**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></td>
<td></td>
<td><strong>1. OPENING BUSINESS</strong></td>
<td></td>
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<tr>
<td>1.1</td>
<td>12.30</td>
<td>Welcome and apologies</td>
<td>Chairman</td>
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<tr>
<td>1.2</td>
<td>12.35</td>
<td>Minutes of the Board meeting held on 27 June 2018</td>
<td>Chairman</td>
<td>BM2018/55</td>
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<tr>
<td></td>
<td></td>
<td>Action Points from the meeting held on the 27 June 2018</td>
<td></td>
<td>BM2018/56</td>
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<tr>
<td>1.3</td>
<td>12.45</td>
<td>Chairman’s Report</td>
<td>Chairman</td>
<td>BM2018/57</td>
</tr>
<tr>
<td>1.4</td>
<td>13.05</td>
<td>Executive Report</td>
<td>Chief Executive</td>
<td>BM2018/58</td>
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<tr>
<td></td>
<td></td>
<td><strong>2. STRATEGIC DIRECTION</strong></td>
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<tr>
<td>2.1</td>
<td>13.25</td>
<td>Health and Sport Committee Governance Report</td>
<td>Chief Executive</td>
<td>BM2018/59</td>
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<td>• SG Response</td>
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<td>• HIS action plan</td>
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<td>2.2</td>
<td>13.55</td>
<td>Programme for Government – Summary of implications for HIS</td>
<td>Chief Executive</td>
<td>BM2018/60</td>
</tr>
<tr>
<td>2.3</td>
<td>14.20</td>
<td>Scottish Health Council Review – implementation plan</td>
<td>Chief Executive</td>
<td>BM2018/61</td>
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<tr>
<td></td>
<td>14.30</td>
<td>Refreshment break</td>
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<td><strong>3. DELIVERING OUR CORPORATE PLAN</strong></td>
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<td>3.1</td>
<td>14.40</td>
<td>Measuring our progress: Quality Committee quarterly update</td>
<td>Quality Committee Chair</td>
<td>BM2018/62</td>
</tr>
<tr>
<td>3.2</td>
<td>15.00</td>
<td>Financial performance report to 31 August 2018</td>
<td>Director of Finance and Corporate Services</td>
<td>BM2018/63</td>
</tr>
<tr>
<td>3.3</td>
<td>15.10</td>
<td>Risk Management update</td>
<td>Director of Finance and Corporate Services</td>
<td>BM2018/64</td>
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4. ADDITIONAL ITEMS OF GOVERNANCE: Board will receive minutes of standing committees and a report of key highlights from the Chair of each committee: **for information and discussion**

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<thead>
<tr>
<th></th>
<th>Time</th>
<th>Description</th>
<th>Responsible Officer</th>
<th>Reference</th>
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<tbody>
<tr>
<td>4.1</td>
<td>15.30</td>
<td>Schedule of 2019-2020 meeting dates</td>
<td>Director Finance &amp; Corporate Services</td>
<td>BM2018/65</td>
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<tr>
<td>4.2</td>
<td>15.35</td>
<td>Scottish Health Council Committee: Key points from the meeting on the 26 June 2018 and approved minutes from the meeting on 24 April 2018</td>
<td>Committee Chair</td>
<td>BM2018/66</td>
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<td>BM2018/67</td>
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<td>4.3</td>
<td></td>
<td>Quality Committee: key points from the meeting on the 22 August 2018 and approved minutes from the meeting 30 May 2018</td>
<td>Committee Chair</td>
<td>BM2018/68</td>
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<td>BM2018/69</td>
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<td>4.4</td>
<td></td>
<td>Audit and Risk Committee: key points from the meeting on the 5 September and approved minutes from 21 June 2018</td>
<td>Committee Chair</td>
<td>BM2018/70</td>
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<td>BM2018/71</td>
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<tr>
<td>4.5</td>
<td></td>
<td>Register of Interests</td>
<td>Director of Finance and Corporate Services</td>
<td>BM2018/72</td>
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5. ANY OTHER BUSINESS

6. DATE OF NEXT MEETING

<table>
<thead>
<tr>
<th></th>
<th>Time</th>
<th>Description</th>
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<tbody>
<tr>
<td>6.1</td>
<td>16.00</td>
<td>The next meeting will be held on 5 December 2018, 12.30pm, meeting room 6A/6B, Delta House, Glasgow</td>
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</table>
Meeting of the Board of Healthcare Improvement Scotland
Date: 27 June 2018
Time: 11.00 – 15:00
Venue: Meeting rooms 6A/6B, Delta House, Glasgow

Present
Dame Denise Coia, DBE, FRCPsych, Chair
Dr Hamish Wilson CBE, Vice Chairman
Robbie Pearson, Chief Executive
Dr Bryan Anderson
George Black CBE
Jackie Brock
Dr Zoë M Dunhill MBE
Paul Edie
John Glennie OBE
Kathleen Preston
Duncan Service
Pam Whittle CBE

In Attendance
Alastair Delaney, Director of Quality Assurance
Ruth Glassborow, Director of Improvement
Ann Gow, Director of Nursing, Midwifery and Allied Health Practitioner
Sandra McDougall, Acting Director, Scottish Health Council
Laura McIver, Chief Pharmacist
Richard Norris, Visiting Fellow, Academy of Government
Dr Sara Twaddle, Director of Evidence
Maggie Waterston, Director of Finance and Corporate Services

Apologies
Dr Brian Robson, Medical Director
Susan Walsh OBE

Committee Support
Pamela Campbell (Executive Assistant)

Declaration of interests
Declaration(s) of interests raised are recorded in the details of the minute

Registerable Interests
All Board members and senior staff are required to review regularly and advise of any updates to their registerable interests within one month of the change taking place. The register is available on the Healthcare Improvement Scotland website.

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<thead>
<tr>
<th></th>
<th>OPENING BUSINESS</th>
<th>ACTION</th>
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<tbody>
<tr>
<td>1.1</td>
<td>Chair’s welcome and apologies</td>
<td>The Chairman opened the meeting of the Board by extending a warm welcome to all in attendance.</td>
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</table>
### 1.2 Minutes and Action Points of the meeting on the 18 April 2018

The minutes of the public meeting held on the 18 April 2018 were accepted as an accurate record subject to the following amendments:

- a) The Director of Evidence was in attendance at both public and reserved meetings.
- b) Gareth Adkins job title should read Head of Improvement Support.
- c) The Director of Improvement Support and the Head of Improvement Support provided the Board with a joint presentation.

The action point register was reviewed and accepted. All actions were either completed or a status report provided.

### 1.3 Chairman's Report

The Board received a report from the Chairman updating them on recent developments. The following key points were highlighted at the meeting by the Chairman:

- a) The Chairman advised that she had made a short film as part of the NHS70 celebrations.
- b) John Glennie attended the Ministerial Strategic Group on 20 June on behalf of the Chairman and provided feedback. There was discussion about the many different reviews that are taking place to analyse the integration of health and social care services. The Director of Improvement Support and ihub had suggested a more strategic approach to evaluation and this remains outstanding. It is important that this matter, and lessons learned, continue to be highlighted.
- c) The advert for a new Chairman for HIS has been released and non-executive appointments are in progress to ensure there are no gaps between the retirements and appointments.
- d) The Chairman met with the Scottish Fire & Rescue Service. Opportunities exist to link with the service to provide healthcare from fire stations. The NHS Board Chairs will look at this.

### 1.4 Executive Report

The Board received a report from the Chief Executive and the Executive Team providing information on headline issues and key operational developments. The report has been reformatted to recognise more clearly celebrating achievements and challenges.

The Chief Executive highlighted the following points:

- a) The NHSScotland event took place on 18–19 June 2018. The Chief Executive wanted to thank staff who participated. He expressed his appreciation of the Communications team, and the hard work of Shonagh Buchanan in particular.
- b) The Chief Executive attended the Health and Justice Collaborative Board. A key issue was the challenge when sharing information. More work is required to consider a more systematic way of sharing information and intelligence.
- c) The Chief Executive had also attended a meeting of the Scottish Health Technologies Group (SHTG) to hear more about their
In response to questions from the Board, the following points were made:

d) The work to align the Quality of Care Framework to the EFQM model was acknowledged and supported.

e) The importance of working collaboratively with the Scottish Housing Regulator.

f) Concerns were raised regarding the transfer of resources to support the Safe Staffing Bill. The Director of NMAHP clarified that this was wording used by Scottish Government in the financial and policy memoranda. It simply meant that Scottish Government would be supporting HIS with any potential work on the Safe Staffing Bill.

g) The Director of Improvement Support explained that the progress of the redesign of the ihub primary care team had been slowed by the varied needs from many different stakeholders involved in delivering primary care. The aim is to ensure HIS provides adequate support for the significant changes to GP services. A National Co-ordination Group will oversee all the different work that is happening. Scottish Government is planning to write to services setting out where the funding for this work is located.

2. STRATEGIC DIRECTION

2.1 Workforce Development Plan 2018–2019

The Board received the Workforce Development Plan from the Director of Finance and Corporate Services who highlighted the following points:

a) The plan had been received by the Staff Governance Committee and the Board Seminar in March 2018 and requires final approval from the Board.

b) It does not include resources for Safe Staffing or the Scottish Health Council (SHC) review.

c) A tender has been issued to source assistance to carry out a robust workforce planning exercise to understand whether capacity and capability meets our needs to deliver the Operational Plan and fits with our resources.

d) A net increase in headcount and a net increase of just over 3 WTE has been recorded during 2017-2018.

e) Staff turnover was 11.65% - an increase of 2.05% from last year.

f) The underlying staff vacancy rate remains at 3%.

g) Sickness rates were recorded at 3.03% - a slight rise of 0.62%. This remains under the NHSScotland HEAT target of 4%. The highest reason of sickness was anxiety and stress (25%). Where this is work related, work is being done to understand the circumstances and to improve matters.

The plan has been considered and approved by the Staff Governance Committee in May 2018, has been shared with the Partnership Forum and requires to be submitted to Scottish Government by 30 June 2018.

The Board thanked the Director of Finance and Corporate Services. In response to their questions, the following points were clarified:
h) The 25% sickness rate due to anxiety and stress is actually relatively low as it is 25% of the 3.03% of overall sickness recorded. The organisation will continue to understand the circumstances and to improve matters. Not all stress is work related.

i) Although recording of sickness absence has improved, work will continue to educate staff on the importance of recording accurate sickness.

j) The workforce development plan covers 3 years however, HIS must report to Scottish Government for the previous year.

k) The report highlights that the organisation’s workload exceeds resource and there is a need to better prioritise work.

l) The budget will continue to reduce and in future the workforce should be more strategically driven which will be a focus of future planning.

m) One graduate and one modern apprenticeship are currently in place as part of HIS’ work to address the small numbers of staff who are employed under 20 years old.

The Chair of the Staff Governance Committee advised that the Committee was well sighted on the issues.

It was agreed that an update on the workforce tender noted above would be provided to a future Board Seminar.

The Chairman thanked the Director of Finance and Corporate Services for the extensive plan and helpful explanation.

The Board noted that further work is required around workforce to deliver the corporate plan but approved the Workforce Development Plan presented.

2.2 Governance Committee Annual Reports

The Board received a paper from the Director of Finance and Corporate Services that summarised the key actions from the Governance Committee annual reports for 2017–2018 and set out an update to the action plan from 2016–2017. The full reports are available on request. An update will be provided to the Board at the halfway point in the year.

The Board noted the paper.

2.3 Annual Accounts 2017–2018

This item was taken out of order after item 3.1.

Karlyn Watt, Senior Manager from Deloitte LLP, joined the meeting.

**Report to those charge with governance (ISA 2760)**

The Director of Finance and Corporate Services explained that the annual accounts are being presented to the Board for approval prior to submission to Scottish Government at the end of June 2018. The Audit and Risk Committee considered the annual accounts and agreed to recommend their adoption to the Board at its meeting on 21 June 2018.
The Board received a report from Karlyn Watt who advised that the External Auditors were content to provide an unqualified audit

**Annual Accounts 2017–2018**

The Board received the Annual Accounts 2017–2018 from the Director of Finance and Corporate Services.

The Board approved the adoption of the Annual Accounts for 2017–2018.

The Board noted the contribution of the Finance Team and in particular of Brian Ward, delivering the last set of Annual Accounts before his retirement. The Chairman took the opportunity to welcome David Rhodes as the new Head of Finance and Procurement.

### 3. DELIVERING OUR CORPORATE PLAN

#### 3.1 Measuring our Progress – closure report 2017–2018: Feedback from the Quality Committee

The Board received a report from the Quality Committee Chair who highlighted the following points:

a) This report highlights the impact of the organisation’s work rather than outputs. The Local Delivery Plan was successfully met despite vacancies and other pressures.

b) The Quality Committee noted the variation of reporting success and will consider what success looks like at its development session.

c) In instances where programmes haven’t progressed as expected, this could be for very different reasons. The progress and associated risks will be considered further.

d) The programmes reported as having an amber status described having varied challenges, such as pressures on staff, vacancies not being filled, availability of external clinical engagement, availability of partners when working with external stakeholders, restructuring and the impact of business as usual when dealing with new pieces of work.

e) The new areas of work that have been identified during 2017–2018 vary in scope and scale. It is important to note that five pieces of work had to come to an end or will be paused to ensure resources were available.

f) The Quality Committee intend to produce this report after every committee meeting.

The following points were raised in discussion:

  g) The Board acknowledged the significant workload during 2017–2018 and the real contribution by staff in delivering the outcomes.

  h) The future reports could include reflection on whether there were pieces of work that, in hindsight, may have been better placed with partner organisations or declined by HIS.

The Board noted the report.
### 3.2 Measuring our Impact: level 2 performance report

The Director of Finance and Corporate Services presented Measuring our Impact: level 2 performance report. It was highlighted that the report demonstrated the impact that each programme of work has had and that it was extensive due to the breadth and complexity of the organisation.

In response to questions from the Board, the following points were clarified:

- **a)** The screening programmes reported only include the national screening programmes. This will be clarified in future reporting.
- **b)** The report wasn’t easily digestible in its current format and consideration would be given to how it can be used to market the organisation, demonstrate its impact and to evidence best value.
- **c)** Producing the report is extremely resource intensive. The Board sought assurance that the report had multiple uses and the Executive Team advised that work is still required by them on the format of reporting.
- **d)** A themed/summarised version will be considered for the new Cabinet Secretary.

The Board noted the report and thanked everyone involved in producing this extensive piece of work.

### 3.3 Financial performance report to 31 May 2018

The Board received a report from the Director of Finance and Corporate Services setting out the financial performance as at 31 May 2018. The following points were highlighted:

- **a)** The report indicated that 2 months into the financial year the organisation had an overspend of £273k. However, some allocations of budget have not yet been received – it is anticipated these would be forthcoming. Taking this into account, HIS has spent £93k less than budgeted.
- **b)** Savings of £124k have been achieved in the first 2 months of the financial year.
- **c)** The pay settlement is around 9% over 3 years. For the budget, an assumption was made of a 2.25% increase with HIS absorbing 1% and Scottish Government allocating any increase beyond that.

The Board noted the financial position.

### 3.4 Risk Management Update

The Board received a report from the Director of Finance and Corporate Services on the current status of risks and their management. This included all of the risks from the Corporate Risk Register and the high/very high risks from the Operational Risk Register. The report presented was the same as that submitted to the Audit and Risk Committee at its meeting on 21 June 2018.

In response to questions from the Board, the following points were made:

- **a)** Where risks have previously been rated as orange and are now
showing as red is a consequence of the environment around the risk with mitigations altering to address the most recent assessment of risk.

b) Regarding workforce issues, risks would be recorded against each such as the National Boards work. Consideration will be given to whether a specific risk should be identified for the organisation.

The Board were assured, subject to the comments above, that risk management and the controls applied were effective.

Director F&CS

4. Reflections from the Chair

The Board received a presentation from the Chairman who was attending her final public Board meeting before the end of her appointment. She wanted to highlight the long way the organisation has come over the last 8 years.

The Chairman highlighted the growing confidence of the organisation and its successful delivery across a wide range of functions. She drew attention to the extension of the role of the ihub operating in the wide landscape of health and social care and the celebration of ten years of SPSP. The Chairman, reflecting on progress over her tenure, also acknowledged more recent positive developments, including the quality of care reviews and the outcome of the Scottish Health Council review. She also welcomed the strengthening of the evidence function and its critical role in appraising healthcare.

The Chairman advised that she recognised the achievements of the organisation were dependent on its excellent staff and Board. She thanked all staff for their contribution, the Executive Team and Board members.

The Vice Chair highlighted the contributions made by the Chairman, not just to HIS but to healthcare across Scotland, UK and internationally.

5. ADDITIONAL ITEMS OF GOVERNANCE

5.1 Staff Governance Committee

The Board noted the approved minutes from the meeting on the 22 March 2018 and the key points report from the meeting on 16 May 2018.

The Chair of the Committee highlighted that members had noted their concerns about the level of resource needed to implement the National Board Delivery Plan versus the improvements that the plan will bring.

5.2 Scottish Health Council Committee

The Board noted the approved minutes from the meeting on the 27 February 2018 and the key points report from the meeting on 24 April 2018.

The Chair of the Committee noted that the SHC review looked to the future but there was current work ongoing including human rights work and corporate parenting, the latter of which still experienced a lack of understanding.
### 5.3 Quality Committee

The Board noted the approved minutes from the meeting on the 18 January 2018 and the key points report from the meeting on 30 May 2018.

The Chair of the Committee highlighted the following points:

- **a)** The increasing demands on the Scottish Health Technologies Group (SHTG) and the Scottish Medicines Consortium (SMC). This will be explored further in the reserved Board meeting.
- **b)** Regarding access, it is important to note that access also applies to non-medicines, such as technology. Iain Robertson, Chair of SHTG will present at a future Board meeting.

### 5.4 Register of Interests

The Board received the current register of interests from the Director of Finance and Corporate Services.

The Board approved the register as presented with the following changes:

- **a)** It was noted that the website does not reflect the most recent register.
- **b)** There is an error for the Director of Improvement Support who is allocated one day each year to coaching and not one day each week.

### 6. ANY OTHER BUSINESS

There were no items of other business

### 7. DATE OF NEXT MEETING

**7.1** The next meeting would be held on 26 September in Gyle Square, Edinburgh.
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<thead>
<tr>
<th>Minute ref</th>
<th>Heading</th>
<th>Action point</th>
<th>Timeline</th>
<th>Lead officer</th>
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<tr>
<td>18 April 2018</td>
<td></td>
<td></td>
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<tr>
<td>3.1</td>
<td>Excellence in Care</td>
<td>Progress update to be provided at a future Board meeting when the programme is rolled out.</td>
<td>Early 2019</td>
<td>Director NMAHP</td>
<td>ongoing</td>
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<tr>
<td>27 June 2018</td>
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<tr>
<td>2.1</td>
<td>Workforce Development Plan 2018–2019</td>
<td>Update of the workforce tender to a future Board Seminar</td>
<td>ASAP</td>
<td>Director of F&amp;CS</td>
<td>Update provided at July Seminar – further update required as there were no successful tender received.</td>
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<tr>
<td>3.4</td>
<td>Risk Management Update</td>
<td>Consideration required as to whether specific risks identified for many individual programmes should be combined for the organisation.</td>
<td>ASAP</td>
<td>Director of F&amp;CS</td>
<td>In progress</td>
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SUBJECT: Chairman’s Report

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

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

3. Strategic issues

   a) NHSScotland Board Chairs Group
      The NHS Board Chairs group last met in July and received presentations from Jane Ferguson on NHS Endowments and increasing understanding of charity governance; a presentation from the Scottish Fire and Rescue Service on their approach to transforming their service. Ian Kinniburgh and David Kinniburgh were also successfully elected as Chair and Vice Chair of the NHS Board Chairs Group.

4. Stakeholder engagement

   a) Meeting with Cabinet Secretary for Health and Sport
      The Chief Executive and I are due to meet with the new Cabinet Secretary for Health and Sport on 20 September. This will be our first meeting since Jeane Freeman MSP has taken up the post and will be an opportunity to share the vision for Healthcare Improvement Scotland going forward and how our organisation can continue to support the delivery of the aims and ambitions of the Health and Social Care Delivery Plan and the recently published Programme for Government.

   b) Scottish Government Quarterly Strategic Meeting – 14 August 2018
      The last meeting with Scottish Government was attended by representatives from across the Health Directorates. Discussions focussed on the Quality of Care approach and the recent test review in NHS Orkney report. We also discussed the Healthcare Improvement Scotland input into the Scottish Government response to the Health and Sport Committee report on Governance within the NHS.

   c) QI Board Masterclass – 3 September 2018
      The National Board Masterclass for executive and non-executive board members was held at Murrayfield on 3 September. This session was looking at compassionate leadership in relation to quality improvement and was well attended from across all NHS Boards. The main speaker was Professor Michael West who shared his research on the key characteristics of successful organisations and the wider learning for the NHS. Positive feedback was received for the event in particular the format of the event focussing on the sharing of views and experiences from attendees and the invited speakers.
5. Our governance

a) Non-Executive Board Members Appraisal
The non-executive board members appraisal process was completed by former Chair, Dame Denise Coia. The appraisal discussions to discuss progress and actions for the next year have been noted and shared with non-executives for comment and approval. Once finalised these will be shared with Scottish Government.

b) End of Term – Chair
The term of Dame Denise Coia as Chair of Healthcare Improvement Scotland came to an end on 5 September 2018. Interviews for recruitment of a new Chair took place in early September and Scottish Government have confirmed that an announcement will be made in due course following Cabinet Secretary approval of appointment. Hamish Wilson, Vice Chair has taken up the post of Interim Chair whilst the recruitment is finalised.

The recruitment process has also commenced for non-executive members as the Interim Chair and Chair of the Scottish Health Council will both reach the end of their terms in February 2019. These posts will be included in a joint appointment round with interviews expected to be held in late January or early February. This allows for replacement members to be identified before the current appointments end.

c) Board Development and Seminar Sessions – 26 July and 29 August 2018
Two informal sessions of the Healthcare Improvement Scotland Board were held over the summer months. These sessions included presentations from John Brown, Chair NHS Greater Glasgow and Clyde and Susan Walsh OBE, HIS non-executive, providing an update on the governance review they have undertaken on behalf of Scottish Government and sharing proposed next steps for the continuation of this work. There was also a very informative presentation from the Chair of the Scottish Health Technologies Group (SHTG), Dr Iain Robertson and members of the SHTG team on their work and the greater involvement of public and patient groups in sharing thoughts on the submissions SHTG are reviewing. Dr Robertson also shared some of the challenges SHTG are facing moving forward to raise awareness of the work of SHTG.

d) Annual Review – 15 November 2018
Scottish Government have confirmed that Healthcare Improvement Scotland’s Annual Review in 2018 will be non-ministerial and we are proposing to follow a similar format as used in previous years. I will deliver an opening presentation followed by questions from our audience which will include a panel of guest reviewers. Feedback from our Clinical and Care Forum; Partnership Forum and Public Partners will also be sought in advance and shared on the day. Involvement and input from our incoming Chair will also be sought dependent on availability and formal start date with the organisation.

Hamish Wilson
Interim Chair
Healthcare Improvement Scotland
SUBJECT: Executive Report to the Board

PURPOSE OF THE REPORT

This report from the Chief Executive and Directors is intended to provide the Healthcare Improvement Scotland (HIS) Board with information on the following:

- key internal developments, including achievements and challenges currently facing the directorates
- priority work programme developments (these may be high profile and/or timing-wise have not fitted into routine performance reporting to the Quality Committee)
- external developments of relevance to HIS, and
- stakeholder engagement

RECOMMENDATION

The HIS Board is asked to note the content of this report and provide feedback on the revised format.

REPORT FROM THE CHIEF EXECUTIVE

Director of Community Engagement and Chief Officer Scottish Health Council

Recruitment is underway for a Director of Community Engagement and Chief Officer of the Scottish Health Council, within interviews scheduled for early October. The Chair of the Scottish Health Council is acting as panel chair, with panel members from Scottish Government and the Alliance supporting the recruitment. This post is also being recruited using a values based recruitment process that had been introduced for all NHS Board and executive level appointments.

A 90 day consultation with Scottish Health Council staff on proposed organisational change began on 6 September with an all staff event at the Beardmore conference centre. Sessions included discussion about the key change proposals, ‘preparedness for change’ and branding and identity. All staff are being offered individual meetings as part of the process.

NHS 70

We played a full part in the NHS70 celebrations which took place in the lead up to the anniversary date on 5 July. We have been carrying and promoting the NHS70 branding on our organisation’s websites, publications, events, facilities and have been proactive in supporting the NHS70 social media activity on Twitter in particular.

Using one of the overall campaign themes of ‘innovation’ staff were invited to talk about the biggest innovation they thought had taken place over the 70 years. Board members, executive team members and a number of staff from across the organisation participated and in total we produced 14 films throughout June and July which were viewed a total of 6,184 times. The most popular film was Denise’s video on mental health which attracted 1,186 views.

We will continue to support the NHS70 efforts throughout the rest of 2018, in particular on social media.
Margaret McAlees Awards

We have created an award in memory of our late colleague Margaret McAlees, who worked tirelessly to further equality and diversity within our organisation and NHS Scotland. Open to teams and individuals, the Margaret McAlees Award recognises work (carried out in the past two years) which has supported or advanced equality and diversity within HIS.

Stakeholder Engagement

Following the departure of Tim Jays, Associate Director for Stakeholder Engagement and Relationship Management support for our stakeholder engagement work has been provided by John MacEachen, Head of Communications NES one day a week. This arrangement is part of the agreement between the National Boards to work collaboratively and share support in areas of need between the boards. With the Head of Communications, John has been providing support on the delivering the actions as set out in Stakeholder Engagement Delivery Plan approved by the board in 2017. A progress update will be provided at a future board meeting.

HIS ‘Impact’ Blog Campaign

In addition to our use of our blog site as a channel to engage stakeholders about our work, this year we introduced our first a blog campaign. It was created to support the wider communications objectives of demonstrating the impact of our work in supporting better health and social care services for people, and increasing stakeholder awareness and understanding of Healthcare Improvement Scotland.

Themed around ‘Our Impact,’ the first campaign burst took place from 18 April – 15 May. We produced 8 blogs. In total, we attracted 985 views of the blogs with the most popular being ‘Advice on Medicines’ attracting 177 views. In addition we had 133 retweets and 143 likes on Twitter with a reach (number of accounts the tweet/post reached) of 29,653 on Twitter and 3,782 on Facebook.

We are now in the middle of the second campaign burst (August to September) and blogs so far in this campaign burst have included; SIGN Impact, SPSP McQIC Impact, SPSP Mental Health Impact and a final blog from former chair Dame Denise Coia reflecting on organisational achievements over 8 years and challenges ahead.

Further blogs from across the organisation are planned on a weekly basis until the end of September when further analysis and an evaluation will be done of the campaign.

SPSP10

We have been marking this anniversary throughout 2018 with a range of activity including ‘spotlight’ films highlighting each workstream, interviews with those who have been involved past and present, social media activity, a special SPSP10 microsite and a suite of campaign materials for stakeholders and staff to use.

We have also highlighted SPSP10 at high profile conferences such as the NHSScotland Event in June and the IHI International Forum in Amsterdam (in addition to featuring SPSP10 at the learning events which are run as part of the programme itself).

At the end of the year further analysis and evaluation of the campaign work will take place which will help inform future communications activity.
Branding

A revision to the way we present the organisation and its component parts was agreed earlier this year. This was in response to:

- feedback from stakeholders that there needs to be more clarity on the connection between Healthcare Improvement Scotland and its component parts;
- a revised organisational strategy which articulates a ‘many parts, one purpose’ positioning; and
- a clear direction from the board in 2017 to progress with a solution which looks to resolve the visibility of Healthcare Improvement Scotland across our organisation’s work and the way the relationship between the component parts and Healthcare Improvement Scotland is currently presented.

We have approached this revision in way that minimises costs by implementing the changes wherever possible at opportune times when materials, web presences, event materials etc. are naturally being updated.

Stakeholder Perception Survey

A stakeholder perception survey is being prepared for November this year which follows up a survey conducted in May 2016. This will help us measure progress in stakeholder awareness and perception of Healthcare Improvement Scotland and our services (which the above communications activity contributes towards.)

This is complementary to the annual MSP perception survey which we participate in and will give us an indication of our progress in stakeholder engagement and communication.

Senior Leadership Group

Following the short-life working group recommendations, a Senior Leadership Group (SLG) has been brought together comprising of representatives from across the organisation who will be commissioned by the Executive Team to take forward specific pieces of work. The first commission of the SLG is to develop the operational planning process for the development and delivery of the 2019-20 operational plan. The group is working closely with the Executive Team sponsor of this work, Sara Twaddle and will be sharing the output with the Executive Team in early October to commence the planning process. A further update on the planning process for 2019-20 will come to a future board session.

Complaints reporting (September 2018)

The purpose of this section of the report is to update the Board on complaints received relating to the work of Healthcare Improvement Scotland (HIS).

In June 2018 we received a complaint from a GP regarding the way in which his claim for reimbursement for involvement in a HIS event had been handled. Through a written reply from the Director of Finance and Corporate Services, explaining the procedures used and the reasons for the delay in processing the individual’s claim, the complaint was resolved at stage one i.e. early, local resolution within five working days. We will take into account the findings from the review of the complaint to consider where we might improve for the future.

All complaints received by Healthcare Improvement Scotland will be formally reported in our Complaints and Feedback Annual Report.

Executive Team Geographical oversight

The Executive Team are progressing with their Geographical Oversight roles for specific areas of Scotland. A process has been developed for supporting the Directors in this role and the
Director for Nursing Midwifery and Allied Health Professionals (NMAHP) will be meeting with NHS Dumfries and Galloway and NHS Lanarkshire in October. Directors will be joined by a link Inspector and the ihub relationship manager. The aim of these meetings is to build closer working relationships with NHS Boards and develop stronger links and connections with them to better understand the local issues they face. These meetings will also inform our planning for 2019 and provide key intelligence to inform the prioritisation of our work programme.

NHS Tayside

We have been asked, by the Chief Medical Officer and Chief Pharmaceutical Officer, to undertake an assessment of a situation that currently exists in NHS Tayside whereby there is no consensus on the clinical management of breast cancer in NoSCAN

DIRECTORATE ACHIEVEMENTS & CHALLENGES

This section provides Board members with key internal developments, including the achievements and challenges within directorates.

Quality Assurance Directorate

ACHIEVEMENTS

Quality of Care Approach

The Quality of Care report following our visit to NHS Orkney was published in late August 2018. Feedback was shared at the Board seminar session on 29 August on the successful pilot visit and the next steps. To note the feedback from NHS Orkney has been positive about the process and approach. They also commented on the value derived from the follow up workshop following the visit to discuss the findings and recommendations which allowed both HIS and HS Orkney through two way engagement understand how HIS will support them moving forward.

Following feedback from the NHS Orkney review we updated and published a revised Quality Framework and supporting tools following the pilot. The testing allowed a greater understanding of the process in practice and provided valuable feedback from those using and following our guidance. The main learning was for the self-evaluation tool, and on how to complete the self-evaluation detail. Further clarity has been provided to support boards in this specifically in connection with the EFQM RADAR approach that the reviews follows.

We are currently working with NHS Ayrshire & Arran to plan the upcoming Quality of Care Organisational review. Planning for the review is underway and it is expected that we will be onsite fin early December. We have met with NHS Ayrshire and Arran and provided the terms of reference. We will issue the self-evaluation tool in October. We are still finalising the review team and aswell as seeking participation from governance leads. We have also met with the Scottish Health Council about how we can engage with the local communities.

Engagement with NHS Ayrshire & Arran is also continuing to follow-up on the maternity review undertaken last year. Feedback has been provided to the board and a statement on progress will be posted on the Healthcare Improvement Scotland website in the near future.

CHALLENGES

Challenges remain around staffing, particularly in securing inspectors for the joint adult inspections work with the Care Inspectorate. We are investigating ways of releasing staff from other programmes by working differently to alleviate this situation.
NMAHP Directorate

ACHIEVEMENTS

NMAHP have successfully recruited a Head of Nursing for Excellence in Care Andrew Moore. Andrew joins us from NHS Ayrshire & Arran where he held the post of Assistant Nurse Director. Andrew has experience as an IJB Lead Nurse and extensive experience in patient participation, clinical and care governance and quality improvement.

Within Excellence in Care a number of core and family specific quality indicators (adult inpatient and paediatrics) have been identified, developed, tested and ratified. This includes person centred, safety and effectiveness, professionalism and workforce indicators.

The NMAHP directorate have now led the first meeting of the organisation wide clinical and care governance group and initiated a benchmarking process to identify gaps and areas of good practice across the organisation.

New processes have been developed for ensuring NMAHP’s are supported to register and revalidate with their professional bodies and a Memorandum of Understanding to share intelligence with the Nursing and Midwifery council has been updated and agreed.

Medical Directorate

ACHIEVEMENTS

QI Connect: Brené Brown

Our QI Connect session with Brené Brown on 30 August 2018 was the most popular to date with almost 1400 people registered from 15 countries. We now have 930 organisations, including 76 universities from 61 countries (Kenya being the newest addition!). Her session on vulnerability, courage and trust was joined live by almost 600 lines on the day. Whilst for commercial reasons we were not able to record the session we are producing a HIS blog and Storify and have been approached by the Royal Society of Arts (RSA) to publish a blog summarising our learning. Brené has offered a follow up WebEx ‘book group hour with HIS’ in 2019! This reflects extremely well on Healthcare Improvement Scotland in terms of our reputation for organising and hosting outstanding events.

GP Out-of-Hours Services

Healthcare Improvement Scotland has engaged with stakeholders from healthcare, social care and the third & independent sector to review the evidence base and develop national advice and guidance for GP out-of-hours services. The Cabinet Secretary has expressed a personal interest in OOH services and will be interested in our forthcoming OOH Report on quality and safety which: continues to raise the profile of OOH services; builds on Sir Lewis Ritchie’s 2015 Pulling Together report; and, sets out guidance as to what a successful, sustainable OOH service should look like. The Report sets out recommendations for Boards, IJBs, SG and others.

DCRS

The service’s third annual report is scheduled for publication on 20 September 2018 and highlights the excellent work of our staff in contributing to a 37% reduction in errors in completion of death certificates whilst dealing with a 5% increase in workload and an 83% increase in advice calls. We have now reviewed case number 20,000 and are undertaking a service review of DCRS in coming months to consider what service improvements are required in light of 3 years of operation.
Sharing Intelligence for Health and Care Group

On 28 August 2018, the Sharing Intelligence for Health & Care Group published its third annual summary report, highlighting the main things the Group did and learned in 2017-2018.

The report includes messages for the public, including about why the Group was set up and how it works. The report describes instances where additional actions were carried out in response to intelligence shared. The findings from an independent evaluation of how the Group works are summarised, alongside the Group's commitments for 2018-2019 including increasing the public voice in its work, considering wider 'integration' intelligence and enhancing use of primary care data.

CHALLENGES

PACS Tier two: National Review Panel

The new PACS Tier two: National Review Panel received its first submission in August 2018. However the submission did not meet the criteria required for review. The clinical leads of the national review panel asked for further local review of the submission reflecting its role in quality assurance and testing of new processes around reviews. The national steering group is actively involved in monitoring and evolving the new process to minimise adverse delays for patients. We are working with Scottish Government to collect data and experience of the new local and national system in the first year of operation to inform future policy.

Corporate Services Directorate

ACHIEVEMENTS

Finance

During July HIS finance staff worked in conjunction with NSS staff to successfully deliver a single instance of PECOS, removing duplication of effort and unwarranted variation within the procurement platform.

The vast majority of formal notifications of funding allocations from Scottish Government were received by early September, this is significantly ahead of previous years, and will provide greater transparency within the budgetary control process.

Training to improve budget management and budget forecasting for managers has just been completed. This should support the mid-year review process which is now underway.

Improved Communication Channels

Skype for Business has been rolled out across the organisation and training to support implementation has been completed. Survey feedback is positive on the whole, although there are still some issues for those who do not use the nhs.net account as their main email account. Skype for Business will improve communication channels for staff, enabling meetings and informal conversations to occur across a number of locations. This should help in reducing staff time and cost on unnecessary travel.

Coaching conversation skills for line managers

This is the second year of rolling out coaching conversation skills for line managers. Stories of how these skills are being used to support improved conversations and ways of working are emerging consistently through the consolidation events. So far 85 managers have attended the 2 day course, 42 of whom have now been certificated. The remaining 44 managers have still to attend a consolidation event which will lead to their certification.
CHALLENGES

Financial and Workforce Planning

There have been difficulties in identifying suitable additional support to understand workforce challenges better. This is being taken forward as a priority for the directorate in line with planning for 2019-20.

Capacity Demands

Whilst eESS is providing benefits for the organisation it does require a lot more time from our HR team to update and maintain information on the system. This impacts on the capacity of the team.

National Boards Collaboration continues to create challenge in providing sufficient capacity to support the various work streams

Evidence Directorate

ACHIEVEMENTS

SMC

One of the recommendations from the 2016 Review of Access to New Medicines report was for SMC to review communications of SMC’s decisions to patients, patient groups and the pharmaceutical industry with a view to achieving greater transparency. Following extensive stakeholder engagement the first public facing summaries of SMC decisions commenced with submissions reviewed at August 2018 SMC meeting and published on the website with advice in September. The documents appear alongside the DADs and will be published on an ongoing basis for full and resubmissions. The publications will be evaluated with stakeholders in due course.

SHTG

SHTG has been offered additional funding to further develop the role of health technology assessment (HTA) in the consideration of health technologies across NHS Scotland (excluding medicines). The Chief Scientist Office (CSO) has offered support for the development and delivery of HTA and the Innovative Medical Technology Overview (IMTO) process across the NHS in Scotland and impact evaluation support. In addition, National Services Division (NSD) has requested evidence and economics support to provide advice to the new National Planning Board.

SIGN

SIGN co-hosted the Guidelines international Conference in Manchester with the National Institute for Health and Care Excellence from 11-14 September. The event was very successful with more than 440 delegates from more than 35 countries. John Kinsella, Chair of SIGN, chaired the scientific committee and members of HIS staff delivered workshops, oral presentations and posters.

CHALLENGES

The future work of the Transvaginal Mesh Oversight Group is under discussion with Scottish Government after the announcement by the Cabinet Secretary on 12 September on the immediate halt to its use in Scotland.
Scottish Health Council

ACHIEVEMENTS

Supporting service change

In July, the Scottish Health Council’s service change team initiated a routine approach to evaluation to receive ongoing feedback from NHS Boards and Health and Social Care Partnerships on the advice and support that it provides. Feedback will be invited from those that have recently completed a process or are at the final stages. To date, 21 individuals have been invited to provide feedback, with 15 responses received, nine of which have come from individuals within Health and Social Care Partnerships, and six from NHS Boards. Feedback was sought on what the team are doing well, and on what we could develop further. This will inform an action plan and reviewed on an ongoing basis. Feedback has included that: 14 of the 15 (93%) respondents rate the support and advice provided by the team to be ‘good’ or ‘very good’ and 13 of the 15 (87%) respondents felt that the involvement of the Scottish Health Council added value to the process.

Gathering patient & public views to inform policy

Following a request from the Chief Medical Officer, the Scottish Health Council gathered views from patients and members of the public on what ‘realistic medicine’ and ‘shared decision making’ means to them. The Scottish Health Council organised 26 sessions and involved 228 people from a wide range of demographics and interests. Findings included that participants had a mixed understanding of what realistic medicine means, and felt that healthcare professionals needed to take a more holistic view of the patient.

Feedback was shared with the Scottish Government to help inform ongoing discussions on realistic medicine and future development of services. Deputy Chief Medical Officer Dr Gregor Smith said: “This is a really helpful document which is full of fascinating insights. I’m struck by how people have interpreted what realistic medicine is. Their views give the Scottish Government a lot to consider going forward.”

Read the report at www.scottishhealthcouncil.org/publications/gathering_public_views/realistic_medicine.aspx

ihub

ACHIEVEMENTS

Project Lift and Leadership

Project Lift and Leadership is a programme that has been created by Scottish Government and NHS Scotland to develop leadership for aspiring executive level leaders across health and care in Scotland. In this, the project’s first year, 20 places are being offered to ‘aspiring executive level leaders’ and the successful candidates will be working through a new leadership development approach. We are delighted to confirm that Diana Hekerem, Head of Transformational Redesign has successfully secured one of the 20 places and will commence on the programme in October 2018.

Publication

Ruth Glassborow, Director of Improvement, has had a chapter published in a new book called “Hope Behind the Headlines, Shifting the Culture in Health and Social Care” and has also written the foreword for its companion book “Beyond the Toolkit, Leading Quality Improvement in Health and Social Care”. Following a brief summary of key theories around quality improvement and cultural change, both books constitute a range of real life case studies written by individuals leading quality improvement in healthcare in the UK system. The
marketing for the books highlights that “they are told through first-person narratives that are very different from sanitised case studies that often glorify what happened and make readers feel inadequate”. As such they make for a powerful collection of stories about both the highlights and challenges of delivering improvement in practice in what is often a very challenging and complex context.

**The Institute for Healthcare Improvement – Strategic Partners Meeting**

The Institute for Healthcare Improvement (IHI) held its annual strategic partners meeting in Scotland in June. As part of the campaign to mark the 10th anniversary of the Scottish Patient Safety Programme (SPSP), two sessions were held with delegates hearing from the national team, followed by a visit for a smaller group in NHS Greater Glasgow and Clyde to see the range of work happening across the programme. Following the publication of the Quality Management System framework by Healthcare Improvement Scotland earlier this year, delegates had the opportunity to learn about how the recommendations from the report are being taken forward and reflect on how they could apply the framework within their healthcare setting.

**NHSScotland Event 2018**

The NHSScotland Event is the leading health event in Scotland, and the Poster Exhibition forms an integral part of best practice, learning and sharing at the event. In 2018 the Improvement Hub (ihub) successfully coordinated the Poster Exhibition with almost 500 individuals and teams from across NHS Scotland submitting their projects and over 220 posters on display at the Event. Feedback from the Scottish Government and others for the management, organisation and co-ordination of the Poster Exhibition was excellent and the ihub has already received a request to lead this work again in 2019.

**CHALLENGES**

**Vacancies**

The biggest challenge for the ihub continues to be the high level of vacancies. For the w/c 3rd September this was sitting at a total of 34 posts which is over 20% of budgeted posts. There continues to be strong and close liaison between the Directorate and HR around the management of the recruitment processes, with a jointly agreed prioritised timeline (as advertising all at once would not be manageable) and project officer support from the ihub around the recruitment processes.

The reasons behind the high level of vacancies are a combination of:

a) Turnover rates – mainly due to staff securing promotions and staff on fixed term contracts securing permanent posts elsewhere.

b) Additional posts attached to a combination of new commissions and an internal redesign of resources to enable increased capacity in LWiC and Transformational Redesign unit.

c) Internal recruitment chains which mean that appointments at one level are creating vacancies at the next level. As an example, all four of the recently advertised Improvement Advisor vacancies were filled internally from existing Associate Improvement Advisors.

d) Posts remaining vacant due to a shortage of suitable candidates. As an example, we were unsuccessful in appointing to the QMS Portfolio Lead role despite significant promotion of the post through networks and social media.
EXTERNAL ENGAGEMENT

This section highlights a number of external meetings and events attended by the Chief Executive and Executive Team and hosted by HIS.

Health & Sport Committee

The Chief Executive, Acting Director and Chair of the Scottish Health Council, gave evidence to the Scottish Parliament’s Health & Sport Committee on 1 May 2018 on the work of the Scottish Health Council and the related review of its role. The official transcript of the session is available at: https://www.scottishparliament.tv/meeting/health-and-sport-committee-may-1-2018. The session went very well and the committee members were interested in our work and encouraged by the progress we have made since our last appearance before the committee in 2017.

International Learning Exchange

Our next international learning exchange (ILE) session is scheduled to take place on Tuesday 30 October 2018 at the Royal College of Surgeons of Edinburgh and will be attended by more than 60 colleagues from the following 7 countries: Italy, the Netherlands, Sweden, Nairobi, Austria, Australia and England. We have been working with each delegation to develop a bespoke programme of meetings and site visits around their specific areas of interest ranging from; clinical governance to access to remote services within primary care. Non-executive Board members are welcome to attend. In addition to boosting HIS’ reputation, accelerating learning in Scotland and boosting local service moral and connections, ILEs are now generating c£10k net profit each year for HIS.

SMC

SMC’s annual industry engagement event took place on 20 June with 61 delegates attending from pharmaceutical companies. Of the feedback received, 100% of delegates would recommend the event to a colleague and 97% of those who attended felt the day met their expectations.

As part of SMC communication strategy, arrangements have been made for Alan MacDonald, to meet with all Area Drug and Therapeutic Committees (ADTCs) throughout 2018. To date, 10 meetings have taken place, most meetings also supported by a member of the SMC executive team, and further meetings are scheduled over the next few months. The aim of the meetings has been to strengthen engagement between SMC and NHS Boards, to provide update on recent changes to SMC process and to allow discussion of issues in relation to access to new medicines.

Moving towards a value based medicines policy

The Scottish Association of Medical Directors, Directors of Pharmacy and Directors of Finance have established a small short life working group to scope out the rebalancing of the approach to new medicines and medicines aspects of the development of a Scottish Model of Value. The Director of Evidence is a member of the reference group. Work progressing during summer 2018 is intended to develop proposals that will help guide the development of a Scottish Model of Value as recommended, but not defined, in the Montgomery Report. The output is expected to be paper will describe requirements for delivery of options and outline the risks and benefits of these.

Primary Care – Improvement Support for Clusters

After an extended period of discussion and collaborative design, we have now have an agreed initial offering with the Chief Officers Primary Care Special Interest Group for Phase One of the improvement support offering as part of the additional £750k of funding. We are progressing this initial piece of work under three identified offers of: Creating the Conditions;
New Models of Care; and Evidence and Data. Further phases are now being planned and it should be noted that this update relates to work in just one part of the improvement support offering to primary care and does not include the entire organisational offering.

Work is progressing well, with support from Alastair Wyllie from Wyllie and Reid, to develop further our cross organisational offering to primary care. Initial work across all the directorates to map the different primary care stakeholders and identify their needs, wants and gets has been illuminating and has highlighted that different parts of the organisation have different types and strengths of relationships across what is a broad stakeholder group. This has highlighted the opportunities that exist to use relationships in one area of our work to enable engagement in another. The aim is to develop a clear narrative for the 2019-2020 operational plan around the totality of our offerings to primary care.

National Board Collaboration for Transformational Redesign

This work is being led by HIS and NHS National Services Scotland (NSS) on behalf of all national boards. This project will develop the strategic case for a coordinated offer and approach to system-wide transformational change within health and social care, where the transformation has potential to benefit from national support. Sprint 1 is now complete – a report which has involved analysis of over 120 strategic plans, policies and frameworks to understand current/future priorities and needs, and current offers and capabilities will be published shortly. This highly valuable work has made visible a fragmented health and social care landscape with multiple interdependencies. Whilst there are some key themes and priorities emerging, it is evident that these are being addressed in multiple ways at a number of levels (local, regional and national) which are not always aligned. The findings from Sprints 1 and those to date from Sprint 2 (stakeholder interviews) have indicated a need for Sprint 3 (stakeholder workshop on 3 October 2018) to be highly focused – particularly around the capabilities required by the transformation challenge.

Nesta Strategic Partnership

The ihub is continuing to develop the strategic partnership with Nesta. The initial partnership will focus on the use of the Health Lab’s People Powered Results (innovation and transformational change methodology) as a community-centred approach to catalyse efforts for testing ideas, especially around improving mental health and wellbeing.

A group comprising the Midlothian HSCP, Education and Children Services (including voluntary sector) has received funding from The Big Lottery to develop its mental wellbeing services. This group is now keen to become a pioneer site to test and use the PPR methodology and the 100 day challenge. The PPR process is designed in three phases: a design and scoping phase, the 100 day challenge itself and a spread and scale phase. Key to this process is the engagement of young people at all stages and elements of design and delivery of new ways of working.

Social Care Reform

Scottish Government is leading a process to reform adult social care in light of the changing landscape of person centred legislation. As part of this, the ihub was asked to provide an outline of how we could enhance our existing support around Outcome Based Commissioning work stream. The request was based on positive feedback from various sources to Scottish Government on the impact the existing work is having and therefore a desire to enhance the capacity to increase the scope and reach of this work.

We are awaiting final confirmation of arrangements which should see three additional posts which will strengthen our support under - Self-Direct Support, Outcome Based Commissioning practice, Community Led Support and also implementation of the Carer’s Act. There will also be a fund for up to 4 HSCPs to develop their capacity under the Community Led Support work and the ihub will have oversight of this.
The Maternity and Children Quality Improvement Collaborative (MCQIC)

The MCQIC team has had excellent opportunities recently to engage with various stakeholders. They have collaborated with NHS Wales, HSE Ireland, Norway, Scottish Ambulance Service, California Maternal Quality Care Collaborative and Royal College of Obstetricians and Gynaecologists to develop and validate tools and measures. The Royal College of Midwives, Cincinatti Children’s Hospital Medical Center, Texas Children’s Hospital and Learning from Excellence at NHS Birmingham have all presented on MCQIC’s WebEx sessions, and the team co-published a journal article with the Royal College of Paediatrics and Child Health. For the third year running, they are collaborating with Children and Young People Improvement Collaborative (CYPIC) on QI Awards, providing national profiling of MCQIC in the context of health and social care integration.

Irish Health Collaboration Meeting

Following a meeting of the First Minister and the Taoiseach on 5 October 2017, potential areas of public policy collaboration between Scotland and Ireland were discussed, with health being identified as the initial focus. The aim of this collaboration is to improve patient safety and build closer connections to the quality improvement work happening within both countries. Colleagues from Healthcare Improvement Scotland, alongside members of the Scottish Government Quality team, met with representatives of the Irish Department of Health and Health Service Executive in August 2018. The main focus of discussions included patient safety, primary care, capacity and capability building for quality improvement and quality management approaches. Commitment to connect across respective programmes of work were undertaken with a follow up session planned for the Autumn.

NMAHP

NMAHP have led an initial session scoping a Nursing and Midwifery Scottish Emerging Concerns forum with professional regulators. Royal Colleges of Nursing and Midwifery and Senior Nurses working with Scottish regulators are aiming to collate system intelligence and good practice which will inform the work of the sharing intelligence group.

The NMAHP Director has met with the nurse director from NHS Improvement and her team to share learning on safe staffing, improving failing trusts and using a Just Culture approach.

The NMAHP team have been working with the Nursing and Midwifery Council to agree approaches to sharing information and with the Council and colleagues at Scottish Government to adopt the NHS England Just Culture approach to addressing concerns about professional practice within the Scottish context.
SUBJECT: Health and Sport Committee Report on NHS Governance and Healthcare Improvement Scotland response

1. Purpose of the report

To provide the Board with an update on the actions Healthcare Improvement Scotland (HIS) is taking following publication of the Health and Sport Committee’s report on The Governance of the NHS in Scotland – Ensuring Delivery of the Best Healthcare for Scotland and the Cabinet Secretary for Health and Sport’s response to this report.

2. Key Points

The Health and Sport Committee commenced an inquiry into NHS governance in February 2017. It covered three broad areas: staff, clinical and corporate governance. HIS contributed both written and oral evidence to the clinical governance strand of the inquiry and this is referenced throughout the report. The report also refers to evidence sessions with the Scottish Health Council which took place in 2017 and 2018.

The report’s recommendations are aimed at Scottish Government but a number of these make direct reference to the role and responsibilities of HIS.

HIS provided input for the Scottish Government’s response to the Committee and this was also discussed at meetings with the sponsor division during July and August. The Cabinet Secretary’s response was issued on 3 September 2018. A summary of the response in relation to HIS is provided at appendix 1.

An action plan has been developed to co-ordinate the various workstreams and proposed actions in response to the recommendations of the Committee and is included at appendix 2.

3. Actions/Recommendations

- The Board is asked to note the contents of this paper and agree the action plan.

Appendix:

1. Summary of the Cabinet Secretary’s response to the report
2. HIS Action Plan

If you have any questions about this paper please contact Jane Illingworth, Policy and Governance Manager, jane.illingworth@nhs.net
SUPPORTING INFORMATION

RISK

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<thead>
<tr>
<th>Do the key points represent a risk to the organisation?</th>
<th>If yes, has a risk been raised on the Compass Risk Management System</th>
<th>If yes, provide the risk number, risk description and risk rating</th>
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<td>NO</td>
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OTHER CONSIDERATIONS

How do the key points support the five priorities in the strategic plan:
- Enable people to make informed decisions about their own care and treatment;
- Help health and social care organisations to redesign and continuously improve;
- Provide evidence and share knowledge that enables people to get the best out of the services they use and helps services to improve;
- Provide and embed quality assurance that gives people confidence in the quality and sustainability of services and supports providers to improve;
- Make best use of all resources.

A number of the actions detailed are aimed at strengthening the visibility of HIS’ powers and independence and therefore support the organisation’s ability to deliver its strategy as effectively as possible.

The actions detailed in relation to adverse events management and the Scottish Health Council are directly in support of specific priorities relating to quality assurance and public involvement.

Resource Implications

The actions detailed in the action plan are currently being taken forward within existing resources.

What engagement has been used to inform the work.

There has been significant engagement with the Scottish Government sponsor division on the development of the response to the Committee’s report and resulting action plan.

What Equality and Diversity considerations relate to the work.

Advising how the work:
- helps the disadvantaged;
- helps patients;
- makes efficient use of resources.

N/A
Health and Sport Committee report:

The Governance of the NHS in Scotland – Ensuring Delivery of the Best Healthcare for Scotland

Response from Jeane Freeman, Cabinet Secretary for Health and Sport, 3 September 2018

Summary of key points in relation to Healthcare Improvement Scotland

1. Committee recommendations – The role of HIS (pp13-15)

Key points in the Cabinet Secretary’s response

- The Scottish Government does not view a fundamental review (of HIS) as necessary...however agrees with the thrust of recommendation 298 (HIS taking a more proactive, greater surveillance role in relation to SAEs) and will work with HIS to strengthen their role.

- The response states that HIS is a health body...’it is not a special health board’.

- It describes a ‘deliberate policy decision to put evidence, improvement, scrutiny and public participation in the same organisation...to promote the use of improvement and evidence to support the scrutiny process...and implement continuous quality improvement rather than focus solely on compliance against minimum standards’.

- It also describes HIS as working closely with health boards to develop ‘a supportive environment for scrutiny’ and refers to the approach as being endorsed by the Kings Fund.

- The response recognises the concerns of the Committee about a potential blurring of roles / perception of ‘marking their own homework’ but confirms that ‘HIS have the same legal status and largely the same range of scrutiny and inspection powers as the CQC.

- The following actions are set out in the response – by December 2018, to:
  - develop a formal statement of the principles by which HIS should operate, underpinned by a revised operating framework
  - review legislation to establish areas where additional powers could be helpful; this would include wider powers relating to access to information and the introduction of improvement notices as an additional step in the escalation process
  - seek advice from SGLD as to whether the broad powers that HIS already have are sufficient for what is proposed in terms of escalation and enforcement or whether more are needed.

2. Committee recommendations – Adverse Events (pp16-17)

Key points in the Cabinet Secretary’s response

- The Scottish Government is aware of the different approaches to adverse events and states that ‘there must be consistency of approach across NHS Boards as regards to category one adverse events and Boards in different parts of the country should not be ‘doing their own thing’.

1
The response describes the successful approach to reducing Clostridium difficile Infection (CDI) and notes that the Adverse Events Framework seeks to achieve similar outcomes through adverse event reporting...’but that in order to do so there is still a need for HIS to be able to assure and demonstrate national consistency’.

It states that HIS needs to become more proactive in its surveillance to help identify and preferably prevent systemic failures at an earlier stage.

SG is considering the introduction of a standardised national Adverse Event reporting process, covering a small number of specific harms and linked to Duty of Candour reporting.

The response proposes that ‘the HSMR committee in HIS should extend their remit to cover this process and reporting should be shared with the Sharing Intelligence group that HIS co-chairs’. The reporting will also be integral to Quality of Care Reviews and the Annual Review process.

It is noted that HIS will carry out a 90 day review of its role in the Adverse Events process as soon as possible. The review needs to establish a reporting baseline and is expected to be completed and its findings to be implemented by HIS by 31 March 2019.

3. Committee recommendations – Public Involvement (pp20-21)

Key points in the Cabinet Secretary’s response

The response sets out the functions of the Scottish Health Council (to support, ensure and monitor NHS Boards in the discharge of their duty to encourage public involvement in decisions relating to the planning, development and delivery of healthcare services).

It states that ‘we recognise that this needs to include an increased focus on building capacity within NHS boards to elicit, hear and respond to feedback’ and notes that other organisations such as the Alliance are funded to support people and groups to engage with health and care.

The response confirms SG’s preference to build capacity and capacity within SHC rather than set up a separate organisation, drawing on the wider resources of HIS.

It refers to the appointment of a new Director of Community Engagement who will have ‘a more visible role in issuing quality assurance reports on major change process directly and publicly to NHS Board Chief Executives and Chairs’.

It states that ‘HIS has recognised that the existing staffing structure and skills mix within the SHC needs to be strengthened’ and that this programme of change will be progressed as a priority by HIS in 2018-19.

The response also confirms that CEL4 provides guidance to NHS Boards but not to integration authorities, and that the Public Bodies (Joint Working) Act requires Integration Authorities to take a comprehensive approach to engagement and participation with a range of key stakeholders.
4. **Committee recommendations – Feedback Mechanisms (p15)**

Key points in the Cabinet Secretary’s response

- The Datix user group should examine concerns that staff do not receive feedback on action taken in response to incidents recorded on the Datix system.

- SG will instruct Boards that they should use the feedback facility and that ‘this information should be made available to HIS and Scottish Government for national analysis and learning’.

5. **Other points of interest**

- The response to recommendations on Staff Governance refers to the Staffing Bill (p4) in supporting workforce planning, local decision-making and the ability to redesign and innovate.

- In relation to Corporate Governance and the role of Non-Executive Directors (p19) the response refers to the work on reviewing NHS corporate governance carried out by John Brown and Susan Walsh, noting that it will enable SG to ‘pursue the adoption of good practice in corporate governance across all boards, further supporting non-executives in their key role’.
### Healthcare Improvement Scotland action plan

Note: the Cabinet Secretary’s response sets out a number of actions which will need to be undertaken or led by Scottish Government (for example, around review of / advice on legislation), however it is important that at the same time HIS develops a position and provides input.

<table>
<thead>
<tr>
<th>Issue</th>
<th>Action</th>
<th>Responsible</th>
<th>Lead Director(s)</th>
<th>Timescale</th>
</tr>
</thead>
<tbody>
<tr>
<td>The role of HIS</td>
<td>The need to strengthen the visibility of HIS’ powers in relation to follow up to scrutiny and improvement activity, and HIS’ actual and perceived independence</td>
<td>1 Develop a formal statement of the principles by which HIS should operate, underpinned by a revised Operating Framework*</td>
<td>HIS and SG</td>
<td>Robbie Pearson Maggie Waterston</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2 Review legislation to establish areas where additional powers could be helpful*</td>
<td>SG with input from HIS</td>
<td>Ann Gow / Sara Twaddle Alastair Delaney / Ann Gow with input from Ruth Glassborow</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3 Seek advice from Scottish Government Legal Directorate as to whether the broad powers that HIS already have are sufficient for what is proposed in terms of escalation and enforcement or whether more are needed*</td>
<td>SG</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>4 Develop an organisation-wide, consistent and transparent process for escalation of issues to Scottish Government, integrating existing HIS escalation algorithms.</td>
<td>HIS</td>
<td>Alastair Delaney / Ann Gow</td>
</tr>
<tr>
<td>Issue</td>
<td>Action</td>
<td>Responsible</td>
<td>Lead Director(s)</td>
<td>Timescale</td>
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<td></td>
<td>5  Explore the development of an Emerging Concerns Protocol – an internal process to consider concerns prior to escalation</td>
<td>HIS</td>
<td>Sara Twaddle / Ann Gow</td>
<td>December 2018</td>
</tr>
<tr>
<td><strong>Adverse Events</strong></td>
<td>6  Carry out a 90 day review of HIS’ role in the Adverse Events process, including:</td>
<td>HIS</td>
<td>Alastair Delaney</td>
<td>March 2019</td>
</tr>
<tr>
<td></td>
<td>- Develop a reporting baseline to establish the status, gaps and inconsistencies in adverse event management processes in NHS boards.</td>
<td></td>
<td></td>
<td>This will depend on the development by SG of the national process</td>
</tr>
<tr>
<td></td>
<td>- Further develop a methodology to deliver an external assurance (HIS) component to adverse event management across NHS Scotland in line with the HIS Quality of Care approach and duty of candour reporting requirements.</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>- This methodology may include the oversight of nationally identified harms e.g. Hospital Standardised Mortality Ratio (HSMR) Committee in HIS could extend its remit to cover national oversight of a standardised national Adverse Event reporting process, and share reporting with the Sharing Intelligence for Health and Care Group (SIHCG)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Public Involvement</strong></td>
<td>9  Range of activity being undertaken as part of Scottish Health Council review implementation plan. This includes:</td>
<td>HIS</td>
<td>Robbie Pearson</td>
<td>April 2019</td>
</tr>
<tr>
<td></td>
<td>- the appointment of a new Director of Community Engagement*</td>
<td>Sandra McDougall</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*specific action included in the Cabinet Secretary’s response*
<table>
<thead>
<tr>
<th>Issue</th>
<th>Action</th>
<th>Responsible</th>
<th>Lead Director(s)</th>
<th>Timescale</th>
</tr>
</thead>
</table>
| NHS boards and integration authorities to strengthen engagement with people and communities.                                                                                               | - strengthening the existing staffing structure and skills mix within the Scottish Health Council*  
- establishing revised governance arrangements for the Scottish Health Council incorporating clear mechanisms for open and transparent stakeholder engagement  
- strengthening communications and transparency regarding the work of Scottish Health Council, including agreeing a new operating name and brand identity which more clearly reflects its role |              |                 |  |
| The need for clarity regarding Healthcare Improvement Scotland’s role in monitoring and inspecting standards and guidance | 10 Develop a refreshed ‘HIS advice – definitions and status’ document, to provide guidance on the purpose of specific Evidence outputs and how the advice should be used | HIS          | Sara Twaddle    | December 2018  |
|                                                                                                                                                                                                                                                                  | 11 Complete review of current standards and agree process for ensuring these are up to date and fit for purpose (including work with NSD around screening standards) | HIS          | Sara Twaddle    | March 2019      |

*specific action included in the Cabinet Secretary’s response*
SUBJECT: Scottish Government’s Programme for Government 2018

1. Purpose of the report

To provide the Board with a summary of the recently published Scottish Government’s Programme for Government *Delivering for Today, Investing for Tomorrow* and share an initial assessment of the implications for Healthcare Improvement Scotland’s work programmes.

2. Key Points


A *Healthy and Active Nation* is the focus of the health section and looks at closing the gap between the health of the poorest and wealthiest communities in Scotland, with the following key priorities:

- Improving support for good mental health
- Getting the right healthcare in the right place at the right time
- Improving population health
- An active nation tackling key health challenges
- Using research, innovation, digital and data capabilities to improve health
- NHS Workforce

This short paper draws attention to several policy and legislative areas of the Programme for Government which are relevant to the work of HIS.

Implications for HIS

HIS is positioned to respond positively to the priority policy commitments as detailed within the Programme for Government, in particular in relation to mental health, and building on the success of the Scottish Patient Safety Programme to support transformational redesign and value management.

The legislative programme also includes the Health and Care (Staffing) (Scotland) Bill which is proposing responsibilities for Healthcare Improvement Scotland in supporting implementation, ongoing development and monitoring of safe staffing within health. The Director of Nursing, Midwifery and AHPs will be appearing at the Health and Sport Committee to give evidence at its session on 25 September.

The Programme for Government will also inform our operational planning process for 2019 as part of the range of stakeholder priorities and data which will be considered as we review and plan our work for 2019 and beyond.

These policy commitments and our work programmes are also being considered in line with the Cabinet Secretary’s recent response to the Health and Sport Committee governance report.
Mental Health

- **Taskforce on Children and Young People’s Mental Health Improvement**

The taskforce is chaired by Dame Denise Coia FRCPsych, former Chair of HIS, who was keen to build on HIS expertise in quality improvement and the work already undertaken to establish a children and young people’s mental health redesign collaborative. Funding has been confirmed as £250million over five years. Belinda Robertson, Head of Improvement Support, Mental Health and Primary Care, is the HIS representative on the taskforce group and has helped to identify relevant research, provided data from HIS and set up engagement opportunities with children and young people to inform the development of recommendations which were published by Scottish Government in early September.

Whilst the HIS allocation for supporting the recommendations of the taskforce is still to be confirmed a funding request is currently being considered by Scottish Government looking at a specific 100 day redesign proposal in Midlothian, supported by Nesta and including children and young people as part of the design process. This work will be the first of its kind and will provide essential learning for further locality design work.

- **Suicide Prevention**

HIS will be working with the new National Suicide Prevention Leadership Group to ensure evidence guidance and improvement techniques are consistently shared and implemented.

**Transformational Redesign and Value Management**

This year marked a decade of the world-renowned Scottish Patient Safety Programme which has made our hospitals safer and improved health and outcomes for some of our most vulnerable people. Building on the SPSP programme’s methodology and approaches HIS will develop a project started in Raigmore Hospital, Inverness, NHS Highland to support clinical teams to use combined quality and cost data to deliver better patient outcomes at lower cost.

A proposal to the National Board Collaboration Transformation Fund to spread and scale the approach to Value Management tested within NHS Highland will be reviewed by the Implementation Leads Group, consisting of national and regional Chief Executives, as part of the Tranche 2 bids made to the fund. This proposal aims to work with 6 NHS Boards including NHS Highland, using a collaborative approach to support clinical teams to use combined quality and cost data to deliver better patient outcomes at lower cost. Successful allocation of funding to support the delivery of this will enable the collaborative to commence early 2019.

3. **Actions/Recommendations**

The board is asked to note the contents of this report.

If you have any questions about this paper please contact Robbie Pearson Chief Executive Robbie.pearson@nhs.net

**SUPPORTING INFORMATION**
RISK

<table>
<thead>
<tr>
<th>Do the key points represent a risk to the organisation?</th>
<th>If yes, has a risk been raised on the Compass Risk Management System</th>
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</tr>
</thead>
<tbody>
<tr>
<td>no</td>
<td>no</td>
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</table>

OTHER CONSIDERATIONS

How do the key points support the five priorities in the strategic plan:
- Enable people to make informed decisions about their own care and treatment;
- Help health and social care organisations to redesign and continuously improve;
- Provide evidence and share knowledge that enables people to get the best out of the services they use and helps services to improve;
- Provide and embed quality assurance that gives people confidence in the quality and sustainability of services and supports providers to improve;
- Make best use of all resources.

The Programme for Govt informs the work programme for HIS and informs the delivery of our strategic priorities.

Resource Implications

Resources will required to be identified by Scottish Government to support the implementation of these work programmes.

What engagement has been used to inform the work.

n/a

What Equality and Diversity considerations relate to the work.

Advise how the work:
- helps the disadvantaged;
- helps patients;
- makes efficient use of resources.

n/a
SUBJECT: Scottish Health Council review – progress and implementation update

1. Purpose of the report

To provide the Healthcare Improvement Scotland Board with an update on progress with the Scottish Health Council review and implementation process.

2. Key Points

Following an extensive engagement and consultation process¹, a set of proposals have been developed to refocus the Scottish Health Council to take account of the integration of health and social care, and also to ensure that its efforts are focused on the areas where it can make most impact on strengthening the engagement of people and communities.

A number of areas of focus have been identified that take forward the key messages from the review. It is proposed that these areas will be progressed through a planned approach over the next 6-12 months. This will include application of the Healthcare Improvement Scotland organisational change process that will see substantial changes to job roles and responsibilities within the Scottish Health Council, the appointment of a revised Director post encompassing all public participation and community engagement activities for Healthcare Improvement Scotland, and the phased introduction of thematic work programmes that are identified and agreed in conjunction with stakeholders. More specifically the changes (with provisional timelines) will include:

a) Broadening and integrating the leadership arrangements within Healthcare Improvement Scotland for supporting the engagement of people and communities, led by the revised Director of Community Engagement / Chief Officer, Scottish Health Council post (recruitment is underway - interviews in early October 2018);

b) Establishing revised governance arrangements for the Scottish Health Council and wider Healthcare Improvement Scotland incorporating clear mechanisms for open and transparent stakeholder engagement (short-life group to consider and make recommendations September-December 2018) with changes to be effective from April 2019;

c) Working with others to support engagement on national thematic and locally agreed priorities concerning engagement of people and communities in the design and delivery of health and care services (informed by stakeholder communication and engagement strategy which will be developed in the coming months);

d) Promoting good governance by NHS boards on meeting their duties to engage people and communities including in particular the consideration of major service change proposals, and how boards respond more generally to feedback from people at all levels of the healthcare system (will be included in directorate operational plan for 2019-2020);

e) Enabling meaningful engagement of people and communities in service change;

¹ Consultation on the role of the Scottish Health Council – see http://www.healthcareimprovementscotland.org/previous_resources/policy_and_strategy/shc_role_consultation.aspx for the consultation paper and related documents
f) Offering development opportunities and support to people and communities to empower them to engage in and influence health and care services and policy at local and national level (including building on the Voices Scotland programme activity which is ongoing);

g) Developing a national learning system for identifying and sharing good practice in community engagement (work will begin on this from January 2019 as part of a revitalised ‘Participation Network’ function);

h) Promoting equality and human rights, and addressing inequalities, as an underpinning principle for all activity (implementation to be informed by internal diagnostic work on how Healthcare Improvement Scotland engages people in its work – due to complete in autumn 2018);

i) Strengthening communications and transparency regarding the work of Scottish Health Council, including agreeing a new operating name and brand identity which more clearly reflects its role (new name and branding to follow completion of organisational change process – name change effective from April 2019); and

j) Building greater expertise in the provision of advice and improvement support in engaging people across health and care.

A summary table which demonstrates how the proposed changes compare with the current way of working within the Scottish Health Council is included in the Appendix. All of this activity will support the delivery of the Our Voice vision and principles.

Organisational change process
A 90-day consultation process which sets out how the change proposals would impact on Scottish Health Council staff commenced on 6 September 2018. This was launched with an ‘all staff’ event which enabled staff to hear a presentation on the key points in the proposals and to provide initial comments and ask questions. The consultation will conclude on Friday 7 December 2018. During this period, all staff within the directorate will be invited to participate in at least one individual consultation meeting with their line manager and an HR representative to discuss how the change proposals being put forward may potentially affect their roles and contribution. Staff have the right to be accompanied at their consultation meeting by another colleague, a Partnership Forum representative, or a local trade union representative.

The organisational change proposals make reference to ‘revisions’ or ‘updates’ to job descriptions. A revision is where a change or changes are proposed to the substantive nature of the post (e.g. to the job purpose, key result areas, or qualifications and experience necessary to do the job). An update is where there is a need to bring specific aspects of the job description up-to-date (e.g. changes to terminology or names of organisations within the job description), but with no changes to the substantive nature of the post. The change proposals propose a small number of existing posts being discontinued with directly-affected staff being managed through the organisation’s redeployment provisions.

- ‘Revisions’ to job description proposed – 7 job roles | 33 staff members
- ‘Updates’ to job description proposed – 8 job roles | 22 staff members
- Post ‘discontinued’ – 3 job roles | 3 staff members

After the agreed formal consultation period has concluded, a final organisational structure and the date of implementation will be confirmed following full consideration of all feedback received during the process. An appropriate timeframe for evaluation of the changes to ensure their continued fitness for purpose will also be established.
Short-life governance review
A short-life governance review has commenced, led jointly by Pam Whittle and Hamish Wilson. This will consider the role and remit of the Scottish Health Council Committee with recommendations made by December 2018.

Communications support
Additional communications support is required to implement the rebranding changes which are planned, and to develop a robust stakeholder engagement strategy, both to communicate with stakeholders about the changes which are taking place, and to facilitate ongoing stakeholder dialogue. Discussions are underway with the Head of Communications within Healthcare Improvement Scotland about how best to progress this.

3. Actions/Recommendations

Board members are asked to note the content of the update and offer any feedback as appropriate.

If you have any questions about this paper please contact Sandra McDougall, Acting Director of the Scottish Health Council via sandra.mcdougall@scottishhealthcouncil.org
## APPENDIX
### Summary of key changes

<table>
<thead>
<tr>
<th>CURRENT STATE</th>
<th>FUTURE STATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Existing Scottish Health Council Committee.</td>
<td>Renamed Committee with revised membership and remit reflecting a strengthened role and greater transparency in its operation.</td>
</tr>
<tr>
<td></td>
<td>Clear arrangements in place to facilitate the engagement of key stakeholders in providing advice and input to the Committee.</td>
</tr>
<tr>
<td></td>
<td>Committee role in ensuring 3 key tests are met in the directorate’s work:</td>
</tr>
<tr>
<td></td>
<td>i. Adding distinct value and avoiding duplication</td>
</tr>
<tr>
<td></td>
<td>ii. Collaborating with others where there is benefit in doing so</td>
</tr>
<tr>
<td></td>
<td>iii. Demonstrating positive impact.</td>
</tr>
<tr>
<td>Statutory role re ‘supporting, ensuring and monitoring’ how NHS Boards carry out their duty of public involvement.</td>
<td>Statutory role continues.</td>
</tr>
<tr>
<td>Supporting community engagement in NHSScotland, with informal ad hoc role working with some integration authorities.</td>
<td>Clear menu of offerings of support to NHS boards and integration authorities.</td>
</tr>
<tr>
<td></td>
<td>This will include: advice on planning and evaluating inclusive engagement approaches at both operational and strategic level to support improvement; training and capacity building for health and care staff; sharing evidence and resources to support practice development; offering networking and learning opportunities.</td>
</tr>
<tr>
<td>Multiple disparate projects/activity which are responsive to local or national requests based primarily on capacity to respond positively.</td>
<td>Activity targeted on thematic programmes and local priorities which are agreed in dialogue with key stakeholders, based on 3 key tests referred to above.</td>
</tr>
<tr>
<td>Support provided is often at operational level related to particular services and the ‘doing’ and evaluation of specific engagement activities.</td>
<td>Support also to be offered and agreed at a more strategic level with a clearer focus on improvement and on good governance.</td>
</tr>
<tr>
<td>Limited focus on evidence. Testing and evaluation of innovative engagement approaches (Citizens Panel; Citizens Jury).</td>
<td>Greater focus on evidence and on developing a collaborative role in bringing together currently disparate sources of evidence, linked to thematic priorities, and facilitating the sharing and learning of knowledge and good practice.</td>
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<tr>
<td></td>
<td>Testing and evaluation of innovative approaches, which may include those conducted by others.</td>
</tr>
<tr>
<td>CURRENT STATE</td>
<td>FUTURE STATE</td>
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<td>------------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Advice role in service change to NHS Boards in line with CEL4 (2010) guidance; quality assurance role in ‘major’ change.</td>
<td>Continuation of this role, with greater focus on good governance, and a visible role for the Director of Community Engagement in communicating with NHS Board Chief Executives in relation to major change.</td>
</tr>
<tr>
<td>Informal advice role in service change led by integration authorities – developing area with lack of clarity/shared understanding across stakeholder groups of policy position.</td>
<td>Advice and support role set out clearly and promoted, working with other relevant stakeholders.</td>
</tr>
<tr>
<td>Promotion of equality and human rights, and addressing inequalities, is implicit in much of what we do, and there are examples of good practice.</td>
<td>A more visible and explicit commitment to promotion of equalities and human rights, and addressing inequalities, as an underpinning principle, with targeted activity and clearer measurement of impact. Voices Scotland and Gathering Views activities with communities focused to support this approach.</td>
</tr>
<tr>
<td>Scottish Health Council branding associated with NHSScotland and original role; name does not link clearly to role; web presence and infrastructure requires updating.</td>
<td>Revised brand identity with clearer alignment with Healthcare Improvement Scotland. Launch and changeover plan to introduce this to stakeholders, supported by longer term communication and engagement strategy.</td>
</tr>
<tr>
<td>Delivery partner for Our Voice and role in maintaining Our Voice website and social media.</td>
<td>All activity supports delivery of the Our Voice vision and principles, rather than identifying this as a separate work programme.</td>
</tr>
<tr>
<td>Semi-autonomous operating entity within Healthcare Improvement Scotland.</td>
<td>Future strategic development of Our Voice to be reviewed and agreed with delivery partners.</td>
</tr>
<tr>
<td></td>
<td>Integral operating directorate within Healthcare Improvement Scotland, actively contributing to the implementation of a Quality Management System.</td>
</tr>
</tbody>
</table>
### SUPPORTING INFORMATION – RISK

<table>
<thead>
<tr>
<th>Do the key points represent a risk to the organisation?</th>
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<th>If yes, provide the risk number, risk description and risk rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Yes</td>
<td>Risk 846 - medium. There is a risk that delivery of the Scottish Health Council Operational Plan 2018/19 may be adversely impacted, through slippage or inability to meet objectives; because of resource demands and disruption relating to the implementation of organisational change, following the Scottish Health Council review; resulting in a negative effect on the organisation’s impact, reputation and influence on public engagement and involvement.</td>
</tr>
</tbody>
</table>

### OTHER CONSIDERATIONS

<table>
<thead>
<tr>
<th>How do the key points relate to the Corporate Plan?</th>
<th>The proposals within the Scottish Health Council organisational change ensure the directorate’s alignment to the Healthcare Improvement Scotland strategy – <em>Making Care Better</em>. The directorate’s Operational Plan 2018/19 is fully aligned to the strategy’s five priorities.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resource Implications</td>
<td>Staffing resource requirements will be met within core Healthcare Improvement Scotland budget. The proposed organisational change focuses primarily on revisions and updates to existing job descriptions, with three posts proposed to be discontinued, and the creation of senior management posts in order to provide internal leadership and strengthen relationships with external stakeholders to advance the directorate and wider HIS public participation agenda. Resource required to implement re-branding and develop a communications and engagement strategy is currently being assessed.</td>
</tr>
<tr>
<td>What engagement has been used to inform the work.</td>
<td>The overall review process has benefitted from engagement with a wide-range of stakeholders, including members of the public and community groups, NHS boards, integration authorities, third sector organisations, and other interested bodies. Staff from the Scottish Health Council/Healthcare Improvement Scotland have also contributed ideas and suggestions.</td>
</tr>
<tr>
<td>What Equality and Diversity considerations relate to the work.</td>
<td>A key proposal for change is that the refocused Scottish Health Council should has as an underpinning principle for all of its work the promotion of equalities and human rights, and addressing inequalities. A human rights PANEL principles assessment, including equality impact assessment, will be undertaken in relation to the implementation plan for change.</td>
</tr>
</tbody>
</table>
SUBJECT: Quality Committee report to the Board on performance against the operational plan

PURPOSE OF THE REPORT

This paper provides onward reporting from the Quality Committee to the Board, regarding its consideration of the organisational performance report against the Operational Plan.

KEY POINTS

<table>
<thead>
<tr>
<th>Date of Quality Committee meeting</th>
<th>22 August 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reporting period report</td>
<td>April–May 2018</td>
</tr>
</tbody>
</table>

The Quality Committee considered a report in the same format as that used for the operational plan for 2017-2018. This presents information by programme of work. The 2018-2019 operational plan has been structured differently, reflecting the cross organisational contribution to achieving our strategic priorities. A short life working group is developing the structure to support future reporting to the Quality Committee.

ITEMS FOR HIGHLIGHTING TO THE BOARD

1. Celebrating success

Directors identified a number of areas to highlight to the Board:

**Launch of Palliative Care Identification Tools Comparator**
The Living Well in Communities team has launched its new palliative care identification tools comparator which is a visual resource that makes it easier for clinical and care staff to compare the key features of different palliative care identification tools, and to select tools to test that are appropriate for their contexts. We have shared this resource through Webex, a palliative care identification learning event and an NHSScotland event poster. This resource has been well-received and early feedback indicates that it is a useful resource to explore how to identify palliative care need early.

**Production of Frailty Evidence Bundle to Support Living Well in the North**
Living Well in Communities worked with the Evidence Directorate to produce a report that summarises the evidence for different community-based interventions for frailty. Each intervention is presented as a visual abstract, with information on the benefits, evidence quality, costs, frailty level, and links to further information. The report can be accessed at: [https://ihub.scot/media/3940/lwic-frailty_evidence-for-what-works_jul18.pdf](https://ihub.scot/media/3940/lwic-frailty_evidence-for-what-works_jul18.pdf)

**Overnight Support**
In 2016 the ihub was asked to develop an approach to support the redesign of overnight support. This was a priority area of work for Health and Social Care partnerships due to the significant financial impact attached to a legal decision that the minimum national wage would apply to sleepover arrangements. The redesign of overnight support action learning sets brought together a third of H&SCPs and 16 different third and independent sector organisations to support them to
work in partnership to develop new models of care. The ihub worked in partnership with other national organisations including COSLA, SG, NHS24 and the Care Inspectorate to design and deliver an approach that supported H&SCPs to redesign their local offerings. This work is now complete and an example of the feedback is as follows: “We could not have achieved what we did without these action learning sets.”

2. Project status review

Each of the 58 programmes of work was categorised using a Red / Amber / Green (RAG) status. One programme was categorised as having a red status and 12 reported an amber status. The Quality Committee sought detail on the red status project and considered key themes across the 12 amber status projects

Mental health access improvement support
This project is rated red due to the fact that improvements in CAMHS and Psychological Therapy waiting times are not yet being seen at the level anticipated and in many cases, there has been deterioration in waiting times. Further we do not currently have the capacity to provide the bespoke support to all NHS boards currently requesting it. Appendix one provides further detail of the issues for this work.

A review of each of the programmes identified as having amber status showed a number of common themes across the organisation. The themes identified for the amber projects reflect those reported at the last Board meeting:

- Impact of staff vacancies/secondments and long term absence which can affect some programmes disproportionally due to their scale
- Clinical Engagement – this remains an issue for the completion of the palliative care guidelines
- Partnership Working with other organisations, including capacity issues within partner organisations – this has been an issue particularly for some ihub programmes where boards did not have the capacity to deliver against the full scope of the programme and for some aspects of the implementation of the Access to New Medicines Review
- Restructure of programme delivery or supporting infrastructure or reprioritisation of HIS work
- Impact of new processes being introduced while business as normal – this has been a major issue for SMC following the Access to New Medicines Review and the Scottish Government pathway for ultra-orphan medicines
- External factors, including delays in confirmation of funding.

These themes are discussed at the Quality Committee and additional information sought by members when required. The Executive Team is responsible for putting in place remedial actions to address the issues, or, where appropriate, raise operational or corporate risks.

3. New areas of work / work that has been revised

One new piece of work has been added to the Standards and Indicators work programme. We develop best practice guidance on good quality mortuary services covering the areas identified in the Mortuary Review report including: dignified and respectful care of the body; processes relating to retained tissue; addressing the needs of the bereaved; providing information to the bereaved in the case of murder or culpable homicide; management of funerals where no next of kin. Additional resources have been made available by Scottish Government to expedite this work.
4. Any specific issues requiring substantive discussion at a future Board meeting

The Quality Committee included a brief development session which considered reporting and the information that should be shared with the full HIS Board. Further discussion will take place at the October 2018 Quality Committee and subsequent reports to the Board will reflect these discussions.

Appendix:

Enter appendix details:
1. Mental Health Access Improvement Support

If you have any questions about this paper please contact Hamish Wilson, Chair of Quality Committee.
Appendix one: Mental Health Access Improvement Support Team

Introduction

The Mental Health Access Improvement Support Team (MHAIST) currently have two programmes of work; a collaborative programme and a bespoke support offering. Both programmes of work are focused on supporting NHS Boards to identify and deliver improvements that will enable them to improve performance against the waiting times target while maintaining or improving the quality of care. This work covers both Children and Adolescent Mental Health Services (CAMHS) and Psychological Therapies (PT). This work is being delivered by Healthcare Improvement Scotland and ISD.

Mental Health Access Collaborative

The Mental Health Access Collaborative was established in June of 2018 in recognition that this is a tried and tested model which enables frontline teams facing common challenges to learn and improve together.

The team have successfully engaged with 12 of the NHS 14 Boards and have 40 teams signed up to participate across an Access workstream and a Neuro-Developmental Pathway workstream. The latter is a key issue for CAMHS as recent years has seen a steady growth in neurodevelopmental referrals, eg referrals for diagnosis and support relating to autism and Attention Deficit Hyperactivity Disorder (ADHD).

The second of the Learning Sessions is due to be run on 17 November and the Collaborative is planned to run through to November 2019. This work is enabling frontline teams to identify and implement process improvements to support improved access. ISD analysts support the identification, collation and analysis of data. HIS runs the collaborative and, in addition to designing and delivering the learning sessions, it also provides regular support and feedback on reports to the 40 teams participating. The staff working in MHAIST are experienced in providing this type of QI support.

Bespoke Support Offering

The second part of the offering is the provision of in-depth diagnostic support for Boards and bespoke advice/support for improvement. This offering recognises that, for many areas, there are issues impacting on the delivery of the access targets that are beyond the control of the clinical teams. It includes assessing how Boards manage the flow of patients from referral to discharge, the experience of staff and people with lived experience, the leadership commitment to this work, and the quality improvement capability of Boards. The team are currently engaged with NHS Grampian, NHS Tayside and NHS Forth Valley.

Key to successful implementation of bespoke access support is an understanding of a branch of QI methodology known as Demand, Capacity, Activity and Queue (DCAQ). This is not an approach that has been used previously by HIS, so to support this offering, training has been commissioned to up-skill Improvement Advisors and ISD Analysts in the application of DCAQ.

Current challenges which, when combined, have led to rating programme as red on operational plan

1. The collaborative approach was put in place due to initial difficulties engaging NHS Boards in the bespoke support offering and the recruitment of 40 teams into this offering has highlighted the enthusiasm from clinical teams to engage in improvement work. However, on the back of deteriorating performance across a number of Boards, we now have a number of NHS Boards
requesting bespoke support. The MHAIST team do not currently have enough resources to deliver effectively on both programmes of work.

2. Four NHS Boards have requested bespoke support over recent months. The team is currently resourced to work with two at a time, it is currently working with three due in part to the Director of Improvement (whose improvement background includes DCAQ in MH) re-prioritising time to provide support to one system. The decision to do this was in recognition of the political imperative behind this work. It also provided an opportunity to support the development of MHAIST in bespoke support work. With other pressures, this work will now need to be handed over to MHAIST following production of an interim diagnostic report at the end of September.

3. Effective management of waiting times requires local systems to routinely capture and report demand, capacity, activity and queue data and there is significant work to be done to ensure systems are in place to do this consistently and reliably across Scotland. Further, the process of gathering data has been more complex and time-consuming than anticipated.

4. Capability within MHAIST and ISD MHAIST to undertake DCAQ analysis within MH context to deliver effective improvement recommendations.

Actions

The following actions are being taken to address these issues.

1. MHAIST currently comprises 2 Improvement Advisors, 0.5 part time Clinical Lead, 0.2 CAMHS Clinical Lead, 1 Project Officer and 1 Administration Officer. The support required to facilitate and support 40 teams requires significant project support and the Improvement Advisors have had to step in to provide administration capacity.

To address these issues in the short term, we are scoping the skill set across the wider portfolio and are utilising project and administrative support from SPSP Mental Health. There is no additional Improvement Advisor capacity available. We are in discussions with SG around additional support.

2. MHAIST does not have current capacity to provide bespoke support to any additional NHS Boards. A light touch approach has now been agreed following the DCAQ work that has been supported by the Director of Improvement and work will continue with the other two boards. There is currently a skills shortage in DCAQ which will be addressed by the planned training in October 2018. We are in discussions with SG around additional support.

3. The SG mental health task force operational delivery group will be looking specifically at data and the need for national consistent comparative data has been identified as key. A workshop bringing together SG colleagues, MHAIST, ISD, HIS, Audit Scotland is planned by SG for 17 October to begin to look at this.

4. It has emerged that there is a need to train both MHAIST staff and ISD analysts in the use of DCAQ (demand, capacity, activity and queue) in order to better understand complexity around access to services and allow for improvement recommendations.

There is a skills shortage within the organisation and training has been commissioned by HIS to run in early October 2018 to address this. Places have been offered to ISD analysts as well as to staff from NHS Forth Valley.

DCAQ work previously supported by SG QUeST is currently being reviewed with a view to developing materials for capacity building.
Update

Audit Scotland published the report, Children and Young People’s Mental Health on Thursday 13 September. The report calls for a ‘step change’ in the way the sector responds to mental health needs of children and young people. The report also highlights:

- A service focus on crisis response and specialist provision.
- A significant increase in referrals for mental health support and a lack of anything else for those referrals that are rejected.
- An increase in waiting times for treatment.
- A lack of consistent data and financial information making it difficult to understand service provision and outcomes.

In addition to this report, Dame Denise Coia, Chair of the Mental Health Task Force, published initial recommendations following early scoping with stakeholders, and Scottish Government published its Programme for Government on 4 September which contains specific policy actions in relation to children and young people’s mental health and wellbeing.

Actions

The Head of Improvement Support for Mental Health is a member of the mental health task force operational delivery group. This group has already begun to develop a work plan that identifies the areas of improvement which would impact on the key findings of the Audit Scotland report, including:

- Engagement and involvement of partners across the health and social care landscape.
- Further mechanisms for gathering and sharing best practice, effective improvements and wider learning.
- Mapping of the range of activity underway already to support children and young people’s services and strategic planning.
- An initial data workshop. In addition, the actions identified in relation to the MHAIST work should help to accelerate understanding of demand and capacity which will, in turn, inform improvement recommendations and support needed.
- In addition, all actions in relation to children and young people within Scottish Government’s Mental Health Strategy 2017-2027 are included in the task force work plan.
SUBJECT: Financial Performance Report as at 31 August 2018

1. Purpose of the report
   The paper provides an update on the financial position for the financial year 2018-2019 as at 31 August 2018.

2. Key Points
   The organisation’s most recent financial position is reported at each meeting of the Audit and Risk Committee and at all Board meetings.

   The financial 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.

3. Actions/Recommendations
   The Board is asked to:
   
   • Note the financial position as at 31 August 2018.
   • Note the position with regard to anticipated additional allocations.
   • Note the progress in relation to savings targets.

Appendix:

Enter appendix details:

1. Financial Performance Report (P5)

If you have any questions about this paper please contact:

David Rhodes, Head of Finance & Procurement
email: david.rhodes2@nhs.net
direct dial: 0131 314 1277
extension: 1277
### SUPPORTING INFORMATION

#### RISK

<table>
<thead>
<tr>
<th>Do the key points represent a risk to the organisation?</th>
<th>If yes, has a risk been raised on the Compass Risk Management System</th>
<th>If yes, provide the risk number, risk description and risk rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>yes</td>
<td>yes</td>
<td>No. 635 – Finance Strategy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>There is a risk of not meeting our budgeted commitments because of changing and competing priorities around our workplan resulting in difficulties in managing a 12 month budget in accordance with Scottish Government Guidelines.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>High (12)</td>
</tr>
</tbody>
</table>

#### OTHER CONSIDERATIONS

<table>
<thead>
<tr>
<th>How do the key points relate to the Corporate Plan?</th>
<th>Reference should be made to the Financial Plan that forms part of the Draft Corporate Plan 2018-19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resource Implications</td>
<td>None</td>
</tr>
<tr>
<td>What engagement has been used to inform the work.</td>
<td>The contents of the report are also shared with Scottish Government on a monthly basis through the Financial Reporting arrangements.</td>
</tr>
<tr>
<td>What Equality and Diversity considerations relate to the work.</td>
<td>None</td>
</tr>
</tbody>
</table>
Overview
The 2018-19 revenue budget was agreed by the Board in 18 April 2018. The latest funding allocation letter from Scottish Government (SG) was received on 3 September 2018. This set the baseline revenue resource limit (RRL) for 2018-19 to be £24.53 million, the same level as the prior financial year, less National Boards Tranche 1 recurring savings of £0.20m. It also included non-recurring allocations worth £4.70 million increasing the total allocation to date to £29.23 million.

Financial Position
At 31 August, the total HIS revenue budget for the year is currently £29.23 million. At the end of August, HIS had spent £11.61 million, some £0.08 million more than the budget for the first five months.

HIS has received the vast majority of additional allocations expected from SG; however an additional £0.90 million has still to be received. When current spend against all these allocations is taken into account HIS has actually spent £0.08 million less than budget.

Table A - Financial position at 31 August 2018

<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>
<th>YTD Spend for Outstanding Additional Allocations/Income</th>
<th>Adjusted YTD Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chief Executive</td>
<td>947,015</td>
<td>556,386</td>
<td>372,938</td>
<td>390,629</td>
<td>(17,692)</td>
<td>0</td>
<td>(17,692)</td>
</tr>
<tr>
<td>Office of the Medical Director</td>
<td>2,805,168</td>
<td>1,708,623</td>
<td>1,098,574</td>
<td>1,096,545</td>
<td>2,029</td>
<td>0</td>
<td>2,029</td>
</tr>
<tr>
<td>Office of the NMAHP Director</td>
<td>519,526</td>
<td>381,367</td>
<td>141,348</td>
<td>138,159</td>
<td>3,189</td>
<td>0</td>
<td>3,189</td>
</tr>
<tr>
<td>Corporate Provision</td>
<td>(690,853)</td>
<td>(769,633)</td>
<td>85,494</td>
<td>78,781</td>
<td>6,713</td>
<td>0</td>
<td>6,713</td>
</tr>
<tr>
<td>Evidence</td>
<td>4,947,674</td>
<td>2,947,098</td>
<td>1,984,872</td>
<td>2,000,576</td>
<td>(15,704)</td>
<td>108,906</td>
<td>93,202</td>
</tr>
<tr>
<td>Finance &amp; Corporate Services</td>
<td>2,637,281</td>
<td>1,594,493</td>
<td>1,017,504</td>
<td>1,042,788</td>
<td>(25,284)</td>
<td>0</td>
<td>(25,284)</td>
</tr>
<tr>
<td>Improvement Support and ihub</td>
<td>11,007,573</td>
<td>6,901,324</td>
<td>4,070,470</td>
<td>4,106,249</td>
<td>(35,779)</td>
<td>12,771</td>
<td>(23,008)</td>
</tr>
<tr>
<td>Property</td>
<td>1,305,294</td>
<td>757,719</td>
<td>543,873</td>
<td>547,575</td>
<td>(3,702)</td>
<td>0</td>
<td>(3,702)</td>
</tr>
<tr>
<td>Scottish Health Council</td>
<td>2,625,527</td>
<td>1,601,570</td>
<td>1,027,621</td>
<td>1,023,958</td>
<td>3,664</td>
<td>0</td>
<td>3,664</td>
</tr>
<tr>
<td>Quality Assurance</td>
<td>3,127,395</td>
<td>1,945,665</td>
<td>1,184,050</td>
<td>1,181,730</td>
<td>2,320</td>
<td>42,689</td>
<td>45,009</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>29,231,600</strong></td>
<td><strong>17,624,611</strong></td>
<td><strong>11,526,743</strong></td>
<td><strong>11,606,989</strong></td>
<td><strong>(80,246)</strong></td>
<td><strong>164,366</strong></td>
<td><strong>84,120</strong></td>
</tr>
</tbody>
</table>

It should be noted that these results are after removing the savings achieved to date, see Table D.

Revenue resource allocations
The budget load at present reflects the anticipated RRL baseline budget for 2018-19 of £29.23 million. In common with prior years future financial performance reporting to the Board and the Audit and Risk Committee will include regular updates on progress in relation to the confirmation and receipt of non-recurring allocations.

The current position is shown in Table B whilst Table C shows the details of the outstanding allocations and income categorised in terms of confirmation status and associated risk.
### Table B - Revenue Resource Allocations (Summary)

<table>
<thead>
<tr>
<th>Allocations</th>
<th>Recurring £’000</th>
<th>Earmarked Recurring £’000</th>
<th>Non-Recurring £’000</th>
<th>Total £’000</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline 1 April 2018</td>
<td>24,532</td>
<td>-</td>
<td>-</td>
<td>24,532</td>
<td>81.4</td>
</tr>
<tr>
<td>Received to date</td>
<td>-</td>
<td>-</td>
<td>4,700</td>
<td>4,700</td>
<td>15.6</td>
</tr>
<tr>
<td><strong>Allocation at 31 August 2018</strong></td>
<td>24,532</td>
<td>-</td>
<td>4,700</td>
<td><strong>29,232</strong></td>
<td><strong>97.0</strong></td>
</tr>
<tr>
<td>Future SG funding - confirmed</td>
<td>-</td>
<td>-</td>
<td>632</td>
<td>632</td>
<td>2.1</td>
</tr>
<tr>
<td>Future SG funding - unconfirmed</td>
<td>-</td>
<td>-</td>
<td>271</td>
<td>271</td>
<td>0.9</td>
</tr>
<tr>
<td><strong>Anticipated total 2018-19</strong></td>
<td>24,532</td>
<td>-</td>
<td>5,602</td>
<td><strong>30,134</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

### Table C – Anticipated Allocations & Spend to Date

<table>
<thead>
<tr>
<th>Anticipated Allocations</th>
<th>Directorate</th>
<th>Anticipated Spend £</th>
<th>Spend to Date £</th>
<th>Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Confirmed</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rape &amp; Sexual Assault</td>
<td>Evidence</td>
<td>22,000</td>
<td>-</td>
<td>Green</td>
</tr>
<tr>
<td>HAI Funding (SAPG x 2 PIDS)</td>
<td>Evidence</td>
<td>208,093</td>
<td>94,186</td>
<td>Green</td>
</tr>
<tr>
<td>Outcome Based Commissioning</td>
<td>Improvement Support &amp; ihub</td>
<td>50,000</td>
<td>-</td>
<td>Green</td>
</tr>
<tr>
<td>Improving Observations for Vulnerable Patients</td>
<td>Improvement Support &amp; ihub</td>
<td>161,700</td>
<td>-</td>
<td>Green</td>
</tr>
<tr>
<td>Sudden Unexpected Death in Infancy (SUDI)</td>
<td>Quality Assurance</td>
<td>48,000</td>
<td>10,314</td>
<td>Green</td>
</tr>
<tr>
<td>Uplift for Voluntary Information System</td>
<td>Scottish Health Council</td>
<td>50,000</td>
<td>-</td>
<td>Green</td>
</tr>
<tr>
<td>SPSP Maternity &amp; Children</td>
<td>Improvement Support &amp; ihub</td>
<td>40,000</td>
<td>12,771</td>
<td>Green</td>
</tr>
<tr>
<td>Mesh Oversight Group</td>
<td>Evidence</td>
<td>60,000</td>
<td>6,645</td>
<td>Green</td>
</tr>
<tr>
<td>Transfer to Non-Core RRL (Depreciation)</td>
<td>Corporate Provisions</td>
<td>(102,000)</td>
<td>-</td>
<td>Green</td>
</tr>
<tr>
<td>New Care Standards</td>
<td>Evidence</td>
<td>20,000</td>
<td>8,075</td>
<td>Green</td>
</tr>
<tr>
<td>Health Technology Assessment (HTA)</td>
<td>Evidence</td>
<td>106,000</td>
<td>-</td>
<td>Green</td>
</tr>
<tr>
<td><strong>Total Confirmed Allocations</strong></td>
<td></td>
<td>631,793</td>
<td>131,991</td>
<td></td>
</tr>
<tr>
<td>Unconfirmed</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Learning from Adverse Events</td>
<td>Quality Assurance</td>
<td>143,700</td>
<td>16,056</td>
<td>Green</td>
</tr>
<tr>
<td>Ionising Radiation Safety (IRMER)</td>
<td>Quality Assurance</td>
<td>77,366</td>
<td>16,319</td>
<td>Green</td>
</tr>
<tr>
<td>Dementia Care Co-ordination</td>
<td>Improvement Support &amp; ihub</td>
<td>50,000</td>
<td>-</td>
<td>Red</td>
</tr>
<tr>
<td><strong>Total Unconfirmed Allocations</strong></td>
<td></td>
<td>271,066</td>
<td>32,375</td>
<td></td>
</tr>
<tr>
<td><strong>Total Anticipated Allocations</strong></td>
<td></td>
<td>902,859</td>
<td>164,366</td>
<td></td>
</tr>
</tbody>
</table>

### Anticipated Income

<table>
<thead>
<tr>
<th>Anticipated Income</th>
<th>Directorate</th>
<th>Anticipated Spend £</th>
<th>Spend £</th>
<th>Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Foundation Funding - Quality Rheumatology-HF</td>
<td>Medical</td>
<td>23,378</td>
<td>14,236</td>
<td>Green</td>
</tr>
<tr>
<td>Health Foundation Funding - QI Connect</td>
<td>Medical</td>
<td>34,316</td>
<td>12,535</td>
<td>Green</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>57,694</strong></td>
<td><strong>26,772</strong></td>
<td></td>
</tr>
</tbody>
</table>

### Total Anticipated Funding

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Anticipated Funding</strong></td>
<td>960,553</td>
<td>191,138</td>
</tr>
</tbody>
</table>

### Risk Key Definition

- **Blue**: No indication of funding support to date.
- **Red**: Funding request under consideration.
- **Yellow**: Confirmation received but value may be subject to amendment.
- **Green**: Full confirmation received including value.
Internal efficiency savings targets 2018-19

In order to achieve a balanced budget the financial plan was the subject of various internal savings targets totalling £1.99 million. In all instances savings are to be sought from recurrent sources wherever possible.

Table D shows the current position at 31 August 2018. This shows that savings of £0.83 million have been achieved in the first five months of the financial year which represents 41.8% of the overall target for the year. However it should be noted that savings to date include £0.27m of prior year carry forward which will be considered with the Executive Team as part of the mid-year review process.

Table D
Savings update as at 31 August 2018

<table>
<thead>
<tr>
<th>Internal Savings Target 2018-19</th>
<th>Staff Turnover</th>
<th>Additional Pay Target</th>
<th>Variable Non-Pays</th>
<th>Total Savings Achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Recurring</td>
<td>Non-Recurring</td>
<td>Recurring</td>
<td>Non-Recurring</td>
</tr>
<tr>
<td>Chief Executive</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>44,899</td>
</tr>
<tr>
<td>Office of Medical Director</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Office of NMAHP</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Finance &amp; Corporate Services</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Property</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Quality Assurance</td>
<td>24,089</td>
<td>-</td>
<td>-</td>
<td>80,837</td>
</tr>
<tr>
<td>Evidence</td>
<td>50,500</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Improvement Hub</td>
<td>59,642</td>
<td>-</td>
<td>-</td>
<td>184,321</td>
</tr>
<tr>
<td>Scottish Health Council</td>
<td>41,660</td>
<td>-</td>
<td>-</td>
<td>47,500</td>
</tr>
<tr>
<td>Corporate Provisions</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

175,891 - 357,557 - 296,560 830,008

Table E restates the savings position by measuring results to date against the savings plan submitted to SG as part of the LDP process.

Table E
Savings achieved compared to LDP targets

<table>
<thead>
<tr>
<th>Savings Targets</th>
<th>Targets 2018-19</th>
<th>Achieved to 31 August 2018 (P5)</th>
<th>Target Remaining 2018-19</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Recurring</td>
<td>Non-Recurring</td>
<td>Total</td>
</tr>
<tr>
<td>Total</td>
<td>£'000</td>
<td>£'000</td>
<td>£'000</td>
</tr>
<tr>
<td>Workforce</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Turnover</td>
<td>688</td>
<td>700</td>
<td>1,388</td>
</tr>
<tr>
<td>Non-Pay</td>
<td>688</td>
<td>700</td>
<td>1,388</td>
</tr>
<tr>
<td>Total</td>
<td>688</td>
<td>1,300</td>
<td>1,988</td>
</tr>
<tr>
<td>Percentage</td>
<td>25.6%</td>
<td>50.3%</td>
<td>41.8%</td>
</tr>
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<td></td>
<td>74.4%</td>
<td>49.7%</td>
<td>58.2%</td>
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</tbody>
</table>

Future reports will analyse savings activity in more detail as the year progresses.
Outturn Prediction for 31 March 2019
Predicting the outturn for the financial year to 31 March is a continuous exercise and inevitably assumes greater importance the further we get through the year, currently we are engaged in the mid-year review which will conclude late September and provide greater clarity to the Executive Team over the full year outturn.

Guidance from Scottish Government is that whilst a deficit is unacceptable a surplus of up to 1% is acceptable. In the case of Healthcare Improvement Scotland this would equate to approximately £0.30 million.

The Executive Team will continue to regularly monitor the financial position and manage any associated risks. They are committed to delivering a position at 31 March 2019 that meets the tolerance levels outlined above which accords with the current expectation of HIS from Scottish Government.
SUBJECT: Risk Management Update

1. Purpose of the report
   To provide assurance on progress with the management of risk across the organisation and to present the current corporate risks (Appendix 1) and the very high operational risks for consideration (Appendix 2).

2. Key Points
   a) The corporate and operational risk registers are presented in the format of reports from the Compass risk reporting system. The Compass system supports the risk management strategy and enables review of risk across the organisation.

   b) The corporate risks (Appendix 1) and very high operational risks (Appendix 2) have been reported from the Compass system as at 17 September 2018. There are 15 corporate risks on the report compared to 17 on the June report and 2 very high operational risks on the report compared to 3 on the June report.

   c) The risk reports show the trends in risk scores since the Board meeting on 27 June 2018. The movement schedule at Appendix 3 summarises the changes to risks. The grid provided at Appendix 4 provides appetite and scoring definitions for reference.

   d) The Audit and Risk Committee reviewed at its meeting on 5 September the corporate risks and the high/very high operational risks. They noted there was significant duplication of risks in the corporate and operational risk reports that they received in relation to workforce, capability and capacity issues. A number of these related to risks identified within the ihub. A process to review and where appropriate consolidate these is underway and will be completed for the next Board meeting.

3. Actions/Recommendations
   The Board is asked to review the corporate and operational risks presented to gain assurance that risk management is effective and to identify whether or not further action is necessary to deliver assurance on the effectiveness of control.

Appendices:
1. Corporate risks
2. Very High operational risks
3. Movement schedule
4. Grid showing risk appetite and scoring for reference

If you have any questions about this paper please contact Maggie Waterston, Director of Finance and Corporate Services, margaret.waterston@nhs.net, tel 0131 623 4608 ext 8580.
## SUPPORTING INFORMATION

### RISK

<table>
<thead>
<tr>
<th>Do the key points represent a risk to the organisation?</th>
<th>If yes, has a risk been raised on the Compass Risk Management System</th>
<th>If yes, provide the risk number, risk description and risk rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>no</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### OTHER CONSIDERATIONS

**How do the key points support the five priorities in the strategic plan:**
- Enable people to make informed decisions about their own care and treatment;
- Help health and social care organisations to redesign and continuously improve;
- Provide evidence and share knowledge that enables people to get the best out of the services they use and helps services to improve;
- Provide and embed quality assurance that gives people confidence in the quality and sustainability of services and supports providers to improve;
- Make best use of all resources

**All corporate risks recorded support the objectives of the organisation within the strategic plan and identify any threats or opportunities that might prevent their achievement.**

The Measuring our Progress report to the Quality Committee provides a cross reference against the risk register of any programmes of work that are at risk of not being completed as planned.

**Resource Implications**

The management and training of risk is conducted on a team basis and forms part of management responsibilities.

**What engagement has been used to inform the work.**

The risk register is an internal governance system which does not require external engagement. The risk management system is maintained and updated by staff assigned as risk managers.

**What Equality and Diversity considerations relate to the work.**

Advise how the work:
- helps the disadvantaged;
- helps patients;
- makes efficient use of resources.

There are no specific equality and diversity issues as a result of this paper. The corporate risk register outlines risks in relation to finance/resources.
### Appendix 1 Corporate Risks (at 17/9/18)

<table>
<thead>
<tr>
<th>Category</th>
<th>Project/Strategy</th>
<th>Risk No</th>
<th>Risk Director</th>
<th>Risk Description</th>
<th>Net Risk Score Rating</th>
<th>Current Controls</th>
<th>Current Mitigation</th>
<th>Current Update</th>
<th>Date Last Reviewed by Committee</th>
<th>Current Risk Level</th>
<th>Aug - 2018</th>
<th>Jul - 2018</th>
<th>Jun - 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reputational / Credibility</td>
<td>Data Measurement &amp; Business Intelligence</td>
<td>693</td>
<td>Brian Robson</td>
<td>There is a risk that we do not have a good awareness of the patterns on some key national metrics/indicators which could mean that our quality assurance and quality improvement work is not sufficiently informed. For example, this could result in the potential to miss the early signs of a serious service failure.</td>
<td>Low - 5</td>
<td>The Information Services Division reports on some key metrics via the Sharing Intelligence for Health &amp; Care Group. Some important measures are considered by different programs of work within HIS, but not collectively.</td>
<td>To address this risk, and to move emphasis away a single measure (HSMR), a consensus study was conducted to identify which set of key metrics HIS should regularly review. Recommendations for key metrics and how they will be used were accepted at the Executive Team meeting start May. The Information Services Division have agreed to refine the intelligence they bring to the Sharing Intelligence for Health &amp; Care Group, informed by the consensus study.</td>
<td>Audit and Risk Committee, 5/9/18</td>
<td>Medium - 12 Impact - 4 Likelihood - 3</td>
<td>Medium - 12</td>
<td>Medium - 12</td>
<td>Medium - 12</td>
<td></td>
</tr>
<tr>
<td>Financial / Value for Money</td>
<td>Finance Strategy</td>
<td>635</td>
<td>Margaret Waterston</td>
<td>There is a risk of not meeting our budgeted commitments because of changing and competing priorities around our workplan resulting in difficulties in managing a 12 month budget in accordance with Scottish Government guidelines.</td>
<td>High - 15</td>
<td>Regular Management Accounts information prepared with the support of budget holders. Thorough re-forecast at 6 month mark. Regular information regarding potential liability arising from HIS share of joint target of £15m. Regular financial updates to ARC and Board.</td>
<td>Training for all new budget holders and refresher training for all existing budget holders. Timeous financial information to be available for ET to consider Financial position to be a regular item on DMT agenda. Management Accountants to attend DMT meetings.</td>
<td>The 2018-19 financial plan includes a savings target in order to balance the budget. Assumptions going forward for 3 years rely on further savings being made and work will take place to identify areas for recurring savings. Progress will be reported to ET and ARC with updates being provided to the Board as part of the financial reporting throughout 2018-19</td>
<td>Audit and Risk Committee, 5/9/18</td>
<td>High - 15 Impact - 5 Likelihood - 3</td>
<td>High - 15</td>
<td>High - 15</td>
<td>High - 15</td>
</tr>
<tr>
<td>Compliance / Regulatory</td>
<td>Information Governance Strategy</td>
<td>750</td>
<td>Sara Twaddle</td>
<td>There is a risk of reputational damage through failure to demonstrate compliance with the General Data Protection Regulation resulting in reduced stakeholder confidence in the organisation.</td>
<td>Low - 1</td>
<td>staff training, records retention policy, data protection policy, information security policies, technical security controls.</td>
<td>Improved implementation of retention schedule, updating of privacy notices and data protection policy, reviewing data processor contractual arrangements, cyber security certification, internal permissions audit, off site storage data cleansing; necessary database amendments.</td>
<td>Revised contractual clauses and data processing agreements continue to be negotiated. Communications and instructions regarding data cleansing issued to staff during March and April have identified a need for greater documentation and procedural instruction for staff. This will form part of the work plan for the remainder of 2018/19. Essential cleansing of off site storage completed. Procedure for ongoing cleansing developed and implemented alongside revised deposit process. Delay with revised national</td>
<td>Audit and Risk Committee, 5/9/18</td>
<td>High - 9 Impact - 3 Likelihood - 3</td>
<td>High - 9</td>
<td>High - 9</td>
<td>High - 9</td>
</tr>
<tr>
<td>Operational</td>
<td>Making Care Better Strategy 2017-2022</td>
<td>Robbie Pearson</td>
<td>There is a risk that we do not have sufficient internal capacity to support the work of the National Board Delivery Plan and savings targets because of the substantial input that is required from a small group of people resulting in staff becoming over burdened, stressed and concerned about their futures.</td>
<td>High - 16</td>
<td>Designed roles have been agreed within the organisation to represent HIS and to support the national work. A principle of working with colleague boards is to re-use as much information as possible to collect same information twice. Work closely with Employee Director to ensure that staff side are aware of any potential changes to reduce costs and that their input is possible.</td>
<td>Oversight of required capacity is being lead by Director of Finance and Corporate Services Work with staff to re-prioritise work load Recruit additional support staff with agreement of ET Re prioritise HIS work programme Additional resource has been recruited to assist at a national level - a Programme Director and 2 x management accountants who will work 0.5 WTE each. The national shared work has been prioritised to include HR, Finance, Procurement and Property as the first stage of sharing services. HR and finance staff are engaging in workshops to develop target Operating Models. HIS support for the Transformation Plan is stretched as iHub staff try to balance new, national demands at short notice against planned workload</td>
<td>Audit and Risk Committee, 5/9/18</td>
<td>Very High - 20 Impact - 5 Likelihood - 5</td>
<td></td>
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<tr>
<td>Compliance / Regulatory</td>
<td>Making Care Better Strategy 2017-2022</td>
<td>Ann Gow</td>
<td>There is a risk of the organisation not meeting its legislative requirements under the Adult support and Protection Act or its child protection duties specifically in both cases the duties to co-operate and duty to ensure staff are adequately trained due to a lack of clear internal processes and an organisation wide approach to staff training</td>
<td>Very High - 15</td>
<td>engaged with Policy lead at Scottish Gov Requested attendance at adult protection national chairs group Engaged with ET and assurance staff</td>
<td>Development of new post to lead on this area is underway as part of the QAD review Staff training has been tested with QAD Development of post in assurance directorate for public protection Development of referral process Monitoring agreed via clinical and care governance group Information leaflets are in development</td>
<td>The risk to the organisation has been lowered with the testing of training, training in specialist adult protection of the current child protection lead and the availability of advice at present. With work underway to deliver training, improve processes and develop a new post to take this area forward the risk should further decrease</td>
<td>Audit and Risk Committee, 5/9/18</td>
<td>Medium - 6 Impact - 2 Likelihood - 3</td>
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<tr>
<td>Reputational / Credibility</td>
<td>Quality of Care Reviews</td>
<td>Alastair Delaney</td>
<td>Risk that the significant aspirations of the Quality of Care Approach, and the impact both internal and external to HIS, requires a phased implementation that could result in us not meeting the expectations of Ministers, Government and the healthcare system during the transition</td>
<td>High - 16</td>
<td>Expert Reference Group advising on implementation which contains Scottish Government and key clinical interests. Regular liaison with Sponsor Branch in SG and CNOD to discuss progress, and contribution to briefing for Ministers concerning the approach. Continue briefings for key national groupings including SEND, Medical Directors.</td>
<td>Ensuring phased implementation, including time for learning between activities. A narrative and presentation was made to SG policy officials on the implications and implementation of the quality of Care Approach. This was well received and will be used to inform a briefing for new Cabinet Secretary. HIS also meeting directly with Cab Sec in September where this will be discussed. Orkney board level review report will publish on 23 August. Advance publication distributed 16 Aug. NHS Board very positive about process and outcome. Next NHS Board informed that we will be undertaking a board level review. Will be doing further inputs to SEND, SAMD and BCE in coming</td>
<td>Audit and Risk Committee, 5/9/18</td>
<td>Medium - 12 Impact - 4 Likelihood - 3</td>
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<tr>
<td>Category / Risk / Stakeholders</td>
<td>Regulation of Independent Healthcare</td>
<td>Alistair Delaney</td>
<td>667</td>
<td>Each of the regulatory activities has clear guidance, procedures and information for staff and providers.</td>
<td>Recruit additional staff to cope with the increased workload.</td>
<td>Weeks as a result of Orkney pilot report.</td>
<td>We have appointed 3 additional inspectors on a fixed term contract until 31 March 2019. Two of them have been working with us since the summer of 2017 and we have extended their contracts. Another has come from another team within HIS recently. This has helped with the extra work generated by enforcement, late registrations and the introduction of the new national care standards and quality of care work. We have also had another Project Officer from within HIS join us until 31 March 2019. Where possible, we have sourced extra capacity from within the directorate. We have one inspector on maternity leave, we have agreed not to replace her due to financial constraints and we believe we can even out the workload to share her workload with other inspectors during her leave.</td>
<td>Audit and Risk Committee, 5/9/18</td>
<td>Medium - 4 Impact - 4 Likelihood - 1 Median - 4 Medium - 4 Medium - 4</td>
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<tr>
<td>Reputational / Credibility</td>
<td>Service Change</td>
<td>Sandra McDougall</td>
<td>631</td>
<td>There is a reputational risk to the Scottish Health Council due to the organisation’s role in providing a view on whether or not service changes are major, resulting in public or political dissatisfaction with the organisation when expectations are not met regarding the status of change.</td>
<td>No requests for a view on change status has been received in the last month by NHS Boards, which lowers the risk score. However, an Integration Authority approached the Scottish Health Council on this, which posed a question beyond the interim operating position developed in 2017. Clarity has been sought from the Scottish Government on this and next steps will be managed accordingly.</td>
<td>The Scottish Health Council sub-group on service change continues to provide ongoing governance and support on the work of service change. The next meeting is scheduled for 25th September 2018.</td>
<td>Audit and Risk Committee, 5/9/18</td>
<td>Medium - 15 Impact - 5 Likelihood - 3 Very High - 20 Very High - 20 Very High - 20 High - 15</td>
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<tr>
<td>Operational</td>
<td>SMC Product Assessment</td>
<td>Sara Twaddle</td>
<td>454</td>
<td>There is a risk that SMC is unable to accept new medicines for use in a timely manner because of sustained volume of submissions, leading to political and / or public criticism and resulting reputational damage.</td>
<td>Medicine scheduling is monitored and communicated to Scottish Government and industry.</td>
<td>SMC follow a strict prioritisation criteria for scheduling medicine submissions. Scottish Government and Industry are kept informed of deferrals of submissions.</td>
<td>Medicine scheduling is monitored and communicated to Scottish Government and industry. Medicine scheduling is monitored and communicated to Scottish Government and industry.</td>
<td>Audit and Risk Committee, 5/9/18</td>
<td>Medium - 9 Impact - 3 Likelihood - 3 Medium - 9 Medium - 9 Medium - 9</td>
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<tr>
<td>Reputational / Credibility</td>
<td>Strategic Delivery Plan: Medicines</td>
<td>721 Brian Robson</td>
<td>Medium - 12</td>
<td>- Media management strategy as part of overall communications plan which is supported by Scottish Government and NHS Boards - FAQ document (public) and FAQs for clinicians in place - Active input from HIS communication team during development and testing phase - Engagement on, and sign off, for media management strategy with NHS Boards, SG and NHSScotland commis teams - Ongoing support from HIS communications team - National Patient Information Leaflet being developed by ADTCC and regional networks Further engagement with the SMC Patient Information Group will take place at the end of May. A stakeholder engagement plan has been developed and we are working closely with the Scottish Government and NHS boards to ensure co-ordinated communications and key messages. Communication lines are being developed and will be consulted upon with NHS boards and agreed with Scottish Government. The risk score has been raised to reflect the evidence of misinterpretation. The FAQs document will be regularly updated as there is already evidence of misinterpretation of the NRP.</td>
<td>Audit and Risk Committee, 5/9/18</td>
<td>High - 16 Impact - 4 Likelihood - 4</td>
<td>High - 16 Medium - 12 Medium - 12 High - 16 Medium - 12 Medium - 12</td>
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<tr>
<td>Operational</td>
<td>Strategy 2017-2022 Making Care Better</td>
<td>697 Robbie Pearson</td>
<td>Medium - 12</td>
<td>- Clinical engagement strategy and associated activity Engagement with other UK HTA agencies to influence policy re medicines regulation mechanisms Monitoring of changes in workforce profiles in HIS Technical notices recently published relating to the impact of a no-deal Brexit of relevance to HIS will be reviewed together with information from the BHA and Cavandish coalition</td>
<td>Audit and Risk Committee, 5/9/18</td>
<td>Medium - 12 Impact - 3 Likelihood - 4</td>
<td>Medium - 12 Medium - 12 Medium - 12 Medium - 12</td>
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<tr>
<td>Reputational / Credibility</td>
<td>Strategy 2017-2022 Making Care Better</td>
<td>6 Robbie Pearson</td>
<td>Medium - 12</td>
<td>Strategic Plan 90 day process output Quality Management Approach is being introduced across HIS which should assist with cross organisation working. Organisation Development and Learning support is being used to assist primary care integrated working.</td>
<td>Audit and Risk Committee, 5/9/18</td>
<td>Medium - 12 Impact - 4 Likelihood - 3</td>
<td>Medium - 12 Medium - 12 Medium - 12 Medium - 12</td>
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<tr>
<td>Reputational / Credibility</td>
<td>Strategy 2017-2022 Making Care Better</td>
<td>10 Robbie Pearson</td>
<td>Medium - 9</td>
<td>Strategy and Workforce Development Plan Re-focus of ET meetings to be more strategic. Directorate team meetings will formally cascade information from ET. Capability plan being created as part of workforce plan. A Senior Leadership Group is being created with issues delegated to them to solve. A commission is currently being agreed with the Senior Leadership Group for them to lead the planning process for 2019/22.</td>
<td>Audit and Risk Committee, 5/9/18</td>
<td>Medium - 9 Impact - 3 Likelihood - 3</td>
<td>Medium - 9 Medium - 9 Medium - 9 Medium - 9</td>
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<tr>
<td>Operational</td>
<td>Workforce Strategy</td>
<td>634 Margaret Waterston</td>
<td>There is a risk that we may not have the right skills at the right time to deliver our work because of a skills shortage or lack of capacity resulting in a lack of efficiency in delivering our priorities</td>
<td>High - 15</td>
<td>support for workforce planning is being sourced to produce a sustainable plan for the organisation. Workforce plan sets out actions to develop skills and career pathways for staff. Integrated planning allocates skills and capacity required to deliver work. Flexible approach to acquiring specialist skills eg Improvement Adviser framework</td>
<td>Career pathways being developed to maximise staff potential to retain and grow skills within the organisation. Improvement Adviser framework to be tested for other skill areas that are difficult to recruit to eg Inspectors and Health Economists. Personal development conversations and plans to be agreed with staff. Skills planning and succession planning to be included within the revised workforce plan.</td>
<td>Additional support is being sourced to assist with sustainable workforce planning, including improving cross organisational working. A test of cross organisational/matrix working is taking place within the Primary Care Programme and the learning from this will be incorporated across the organisation. The operational plan is more cross organisationally focussed and this should assist with improving flexibility and career progression within HIS.</td>
<td>Audit and Risk Committee, 5/9/18</td>
<td>High - 15</td>
<td>Impact - 5</td>
<td>Likelihood - 3</td>
<td></td>
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</tr>
<tr>
<td>Operational</td>
<td>Workforce Strategy</td>
<td>246 Robbie Pearson</td>
<td>There is a risk of significant organisational disruption because of the scale of change and growth that is currently being considered to support improvement in an integrated environment resulting in non delivery of work and demoralisation of the workforce.</td>
<td>Medium - 10</td>
<td>Workforce Plan 2018/19 Workforce policies (aligned to national Partnership Information Network - PIN - policies &amp; guidelines)</td>
<td>Workforce Plan 2018/19 Additional external support is being considered to ensure the development of a robust and integrated workforce plan.</td>
<td>Audit and Risk Committee, 5/9/18</td>
<td>Medium - 10</td>
<td>Impact - 5</td>
<td>Likelihood - 2</td>
<td></td>
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</tbody>
</table>
## Appendix 2 – Very High Operational Risks

<table>
<thead>
<tr>
<th>Category</th>
<th>Project/Strategy</th>
<th>Risk No</th>
<th>Risk Director</th>
<th>Risk Description</th>
<th>Net Risk Score Rating</th>
<th>Current Controls</th>
<th>Current Mitigation</th>
<th>Current Update</th>
<th>Date Last Reviewed by Committee</th>
<th>Current Risk Level</th>
<th>Aug - 2018</th>
<th>Jul - 2018</th>
<th>Jan - 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operational</td>
<td>Operational</td>
<td>643</td>
<td>Ruth Glassborow</td>
<td>There is a risk of loss of management control because of the current level of management vacancies across the directorate, resulting in a negative impact on the reputation of the organisation and potential loss of credibility.</td>
<td>Medium - 12</td>
<td>Risk management process. Prioritisation of work.</td>
<td>Ensure a culture where managers supported to raise concerns and seek help as appropriate. Restructure to create a more sustainable infrastructure. Recruit to vacant posts. Longer term - ensure strong succession planning arrangements are in place and review presentation of job descriptions.</td>
<td>We have recently redesigned across the directorate and moved from 5 Unit Heads to 4 Unit Heads with additional infrastructure beneath. From the 6th August we now have four Unit Heads in post but we don't yet have the additional infrastructure in place that will enable us to function effectively with four Unit Heads hence the risk remaining very high at this point. Once the additional posts are in place this risk will then reduce. There is also significant management time currently being spent on recruitment. In 2017/18 equivalent of 2 WTE of management time spend on recruitment alone (and this is a conservative estimate). One key area of feedback from the recruitment agency is that our job descriptions are off putting, particularly to non-NHS staff who tend to be used to much more concise JDs, as they are seen as too long and are perceived as &quot;undoable&quot; roles. We don't currently have capacity to take work forward around this.</td>
<td>Audit and Risk Committee, 5/9/18</td>
<td>Very High - 20</td>
<td>Impact - 4</td>
<td>Likelihood - 5</td>
<td>Very High - 20</td>
</tr>
<tr>
<td>Operational</td>
<td>Service Change</td>
<td>778</td>
<td>Sandra McDougall</td>
<td>There is an operational and reputational risk to the Scottish Health Council’s role in supporting public involvement in service change because of the different governance structures progressing change through NHS Boards and Integration Authorities. This results in public uncertainty on the engagement process to be followed and challenge in the role of the Scottish Health Council.</td>
<td>Very High - 20</td>
<td>National guidance (CEL 4 (2010)), 'Informing, Engaging and Consulting People in Developing Health and Community Care Services'; Identifying options for delivery of core function and raising awareness through governance structures.</td>
<td>This has been highlighted with Scottish Government and highlighted in feedback received to the Scottish Health Council consultation. The recommendations following the organisational review should enable a clearer position to be developed. The Service Change Working Group continues to provide governance over the role and next meets on 25th September 2018.</td>
<td>Involvement in changes progressing through Integration Authorities continue to be managed on a case by case basis. The level of involvement and support offered to Health and Social Care Partnerships progressing health related changes has been raised by two Chief Officers in the last month seeking clarity on what level of active involvement the Scottish Health Council can provide. Recent dialogue with Scottish Government has sought further clarity on this position, to clarify current operating position and future development.</td>
<td>Audit and Risk Committee, 5/9/18</td>
<td>Very High - 25</td>
<td>Impact - 5</td>
<td>Likelihood - 5</td>
<td>Very High - 20</td>
</tr>
</tbody>
</table>
## 1. Corporate Risks

### New risks on the report since June

| No new risks |

### Risks that have left the report since June

| 664 | Strategic Delivery Plan: Medicines | There is a risk that the NAP criteria – especially reference to HTA decisions elsewhere in the UK – impacts on the status, confidence and reputation of health technology assessments undermining the role and credibility of SMC and resulting in confusion for the public and professionals. Despite efforts, Scottish Government guidance, now issued, states equity of access across the UK should be considered. | Risk closed – transfer to SMC |

| 730 | Service Change | There is a risk of significant organisational disruption and an inability to deliver agreed priorities due to continued uncertainty about the future role of the Scottish Health Council, including:
- differing stakeholder expectations where consensus on the future role may not prove possible;
- uncertainties around any potential role within social care as well as health;
- uncertainties relating to current guidance on service change issues;
- other external factors resulting in a diminishment in Healthcare Improvement Scotland’s impact and influence on public engagement & involvement matters across health & social care. | Risk closed – new risk being created |

## 2. Very High Operational Risks

### New risks on the report since June

<p>| 778 | Service Change | There is an operational and reputational risk to the Scottish Health Council’s role in supporting public involvement in service change because of the different governance structures progressing change through NHS Boards and Integration Authorities. This results in public uncertainty on the engagement process to be followed and challenge in the role of the Scottish Health Council. | Risk level increased from high to very high |</p>
<table>
<thead>
<tr>
<th></th>
<th>Third Sector Interface</th>
<th>There is a risk that we are unable to backfill the Third and Independent Sector Engagement Lead (to cover maternity leave) from May 2018 leading to reduced third and independent engagement and corresponding impact.</th>
<th>Risk level reduced from very high to low</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>ihub directorate wide risk</td>
<td>There is a risk that the ihub will be unable to recruit to key posts because they are fixed term resulting in HIS not delivering against key operational priorities including effective engagement in the work to develop a co-ordinated offer of Transformational Redesign support nationally.</td>
<td>Risk level reduced from very high to high</td>
</tr>
</tbody>
</table>
Risk appetite definition

Risk appetite is the amount of risk we are prepared to accept, tolerate or be exposed to at any point in time. To facilitate this, we must take balanced decisions which weigh the long term rewards against any short term costs.

Below are the risk appetite classifications that will be used to help identify and define our response to risk that is proportionate to our risk profile and business objectives.

**Risk appetite (classification)**

<table>
<thead>
<tr>
<th>Classification</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Open</td>
<td>Willing to consider all options and chose the one that is most likely to result in success, while also providing an acceptable level of reward.</td>
</tr>
<tr>
<td>Cautious</td>
<td>Preference for safe delivery options that have a low degree of inherent risk and may only have limited potential for reward.</td>
</tr>
<tr>
<td>Minimalist</td>
<td>Preference for ultra-safe business delivery options that have a low degree of inherent risk and only have a potential for limited reward.</td>
</tr>
</tbody>
</table>

Periodically (at least annually), the Board will consider its risk appetite against different categories of risk that it is exposed to. The current risk appetite, by risk category, has been agreed by the Board of Healthcare Improvement Scotland (November 2015), as follows:

<table>
<thead>
<tr>
<th>Risk category</th>
<th>Description (can include but not limited to):</th>
<th>Risk appetite</th>
</tr>
</thead>
</table>
| Operational   | • risks which impact on the ability to meet project/programmes objectives (including impact on patient care)  
• risks which lead to incidents or adverse events that could cause injury (health and safety)  
• risks which could impact on the availability of business systems and therefore the organisation’s ability to perform key functions (technological)  
• risks which impact on the implementation of staff governance. | Open |
| Financial/value for money | • risks which impact on financial and operational performance (including damage / loss / fraud). | Cautious |
| Reputational/credibility and Strategic | • risks which have an impact on the reputation/credibility of the organisation.  
• Could also include uncertainties caused by changes in health policy and government priorities. | Open |
| Compliance/regulatory and legal requirements | • risks which impact on achieving compliance with legislation, regulation, legal requirements. | Minimalist |
|---------------------|--------------------------------------------------------------|---------------------|--------------------------------------------------------------|---------------------|--------------------------------------------------------------|
| OPEN                |                                                               | CAUTIONS            |                                                               | MINIMALIST          |                                                               |
| 20-25 – Very High   | Intolerable level of risk exposure which requires immediate   | 16-25 – Very High   | Intolerable level of risk exposure which requires immediate   | 15-25 – Very High   | Intolerable level of risk exposure which requires immediate   |
|                     | action to be taken to reduce risk exposure                   |                     | action to be taken to reduce risk exposure                   |                     | action to be taken to reduce risk exposure                   |
| 13-19 – High        | Significant level of risk exposure that requires constant    | 11-15 – High        | Significant level of risk exposure that requires constant    | 8-14 – High         | Significant level of risk exposure that requires constant   |
|                     | active monitoring and action to be taken to reduce exposure  |                     | active monitoring and action to be taken to reduce exposure  |                     | active monitoring and action to be taken to reduce exposure  |
| 8-12 – Medium       | Acceptable level of risk exposure subject to regular active  | 6-10 – Medium       | Acceptable level of risk exposure subject to regular active  | 4-7 – Medium        | Acceptable level of risk exposure subject to regular        |
|                     | risk monitoring measures                                     |                     | risk monitoring measures                                     |                     | risk monitoring measures                                     |
| 1 – 7 – Low         | Acceptable level of risk exposure on the basis of normal     | 1 – 5 – Low         | Acceptable level of risk exposure on the basis of normal     | 1 – 3 – Low         | Acceptable level of risk exposure on the basis of normal    |
|                     | operation of controls in place.                              |                     | operation of controls in place.                              |                     | operation of controls in place.                              |

| OPEN                |                                                                 | CAUTIONS            |                                                                 | MINIMALIST          |                                                                 |
|                     | 4 8 12 16 20                                                   |                     | 4 8 12 16 20                                                   |                     | 4 8 12 16 20                                                   |
|                     | 3 6 9 12 15                                                   |                     | 3 6 9 12 15                                                   |                     | 3 6 9 12 15                                                   |
|                     | 2 4 6 8 10                                                   |                     | 2 4 6 8 10                                                   |                     | 2 4 6 8 10                                                   |
|                     | 1 2 3 4 5                                                   |                     | 1 2 3 4 5                                                   |                     | 1 2 3 4 5                                                   |

| IMPACT               |                                                                 | IMPACT              |                                                                 | IMPACT              |                                                                 |
| L I K E L I H O O D |                                                                 | L I K E L I H O O D |                                                                 | L I K E L I H O O D |                                                                 |
|                     |                                                                 |                     |                                                                 |                     |                                                                 |
|                     |                                                                 |                     |                                                                 |                     |                                                                 |
SUBJECT: Schedule of Board and Governance Committee Meeting Dates 2019-2020

1. Purpose of the report

To present the proposed schedule of Board and Governance Committee meetings for 2019-2020.

2. Key Points

The Code of Corporate Governance includes the Standing Orders for the regulation of the business and proceedings of the Board of Healthcare Improvement Scotland. To support this process, regular meetings of the Board and its Governance Committees are scheduled throughout each financial year. A proposed schedule of meetings for 2019-2020 is attached at Appendix 1.

All of the proposed dates have been agreed in advance with Board and Committee Chairs and Lead Directors. They take account of known dates for the NHS Chairs and Chief Executives meetings, business critical requirements throughout the year.

3. Actions/Recommendations

The Board is asked to approve the schedule of Board and Governance Committee meeting dates for 2019-2020 and ensure that these dates are schedule in diaries.

Appendix 1: Schedule of Board and Governance Committee meeting dates 2019-2020

If you have any questions about this paper please contact Maggie Waterston, Director of Finance and Corporate Services, Maggie.waterston@nhs.net, 0131 623 4608.
## SUPPORTING INFORMATION

### RISK

<table>
<thead>
<tr>
<th>Do the key points represent a risk to the organisation?</th>
<th>If yes, has a risk been raised on the Compass Risk Management System</th>
<th>If yes, provide the risk number, risk description and risk rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>no</td>
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</table>

### OTHER CONSIDERATIONS

- **How do the key points support the five priorities in the strategic plan:**
  - Enable people to make informed decisions about their own care and treatment;
  - Help health and social care organisations to redesign and continuously improve;
  - Provide evidence and share knowledge that enables people to get the best out of the services they use and helps services to improve;
  - Provide and embed quality assurance that gives people confidence in the quality and sustainability of services and supports providers to improve;
  - Make best use of all resources.

- **Board and Governance Committee meetings** ensure effective planning and delivery against all the strategic priorities and provide appropriate levels of governance, ensuring best use of resources.

- **Resource Implications**
  - There are no additional resource implications.

- **What engagement has been used to inform the work.**
  - The meetings schedule has been developed through consultation with the Chairman, Governance Committee Chairs and Lead Directors. It is not subject to public consultation. The schedule will be published on the staff intranet and dates of the public Board meetings will be advertised on the website.

- **What Equality and Diversity considerations relate to the work.**
  - Advise how the work:
    - helps the disadvantaged;
    - helps patients;
    - makes efficient use of resources.
  - There are no additional Equality and Diversity impacts.
<table>
<thead>
<tr>
<th>Year</th>
<th></th>
<th>Board</th>
<th>Audit and Risk Committee</th>
<th>Quality Committee</th>
<th>Staff Governance Committee</th>
<th>Executive Remuneration Committee</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019</td>
<td></td>
<td>Edinburgh Glasgow</td>
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<td></td>
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<tr>
<td>April</td>
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<tr>
<td>May</td>
<td></td>
<td>Development 15 May BR &amp; 2.14</td>
<td></td>
<td></td>
<td>22 May MR A</td>
<td></td>
</tr>
<tr>
<td>June</td>
<td>Board 26 June Glasgow</td>
<td>6 June and 20 June, tbc 6A/B &amp; BR</td>
<td></td>
<td></td>
<td>10 Jun, tbc MR E FIXED</td>
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<tr>
<td>July</td>
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<tr>
<td>August</td>
<td>Seminar 21 Aug location tbc 6A/B &amp; BR/2.14</td>
<td>4 Sept, tbc 6A/B &amp; BR</td>
<td></td>
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<tr>
<td>September</td>
<td>Board 25 Sep location tbc 6A/B &amp; BR/2.14</td>
<td>4 Sept, tbc 6A/B &amp; BR</td>
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<tr>
<td>October</td>
<td>Development 23 Oct, tbc 6A/B &amp; BR/2.14</td>
<td>6 Nov Location tbc 6A/B &amp; BR</td>
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<tr>
<td>November</td>
<td></td>
<td>21 Nov, tbc 6A/B &amp; BR</td>
<td>6 Nov</td>
<td></td>
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<tr>
<td>December</td>
<td>Board 4 Dec location tbc 6A/B &amp; BR/2.14</td>
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<td>2020</td>
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<td>January</td>
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<tr>
<td>February</td>
<td>Seminar 19 Feb, location tbc 6A/B &amp; BR/2.14</td>
<td>26 Feb, Gyle Boardroom</td>
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<tr>
<td>March</td>
<td>Board 25 March, location tbc 6A/B &amp; BR/2.14</td>
<td>18 March, tbc 6A/B &amp; BR</td>
<td></td>
<td></td>
<td>4 March, tbc 6A/B &amp; BR</td>
<td></td>
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</tbody>
</table>
SUBJECT: Scottish Health Council Committee 26/06/2018

1. Purpose of the report
   This report provides the Healthcare Improvement Scotland Board with an update on key issues arising from the Scottish Health Council Committee Meeting on 26 June 2018.

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

3. Key Points
   The three key areas reflected the three ongoing high priority issues for the council:
   
   a) Scottish Health Council Review
      The Committee considered a paper giving detail on the substance of proposed changes as a result of the review process, which have gained the support of our key stakeholders. The Committee supported the content of the paper which sees the directorate as an integrated part of HIS, taking forward a thematic work programme approach to advance public participation in health and social care. Further focused work will be undertaken to explore practical ways to improve the governance arrangements associated with all public participation work across HIS. This is in addition to a current stock-taking exercise exploring the ways in which HIS engages people in its work, and a planned evaluation of the Participation Standard (see below).

   b) Participation Standard evaluation
      The Committee received an outline paper on a planned evaluation of the Participation Standard. The Participation Standard has been in operation since 2010 with a sole focus on public participation activities within NHS Boards, and there is a need to give consideration to its continued suitability & relevance given significant changes within health and social care since that time. In addition, there have been other developments such as the establishment of health and social care standards, and the national standards for community engagement that occupy similar space to the Participation Standard but offer the availability of more ‘real-time’ feedback as opposed to a retrospective approach. The evaluation work will be completed during summer 2018.

   c) Equality Mainstreaming progress report
      The Committee received an update paper on the organisation’s Equality Mainstreaming activities. Discussion included a recent meeting with Stonewall to discuss HIS’ submission regarding the Stonewall Workplace Equality Index. The Committee discussed the background to the work which the Scottish Government has promoted to all NHS organisations, and the outcome of the evidence submitted in September 2017. It was acknowledged that the index represents a useful tool, and that there was a need to ensure that progress was being made across all equality strands.

Pam Whittle
Chair
Scottish Health Council
Meeting of the Scottish Health Council
24 April 2018
Meeting Room 4, Delta House, 50 West Nile Street, Glasgow G1 2NP

Present
Pam Whittle (PW)  Chair
John Glennie (JG)  Member
Irene Oldfather (IO)  Member

In attendance
Sandra McDougall (SMD)  Acting Director
Daniel Connelly (DC)  Service Change Manager
Anthony McGowan (TMG)  Review and Implementation Lead
Mario Medina (MM) (item 2.3)  Equality & Diversity Advisor
Graeme Morrison (GM) (item 3.2)  Public Involvement Advisor

Apologies
George Black (GB)  Member
Alison Cox (AC)  Member
Elizabeth Cuthbertson (EC)  Member
Christine Johnstone (CJ)  Community Engagement & Improvement Support Manager

Committee support
Moira Thomson  Committee Secretary

<table>
<thead>
<tr>
<th>ITEM</th>
<th>NOTES</th>
<th>ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>WELCOME &amp; APOLOGIES FOR ABSENCE</td>
<td></td>
</tr>
<tr>
<td>1.1</td>
<td>Welcome</td>
<td></td>
</tr>
<tr>
<td></td>
<td>All were welcomed to the meeting.</td>
<td></td>
</tr>
<tr>
<td>1.2</td>
<td>Apologies for Absence</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Apologies were received from George Black, Alison Cox, Elizabeth Cuthbertson and Christine Johnstone.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>There was discussion relating to the number of apologies submitted and the quorate requirement within the Committee Terms of Reference. It was agreed that the wording within the terms of reference should be amended to reflect that of other Healthcare Improvement Scotland (HIS) governance committees.</td>
<td></td>
</tr>
<tr>
<td>1.3</td>
<td>Minutes of Previous Meeting (27 February 2018) &amp; Matters Arising</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Minutes of the previous meeting were accepted.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Page 2 - Co-opting people to the Committee</td>
<td></td>
</tr>
<tr>
<td></td>
<td>PW advised that she had spoken with the HIS Chair, Dame Denise Coia,</td>
<td></td>
</tr>
</tbody>
</table>
regarding co-opting persons onto the Committee. PW advised that the current intention was to wait until after the Scottish Parliament Health & Sport Committee meeting being held on 01 May 2018 to speak with Scottish Government colleagues before proceeding with the consideration of any changes. PW advised that the low attendance at today’s Committee underlined the need for urgency in this matter.

A question was asked about Public Partners being on the Committee. SMD explained that one public member who was also a Public Partner had been on the Committee previously but there had been issues relating to understanding of the role. SMD added that there was potential for this to be considered again as part of the review’s implications for governance.

PW advised that the HIS Chair is finishing her term of office in August 2018 and would like clarity on the composition of the Committee before her departure. PW anticipated that further discussions would take place during May 2018.

Irene Oldfather has a Declaration of Interest in this for other business purposes.

Three papers relating to this item were presented – an overview document detailing recent progress, a summary from the staff discussion sessions of March / April 2018, and the outcome paper from the short-life stakeholder advisory group which met during March 2018.

The staff discussion sessions had comprised three events across Scotland (Glasgow, Aberdeen and Edinburgh) and had been well-attended. Feedback relating to the six propositions was positive, with eagerness from staff to know what changes they can expect from the review implementation. There had also been a focus on shared values and culture within the discussion sessions, which will lead to the establishment of a dedicated internal improvement plan and actions for the directorate post-review.

The short-life stakeholder advisory group had met on two occasions and discussions had been positive with constructive input from all participants. In particular there had been agreement that, in the event of no policy revision relating to service change, there was scope for a clarification statement that all parties could support, setting out for the public the mechanisms for service change within health and social care.

Committee Members welcomed the papers and noted the progress made. IO suggested that a more streamlined approach could be adopted regarding the provision of public engagement functions within the Scottish Health Council and the wider organisation. SMD agreed with this stating that there was a commitment to streamlining internally, especially due to the operational financial context.

JG asked how much the changes being formed as a result of the review might cost in the short-term, and what savings might it generate in the medium to longer-term. SMD indicated that the financial aspects would be included within
the change proposal paper that will be considered by the HIS Board at its meeting on 27 June 2018.

JG suggested that a key message within the HIS Board paper should be what the directorate will be doing post-review, and that it will be delivering this work in a more streamlined and efficient way. Furthermore, there should be clarity about how the directorate will spend its budget.

Discussion then focused on the upcoming Scottish Parliament Health and Sport Committee evidence session on 01 May 2018. IO suggested that the written submission to the Health and Sport Committee needed to have a strong future focus, be written concisely, and utilise bullet points.

2.2 **Strengthening engagement in primary care – presentation**

This item will be considered at a future meeting of the Committee.

2.3 **Promoting a Human Rights-based Approach within Healthcare Improvement Scotland**

SMD introduced MM to the Committee and explained that he has undertaken work to introduce a human rights-based approach within HIS. SMD explained that this work began in 2016 and the HIS Executive Team has supported progression of this agenda since.

SMD presented draft guidance relating to the introduction of a human rights-based approach and explained that adopting this within HIS will provide an overarching framework to improve the organisation’s approach to meeting a number of statutory duties.

SMD advised that MM would provide similar support to staff for human rights as is provided for equality and therefore the Committee would be kept informed on progress from a governance perspective.

IO highlighted the benefits of adopting a human rights-based approach and noted that the Participation, Accountability, Non-Discrimination and Equality, Empowerment and Legality (PANEL) principles were a widely acknowledged way to achieve this.

PW commented that the guidance was well-written and should prove straightforward for staff to understand.

JG stated his support for the guidance and suggested that the paragraph on health inequalities could be strengthened. MM noted this and agreed to consider this further.

SMD advised that the Chair of the Scottish Human Rights Commission had offered to deliver a development session to the HIS Board to discuss the benefits and potential implications or challenges of the organisation taking a human rights-based approach. PW suggested that the opportunity to attend this session be extended to Committee Members who are not also HIS Board members. All agreed.

Overall, the Committee supported the introduction of the guidance.
### COMMITTEE GOVERNANCE

#### 3.1 Annual Report

PW advised the Annual Report was in the new format to link in with the HIS Code of Corporate Governance.

Committee Members offered some suggestions for wording changes within the draft which PW agreed to reflect upon.

PW to finalise annual report

#### 3.2 Corporate parenting duty – progress update

**Corporate Parenting Action Plan 2017-2020**

SMD introduced GM to the Committee and explained that he is responsible for progressing the Corporate Parenting Action Plan to meet our legal duties as detailed in the Children and Young People (Scotland) Act 2014.

SMD explained that she chaired a Children and Young People Working Group that had been formed with representation from across the organisation. GM leads the support for this group. The Corporate Parenting Action Plan features on the agenda at every meeting and progress with its action are noted and discussed.

SMD added that it is a challenge for an organisation like HIS to identify ways to make a difference when we are not directly supporting care experienced young people. SMD noted that, despite this, a number of actions are being progressed.

GM highlighted a recent session held in collaboration with ‘Who Cares? Scotland’ and fellow corporate parents, NHS24. This event provided the organisation with an opportunity to hear about issues adversely affecting care experienced young people (CEYP) and use this information to share with HIS staff, and inform conversations with programmes across the organisation about public involvement opportunities. The session also served to build relationships with CEYP and provide an avenue to raise awareness of opportunities to get involved in the work of HIS, and inform the action plan going forward. GM outlined a couple of stories shared by the CEYP in attendance and commented on how interesting and informative the session was.

JG was particularly interested in this example, being a non-executive Board member for NHS24 and was supportive of this collaboration. IO commented that the stories shared were very powerful and that similar examples could be used in relation to the ‘What Matters To You?’ work, led by HIS. IO also mentioned that consent was a big issue for CEYP and that she was not sure how much engagement the Scottish Public Service Ombudsman had done around this in the development of its guidance on consent. SMD noted that HIS is developing a new Quality of Care approach and that this work might benefit from consideration of these issues affecting CEYP, thinking about consent and how staff take account of individual preference.

The Committee was pleased to note the progress of the action plan and will include this within the three key points which it reports formally to the HIS Board.

#### 3.3 Service Change update
DC thanked Committee Members who had contributed to the Service Change Working Group discussions and provided an update on recent service change activities.

The main focus had been on practical development work along with the development of networks and engagement.

A first webinar session was carried out in December 2017 with 40 registered participants from NHS Boards, Health and Social Care Partnerships, internal staff and Public Partners (30 attended).

Feedback received was positive and identified topics of interest for future sessions.

The second session attracted approximately 25 participants. Feedback gained from 12 respondents was very positive. The service change team will seek to provide a webinar session each quarter going forward.

A ‘Practical tips for engagement’ document was produced in March 2018. There have been a total of 131 document downloads which is encouraging.

It is anticipated that regional planning documents will be published in June 2018 and that the proposed communication and engagement work will be discussed at the regional Communication and Engagement meeting on 05 June.

<table>
<thead>
<tr>
<th>3.4</th>
<th>Our Voice Update</th>
</tr>
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<tbody>
<tr>
<td>SMD advised the Committee that there is now an opportunity to reflect on progress with ‘Our Voice’ and seek agreement between the delivery partners about what might happen next. IO suggested a meeting including representative from the Scottish Health Council, the ALLIANCE, COSLA and the Scottish Government, and agreed that this dialogue will be crucial.</td>
<td></td>
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<tr>
<td>SM to discuss Our Voice with delivery partners</td>
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<thead>
<tr>
<th>3.5</th>
<th>Draft 2018/19 Operational Plan</th>
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<tbody>
<tr>
<td>SMD introduced the draft operational plan as a work in progress as a different approach is being taken this year (i.e. thematic). The plan is being linked with the HIS Making Care Better Strategy. Work relating to the review will also be reflected within the operational plan.</td>
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<tr>
<th>3.6</th>
<th>Risk Register</th>
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<tbody>
<tr>
<td>The Committee noted the content of the risk register.</td>
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</table>

<table>
<thead>
<tr>
<th>4</th>
<th>Any other business</th>
</tr>
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<tbody>
<tr>
<td>IO gave her apologies for the meeting being held on 26 June 2018 as she will be on holiday.</td>
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<table>
<thead>
<tr>
<th>5</th>
<th>DATE OF NEXT MEETING</th>
</tr>
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<tbody>
<tr>
<td>Tuesday 26 June 2018</td>
<td></td>
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</table>
SUBJECT: Quality Committee: key points

1. **Purpose of the report**
   This report provides the Healthcare Improvement Scotland Board with an update on key issues arising from the Quality Committee on 22 August 2018.

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

   - The Committee held a short development session to discuss its role, remit and membership, particularly in the light of the disbanding of the ihub Committee, and reporting requirements for the Board. A report and recommendations from the development session will be discussed at the next meeting of the Committee.

   - The Committee received a report of the 18 month change programme within SIGN. This programme covered three areas: internal change processes; comprehensive consultation with SIGN stakeholders and impact reporting. The Committee received an example of an impact report for the glaucoma guideline published in 2015. The report showed that accuracy (completeness) of referrals from community optometrists have improved and rates of false positive referrals from community optometrists have decreased. In addition, community optometrists reported increased measurement and reporting of recommended parameters and increased confidence in their decision making and patient management.

   - The Committee received a report on the establishment of the Clinical and Care Governance Committee. The first meeting of the Committee was held on 9 August where the results of a self-assessment exercise across the organisation to map the current internal clinical and care governance position against the seven principles of the framework was discussed. Potential gaps requiring attention were also identified.

   - The Committee also received update reports from the four technology groups, the annual progress report on the implementation of the Information Strategy and the Death Certification Service annual report.

   Hamish Wilson
   Committee Chair
MINUTES – Draft

Meeting of the Quality Committee
Date: Wednesday 30 May 2018 13:30-16:00
Venue: Boardroom, Gyle Square

Attendance
Hamish Wilson          Board Member, Chair
Bryan Anderson         Board Member
Duncan Service         Board Member

Present
Robbie Pearson         Chief Executive
Sara Twaddle           Director of Evidence
Alastair Delaney       Director of Quality Assurance
Brian Robson           Medical Director
Maggie Waterston       Director of Finance and Corporate Services
Ann Gow                Director of Nursing, Midwifery & Allied Health Professionals
Jo Matthews            Deputising for Director of Improvement Support and ihub
Daniel Connelly        Deputising for Acting Director, Scottish Health Council (SHC)
Laura McIver           Chief Pharmacist
John Kinsella          Chair, SIGN
Iain Robertson         Chair, SHTG
Ed Clifton             Head of SHTG
Andrew Seaton          Chair, SAPG

Susan Siegel           Public Partner
Chloe Wicksteed        Committee Secretary

Apologies
Zoe Dunhill            Board Member
John Glennie           Board Member
Pam Whittle            Board Member
Ruth Glassborow        Director of Improvement Support and ihub
Sandra McDougall       Acting Director, Scottish Health Council (SHC)
Alan MacDonald          Chair, SMC
1. OPENING BUSINESS

1.1 Welcome

The Chair welcomed all present to the meeting of the Quality Committee. A special welcome was made to Ed Clifton who would be joining the meeting as part of his induction.

1.2 Apologies for absence

Apologies were noted as above.

1.3 Minutes of the meeting held on 18 January 2018

The minutes of the meeting held on 18 January 2018 were approved as an accurate record of the meeting.

1.4 Review of action point register: 18 January 2018

The Committee noted the status report against all actions, and that all actions were either complete or in progress. It was noted that the action points pertaining to Clinical and Care Governance (action point 4.1) were now complete.

2. COMMITTEE GOVERNANCE

2.1 Declarations of interest

None stated.

2.2 Business Planning Schedule

The Director of Evidence presented the Business Planning Schedule. The following points were noted:

a) The Measurement and Monitoring of Safety programme and the SIGN change programme would be presented to the Committee in August

b) It was noted that the development session for the Quality Committee had been added to the BPS; the date for this was still to be confirmed

c) It was agreed to make the print out of the BPS more user friendly; in the future this would be printed in landscape and with larger print.

The Committee were content with the business planning schedule.

2.3 Annual Report

The Director of Evidence presented the final draft of the Annual Report for 2017/18 paper. The following points were highlighted:

a) The Annual Report for this Committee followed the same structure as other annual reports, which was in the slightly amended format following recommendations from the Corporate Governance Internal Audit.

b) After the paper was circulated a change had been made to better capture the disbandment of the ihub Committee. Tracked changes were included on hard copies of the updated report. If the Committee were happy with the additions they would be included in the annual report that would go to the Board in June

Committee Secretary
The Committee raised the following points:

- **c)** The Annual Report was helpful and in particular Appendix 3 was useful in understanding the duties of the Committee in regards to the progress over the year
- **d)** The findings from the Annual Report would be presented to the Board on 27 June, which helps to assure the Board that the Committee has met its remit and highlight to the Board any issues that have been identified.

The Committee were content with the changes made to the Annual Report and approved this as a final version to be presented to the Board.

### 2.4 Quality Committee Terms of Reference

The Chair introduced this paper. The following points were made:

- **a)** The terms of reference for the Committee had been updated; there were no major changes but an emphasis has been made that the Quality Committee are now covering the full amount of work across the organisation, including the governance that was formerly covered by the ihub Committee.
- **b)** Information requirements covered under item 9.6 were new to the terms of reference for all Committees, and would now be included in an annex for all Committees.
- **c)** The code of Corporate Governance has been updated. The Audit and Risk Committee would review this before going to the August Board.
- **d)** It was proposed to have a development session for this Committee in regards to the terms of reference, the change in remit, and how it operated. As the Board was having a development session in July it was suggested that it would be worthwhile for the Committee to have a follow up session, as any key issues brought up in the Board may be relevant to the Quality Committee. It was suggested that the meeting of the Quality Committee on August 22 could be extended. A firm date would be confirmed and communicated to the Committee.

The Committee noted the update and accepted the outlined changes.

### 3. DELIVERING OUR OPERATIONAL PLAN

#### 3.1 Measuring our Progress Report- closure report 2017-2018

**Template for the Quality Committee reporting to the Board**

The Director of Finance and Corporate Services was invited to present this paper. The following points were highlighted:

- **a)** There are outputs in the report for every quarter and it was agreed that the Quality Committee would look at this before the information was presented to the Board. The new template provided with this paper aimed to ensure reporting to the Board was more focused.
- **b)** An attempt had been made at the beginning to distil the report into the following categories: celebrating success; current project status and any new work that is being undertaken that was not part of the original LDP.
- **c)** The intention for this report is to bring to the surface the current...
challenges, where there are clear issues to be addressed and where the progress is.

In response to the questions raised by the Committee the following was highlighted:

d) The Committee agreed it would be helpful when reporting to the Board to do a closure report for the whole financial year. The template provided for reporting to the Board was useful but would be amended to report on the full year at the Board in June.
e) The progress on the projects was positive as there was no work sitting in the RED category. It was highlighted however that a few of the AMBER sections were in regards to vacancies and absence/sickness. The organisation needs to know any underlying causes, and the Committee needs to have assurance that any issues are being addressed.
f) Resourcing issues are highlighted in the workforce plan which will be discussed at the June Board. It was noted that HIS need to be realistic in what can be achieved. In the future the progress report would be better linked to the workforce plan.
g) The Committee noted the wide variation in the reporting of success and requested clarity on the criteria used to determine success. This would be discussed further at the Quality Committee Development session.
h) It was agreed that ongoing staff issues need to be reflected in the report back to Board.
i) It was noted that there is an opportunity to include how we give feedback to staff on what is presented at Quality Committee and the Board. It was suggested that this should be included in the Board report.
j) It was agreed that the Board report would be circulated to the rest of the Quality Committee.

The Committee were happy with the revised version of this report and agreed that, although the reporting is usually quarterly, there should be a closure report at the June Board covering the whole of the financial year 2017-2018.

4. STRATEGIC BUSINESS

4.1 Access to new medicines update report

The Director of Evidence was invited to speak to this paper, the following points were highlighted:

a) This paper provided an update on implementation of the Access to New Medicines policy that arose from the recommendations of the independent review by Dr Brian Montgomery. Ten of the 28 recommendations in Dr Montgomery’s report were directly related to SMC processes and another 6 related to work within the Medicines Team at HIS.
b) All of this work has taken place while SMC has continued to experience sustained high levels of submissions and reduced team capacity. The actions related to the access to new medicines policy that are within the control of HIS have successfully been implemented on time and in budget.
c) Several recommendations have already been fully implemented, including:
   - New processes are now in place for patient group submissions. Public partners are no longer involved in presenting this information and their role has been clarified. All patient groups are now routinely invited to be present at the SMC table during consideration of the medicine in which they have an interest.
   - Reviews of definitions used and the voting process were undertaken during 2017 and no changes were made as a result.
   - The National Review Panel will go live on 1st June 2018
   - The standardised paperwork for PACS Tier 2 system is developed and was issued with the new guidance.

d) The recommendations shared with other organisations are harder to complete. In response to recommendation 9.7, SMC developed, consulted on and agreed a new definition of ‘true’ ultra-orphan medicines during 2017. Subsequently Scottish Government have asked that this is not announced until they have agreed a new decision-making body for these medicines.

e) Recommendation 9.22, concerning the introduction of a pause in the assessment process, is the responsibility of Scottish Government. To date, there is no clarity on what this may mean for the SMC process; this has potential to destabilise the process.

In response to questions raised by the Committee the following was highlighted:

f) Subsequent issues for access to new medicines are not just for HIS and it was noted that some of the recommendations were not ever going to be easy to implement. This work puts pressure on SMC as it is extra work in an already busy area.

g) HIS were now governing two very different Health Technology processes for medicines and technologies. The divergence includes: a different value framework particularly around certain medicines; the mandatory requirement to have patient, public involvement and industry engagement; a national review panel and robust infrastructures at a national, regional and local level to support the implementation of medicines. Whilst SHTG have taken steps to mitigate against this, the lack of policy, strategy and resource to support the non-medicine technologies programme creates a significant inequity between access to medicines and non-medicine technologies.

h) If HIS are to achieve best value from limited healthcare resources, thus improving health outcomes and experience for the population of NHSScotland, it is essential that HIS ensure equity and equality across structures and processes for medicines and other health technologies. Increased access to medicines needs to be viewed in the context of opportunity cost and equity.

i) It was recognised that the focus of policy development on medicines had been on improved access; policy and strategy development around other areas of medicine use, such as medicines safety, had been limited.

j) Having a tool to have a future reassessment is very important and
good to see. Medicines can often be introduced with not much review and outcomes are not usually collected as it is hard to collect the data. It was positive to see future reassessment being undertaken

The Committee noted the progress made in implementing the recommendations from the Access to New Medicines Review and acknowledged the issues raised by the emphasis on access of medicines over other areas of quality in healthcare.

<table>
<thead>
<tr>
<th>4.2 Public health body</th>
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<tbody>
<tr>
<td>The Director of Evidence was invited to present this paper. The following points were made:</td>
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<tr>
<td>a) The Director of Improvement and ihub represents HIS on the Public Health Oversight Reform Board</td>
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<td>b) Under the public reform agenda there are three strands of work;</td>
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<tr>
<td>• Agree public health priorities for Scotland</td>
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<tr>
<td>• Establish a new national public health body</td>
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<tr>
<td>• Enable effective joined up whole system working, especially at the local level</td>
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<tr>
<td>c) This public health reform agenda has particular connections to the following areas of work in Healthcare Improvement Scotland:</td>
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<tr>
<td>• Strategic Commissioning Support</td>
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<td>• National Improvement Programmes</td>
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<td>• Evidence work</td>
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<tr>
<td>d) It had been agreed that the body will be formed by bringing together the current capacity from NHS Health Scotland, Health Protection Scotland and the Information Services Division and will be called Public Health Scotland.</td>
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<tr>
<td>e) A detailed blueprint is being prepared, along with the planning for delivery of the new Public Health Body.</td>
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<tr>
<td>f) Healthcare Improvement Scotland has been identified as a key partner around the commission “Ensuring appropriate, effective and high quality health and social care services”</td>
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In response to questions raised by the Committee the following points were discussed:

| g) It was highlighted that HIS need to ensure there are no negative impacts on inequalities. HIS need to have a good and sustainable relationship with the public health body and think ahead to align what we do. The work in this area should be looked at in the long term as it is important for the transformation of services. |
| h) It was noted that we can’t do things independently, there are overlaps with this work and the Evidence work and HIS need to look at how to collaborate successfully |
| i) It was discussed that there is a need to focus attention on the wider issues on population health as it doesn’t just sit with NHS |
| j) SAPG specifically has a role in public health and there is already close working with public health bodies in Scotland. This will continue as Public Health Scotland is established. |

The Committee noted the information provided in this report.
### 4.3 A co-ordinated national transformational redesign offer

The deputy for Improvement and ihub was asked to present this paper. The following points were raised:

- **a)** This paper outlined the work progressing under the umbrella of the National Boards Collaborative programme to develop a co-ordinated national transformational redesign offer which supports implementation of the Health and Social Care Delivery Plan.
- **b)** Over the last year the National NHS Boards have been working together to develop a joint National Board Delivery Plan 2019-2023. This recognises that the National Boards have a range of resources which could be better linked and made available to support transformational change.
- **c)** Over the last 18 months, through the new Strategic Commissioning Support Unit, HIS has been developing its offerings within the transformational redesign space. At present these are limited to Integration Joint Boards, though the offering is equally relevant to NHS Boards. NSS also have a range of offerings focused on supporting transformational redesign, including their programme management resource and their digital redesign work.
- **d)** HIS and National Services Scotland (NSS) are jointly leading the work across National Boards to develop this aspect of the delivery plan.
- **e)** The final model will be submitted to the Quality Committee for approval in October. During this co-design phase, all current and approved transformational redesign support will continue and feed into the development of the coordinated offer.
- **f)** This new way of working in conjunction with NSS needs to be built on relationships, a clear understanding of each other’s contribution and how best to share knowledge.

In response to questions raised by the Committee the following points were raised:

- **g)** A high risk in this area had been identified in regards to capacity and resource, but it was noted that there is an opportunity for success in this work in the long term. Resources need to be allocated that will benefit HIS, HIS should be focusing on the larger work areas and be aware of the work that we are not keen to pursue.
- **h)** It was discussed that the work takes a lot of resource out of the organisation, and some of the bigger Boards are able to put more resource into this than HIS is able to.

The Committee noted the information provided.

### 4.4 Complaints and Feedback Annual Report

The Director of NMAHP was invited to present this paper. The following points were raised:

- **a)** During 2017-2018, we have aligned our complaints policies with the NHSScotland Model Complaints Handling Procedure (CHP). These have been reviewed by the Scottish Public Services Ombudsman which has deemed both the internal CHP and public-facing document as fully compliant.
b) The report highlighted HIS’s performance in relation to the handling of complaints received against HIS, in line with the CHP. The format of this report follows new guidance on reporting and is structured around 9 key performance indicators.

c) Because of the small number of complaints received a full analysis of the complaints cannot be completed

In response to questions raised by the Committee the following was highlighted:

d) The IHC complaints would be included in future reports, as these were currently not included

e) A discussion occurred around HIS being able to identify low level issues that don’t come in as a formal complaint, or before a formal complaint is made. Staff should be adequately trained to be able to pick up on these issues. It was noted it was hard to capture such issues especially since HIS is not a patient facing Board. At this stage there was no way to collate this information as complaints inbox is the main source of incoming complaints but work on this will continue.

The Committee agreed that the report should be redrafted to make it more focused and user friendly.

5. HEALTH TECHNOLOGIES GROUPS

5.1 Health Technologies Groups

The Director of Evidence was invited to present this item. The leaders of the health technologies group were asked to provide an update on their work areas.

**SAPG**

SAPG has developed and agreed quality indicators aligned with those of the other UK nations that aim to achieve an overall reduction in antibiotic use of 10% by 2021. The proposed new indicators require sign off by Ministers and will be implemented later in 2018.

SAPG has established a multi-professional steering group including experts in immunology to undertake work on penicillin allergy de-labelling. Next steps are for the algorithm to be piloted and this will be supported by communication letters and leaflets that are being developed for GPs and patients.

**SHTG**

SHTG is continuing to develop its patient and public involvement. Diabetes Scotland will be providing a patient group submission to SHTG regarding Freestyle Libre, and will join the June meeting to present their submission.

The SHTG Chair presented at the 2018 Global Policy Forum of HTAi. As part of the Chair’s presentation, experiences with the Freestyle Libre device were shared as an example of the challenges surrounding interventions with a limited evidence base (for clinical outcomes) but where better account can be taken of the patient voice.

Ed Clifton took on the role of SHTG Unit Head in March 2018. This change in
leadership is being used as an opportunity to assess the current role and remit of SHTG, and to consider how best SHTG can continue to provide assistance to NHSScotland when considering selected technologies.

**SIGN**
SIGN reported collaboration with the Joanna Briggs Institute at Robert Gordon University to share expertise in qualitative and mixed methods research, which traditionally has not been used to develop clinical guidelines.

Rather than having one specific event for SIGN 25th anniversary, the SIGN team is working with colleagues in the Communications team to develop a communications plan that includes a social media campaign which will be rolled out in the autumn, a series of films featuring impact stories and a networking event to coincide with the Cochrane Colloquium conference in Edinburgh in September. Lastly, SIGN is co-hosting the 2018 G-I-N conference with NICE.

**SMC**
Following extensive development work throughout 2017, the new SMC website went live on Thursday 15th March 2018. SMC reported on increased engagement with stakeholders, particularly the Chairman’s schedule of meetings with Area Drugs and Therapeutics Committees to provide an update on changes to SMC processes and allow discussion of issues related to access to new medicines.

The Committee noted the information provided.

<table>
<thead>
<tr>
<th>6. REPORTS (FOR NOTING)</th>
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<tbody>
<tr>
<td>6.1 Clinical Forum</td>
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<td>Work had taken place to look at how the Clinical Forum can extend and improve its impact. The forum is now linked in with the Quality Committee so applicable papers that are presented at this Committee are seen and discussed by the Clinical Forum.</td>
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<tr>
<td>6.2 SPSP Acute Adult 10 year report</td>
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<tr>
<td>This paper was provided for noting only. It was noted that the SPSP team at HIS has been nominated for the patient safety team of the year.</td>
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<tr>
<th>7. CLOSING BUSINESS</th>
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<tr>
<td>7.1 Risk Management</td>
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<td>The Director of Finance and Corporate Services presented the risk register. The risk report provided assurance on progress with the management of risk across the organisation and presents the corporate risks (Appendix 1) and the high/very high operational risks (Appendix 2) within the remit of the Committee. It was highlighted that this report now included the ihub risks due to the disbandment of the ihub Committee; the Operational risks had increased but some of the increase was to do with the additional ihub risks. The risk report would be considered at the Audit and Risk Committee meeting and the Board in June. It was noted that a review of the whole Evidence Directorate risks</td>
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had taken place, resulting in a reduction of the level attached to some SMC risks.

The Committee discussed that there was a clear theme seen in the risk report around resource and pressure in the organisation. It was noted that some of the risk ratings appear to be the rating before the mitigations were in place, so may be reported as a higher rating than they actually are.

The Committee were content with the update provided.

7.2 **Board report: three key points**

1. Access to new medicines update report
2. Public Health Reform
3. Technology Groups’ updates

7.3 **Any other Business**

8. **DATES OF FUTURE MEETINGS**

*Date in brackets is of Board meeting dates:*

- 22 August 2018, Delta House, Glasgow
- 31 October 2018, Delta House, Glasgow

(27 June 2018)

(26 September 2018)

(5 December 2018)
SUBJECT: Audit and Risk Committee: key points

1. **Purpose of the report**
   This report provides the Healthcare Improvement Scotland Board with an update on key issues arising from the Audit and Risk Committee on **5 September 2018**

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

1. **Independent Healthcare**
   The Committee received a paper and presentation about the current status and risks that are materialising with the regulation of this sector. In particular, there was a thorough discussion about the growth of on-line services that are being provided within Scotland but from providers based out with Scotland. This is an area of independent healthcare that was not predicted at the time that the service was initiated. It is important for the Board to be aware of this particular issue.

2. **Mid-Year Finance Review**
   The financial position at 31 July 2018 was presented to the Committee. A mid-year forecast is being prepared following the production of the August accounts. The results of the forecast exercise will be shared with the Committee and the Board once they are available in October.

3. **Workforce and Succession Planning**
   A review of the risk register identified that the risks around workforce capacity are not reducing and are continuing to cause concern to Committee members. It was agreed that the risks would be reviewed by ET with the intention of identifying what the real risk to the organisation is and particularly the extent to which the risks are a result of budgetary constraint. In addition, the future workforce planning exercise will be overseen by the Staff Governance Committee and attention will include succession planning and talent management within the organisation.

George Black
Committee Chair
MINUTES – Approved

Meeting of the Healthcare Improvement Scotland Audit and Risk Committee at 10.30 am
21 June 2018
Boardroom, Gyle Square, Edinburgh

Present
George Black  Board Member, Committee Chair
Hamish Wilson  Board Member
Kathleen Preston  Board Member
Jackie Brock  Board Member
Susan Walsh  Board Member

Healthcare Improvement Scotland Officers
Robbie Pearson  Chief Executive
Maggie Waterston  Director of Finance and Corporate Services/Lead Officer
Sara Twaddle  Director of Evidence
Alastair Delaney  Director of Quality Assurance
Ann Gow  Director of Nursing, Midwifery and Allied Health Professionals
Ruth Glassborow  Director of Improvement Support & ihub

In Attendance
Matthew Swann  Scott Moncrieff
Chris Brown  Scott Moncrieff
Karlyn Watt  Deloitte
Brian Ward  Head of Finance & Procurement
David Rhodes  Head of Finance & Procurement
Paul Wishart  Finance Manager

Committee Support
Chloe Wicksteed  Committee Secretary

Apologies
Brian Robson  Medical Director
Sandra McDougall  Acting Director of Scottish Health Council

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<tr>
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<th>WELCOME AND APOLOGIES FOR ABSENCE</th>
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<tr>
<td>1.</td>
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<tr>
<td>1.1</td>
<td>The Chair welcomed all present to the meeting, in particular to David Rhodes who was the new Head of Finance and Procurement.</td>
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<tr>
<td>1.2</td>
<td>Apologies were noted as above.</td>
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<tr>
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<th>MINUTES OF PREVIOUS MEETING/ACTION REGISTER</th>
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<td>2.</td>
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<tr>
<td>2.1</td>
<td>Minute of Audit and Risk Committee meeting on 14 March 2018</td>
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<td>The Committee reviewed the minute from the previous meeting and it was accepted as a true and accurate record of the meeting.</td>
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<tr>
<td>2.2</td>
<td>Review of action point register of Audit and Risk Committee meeting on 14 March 2018</td>
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</table>
The Committee reviewed the action point register and noted the status report against each action.

**Action Point 4.2 – Operational Plan** – It was clarified that the workforce plan was in progress and an update would be provided to the Staff Governance Committee in September.

The Committee was content with the information provided.

### 3. COMMITTEE GOVERNANCE

#### 3.1 Business Planning Schedule

The Committee reviewed the updated Business Planning Schedule, presented by the Director of Finance and Corporate Services and were content with the Business Planning schedule.

#### 3.2 Review of Independent Healthcare

The Director of Quality Assurance presented this paper. The following points were made:

- a) The number of registered clinics was currently sitting at 250, which was an update from the information in the paper
- b) The paper provided a clearer indication of the types of clinics registered with HIS and what their stage of progress was
- c) There were elements of the legislation that are unclear in regards to whether services need to be regulated or not, HIS have been working closely with the legal office on this. In particular, the legislation is unclear regarding groups of professionals undertaking work and their services were not registered as they do not meet the definition of an independent clinic.

In response to questions raised by the Committee the following was highlighted:

- d) Scottish Government were working on Phase 2 of the recommendations from the SCIEG which would help reduce the risk in this area, but progress was slow. HIS were engaging with the Scottish Government as much as possible on this
- e) Following feedback from stakeholders, the inspections of independent clinics have paused until September 2018, to allow services to better prepare for inspection. Eight roadshows across Scotland will be rolled out in July to prepare services for inspection.
- f) It was noted that HIS are in a better position as more is known about the income from Independent Healthcare Clinics and there is more predictability.
- g) It was discussed that the paper was helpful but a wider discussion at a board seminar or in a future Committee would be helpful

The Committee noted the update.

#### 3.3 Review of Gifts and Hospitality register

The Director of Finance and Corporate Services presented this paper. The Gifts and Hospitality register complies with the Board Members and employee code of corporate conduct. The register is reviewed by the Chief Executive and Director of Finance and Corporate Services and should be reviewed by the Audit and Risk Committee as part of the Annual Accounts.
It was suggested that this be updated quarterly on the website rather than annually, to ensure HIS is more transparent and this would aid in FOI requests.

The Committee reviewed the register and approved publication on the website.

4. **ANNUAL ACCOUNTS**

4.1 **Audit Assurance reports**

The Committee received from the Director of Finance and Corporate Services the audit assurance reports for 2017-18 regarding the services provided to Healthcare Improvement Scotland by National Services Scotland (NSS) and NHS Ayrshire & Arran. It was noted that there had been no changes made since these reports were reviewed at the Committee Workshop on 8 June.

It was agreed that it would be helpful for the next year’s report to include a summary page outlining the main points and the assurance that this report provides.

The Committee noted the assurance reports.

4.2 **Governance Readiness Report**

The Committee received the Readiness Report provided by the internal Auditors and noted the small change of terminology that had been made to the report since the workshop on 8 June.

4.3 **Report to those charged with governance (ISA 260)**

The Committee received the report from the External Auditor who noted the following:

a) The report was largely the same as when it was reviewed by the Committee at the workshop on 8 June, however, the report now included a specific statement on best value at page 18 and some of the comments regarding journal entries had changed

b) It was explained that the previous concerns raised about the ‘unknown’ category for journal entries was due to the PECOS system catalogue which does not allow for other options. HIS rarely procure directly from catalogue due to the nature of its work.

The Committee noted the report and the changes that were included.

4.4 **Annual Accounts**

The Director of Finance and Corporate Services presented the Annual Accounts and noted that there had been some changes made since the workshop on 8 June. The movement schedule was included with the report which noted the changes. A hard copy of page 21 was tabled which included wording regarding trade union and facility time publication requirements, which was to be added to the accounts. This information would be published on the website.

In response to questions raised by the Committee it was agreed to change the wording on page 8 in the paragraph regarding review panels, from ‘appeals’ to ‘review’ to ensure the wording is consistent with Scottish
Government terminology.

The Committee approved the Annual Accounts and agreed to recommend their adoption to the Board after the above changes were made.

4.5 **Letter of representations**

The Director of Finance and Corporate Services referred to the Letter of Representations issued with the papers and advised that this would be signed by the Chief Executive at the Board meeting on June 27.

4.6 **Significant issues that are considered to be of wider interest**

The Director of Finance and Corporate Services referred to the letter issued with the papers and advised that this letter would be signed by the Chair of the Audit and Risk Committee at the Board meeting. The Director gave assurance that there were no significant issues of fraud and that no significant problems had been identified which may have wider implications within Healthcare Improvement Scotland during 2017-2018.

5. **CORPORATE GOVERNANCE**

5.1 **National Board delivery plan and draft financial framework**

The Director of Finance and Corporate Services provided a verbal update on the National Board Delivery plan.

The following points were highlighted:

a) There was still not a definitive National Board Plan, and HIS still did not have the financial plan. There was a regional level discussion document which was still being refined.

b) The Chief Executive is the accountable officer for HIS for the National Board plan and would ensure that HIS is kept well-informed on what is happening in this area and what is required from HIS.

c) There were risks in this plan relating to resource required to deliver it and the lack of clarity regarding governance arrangements to oversee it.

d) An update on the National Boards plan would be reflected back to the board.

The Committee noted the update.

5.2 **Information Governance update**

*This item was out of order and was discussed before item 5.1*

The Director of Evidence presented this paper which provided an update on work in relation to the introduction of the Data Protection Act 2018. The following points were made:

a) A data protection officer, has been appointed, as required by Articles in the GDPR. Dr Patrick Maitland-Cullen started the role in mid May 2018.

b) Working groups are in place for reviewing the governance requirements for national systems as part of the ongoing roll out of national data protection training across boards. Outputs and timelines of these national groups are not within our control and...
although it is anticipated that training will be rolled out in June there is no confirmation of this. In light of the delays, the corporate risk regarding ability to evidence compliance with GDPR has been rescored to High the risk register.

c) During the reporting period, 7 incidents have occurred. 6 relate to the misdirection of emails due to inaccurate email recipient selection or typographical errors within the address.

d) 1 incident relates to the sharing of confidential competitor data via a document attached to an email. It was confirmed that a review had been undertaken locally and appropriate measures put in place

The Committee reviewed the information provided.

5.3 Non-Competitive tender log

The Head of Finance and Procurement was invited to present this report: It was noted that for this period three non-competitive tenders were reported.

The Committee noted the non-competitive tender report for this period.

5.4 Financial performance report to 31 May 2018

The Head of Finance and Procurement presented this paper which provided an update on the financial position for the financial year 2018-2019 as at 31 May 2018. The following points were highlighted:

a) Currently 7 allocations have been received, which is the same as normal practice for previous years

b) At the end of May, HIS had spent £273k more than the budget for the first two months. However, HIS has not yet received any of the additional allocations expected from Scottish Government; an additional £5.188 million is still to be received. When current spend against these allocations was taken into account HIS had spent £93k less than budget.

c) In order to achieve a balanced budget the financial plan was the subject of various internal savings targets amounting to £1.988 million. In all instances savings are to be sought from recurrent sources wherever possible. It was noted that 3% savings are planned to be released as staff turnover.

In response to questions raised by the Committee the following was highlighted:

d) It was discussed that work has progressed in HIS on health and social care. HIS is currently working regionally and with IJBs to look at what their needs are with transformation redesign. There are ongoing challenges with resources and expectations.

The Committee noted the financial position as at 31 May.

5.5 Update on actions taken in response to NHS Tayside findings

The Director of Finance and Corporate Services presented this paper which provided the Committee with assurances around the management of financial allocations received during the year; deferred expenditure and endowment funds following the findings by Grant Thornton at NHS Tayside during the early part of 2018. The following points were made:
a) From the recommendations the use of eHealth funds should be strengthened and steps were taken immediately to improve matters. Within HIS, there is no call for these particular eHealth allocations. However, HIS do receive a number of in year financial allocations which require good governance and careful management.

b) A separate investigation on deferred expenditure at NHS Tayside revealed that expenditure was not being correctly matched against funding received in the year in which it was received. Within HIS the financial parameters and complexity are much smaller than NHS Tayside and the opportunity for not matching funding with expenditure in the correct year is low. This was a particular area of focus for external audit during the annual accounts process.

c) It was noted that HIS do not have endowment funds and have responded accordingly to the letter sent regarding these funds.

A declaration of interest for this item was made by Susan Walsh as she was currently working with Tayside on the Governance Framework.

In response to questions raised by the Committee the following points were highlighted:

a) When allocations are not fully spent HIS return these to Scottish Government or request if the funds can be reallocated. It was clarified that HIS decide how core funding was spent

b) It was discussed that when HIS allocates money to organisations for the Quality Improvement Interface work, HIS request an outcome/impact report. However, it was noted that there was no way of knowing if the organisation spends all of the allocated money on Quality Improvement work. It was suggested to look at having the impact report for the QI interface allocations signed off by each organisations Head of Finance to provide more accountability

The Committee considered this paper and was assured that appropriate financial management and controls were in place.

5.6 Update on cyber resilience within HIS

The Director of Finance and Corporate Services presented a paper on the progress being made toward achieving the requirements laid out within the Scottish Public Sector Action Plan for Cyber Security 2017-18 and the implementation of the European Directive on the security of networks and information systems (NIS). The following points were made:

a) The EU Directive on the security of networks and information systems (NIS) came into force across the UK on 10 May 2018. The plan sets out 11 actions to be considered by each public body and this paper outlines the progress that HIS are making toward meeting those actions.

b) Within HIS, a working group has been created to oversee the implementation and development of the cyber security project plan. This incorporates the actions required to meet all of the requirements and is updated every 6 weeks following each meeting.

In response to questions by the Committee the following was highlighted:
a) An update on cyber resilience would be provided at every Committee, this would be added to the Business Planning Schedule.
b) In regards to key action 4 it was clarified that as part of the IT plan all software will be updated to Windows 10 by 2020. In the near future the NHS in Scotland will be implementing Office 365, this will enable patching remotely.

The Committee was content with the information provided from this update.

### 6. INTERNAL AUDIT

#### 6.1 Internal Audit Actions – Follow up Tracker

The Director of Finance and Corporate Services presented this paper which provided an update on the progress of the implementation of audit recommendations from internal audit.

As per the report there were two breached actions in Procurement:
- 2.2 - it was noted that this was out with our control as national work is underway
- 2.4 – it was noted that good progress had been made.

The Committee noted the update.

#### 6.2 Internal Audit Reports – Independent Sector; Financial Controls; Health and Social Care

Matthew Swann from Scott Moncrieff presented the three internal audit papers below:

**Independent sector**

The following points were highlighted:
- a) The service had changed significantly in the last 12 months and because of this, the focus of report had changed.
- b) HIS had a good level of compliance overall. Page 3 listed the grade 2 findings and it was noted that as the system is still maturing, there is continuing opportunity to improve these processes.

After questions were raised from the Committee the following was highlighted:
- a) It was noted that the risk regarding legislation wasn’t included in the audit report as it was not part of the of the internal audit remit. Assurance on this was provided by the Director of Quality Assurance.

**Financial Controls**

The following points were highlighted:
- a) HIS has robust systems in place and good practice in many areas.
- b) There was one amber recommendation in regards to the IR35 regulations that came out in 2017. A robust system needs to be implemented to allow the appropriate identification and treatment of staff that fall within the legislative requirements of IR35. A policy has been drafted and forms have been created to issue to existing suppliers and for future contractors
- c) It was clarified that petty cash was held across all offices not just the Edinburgh office, but the requirement for this was being reviewed.
Health and Social Care
The following points were highlighted:
   a) HIS has shown good practice when terms of reference have been provided, these sufficiently covered all aspects expected. However these were not available in many cases.
   b) It was discussed that when any group at HIS is being set up there needs to be adequate governance arrangements in place. It was agreed that HIS would look at ensuring adequate terms of reference and governance arrangements are in place for all of the different groups at HIS.

The Committee noted the information provided in the audit reports.

6.3 **Annual Internal Audit Report 2017-2018**

Chris Brown from Scott Moncrieff presented the annual internal audit report. The following points were highlighted:

   a) The Internal Audit Plan comprised of 97 days: 86 days of core internal audit work in 2017-2018 was completed in addition to four risk workshops. Eight reviews were completed in total, with 19 recommendations, two rated as amber, the others were in grade 1 or 2.
   b) The review of access to new medicines was deferred to 2018-2019.
   c) It was concluded that HIS has a framework of controls in place that provides reasonable assurance.

The Committee thanked Scott Moncrieff for their work and support over the last 7 years, as this would be the last meeting for Scott Moncrieff as the internal auditors for HIS.

The Committee noted the information provided in this report.

7. **EXTERNAL AUDIT**

7.1 **External Audit update**

Deloitte noted that the audit report would be presented at the Board meeting on 27 June and there was no additional information to note.

8. **STANDING BUSINESS**

8.1 **Risk Management update**

The Director of Finance and Corporate Services presented the Corporate Risks and the Operational Risks rated as high and very high and confirmed that any changes since the previous meeting were shown on the movement schedule included in the papers.

In response to questions raised by the Committee the following points were made:

   a) There are key themes evident from the risk report, these are staffing and capacity issues especially visible in the ihub and Quality Assurance Directorate. It was noted that new risks have been raised regarding staffing and resource in this report
   b) It was highlighted that HIS are incorporating the known resource
issues into the operational plan and workforce planning.
c) It was agreed to raise the CQI allocation funding on the risk register
The Committee were assured by the management of risk subject to the comments above.

| The Director of Improvement and ihub |

<table>
<thead>
<tr>
<th>8.2 Board Report 3 key points</th>
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<tbody>
<tr>
<td>1. Independent Healthcare Clinics</td>
</tr>
<tr>
<td>2. Financial accounts</td>
</tr>
<tr>
<td>3. Tayside findings</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>8.3 Feedback session</th>
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<tbody>
<tr>
<td>Committee members were requested to send any feedback from the meeting to the Committee Chair.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>9. PAPERS FOR NOTING</th>
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<tbody>
<tr>
<td>9.1 Governance Committee minutes</td>
</tr>
<tr>
<td>This report was provided for noting. Committee were content with the minutes and key point reports.</td>
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<tr>
<th>10. ANY OTHER BUSINESS</th>
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<tr>
<td>There were no items of any other business.</td>
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<tr>
<th>11. DATE OF NEXT MEETING</th>
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<tbody>
<tr>
<td>The next meeting is 5 September in the Boardroom, Gyle Square Edinburgh.</td>
</tr>
</tbody>
</table>
SUBJECT: Register of Interests

1. Purpose of the report
To present the Register of Interests held at 5 September 2018 for non executive and senior staff members within the organisation.

2. Key Points
Board members have a responsibility to comply with the HIS Code of Conduct. This requires Board members to review their entries in the Register of Interests and confirm compliance with the Code. The Register of Interests is a standing item on the Board public agenda. Board members and senior staff are asked to note that they have a duty and that it is their responsibility to ensure that any changes in circumstances are notified within one month of them occurring.

3. Actions/Recommendations
Board members and senior staff are required to confirm that their entry in the Register of Interests complies with the Code of Conduct and approve the Register of Interests as attached.

Appendix 1: Register of Interests (as at 5 September 2018)

If you have any questions about this paper please contact Pauline Symaniak, Corporate Governance Officer, p.symaniak@nhs.net, 0131 623 4294 ext 8505
## SUPPORTING INFORMATION

### RISK

<table>
<thead>
<tr>
<th>Do the key points represent a risk to the organisation?</th>
<th>If yes, has a risk been raised on the Compass Risk Management System</th>
<th>If yes, provide the risk number, risk description and risk rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>no</td>
<td>n/a</td>
<td>n/a</td>
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</table>

### OTHER CONSIDERATIONS

<table>
<thead>
<tr>
<th>How do the key points support the five priorities in the strategic plan:</th>
<th>Compliance with the HIS Code of Conduct supports good governance which in turn ensures best use of resources.</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Enable people to make informed decisions about their own care and treatment;</td>
<td>compliance with the HIS code of Conduct supports good governance which in turn ensures best use of resources.</td>
</tr>
<tr>
<td>• Help health and social care organisations to redesign and continuously improve;</td>
<td>compliance with the HIS Code of Conduct supports good governance which in turn ensures best use of resources.</td>
</tr>
<tr>
<td>• Provide evidence and share knowledge that enables people to get the best out of the services they use and helps services to improve;</td>
<td>compliance with the HIS Code of Conduct supports good governance which in turn ensures best use of resources.</td>
</tr>
<tr>
<td>• Provide and embed quality assurance that gives people confidence in the quality and sustainability of services and supports providers to improve;</td>
<td>compliance with the HIS Code of Conduct supports good governance which in turn ensures best use of resources.</td>
</tr>
<tr>
<td>• Make best use of all resources.</td>
<td>compliance with the HIS Code of Conduct supports good governance which in turn ensures best use of resources.</td>
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</table>

<table>
<thead>
<tr>
<th>Resource Implications</th>
<th>No additional resource implications.</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>What engagement has been used to inform the work.</th>
<th>The Register of Interests does not relate to any policy or work programme that will impact on staff, volunteers or service users, and engagement is therefore not required.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>What Equality and Diversity considerations relate to the work. Advise how the work:</th>
<th>The Register of Interests does not relate to any policy or work programme that will impact on staff, volunteers or service users.</th>
</tr>
</thead>
<tbody>
<tr>
<td>• helps the disadvantaged;</td>
<td>The Register of Interests does not relate to any policy or work programme that will impact on staff, volunteers or service users.</td>
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<tr>
<td>• helps patients;</td>
<td>The Register of Interests does not relate to any policy or work programme that will impact on staff, volunteers or service users.</td>
</tr>
<tr>
<td>• makes efficient use of resources.</td>
<td>The Register of Interests does not relate to any policy or work programme that will impact on staff, volunteers or service users.</td>
</tr>
</tbody>
</table>
## REGISTER OF INTERESTS – BOARD MEMBERS, EXECUTIVE TEAM AND SENIOR STAFF: Financial year 2018/19

### Appendix 1

<table>
<thead>
<tr>
<th>NAME</th>
<th>CATEGORY</th>
<th>INTEREST</th>
<th>Date interest commenced (if in FY 2018/19)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INTERIM CHAIRMAN</strong></td>
<td></td>
<td></td>
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<tr>
<td>Dr Hamish Wilson, CBE</td>
<td>1</td>
<td>Lay Member, Scottish Dental Practice Board</td>
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<tr>
<td></td>
<td>1</td>
<td>Lay Member of the Assembly (the Governing body) of the Royal Pharmaceutical Society of Great Britain</td>
<td></td>
</tr>
<tr>
<td></td>
<td>7</td>
<td>Honorary Fellow of the Royal College of General Practitioners</td>
<td></td>
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<tr>
<td></td>
<td>7</td>
<td>Independent Governor of Robert Gordon University, Aberdeen</td>
<td></td>
</tr>
<tr>
<td><strong>NON-EXECUTIVE BOARD MEMBERS</strong></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Dr Bryan Anderson</td>
<td>7</td>
<td>Member, British Medical Association</td>
<td></td>
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<tr>
<td></td>
<td>7</td>
<td>Member, Royal College of GPs</td>
<td></td>
</tr>
<tr>
<td></td>
<td>7</td>
<td>Member of Scottish Advisory Board for Marie Curie</td>
<td></td>
</tr>
<tr>
<td>George Black CBE</td>
<td>7</td>
<td>Member, Chartered Association of Certified Accountants</td>
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<tr>
<td></td>
<td>7</td>
<td>Member, Chartered Institute of Public Finance Accountancy</td>
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<td></td>
<td>2</td>
<td>Trustee, Simon Community Scotland</td>
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<tr>
<td></td>
<td>1</td>
<td>Director, George Black Solutions Ltd</td>
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<td></td>
<td>7</td>
<td>Member of the City of Glasgow College Management Board</td>
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<td></td>
<td>7</td>
<td>Visiting Professor, University of Strathclyde, International Public Policy Institute</td>
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<tr>
<td></td>
<td>7</td>
<td>Professional relationship with Marc Mazzucco, RSM, one of the Internal Audit tenders</td>
<td></td>
</tr>
<tr>
<td>Name</td>
<td>Position</td>
<td>Notes</td>
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<td>-----------------------------</td>
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<td></td>
</tr>
<tr>
<td>Jackie Brock</td>
<td>Chief Executive, Children in Scotland</td>
<td>*Spouse is Chair of Pagoda Public Relations Company</td>
<td></td>
</tr>
<tr>
<td>Dr Zoë M. Dunhill MBE</td>
<td>Sole proprietor own Child Health Consultancy</td>
<td>*Pagoda Public Relations Company has recently completed a strategic communications plan for SHTG</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Invited reviewer Royal College of Paediatrics and Child Health</td>
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<tr>
<td></td>
<td>Professional Advisor CQC England in Paediatrics</td>
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<tr>
<td></td>
<td>Honorary Fellow Royal College of Paediatrics and Child Health</td>
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<tr>
<td></td>
<td>Fellow of Royal College of Physicians of Edinburgh</td>
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<td></td>
<td>Director Children’s Health Scotland</td>
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<td></td>
<td>Member British Medical Association</td>
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<td></td>
<td>Member of the Board of Governors of the Dean and Cauvin Trust</td>
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<td></td>
<td>Chair of the Editorial Board of REHIP for Health Scotland (2017-18)</td>
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<tr>
<td>Paul Edie</td>
<td>Chair of the Care Inspectorate</td>
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<td></td>
<td>Non Executive Member of the Scottish Social Services Council</td>
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<tr>
<td></td>
<td>Member of the Scottish Liberal Democrats</td>
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<tr>
<td></td>
<td>Member of the Institute of Directors</td>
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<tr>
<td></td>
<td>Proprietor of Edie Associates</td>
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<tr>
<td>John Glennie OBE</td>
<td>Non Executive Board Member, NHS24</td>
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<tr>
<td></td>
<td>Treasurer Friends of Borders General Hospital</td>
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<tr>
<td></td>
<td>Consultant Mentor, Celgene Ltd</td>
<td></td>
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</tr>
<tr>
<td>Kathleen Preston</td>
<td>*Honorary Contract with NHS Blood and Transplant (NHSBT) as a Lay Member</td>
<td>*No remuneration will be received other than payment of expenses</td>
<td></td>
</tr>
<tr>
<td></td>
<td>of the Organ Donation Advisory Group (Kidney Advisory Group)</td>
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<tr>
<td></td>
<td>Member of the Law Society of Scotland</td>
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<tr>
<td></td>
<td>Member (Professional Associate) of the Health and Social Care Alliance</td>
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</tr>
<tr>
<td>Name</td>
<td>Position</td>
<td>Notes</td>
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<tr>
<td>Duncan Service</td>
<td>Evidence Manager, SIGN</td>
<td>*Tuig Associates are undertaking a review of governance, NHS Tayside</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Director and Company Secretary, SHU East District Ltd</td>
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<tr>
<td></td>
<td>UNISON Steward</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Treasurer, Guidelines International Network (G-I-N)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Susan Walsh, OBE</td>
<td>Review of Corporate Governance, NHS Highland</td>
<td>17/5/18</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Director,Tuig Associates Ltd</td>
<td>25/6/18</td>
<td></td>
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<tr>
<td></td>
<td>Leadership Coaching for Mary’s Meals (International and UK)</td>
<td></td>
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<tr>
<td>Pam Whittle, CBE</td>
<td>Chair, Scottish Health Council</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EXECUTIVE BOARD MEMBER</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Robbie Pearson</td>
<td>Chief Executive, Healthcare Improvement Scotland</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SENIOR STAFF MEMBERS</td>
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<td></td>
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<tr>
<td>Ruth Glassborow</td>
<td>Director of Improvement</td>
<td></td>
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<tr>
<td></td>
<td>GenerationQ Fellow with Health Foundation</td>
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<tr>
<td></td>
<td>Member of Managers in Partnership (MIP) Union</td>
<td></td>
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<tr>
<td></td>
<td>Current participant in Sciana Network</td>
<td></td>
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<tr>
<td></td>
<td>Partner is a manager at NHS Tayside</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>In receipt of free coaching from Peter Hill, MD, Coaching for More Consulting Ltd</td>
<td></td>
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</tr>
<tr>
<td>Alastair Delaney</td>
<td>Director of Quality Assurance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ann Gow</td>
<td>Director, Nursing, Midwifery and Allied Health Professionals</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Member of Royal College of Nursing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name</td>
<td>Position(s)</td>
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<td></td>
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<td>-----------------------</td>
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<td></td>
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</tr>
<tr>
<td>Sandra McDougall</td>
<td>Acting Director, Scottish Health Council&lt;br&gt;Volunteer Child Befriender, Barnardo’s Scotland&lt;br&gt;Member of OneKind (animal welfare charity)&lt;br&gt;Member of Managers in Partnership (MiP) Union</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Richard Norris</td>
<td>Visiting Fellow, Academy of Government&lt;br&gt;Member, Board of Management of the Centre for Scottish Public Policy&lt;br&gt;Board Member, Scottish Improvement Science Collaborating Centre</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr Brian Robson</td>
<td>Medical Director, Healthcare Improvement Scotland&lt;br&gt;Health Foundation College of Assessors&lt;br&gt;Clinical Practice – Mearns Medical Centre, Glasgow&lt;br&gt;*Institute for Healthcare Improvement (IHI) Faculty and Fellow&lt;br&gt;Royal College of General Practitioners - Fellow, West of Scotland Faculty and Scottish Council&lt;br&gt;British Medical Association (BMA) – Member&lt;br&gt;Harvard School of Public Health – student ambassador support</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr Sara Twaddle</td>
<td>Director of Evidence&lt;br&gt;Member, UNISON&lt;br&gt;Spouse is General Medical Practitioner&lt;br&gt;Member, Health Technology Assessment General Board, National Institute of Health Research</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Note:** * As an IHI Fellow and IHI Faculty Dr Robson can be occasionally offered subsidised attendance and accommodation at events. These subsidies are not always in place nor always accepted.
Maggie Waterston  |  1 | Director of Finance and Corporate Services  
|  7 | Member of Chartered Institute of Management Accountants  
|  7 | Member of Healthcare Financial Management Association  
|  7 | *Strategic Finance Leaders Programme: Scottish Public Sector  
|  7 | Board Member, Scottish Hockey  
|  7 | Member of Unison  

**Note:** *This is a joint programme between Scottish Government and Deloitte which is resourced by Deloitte with no charge to Healthcare Improvement Scotland.*

**Explanation of Categories**

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<tr>
<th>Category Number</th>
<th>Category Type</th>
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<tr>
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<td>Remuneration</td>
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<td>Related Undertakings</td>
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<tr>
<td>3</td>
<td>Contracts</td>
</tr>
<tr>
<td>4</td>
<td>Houses, Land and Buildings</td>
</tr>
<tr>
<td>5</td>
<td>Interest in Shares and Securities</td>
</tr>
<tr>
<td>6</td>
<td>Gifts and Hospitality</td>
</tr>
<tr>
<td>7</td>
<td>Non-Financial Interests</td>
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</table>