17c contract

**National**
- Finance
- Premises
- Models of care
- GMS contract
- Delivery plan
- Professional strategies
- Organisational aims
- Health & Social Integration
- Leadership
- Workforce
- Public
- IT
- Education
- Data

**Quality Planning**

**Organisational levels**

**Practitioner**
- Guidelines
- QI Skills
- Appraisal
- Educational Programmes
- Patient Involvement
- Tools
- Patient Feedback

**Health Board**
- Quality Visits
- QI Support

**Locality**
- Facilitated Visits
- Peer Review

**Practice**
- In-House Education
- Tools
- Continuity
- QI Skills
- Data Analysis
- PGP

**National**
- Educational Programmes
- Quality Visits
- Patient Safety Programme
- Public Engagement
- Guidelines
- Vocational Training

**Locality**
- QOF Score
- Delivery Plan
- Payment Verification

**National**
- Revalidation
- Accreditation
- Public Accountability
- Standards
- Audit Scotland
**Activity Tables**

**Introduction**

These tables are split into the 3 Juran processes (quality planning, improvement, control) and show the current activities in place across Scotland to support quality and safety in General Practice, the level at which they apply, future requirements/recommendations and the suggested lead organisation best placed to develop the requirements. Where available and thought to be useful, hyperlinks have been included to signpost the reader to relevant online tools and resources to support each activity.

**Quality Planning**

<table>
<thead>
<tr>
<th>Area</th>
<th>Current activities</th>
<th>Main Level</th>
<th>Future requirements/recommendations</th>
<th>Responsible development body</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effective</td>
<td>Care pathways, HEAT targets, PRISMS, <em>Living and Dying Well, Audit, Significant Event Reviews, SIGN guidelines, NICE guidelines, Prescription for Excellence</em></td>
<td>National</td>
<td>Supported Self management of Long term conditions Liaison with community pharmacist to provide information to patients re self care Signposting to appropriate service practice/Out of hours/A+E <em>Roll out Enhanced Significant Event Analysis</em></td>
<td>HIS (SIGN)</td>
</tr>
<tr>
<td>Person-Centred</td>
<td><em>Patient Charter</em>, National patient surveys, <em>Links Project, ALISS project, Long Term Conditions Collaborative “Gaun Yersel”, RCGP Continuity toolkit, Health Literacy</em> Supporting self management e.g. <em>Thistle Foundation, Helping people share decision making (Health Foundation)</em> Quality Alliance BoardPrescription for Excellence <em>My condition, My Terms, My Life</em></td>
<td>National</td>
<td>Develop further supported self management/ sharing goals</td>
<td>SG</td>
</tr>
</tbody>
</table>

*Developing a Quality Framework for General Practice in Scotland*
<table>
<thead>
<tr>
<th>Area</th>
<th>Current activities</th>
<th>Main Level</th>
<th>Future requirements/recommendations</th>
<th>Responsible development body</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generalism</td>
<td><em>RCGP Medical Generalism</em>, Distilling the essence of general practice</td>
<td>National</td>
<td>Shape of Training/Enhanced GP training Research on the role of the expert generalist Support for developing Advanced Practitioners in General Practice Nursing</td>
<td>RCGP/ SAPC</td>
</tr>
<tr>
<td>Multi-morbidities</td>
<td>Research, SG policy <em>European Innovation Partnership</em></td>
<td>National</td>
<td>Evidence Based Guidance for patients with multi-morbidities Multi-morbidity action plan</td>
<td>RCGP/ HIS(SIGN)/ CSO SG</td>
</tr>
<tr>
<td>GMS contract</td>
<td>QOF, professional approaches, Enhanced Services, new models of care</td>
<td>National</td>
<td>Continue development Possible new Scottish GP contract</td>
<td>SG/BMA</td>
</tr>
<tr>
<td>Resources</td>
<td><em>2020 Vision</em></td>
<td>National</td>
<td>Further work on increasing primary care share of NHS spend</td>
<td>SG/RCGP</td>
</tr>
<tr>
<td>Health + social care integration</td>
<td><em>Route Map to 2020 Vision, JIT strategic plan</em></td>
<td>National</td>
<td>Locality planning for interfaces</td>
<td>SG/HBs/ RCGP/SGPC/ JIT</td>
</tr>
<tr>
<td>Data</td>
<td>National data set</td>
<td>National</td>
<td></td>
<td>-</td>
</tr>
<tr>
<td>Models of care</td>
<td><em>NUKA, Patient Flow Project</em></td>
<td>National</td>
<td>Different models need developed and evaluated</td>
<td>SG/ RCGP</td>
</tr>
<tr>
<td>Population – demographics/deprivation</td>
<td><em>Deep End Project, RCGP Time to Care ISD data</em></td>
<td>National</td>
<td>Addressing inverse care law Partnership with Local Authority</td>
<td>SG/Health Boards/ Localities</td>
</tr>
<tr>
<td>Local delivery plan</td>
<td><em>Joint Strategic Commissioning</em></td>
<td>National, Locality</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Needs assessment</td>
<td><em>SPIRE, SPARRA, Other risk prediction tools</em>, Other forms of community health data e.g. <em>Scottish Public Health Observatory</em></td>
<td>National</td>
<td>Roll out of SPIRE</td>
<td>SG / BMA/ RCGP/Health Boards/ Localities</td>
</tr>
<tr>
<td>Localities</td>
<td><em>All Hands on Deck Public Bodies Act 2014 and associated regulations and guidance</em></td>
<td>Health Board</td>
<td>Work on interfaces. Develop good quality integration. Focus should include Out of hours care and unscheduled care planning</td>
<td>SG/HBs/localities/practices</td>
</tr>
<tr>
<td>Area</td>
<td>Current activities</td>
<td>Main Level</td>
<td>Future requirements/recommendations</td>
<td>Responsible development body</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>------------------------------------------------------------------------------------</td>
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<td>-----------------------------</td>
</tr>
</tbody>
</table>
| Primary/Secondary interface | **Key Information Summary**, SCI store, Referral guidelines                         | Health Board locality      | Locality planning for interfaces, Unscheduled Care  
Discuss the potential for 7 day working  
Develop an approach to joint significant adverse event reviews  
Develop ‘Productive Interface’ as part of the RCGP Productive General Practice Programme                                                                 | SG/RCGP HIS  
SG/BMA  
(SG/RCGP/HIS)  
(RCGP) |
| Prevention                  | Cervical cytology samples, Immunisations, Bowel screening, Breast screening, Keep Well, Life Begins at 40, **Protecting Scotland’s Health**, Smoking Cessation Services Quit Line | Health Board practice      | Develop, evaluate and implement effective interventions for managing obesity, excess alcohol consumption, smoking. Develop further pre-conception ante-natal and post-natal care, vaccinations and immunisations, health checks for at-risk groups | SG                          |
| Geography                   | RCGP Scotland remote and rural policy, **National Telehealth and Telecare delivery plan, JIT Rural and remote: priorities and key issues** | Locality                   | Action plan for Remote and Rural Educational Packages  
Sharing Experience GP Connect  
Joint work between pharmacists and doctors, Evaluate no delays                                                                                                                                 | SG/HBs/RCGP Scotland  
NES Joint Improvement Team |
| Patient education           | **NHS inform**, leaflets, **No Delays**                                             | Locality Practice          | Needs evaluation and implementation of effective models of care, Facilitation of PGP                                                                                                                                               | SG/ UC providers/RPS/RCGP HIS (SHC) Health Boards |
| Practice plans              | **Productive General Practice**                                                      | Locality Practice          | Planning for upgrade of local Health Board estate to ensure fit for purpose                                                                                                                                                      | SG (resource), Futures Trust, HBs, Health and Social Care partnerships |
| Premises                    |                                                                                     | Practice                   |                                                                                                                                                                                                                                     |                             |
| Practice Financial Planning | Private accountancy advice                                                           | Practice                   |                                                                                                                                                                                                                                     |                             |
### Quality planning/ Quality Improvement

<table>
<thead>
<tr>
<th>Area</th>
<th>Current activities</th>
<th>Main Level</th>
<th>Future requirements/ recommendations</th>
<th>Responsible development body</th>
</tr>
</thead>
<tbody>
<tr>
<td>Educational programmes</td>
<td>Quality planning/ Quality Improvement</td>
<td>National</td>
<td>Leadership development for localities and integration at mid and high level for GPs/ PNs/ Practice managers</td>
<td>SG/ NES/ RCGP. HIS (SPSP)</td>
</tr>
<tr>
<td></td>
<td><strong>QI e-learning, Enhanced GP training, The Knowledge Network.</strong></td>
<td>National</td>
<td>ShOT decision awaited on enhanced GP training</td>
<td>4 UK Health depts./SG/ RCGP</td>
</tr>
<tr>
<td>Vocational Training</td>
<td>VT for GPs, <em>General Practice Nursing Programme, Vocational Training</em> Scheme for Practice Managers</td>
<td>National</td>
<td>ShOT decision awaited on enhanced GP training</td>
<td>4 UK Health depts./SG/ RCGP</td>
</tr>
<tr>
<td>Facilitation</td>
<td>360 appraisal Personal Development Plans</td>
<td>Locality</td>
<td>Skills for use in General Practice</td>
<td>NES</td>
</tr>
<tr>
<td>Staff development</td>
<td>360 appraisal Personal Development Plans</td>
<td>Practice</td>
<td>Extension for use of 360 appraisal for all staff</td>
<td>HBs/localities</td>
</tr>
<tr>
<td></td>
<td><em>NES Career &amp; Development Framework for General Practice Nursing</em></td>
<td>Practice</td>
<td>Update Framework for Nursing in General Practice</td>
<td>SG</td>
</tr>
<tr>
<td></td>
<td><em>NES Practice Managers Development Network</em></td>
<td>Practice</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><em>NES General Practice Nursing Learning &amp; Development Network</em></td>
<td>Practice</td>
<td></td>
<td></td>
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<tr>
<td>Continuity</td>
<td><em>Continuity toolkit</em></td>
<td>Practice</td>
<td>Marketing of toolkit</td>
<td>RCGP</td>
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</tbody>
</table>

### Quality Improvement

<table>
<thead>
<tr>
<th>Area</th>
<th>Current activities</th>
<th>Main Level</th>
<th>Future requirements/ recommendations</th>
<th>Responsible development body</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Safety Programme</td>
<td><em>Programme available, Added to QOF and some enhanced services</em></td>
<td>National</td>
<td>Mainstream developments in patient safety within and at interfaces. Specific development with community pharmacies and GPs Development of effective measurement framework</td>
<td>HIS (SPSP) SG</td>
</tr>
<tr>
<td>Guidelines</td>
<td>Various clinical guidelines</td>
<td>National</td>
<td>Dealing with multi morbidity</td>
<td>HIS(SIGN) NICE</td>
</tr>
<tr>
<td>Area</td>
<td>Current activities</td>
<td>Main Level</td>
<td>Future requirements/recommendations</td>
<td>Responsible development body</td>
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<td>----------------------</td>
<td>------------------------------------------------------------------------------------</td>
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<td>------------------------------------------------------------------------------------------------------</td>
<td>-------------------------------</td>
</tr>
<tr>
<td>Appraisal</td>
<td>GP appraisal</td>
<td>National</td>
<td>Improvement of appraisal of all GP team members, include peer appraisal of nurses</td>
<td>Practices/NES</td>
</tr>
<tr>
<td>Q.I. Advice/Support</td>
<td>Quality improvement advisors, Quality Improvement Hub</td>
<td>Health Board</td>
<td>Need to focus more on General Practice, Create awareness of existing tools</td>
<td>Health Board/QuEST</td>
</tr>
<tr>
<td>Peer Review</td>
<td></td>
<td>Locality</td>
<td>All disciplines to review their work across a locality</td>
<td>Locality</td>
</tr>
<tr>
<td>Productive General Practice</td>
<td>Registration available</td>
<td>Practice</td>
<td>Facilitation/Support for adoption and use Merge of SPSP/PGP?</td>
<td>SG HIS (SPSP)</td>
</tr>
<tr>
<td>Q.I. Skills in GP</td>
<td>GPS Training Quality Improvement Project, University modules, Guidance on revalidation web site, eLearning modules on QI Hub</td>
<td>Practice</td>
<td>Facilitation &amp; Education for GPs and staff Guide for trainers if extended training for GPSTs Development of a Quality Improvement toolkit</td>
<td>SG/ NES/ RCGP HIS (SPSP) NES/RCGP</td>
</tr>
<tr>
<td>In House Education</td>
<td>PLT, Evidence sharing, Primary Based Small Group Learning (PBSGL)</td>
<td>Practice</td>
<td>Protect PLT</td>
<td>SG/Health Boards</td>
</tr>
<tr>
<td>Community Resources</td>
<td>Links Project, ALISS project</td>
<td>Practice</td>
<td>Increase awareness of community resources and assets</td>
<td>SG/RCGP/Third Sector</td>
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</table>
Quality Control

<table>
<thead>
<tr>
<th>Area</th>
<th>Current activities</th>
<th>Main Level</th>
<th>Future requirements/recommendations</th>
<th>Responsible development body</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accreditation</td>
<td>Training Practice Accreditation</td>
<td>National</td>
<td>May need modification if extended GP training starts</td>
<td>NES</td>
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<tr>
<td>Public accountability</td>
<td>Annual review, Primary Care Strategic</td>
<td>National</td>
<td>Need for more focus on quality in primary care in HB planning Build on primary care strategic</td>
<td>SG/ HIS</td>
</tr>
<tr>
<td></td>
<td>Forum, Strategic Assessment of Primary</td>
<td></td>
<td>assessments by all HBs</td>
<td>HBs</td>
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<tr>
<td></td>
<td>Care</td>
<td></td>
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<tr>
<td>Payment Verification</td>
<td>Verification visits</td>
<td>National</td>
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<tr>
<td>Audit Scotland</td>
<td>Financial achievement, Priorities and</td>
<td>National</td>
<td>NHS financial achievement 13/14</td>
<td>Audit Scotland</td>
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<tr>
<td></td>
<td>Risks Framework</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>QOF scores</td>
<td>Published</td>
<td>Practice</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Revalidation</td>
<td>Appraisal, Responsible officers,</td>
<td>Practitioner</td>
<td>Add in leadership development to appraisal Nurse revalidation</td>
<td>NES/RCGP</td>
</tr>
<tr>
<td></td>
<td>Appraisal toolkit</td>
<td></td>
<td></td>
<td>NMC</td>
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</table>

Quality Control/ Quality Planning

<table>
<thead>
<tr>
<th>Area</th>
<th>Current activities</th>
<th>Main Level</th>
<th>Future requirements/recommendations</th>
<th>Responsible development body</th>
</tr>
</thead>
<tbody>
<tr>
<td>Equity</td>
<td>Legal requirements, <em>NES Equality and Diversity online modules for NES employees e-learning</em></td>
<td>Practice</td>
<td>Equality and diversity training for all primary care team members</td>
<td>HB/NES</td>
</tr>
</tbody>
</table>
## Quality Control/ Quality Improvement

<table>
<thead>
<tr>
<th>Area</th>
<th>Current activities</th>
<th>Main Level</th>
<th>Future requirements/recommendations</th>
<th>Responsible development body</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Standards</strong></td>
<td><em>QPA</em> (new applications are not being accepted at present), GMS Contract, <em>Quality Indicators for Primary Care Out of Hours Services</em> Professional codes of practice</td>
<td>National</td>
<td>Development set of self assessment standards Future of QPA to be decided</td>
<td>HIS/RCGP</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>RCGP</td>
</tr>
<tr>
<td><strong>Facilitated visits</strong></td>
<td>GMS contract – Quality and Safety Domain <em>QPA</em> (new applications are not being accepted at present)</td>
<td>Health Boards/Locality/practice</td>
<td>Structure to be developed for visits Training of visitors for quality visits Future of QPA to be decided</td>
<td>SG/BMA Health Boards RCGP</td>
</tr>
</tbody>
</table>
## Quality Planning/Quality Improvement/Quality Control

<table>
<thead>
<tr>
<th>Area</th>
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<th>Main Level</th>
<th>Future requirements/recommendations</th>
<th>Responsible development body</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Leadership</strong></td>
<td>Leadership programme</td>
<td>National</td>
<td>Need for programmes at mid and high level for localities and integration</td>
<td>SG/NES/RCGP/SSSC</td>
</tr>
<tr>
<td><strong>Practice Level Data</strong></td>
<td><em>SPIRE</em>, Practice software, ISD data, SPARRA, Risk prediction tools</td>
<td>National</td>
<td>Roll out of SPIRE, Help from HBs for practices/localities with interpretation of data</td>
<td>SG/HBs</td>
</tr>
<tr>
<td><strong>Practice culture</strong></td>
<td><em>Safequest</em> Critical reflection: <a href="https://www.journals.elsevier.com/jcehp">Journal of Continuing Education in the Health Professions</a>, <a href="https://www.ejsw.net">European Journal of Social Work</a>, <a href="https://www.tandfonline.com/journals/jan72">Journal of advanced nursing</a></td>
<td>Practice</td>
<td>Potential development of Quality &amp; Safety Domain in GP contract</td>
<td>SG/BMA</td>
</tr>
<tr>
<td><strong>Patient feedback</strong></td>
<td>Analysis of complaints, national survey, <a href="https://www.gov.scot/publications/listening-and-learning-how-feedback-comments-concerns-and-complaints-can-improve-nhs-services-in-scotland/">Listening and Learning - How Feedback, Comments, Concerns and Complaints can improve NHS services in Scotland</a></td>
<td>Practice</td>
<td><em>Promote use of patientopinion.co.uk</em> Improve suitability of surveys for feedback on general practice nurses</td>
<td>SG/RCGP/HIS (SHC) NES</td>
</tr>
<tr>
<td><strong>Team working</strong></td>
<td><em>Productive General Practice</em></td>
<td>Practice</td>
<td>Facilitation of Productive General Practice</td>
<td>SG/HIS (SPSP)</td>
</tr>
<tr>
<td><strong>Patient involvement and engagement</strong></td>
<td><em>Productive General Practice, RCGP PPG/P3, Patient Focus and Public Involvement, SHC Patient Participation Group Start up Guide and Development Tool, Decision aids, P3 Carers resource, House of Care, Carer Strain Index, Patient Opinion, Engaging Community Assets Recommendations</em></td>
<td>Practice</td>
<td>Increase involvement at practice level, Training sessions for practices, Develop/adapt patient decision aids for use in Scotland Increase use of Patient Opinion Consider making ECA model available to practices Increase awareness of House of Care material</td>
<td>SG/RCGP/HIS (Scottish Health Council) RCGP HIS (Scottish Health Council) SG/Health Boards/Localities RCGP Scotland RCGP/HIS</td>
</tr>
</tbody>
</table>
## Appendix 1: Glossary

<table>
<thead>
<tr>
<th>Term</th>
<th>Meaning</th>
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</thead>
<tbody>
<tr>
<td>ALISS</td>
<td>A Local Information System for Scotland</td>
</tr>
<tr>
<td>BMA</td>
<td>British Medical Association</td>
</tr>
<tr>
<td>GMS contract</td>
<td>General Medical Services Contract</td>
</tr>
<tr>
<td>HBs</td>
<td>Health Boards</td>
</tr>
<tr>
<td>HEAT Target</td>
<td>Health Improvement, Efficiency, Access to Services and Treatment Target</td>
</tr>
<tr>
<td>HIS</td>
<td>Healthcare Improvement Scotland</td>
</tr>
<tr>
<td>ISD data</td>
<td>Information Service Division</td>
</tr>
<tr>
<td>JIT</td>
<td>Joint Improvement Team</td>
</tr>
<tr>
<td>NES</td>
<td>NHS Education for Scotland</td>
</tr>
<tr>
<td>NICE guidelines</td>
<td>National Institute for Health and Care Excellence</td>
</tr>
<tr>
<td>Nuka</td>
<td>South-central Foundation’s “Nuka System of Care” is a name given to the relationship-based Nuka System of Care is comprised of organisational strategies and processes; medical, behavioural, dental and traditional practices; and supporting infrastructure that work together - in relationship - to support wellness.</td>
</tr>
<tr>
<td>P3</td>
<td>Patient Partnership Participation (RCGP Scotland Patient Group)</td>
</tr>
<tr>
<td>PDSA</td>
<td>Plan, Do, Study, Act.</td>
</tr>
<tr>
<td>PGP</td>
<td>Productive General Practice</td>
</tr>
<tr>
<td>PLT</td>
<td>Protected Learning Time</td>
</tr>
<tr>
<td>PRISMS</td>
<td>Prescribing Information System for Scotland</td>
</tr>
<tr>
<td>QI</td>
<td>Quality Improvement</td>
</tr>
<tr>
<td>QOF</td>
<td>Quality and Outcomes Framework</td>
</tr>
<tr>
<td>QPA</td>
<td>Quality Practice Award</td>
</tr>
<tr>
<td>RCGP</td>
<td>The Royal College of General Practitioners</td>
</tr>
<tr>
<td>RCGP PPG/3P</td>
<td>Royal College of General Practitioners Patient Partnership Group</td>
</tr>
<tr>
<td>RCA</td>
<td>Root Cause Analysis</td>
</tr>
<tr>
<td>RPS</td>
<td>Royal Pharmaceutical Society</td>
</tr>
<tr>
<td>SCI store</td>
<td>Scottish Care Information Store</td>
</tr>
<tr>
<td>SGHD</td>
<td>The Scottish Government Health and Social Care Directorate</td>
</tr>
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<td>SGPC</td>
<td>Scottish General Practitioners Committee</td>
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<tr>
<td>SIGN</td>
<td>Scottish Intercollegiate Guidelines Network</td>
</tr>
<tr>
<td>SPARRA</td>
<td>Scottish Patients at Risk of Readmission and Admission</td>
</tr>
<tr>
<td>SPIRE</td>
<td>Scottish Primary Care Information Resource</td>
</tr>
<tr>
<td>SPSP</td>
<td>Scottish Patient Safety Programme</td>
</tr>
<tr>
<td>VT</td>
<td>Vocational Training</td>
</tr>
</tbody>
</table>
Appendix 2: Bibliography/References


Appendix 3: Short Life Working Group Membership

Dr Brian Robson, (Joint Chair) Executive Clinical Director, Healthcare Improvement Scotland
Dr John Gillies, (Joint Chair) RCGP Scotland
Euan Bailey, Project Administrator, RCGP Scotland
Dr Jenny Bennison, Executive Officer (Quality Improvement), RCGP Scotland
Mary Freel, Practice Manager
Dr Neil Houston, GP Clinical Lead Safety Improvement in Primary Care, SPSP Fellow
Christine Johnstone, Community Engagement and Improvement Support Manager, Scottish Health Council
Sue Kinsey, Lay Representative, RCGP Scotland
Dr Jonathan Kirk, Associate Medical Director, NHS Borders, SPSP Fellow
Dr Colette Maule, Scottish GP Committee, BMA
Dr Alan McDevitt, Chairman Scottish General Practitioners’ Committee
Dr John McKay, Assistant Director of GP Postgraduate Education, NHS Education for Scotland
Dr Ken McLean, GP, RCGP Scotland
Dr Michael Norbury, GP, RCGP Scotland
Diane Rich, Projects Coordinator, RCGP Scotland
Dr Gregor Smith, Senior Medical Advisor, Scottish Government
Dr Bill Taylor, Project Clinical Lead, RCGP Scotland
David Thomson, Deputy Director for Primary Care, Scottish Government
Jenny Wilson, Practice Nurse
Steven Wilson, Senior Programme Manager, Healthcare Improvement Scotland
## Appendix 4: Virtual Reference Group Membership

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professor Martin Marshall</td>
<td>Professor of Healthcare Improvement and Lead for Improvement Science, UCL London</td>
</tr>
<tr>
<td>Ruth Glassborow</td>
<td>Interim Director of Safety and Improvement, Health Improvement Scotland</td>
</tr>
<tr>
<td>Marion Macleod</td>
<td>National Coordinator Scottish Practice Management Development Network, NHS Education for Scotland</td>
</tr>
<tr>
<td>Susan Kennedy</td>
<td>National Coordinator for General Practice Nursing, NHS Education for Scotland</td>
</tr>
<tr>
<td>Dr Paul Bowie</td>
<td>Programme Director (Safety and Improvement), NHS Education for Scotland</td>
</tr>
<tr>
<td>Dr Miles Mack</td>
<td>Deputy Chair (Policy), RCGP Scotland</td>
</tr>
<tr>
<td>Professor Bruce Guthrie</td>
<td>Professor of Primary Care Medicine, University of Dundee Medical School</td>
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<td>Malcolm Westwood</td>
<td>P3 Rep, RCGP Scotland</td>
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The Healthcare Environment Inspectorate, the Scottish Health Council, the Scottish Health Technologies Group and the Scottish Intercollegiate Guidelines Network (SIGN) are part of our organisation.

You can read and download this document from our website. We are happy to consider requests for other languages or formats. Please contact our Equality and Diversity Officer on 0141 225 6999 or email contactpublicinvolvement.his@nhs.net
SUBJECT: Executive Clinical Director: key points

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.

a) Engaging clinicians in shaping Quality and Safety Reviews

Appendix 1 provides a summary of the event held for clinical leaders from across Scotland in May 2014 to reflect on the rapid review of quality and safety of care in NHS Lanarkshire. This meeting demonstrated the willingness of senior clinical leaders to be actively involved in shaping future reviews and the key recommendations are outlined in the attached flash report.

The Cabinet Secretary for Health and Wellbeing announced at the NHS Event in June 2014 that developments in assessments of quality and safety will form a key element of the scrutiny and improvement of NHS services on a go forward basis. Input to future assessments will include input from national clinical groups as this work is further developed.

b) Learning From Deaths: Establishing Scotland’s Mortality Review Process

Healthcare Improvement Scotland, Scottish Academy and Public Health and Intelligence have established a working group and programme to build on the successes of the Scottish Audit of Surgical Mortality (SASM) to evolve a standardised approach to review of M&M meetings. It is recognised that a number of NHS Boards across Scotland have established mortality and morbidity review processes however these are largely developed independently, implemented to varying degrees and are often uni-professional which might limit wider sharing and learning. Many teams have asked for national guidance and implementation support.

In addition to standardising and improving local mortality review processes (MRPs), it is also recognised that collecting themes and relevant data at national level will be an important function. This national component will support the identification of key themes and improvement opportunities so that challenges, improvements and mitigations may be shared and that the spread of innovation and excellence might be more rapidly supported and disseminated throughout Scotland. We aim to support a learning system that can share best practice and track improvement over time.

Details of the programme, timelines and output are in development and will be worked up further at a stakeholder meeting on 25 June 2014.
c) SPSP Fellowship Programme World Cafe

A World Cafe event was held on 10 June 2014 marking the completion of the main programme for our sixth cohort of fellows.

Cohort six fellows presented the fruits of their projects and shared their experience of the programme working together as a group and in taking forward improvements locally within their own areas. The format of the session was centred around inspiring and interactive presentations – and summarised in a series of posters. This event provided an opportunity to celebrate success, network and share knowledge. In addition to the fellows, there were also a number of colleagues from national bodies and the fellows’ sponsoring organisations.

There are now **105 SPSP Fellows across cohort 1-6** – and applications for cohort 7 are open now (closing date 11 July 2014).

The Fellowship is open to healthcare staff who currently undertake clinical practice and have a direct influence on improving the delivery of safe patient care, as well as staff in clinical professions who do not currently deliver hands-on care but do have a role in improving patient care or safety.

The administration and funding of the SPSP Fellowship Programme was transferred to NHS Education Scotland in 2014 however HIS remain actively engaged in the recruitment, design, delivery and planning of the programme in addition to meaningful clinical engagement with and via SPSP Fellowship Alumni.

Dr Brian Robson  
Executive Clinical Director

Appendix:  
Shaping the Future Flash Report
Clinical leaders from SAMD, SEND, DoPHs and DoPs came together to capture lessons learned from the NHS Lanarkshire review and to develop recommendations for the future implementation of the process.

Reflecting on our Approach
- Jason Leitch on SG commissioning of quality and safety reviews
- Robbie Pearson on the purpose of quality and safety reviews
- Ruth Glassborow, Hazel Borland and Sheena MacDonald on the approach taken with NHS Lanarkshire
- Iain Wallace and Rosemary Lyness on reflections from Lanarkshire and how they are moving forward

Collective Learning
- Andrew Russell (SAMD)
  - Clinical probity
  - Cultural change
  - Public view
- Fiona McQueen (SEND)
  - Accountability
  - Involvement
  - Transparency
- Evelyn McPhail (DoPs)
  - Professional leadership
  - Pharmacy expertise
  - Shared responsibility
- Harpreet Kholi (DsPH)
  - Additional data and intelligence sources

Looking Forward
- What are the key elements of the process to ensure robust and effective quality and safety reviews?
- What are the comms and engagement strategies you require from us / your organisation to support process for quality and safety reviews and improvement?
- What do you need to have in place to create the right conditions to take forward improvements?

Key Messages:
- Independence from Scottish Government
- Requirement for core dataset: qualitative and quantitative
- Transparency around triggers
- Programme of support more helpful than inspection alone
- Proportionality and sustainability of inspection approach
- Clinical engagement: “to get the most out of this approach, it requires to be done with others”
- Professionalism: individual responsibilities
- Public awareness and proactive media

Further information and links
http://www.healthcareimprovementscotland.org

Want more information? Contact Name: morag.kasmi@nhs.net Phone: 0131 623 4344
18 Nurse Directors
18 Medical Directors
9 Directors of Pharmacy
1 Director of Public Health

All territorial NHS Boards across Scotland were represented on the day.
SUBJECT: Evidence 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 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.

a) Familial Breast Cancer Report
   The familial breast cancer report that identifies recommendations from NICE guideline 164 which should be prioritised for implementation is now published. The updated NICE guideline 164 on familial breast cancer was published in June 2013 offering several evidence-based recommendations in areas including genetic testing, surveillance and treatment strategies. Although NICE guidelines have no formal status in Scotland, they are considered by NHSScotland in the absence of Scottish guidance from the Scottish Intercollegiate Guidelines Network (SIGN).

   A short life working group (SLWG), under the Chairmanship of Dr Hilary Dobson, Clinical Lead West of Scotland Cancer Network, was formed to address the applicability of the recommendations from the NICE guideline for the Scottish population and consider and identify any implementation challenges posed. Membership of the group included representation from the three Scottish cancer networks and lay representation. The group was supported by Healthcare Improvement Scotland. The report identifies the recommendations that should be prioritised for implementation in NHSScotland and highlights barriers for implementation of those recommendations and the resources or processes required to overcome these.

b) Knowledge into Action
   Healthcare Improvement Scotland (HIS) is working in collaboration with NHS Education for Scotland in joint leadership of the Knowledge into Action (K2A) initiative. The principles of this approach to narrowing the gap between practice and research underpin the HIS corporate approach to Knowledge Management. The current action plan includes the embedding of search and synthesis and actionable knowledge solutions into programmes beyond our usual ‘customers’ including groups such as the improvement collaboratives. We will support staff to share the learning from the improvement programmes by producing professional writing outputs for publication in different formats and for different audiences.

   To support this activity HIS hosted a workshop on writing for publication open to all NHSScotland staff in May this year. Delegates had the opportunity to hear from experienced writers about getting started on the writing process including Cathy Howe, Improvement Specialist and National Institute for Health Research Knowledge Mobilisation Fellow and Professor Rowena Murray from the University of West of Scotland.

   The workshop was well received and evaluated against whether it would help delegates be more effective in their roles, the delivery and content, overall success and whether delegates would recommend the course to others.
c) The challenge of managing patients with multimorbidities

Multimorbidity (or polypathology) is a challenge for NHSScotland: most people with a chronic condition have multimorbidity. It is not uncommon for people to have three comorbid conditions and with the aging population it is an ever increasing problem. Clinical guidelines usually focus on single conditions. Care for people with multiple and chronic conditions is one of the 12 priorities in the Scottish Government route map to the 2020 vision for health and social care. Good evidence for combinations of conditions is rarely available as people with multimorbidities are almost always excluded from clinical trials. Trials groups are frequently much younger and healthier than the actual patient population, which raises questions about the applicability of the results of a typical RCT to typical patients (older with multimorbidity) with a condition such as diabetes or heart disease.

By following guidelines, healthcare professionals are frequently adding ever more treatments to the management plan of an individual with multimorbidities, but there is very little evidence, and therefore guidance, on when to stop treatments. In addition, guidelines rarely consider the applicability of treatments to individuals with limited life expectancy, who are unlikely to benefit from long term preventive treatment. As a consequence, clinical decision making is more difficult in people with multimorbidity because clinicians and patients often struggle to balance the benefits and risks of multiple recommended treatments.

SIGN is currently looking at ways to make guidelines more relevant to people with multimorbidities and more informative for the healthcare professionals managing their conditions. For example we aim to:

- scope out and develop guidelines on common comorbidities
- use local epidemiology to gauge how applicable trial data is to our patient population
- be more explicit and transparent when extrapolating from a trial population to the patient population to make a recommendation, especially when the benefit seems to be small
- make recommendations for research on multimorbidities where none exists.

We are also involved in two initiatives looking at guideline and multimorbidity: an NIHR funded project to develop methods for producing guidelines for multimorbidities and the Guidelines International Network Multimorbidity Working Group.

Karen Ritchie
Deputy 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.

a) Healthcare Associated Infections Improvement Support
The Safety and Improvement Directorate have worked with the Scrutiny and Assurance Directorate to develop a proposal for a HAI Improvement Support Team. The remit of this team will include providing expert HAI improvement advice and support to the Healthcare Environment Inspectorate (HEI) and, following an inspection, to NHS boards.

This proposal has been accepted in principle by the Scottish Government and is currently progressing through the formal approval process. The team of three individuals will report to the Head of Safety and provide expert advice to both HEI and the Scottish Patient Safety Programme.

b) QI Hub
The review of the aims, focus and operating model for the QI Hub is progressing to plan. The May meeting of the Strategic Partners Group agreed a revised draft Memorandum of Understanding for further discussion with the Quality Unit at the Scottish Government and the senior teams within each of the partner’s organisations.

The revised agreement proposes that the QI Hub’s purpose should be supporting NHS boards to develop the capacity, capability and infrastructures to excel in quality improvement. It will focus on those activities which can only be successfully delivered by two or more QI Hub partners working together. This is a more focused approach than the previous remit of supporting NHS boards with the implementation of the Healthcare Quality Strategy. In part, this in recognition that partnership working is always more time consuming and must be focused, therefore, on those activities which require the involvement of more than one national organisation. Further, looking at the capacity, capability and infrastructures to excel in quality improvement gives the QI Hub a clear and focused remit.

The last two meetings of the Strategic Partners Group have been well attended and processes are now being put in place to ensure effective strategic and operational governance of the work programme going forward.

c) Person Centred Health and Care
Learning Session 4 was delivered on 27 and 28 May 14 and, the initial analysis indicates a very positive evaluation. Anecdotal feedback was positive about the decision to focus the collaborative on the 5 must do with me’s. However, there are still challenges with ensuring local teams use data (qualitative and quantitative) to inform their improvement work and the national team are considering how they can further support services to achieve this.
Following discussions with Scottish Government, there is an agreement to use a different format for learning events for the remainder of 2014/2015. This will include smaller events focusing on specific themes. Further, the national team is currently exploring the concept of introducing a set of 'key changes' to address the current lack of commonality across NHS Boards around the improvements being tested.

Ruth Glassborow
Director of Safety and Improvement (Interim)
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) Heads of Inspectorate meeting
   Healthcare Improvement Scotland hosted the annual meeting of the Five Nations Heads of Inspectorate Forum at the Scottish Health Service Centre in Edinburgh on 27 May 2014. The day focussed on listening to the public to drive change in public services. We welcomed 45 attendees from scrutiny, inspection, regulation and audit organisations from across the UK and the Isle of Man to discuss our approaches to involvement and engagement with the public and to share good practice. We were delighted to welcome Roseanna Cunningham MSP, Minister for Community Safety and Legal Affairs who closed the day by sharing her thoughts on the importance of regulation and inspection to support communities and safety.

b) Adverse Events Reviews & National Framework
   The rolling programme of adverse event reviews across NHS boards has now been completed, with the report into NHS Lanarkshire’s management of adverse events published on 17 June 2014.

   All NHS boards are working to embed the national framework for effectively managing and learning from adverse events which we published in September 2013. This framework provides a consistent approach to learning from adverse events which supports service improvements and enhances the safety of our healthcare system for everyone. It contributes to NHS Scotland’s strategic aim of reducing avoidable harm.

   We held a national collaborative learning event on 7 May 2014 to support the implementation of the framework. Around 200 stakeholders from across Scotland attended the day to discuss progress and to share lessons. Patient and staff stories were central to the event and our approach and progress was commended by the Cabinet Secretary in his key note speech.

   The feedback from this event and the reviews are informing the next phase of our programme and our commitment to refresh the national framework later in 2014. This refresh will include further resources that have been developed over the past year such as how and when to communicate with patients, families and carers following an adverse event; guidance for writing adverse event review reports that can be widely shared; leaflets for patients/families and staff explaining the review process and what support is available. A learning portal is also being developed to house these resources and support sharing lessons across NHSScotland.
Key points of focus for the next phase of the programme include:

- Involving and supporting patients and families
- Providing feedback to staff
- Applying the framework in primary care
- Developing a process for joint reviews (across specialties/agencies/boards)
- Sharing good practice nationally

d) HEI Evaluation Report

The Healthcare Environment Inspectorate published the second “How well did we do our inspection?” report on 11 June 2014. The report outlines the findings of an evaluation study to evaluate how well the inspectorate performed its inspection programme from September 2012–September 2013 and to use these findings to inform future inspections. We surveyed 14 NHS Boards and 1 Special Health board to gather their views on the impact of inspection. Of the 183 staff who responded:

- 95% believed that independent inspection has value and leads to improvement
- 91% stated that action had been taken as a result of verbal feedback on the date of inspection
- 86% also said that action had been taken following publication of the inspection report and improvement action plan.

The report includes the inspectorate’s response to the findings and an action plan has been drawn up to take forward some of the recommendations.

Robbie Pearson
Director of Scrutiny and Assurance
SUBJECT: 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.

a) The Patient Voice
   The Cabinet Secretary for Health and Wellbeing announced at the NHSScotland Event on 4 June 2014 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 … 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.”

   We are now in discussions with the Scottish Government to develop an agreed process for producing proposals by the end of the year.

b) Amendments to Pharmaceutical Services (Scotland) Regulations 2014 (Pharmacy Applications)
   Following a public consultation on the existing regulations, the Scottish Government has announced amendments to the current National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009, which will come into force on 28 June 2014.

   The Scottish Health Council made representation during the consultation and in the main our suggestions have been incorporated in the amendments.

   The policy document which accompanies the amended regulations states:

   ‘Consultation activity will be required to be conducted in such a way as to reach, as far as possible, the vast majority of residents in the neighbourhood affected by the proposed pharmacy and will be for the purposes of, for example, seeking views on the NHS pharmaceutical services to be provided, gaps in the existing pharmaceutical services provision, the impact on other NHS services in the neighbourhood and the level of support of residents in the neighbourhood.’

   In some instances applications to establish pharmacies have attracted considerable controversy in rural areas where this has appeared to put GP dispensing surgeries under threat, and it is hoped that this change in the regulations may make it easier for community concerns to be addressed and taken into account in decision making.
c) **Webinar on rural engagement**

The Scottish Health Council organised and facilitated a ‘webinar’ (online workshop) in May which presented research findings from Dr. Sarah-Anne Muñoz (University of Highlands & Islands) on her recent research report “Involving Rural Communities in Health and Social Care Co-production”. Around 40 people attended from across the UK, from NHS Boards, Third Sector and our own staff.

Over 90% rated the content good/very good, and people fed back that they liked the brevity of the webinar (‘short and snappy’) and gave suggestions for future topics.

Richard Norris  
Director  
Scottish Health Council
SUBJECT: Director of Finance and Corporate Services: 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 Directorate of Finance and Corporate Services, 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) Health and Sport Committee – NHS Boards Budget Scrutiny
Healthcare Improvement Scotland was invited to attend the Committee to provide evidence on 27 May 2014 along with the Scottish Ambulance Service and National Services Scotland. Evidence from four territorial health boards was taken the previous week on 20 May 2014 and the Scottish Government will be providing evidence on 17 June 2014.

Members focused largely on efficiency savings and the impact on workforce projections. They were also keen to gain an understanding of the make-up of budgets ie baseline versus additional allocations. There were no detailed questions on any specific aspects of our work although both Richard Simpson and Duncan McNeil expressed some concern about the proportion of workforce efficiency savings in the HIS budget, given the demand for our work in scrutiny.

b) Healthcare Improvement Scotland Governance Review
A working group of the Board, led by Hamish Wilson, Vice Chairman, is taking forward a review of governance based on the recommendations from the Board Evaluation report by Jan Polley and the Internal Audit report on the review of governance committees. An action plan will be developed and progress reported to ET/CMT and formally to the Board during September 2014.

The review is re-aligning the work of the Committees and has made an early decision to disband the Finance and Performance Committee. Its work will be transferred to the newly named Audit and Risk Committee, to the Executive Team or directly to the Board.

c) Review of SMC Governance
A meeting of the sub group, chaired by Hamish Wilson, Vice Chairman, was held on 22 May 2014. It was agreed to use the findings from the Scott Moncrieff report and the recommendations from the governance work to form the basis of an outcomes plan which could then be agreed and implemented. A final meeting of the sub group is being arranged to agree the plan. Following this meeting the work will be taken forward from within the organisation.

Maggie Waterston
Director of Finance and Corporate Services
SUBJECT: Staff Governance Committee – 21 May 2014 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 held on 21 May 2014.

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

   a) The Committee will be holding a development session at the August meeting which will be looking at improving the effectiveness of the committee and building on the governance review. We will also be asking the internal auditors to undertake an evaluation of the committee.

   b) The Committee recommended that the organisation takes advantage of the offer to have local questions tailored to Healthcare Improvement Scotland included in the next staff survey.

   c) The Committee noted that a number of papers did not appear to have considered their impact on potential equality issues, it was agreed that the guidance on this would be re-circulated to relevant staff.

Duncan Service
Committee Chair
MINUTES – approved

Meeting of the Healthcare Improvement Scotland Staff Governance Committee
27 February 2014 10.00-12.00
Delta House (Meeting Room 6A)

Present
Michael Fuller  Board Member (Chair)
Hamish Hamill  Board Member (Deputy Chair)
Marian Keogh  Board Member
Hamish Wilson  Board Member
Duncan Service  Employee Director

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

In attendance
Ruth Glassborow  Interim Director of Safety and Improvement
Anne Lumsden  Organisational Development and Learning Manager
Sandra MacDougall  Head of Policy
Anthony McGowan  Human Resources Manager
Robbie Pearson  Director of Scrutiny and Assurance
Karen Ritchie  Head of Knowledge Management
Jacqui Smart  Person Centred Care Advisor
Sara Twaddle  Interim Director of Evidence
Maggie Waterston  Director of Finance and Corporate Services

Committee support
Karen Brown  Committee Secretary

Apologies
Denise Coia  Chairman (Healthcare Improvement Scotland)
John Glennie  Chief Executive
Richard Norris  Director of Scottish Health Council
Brian Robson  Executive Clinical Director

1. WELCOME AND APOLOGIES FOR ABSENCE

1.1 Welcome

The Chair welcomed everyone to the meeting, in particular Ruth Glassborow, Sandra MacDougall, Jacqui Smart and June Wylie.
1.2 Apologies

Apologies for absence were received as noted above.

2. MINUTES OF PREVIOUS MEETING/ACTION POINT REGISTER

2.1 The minutes of the meeting held on 27 November 2014 were agreed as an accurate record of the meeting subject to the following amendment:

- Insertion of a sentence indicating where the Deputy Chair of the Committee had chaired the meeting in place of the Chair.

2.2 Review of Action Point Register

The Committee noted the action point register and requested clarification on the following.

- Item 4.1 KSF Update: The Committee queried the delay in issue of the letter from the CEO to the national system and requested to be informed when it was sent.

3. COMMITTEE GOVERNANCE

3.1 Annual Report 2013/14

The Committee received the draft Committee Annual Report for review and feedback.

In the course of discussion, the following was agreed:

- The Summary of key outcomes in relation to purpose, Recommendations and Conclusion sections to be sharper and more concise.
- In the Summary of key outcomes and Recommendations sections, reference to be made to the Committee’s input to the Staff Governance Action Plan.
- In the Recommendations section:
  - Reference to the accountability of the Committee to staff was incorrect and should be removed. Instead, reference to be made to the meaningfulness to staff of the Committee and its work;
  - Reference to be made that there would be follow up work undertaken on the results of the NHS Scotland Staff Survey.

The report was approved as a draft subject to further work being done on it by the Employee Director and Head of Human Resources, taking into account the comments of the Committee. The report would then be re-circulated to the Committee for final approval before presentation to the March meeting of the Board.
3.1 **Business Planning Schedule**

The Business Planning Schedule was noted.

3.2 **Risk Management Report**

The Committee received a report which advised of progress with the management and implementation of risk across the organisation. Also attached as appendices for review were the corporate risk relevant to the Committee and revised operational risk register.

The Committee noted the report and the progress made in transition to the new risk register and that this would be closely monitored by the Audit Committee. The Director Finance and Corporate Services advised that the extant operational risk register would be closed, however invited members of the Committee to email her directly if they had any further queries.

4. **STRATEGIC BUSINESS**

4.1 **Local Delivery Plan**

The Committee received a verbal update from the Director of Finance and Corporate Services advising of progress in production of the Local Delivery Plan (LDP):

- The draft LDP had been submitted to the Scottish Government within the agreed timescale and a meeting would be held with representatives from the sponsor Directorate, including Finance colleagues, on 5 March to discuss it.
- Two staff engagement sessions had been held. More than 60 staff across the organisation had attended these sessions which was an improvement on 2012-13. The Committee was also advised that these sessions had been much more discursive than in previous years and therefore had been particularly useful.
- The draft plan would be presented to the Finance and Performance Committee.
- Feedback from the staff engagement sessions, the Finance and Performance Committee and public consultation would be taken into account before presentation of a final draft to the Board at its March meeting.
- The final draft would be submitted to the Scottish Government on 14 March before the Board met, with the caveat that it still required Board approval.

The Committee was further advised that feedback on the financial section of the LDP would be provided at a later stage, however, cuts to the organisation’s budget funding were unsustainable going forward. As the staff pay bill accounted for much of the budget, work was being undertaken in the production of the organisation’s 2014/15 Workforce Plan to promote a flexible workforce with a view to achieving savings.
The Committee noted the verbal report and commended all involved in the production of the LDP.

4.2 **Shared Services**

The Committee received a verbal update from the Employee Director who advised that a letter had been received from the Unison Scottish Healthcare Branch which highlighted concerns about a number of shared service initiatives which appeared not to have been taken forward in partnership. A joint response to the letter was being drafted by the Chief Executives to address their points and a meeting would be held on 3 March 2014.

The Committee noted that shared services would be an important area moving forward and it was agreed that this would be a standing committee item.

4.3 **NHS Scotland Staff Survey**

The Committee received a PowerPoint presentation from the Head of Human Resources who advised that although the results related to the period May to July 2013, there were many key messages for the organisation to take on board,

- A very good return (80%) had been received from Healthcare Improvement Scotland staff, compared to the lower national response rate (28%), which provided a validity to the results of the survey from an organisational point of view.
- Broadly speaking, scores were positive, although there were some areas where scores were less positive than in previous years. Key positive scores for Healthcare Improvement Scotland were:
  - 96% of staff were happy to ‘go the extra mile’;
  - 76% agreed that they received help and support from colleagues;
  - 74% considered they worked well in their team, continuing the trend of good team working within the organisation;
  - 61% staff felt safe to speak up and challenge which was the highest score across NHS Scotland.
  - Learning and development activity was also viewed positively across the organisation.

The Committee was advised however that although scores in these areas were broadly positive, management was not complacent. Least positive scores (e.g. 46% agreed that they are kept informed about what is happening in the Board, concerns about changes at work with 35% agreeing that they are always consulted and about confidence levels that they are being listened to) or scores with modest improvement (e.g. bullying and harassment) were clearly areas where more work was required to be done. An action plan to address the issues highlighted in
the survey had been drafted by the Driving Improvement work group, along with the Employee Director.

In noting the results of the survey, the Committee agreed that the organisation should be proud of its response rate and positive scores, particularly as the survey had been completed at a time of organisational change. It was noted that the issues raised by the Staff Survey had been discussed and were included in the draft Staff Governance Action Plan 2014/15 later on the agenda.

4.4 Progress Reports from Driving Improvement Workforce Groups

The Head of Knowledge Management provided a general overview of the reports followed by updates on progress by the respective chairs of the three subgroups.

Overview:

- Much activity was going on within the Workforce Plan. Further work was required to ensure that staff resources and skills, in particular greater flexibility and adaptability, were fully aligned with the requirements of the LDP and financial planning.
- A lot of reporting was required to be done against the Scottish Government's 2020 Vision.
- Progress was being made with the Knowledge and Skills Framework (KSF).
- The work on staff values, behaviours, engagement and communications was being integrated with external engagement work to ensure that staff were receiving the same level of engagement as external stakeholders.

Workforce Planning

The chair of the subgroup advised the Committee that it was a positive experience chairing this subgroup with members involved being very active and positive. The main point highlighted in the paper was the work being done to produce a key deliverable, the workforce plan, of which a draft had already been prepared. The group had identified the need for an evaluation of the Driving Improvement processes leading to development of the workforce plan.

Clarification was provided that development of the workforce plan would be integrated across the subgroups and include partnership working.

The challenges of achieving a flexible and adaptable workforce in a small organisation, were also noted. The geographical spread of the workforce of the Scottish Health Council was highlighted as an example of this challenge.

Discussion arose around the development of this work and the LDP alongside the work required of individual organisations to fulfil what was considered to be overlapping national reporting requirements. The consensus of both the Committee and management was that the latter was a challenge. It was recognised that the two key national documents
- 2020 Vision and Staff Governance Action Plan - align to the work of the Driving Improvement Workforce groups and work was being done to avoid duplication of effort and reporting. However, this was costing much resource time and this challenge would increase as resources diminish.

**Learning and Development subgroup update**

The Committee was advised that whilst the report gave a broad overview of the work of the subgroup, the detail of its work was contained within the Staff Governance Action Plan. Members of the subgroup were still very committed to this work. Highlighted was the work being undertaken in Change Acceleration Process with 20 staff undergoing training in this area. Work was also being undertaken on live projects by staff from all levels across the organisation which demonstrated the enthusiasm and commitment of staff.

**Values, Behaviours, Engagement and Communications subgroup update**

The Committee was advised that the Staff Governance Action Plan also captured the detail of the work of this group and that members were also still very committed to this work. Specifically the group was focussing its work on defining values which would feature in the organisation's strategy for 2014-2020. The next stage over the next six months would be to raise awareness and engage with staff around the application of these values in the workplace and put in place systems to measure how well they are becoming embedded within the organisation.

The Committee welcomed and was encouraged by the enthusiasm of the subgroups highlighted in the verbal presentations of the Chairs. The Committee requested that moving forwards, the reports should focus less on activity and more on endpoints, milestones and outcomes. It was noted that this information should be included in the progress from the group reports against the Staff Governance Action Plan and 2020 Vision Implementation Plan.

A request was also made for more plain English and less jargon to be used in compilation of the reports.

In closing the item, the Committee thanked the chairs and members of the subgroups for their work and agreed that to raise awareness to the Board of this work, this should be one of the three key messages of the meeting.

4.5 **Staff Governance Action Plan update**

The Committee received the final progress report against the Staff Governance Action Plan 2013/14.

In response to a query about the compliance rate for Corporate Induction attendance, the Committee was advised that the organisation had recognised that this was not as good as it should be. Arrangements were in hand to change the focus of these sessions with the aim of
improving attendance in 2014/15.

The Committee noted the content of the report.

4.6 Staff Governance Standard Monitoring Framework Reporting Arrangements

The Committee was advised of a revised Staff Governance monitoring framework for the submission of National Annual Monitoring returns and asked to approve in principle the submission of Healthcare Improvement Scotland.

Discussion again ensued around the amount and duplication of information required for submission of national reporting papers by a Board of Healthcare Improvement Scotland’s size. Comment was also made that moving forwards, it was worth discussing with colleagues in the Scottish Government whether future submissions could be incorporated into one reporting framework.

It was agreed that the excessive reporting requirements should be highlighted to Scottish Government.

The Committee approved the organisation’s submission with the following suggested amendments:

- Acronyms should be spelt out in full;
- Where statistics are used, retrospective statistics should be included for the purpose of comparison;
- Section 4.5 – remove ‘formal’ before ‘disciplinary processes’.

4.7 Draft 2014/15 Staff Governance Action Plan

The Committee received the draft Staff Governance Action Plan 2014/15 which it was asked to approve in principle subject to further discussion by the Corporate Management Team and Partnership Forum. Submission to the Sponsor Directorate at the Scottish Government was required to be done by 9 May 2014. The Committee was advised that key actions had not substantially changed, with the exception of the area of dignity at work where specifically a different approach was required to tackle issues of bullying and harassment.

The Committee approved the draft plan in principle.

4.8 20:20 Workforce Vision

The Committee received for approval the draft 2020 Workforce Vision Plan for 2014/15 along with CEL 27 (2013) which set out the requirements of its implementation.

The Committee was advised that within the plan there were five key priorities for action which the organisation was obliged to undertake, measure and report on. These five priorities would link with the Driving Improvement Workforce Groups to provide clarity of focus and avoid duplication of effort and reporting. The Committee was further advised
that where Healthcare Improvement Scotland was concerned, there were a number of critical areas of integration of health and social care services – such as quality improvement, joint scrutiny and inspection work - which required staff development and continued dialogue between boards.

The Committee approved the Plan in principle subject to further discussion by the Corporate Management Team and Partnership Forum.

5. STANDING BUSINESS

5.1 KSF Update

In addition to the report received by the Committee, a verbal update was provided which showed a 99.6% compliance rate of staff Performance and Development Review completion as of 20 February 2014. The outstanding 0.4% was due to sickness absence of one member of staff. The Committee was advised that its continued focus on this issue had been very useful in achieving this.

The Committee was further advised that the process of aligning the Performance and Development Review period to the annual business cycle will address issues of monitoring reviews and ensuring compliance moving forward.

On receiving this update, the Committee expressed its congratulations to management and agreed that this should be one of the three key points of the meeting to raise awareness to the Board.

Sara Twaddle and Prince Obike left the meeting at this point.

5.3 Partnership Forum Minutes

The Committee received and noted the minutes of the meetings on 17 October 2013 and 4 December 2013.

6. CLOSING BUSINESS

3 points

- KSF update
- Streamlining the process of national reporting
- Driving Improvement

Chair

7. ANY OTHER BUSINESS

As this was his last meeting of the Committee, the outgoing Chair was thanked for all this work by the Employee Director who would be replacing him as Chair. This was echoed by all those present at the meeting.

In response, the Chair thanked all present, indicating that it had been an enjoyable and fascinating experience chairing the Committee, particularly with the invaluable support of the Head of Human Resources.
and her management team who were a credit to the organisation. He was now leaving the chairing duties in the capable hands of the Employee Director.

The meeting finished at 12.15 hours.

8. DATE OF NEXT MEETING

Wednesday 21 May 2014 – Delta House 2 – 4pm
SUBJECT: Scottish Health Council: key points

The following key points come from the meeting of the Scottish Health Council on 17 June 2014.

1. **Scottish Health Council Operational Plans.** The Committee welcomed the positive feedback on the 2013/14 Operational Plan and commented that this was a ‘huge step forward’. The Committee noted that the 2014/15 Operational Plan will need to be flexible in order to respond to the recent announcement by the Cabinet Secretary. The Committee also noted that the Progress Update for Equality Outcomes, and the User Involvement Monitoring Report, comprising data monitoring the equality characteristics of volunteers (including Public Partners) involved in the work of Healthcare Improvement Scotland.

2. **Service change.** Daniel Connolly, Scottish Health Council Service Change manager, gave a paper and presentation on the work of the Service Change team and an overview of current service change activity across Scotland, together with some early thoughts on how the role should develop in the context of Health and Social Care Integration. The Committee’s view was that the Scottish Health Council should have the similar quality assurance role in terms of public engagement in relation to the new integrated partnerships as it currently has in relation to NHS Boards, and that the distinction between ‘major’ service change and ‘non-major’ service change in the current guidance can be unhelpful.

3. **Gathering public views across Scotland.** Christine Johnstone, Scottish Health Council Community Engagement and Improvement Support Manager, provided a paper and presentation summarising the work being carried out by the Scottish Health Council’s local offices in responding to requests to gather public views on healthcare topics. Due to increasing demand, a new procedure for responding to requests was developed in 2013, which has been used to prioritise requests and refine the process. Stakeholders (including various Scottish Government departments, National Services Scotland, SIGN and other parts of HIS) have been very positive about this work, and public participants and staff have been keen to be involved. The activity is seen as a ‘natural fit’ for the Scottish Health Council, and fits in well with the move to making the Council and Healthcare Improvement Scotland ‘public facing’.

4. **New system for listening to, and promoting, the patient’s voice.** On 4 June 2014 the Cabinet Secretary for Health and Wellbeing announced that he was tasking Healthcare Improvement Scotland and Scottish Health Council to ‘develop a system that means we do more to truly hear the voice of patients’. The Committee discussed the various issues that need to be considered and the need to get more concrete details from the Scottish Government in terms of the ‘ask’ given the Cabinet Secretary’s timescale for producing proposals by the end of the year. It was agreed that this was a positive and welcome development.

**Pam Whittle, Chair**
**Scottish Health Council**
MINUTES - approved

Meeting of the Scottish Health Council
8 April 2014
Meeting Room 4, Delta House, 50 West Nile Street, Glasgow G1 2NP

Present
Pam Whittle Chair
Helen Cadden Member
Carol Vanzetta Member
Peter Johnston Member

In attendance
Denise Coia Chair - Healthcare Improvement Scotland
Richard Norris Director
Sandra McDougall Head of Policy

Apologies
Laura Borland Member
Pauline Boyce Head of Operations

Committee support
Linda Bickerton Committee Secretary

1 WELCOME AND APOLOGIES FOR ABSENCE

1.1 The Chair thanked everyone for attending and welcomed the Chair of Healthcare Improvement Scotland to the meeting. Apologies had been submitted from Laura Borland and Pauline Boyce, Head of Operations.

1.3 Minutes of meeting held on 4 February 2014

The minutes of the meeting held on 4 February 2014 were approved as read.

1.4 Matters Arising

The Chair asked for any matters arising.

The Director reported on the current Participation Standard and explained that we have agreed with the Scottish Government that 2014/15 will be an assessment year and the area to be covered will link in with some aspect of work being currently undertaken (e.g. complaints and feedback). The medium to long-term is less clear and we are having discussions with the Scottish Government to ascertain their view of how the Participation Standard can support Boards in the future, in the context of health and social care integration. The Director will keep the Committee informed as discussions progress.

No further matters were raised which were not covered later in the meeting.
2 COMMITTEE GOVERNANCE

2.1 SHC - Operational Plan – 2013/2014

The Director confirmed that a full summary report for 2013/2014 which evaluated impact and outcomes would be brought to Committee in June.

2.2 Operational Plan – 2014/2015

The Director reported that this was the first draft with around 36 projects, not all necessarily of the same size or importance but all aligned with our strategic aims and objectives. Over the year there will be new projects and the opportunity to look at some areas to see if we should approach them in a different way. A more detailed plan will be brought to Committee in June.

The Director took the opportunity to explain that Jacki Smart who had been seconded to Person Centred Care work would be returning to her post as Head of Operations at the end of May and that Pauline Boyce would then be leaving the organisation, the end of Pauline’s contract coincides with her leaving to have a baby.

2.3 Risk Register Update

The Director explained that the risk register was discussed and updated regularly at the monthly Directorate Management meetings. It was felt that the beginning of the new financial year brings in new risks and we face a particular challenge with having such a geographically diverse staff distribution. This can make vacancy management difficult.

Helen Cadden queried the current status of the lease on Glasgow premises as she was worried that this expired in 2015. The Chair of Healthcare Improvement Scotland explained that property issues would be on the main HIS Risk Register but that the 2015 date for Delta House was simply a break in the lease and would be renegotiated as appropriate nearer the time. Helen Cadden then raised a capacity issue query - are we running too leanly to keep up with commitments? The Chair responded that the reason we cope well is that we have adaptable staff who are willing to help out but this doesn’t always give the impression of how tight we are.

2.4 Draft Annual Governance Report

After discussion the Chair agreed to record Carol Vanzetta's role in the Health & Social Care Project in 2013 plus Laura Borland's role in Social Media work. It was also agreed that the Public Partner Review work, where Public Partners designed and developed their own event, has demonstrated that we now engage Public Partners more effectively and feedback has been positive. We will also include work carried out over the year on our future Strategic Direction and Aspirations. The recent Complaints & Feedback work should be referenced. The Director highlighted the Participation Standard where our own assessment was carried out by NHS Education and they concluded that we had demonstrated an improvement.

The Chair and Director will add information as discussed and submit the Governance Report to the next Healthcare Improvement Scotland Board.
3 STRATEGIC BUSINESS

3.1 Strengthening the Public Voice

The Director reported that we had held an all staff meeting in March which discussed and dissected the four main work strands. The event provided some extremely useful feedback and evaluated very positively. Following this event we have scheduled a Directorate Management Team Strategy Day to plan how to best engage with key partners and stakeholders.

3.2 Health & Social Care Integration Update

The Director has had a very helpful meeting with COSLA and it is planned to have a joint meeting between ourselves, COSLA and the Scottish Government Integration team led by Kathleen Bessos.

The Director chaired an event in Midlothian bringing together health and social care stakeholders to start planning the new participation structures for integrated services. This event was successful, but there will need to be further work and development and the Scottish Health Council has committed to supporting that process.

The Director added that we had also been in discussion with the Health and Social Care Alliance to look at how we can work more strategically with them in this area.

3.3 Complaints and Feedback Project Report

The Head of Policy reported that this draft report has been updated since circulated to the Committee last week and that we had almost reached the final version stage. After discussion all agreed that the Report should be presented at the next Healthcare Improvement Scotland Board meeting. The Chair confirmed that this is a really important piece of work with a high national profile.

3.4 Public Partner Recruitment

The Head of Policy gave a brief update on the recent recruitment process and noted that we had hoped to recruit 15 new public partners, but finally managed to recruit 11. At the moment the main requirement is for public partners to help with Healthcare Inspections and new Scottish Medicines Consortium requirements. We intend to hold a further recruitment process in September once these new partners are bedded in.

3.5 Public Involvement in Medicines

The Head of Policy explained that historically the Scottish Medicines Consortium Public Engagement aspect was managed by one part time employee based within an external organisation. The arrangement has now ended and two new dedicated posts have been created to support the Scottish Medicines Consortium, located within the Scottish Health Council staffing structure.
Amongst the priorities for these posts is to support the Scottish Medicines Consortium to meet the Government requirement for a more open and transparent decision making process, with stronger and more visible public involvement once the Scottish Medicines Consortium meetings are held in public from May 2014.

3.6 Evaluation of Voices Scotland

The Director reported that the “Voices Scotland” Chest Heart & Stroke training had been attended by himself, Norma Duncan (a public partner) and other staff and following on from that we would like to see if we can train some of our staff to take the programme further.

The Director would be keen for Public Partners to attend this training and sees this as an important skills development to take forward and one of the pillars for person centred care. Discussions will take place to see if we can incorporate the training into induction sessions for new public partners.

Helen Cadden agreed that this could be a good confidence booster for new partners.

4. ANY OTHER BUSINESS

The Chair of Healthcare Improvement Scotland thanked the Director, Chair and Committee Members for a really interesting meeting.

The Chair then formally closed the meeting.

5. DATE OF NEXT MEETING

10.00 – 13.00 Tuesday 17 June 2014

in Meeting Room 4, Delta House, Glasgow