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

- **Date:** Wednesday 18 April 2018
- **Time:** 11.00 – 15:30
- **Venue:** Boardroom, Gyle Square, Edinburgh
- **Contact:** Sim Sharp | sim.sharp@nhs.net | 0141 225 6866

## 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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<tr>
<td><strong>1. OPENING BUSINESS</strong></td>
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<tr>
<td>1.1</td>
<td>11.00</td>
<td>Welcome and apologies</td>
<td>Chairman</td>
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<tr>
<td>1.2</td>
<td>11.05</td>
<td>Minutes of the Board Meeting held on: 22nd November 2017</td>
<td>Chairman</td>
<td>BM2018/19</td>
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<td>Minutes of the Board meeting held on: 1st March 2018</td>
<td>Chairman</td>
<td>BM2018/20</td>
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<td>Minutes of the Board Seminar in committee held on: 28th March 2018</td>
<td>Chairman</td>
<td>BM2018/21</td>
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<td></td>
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<td>Action Points from the meetings held on 1st March and 28th March</td>
<td>Chairman</td>
<td>BM2018/22</td>
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<tr>
<td>1.3</td>
<td>11.10</td>
<td>Chairman’s Report</td>
<td>Chairman</td>
<td>BM2018/23</td>
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<tr>
<td>1.4</td>
<td>11.20</td>
<td>Executive Report</td>
<td>Chief Executive</td>
<td>BM2018/24</td>
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<td><strong>2. STRATEGIC DIRECTION</strong></td>
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<td>2.1</td>
<td>11.35</td>
<td>• Operational Plan 2018-19</td>
<td>Chief Executive</td>
<td>BM2018/25</td>
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<td>• Finance Plan</td>
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<td>BM2018/26</td>
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<tr>
<td>2.2</td>
<td>12.15</td>
<td>National Boards Health and Social Care Delivery Plan</td>
<td>Chief Executive</td>
<td>BM2018/27</td>
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</tbody>
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*12:30 – 13:00 Refreshment break*
3. DELIVERING OUR CORPORATE PLAN

3.1 13.00 Excellence in Care  
Director of Nursing, Midwifery and AHPs  
BM2018/28  
BM2018/29  
Presentation

3.2 13.35 Quality of Care approach  
Director of Quality Assurance  
BM2018/30

14:05 – 14:20 Refreshment break

3.3 14.20 How the organisation is helping to deliver the Health and Social Care Delivery Plan: Mental Health  
Director of Improvement Support and ihub  
Presentation

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

4.1 15.15 Audit and Risk Committee: key points from the meeting on 14th March 2018 and approved minutes from the meeting on 6th December 2017  
Committee Chair  
BM2018/31  
BM2018/32

4.2 Staff Governance Committee: key points from the meeting on 22nd March 2018 and approved minutes from 8th November 2017  
Committee Chair  
BM2018/33  
BM2018/34

4.3 Scottish Health Council Committee: key points from the meeting on 27th February 2018 and approved minutes from the meeting on 14th November 2017  
Committee Chair  
BM2018/35  
BM2018/36

4.4 Strategic Stakeholder Advisory Group – update following first meeting 21st March 2018  
Chairman  
Verbal

5. ANY OTHER BUSINESS

6. DATE OF NEXT MEETING

6.1 15.30 The next meeting will be held on 27 June 2018 at 12.30pm, Room 6A/B, Delta House, Glasgow
MINUTES – Draft

Meeting of the Board of Healthcare Improvement Scotland
Date: 22 November 2017
Time: 11.30 – 15.30
Venue: Room 6A/B, Delta House, Glasgow

Present
Dr Dame Denise Coia DBE, FRCPsych, Chairman
Dr Bryan Anderson
George Black CBE
Paul Edie
John Glennie OBE
Robbie Pearson, Chief Executive
Kathleen Preston
Duncan Service
Susan Walsh OBE
Pam Whittle CBE
Dr Hamish Wilson CBE, Vice Chairman

In Attendance
Alastair Delaney, Director of Quality Assurance
Ruth Glassborow, Director of Improvement Support and ihub (up to item 2.1)
Diana Hekerem, Deputy for Director of Improvement Support and ihub (from item 2.2)
Ann Gow, Director of Nursing, Midwifery and Allied Health Professionals
Sandra McDougall, Acting Director, Scottish Health Council (SHC)
Richard Norris, Visiting Fellow, Academy of Government
Dr Sara Twaddle, Director of Evidence
Maggie Waterston, Director of Finance and Corporate Services

Apologies
Jackie Brock
Dr Zoë M. Dunhill MBE
Dr Brian Robson, Medical Director

Committee support
Pauline Symaniak Corporate Governance Officer (minutes)

Declaration of interests
Declaration(s) of interests raised are recorded in the detail 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.
## 1. OPENING BUSINESS

### 1.1 Chair’s welcome and apologies

The Chairman opened the public meeting of the Board by extending a warm welcome to all in attendance. The Chairman asked the meeting to note her new declared interest as Convener of Children in Scotland.

Apologies were received as noted above.

### 1.2 Minutes and Action Points of the meeting on 23 August 2017

The minutes of the public meeting held on 23 August 2017 were accepted as an accurate record.

The Board received for review the action point register from the meeting held on 23 August 2017 and noted the status report against each action.

### 1.3 Chairman’s Report

The Board received a report from the Chairman providing information on recent developments and details of upcoming work. The following key points were highlighted at the meeting by the Chairman:

- a) Significant work continues in her role as Chair of Chairs in relation to the NHS governance framework. The work also now included the Chief Executive and one of the Board members.
- b) The Chairman was actively involved in the Scottish Access Collaborative which was using improvement methodologies to secure significant change in managing flow through acute care.
- c) The Chairman had held her annual appraisal with the Chief Executive of NHS Scotland and he had provided very positive feedback about the work of HIS.

In response to a question from the Board, the Chief Executive advised that the Health and Sport Committee inquiry into clinical governance was part of a series of inquiries also looking at staff governance and corporate governance. HIS would attend a round table with the Committee the following week. There had already been two sessions held on clinical governance from which the key messages were around implementation of standards, workforce challenges and governance in the integrated space.

The Board noted the report.

### 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 Chief Executive highlighted the following points:

- a) The consultation on the Scottish Health Council had concluded and further discussion would be held in the reserved session. He wished to recognise the excellent work undertaken by the SHC team in a short timescale to complete the consultation and to
b) In respect of the National Appeal Panel, guidance had been received and a further update would be provided in the reserved session.
c) Dr Susan Myles, Head of the Scottish Health Technologies Group, would be leaving the organisation and thanks were extended for the significant contribution she had made to HIS.
d) The Executive Team had developed geographical oversight to enable them to build relationships with Integration Joint Boards, NHS Boards and regions.

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

- e) The review of targets and the GP contract had been published. The GP contract was included on the agenda for the Quality Committee in January 2018 to examine potential implications for HIS. Both documents would be circulated to Board members.
- f) Regarding progress with re-branding, a common identity had been agreed and there would be a phased implementation from April 2018. The vacant Strategic Engagement and Relationship Management post would be re-advertised that week.
- g) It was noted that Dr Andrew Fraser would attend the December Board seminar to discuss population health.
- h) The Chair of Scottish Health Technologies Group would be invited to attend the next Board meeting to highlight the contribution to technology. The Health and Sport Committee would be undertaking an inquiry into innovation. This could raise the profile of SHTG.
- i) The Chief Executive and Chairman would be meeting with their counterparts from the national boards to outline the full contribution that HIS could make.
- j) Regarding the quality registry in rheumatology pilot, HIS would be involved due to our work in effective pathways of care.

The Board noted the report.

2. **DELCIRING OUR CORPORATE PLAN**

2.1 **How the organisation is helping to deliver the Health and Social Care Delivery Plan: Living Well in Communities**

The Board welcomed to the meeting Thomas Monaghan, Portfolio Lead for Living Well in Communities, to deliver a presentation.

The Director of Improvement Support and ihub provided an introduction setting out the history and the policy context for Living Well in Communities. The Portfolio Lead then highlighted the following areas in his presentation:

- a) The original programmes were Pathways of Care for High Resource Individuals, Community Frailty and Falls Pathways and Anticipatory Care Planning. Added later were Intermediate Care and Reablement, Neighbourhood Care and Palliative and End of Life Care.
- b) Work started with prototyping. It was then important to understand the local context, develop new methodologies and implement tests of change. There then followed work to increase skills locally and
increase the national resource.

c) Work has involved 22 of the 31 Health and Social Care Partnerships.
d) A lot of work had focused on the 2% of the population that use 77% of bed days. This group had been mapped through the health and social care system and frailty identification tools had been developed in association with colleagues from the Evidence Directorate and the Clinical Lead. Further tools had been developed to help communities identify suitable services and the first step of this was the Anticipatory Care Planning conversation. The services involved community nursing, housing and third sectors.
e) An advisory group with broad membership across health and social care services had been formed and was helping to shape how programmes were articulated to stakeholders to reduce complexity.

The Director of Improvement Support and iHub set out the key challenges which included financial and workforce pressures, capacity in the system, recruitment and retention of people with improvement skills, the complexity of partnership working, managing expectations and the ability to reach key people in the health and social care system.

There then followed a discussion which covered the following areas:

f) Regarding data and benchmarking, there was not a population, for example, that matched Glasgow as the local context was very variable. However, a virtual population to match Glasgow could now be created using real data from different parts of the UK. Anticipatory Care Planning could be an interim measure of improvement.

g) Regarding the Harry Burns review of targets and indicators, this tied in well with the measures for these programmes of work as they were meaningful measures of improvement.

h) Regarding system capacity, HIS was using an extension model to extend the reach of improvement to local quality improvement teams.

i) There were a number of national improvement programmes that made the improvement landscape appear crowded and often the right skills were not in the right place. HIS could contribute in this area by looking at simplification of the totality and by connecting to the Ministerial Steering Group.

The Board thanked Thomas Monaghan for an excellent presentation.

[Ruth Glassborow left the meeting].

2.2 Delivering our Corporate Plan: Organisational Performance (Level 1 report) Feedback from Quality Committee

How are we making a difference? (Level 3 report)

The Director of Finance and Corporate Services provided a paper to the Board which set out the first example of the new reporting structure. The following points were highlighted:

a) At the previous Board meeting a proposal had been agreed to
undertake three levels of reporting. Reporting Level 1 would be the key areas highlighted by the Quality Committee by exception from within the full operational plan performance report. Reporting Level 2 would be an outcomes focussed report created bi-annually. Reporting Level 3 would set out impact stories at a population level.

b) The paper presented today included the Level 1 and the Level 3 reports. The Level 1 report was an extract from the full report that the Quality Committee reviewed on behalf of the Board.

The Chair of the Quality Committee asked the Board to note that when the Committee had reviewed the full paper, they recorded the fact that the majority of programmes were on track. Therefore they sought to pick out themes such as new work or issues for the Board to focus on. It was noted that the Quality Committee were now undertaking the assurance of performance on behalf of the Board. The format and content reporting to the Board would change, depending on what the Quality Committee wanted to highlight.

The Director of Finance and Corporate Services sought feedback on the report and the following points were made:

c) The new report was welcomed as a move in the right direction. The Level 1 report was now easier to review, enabling key areas to stand out more clearly.

d) The Audit and Risk Committee would continue to receive the full report for noting to support their review of risk management, as well as the Quality Committee.

e) The Level 3 report provided good impact stories but could be strengthened by the inclusion of data and evidence. The report would be refined and wider impact stories would be sought from stakeholders and service users.

f) The 4th column in the report provided a red/amber/green status in relation to the programme while the 7th column indicated the level of any risks associated with the programme. This could be confusing and would be reviewed.

g) The difficulties associated with appointing enough Clinical Leads were noted and the need to instigate actions to address this.

The Board noted the report and were content with the assurance of the organisation's performance provided by the Quality Committee.

2.3 Financial Performance to 31 October 2017

The Board received a report from the Director of Finance and Corporate Services setting out the financial performance as at 31 October 2017. It was noted that the original paper had contained errors and a revised paper was tabled. The following points were highlighted:

a) Table A showed the full year budget to date as £27.8m. £15.2m had been spent. Taking into account spend against money not yet allocated, the overall position was a surplus of £160k.

b) The total allocation of funding had been reduced by the £600k contribution towards the national boards' collaboration savings target of £15m and £90k in respect of not receiving the 1% uplift this year for funding being added to baseline.

c) Table B set out anticipated allocations. £28.1m had been received. Of the outstanding amounts, £1.2m was confirmed whilst
£138k was not confirmed.

d) Table C provided the details of the outstanding allocations and it was anticipated that these amounts would be received.

e) £650k had been received from the Chief Nursing Officer and was at risk of not being fully spent before March 2018 due to the late allocation and the fact that the allocation has not been confirmed for 2018/19 to allow the work to continue. £200k of this may have to be returned to the Scottish Government.

f) Table D summarised efficiency savings following a mid-year financial review. There remained £1.01m of savings to find before 31 March 2018. The Executive Team had agreed that additional bids for spend would have to be absorbed into budgets.

g) Table E showed a summary of efficiency savings while table F provided detail of the sources of the savings.

h) An outturn prediction for the year end was now included as requested by the Board. This stated that the organisation expected to end the financial year with a finalised financial position that is within the agreed parameters with Scottish Government.

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

i) The commentary and the tables for the efficiencies information would be made more clear for future reports, and notes would be used to explain the narrative.

j) The majority of savings were non-recurring as the non-pay costs offer more scope for savings.

k) The budget was looking manageable for this year but an increased contribution to the national Boards’ collaboration could diminish the opportunity to balance the budget. A scenario planning exercise for the next financial year is being prepared for consideration by the Audit and Risk Committee.

l) Some national Boards had generated income through charging for services. HIS’ statutory powers did not allow for anything other than full cost recovery when invoicing the independent healthcare sector for regulation services.

m) The organisation was not maintaining high levels of vacancies to generate savings but was filling posts as quickly as possible.

n) The spend to date on outstanding allocations was small due to a mixture of not spending until the budget was received and phased planning.

o) Regarding the Mental Health Access programme, spend to date was limited. The allocation is a significant amount but most of it is transferred to ISD as part of the agreement with Scottish Government.

The Board noted the financial position.

2.4 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 as at 9 November 2017. This included all of the risks from the Corporate Risk Register and the very high risks from the Operational Risk Register which had now been grouped according to topic.

The Board was asked to review and endorse the risk registers.
In response to questions from the Board, the following points were clarified:

a) Regarding the risks related to the National Appeal Panel, an update would be provided in the reserved session. The grounds for appeal were failure of process or failure to take into account evidence.

b) Risk 634, related to the Workforce Strategy, would be reviewed to ensure the wording reflects the current position.

c) Regarding risk 481 related to SMC Product Assessment, the risk of a breach of information was largely human error. However, a new system would soon be rolled out that reduced the need for manual entry.

The Board welcomed the new order of the report and were assured, subject to the comments above, that risk management and the controls applied were effective.

### 2.5 2018-2021 Corporate Planning

The Board received a paper from the Director of Finance and Corporate Services providing an outline of the corporate planning process for 2018-2021. The following key points were highlighted:

a) The publication of the organisation’s new strategy enabled work to begin to build longer corporate, finance and workforce plans.

b) These would be developed around the five priorities and based on cross-organisational working, improvement, best value and outcomes. It would also include our contribution to the Health and Social Care Delivery Plan.

c) The driver diagram from the strategy was included in the paper and set the basis for our plan for the next three to four years.

d) The work would incorporate the SHC review, changes to the Quality Assurance Directorate and the 90 day process for the quality management system.

e) The paper also provided a timetable. There would be approval at the Board seminar in March 2018, followed by stakeholder engagement and staff workshops.

The Board approved the approach and timescales set out. The need to strengthen the approach around sharing best practice and making best use of resources of the whole system was highlighted.

### 3. STRATEGIC DIRECTION

#### 3.1 Quality of Care Approach

The Director of Quality Assurance presented to the Board a paper that provided the draft of the Quality Framework and set out the next steps in implementation. The paper was accompanied by a presentation during which the following key points were highlighted:

a) The approach was developed for a number reasons including high profile reviews, to enable whole system evaluation with a blended approach that was more outcomes focussed, and to take account of health and social care integration.

b) There had been a design phase then a national consultation before the final report was published in March 2016.

c) Developments since August this year included strengthening existing links and appointing a Clinical Lead. A best practice and behaviours charter had been developed.
d) It was key that inspection was an improvement activity that was intelligence-led, risk based, user-focussed and transparent.

e) The Quality Framework provided the support for self-evaluation and was based on the EFQM excellence model which would allow better collaboration.

f) The next steps were publication of the approach and the draft Quality Framework in January 2018, final testing and rollout of the self-evaluation during 2018. A review of all inspection work and gathering feedback would take place between January and August 2018.

The Board sought assurance in a number of areas including the following:

g) That thematic reviews would be delivered during 2018 which would be clearly linked to the needs of the service, and which would use data and intelligence to identify problems.

h) Clarification on the timeline for delivery of the programme.

In response to this, the following additional points were made:

i) During next steps, there would be no pause in the current inspection activity but there would be some adjustments to move closer to a more holistic approach. During 2018 some activities would be delivered in the current way while some activities would be delivered according to the new approach.

j) The Chief Executive would attend the NHS Board Chairs’ meeting in January to explain the Quality of Care Approach and would explain how the approach blends with other scrutiny activity.

k) The new approach would ensure that engagement would continue after inspections until improvements were made.

l) Work would be undertaken to ensure the right culture and skills were in place in our workforce to deliver the new approach.

m) The EFQM framework would support better integration of information.

n) The Quality of Care Approach had embedded the national health and social care standards and would ensure that providers were compliant.

o) A full implementation plan would be created and the timeline was as follows:

- December 2017/January 2018 - Publish the approach alongside a ‘working draft’ of the quality framework.
- January to August 2018 - Final testing, including test in Sharing Intelligence.
- January to August 2018 - Period of time for stakeholders to consider, try out and feedback on the framework.
- From 2018 - Roll out organisational level self-evaluation.
- January to August 2018 - Review of all ongoing inspection and review work (and wider activity across HIS) in the context of the approach.

p) The new approach would support better engagement and transparency but would still report fully on any problems identified.

q) In the case of joint inspections with the Care Inspectorate, the new approach would have a common feel to it. This would be more difficult to achieve in other inspections, such as the prison service.

r) Regarding sharing best practice, there would be follow up and translation to the wider system.

s) It was agreed that regular updates on the roll out and
The implementation plan of the Quality of Care approach would be provided to the Quality Committee and the full board would be sighted on progress via the Quality Committee and at board meetings when required.

The Board noted the update on the Quality of Care Approach.

### 4. ADDITIONAL ITEMS OF GOVERNANCE

#### 4.1 ihub Committee Review and Feedback from the Annual Meeting with COSLA

The Chair of the ihub Committee referred to the paper issued by the Director of Improvement Support and ihub. He advised that the report had been discussed in detail at the informal session of the Board prior to this meeting and the paper presented also took account of comments from the ihub Committee members.

The Board endorsed the proposal to reconfigure the ihub Committee into a strategic stakeholder advisory group.

The Chair of the ihub Committee advised that the next meeting would be held in January 2018 and the transformation of the group would be discussed. The core membership would continue but consideration would be given also to a wider membership and the implications for the work of the Quality Committee.

#### 4.2 Schedule of Board and Governance Committee Meetings 2018/19

The Board received from the Director of Finance and Corporate Services a draft meetings schedule for the Board and Governance Committees for 2018/19. It was advised that Committee Chairs and Lead Officers had reviewed the dates.

The Board approved the meetings schedule for 2018/19.

#### 4.3 Governance Committee Annual Reports 2016/17 - Update

The Board received from the Director of Finance and Corporate Services an update to the action plan created from the Governance Committee annual reports for 2016/17.

The Board noted the update.

#### 4.4 Audit and Risk Committee

The Board noted the key points from the meeting on 20 September 2017 and the approved minutes from the meeting on 15 June 2017.

#### 4.5 Quality Committee

The Board noted the key points from the meeting on 2 November 2017 and the approved minutes from the meeting on 26 July 2017.

The Chair of the Committee highlighted the following points:

a) The Committee had received the Clinical and Care Governance Framework but had decided more work was required and the Quality Committee would receive a further iteration. It would be important for the Board to receive the final version.
b) The increasing contribution of the technology groups and their Chairs was noted.

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<th>4.6</th>
<th><strong>Staff Governance Committee</strong></th>
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<td>The Board noted key points from the meetings on 6 September and 8 November 2017.</td>
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<td>The Chair of the Committee highlighted the following points:</td>
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<tr>
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<td>a) The minutes from the meeting on 6 September 2017 would follow.</td>
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<td>b) The career pathways work was now viable due to the increased size of the organisation.</td>
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<td>c) More work would be delivered to support the values and behaviours to take account of the different backgrounds of staff.</td>
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<td>d) Work was progressing around shared services and the Prevent programme.</td>
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<td>e) The Committee was examining what data it would receive in future to best support its role.</td>
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<th><strong>Scottish Health Council Committee</strong></th>
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<td>The Board noted the key points from the meeting on 3 October 2017 and the approved minutes from the meetings on 27 June and 3 October 2017.</td>
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<td>The Chair of the Committee recognised the improved communication support for SHC and how valuable this had been.</td>
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<th><strong>Improvement Hub Committee</strong></th>
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<td>The Board noted that the approved minutes from the meeting on 15 June 2017.</td>
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<td>The Chair of the Committee referred to the ihub impact report which had been tabled.</td>
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<td>The Chief Executive provided feedback from the annual meeting from COSLA in respect of item 4.1 above. The annual meeting was part of the overall establishment of the ihub and had been attended by COSLA and the Cabinet Secretary. Despite unclear lines of accountability, the meeting had been very positive and there was excellent feedback about the work being delivered.</td>
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<th><strong>Register of Interests</strong></th>
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<td>The Board received the current register of interests from the Director of Finance and Corporate Services.</td>
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<td>The Board approved the register as presented with the following amendment: the HIS Chairman was the Convener for Children in Scotland not a Board member.</td>
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<th>5.</th>
<th><strong>ANY OTHER BUSINESS</strong></th>
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<td>There were no items of other business.</td>
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<th><strong>DATE OF NEXT MEETING</strong></th>
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<td>6.1</td>
<td>The next meeting would be held on Thursday 1 March 2018 in Gyle Square, Edinburgh. This was a change from the original date of 21 February 2018 due to the HIS Parliamentary exhibition being held that week.</td>
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MINUTES – Draft

Meeting of the Board of Healthcare Improvement Scotland
Date: 1st March 2018
Time: 12:30 – 16:00
Venue: Telephone Conference

Present
Dr Dame Denise Coia, DBE, FRCPsych, Chairman
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
Susan Walsh OBE
Pam Whittle CBE

In Attendance
Alastair Delaney, Director of Quality Assurance
Ann Gow, Director of Nursing, Midwifery and Allied Health Practitioner
Sandra McDougall, Acting Director, Scottish Health Council
Ken Miller, Head of Communications
Dr Brian Robson, Medical Director
Dr Sara Twaddle, Director of Evidence
Maggie Waterson, Director of Finance and Corporate Services
Jane Illingworth, Policy and Governance Manager

Apologies
Ruth Glassborow, Director of Improvement Support and ihub
Richard Norris, Visiting Fellow, Academy of Government

Committee Support
Sim Sharp, Corporate Project Officer (minutes)

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.
# OPENING BUSINESS

## 1. Chair’s welcome and apologies

The Chairman opened the meeting of the Board by extending a warm welcome to all in attendance including Sim Sharp, Corporate Project Officer, supporting the meeting. Due to inclement weather the meeting was conducted via teleconference.

Apologies were received as noted above.

Dr Hamish Wilson, Vice Chair congratulated the Chairman for her election to the Fellowship of the Royal Society of Edinburgh.

The Board congratulated the Chairman on her recent appointment.

## 1.2 Minutes and Action Points of the meeting on the 22nd November 2017

The minutes of the public meeting held on the 22nd November 2017 were accepted as an accurate record subject to the following:

**Item 3.1 – Quality of Care Approach**

The board asked for the minute to be amended to reflect the board request for a detailed timeline for the roll out of the Quality of Care approach and review programme to be developed and shared with the Board.

The board also requested the minute to reflect the intention to establish a programme of thematic reviews in 2018 as part of the Quality of Care Approach.

The Board received for review the action point register from the meeting held on the 22nd November 2017 and noted the status report against each action.

## 1.3 Chairman's Report

The Board received a report from the Chairman providing information on recent developments and details of upcoming work. The following key points were highlighted at the meeting by the Chairman:

a) The National Masterclass for NHS Board members was held on the 26th February 2018 and was positively received. It was agreed that more HIS Non-Executives would be invited to the next event.

b) The last Joint Development Session between the Care Inspectorate and Healthcare Improvement Scotland (HIS) was of great value. In particular, the subject of housing could provide potential opportunities for further collaboration. Further sessions to be arranged.

c) The Chairman thanked staff for their efforts and contributions to the Parliamentary event held at the Scottish Parliament between 20th – 22nd February 2018.

The Chairman also extended her thanks to the Executive Team for their engagement with the MSPs and to the Chief Executive.
for his presentation. The responses from the engagement was very positive and encouraging.

d) The Chairman and Chief Executive had a very constructive meeting with Lewis Macdonald, the new Convener of the Health and Sport Committee. Both the Chairman and Chief Executive were optimistic about working with the new Convener. Discussions included the role of HIS in delivering high quality healthcare and his concerns around the effective governance of NHS Scotland.

In response to a question from the Board about a recent CAMHS national event and the progress of work related to Mental Health, the Chairman advised that the event was very positive and provided a valuable opportunity to bring together various Public Bodies and the Third Sector. The Minister for Mental Health had also called for more collaborative work between Boards to support mental health.

The Board noted the report.

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 Chief Executive highlighted the following points:

a) The Parliamentary event was a valuable opportunity to present HIS to various stakeholders and provide them with a further understanding about the organisation. In addition, it recognised the excellent work undertaken by staff.

b) The meeting with Lewis Macdonald, Convener of the Health and Sport Committee was very constructive. HIS will continue to build the positive relationship with the Committee and the Scottish Government.

c) Regarding the Joint Development Session with the Care Inspectorate, consideration will be given to involving wider stakeholders in future, to allow greater exposure of the positive relationship between the organisations.

d) The Chief Executive attended the National Boards Collaboration workshop with the Vice Chair. Overall, the workshop was helpful providing a clearer view of the National Boards Plan but remains a work in progress. In addition, the work on the ‘Transformation, Improvement and Evaluation’ aspects had started to move in a positive direction.

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

a) Further work is required in relation to strengthening the governance of the National Boards Collaboration work and this is being considered by the Board Chairs group. The Chief Executive noted that HIS has a key role in leadership of transformational change and he will continue to keep the board advised.
b) In relation to timelines for the implementation of the Quality of Care approach, it was agreed that a strategic plan was required setting these, and links with the wider HIS work programme, out in more detail. The Director of Quality Assurance and Chief Executive would discuss this further and it would come back to the board for consideration at an early opportunity. In response to a question on use of the approach in an aspect of paediatric services, the Director of Quality Assurance advised that planning for the next year is underway.

c) The status of the ihub committee: the Chief Executive advised that a new advisory entity has been created named the ‘HIS Strategic Stakeholder Advisory Group’ to provide advice on the organisation’s work specifically in the integrated space. A first meeting had been arranged but due to low attendance, it had been rescheduled to 21st March 2018.

d) Duty of Candour: the Chief Executive advised a further meeting with Scottish Government would take place next week and emphasised that HIS’ role is focused on sharing best practice and learning. The Director of Quality Assurance advised that HIS is already working to build this into the adverse events work stream and highlighted work to date.

e) Excellence in Care: Board members requested further clarity on the background to this programme of work and the implications for other aspects of the HIS work programme, especially given the focus on a single profession. The Director of Nursing, Midwifery and Allied Health Professionals advised that the work arose from the Vale of Leven enquiry and that the Executive Team is exploring potential opportunities to link with other areas as the project was still at an early stage. It was agreed that a detailed report should come to the Board at an early opportunity.

f) Timescale for the 90-day process on a Quality Management System: the Chief Executive advised that the outcome will be available for discussion at the board seminar on the 28th March 2018.

g) Targets and indicators: the Medical Director advised that Harry Burns’ review was very broad and that it has not yet been confirmed whether the Scottish Government will issue a public response. The review will, however, inform the Executive Team’s consideration of data and intelligence, the outcome of which will go to the Quality Committee.

2. STRATEGIC DIRECTION

2.1 Corporate Plan 2018-2021

The Board received a presentation from the Chief Executive which highlighted the following points:

a) HIS has a unique strategic advantage, which is recognised both nationally and internationally, and the challenge for HIS is to continue to make contributions and to influence on a wider scale.

b) Three tests of relevance have been developed to inform future HIS priorities and their fit with the overall strategic direction.

c) Four themes have also been identified which reflects the best use of HIS resources to contribute to the National Health and Social Care Delivery Plan.
d) There will need to be a shift away from legacy works which were inherited and no longer a priority.

e) It is important to demonstrate a return on investment and the importance of HIS contribution to achieving a financially sustainable health and a social care system over the next 2 to 5 years.

f) It is essential that there are stronger ties across the whole organisation which should act as one. There is a need to align what we do with our strategic priorities and make appropriate strategic collaborations.

The Director of Finance and Corporate Services then delivered a presentation on the Workforce Plan and Financial Plan and highlighted the following areas:

a) Workforce planning aims to maximise the potential value of staff to achieve the strategic plan.

b) There is a need for flexibility in the workforce to ensure the right skills are available across the organisation and potentially for collaborations out with the organisation.

c) There will need to be clarity about the different ways of working and for staff to understand their responsibility across the organisation.

d) The system needs to be reshaped to allow flexibility when responding to high priority ad hoc projects.

e) Recruitment, retention and succession planning are all essential to ensuring staff development is put in place. This work is being developed by Anne Lumsden and includes career pathways.

f) In relation to the Financial Plan, there is no baseline uplift for 2018/2019. The Scottish Government only requires a 1 year plan but HIS is preparing a 3 year plan with appropriate assumptions.

g) Budgetary constraints for 2018/2018 total £1.5m and include:
   a. Assumed HIS financial contribution of £600k to National Board collaboration savings target based on realised savings
   b. £460k pay settlement
   c. £240k inflation
   d. Increase in rent of £185k per year in Delta House.

h) A key planning assumption is the maintenance of a maximum 75% costs of permanent staff to baseline budget. A vacancy factor of 3% has also been included within staffing budgets.

There then followed a discussion that covered the following points:

a) The Framework for the Corporate Plan was supported in principle in relation to the 4 strategic themes and 3 tests of relevance. Support was also expressed for 3-year financial planning and the approach being taken to the budget.

b) A key challenge will be dealing with pressures and requests from others and ‘defending the HIS’ approach’ against this. There will also be an impact on individual projects and the board needs to be able to understand this. A firm approach is required on the taking of difficult decisions and it was queried whether anything is happening to prepare stakeholders for this change in approach. The Chief Executive advised that discussions with Scottish Government are planned.
c) Board members felt that further clarity is required on the implications of the shift for the current operational plan. Likewise, a greater sense of the degree of change required to meet the aims of the workforce plan would be welcomed.

It was agreed that this was a large amount of information to digest and that the board requires further consideration of the information prior to approval of the final plans; the timeline for receiving the plan on 28 March should be reconsidered.

It was agreed that the next iteration of the plans would be submitted to the Audit and Risk Committee and Staff Governance Committee, prior to being discussed at the Board seminar.

<table>
<thead>
<tr>
<th>2.2 Clinical and Care Governance Framework</th>
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<tbody>
<tr>
<td>The Director of Nursing, Midwifery and Allied Health Professionals presented a paper to the Board. The following points were highlighted:</td>
</tr>
<tr>
<td>a) The focus of the report was HIS internal governance and assurance arrangements for the delivery of clinical and care objectives.</td>
</tr>
<tr>
<td>b) The Clinical and Care Governance Framework had been reviewed by the Quality Committee and Board approval is now sought for the framework and to set up the Clinical Governance Group.</td>
</tr>
</tbody>
</table>

The Board acknowledged the substantial work that had contributed to the preparation of this Framework and welcomed the input from staff with a clinical background. The Vice-Chair highlighted the specific responsibilities of the Chair and Board Members to supporting this framework and noted the intention of the Quality Committee to provide assurance against delivery of the Framework.

It was suggested that the document could be strengthened in relation to the duty around the development and training of staff and it was agreed that this would be incorporated. The final version of the Framework would be brought to the board seminar ‘in Committee’ on 28 March for approval.

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<tr>
<th>2.3 Stakeholder Engagement Update</th>
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<td>The Chairman welcomed to the meeting Ken Miller, Head of Communications, to present his papers. The following key points were highlighted:</td>
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<tr>
<td>a) A number of significant anniversaries will occur in 2018: 10 years of the Scottish Patient Safety Programme, 25 years of SIGN, 70 years of the NHS and the final year for our inaugural Chairman, Dr Dame Denise Coia who steps down from post later in 2018. These would provide HIS with a unique opportunity to communicate with internal and external stakeholders, and to the wider public about the organisation’s work via various campaigns.</td>
</tr>
<tr>
<td>b) Digital mediums would be adopted more widely as traditional approaches have less impact.</td>
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<tr>
<td>c) Increased collaborations with other Boards and external organisations are planned to provide support to the significant anniversaries and enhanced coverage.</td>
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</tbody>
</table>
During discussion the following points were noted:

a) Branding: the Chief Executive advised that the renaming of the organisation would not be perceived as a high priority by both internal and external stakeholders, but acknowledged the merit of renaming the organisation at a future opportunity to reflect its wider responsibilities.

b) 50th anniversary of the Social Work Act: the Head of Communications advised HIS will link with Social Work Scotland and the Care Inspectorate on the use of social media and other communications to highlight the anniversary and associated events.

It was agreed that the branding of the organisation and its positioning in the context of integration and shifting the balance of care should remain under consideration and would be considered again at a future board seminar.

The Board noted the report.

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<tr>
<th>3. DELIVERING OUR CORPORATE PLAN</th>
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### 3.1 How the organisation is helping to deliver the Health and Social Care Delivery Plan: Mental Health

The Chairman informed the Board this agenda item will be rescheduled.

### 3.2 Delivering our Corporate Plan: Organisational Performance (Level 1 report) Feedback from Quality Committee How are we making a difference (Level 3 report)

The Director of Finance and Corporate Services spoke to the papers that had been issued. The level 1 report had been prepared with input from Vice Chair as Chair of Quality Committee, which had reviewed the content of the Level 1 report in detail.

A more general discussion took place about the nature of the Level 1 report and whether it provides the whole board with an understanding of organisational performance and with the required level of assurance about delivery of the strategy. While consideration of the detail of the report happens at the Quality Committee, it was suggested that more information could be provided on the issues identified by the Quality Committee and specifically on the action being taken to address these. The ‘impact stories’ in the Level 3 report were also discussed and it was noted that the covering paper provides a number of questions for the board on the criteria for including these. It was commented that the examples could be stronger on personal impact rather than processes.

The Chairman supported the approach structured around the three reporting levels but agreed that these needed to provide stronger performance management and assurance for the Board.

It was agreed that the Chairman, Vice-Chair, Chief Executive and Director of Finance and Corporate Services would consider the reports further and identify improvements. It was also noted that the Board were lacking information around work being undertaken by individual directors.
and were missing an opportunity to review this work to hold individual Directors to account as well as for the performance of the organisation as a whole.

### 3.3 Financial Performance Report to 31 January 2018

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

- **a)** Table A showed the full year budget to date as £27.8m. £22.5M had been spent. Taking into account spend against money not yet allocated, the overall position was a surplus of £123K.
- **b)** A further contribution of £500k had been made to National Board Savings Target which increased the total contribution from HIS to £1.1m toward the £1.5m.
- **c)** Table B set out anticipated allocations. £28.7m had been received.
- **d)** Table C provided the details of the outstanding allocations with SPSP confirmed at £82k.
- **e)** Table D summarised efficiency savings achieved to date.
- **f)** Table E showed a summary of efficiency savings while table F provided details of the sources of the savings.
- **g)** An outturn prediction for the year end was now included as requested by the Board. This stated that the organisation expected to end the financial year with a financial position that is within the parameters agreed with Scottish Government.

The Board noted the financial position and the predicted outturn position at 31 March 2018.

### 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 at 15th February 2018.

The Board was asked to review and endorse the risk register.

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

- **a)** A risk associated with the Mental Health programme would be added to the Risk register.
- **b)** Risk 698 related to Thematic Inspections would have the wording revised to recognise the rationale of not widening the scale of inspection at present.

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

### 4. ADDITIONAL ITEMS OF GOVERNANCE

#### 4.1 Update to Board Members’ Code of Conduct

The Director of Finance and Corporate Services provided the Board with an update of the Code of Conduct in respect to the section covering Gifts and Hospitality and its alignment with the Bribery Act 2010. This update had been reviewed and approved by the Audit and Risk Committee.

The Board noted the update and requested the wording in the last paragraph of Appendix 1 to be made in bold.
<table>
<thead>
<tr>
<th>4.2</th>
<th><strong>Audit and Risk Committee</strong></th>
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<tbody>
<tr>
<td></td>
<td>The Board noted the key points from the meeting 6th December 2017 and the approved minutes from the meeting on the 20th September 2017.</td>
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<tr>
<th>4.3</th>
<th><strong>Quality Committee</strong></th>
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<tbody>
<tr>
<td></td>
<td>The Board noted the key points from the meeting 18th January 2018 and the approved minutes from the meeting on the 2nd November 2017.</td>
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<th>4.4</th>
<th><strong>Staff Governance Committee</strong></th>
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<td></td>
<td>The Board noted the approved minutes from the meeting on the 6th September 2017.</td>
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<th>4.5</th>
<th><strong>Scottish Health Council Committee</strong></th>
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<td></td>
<td>The Chair of the Committee highlighted the following points:</td>
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<tr>
<td></td>
<td>a) A recent communication was sent out to all the staff regarding Richard Norris’s plan to retire in 2019 and that Sandra McDougall will continue as Acting Director of SHC.</td>
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<th>4.6</th>
<th><strong>Register of Interests</strong></th>
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<td></td>
<td>The Board received the current register of interests from the Director of Finance and Corporate Services.</td>
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<td>The Board approved the register as presented with the following amendment: the HIS Chairman was elected to the Fellowship of the Royal Society of Edinburgh.</td>
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<th>5.</th>
<th><strong>ANY OTHER BUSINESS</strong></th>
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<tr>
<td></td>
<td>There were no items of other business</td>
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<th>6.</th>
<th><strong>DATE OF NEXT MEETING</strong></th>
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<tr>
<td>6.1</td>
<td>The next meeting would be held on Wednesday 18th April 2018, 6th Floor, Delta House, 50 West Nile Street, Glasgow, G1 2NP.</td>
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<tr>
<th>Corporate Governance Officer</th>
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<td>Corporate Governance Officer</td>
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File Name: 20180418 Board PUB MINS

Produced by: SS

Page: 9 of 9

Review Date: 18/04/18
MINUTES – Draft

Meeting of the Board Seminar “In Committee” of Healthcare Improvement Scotland
Date: 28 March 2017
Time: 11.00 – 16:00
Venue: Room 6A/B, Delta House, Glasgow

Present
Dr Bryan Anderson
George Black CBE
Jackie Brock
Dr Zoë M. Dunhill MBE
Paul Edie
John Glennie OBE
Robbie Pearson, Chief Executive
Kathleen Preston
Duncan Service
Susan Walsh OBE
Dr Hamish Wilson CBE, Meeting Chair/Vice Chairman

In Attendance
Alastair Delaney, Director of Quality Assurance
Ruth Glassborow, Director of Improvement Support and ihub
Ann Gow, Director of Nursing, Midwifery and Allied Health Professionals
Sandra McDougall, Acting Director, Scottish Health Council (SHC)
Dr Brian Robson, Medical Director
Dr Sara Twaddle, Director of Evidence
Maggie Waterston, Director of Finance and Corporate Services
Jane Illingworth, Policy and Governance Manager

Apologies
Dame Denise Coia DBE, FRCPsych, Chairman
Pam Whittle CBE
Anne Lumsden, Head of Organisational Development and Learning
Richard Norris, Visiting Fellow, Academy of Government

Committee support
Sim Sharp Corporate Project Officer
Natalie Hannigan Executive Assistant (minutes)
1. WELCOME AND APOLOGIES FOR ABSENCE  
Chair’s welcome and apologies

The Vice Chairman opened the section of the Board Seminar that would be held “in Committee” and extended a welcome to all in attendance.

Apologies were received as noted above.

The Vice Chairman advised that, whilst most of the agenda items today were informal development topics, the items covering the Clinical and Care Governance Framework; the Corporate Plan, including the Operational, Finance and Workforce Plans would be considered “in Committee”. Formal minutes would be recorded of these items.

2. Clinical and Care Governance Framework

The Director of Nursing, Midwifery and Allied Health Professionals (NMAHP) introduced the paper circulated in advance of the meeting noting the amendments made to the version discussed at the 1st March Board meeting. This version incorporated the feedback and suggestions received at the Board meeting.

The Board approved the Clinical and Care Governance Framework subject to the following:

a) The structure and membership of the Clinical and Care Governance Group is included for reference and should also include public partner representation.

b) A future Board discussion following the initial implementation period should be scheduled for the Board to consider the impact of formal arrangements and further discussion on the use of the framework in social care settings.

It was agreed that if papers were coming back to the Board for consideration, these should be in tracked changes format for the Board to easily recognise the changes and updates to the papers.

3. Corporate Planning

Operational Plan, Finance Plan and Workforce Plan

The Chief Executive and the Director of Finance and Corporate Services introduced the plans, highlighting the following key areas:

a) The development of the Operational, Finance and Workforce plans has ensured clear links with the Making Care Better Strategy and the Scottish Government’s Health and Social Care Delivery Plan and the wider operating environment facing NHS Boards and IJBs.

b) The Chief Executive noted the plans signalled a more integrated and confident organisation that is deliberate and cohesive in responding to the pressures upon HIS and the wider system.

c) 2018-19 is a year of significant organisational change and would require an internal change and capability transformation plan to be
developed to include the impact of the National Boards Collaborative work; the implementation of the review of the Scottish Health Council consultation and significant organisational change underway throughout the organisation. This plan would be developed in line with the Quality Management System 90 day learning cycle output and how the QMS will be deployed internally.

d) There had been a favourable initial reaction from Scottish Government to the earlier draft that had been circulated and detailed comments were awaited.

e) The Director of Finance and Corporate Services noted that the Finance Plan was considered at the Audit and Risk Committee and highlighted the assumptions in the budget as set out in the covering paper. The Finance Plan would be brought to the April Board meeting for approval.

f) The Director of Finance and Corporate Services also highlighted from the Workforce Plan that the current draft covers the ongoing work to build a more reflective and responsive workforce based upon the operational plan and the core and specialist skill set and mix required to deliver the work programme.

g) Further work is required to agree the permanent staffing budget with the current level of staffing at 73% of baseline budget.

h) The updated Workforce Plan would be considered at the next Staff Governance Committee and brought for formal approval to the June Board meeting, with submission to Scottish Government at end of June 2018.

Discussion followed and the following points were made and actions agreed:

a) The Board agreed that the updated operational plan provided a clearer understanding of the direction of travel for the organisation over 2018-19 and the ongoing work to develop a cohesive and deliberate work programme across the organisation.

b) Further work is required to strengthen the deliverables and indicators of success columns; the Executive Team were asked to review these and ensure the deliverables are achievable within 2018-19.

c) The indicators of success column should provide a clear and agreed understanding of what HIS will be accountable for delivering over 2018-19.

d) The Board asked the Executive Team to review the Operational Plan in line with agreed performance reporting to ensure clarity and shared understanding on what is required for Board assurance and performance management.

e) The Workforce Plan needs to reflect the workforce and recruitment challenges faced and actions to be taken to tackle the issues; including risks of not recruiting into specialist roles, in particular
within QAD and ihub and the potential use of Graduate and Modern Apprentice Programmes.

f) The Board recognised the ambitious programme around the career pathways and workforce development and asked for further detail to be included within the workforce plan on how support for staff will be prioritised.

g) The Board requested further information to be provided on how they can support the internal transition and change programme over 2018-19. This should also include further detail of the impact of withdrawing from work and the consequences for HIS and the workforce and what Board support is required.

h) The Operational Plan Appendix 2 should be more explicit on the changes anticipated over 2018-19. The Board should be sighted on the strategic fit and available resources for these pieces of work and be aware of the challenge faced by the Executive Team to withdraw from these programmes or additional requests outstanding.

i) More explicit links with the National Boards Collaborative Plan should be made throughout the plan.

The Board welcomed the changes made to the Operational Plan and agreed that detailed feedback should be provided to the Director of Finance and Corporate Services as soon as possible to be reflected in next iteration for approval at the April Board meeting.

**National Board Health & Social Care Delivery Plan Summary Paper**

The Board agreed that the National Boards collaborative plan will be considered in due course when a more detailed draft is developed.

4. **CLOSURE OF AGENDA ITEMS “IN COMMITTEE”**

The Vice Chairman closed the section of the Board seminar in Committee and thanked the Executive Team for the work completed to present the plans for discussion today.

5. **ANY OTHER BUSINESS**

There were no items of other business.

6. **DATE OF NEXT MEETING**

The next meeting would be held on Wednesday 18th April 2018 in Gyle Square, Edinburgh.
<table>
<thead>
<tr>
<th>Minute ref</th>
<th>Heading</th>
<th>Action point</th>
<th>Timeline</th>
<th>Lead officer</th>
<th>Status</th>
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</thead>
<tbody>
<tr>
<td>1 March 2018</td>
<td>1.2</td>
<td>Minutes of the meeting on the 22nd November</td>
<td>Immediate</td>
<td>Corporate Project Officer</td>
<td>Complete. On agenda for 18/04 for board approval.</td>
</tr>
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<td></td>
<td>1.3</td>
<td>Chairman’s Report</td>
<td>TBC – when information is available</td>
<td>Corporate Project Officer</td>
<td>Ongoing - Invitation will be send out to Non Executives when information is available.</td>
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<td></td>
<td></td>
<td>Arrange further Joint Development Session with Care Inspectorate, to be discussed at next joint Chair/CE meeting; topics may include housing and inspections.</td>
<td>TBC</td>
<td>Corporate Project Officer</td>
<td>Ongoing – on agenda for discussion at the next Chair / CE meeting.</td>
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<td></td>
<td>1.4</td>
<td>Executive Report</td>
<td>28th March 2018</td>
<td>Director of Quality Assurance</td>
<td>On agenda for ARC 14/03 and Board meeting 18/04</td>
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<td></td>
<td></td>
<td>Strategic plan for the Quality of Care approach to be added to the next agenda</td>
<td>TBC</td>
<td>Director of Nursing, Midwifery and Allied Health Professionals</td>
<td>On agenda for Board meeting 18/04</td>
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<tr>
<td></td>
<td>2.1</td>
<td>Corporate Plan</td>
<td>14th March 2018</td>
<td>Chief Executive / Director of Finance and Corporate Services</td>
<td>On agendas for ARC 14/03, SGC 22/03 and Board seminar 28/03</td>
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<td>Minute ref</td>
<td>Heading</td>
<td>Action point</td>
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<td>The Workforce Plan will go to the Staff Governance Committee on 22 March.</td>
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<tr>
<td>2.2</td>
<td>Clinical and Care Governance</td>
<td>The Framework was well received however requires further detail on the responsibilities around staff development and training. A final draft will be brought to the 28 March meeting, ‘in Committee’, for approval.</td>
<td>28th March 2018</td>
<td>Director of Nursing, Midwifery and Allied Health Professionals</td>
<td>Approved at Board seminar subject to minor changes and will return for progress discussion and review at future Board meeting (6-9 months)</td>
</tr>
<tr>
<td>2.3</td>
<td>Stakeholder Engagement</td>
<td>Branding of the organisation and its responsibilities in relation to both health and social care is an outstanding issue and will be brought back for discussion at a future seminar.</td>
<td>TBC</td>
<td>Corporate Project Officer</td>
<td>Added to business planning schedule</td>
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<td></td>
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<td>Consideration to be given to building on 50th anniversary of Social Work (Scotland) Act 1968. Link in with Social Work Scotland and Care Inspectorate.</td>
<td>18th April 2018</td>
<td>Head of Communications</td>
<td>Complete. Social Media campaign created to support World Social Work Day and marking 50 years of social work in Scotland. Links with Social Work Scotland and Care Inspectorate included in campaign.</td>
</tr>
<tr>
<td>3.1</td>
<td>Delivering our Corporate Plan: Mental Health</td>
<td>Mental Health presentation to be rescheduled.</td>
<td>18th April 2018</td>
<td>Corporate Project Officer</td>
<td>Completed. On agenda for 18th April 2018.</td>
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</table>
| 3.1        | Delivering our Corporate Plan: Level 1 and Level 3 reporting | Further consideration to be given to level 1 and level 3 reporting arrangements, including:  
- Reporting of key issues identified during Quality Committee consideration of the Measuring our Progress report, and actions being taken to address these  
- How to strengthen assurance and reporting of performance against delivery of strategy by the organisation as a whole | 18th April 2018 | Director of Finance and Corporate Services and Chief Executive – in discussion with the Chair and Vice-Chair | Update to be provided to 18 April Board meeting, with refreshed reporting to the June Board meeting. Revised Executive Report template to be provided at 18 April 2018 meeting. A full version of the revised format will go to June meeting |
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<tr>
<th>Minute ref</th>
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<td></td>
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<td>• Clarify the criteria for the examples of impact, where possible with a greater focus on impact at a personal level&lt;br&gt;The format and content of the Executive Report to the Board should also be considered.</td>
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<td>reflecting feedback from April meeting.</td>
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<td>3.4</td>
<td>Risk Management</td>
<td>Risk 698 related to the Thematic Inspections. To include the rationale of limiting the number of inspections at present.</td>
<td>Immediate</td>
<td>Director of Quality Assurance</td>
<td>Complete. This risk has been removed as the thematic inspections to which it refers are no longer in our work programme.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Risks associated with Mental Health to be added in the Risk register</td>
<td>Immediate</td>
<td>Director of Improvement Support and ihub.</td>
<td>Completed</td>
</tr>
<tr>
<td>4.1</td>
<td>Board Members’ Code of Conduct</td>
<td>The wording in the last paragraph of Appendix 1 to be made in bold.</td>
<td>Immediate</td>
<td>Corporate Governance Officer</td>
<td>Completed</td>
</tr>
<tr>
<td>4.6</td>
<td>Register of Interests</td>
<td>Amend the register of interests to show the Chairman’s Fellowship of the Royal Society of Edinburgh</td>
<td>Immediate</td>
<td>Corporate Governance Officer</td>
<td>Completed</td>
</tr>
<tr>
<td>Minute ref</td>
<td>Heading</td>
<td>Action point</td>
<td>Timeline</td>
<td>Lead officer</td>
<td>Status</td>
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<td>-----------</td>
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</tr>
<tr>
<td>28 March 2018</td>
<td>2. Clinical &amp; Care Governance Framework</td>
<td>The structure and membership of the Clinical and Care Governance Group is included for reference and should also include public partner representation.</td>
<td>6 months</td>
<td>Director of NMAHP</td>
<td>Completed. Public Partner will be included as part of the CCG group</td>
</tr>
<tr>
<td></td>
<td></td>
<td>An initial implementation period should be scheduled for the Board to consider the impact of formal arrangements</td>
<td>6 months</td>
<td>Corporate Project Officer</td>
<td>Completed. On agenda for 5th December 2018</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Future papers returning to the Board following revision should be in tracked changes format.</td>
<td>immediate</td>
<td>Corporate Project Officer/ Directors</td>
<td>Ongoing</td>
</tr>
</tbody>
</table>
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) Chair of NHS Scotland Board Chairs Group

      Since my last report to the Board, there has been one meeting of the NHS Board Chairs on 26th March 2018. The meeting received updates regarding National Programme Board for the HSC Delivery Plan and Ministerial Strategy Group on Health & Community Care. The Chief Scientist also joined the meeting and gave a presentation on the future of medicine and the role Chairs can play in innovation. Another presentation on global citizenship provoked an excellent discussion.

      We noted and welcomed the expanded membership of the Ministerial Steering Group which now includes a broader range of clinical partners. NHS Board Chairs and Chief Executives continue to review the governance for health and social care in Scotland. We received a paper from John Brown on Corporate Governance of health boards and we plan to set up a working group to look at the broader issue of governance and accountability across the NHS and social care which will report to the Minister in due course.

      We also received a presentation from Angiolina Foster on the National Boards collaboration which focused primarily on digital transformation and primary care.

4. Stakeholder engagement
   a) Joint engagement: Chairman and Chief Executive – key issues

      We hosted a successful exhibition and reception at the Scottish Parliament on 20th to 22nd February 2018. Our exhibition stand, manned by the Executive Team enabled significant engagement with MSPs on the work of HIS.

      We hosted a Parliamentary reception on 21st February, sponsored by Ash Denham, MSP for Edinburgh Eastern. The Chief Executive gave a well-received presentation on the work of HIS and the Minister for Public Health also gave a speech on the role for HIS in supporting the Health and Social Care Delivery Plan.

      The Chief Executive and I met with Lewis MacDonald, Convener of the Health and Sport Committee on 21st February 2018. This was a useful meeting and we continue to build stronger links with the Health and Sport Committee and develop our understanding of their priorities for the coming year. We discussed the role of HIS in delivering high quality
healthcare. We also discussed his concerns around the effective governance of NHS Scotland.

b) NHS Board Chair Appointment Panels
I acted as a panel member for the joint rounds to appoint new Chairs for NHS Shetland, the Scottish Ambulance Service, the Golden Jubilee Foundation and NHS Education for Scotland. We successfully recruited the following Chairs:

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tom Steele</td>
<td>Scottish Ambulance Service</td>
</tr>
<tr>
<td>David Garbutt</td>
<td>NHS Education Scotland</td>
</tr>
<tr>
<td>Susan Douglas-Scott</td>
<td>Golden Jubilee Foundation</td>
</tr>
<tr>
<td>Gary Robinson</td>
<td>NHS Shetland</td>
</tr>
</tbody>
</table>

c) General Medical Council Conference
On 6th March I attended and spoke at the plenary session of the General Medical Council Conference in London.

d) NHS Workforce Planning
On 19th March I met with Shirley Rogers, Director of Workforce in Scottish Government and Dr Ian Finlay on behalf of the Chairs group to discuss NHS Workforce planning, recruitment and leadership initiatives. Some of our discussions will be taken forward into the next health and social care senior leaders forum.

e) Royal College of Physicians
On 13th March, I attended the Royal College of Physicians on behalf of the Chairs group to discuss their contribution to the NHS governance project. In the evening I attended the General Medical Council dinner along with Scottish Government colleagues to discuss medical workforce issues.

f) Public Partners Conference 22nd March 2018
Bryan Anderson, non-executive, attended and chaired our annual Public Partners conference on my behalf on 22nd March 2018. The programme included a presentation from the Chief Executive reflecting on progress since last year’s conference and also gave an opportunity for our public partners to learn more about the Quality of Care Approach and the work of the ihub.

g) Scottish Policy Conference on Mental Health and Wellbeing – 28th March 2018
I attended and gave a keynote plenary and presentation at the Scottish Policy conference on Mental Health and Wellbeing. I focused on the barriers to the delivery of services; implementation of the Mental Health strategy and potential next steps for mental health services for young people in Scotland.

h) Scottish Clinical Leadership Fellows Development Day - 29th March 2018
I attended the Scottish Clinical Leadership Fellows development day on 29th March 2018. I gave a presentation on leadership with insight from my time as Chair of HIS and learning from across my career with the NHS.

i) Health Technology Assessment International (HTAI) Annual Meeting, Vancouver – 4-6th June
I will be attending the Health Technology Assessment (HTAI) annual meeting in Vancouver, Canada to deliver a plenary session titled ‘Bridging The Knowledge-To-
j) NHS Scotland event - 18th-19th June 2018
As part of the celebrations for the 70th anniversary of the NHS, I will be delivering a presentation on psychiatry in the NHS over the past 70 years. As part of the celebrations, each Board has a series of events or activity to mark the anniversary. In addition to supporting the national activity HIS will be delivering the ‘70 voices from Healthcare Improvement Scotland’ - a social media campaign involving 70 views from Healthcare Improvement Scotland staff on the biggest improvements they believe have taken place over the 70 years.

5. Our governance

a) Board Informal Sessions
The Board held an informal session on 28th March, Chaired by the Vice Chairman. We discussed the Quality Management System, including potential next steps and received sigh of the draft report from the 90 day learning process. We also heard from the Chief Medical Officer who gave a presentation on her forthcoming annual report.

b) Non-Executive Board Members Appraisal
The non-executive board members appraisal process will be commencing shortly and the Corporate Project Officer will be in touch to arrange dates to meet with board members and discuss progress and actions for the next year.

c) End of Term – Chair
My current term as Chair of Healthcare Improvement Scotland will come to an end on 5th September 2018. Scottish Government have confirmed that recruitment for the new Chair will commence shortly. Due to recruitment timelines, the Vice Chairman will be Acting Chair from 5th September 2018 until the new Chair is available to take up the post.

Dame Denise Coia, DBE, FRCPsych
Chair
Healthcare Improvement Scotland
1. PURPOSE OF THE REPORT

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

- key internal developments,
- 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

2. RECOMMENDATION

The Healthcare Improvement Scotland Board is asked to note the content of this report.

3. REPORT FROM THE CHIEF EXECUTIVE

Performance Reporting

The Director of Finance and Corporate Services and the Director of Evidence have been working to develop new reporting formats for the Board, including a revised Executive Report and level one and two performance reporting. Following a meeting with the Vice Chair, it was agreed that a template for level one reporting would be developed for discussion at the next Quality Committee meeting. It was agreed that this would form the basis of the reporting to the Board and would include detail of responses from Directors to concerns raised from board members; links to the risk register where appropriate; an explanation of the rationale for selection of items for inclusion of report to board and a hyperlink to the full report for members to review if they wish.

A further discussion with Board members will be scheduled for the June Board meeting, to review the new format and to establish the agreed levels of information required by non-executives to be assured on performance and progress within the organisation.

In June, the Board will also receive a report setting out the key achievements, impact stories and progress in 2017-18. This will replace the level two reporting at the next Board meeting, which is still under development in line with the Operational Plan for 2018-19.

Work is also underway to develop a revised format for the Executive Report, to provide the Board with key directorate updates that wouldn’t feature in routine performance reporting. It is also suggested the report includes the achievements and challenges currently facing directorates. Feedback is welcomed on this proposed approach and the report will be developed and presented to the June Board meeting.
Scottish Health Council Review

The Chief Executive and Acting Director of the Scottish Health Council have had positive and constructive meetings with representatives of key stakeholders (Care Inspectorate, COSLA, Chief Officers Group Health & Social Care Scotland) who have formed a short-life stakeholder advisory group, alongside representatives of The ALLIANCE, NHS Board Chief Executives and Scottish Government. In addition, we’ve held 3 discussion sessions in Glasgow, Edinburgh and Aberdeen with Scottish Health Council staff to update them on progress and get their input on the proposals.

The Scottish Health Council have also been invited to give evidence to the Health and Sport committee at a session on 1st May 2018. The evidence session is an opportunity to update the committee members on the ongoing SHC work since the evidence session in January 2017 and progress on the review.

HIS Impact Campaign 2018

The HIS Impact campaign 2018 has started and will be delivered in two campaign bursts; April to May and August to September. We will be using blog stories as the foundation for the campaign activity and the aim is to demonstrate HIS’ impact in making Care Better and to increase stakeholder awareness and understanding of how we can help them improve health and social care services.

The campaign content will feature stories from across the organisation and includes:

- Independent clinic Inspections
- SPSP – 10 years of improving patient safety
- Improving use and access to medicines
- SIGN Asthma guideline

Executive Team Geographical oversight

The Executive Team are progressing with their Geographical Oversight roles for specific areas of Scotland. The Director of Nursing, Midwifery and Allied Health Professionals (NMAHP) has undertaken two scoping meetings with NHS Board Chief Executives from NHS Lanarkshire and NHS Dumfries and Galloway. Feedback from both meetings has been very positive and both endorsed the proposal for developing closer relationships with respective senior teams and exploring areas of mutual interest.

A process to support this work is under development and Directors will be arranging initial introductory meetings with their respective boards within the first half of 2018-19. This work continues to be taken forward in close alignment with the Sharing Intelligence for Health and Care group and will link across the organisation; including ihub relationship managers, SHC local offices and link inspectors within the Quality Assurance Directorate being assigned.

Finance

We are on track to deliver an outturn position within the 1% parameter as set by Scottish Government for 2017-18 and work on the annual accounts in now underway. Work is also underway to test the recommendations as set out by Grant Thornton in the NHS Tayside.
review against our own practice with additional allocations from SG. This will be reported to
the Audit and Risk Committee.

**Head of Nursing and Midwifery**

Simon Dunn joined the organisation in early April as our Head of Nursing and Midwifery. This is a one year seconded post from NHS Lothian. Simon will provide leadership for the establishment of an NMAHP vision; support for revalidation and professional supervision, implementation of the clinical and care governance framework, stakeholder feedback and engagement and the state of the nation report. He will also provide professional input and advice across the organisation and work programmes.

**State of the Nation Report**

Colleagues in the NMAHP directorate held a successful workshop with internal and external stakeholders to define the scope for the Healthcare Improvement Scotland *State of the Nation* report on older people. Next steps are further refinement of the scope and proposal for the report which will be discussed and approved by the Executive Team.

**Quality Assurance Directorate Review**

Following the Directorate review in late 2017 a formal consultation process with staff is underway and is due to end April 2018. The consultation hopes to engage staff and resolve long-term staffing issues within the directorate.

**Acute Care Portfolio**

Penny Bond, Acute Care Portfolio Lead will be retiring in May 2018. Penny has worked within the organisation for over 10 years across a number of roles. Geraldine Jordan, currently the Head of Clinical Effectiveness in NHS Greater Glasgow & Clyde will be taking up the Portfolio lead role from the end of April.

**Scottish Patient Safety Programme**

The Scottish Patient Safety Programme has been shortlisted for the UK Patient Safety Team of the Year Awards. They have advised that 2018 has seen a staggering increase in entries so being shortlisted is a major achievement in its own right. The awards ceremony is on 9th July 2018.

**4. Work Programme and Directorate Developments**

This section provides Board members with key internal developments

**Systems development**

NHS Scotland moved to a new finance platform during February 2018 and the changeover was led nationally. The system is now running smoothly and thank you to the finance team for managing this process in a professional manner and ensured minimal disruption and risk to HIS financial data.
The Eees Workforce system has been introduced within the organisation and is running smoothly. This is a national system and across the NHS in Scotland there have been varying degrees of resistance to introducing it. The success of introducing it within HIS has been a direct result of the additional work that took place to data cleanse existing systems, process map and update HR procedures and ensure that proper training was undertaken. This work has been successful due to collaboration with NHS NSS, the dedication of the HR team and particularly the project management skills of Katrina Lauchlin.

SMC website and information management system

The new SMC website was launched at the end of March, allowing enhanced functionality and improved access for all SMC stakeholders. The internal information management system, the development of which was in collaboration with the HIS planning team, was launched early in 2018. This provides a single point of access to information about each submission and replaces numerous unconnected systems within SMC.

Independent Healthcare

The first inspection of an independent clinic, using the new methodology underpinned by the Quality of Care Approach has been completed and to date there are 210 registered clinics.

NHS Lothian

Healthcare Improvement Scotland carried out a review of the Hospital Based Complex Clinical Care service in Edinburgh following a complaint about care in NHS Lothian. HIS published a report in May 2016 and included six recommendations for NHS Lothian to take forward, with a detailed action plan developed by NHS Lothian in response. We have continued to engage with NHS Lothian since the report publication and in the recent update provided in March 2018, NHS Lothian outlined the development of key quality improvement projects (directly linked to the six recommendations), building on the success to date, to reaffirm its commitment to continuing the implementation of ongoing improvements. We are planning to follow up with NHS Lothian in within the next 12 months for a further progress update.

Gathering Views

On 17 April, we’ll be publishing our ‘Gathering Views on Organ and Tissue Donation and Transplantation.’ We worked in collaboration with Barnardo’s Scotland, People First Scotland and Arran Youth Foundations to engage with 47 people – 13 people with learning difficulties and 34 young people (including 12 looked after young people) – on potential changes to the system for organ and tissue donation in Scotland. Their views will now be considered by the Scottish Government.

SIGN engagement with young people

Engaging with young people has always been a priority for SIGN but to date has been challenging due to a number of barriers. We have successfully engaged with young people to help inform and influence the guideline on epilepsy in children and young people. Two young
adults have joined the guideline development group and we carried out a workshop with young people attending Epilepsy Scotland’s support group. This has allowed us to gain a good understanding of what matters to young people. The guideline development group first met in November 2017 and the guideline is due to publish in autumn 2019. We will evaluate the young people’s experiences during the guideline development process and use their feedback to improve the experience for any future engagement work with young people becoming involved with SIGN/HIS.

SIGN collaborative working with Joanna Briggs Institute

We are in discussions with colleagues at the Joanna Briggs Institute (JBI) Centre of Excellence based at Robert Gordon University in Aberdeen about how we could work more closely together. Kay Cooper, the centre Director is now a member of SIGN Strategy Group and Guideline Programme Advisory Group. Initial projects include support for a guideline development group to appraise and synthesise qualitative data and a workshop on new and emerging types of evidence and how they fit into the guideline development process.

5. EXTERNAL ENGAGEMENT

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

The Chief Executive attended various external stakeholder meetings with the Chair as detailed in the Chair’s report. These meetings have been extremely useful and are continuing to build and grow our stakeholder engagement and relationships.

Our stakeholder engagement activity continues to grow as we build and develop relationships with existing and new partners; from working with Scottish Government to identify site visits for the IHI summer school, exploring collaboration with NESTA, work across Scotland with the Health Foundation to develop models of Q Labs which meet Scotland’s improvement needs, to engaging with the Fire Brigade and Alzheimer’s Scotland on overnight support, presenting at the Social Work Scotland Conference and linking across all National Boards and Regional Implementation Leads for future transformational redesign support. This activity brings greater understanding of those stakeholders to the work of HIS whilst balancing the challenge in managing an increasing complex and diverse portfolio of relationships.

Public Partners Conference

On 22 March, we held our annual Public Partner conference which was chaired by Bryan Anderson. In addition to sessions on key work areas and developments across the organisation, this event enabled us to welcome our new Public Partner recruits, as well as recording our appreciation to Public Partners who have come to the end of their term volunteering with us.
Multidisciplinary Empowerment – Delirium Champions’

On 26 March, the Acting Director of the Scottish Health Council spoke at a ‘Multidisciplinary Empowerment – Delirium Champions’ event hosted in NHS Ayrshire and Arran to share her personal experience as a carer of someone who has experienced delirium, to help raise awareness of the distressing impact that delirium can have on patients and their families, and highlight the importance of good patient and carer engagement.

Austrian Risk and Quality summit

The Medical Director was the invited plenary speaker at Austria’s foremost risk and quality event hosted by University Hospital, Graz, Austria in early April. The event was attended by around 350 people from across Austria including policy makers, CEOs, Clinical Leaders and senior managers. In addition to raising the profile of HIS and the work in Scotland, connections with safety and improvement colleagues from Switzerland, Germany and France were made in addition to widening the reach of QI Connect as a result of the visit.

Edinburgh International Science Festival, 11 April 2018 at the National Museum of Scotland

The Medical Director chaired an evening event 'Realistic Medicine Date and Me' with a panel including Scotland's Chief Medical Officer, Catherine Calderwood, Ian Welsh (The Alliance) and others to explore what role innovations around data play in the delivery of Realistic Medicine. In addition to raising the profile of HIS, this event also aims to connect those in the field of data and innovation with the work of improvement.

Northern Ireland NHS Conference Annual Conference, Belfast, 17-18 April 2018

The Medical Director was invited to lead a number of sessions at this event in order to share work in Scotland around clinical engagement and leadership in safety and QI. Northern Ireland is a key collaborator on the Scottish Quality and Safety Fellowship programme run by NES and supported by HIS. This event will strengthen connections with CEOs, Medical Directors, Senior Managers and others and build support for continued collaborations with SQSFs in our work.

QI Connect - possibly our highest profile session to date! Atul Gawande – Implementing the Lessons from Being Mortal - Thursday 26th April 4-5pm GMT

Continuing our theme of innovation and changing relationships between clinicians and the people we serve, Professor Gawande will explore how his book Being Mortal (the subject of the 2014 Reith Lectures) has stimulated a movement in person and family centred care at the end of life. Professor Gawande is a surgeon, author, columnist in The New Yorker and a global figure in quality, safety and the WHO lead for the global study of the use of the WHO surgical check list.

A Complexity and Quality Improvement Masterclass was jointly delivered by Healthcare Improvement Scotland’s ihub and NES. There was an attendance of approximately 150 individuals with excellent feedback. Due to the level of demand (over 300 people signed up for attendance), another one has been arranged for later in the year.
Scottish Improvement Lead Level Programme

Healthcare Improvement Scotland, through the ihub, commission 60 places a year on the Scottish Improvement Lead level programme. Historically the greatest demand for these places comes from the health sector and it is a competitive process to secure a place. We have been working with colleagues in social work and third sector to enhance awareness of the programme and stimulate demand. One example of this work is that the Alliance website now contains promotional information about the programme before the next recruitment phase opens in April 2018.

Adapting for Change Event

Over 150 people from housing, health, social care, local authorities and the third sector came together on 23 March to share learning about how improvements in the provision of housing adaptations can be taken forward at strategic and operational levels to improve outcomes for people, their families and carers. Following the announcement that the minimum wage would apply to sleepover support, this intervention was developed in response to requests from Health and Social Care Partnerships to support them in designing safe and effective alternatives.
SUBJECT: Operational Plan 2018-19

1. Purpose of the report

To provide the Board with the Healthcare Improvement Scotland’s Operational Plan 2018-19 for approval.

2. Key Points

The draft Operational Plan was presented to the Board Seminar in committee session on 28 March for consideration and discussion.

The Board is asked to note the following points:

• The draft plan has been created to support delivery of our five strategic priorities:
  o Enable people to make informed decisions about their own care and treatment
  o Help health and social care organisations to redesign and continuously improve services
  o Provide evidence and share knowledge that enables people to get the best out of the services they use and helps services to improve
  o Provide and embed quality assurance that gives people confidence in the quality and sustainability of services and supports providers to improve
  o Make best use of all resources

• The plan sets out a stronger and more consistent approach to cross organisational delivery and impact of our work.

• The aim of the work, operational objectives, deliverables, indicators of success and long term outcomes are clearly set out within the one year plan. The indicators of success column will inform future performance reporting setting out clearly what the Board can expect to see delivered within 2018-19.

• This draft incorporates feedback received at the Board Seminar including a review of the activities, deliverables and indicators of success to ensure reflective of work due to take place within 2018-19 and the inclusion of long term outcomes to be expected from our work.

• Our contribution toward the National Board’s Collaborative Delivery Plan has been captured and more detail will be incorporated once the National Plan has been finalised.
A draft of the Operating Plan was submitted to Scottish Government on 12 March 2018 for consideration and comment prior to finalising the plan. Feedback received has been incorporated into this draft.

Scottish Government colleagues were keen to see stronger references to HIS’ contribution to innovation; our plan for the transition of our inspection and scrutiny activity to the Quality of Care approach and more explicit references to working with Health and Social Care Partnerships. This feedback will also be discussed at the Chief Executive’s next meeting with the sponsor division on 23 April.

3. Actions/Recommendations

The Board is asked to consider the attached Operational Plan 2018-19 for approval.

Appendix:

1. Healthcare Improvement Scotland’s Operational Plan 2018-19

If you have any questions about this paper please contact: Maggie Waterston, Director of Finance & Corporate Services. margaret.waterston@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>
<th>If yes, provide the risk number, risk description and risk rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>no</td>
<td>no</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.

The Draft Operational Plan 2018-19 is built around the five strategic priorities

Resource Implications

There is a finance and workforce plan to underpin the operational plan

What engagement has been used to inform the work

An Internal and external engagement plan is being prepared

What Equality and Diversity considerations relate to the work. Advise how the work:
- helps reduce health inequalities;
- helps people who are service users;
- makes efficient use of resources.

These considerations are made as part of scoping our work
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Introduction

This operational plan for 2018–2019 sets out our role to support the transformational change to health and social care services that is taking place in Scotland. We recognise that this one year plan is a snapshot of our greater intention to support radical change in public services and that our role will evolve over time to best support this transformation.

In particular, the plan underpins the delivery of our strategic plan ‘Making Care Better – Better Quality Health and Social Care for Everyone in Scotland’. This in turn supports the Health and Social Care Delivery Plan published by the Scottish Government which is based on its ambition to build a safer, healthier and fairer society within the context of the 2020 Vision for health and social care and the Quality Strategy.

The Health and Social Care Delivery Plan clearly sets out changes to the environment in which we operate and the ambition to move significant resources from institutional models of care provision towards services that support people to live longer, healthier lives at home or in a homely setting.

In responding to the National Health and Social Care Delivery Plan, and to ensure best value and maximum impact, our future work will contribute to the following key areas:

- **System Redesign**
  - Understand high impact opportunities for redesign
  - Design new pathways and models of care
  - Prototype and implement
  - Evaluate and impact

- **Preventative Work to Support Shifting the Balance of Care**
  - Recognise and maximise the assets in the community and Primary Care, improve experience and reduce unnecessary use of secondary care
  - Shift the focus and balance of care from hospital and care home to community
  - Shift management of care to self-care and self-management where feasible

- **Capacity and Capability of the System to Improve**
  - Understand more fully the improvement capability in the system
  - Map demand in the system that requires improvement
  - Assess gap and how it can be filled

- **Value in Health and Social Care**
  - Identify areas for improving value
  - Define population groups where outcomes could be improved or areas where costs could be reduced
  - Identify interventions and pathways of care to improve outcomes for the same or reduced cost

These areas are critical in helping to design a more sustainable system of health and social care. It will require a re-balancing away from other legacy commitments of Healthcare Improvement Scotland. In turn, that will require some difficult decisions to be made. However, by building capability and resource in these areas we will make a greater impact in enabling the transformation of health and social care in Scotland.
Our strategy also emphasises the importance of the different elements of the organisation working in a more connected and deliberate way to support the provision of higher quality care. We will build on this in 2018-19 and future years. In doing so, we will also ensure our work fits **three tests of relevance**:

- Does it help accelerate the shift in the balance of care and contribute to building a stronger primary and community care sector?
- Does it help to alleviate the pressures in the acute healthcare system?
- Does it support the delivery of high quality care at the same or less cost?

Our financial outlook will require us to make tougher choices about priorities. The integration of our operational, workforce and financial plans will ensure that we align priorities with the necessary expertise and the financial resources.

We are fully committed to collaborating with other national agencies to support improved services and we are one of a number of national boards providing services where improved quality, value and efficiency is best enabled, supported or delivered through a national approach. We are working with other national boards to develop a collaborative approach and a delivery plan, focusing on service priorities. Our particular contribution will focus largely around supporting the planning and redesign of care based on evidence, intelligence and using practical tools and approaches for improvement.

The operational plan sets out how we will deliver our priorities in implementing the second year of our strategy. Inevitably, there will be a period of transition and alongside that there are some very substantial change programmes, within the Scottish Health Council for instance, and in our approach to the external quality assurance of health care.

We will continue to improve the measurement of our progress in terms of outcomes rather than outputs so that we can demonstrate the impact of our work. In 2018-19, we will bring a sharper focus to the ‘return on the investment’ of the work of Healthcare Improvement Scotland.

A financial plan and workforce and development plan have been prepared as part of an integrated planning process to support delivery of the operational plan. This should ensure that we have the right resources in the right place and at the right time. In addition to these plans, an internal change plan will be developed setting out the internal activity and pressures on capacity for delivery which will be considered alongside delivery of the Operational Plan.

Our strategy map is set out below to summarise our aim, priorities and approach to our work. The operational plan draws together the many factors of our organisation in a way that delivers our work by combining our strengths and knowledge and by making best use of our resources.
Our Strategy Map

Our aim
Better quality health and social care for everyone in Scotland

Our priorities
- Enable people to make informed decisions about their own care and treatment.
- Help health and social care organisations to redesign and continuously improve services.
- 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.

Our approach
- Understand the context in which care is being delivered and help to identify the barriers to improvement, and the factors which enable sustainable continuous improvement.
- Advise by providing intelligence on the quality of care which guides and informs best practice, and by working with people to ensure the design of services meets their needs.
- Enable service providers to build high quality systems of care, through a range of approaches, and ensure meaningful engagement with those that need care.
- Assure by supporting organisations to conduct their own internal assurance to allow them to continually improve and we will independently assure of the quality of care, with rigorous and systematic follow-up wherever necessary.

Our values
- Care and compassion
- Dignity and respect
- Openness, honesty and responsibility
- Quality and teamwork
Our functions: many parts, one purpose

We work across the health and social care system in Scotland. This means that we are well placed to identify common challenges across Scotland and to work collaboratively with professionals, practitioners, the public and communities to make and share improvements. We will maximise the impact of the different aspects that exist in Healthcare Improvement Scotland, and enable a more co-ordinated approach to deploying skills and expertise.

By having a footprint in every level of the system, we are able to ensure that our work is informed by the experience of frontline delivery as well as enabling the delivery of key policy into everyday practice. We will also work to build greater connections with geographical areas across Scotland, ensuring an even better understanding of the challenges and areas of success at the frontline.

Over the course of 2018-19 we will also establish a clearer, more cohesive, corporate identity, so that the totality of our contribution is better understood. One organisation, many parts, one purpose.
Operational Plan 2018-2019

Developing a system for the quality management of health and social care

Over the course of 2018-19, we will take into account the learning from our 90 day process to design a more deliberate and connected approach to quality management of health and social care in Scotland. The aim is to:

Create a coordinated and consistent approach to managing the quality of what we do across the whole health and care system with the ultimate aim of delivering better population health and wellbeing, better care experience, better value and better staff experience.

We will seek to build a common framework, ensuring that the different dimensions are consistently applied from the frontline to the very highest levels of health and social care organisations across Scotland.
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<tr>
<th><strong>Better quality health and social care for everyone in Scotland</strong></th>
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### Aim

Enable people to make informed decisions about their own care and treatment

Help health and social care organisations to redesign and continuously improve services

Provide evidence and share knowledge that enables people to get the best out of the services that 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

### Priorities

- Advocate for and support shared decision making through engaging with people to understand what matters to them, and by providing accessible information and decision support tools as a means of realising Realistic Medicine
- Support providers to embed personal outcomes approaches across all services
- Raise awareness to inform people about changes to the way that they can manage their care
- Promote a range of approaches to self-management and decision making, including self-directed support

- Ensure service redesign and improvement is informed by voices of local people
- Support services and systems to understand their high impact opportunities for improvement
- Assist in the design of processes, care models and systems which will improve outcomes
- Provide practical support for the implementation of changes that will lead to improvement
- Bring those working on common challenges together to jointly problem solve and learn together
- Collaborate with other national and international organisations to support improvement

- Provide independent advice on the value of technologies, medicines, psychosocial interventions and models of care
- Support services and systems to evaluate the impact of their changes and share the learning
- Gather and share views on what matters to people to help shape health and social care policy and services
- Create a measurement system that drives improvement in the quality of care

- Demonstrate and measure the impact of all of our work by using contribution analysis and by developing a measure of return on investment around what we spend
- Contribute to national initiatives to share best practice and to benchmark how support services add value to our work
- Implement the workforce plan to make best use of our most valuable asset
- Continue with developing the internal improvement programme to embed improvement as everyone’s business and to be as efficient as possible
- Work with other national organisations to share data and intelligence to inform work programmes that help to support the health and care system to improve

### What we will do
Our Operational Plan 2018-2019

Our detailed operational plan is set out in the tables below and describes our key activities and outputs to support the second year of our Strategic Plan against our five strategic priorities:

1. **Enable people** to make informed decisions about their own care and treatment.
2. Help health and social care organisations to **redesign and continuously improve** services.
3. **Provide evidence and share knowledge** that enables people to get the best out of the services they use and helps services to improve.
4. Provide and embed **quality assurance** that gives people confidence in the quality and sustainability of services and supports providers to improve.
5. Make **best use of all resources**.
<table>
<thead>
<tr>
<th>Strategic priority</th>
<th>Aim</th>
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<th>Deliverables in 2018-19</th>
<th>Indicators of Success in 2018-19</th>
<th>Long term outcomes</th>
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<tbody>
<tr>
<td>1</td>
<td>People and communities have the opportunities and support to influence and co-design local, regional and national health and care policy and services.</td>
<td>Implement a thematic approach to the engagement of citizens in the design and delivery of health and social cares services, which informs public policy. Build links with Academic research and policy communities to develop better understanding and new approaches.</td>
<td>• Establish a thematic programme of activity that supports the implementation of: - Regional planning - Primary care - Community voice</td>
<td>• Establish the programme and agree direction of travel • Baseline mapping for delivery of thematic programmes • Provision and dissemination of resources to support Health and Social Care Providers to engage effectively with people and communities</td>
<td>• Health and Social Care Providers are able to demonstrate the involvement of people and communities in policy implementation</td>
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<tr>
<td>1</td>
<td>Individuals and communities are meaningfully involved in shaping the design of services and ensure their views are heard about the quality of services including people whose voices have traditionally not been heard</td>
<td>Refocus the Scottish Health Council to ensure it makes a distinct and effective contribution to strengthening the engagement of people and communities in health and social care services. Through our strategic commissioning support, ensure individuals and communities are meaningfully involved in the work of redesigning systems and pathways of care.</td>
<td>• Implement the recommendations arising from the Scottish Health Council review, in a staged approach • Integrate key elements of the Our Voice framework into the operational day to day working of the Scottish Health Council • Collaborate with others to build the evidence base for engaging people</td>
<td>• Implementation plan approved by the HIS Board • Publication/dissemination of evidence, tools and case studies to support evaluation of engagement activities, with input from the Participation Research and Evaluation Network • Publication of assurance reports for any ‘major’</td>
<td>• Health and Social care service providers are equipped with advice and support to involve people in shaping services • Health and social care services are co-produced with people and communities that reflect the diverse populations they service</td>
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<td>The Person Centred Care programme will support practitioners and organisations to adopt a culture of person-centred care, shared decision making and co-design of services with the people who receive them.</td>
<td>and communities, with a focus on demonstrating the impact of engagement</td>
<td>NHS service changes that take place during this period in line with CEL 4 (2010) guidance</td>
<td>Improvements in services that are directly related to feedback from service users.</td>
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<td>• Support implementation and evaluation of Scotland’s first Citizens Jury on a national healthcare issue</td>
<td>• Publication of the evaluation and next steps for the Citizen’s jury</td>
<td>Meaningful conversations are being held between people who provide health and social care and people, families and carers that inform care and support provision.</td>
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<td>• Develop co-production resources for workforce, communities, people accessing services, clinicians and social work leaders, establishing strong links with co-production agendas and the Scottish Health Council</td>
<td>• Develop and disseminate co-production resources</td>
<td>Processes and culture support a more person-centred approach to care conversations and interactions in health and social care.</td>
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<td>• Provide advice and assessments of involvement in service change and ensure an open approach to sharing findings.</td>
<td>• Develop and disseminate learning resources that support use of Experience Based Co-Design approaches</td>
<td>Improved practical capabilities in Health and Social Care services that support meaningful participation of people and communities in improvement and service design.</td>
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<td>• Share learning and spread the ‘Real-time’ and ‘Right-time’ care</td>
<td>• What Matters to Me Day delivered with wide engagement across Scotland</td>
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<td>2</td>
<td>A sustained improvement in the safety and quality of care</td>
<td>The ihub’s Acute Care Improvement - including the</td>
<td>• SPSP Acute Adult – continue to support</td>
<td>• Supporting achievement against the national aim</td>
<td>Supporting achievement against the national aim of a</td>
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<td><strong>in acute health services in Scotland</strong></td>
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<td>of a 10% reduction in HSMR by December 2018.</td>
<td>sustained 50% reduction in grade 2-4 pressure ulcers in hospitals and care homes</td>
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<td>Scottish Patient Safety Acute Programme (SPSP) drives a visible and consistent approach to reducing harm, variation and waste. There is consistent follow up on Hospital Standardised Mortality Ratio (HSMR) data and the public reporting of progress.</td>
<td>hospitals to reduce harm from Cardiac Arrest, Pressure Ulcers, Falls, Catheter Associated Urinary Tract Infections and Deteriorating Patients (including sepsis, delirium and prototyping interventions to reduce Acute Kidney Injury (AKI))</td>
<td></td>
<td>• SPSP Acute learning events delivered, site visits undertaken, change packages revised for falls and change packages/measurement plan produced for AKI to enable Scotland wide spread.</td>
<td>• Support continued reductions in sepsis, falls, catheter associated urinary tract infections, and cardiac arrests in reporting hospitals by collating and sharing data and learning that helps boards set local aims and design improvements.</td>
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<td>• Frailty in Acute Care Collaborative working with 5 boards in collaboration with health and social care partnerships to improve recognition and management of people living with Frailty who present to acute services.</td>
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<td>• Tailored improvement support provided to NHS Boards.</td>
<td>• Frailty indicators under development – contributing to rapid and reliable recognition of frailty and early delivery of Comprehensive Geriatric Assessment (CGA) to improve care experience and outcomes.</td>
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<td>• Develop and test interventions that support effective improvement teams across a range of topic areas.</td>
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<td>• Frailty in Acute Care Collaborative delivered in line with programme plan</td>
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<td>• Greater integration of quality assurance activities and improvement priorities.</td>
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<td>• Impact reports produced which highlight the quality and cost benefit of SPSP Adult Acute</td>
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<td>• By December 2018 have developed a wider suite of quality and safety metrics to reposition</td>
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<td>A more resilient and effective primary care sector as a core component of a flourishing health and care sector</td>
<td>A co-ordinated and cohesive approach to supporting primary care by Healthcare Improvement Scotland which appropriately aligns effort across evidence, quality assurance improvement, and the work of the Scottish Health Council. This will be augmented by a strong, visible external collaboration with the Royal College of General Practitioners, NHS Education for Scotland, Scottish Government and others. Support delivery of high quality primary care within prisoner healthcare setting</td>
<td>• Establish an effective approach to quality management (quality planning, improvement and control) for GP Clusters and Out-of-hours services. • Deliver safety improvement priorities through the Scottish Patient Safety Programme in Primary Care. • Establish a national learning system to support those working in primary care to redesign and continuously improve services.</td>
<td>• Out of Hours report published reflecting current developments in service design and potential for scaling up. • SPSP Dentistry, SEPSIS (GMS), Pharmacy in Primary Care and Pressure Ulcers in Care Homes key deliverables implemented • A self-evaluation tool that is meaningful and accessible to General Practice is developed and tested • Agreed improvement support provided to GP clusters. • Agreed improvement support provided to</td>
<td>• Effective approaches to the management of quality are embedded across primary care. • There is a reduction in the number of events which cause harm to people from healthcare delivered in any primary care setting. • There is an integrated and cohesive approach to supporting national learning about redesign and continuous improvement work in primary care, with consistent sharing of successes, challenges and best practice.</td>
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<td>• Scope options for</td>
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<td>care service redesign agreed</td>
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| 2                 | Sustained improvements in the quality and experience of dementia care and support. | Work in partnership with national organisations, health and social care practitioners, people with dementia and carers to improve the quality and experience of dementia care and support. | Supporting test site areas in Scotland to improve the experience and outcomes for people with dementia and carers in the following areas:  
- 4 specialist dementia units  
- 3 GP cluster areas to test the relocation of dementia post diagnostic support from specialist services to a primary care setting  
- Palliative and end of life care settings  
- Acute care settings (subject to funding being agreed).  
- Care co-ordination in the community whole system approach (subject to funding being agreed).  
- Support testing of the International Consortium of Health Outcome Measures global standard set for dementia. |  
- Demonstrator sites for Specialist Dementia Units will have improvement priorities identified based on staff, patient and carer experience and observation.  
- By March 2019, specialist dementia unit demonstrator sites are able to evidence improvements which support better outcomes for people with dementia and carers.  
- By March 2019, there will be evidence of staff working in Dementia services using the Quality Improvement Framework as a self-assessment tool to support improved quality of post diagnostic support.  
- By March 2019, teams will have tested the ICHOM dataset in order to understand the impact of post diagnostic support on quality of life |  
- Staff will have improved knowledge, understanding and confidence in supporting people with dementia and carers.  
- People with dementia will have access to post diagnostic support from a primary care setting.  
- People with dementia and carers will report experiencing high quality post diagnostic support. |
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| 2                 | Sustained improvement in the quality of mental health care in Scotland | Work in partnership with national organisations, health and social care practitioners, service users and carers to improve access to mental health services alongside improved outcomes.                                            | • Establish a Children and Young People’s Mental Health Redesign Collaborative which is focused on supporting public services to use a Service Design approach to re-think and re-design how they work together to provide effective support for children and young people’s mental wellbeing.  
• Ensure focused improvement support which supports improved access to both psychological therapies  
• Children and Young People’s Mental Health Redesign Collaborative established.  
• Tailored improvement support provided to the Boards with the longest waits.  
• SPSP MH national and local learning sessions implemented, tools developed, site visits completed and WebEx/conference calls all delivered as per planned programme of work.                                                                 | • 90% of people requiring Psychological Therapy and CAMHS receiving treatment within 18 weeks of referral to the service.  
• Increased uptake of Psychological Therapy and CAMHS services.  
• Improved Clinical Outcomes for people accessing CAMHS and PT services by supporting the collection and use of clinical outcomes data.  
• Reductions in violence, restraint and self-harm |
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<td>and child and adolescent mental health services.</td>
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- Provide targeted, short-term critical advisory support to individual NHS Boards and H&SC partnerships to enable them to develop robust improvement plans for CAMHS and/or Psychological Therapies.
- Support NHS Boards and H&SC partnerships to improve outcomes for people with mental illness through a focus on reducing harm, improving physical health outcomes and the promotions of service user and carer engagement in design and delivery of our outputs.
- Support implementation of revised guidance on improving observation practice for suicidal, violent or vulnerable patients.

- The collaborative improvement programmes have engaged staff, service users, carers and families in the design and delivery of improvements.
- All 12 mainland Boards testing least restrictive, therapeutic interventions to avoid restrictive practice through IOP.
- Jointly, with the MWC, developed and delivered a new definition and measurement plan around seclusion acknowledging that current definition does not include all restrictive practice.

- Raised awareness amongst all stakeholders of what unsafe practices and behaviours look like.
- Staff actively engage service users and carers to identify opportunities for improvement.
- Staff are effectively using QI methods and data to deliver improved outcomes.
- Learning for improvement is shared across NHS Board areas.
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| 2                 | Provide support for system and pathway redesign across health and social care | Broadly the focus will be on supporting health and social care systems to understand their high impact opportunities for redesign, design new pathways and models of care, prototype and implement new pathways and models of care, and evaluate the impact of new pathways and models of care. This will be through both the delivery of redesign collaboratives and the ongoing provision of customised and tailored support for individual redesign initiatives. The former will be dependent on the success of bids for additional funding. | • Assist health and social care organisations in understanding their complex systems, using a range of intelligence to develop a robust picture and enable design and delivery of complex system redesign to improve outcomes for the population.  
• Provide facilitation support directly, or in conjunction with ihub planned programmes, for transformational service (re)design  
• Lead on partnership and collaboration across health and social care, including third and independent sectors and Scottish Government, for transformational service (re)design  
• Ensure e-health is embedded within transformational service (re)design and links with relevant Scottish | • A range of approaches, tools and methodologies to support transformational service (re)design are developed, tested, evaluated and rolled out  
• Approaches to digital redesign are embedded into wider system/pathway redesign work supported by the ihub  
• There is increased understanding of the third and independent sectors’ potential contribution (and barriers/enablers) to the planning, design and delivery of services leading to improved implementation and spread of good practice in the area of third and independent sector engagement. | • There are demonstrable improvements in sustainability of service delivery across health and social care.  
• There is increased understanding of complex health and social care systems by health and social care organisations leading to improved strategic planning and decision-making.  
• There is increased capacity and capability within health and social care organisations for transformational redesign including ability to understand high impact opportunities for redesign and design, prototype, implement and evaluate new pathways and models of care.  
• There is increased awareness of SDS, person-centred practice, and alternative ways to |
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<td>A strategic shift in the balance of care, which supports more people to live</td>
<td>Through Living Well in Communities Improvement Support portfolio, health and social care partnerships test</td>
<td>• Test tools to proactively and reactively identify people with unmet palliative care needs with</td>
<td>• Tools to proactively and reactively identify people with unmet palliative care needs with five</td>
<td>Increased number of H&amp;SC partnerships actively involved in large scale change</td>
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Government policies

- Engage with international forums of learning on transformational service (re)design
- Support health and social care organisations to build quality commissioning relationships which enable maximised outcomes for individuals and/or communities.
- Support health and social care organisations understand and articulate the added value of the third and independent sectors, and know how to engage with, and make best use of them, where appropriate.
- National Volunteering Programme

meet personal outcomes within health and social care organisations. Leading to improved implementation and spread of good practice in the area of outcome-based commissioning.
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<td><strong>longer at home or in a homely setting</strong></td>
<td>and spread new ways of delivering services that enable more people to spend time at home or in a homely setting that would otherwise have been spent in hospital.</td>
<td>five H&amp;SC partnerships.</td>
<td>H&amp;SC partnerships are developed and tested.</td>
<td>• Increased number of services actively identifying people with frailty using the electronic frailty index.</td>
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<td>• Test tools reactively identify people with frailty living in the community with two H&amp;SC partnerships.</td>
<td>• Tools are tested with two H&amp;SC partnerships to reactively identify people with frailty living in the community</td>
<td>• Intermediate care services are commissioned or re-commissioned due to local evidence of impact, creating more community based alternatives to hospital admissions.</td>
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<td>• Support ten H&amp;SC partnerships of the north region to identify people with frailty in the north before they have a crisis targeting appropriate interventions and supported to enable them to live well in the community and reduce risk of future hospital admissions.</td>
<td>• North LWiC Collaborative model set up and year one implemented</td>
<td>• Reduction in hospital admission for people with frailty, in last six months of lives and homelessness in test areas.</td>
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<td>• Support Children’s Hospice Association of Scotland (CHAS) develop and test a children’s anticipatory care plan toolkit with the intention to share with children’s services across Scotland.</td>
<td>• Selection of a tool to identify people with palliative care needs that can be implemented by H&amp;SC partnerships throughout Scotland.</td>
<td>• Reduction in length of stay for people with frailty or in last six months of life in test areas.</td>
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<td>• Share anticipatory care planning tools, including the mobile App, with local services, and with</td>
<td>• Children’s ACP developed</td>
<td>• More people die at home or in care homes.</td>
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<td>• Increase in the number of anticipatory care plans loaded to the Key Information Summary.</td>
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<td>our cross organisational approach to Primary Care.</td>
<td>health and social care services throughout Scotland. This includes the care home sector with the support of the Care Inspectorate and Scottish Care.</td>
<td>widely than current test sites.</td>
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<td>• Test and evaluate neighbourhood care based on the principles of Buurtzorg in a Scottish setting with four H&amp;SC partnerships.</td>
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<td>• Test different approaches to improve the coordination of palliative and end of life care with five H&amp;SC partnerships.</td>
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<td>• Support Shelter Scotland prototype an approach to support people who are homeless or have chaotic lifestyles avoid repeat hospital admissions with one H&amp;SC partnership.</td>
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<td>• Share knowledge about the different models of intermediate care and reablement services</td>
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| 2                 | Understand the contribution that housing makes to good health. | The Place, Home and Housing portfolio will focus on:  
• Creating opportunities for housing and health to work collaboratively.  
• Maximise contribution of health and housing to improve outcomes for people to remain at home for as long as is reasonably practicable.  
• Prototype new approaches to support greater independence and improved health and wellbeing.  
Capture and share examples of good practice and innovation to inform design and delivery of integrated services. | across Scotland.  
• Build local capability to demonstrate the impact of intermediate care and reablement services in 12 H&SC partnerships.  
• Support IJBS to further develop housing contribution statements (HCS) to enable effective joint commissioning.  
• Work with ranges of sectors to identify priority areas for ihub support to maximise the contribution of housing to good health.  
• Identify range of support provided H&SC partnerships and housing organisations to test and develop social isolation and mental health support options as part of their housing options offer.  
• Carry out review of future support needs for H&SC partnerships in response to ‘adapting for change’ completed and report with recommendations produced.  
• Examples of good practice are captured and shared across H&SC partnerships and Housing Sector. | Changes to IJBS housing contribution statements made following advice from the Place, Home and Housing portfolio.  
• Priority areas for ihub support agreed to maximise the contribution of housing to good health agreed.  
• Review of future support needs for H&SC partnerships in response to ‘adapting for change’ completed and report with recommendations produced.  
• Examples of good practice are captured and shared across H&SC partnerships and Housing Sector. | Under development |
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<td>2</td>
<td>Sustained improvements in the quality of maternity and children’s services in the acute care setting.</td>
<td>The Maternity and Children Quality Improvement Collaborative (MCQIC) as part of the Scottish Patient Safety Programme, drives that visible and consistent approach to reducing harm by focusing on the elements</td>
<td>MCQIC will support • Maternity Units to reduce the rate of stillbirth, neonatal mortality, and post-partum haemorrhage along with prototyping</td>
<td>• Partnership Agreements developed and agreed between the national team and each board to identify priorities, resources, constraints, gaps, as well as</td>
<td>Maternity Care - Reduce the incidence of avoidable harm and acute maternal morbidity in women and babies by 30% by March 2019:</td>
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<td>of System Redesign and Capacity and Capability by:</td>
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<td>work to agree a national Maternity Early Warning Score (MEWS).</td>
<td>escalation plans in the event of non-delivery.</td>
<td>• reduce stillbirths by 35%</td>
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<td>• Promoting the use of improvement methodology to improve the quality of maternity, neonatal and paediatric care in the acute setting.</td>
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<td>• Neonatal units to reduce harm arising from undetected deterioration, hypothermia and invasive lines.</td>
<td>• National Maternity Early Warning Score agreed</td>
<td>• reduce neonatal mortality by 15% (shared aim with the neonatal care programme)</td>
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<td>• Building local capacity and capability with a variety of forums and methods.</td>
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<td>Paediatric units to improve the care of the deteriorating patient (Sepsis) by implementing Paediatric Early Warning Scores, and to reduce the infections associated with central lines and ventilators.</td>
<td>• National learning sessions delivered, implementation tools developed, site visits completed and WebEx/conference calls all delivered as per planned programme of work.</td>
<td>• reduce severe postpartum haemorrhage by 30%</td>
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<td>• Supporting teams to understand and use their data to identify quality improvement needs and progress.</td>
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<td>• Tailored improvement support provided</td>
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<td>• Assessing progress and impact.</td>
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Neonatal Care - Achieve a 30% reduction in adverse events that contribute to avoidable harm in neonatal services by March 2019, defined by addressing harm arising from:
- hypothermia
- invasive lines
- undetected deterioration

Paediatric Care - Reduce avoidable harm in paediatric services by 30% by March 2019:
- reduce ventilator-associated pneumonia
- Reduce central venous catheter bloodstream infection.
- Reduce unplanned admissions to intensive
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<td>2</td>
<td><strong>Support the development of innovative practice across Scotland</strong></td>
<td>Provide funding to support local areas to prototype interventions which have the potential for regional and/or national impact. Provide early assessment opportunities for innovative technologies / practices.</td>
<td>• To support and learn from successful Improvement Fund projects from the 2017/18 allocation by providing improvement and evaluation support to identify projects with potential for regional or national spread and to work with partners to facilitate this work. • Revise Improvement Fund award criteria to ensure alignment with existing improvement programmes and allocate 2018/19 funding. • Create further global spread of the QI Connect Series. • Build our International visitors schedule to learn from leaders from around the world.</td>
<td>• Impact reports are shared on HIS website. • New Improvement Fund award criteria developed, shared and informed by stakeholders. • Identify Improvement Fund projects which have potential for regional and/or national spread and agree a spread programme • We will deliver 10 webinars with a new target audience of 800 organisations and 60 countries. • We will plan, coordinate and deliver two international learning exchanges with multiple countries represented. We will also create ad</td>
<td>• Support the introduction of innovative technologies to NHSScotland.</td>
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<p>| care which reflect better care in the recognition, response and management of deteriorating patients. |</p>
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| 3                  | A systematic approach to the learning from adverse events and thereby reducing the potential for future harm | A cohesive approach to the reporting, management and learning from adverse events and similar activities regarding the quality of patient care. | • Support the planning and delivery of the IHI/BMJ conference Glasgow 2019  
• SHTG to continue to deliver the Innovative Medical Technology Overview (IMTO) process | hoc international learning exchanges for six key strategic partners  
We will co-lead with Scottish Government on the design and delivery of the IHI/BMJ International Forum with a target audience of 3500 from around 70 countries. Specifically lead the local organising committee, site visits and secure HIS profile throughout this work.  
• Production and dissemination of up to 6 IMTO reviews; indicating industry / NHS stakeholder engagement | An integrated and cohesive approach to supporting national learning, with consistent reporting of adverse events and Duty of Candour |
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| 3                 | A consistent national approach to the safe, effective and efficient use of medicines and the best practice in their use across all care settings. | • Contribute to the safe, effective and efficient use of medicines through:  
  • Collaboration across Area Drugs and Therapeutics Committees | • Key collaborations related to access to medicines, medicines safety and medicine governance through Area Drugs and Therapeutics Committees across NHSScotland | • Spread and support the implementation of best practice  
  • Establishment of the National Appeals Panel  
  • National learning sessions delivered, implementation tools | • Patients and their families have greater confidence in the handling of complaints and learning from adverse events  
  • There is greater confidence and willingness to report concerns (i.e., >65% reported in the national 2017 survey)  
  • A demonstrable and sustained improvement in the system for the management of adverse events, measured by a reduction in the number of recommendations at follow up |

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1 Note: at request of SG and still to be agreed
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<td>• Empowering people to manage their own care</td>
<td>• Support the reliable spread and supported implementation of best practice and assessing the quality and safety of healthcare e.g. cancer medicines, independent healthcare clinics</td>
<td>developed, site visits completed and WebEx/conference calls all delivered</td>
<td>• Improved safe and effective use of medicines</td>
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<td>• Contributing to national initiatives in the use of medicines</td>
<td>• Lead or play our part in national initiatives on effective and efficient use of medicines. E.g. biological medicines and pilot of the Swedish Quality Registry.</td>
<td>• Toolkit to support hospital antibiotic prescribing (in collaboration with NES)</td>
<td>• Improved collaborative working with other national stakeholders and input to UK strategy discussions on antibiotic use</td>
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<td>• Taking a whole system approach</td>
<td>• Improve the safer use of medicines across all HIS programmes through a whole system approach, focusing on the person as they move between care settings and care within their home and strategic collaborations.</td>
<td>• Updated education resource on antibiotic use for nurses and care staff (in collaboration with NES)</td>
<td>• Improved communication regarding medicines at transitions.</td>
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<td>• Gathering and sharing information on improvement work.</td>
<td>• Implement the National Appeals Panel and support</td>
<td>• National Guidance on antifungal stewardship</td>
<td>• Reduced medication administration omissions.</td>
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<td>• Evaluating progress.</td>
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<td>• National algorithm to support de-labelling of patients with unproven penicillin allergy</td>
<td>• Reduced harm due to high risk medicines.</td>
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<td>• Updated audit tool within SAPG app for antimicrobial quality indicators</td>
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<td>• Resources to support activities for World Antibiotic Awareness Week/European Antibiotic Awareness</td>
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<td>implementation of PACS Tier Two.</td>
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<td>• Contribution to Healthcare Associated Infection/Antimicrobial Resistance delivery plan through maintenance of national stewardship programme including an evolving programme of quality improvement interventions</td>
<td>• Quarterly personalised feedback reports on antimicrobial prescribing to all GP Practices (in collaboration with NSS)</td>
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<td>• Maintain engagement of board Antimicrobial Management Teams (AMTs) in SAPG meetings and events</td>
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<td>• Maintain AMT and clinical team engagement with SAPG quality improvement.</td>
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<td>• Continue to promote and support sharing and learning of SPSP Medicines programme</td>
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| 3                 | A rigorous and proactive approach to sharing intelligence and knowledge, which identifies potential harm, areas for improvement and systematically shares and encourages the spreading of good practice | Healthcare Improvement Scotland has coherent, cohesive and co-ordinated approach to the use of data, knowledge and intelligence in framing its priorities and its support to health and social care | • Overcome barriers to internal sharing of information to enable focus on priority areas for improving the quality of care  
• Continue to strengthen the operation of the Sharing Intelligence for Health and Care Group, including feedback meetings with local systems  
• Establish Healthcare Improvement Scotland director level relationships across all regions, territorial boards and partnerships in Scotland, ensuring our work continues to be informed by knowledge from these relationships.  
• Produce an overview of ‘older people’s care in Scotland’ which informs future priorities and policies. | • Regular sharing of agreed data sets across the organisation  
• Feedback meetings held with each NHS Board and IJBs.  
• Publication of 3rd Annual Sharing Intelligence Report setting out the impact of our SIHCG work and common themes arising from our reports  
• Directors regularly meeting with IJB and NHS Board partners as part of their ET role and output being used to test the relevance of the current work plan  
• Publication of a report detailing the quality of care for older people in Scotland for use by both members of staff and the public, providing them with key information | Feedback from HIS, partner agencies, and NHS boards about value of intelligence sharing work.  
Evidence of specific actions taken by SIHCG or members in response to SIHCG reviews.  
Evidence of actions taken by NHS Boards and at national level as result of intelligence sharing. |
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| 3                  | **Health and Social Care Partnerships, NHS Boards and Regions have access to timely, practical, knowledge regarding the value of health care** | Consistent with Realistic Medicine, ensure a focused and co-ordinated approach to identifying opportunities across Scotland to provide high quality care at the same or less cost. | • Work across national boards to support the establishment of scenario modelling, drawing in expertise in public health, health economics, workforce and service improvement knowledge.  
• Actively support a national approach to service redesign and models of care delivery in relation to age-related macular degeneration.  
• Actively collaborate and support Realistic Medicine including active, visible input to the oversight and value steering groups. | Contribution to the development of the national boards work  
Development of a cross organisational approach to address improving value in an area of care and testing of this approach for one topic | • Achieve high value for patients as defined as the health outcomes achieved per pound spent. |
| 3                  | **Guidance and evidence is available to support the appropriate provision of safe, effective and person-centred care** | Continue to provide guidance which ensures the safe and evidence-based provision of antibiotic therapy. | • Continue to provide advice on non-medicines technologies  
• Explore the development of SHTG products and | • Production and dissemination of 12 advice statements and evidence reviews from SHTG | • Care policy and practice is informed by best available evidence  
• Health gain is maximised by appropriate use of }
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<td>Provide robust and independent evidence on non-medicines technologies.</td>
<td>Provide evidence-based guidelines to underpin clinical care and support shared decision making.</td>
<td>• A refreshed and reshaped NMT Strategic Plan, with prioritised themes.</td>
<td>Health and social care staff are using the latest evidence to support their practice</td>
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<td>Provide robust and independent appraisal of new drug therapies and for new indications for existing drug therapies.</td>
<td>• Continue to implement the key actions from the Non-Medicines Technologies (NMT) Strategic Plan</td>
<td>• Guidelines and patient booklets on cardiac arrhythmias, foetal alcohol syndrome and delirium published and disseminated</td>
<td>People are enabled to make informed decisions about their care and treatment</td>
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<td>Provide robust and independent evidence on health technologies within NHSScotland</td>
<td>• Maintain a programme of evidence-based guidelines</td>
<td>• Positive feedback from attendees at the Guidelines International Network conference</td>
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<td>• Successfully deliver the 2018 Guidelines International Network conference</td>
<td>• Implement findings from the SIGN stakeholder engagement and implementation of OASIS Communication plan</td>
<td>• Publication and dissemination of “You said, we did” report, revised SIGN 50 methodology manual and revised SIGN 50 patient handbook.</td>
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<td>• Continue to provide advice on all new medicines and new indications</td>
<td>• Work collaboratively with stakeholders to implement recommendations arising from the Montgomery</td>
<td>• Implementation of an additional decision option for SMC to accept a medicine on an interim basis subject to re-evaluation.</td>
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| 3                 | Those accessing health and social care receive a consistent, high quality level of care, backed up by nationally agreed standards | Develop standards which define an expected level of service to deliver person-centred, effective care and indicators to facilitate ready comparison of services in a nationally consistent manner and generate data that provides a baseline for improvement. | • Continue to support the implementation of the National Health and Care Standards  
• Develop indicators to support the implementation of the sexual assault and rape standards  
• Develop neurological standards to support consistent high quality care in Scotland  
• Develop standards to support quality | • Publication of revised standards for breast screening, pregnancy and newborn screening and neurological services  
• Publication of draft indicators for forensic examination after rape and sexual assault  
• Awareness raising activities in all NHS Boards related to the Health and Social Care Standards | • Health and care service providers and the people who use them are clear about the standards of care they should receive  
• Standards and indicators are recognised as appropriate by stakeholders |
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| 4                 | A national system for the quality assurance of death certification in Scotland, which gives confidence to the public | A robust quality assurance system for the death certification process. | • Ensure the effective operation of the Death Certification Review Service and key operational objectives are consistently delivered.  
• Design and build arrangements to better integrate the Death Certification Review Service into the wider operation of HIS and promoting opportunities for sharing of knowledge and experiences. | • Publication of the 3rd SMR Annual report  
• Effective delivery of the service  
• Spreading best practice regarding death certification | A sustained reduction in errors, across all NHS boards in Scotland by 31 March 2019, of at least 30%, compared with the baseline of March 2016. |
| 4                 | Public confidence in the quality of independent healthcare services | The effective and robust regulation of independent health care services in Scotland. | • Ensure all independent clinics operating in Scotland are fully registered and action is taken against those who seek to continue to operate without registration | • Publication of inspection reports for independent healthcare services  
• Up to date register of independent healthcare services | • No unregistered independent clinics are operating in Scotland  
• Improvement actions are clearly identified and monitored until they are successfully implemented thus improving the |
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| 4                 | Public confidence in the quality of NHSScotland health care services, and rigorous follow up action to ensure recommendations and areas for improvement are implemented | A systematic approach to assuring the quality of care in Scotland, which appropriately balances internal and external assurance, through reviews of the quality of care. Support the development of excellence in care, a systematic approach to the assurance and improvement of nursing and midwifery care across all NHS boards in Scotland. | Embed the Quality of Care Approach through a programme of inspections and reviews, namely:  
- Quality of Care reviews of NHS Boards in line with Sharing Intelligence for Health and Social Care timetable  
- Scoping and commencing national thematic reviews – provisionally identified as children’s health, adverse events and nutrition  
- Inspections of hospitals across all NHS Board areas.  
- External quality assurance of screening programmes  
- External quality assurance of cancer | • Take formal action against services that willfully evade registration  
- Publication of Board level Quality of Care reviews  
- Publication of inspection and external quality assurance reports  
- Development and dissemination of a learning system to support NHSScotland self-evaluation  
- Publication on the CAIR system of Excellence in Care indicators for maternity, acute adult, community and mental health nursing and midwifery services  
- Publication of a core set of care quality indicators for all nursing and midwifery groups | There is public and wider stakeholder confidence in the provision of health and social care services in Scotland.  
- Improvement actions are clearly identified and monitored until they are successfully implemented thus improving the quality of care  
- Best practice is highlighted in reports allowing sharing across the system to improve the quality of provision  
- Themes emerging from inspection and review are shared with the system and policy makers for consideration. |
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<th>Operational Objectives</th>
<th>Deliverables in 2018-19</th>
<th>Indicators of Success in 2018-19</th>
<th>Long term outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Quality Performance Indicators</td>
<td>• Inspections of Ionising Radiation (IRMER)</td>
<td>• There is an evidence based national approach to improving and assuring nursing and midwifery care.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• National Confidential Alert Line / Public Interest Disclosure Act Reviews</td>
<td>• Systematic follow-through activity related to all of the above</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Support for self-evaluation in NHS Board areas through events, direct engagement and resources</td>
<td>• Provide professional leadership for the Excellence in Care programme.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Develop and test indicators of nursing and midwifery care to provide assurance across acute adult nursing, midwifery, community nursing and mental</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strategic priority</td>
<td>Aim</td>
<td>Operational Objectives</td>
<td>Deliverables in 2018-19</td>
<td>Indicators of Success in 2018-19</td>
<td>Long term outcomes</td>
</tr>
<tr>
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<td>-------------------</td>
</tr>
<tr>
<td>4</td>
<td>Public confidence that adults and children receive better integrated care, that delivers improved health and wellbeing better outcomes</td>
<td>The joint inspections of adult services are focused on outcomes and provide meaningful, insightful and timely external assurance of the quality of strategic planning in partnerships. Contribute to ensuring that those in the custody of the justice system receive integrated and high quality care Contribute to ensuring children and young adults in Scotland are afforded protection and remain safe</td>
<td>- Contribute to a programme of joint inspection of adult services focused on the quality of strategic planning of adult health and social care services in Scotland. - Lead the pathways of care inspections for adult health and social care services in Scotland focusing on the individuals’ lived experience of using services</td>
<td>- Joint publication with CI of inspection and follow up reports for adult services - Publication of reports of pathways of care inspections in adults - Joint publication of follow-up reports to joint strategic inspections - Publication by HMIP of inspections into prisons containing healthcare evaluation</td>
<td>- There is consistent improvement, as measured, in the evaluation grades arising from joint inspections of adult services - Actions identified in previous inspection reports are successfully implemented - The health contribution to joint inspections with other bodies is clearly visible, and health related improvement actions are identified</td>
</tr>
<tr>
<td>Strategic priority</td>
<td>Aim</td>
<td>Operational Objectives</td>
<td>Deliverables in 2018-19</td>
<td>Indicators of Success in 2018-19</td>
<td>Long term outcomes</td>
</tr>
<tr>
<td>--------------------</td>
<td>-----</td>
<td>------------------------</td>
<td>--------------------------</td>
<td>---------------------------------</td>
<td>-------------------</td>
</tr>
</tbody>
</table>
| 5                  | Scotland has a sustainable approach to embedding an effective system of quality management of health and social care | through joint inspections under the leadership of the Care Inspectorate | • Undertake appropriate follow up assessment of three joint strategic inspections  
• Contribute to monitoring new standards related to the quality of care in the prisons in Scotland  
• Contribute to a programme of HM Inspector of Prisons inspections focussing on the healthcare of people held within the custody of the justice system  
• Contribute to a refocused programme of joint inspections led by the Care Inspectorate of children’s services focused on protection | • Best practice related to health from joint inspections is identified and shared widely across the system  
• Themes emerging from joint inspections are identified and shared with policy makers and the system  
• HIS participates in all joint inspections with other scrutiny bodies | and monitored  
• Increased levels of engagement by Board Members.  
• Increased numbers of staff trained to lead level with a particular focus on |
<table>
<thead>
<tr>
<th>Strategic priority</th>
<th>Aim</th>
<th>Operational Objectives</th>
<th>Deliverables in 2018-19</th>
<th>Indicators of Success in 2018-19</th>
<th>Long term outcomes</th>
</tr>
</thead>
</table>
|                    |     | of better population health and wellbeing, better care experience, better value and better staff experience. | bespoke support and web-based conferencing  
- Commission lead level QI programmes from NES and promote skill development in social care, third and independent sector  
- Support a strategic and targeted approach to improving quality and efficiency through additional allocations to build a sustainable quality infrastructure  
- Lead the roll-out of the value based health care initiative developed in NHS Highland\(^2\)  
- Collaboration with National Boards towards shared services  
- Manage relationship with the Health Foundation to effectively undertaken our functions as a Country |  
- 60 individuals from health and social care complete ScIL with increased representation from the social care sector  
- Report on use of funding produced  
- Three Scottish Q networking events delivered and agreement reached with HF on whether to progress with Scottish Q Lab  
- Participation in the IHI HIAE including the Joy at Work collaborative.  
- Delivery of IHI Summer Camp visits to programmes supported by HIS. | spread into social care and third sector.  
*Still under development* |

\(^2\) Subject to funding being agreed with Scottish Government as part of the National Transformation Fund
<table>
<thead>
<tr>
<th>Strategic priority</th>
<th>Aim</th>
<th>Operational Objectives</th>
<th>Deliverables in 2018-19</th>
<th>Indicators of Success in 2018-19</th>
<th>Long term outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td><strong>Making best use of its internal resources</strong></td>
<td>All HIS processes are fit for purpose and support collaborative cross organisational working and use of resources represents best value</td>
<td>• Measurement of activities, the impact of our work and ultimately return on investment</td>
<td>• Improved reporting of our work to provide assurance to the Board</td>
<td>• A sustainable organisation delivering its strategy</td>
</tr>
<tr>
<td>Strategic priority</td>
<td>Aim</td>
<td>Operational Objectives</td>
<td>Deliverables in 2018-19</td>
<td>Indicators of Success in 2018-19</td>
<td>Long term outcomes</td>
</tr>
<tr>
<td>-------------------</td>
<td>-----</td>
<td>-----------------------</td>
<td>-------------------------</td>
<td>----------------------------------</td>
<td>-------------------</td>
</tr>
</tbody>
</table>
| 5                 | Collaboration with other national boards to support the delivery of the Health and Social Care Delivery Plan | Agree role and contribution to the National Board’s collaboration | • Establish HIS role in collaborative work in improvement, evaluation and transformation  
• To Contribute and agree new models of working in Partnership with other boards | • Clarity of contribution to collaborative work and how it is measured  
• Agree and implement shared services in 4 areas and how it is reported to the Board | • Best use of resources across national boards to support delivery of Health and Social Care Delivery Plan |
SUBJECT:
Final Draft Budget 2018-19 for Approval and Forward look financial plan 2018-2021

1. Purpose of the report

This paper presents the final draft budget 2018-19 for Healthcare Improvement Scotland (HIS) for approval by the Board and onward submission to Scottish Government Finance Department.

The paper also includes outline financial planning for 2018-2021 which is not required for submission to Scottish Government but is provided for information.

2. Key Points

The final draft budget 2018-2019 is shown at Appendix 1 and is prepared using the finance templates required by Scottish Government for submission to them. The forward financial plan for 2018-2021 is shown at Appendix 2.

Both of these Appendices were considered in detail by the Audit and Risk Committee at their meeting on 14 March 2018 and were approved for further discussion at the Board Seminar on 28 March 2018 with the Board ‘in Committee’. Following the Board Seminar discussion, the draft budget has been finalised and is presented here for formal approval by the Board. The only change to this draft budget since 28 March 2018 has been the inclusion of assumption 5 below and this is based on advice from Scottish Government and from fellow Directors of Finance.

The draft budget 2018-19 was discussed with Scottish Government Colleagues on 26th March 2018 and they were content with the assumptions made and the balanced outcome.

The principal assumptions that underpin the budget are as follows:

1. No baseline funding uplift has been anticipated during the next three years.
2. Additional allocations of £3.92m for 2018-19 reflect those where written confirmation has been received (see Table A). There are currently a further 10 items that are under discussion with an estimated value of £1.28m (see Table B). Assumptions for future years are based on these confirmed allocations but it is known that they will change due to their non-recurring nature.
3. The requirement for National Boards to provide £15 million collaborative and recurring efficiency savings has been agreed but the delivery of the £15m is not yet fully defined. For planning purposes, a contribution in line with 2017-18 has been assumed. It is expected that in future years our contribution will come from cost reductions and changes in delivery but our contribution has been shown as a separate cost pressure at this stage to make it visible and until better information is known.
4. The Scottish Government has stated its intention to lift the public sector pay cap with the settlement estimated to be 2.25% p.a. Future years have been uplifted by the same factor.
5. Scottish Government advice to include the “working assumption that central funding will be provided to meet additional costs of the SG pay policy for Agenda for Change Grades above the first 1%” is included in this budget. This equates to c £0.230 million for 2018-19.

6. The percentage of permanent staff costs to baseline funding, currently 72%, will continue to put pressure on future budgets due to the assumption of stand still baseline funding whilst pay cost increase. The required re-orientation of the workforce to ensure that we have the capacity and capability required to deliver our Corporate Plan within our resources will be included within the workforce Plan. This plan will form the basis for future workforce budgets.

7. Inflation as measured by Consumer Price Index (CPI) is currently 2.5% and is forecast to fall back during 2018 to nearer the Treasury 2% target. The assumption for 2018-19 is therefore 2.5% falling to 2% in later years.

8. The final draft budget includes three savings targets which have been uplifted by inflation for future years.
   - Pay Turnover (3%) £0.680m – (this is based on actual turnover for the last 23 months)
   - General Pay Savings £0.700m.
   - Variable Costs target of £0.600m

The most significant cost pressures for 2018-19 are as follows:

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay settlement assumption (1.00%)</td>
<td>£0.185 m</td>
</tr>
<tr>
<td>Incremental Drift</td>
<td>£0.115 m</td>
</tr>
<tr>
<td>Inflation assumption (2.50%)</td>
<td>£0.240 m</td>
</tr>
<tr>
<td>Increase in lease costs, Delta House*</td>
<td>£0.185 m</td>
</tr>
<tr>
<td>National Boards Collaborative</td>
<td>£0.600 m</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>£0.725 m</strong></td>
</tr>
<tr>
<td>Increase in lease costs, Delta House*</td>
<td></td>
</tr>
<tr>
<td>National Boards Collaborative</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>£1.325 m</strong></td>
</tr>
</tbody>
</table>

*The increase in lease costs is due to the expiry of the 50% discount on the rental element that HIS has experienced in the last two years.
### Table A – Confirmed Additional Allocations

<table>
<thead>
<tr>
<th>Confirmed Allocations 2018-19</th>
<th>Directorate</th>
<th>Allocation value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rape &amp; Sexual Assault</td>
<td>Evidence</td>
<td>22,000</td>
</tr>
<tr>
<td>National Care Standards</td>
<td>Evidence</td>
<td>50,000</td>
</tr>
<tr>
<td>Review of Access to New Medicines</td>
<td>Evidence</td>
<td>224,000</td>
</tr>
<tr>
<td>Mesh Oversight Group</td>
<td>Evidence</td>
<td>60,000</td>
</tr>
<tr>
<td>HAI Funding (SAPG x 2 PIDS)</td>
<td>Evidence</td>
<td>208,093</td>
</tr>
<tr>
<td>What Matters to You</td>
<td>ihub</td>
<td>2,500</td>
</tr>
<tr>
<td>Mental Health Access</td>
<td>ihub</td>
<td>1,209,371</td>
</tr>
<tr>
<td>Improving Observation Practise for Vulnerable Patients</td>
<td>ihub</td>
<td>161,700</td>
</tr>
<tr>
<td>Practice Admin Staff</td>
<td>ihub</td>
<td>468,185</td>
</tr>
<tr>
<td>Support for Primary Care</td>
<td>ihub</td>
<td>750,000</td>
</tr>
<tr>
<td>National Appeals Panel</td>
<td>Medical</td>
<td>101,000</td>
</tr>
<tr>
<td>Implementation and Improvement Support of ADTC</td>
<td>Medical</td>
<td>180,000</td>
</tr>
<tr>
<td>Excellence in Care</td>
<td>NMAHP</td>
<td>164,000</td>
</tr>
<tr>
<td>OPAH</td>
<td>QA</td>
<td>167,346</td>
</tr>
<tr>
<td>Sudden Unexpected Death in Infancy (SUDI)</td>
<td>QA</td>
<td>48,000</td>
</tr>
<tr>
<td>Citizens Jury</td>
<td>SHC</td>
<td>50,000</td>
</tr>
<tr>
<td>Uplift for Voluntary Information System</td>
<td>SHC</td>
<td>18,000</td>
</tr>
<tr>
<td>SPSP Maternity &amp; Children</td>
<td>ihub</td>
<td>40,000</td>
</tr>
</tbody>
</table>

**Total 2018-19 Allocations Confirmed**: 3,924,195

### Table B – Unconfirmed Additional Allocations

<table>
<thead>
<tr>
<th>Unconfirmed Allocations 2018-19</th>
<th>Directorate</th>
<th>Allocation value</th>
</tr>
</thead>
<tbody>
<tr>
<td>HAI Funding (SAPG x 2 PIDS)</td>
<td>Evidence</td>
<td>17,000</td>
</tr>
<tr>
<td>Outcome Based Commissioning</td>
<td>ihub</td>
<td>50,000</td>
</tr>
<tr>
<td>Action on palliative and End of Life</td>
<td>ihub</td>
<td>298,414</td>
</tr>
<tr>
<td>OPAH &amp; OPAC outcomes framework</td>
<td>ihub</td>
<td>102,400</td>
</tr>
<tr>
<td>Buurtzorg</td>
<td>ihub</td>
<td>161,700</td>
</tr>
<tr>
<td>Learning from Adverse Events</td>
<td>QA</td>
<td>143,700</td>
</tr>
<tr>
<td>Ionising Radiation Safety (IRMER)</td>
<td>QA</td>
<td>77,366</td>
</tr>
<tr>
<td>Dementia Acute Care</td>
<td>ihub</td>
<td>60,000</td>
</tr>
<tr>
<td>Dementia Care Co-ordination</td>
<td>ihub</td>
<td>150,000</td>
</tr>
<tr>
<td>Dementia Specialist Dementia Unit Programme</td>
<td>ihub</td>
<td>218,107</td>
</tr>
</tbody>
</table>

**Total 2018-19 Allocations Unconfirmed**: 1,278,687
3. **Actions/Recommendations**
The Board is asked to consider and approve:

- The assumptions that support the production of the 2018-2021 budget exercise.
- Progress to date in relation to confirmed additional allocations for 2018-19.
- The Final Draft Budget for 2018-19 for submission to Scottish Government.

**Appendix:**

1. Final Draft Budget 2018-19 for submission to Scottish Government
2. Draft Financial Plan 2018-21

**If you have any questions about this paper please contact**

Brian Ward, Head of Finance & Procurement
email: brianward@nhs.net
direct dial: 0131 623 4329
extension: 8571

### 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>
</tbody>
</table>

<table>
<thead>
<tr>
<th>If yes, provide the risk number, risk description and risk rating</th>
</tr>
</thead>
<tbody>
<tr>
<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>
</tbody>
</table>

| Medium (8) |

#### OTHER CONSIDERATIONS

<table>
<thead>
<tr>
<th>How do the key points support the five priorities in the strategic plan:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Enable people to make informed decisions about their own care and treatment;</td>
</tr>
<tr>
<td>- Help health and social care organisations to redesign and continuously improve;</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>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Reference should be made to the draft Financial Plan that forms part of the Draft Corporate Plan 2018-22.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resource Implications</td>
</tr>
<tr>
<td>-------------------------------</td>
</tr>
<tr>
<td>What engagement has been used to inform the work.</td>
</tr>
<tr>
<td>What Equality and Diversity considerations relate to the work.</td>
</tr>
<tr>
<td>Advise how the work:</td>
</tr>
<tr>
<td>• helps the disadvantaged;</td>
</tr>
<tr>
<td>• helps patients;</td>
</tr>
<tr>
<td>• makes efficient use of resources.</td>
</tr>
</tbody>
</table>
### Core Revenue Outturn Statement

<table>
<thead>
<tr>
<th>Line no</th>
<th>Description</th>
<th>Rec 2017-18 £000s</th>
<th>Non-Rec 2017-18 £000s</th>
<th>TOTAL 2017-18 £000s</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.01</td>
<td>Gross Expenditure - Clinical &amp; Non-clinical</td>
<td>24,132</td>
<td>4,963</td>
<td>29,095</td>
</tr>
<tr>
<td>1.02</td>
<td>Less: Gross Income</td>
<td></td>
<td></td>
<td>937</td>
</tr>
<tr>
<td>1.03</td>
<td>Total Expenditure</td>
<td>24,132</td>
<td>4,026</td>
<td>28,158</td>
</tr>
<tr>
<td>1.04</td>
<td>Less: Total Non-Core RRL Expenditure</td>
<td></td>
<td>102</td>
<td>102</td>
</tr>
<tr>
<td>1.05</td>
<td>Less: FHS Non Discretionary Net Expenditure</td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>1.06</td>
<td>Core Revenue Resource Outturn</td>
<td>24,132</td>
<td>3,924</td>
<td>28,056</td>
</tr>
<tr>
<td>1.07</td>
<td>Baseline Allocation</td>
<td>24,732</td>
<td>3,924</td>
<td>28,656</td>
</tr>
<tr>
<td>1.08</td>
<td>NRAC parity funding uplift</td>
<td></td>
<td>3,924</td>
<td>0</td>
</tr>
<tr>
<td>1.09</td>
<td>Anticipated Allocations: Rec/ Non-rec/ Earmarked</td>
<td></td>
<td></td>
<td>3,924</td>
</tr>
<tr>
<td>1.10</td>
<td>Core Revenue Resource Limit (RRL)</td>
<td>24,732</td>
<td>3,924</td>
<td>28,656</td>
</tr>
<tr>
<td>1.11</td>
<td>Forecast variance against Core RRL</td>
<td>600</td>
<td>0</td>
<td>600</td>
</tr>
</tbody>
</table>

**Main contact name:** Paul Wishart  
**email address:** paul.wishart@nhs.net  
**Phone number:** 0131 623 4617

**Version number:** 1  
**Board Approval Date:**  
**Date of submission:**
## Cash-releasing Savings Requirement

### Forecast variance against Core RRL
- **Total:** 600

### 2018-19 planned savings (detail in table below)
- **Total:** 1,980

### Savings required to break even
- **Total:** 1,380

### Savings as % of Baseline
- **Total:** 0

### Planned savings:

<table>
<thead>
<tr>
<th>Workstream</th>
<th>Rec £000s</th>
<th>Non-Rec £000s</th>
<th>Total £000s</th>
<th>Risk rating</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>High £000s</td>
</tr>
<tr>
<td>2.01 Service redesign</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2.02 Drugs and prescribing</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2.03 Workforce</td>
<td>680</td>
<td>700</td>
<td>1,380</td>
<td>400</td>
</tr>
<tr>
<td>2.04 Procurement</td>
<td>600</td>
<td>600</td>
<td>600</td>
<td>350</td>
</tr>
<tr>
<td>2.05 Infrastructure</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2.06 Other</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total Efficiency Savings workstreams</strong></td>
<td>680</td>
<td>1,300</td>
<td>1,980</td>
<td>400</td>
</tr>
<tr>
<td>2.07 Financial Management / Corporate Initiatives</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2.08 Unidentified savings assumed to be delivered by year end</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total core NHS Board Savings</strong></td>
<td>680</td>
<td>1,300</td>
<td>1,980</td>
<td>400</td>
</tr>
<tr>
<td>2.09 Savings delegated to Integration Authorities</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
## Non-Core RRL Expenditure

<table>
<thead>
<tr>
<th>Line no</th>
<th>2017-18 Total £000s</th>
<th>2018-19 Total Non-Rec £000s</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.01</td>
<td>Capital Grants</td>
<td></td>
</tr>
<tr>
<td>3.02</td>
<td>Depreciation / Amortisation</td>
<td>102</td>
</tr>
<tr>
<td></td>
<td>ODEL - IFRS PFI Expenditure</td>
<td></td>
</tr>
<tr>
<td>3.03</td>
<td>PFI/PPP/Hub - Depreciation</td>
<td></td>
</tr>
<tr>
<td>3.04</td>
<td>PFI/PPP/Hub - Impairment</td>
<td></td>
</tr>
<tr>
<td>3.05</td>
<td>PFI/PPP/Hub - Notional Costs</td>
<td></td>
</tr>
<tr>
<td>3.06</td>
<td>0 Total IFRS PFI Expenditure</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Annually Managed Expenditure</td>
<td></td>
</tr>
<tr>
<td>3.07</td>
<td>AME - Impairments</td>
<td></td>
</tr>
<tr>
<td>3.08</td>
<td>AME - Provisions</td>
<td></td>
</tr>
<tr>
<td>3.09</td>
<td>AME - Donated Assets Depreciation</td>
<td></td>
</tr>
<tr>
<td>3.10</td>
<td>AME - Movement in Pension Valuation</td>
<td></td>
</tr>
<tr>
<td>3.11</td>
<td>0 Total AME Expenditure</td>
<td>0</td>
</tr>
<tr>
<td>3.12</td>
<td>148 Total Non-Core RRL Expenditure</td>
<td>102</td>
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</tbody>
</table>
## Form 4 - Capital Investment

### Capital Resource Limit (CRL)

<table>
<thead>
<tr>
<th>Line No</th>
<th>2017-18 £000s</th>
<th>2018-19 £000s</th>
<th>2019-20 £000s</th>
<th>2020-21 £000s</th>
<th>2021-22 £000s</th>
<th>2022-23 £000s</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.01</td>
<td>Capital Resource Limit (CRL)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.02</td>
<td>SGHSCD formula allocation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.03</td>
<td>Asset sale proceeds reapplied (net book value, from line 4.28 below)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>4.04</td>
<td>Project specific funding (from line 4.19 below)</td>
<td>200</td>
<td>200</td>
<td>1,200</td>
<td>200</td>
<td>200</td>
</tr>
<tr>
<td>4.05</td>
<td>Radiotherapy funding</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.06</td>
<td>Hub/ NPD enabling funding</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.07</td>
<td>Total centrally provided capital funding</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.08</td>
<td>Reversion to capital transfers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.09</td>
<td>Total Capital Resource Limit</td>
<td>200</td>
<td>200</td>
<td>1,200</td>
<td>200</td>
<td>200</td>
</tr>
<tr>
<td>4.10</td>
<td>Saving / (Excess) against CRL</td>
<td>200</td>
<td>200</td>
<td>1,200</td>
<td>200</td>
<td>200</td>
</tr>
</tbody>
</table>

### Project Specific Funding:

<table>
<thead>
<tr>
<th>Line No</th>
<th>2017-18 £000s</th>
<th>2018-19 £000s</th>
<th>2019-20 £000s</th>
<th>2020-21 £000s</th>
<th>2021-22 £000s</th>
<th>2022-23 £000s</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.11</td>
<td>Software</td>
<td>200</td>
<td>200</td>
<td>200</td>
<td>200</td>
<td></td>
</tr>
<tr>
<td>4.12</td>
<td>Delta House (Relocation of Glasgow Office)</td>
<td>1,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.13</td>
<td></td>
<td></td>
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</tr>
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<td>4.14</td>
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<tr>
<td>4.15</td>
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<tr>
<td>4.16</td>
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<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
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<td>4.17</td>
<td></td>
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</tr>
<tr>
<td>4.18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.19</td>
<td>Total (copies to line 4.04 above)</td>
<td>200</td>
<td>200</td>
<td>1,200</td>
<td>200</td>
<td>200</td>
</tr>
</tbody>
</table>

### Source of capital receipts (please enter NBV figures as negative):

<table>
<thead>
<tr>
<th>Line No</th>
<th>2017-18 £000s</th>
<th>2018-19 £000s</th>
<th>2019-20 £000s</th>
<th>2020-21 £000s</th>
<th>2021-22 £000s</th>
<th>2022-23 £000s</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.20</td>
<td>List Assets here</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.21</td>
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</tr>
<tr>
<td>4.22</td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>4.23</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>4.24</td>
<td></td>
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<td></td>
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<tr>
<td>4.25</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>4.26</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.27</td>
<td>Total Asset Sale proceeds (at NBV) (copies to line 4.03 above)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
### Revenue Outturn

<table>
<thead>
<tr>
<th>Saving / (Excess) against Core RRL as at the end of:</th>
<th>£000s</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.01 June</td>
<td>(250)</td>
</tr>
<tr>
<td>5.02 July</td>
<td>(450)</td>
</tr>
<tr>
<td>5.03 Aug</td>
<td>(550)</td>
</tr>
<tr>
<td>5.04 Sept</td>
<td>(250)</td>
</tr>
<tr>
<td>5.05 Oct</td>
<td>(100)</td>
</tr>
<tr>
<td>5.06 Nov</td>
<td>0</td>
</tr>
<tr>
<td>5.07 Dec</td>
<td>150</td>
</tr>
<tr>
<td>5.08 Jan</td>
<td>300</td>
</tr>
<tr>
<td>5.09 Feb</td>
<td>450</td>
</tr>
<tr>
<td>5.10 Mar</td>
<td>600</td>
</tr>
</tbody>
</table>

### Total

<table>
<thead>
<tr>
<th>£000s</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.11 June</td>
</tr>
<tr>
<td>5.12 July</td>
</tr>
<tr>
<td>5.13 Aug</td>
</tr>
<tr>
<td>5.14 Sept</td>
</tr>
<tr>
<td>5.15 Oct</td>
</tr>
<tr>
<td>5.16 Nov</td>
</tr>
<tr>
<td>5.17 Dec</td>
</tr>
<tr>
<td>5.18 Jan</td>
</tr>
<tr>
<td>5.19 Feb</td>
</tr>
<tr>
<td>5.20 Mar</td>
</tr>
</tbody>
</table>

### Revenue Performance Trajectory

- **Month:** June, July, Aug, Sept, Oct, Nov, Dec, Jan, Feb, Mar
- **Maximum:** 2,500 £000s
- **Minimum:** 0 £000s

### Efficiency Savings Trajectory

- **Month:** June, July, Aug, Sept, Oct, Nov, Dec, Jan, Feb, Mar
- **Maximum:** 2,500 £000s
- **Minimum:** 0 £000s
<table>
<thead>
<tr>
<th>Key Assumptions / Risks</th>
<th>£ Value Risk/ £ Assumption/ % Assumption</th>
<th>Impact / Description</th>
<th>Risk rating (please select from dropdown)</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.01 Uplift required from Scottish Government to meet additional costs of the SG pay policy for AFC grades after HIS absorbs the first 1%</td>
<td>£230k</td>
<td>Potential cost pressure should additional funding fail to materialise.</td>
<td>High Risk</td>
</tr>
<tr>
<td>6.02 Contribution towards National Boards Support Services - Collaboration of £1.2m</td>
<td>£1.2m</td>
<td>Benefits from collaborative working yet to be established. As an assumption we have matched the contribution made in 17/18.</td>
<td>High Risk</td>
</tr>
<tr>
<td>6.03 Anticipated, additional allocations that have not yet been confirmed</td>
<td>TBC</td>
<td>Budget holders and finance staff are working closely with SG policy leads to ensure that confirmations are received as soon as possible.</td>
<td>High Risk</td>
</tr>
<tr>
<td>6.04 Independent healthcare - Registrations have been lower than originally anticipated in both 2016-17 &amp; 2017-18 which continue to mean that the pattern of registrations are still difficult to accurately predict for Independent Healthcare Clinics.</td>
<td>£1,279k</td>
<td>Potential significant surplus or deficit.</td>
<td>Medium Risk</td>
</tr>
<tr>
<td>6.05 Requests from policy leads for HIS to carry out additional work with no additional funding being provided</td>
<td>TBC</td>
<td>Unplanned work being required where no additional funding from SG.</td>
<td>High Risk</td>
</tr>
<tr>
<td>6.06 Need to reduce the workplan in order to maintain financial balance</td>
<td>£1,305k</td>
<td>We are operating with reduced financial resources at a time where demand for additional work is continuing to grow. The prioritisation process within HIS will have to be supported by SG sponsor and the HIS Board.</td>
<td>High Risk</td>
</tr>
<tr>
<td>6.07 Risk that 13% of budget is additional allocation</td>
<td>£4,949k</td>
<td>Risk to continuity of work due to uncertainty of funding and inability to recruit permanent staff in support of vital work.</td>
<td>High Risk</td>
</tr>
</tbody>
</table>
## Appendix 2

Healthcare Improvement Scotland

Financial Plan 2018-21

Version v0.11 (11 April 2018)

<table>
<thead>
<tr>
<th>Core Allocation (Recurring)</th>
<th>Additional Allocations (Non-Recurring)</th>
<th>Income from Other Sources</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>£’000</td>
<td>£’000</td>
<td>£’000</td>
<td>£’000</td>
</tr>
<tr>
<td><strong>5. INCOME</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Original Baseline</td>
<td>24,593</td>
<td>24,732</td>
<td>24,732</td>
</tr>
<tr>
<td>Uplift (CRES)</td>
<td>-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Increase in year</td>
<td>24,748</td>
<td>24,732</td>
<td>24,732</td>
</tr>
<tr>
<td>Anticipated Baseline</td>
<td>24,748</td>
<td>24,732</td>
<td>24,732</td>
</tr>
<tr>
<td>Prior Year carry forward</td>
<td>-</td>
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</tr>
<tr>
<td>Additional non-recurring allocations</td>
<td>4,355</td>
<td>3,924</td>
<td>3,924</td>
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<tr>
<td>Gross Draft Budget Allocation</td>
<td>29,503</td>
<td>3,924</td>
<td>28,656</td>
</tr>
<tr>
<td>External Income</td>
<td>-</td>
<td>937</td>
<td>937</td>
</tr>
<tr>
<td><strong>6. EXPENDITURE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pay Costs (Excl. Delivery Plan)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Permanent</td>
<td>17,981</td>
<td>16,720</td>
<td>17,864</td>
</tr>
<tr>
<td>Fixed-Term</td>
<td>760</td>
<td>1,242</td>
<td>1,970</td>
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<tr>
<td>International Secondment</td>
<td>1,165</td>
<td>1,126</td>
<td>1,846</td>
</tr>
<tr>
<td>Temps</td>
<td>-</td>
<td>616</td>
<td>791</td>
</tr>
<tr>
<td>SLA/Contractors</td>
<td>1,149</td>
<td>95</td>
<td>137</td>
</tr>
<tr>
<td>Less: Staff Turnover (3%)</td>
<td>(654)</td>
<td>(595)</td>
<td>(57)</td>
</tr>
<tr>
<td>Pay Target (3%)</td>
<td>(654)</td>
<td>(643)</td>
<td>(631)</td>
</tr>
<tr>
<td><strong>Total Pay Costs</strong></td>
<td>21,055</td>
<td>19,836</td>
<td>22,897</td>
</tr>
<tr>
<td>Additional Posts</td>
<td>-</td>
<td>19,836</td>
<td>22,897</td>
</tr>
<tr>
<td>Less: Staff Turnover (3%)</td>
<td>(654)</td>
<td>(595)</td>
<td>(57)</td>
</tr>
<tr>
<td>Pay Target (3%)</td>
<td>(654)</td>
<td>(643)</td>
<td>(631)</td>
</tr>
<tr>
<td><strong>Total Non-Pay Costs</strong></td>
<td>21,815</td>
<td>19,836</td>
<td>22,897</td>
</tr>
<tr>
<td>Property Costs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gyle Sq, Edinburgh</td>
<td>632</td>
<td>572</td>
<td>572</td>
</tr>
<tr>
<td>Delta House, Glasgow</td>
<td>493</td>
<td>643</td>
<td>643</td>
</tr>
<tr>
<td><strong>Total Fixed Costs</strong></td>
<td>2,338</td>
<td>2,113</td>
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<tr>
<td>Variable</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Discretionary Spend</td>
<td>7,640</td>
<td>4,079</td>
<td>6,197</td>
</tr>
<tr>
<td>Variable Cost Target</td>
<td>(600)</td>
<td>(600)</td>
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</tr>
<tr>
<td><strong>Total Variable Costs</strong></td>
<td>7,640</td>
<td>3,479</td>
<td>5,597</td>
</tr>
<tr>
<td><strong>Total Non-Pay Costs</strong></td>
<td>9,978</td>
<td>5,591</td>
<td>7,710</td>
</tr>
<tr>
<td><strong>Total Expenditure</strong></td>
<td>30,485</td>
<td>24,132</td>
<td>29,993</td>
</tr>
</tbody>
</table>

| Surplus / (Deficit) | 600 | 233 | (139) |
| National Boards Contribution | (600) | (600) | (600) |
| **Shortfall** | 0 | (367) | (739) |
SUBJECT: National Board Plan 2019-23 – Summary for Board Meetings

1. Purpose of the report
To provide the Board with a summary of the National Board Plan that is being prepared to support the Scottish Government's Health and Social Care Delivery Plan.

2. Key Points
This summary has been prepared by the National Boards Collaborative Programme Board to be shared with the Boards of the eight national boards. It contains a summary of the emerging national plan that was submitted to Scottish Government. It also ensures a consistent message is being shared across the eight boards about the intent and focus of the emerging plan. The summary is attached as Appendix 1.

The final detailed plan will not be available until it has been aligned with the three regional plans that are being developed (East, North and West). Once this alignment has taken place, the final plan will be shared with the Board of Healthcare Improvement Scotland. The unique contribution from Healthcare Improvement Scotland (HIS) is recognised in aspects of the summary plan and particularly within Improvement, Transformation and Evaluation. Bids for investment from the transformation fund have been prepared to support this work and two bids have been prepared by HIS: Value Management and Redesign Collaborative Approach to Transformational Change.

Following discussions with NSS, it was agreed to invest time up front with key stakeholders to design and develop a coherent and accessible package of national transformational redesign support, which will effectively and efficiently meet the needs of NHS Regions and Integration Authorities. The proposals to develop a redesign collaborative approach to transformational change are being fed into this co-design work.

The national partners have all expressed a willingness to develop this co-designed coordinated offer and proposed the following timeliness

- **Phase 1**: NSS & HIS to write Project Initial Document, including commissioning brief for external facilitator, for the co-design of a national transformation offer (by end of April)

- **Phase 2**: Co-design with national boards, regional boards and other stakeholders (e.g. Integration Authorities, Local Authority Improvement Support), the coordination transformation offer (by end of Oct)

- **Phase 3**: Implementation and evaluation of coordinated offer (From Nov 18)

NB during this phase, all current and approved transformational redesign support will continue and feed into the development of the coordinated offer.

This process is at an early stage and updates can be provided to the Board as progress is made.
Significant work is required at a national level for this plan to be supported and implemented. HIS are contributing to the national work on a number of fronts but capacity is stretched and this is reflected within the risk register.

The HIS Operational Plan will align with the national plan, once it has been approved.

3. **Actions/Recommendations**

The Board are asked to note the summary and the direction that the National Board Collaboration work is taking.

**Appendix:**
1. National Board Plan 2019-23 Summary for Board meetings

If you have any questions about this paper please contact Ruth Glassborow, Director of Improvement, [ruth.glassborow@nhs.net](mailto:ruth.glassborow@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>
<th>If yes, provide the risk number, risk description and risk rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>yes</td>
<td>yes</td>
<td>737 - there is a risk that we do not have sufficient internal capacity to support the work of the National Delivery Plan and savings targets because of the substantial input that is required from a small group of people resulting in staff becoming overburdened and stressed.</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.

The National Plan will be supported by the HIS Operational Plan

Resource Implications

Capacity within HIS to support this work is currently stretched. A review will have to be undertaken to resource this work consistently once the plan and timelines have been agreed.

What engagement has been used to inform the work.

This summary paper is part of the engagement process with Board members

What Equality and Diversity considerations relate to the work.

Advise how the work:
- helps address inequalities;
- helps patients/service users;
- makes efficient use of resources.

The plan will be fully impact assessed
National Board Plan 2019-23
Summary for Board Meetings
Introduction

The National Board Plan 2019-23 will be submitted to Scottish Government at the end of March 2018. This paper provides a summary of the emerging plan for Board meetings prior to the submission deadline and is to endorse the general principles and direction of travel. Further engagement with Scottish Government, regions, territorial boards and social care partners will be required before the plan is finalised and workstreams which will involve Boards collaborating to deliver the plan will require further discussion and sign-off at future Board meetings to ensure the appropriate governance of investment and resource decisions.

As national boards we will support the Health and Social Care Delivery Plan, providing services that meet changing national, regional and local needs. Our plan will be closely aligned with regional plans and will support Scottish Government policy including the National Clinical Strategy, Realistic Medicine and the Everyone Matters: 2020 Workforce Vision. The plan will bring together collaborative teams to meet the challenges described in the regional plans and from our own analysis, helping to tackle the challenges of health inequalities, an ageing population and restricted budgets. The plan will involve developing new areas of collaborative work, distinct from ‘core business’ and underpinned by national evaluation, improvement and transformation services.
Underpinning this plan are the following principles; we will

- use existing capacity and capability wherever possible
- focus on potential impact and added value
- focus on priorities where we can achieve most by working together
- not limit our level of ambition
- work in partnership across health and social care

1. Improvement, Transformation and Evaluation

The national boards have a wealth of resources which can be better linked and made available to support transformational change. The plan will aim to develop national improvement, transformation and evaluation services to support all aspects of the Health and Social Care Delivery Plan, underpinned by new national planning arrangements. These services will help develop more integrated partnership approaches to service delivery and strengthen support for transformational change through a collaborative operating model supported by data and analytics and evaluation expertise.

This will involve developing national improvement, transformation and evaluation services which

- bring together expertise and capacity to support transformational change alongside the development of a culture of continuous improvement
- provide self-service data and modelling tools for planning, improvement and change and a ‘virtual laboratory’ for scenario testing
- bring together research and evaluation expertise to support system wide improvement and transformation which also spreads learning
- maintain a strong focus on public health and supports the transition to a new public health landscape underpinned by population health intelligence and data and modelling tools

Some of the benefits that are expected to accrue from this approach are

- accelerating the shift in the balance of care and reduced pressure on services
- higher quality care at less cost
• an integrated and accessible national framework for change
• better sharing of good practice and effective models of change
• better alignment of workforce, service and financial plans
• better service planning supported by data over a longer timescale
• a better understanding of the evidence base for effective change
• a joined-up approach to public health at a national and local level
• improved access intelligence and data and modelling tools

2. Digitally Enabled Service Transformation

Digital innovation is a key enabler of service transformation and will be a constant theme across the plan to support the Digital Health and Care Strategy. Digitally enabled services will help people manage their own health and ensure staff have the skills to deliver digital solutions and use data to improve standards, freeing up clinical time to focus on complex cases and cases where direct clinical input is required.

This will involve helping to drive service redesign in conjunction with users at national, regional or local levels (supported by national improvement, transformation and evaluation services) which
• improve elective and outpatient care to ensure people are directed into the most appropriate care pathway
• provide triage and specialist paramedic practice support which relieves the pressure on primary and unscheduled care
• provide digitally enabled unscheduled mental health services which complement local services and improves access to professionals
• provide alternative care pathways for older people into community services
• help to deliver the Digital Health and Care Strategy, providing consistent digital architecture and a national approach to information governance
• provide national cloud-based business systems which enable more effective shared services models, reduce cost and improve analytics
• develop a workforce confident with providing digitally enabled services

Some of the benefits that are expected to accrue from this approach are
• care pathways that better meet people’s needs and free up resources
• services that are easier for people to use and don’t waste time and money
• reduced acute out-patient demand though less face to face consultation
• reduced demand on primary and unscheduled care and less acute referrals
• public engagement that creates ownership of digital and its benefits
• common technologies that can be built and procured once
• people more able take control of their own health and wellbeing
• the ability to more easily scale up proven digital innovations
• a more digitally ready workforce around the clock easily accessible services

3. A Sustainable Workforce

Redesigned services will require a reshaped workforce supported by data that enables workforce planners to model demand and projected supply. The plan will have a strong workforce element to help improve workforce planning, recruitment and retention, attraction and education and training.

This will involve helping to develop national workforce initiatives, (supported by national improvement, transformation and evaluation services), which

• improve workforce planning with a better match between supply and demand along with new guidance, a data platform and training
• provide eRostering to improve staff deployment and help employees to better manage their working lives
• develop recruitment, attraction and employee engagement through a Digital Portal and enhanced employer brand
• put in place a new national approach to youth employment
• establish national education and training commissioning along with guiding principles for Recognition of Prior Learning (RPL)
• roll out a national cloud-based learning management system
• strengthen leadership, talent management and performance appraisal and develops national support to work with local systems
• deliver national models of employment and employment policies

Some of the benefits that are expected to accrue from this approach are

• better workforce planning over a longer timescale and upskilled planners
• better alignment of workforce, service and financial plans
• employees better able to manage their own working lives
• improved recruitment, retention, talent management and staff engagement
• better awareness and opportunities for young people
• better recognition, transferability and access in relation to learning
• an enhanced talent pool and improved succession planning
• increased leadership capacity and capability for transforming services
• improved employment transferability to support national and regional models

4. Financial Framework and Investment Case

We recognise the continuing financial challenge for the whole system and the importance of a robust financial framework to support the plan. The financial framework will outline the consolidated financial position of the national boards over the next five years and the economic impact of delivering the work in the plan.

The financial framework will be based on developing a culture of sharing risk and cost underpinned by a commitment to value for money (return on investment) in the delivery of core individual operations and collaborative work. The overarching aim is to create capacity and capability to support the health and social care system and manage the ever-increasing demands for services and the associated workforce challenges. The investment case to support the plan will be based on the principle that we will utilise existing national infrastructure to reduce the pressures on individual organisations and achieve economies of scale.
SUBJECT: Excellence in Care

Purpose of the report

This paper provides an overview to the Healthcare Improvement Scotland (HIS) Board of the work and progress of Excellence in Care (EiC). It accompanies a presentation to be made at the board meeting

Key Points

The Excellence in Care programme aims to improve the nursing and midwifery care in all settings across Scotland.

Healthcare Improvement Scotland have been commissioned by the Chief Nursing Officers Directorate (CNOD) as part of a national board collaborative to develop and provide ongoing support for the programme.

CNOD have agreed funding of £164,000 in 2018/19 to support the programme with recurrent baseline funding for a band 8c Head of Excellence in Care and band 8a Improvement Advisor from 2019/20.

The Healthcare Improvement Scotland contribution to the Excellence in Care Programme focuses on the delivery of the following key outcomes:

- Provide improvement and professional leadership support to the identified lead nurses in NHS Boards to develop, test and implement new nursing and midwifery indicators across all nursing and midwifery families.
- Support alignment to and integration with relevant Healthcare Improvement Scotland improvement programmes that are designed to drive improvement in care such as the Scottish Patient Safety Programme; HEI/HAI inspections, Older people in hospital improvement and assurance work, Focus on Dementia, Person Centred Care programmes and the Quality of Care approach review process.
- Work in partnership with colleagues in Health Protection Scotland, Scottish Government and NHS Education and academic institutions.
- Provide measurement definition and guidance to NSS to support the development of the Excellence in Care CAIR Dashboard to provide efficient measurement framework eliminating duplication.

Actions/Recommendations

1. Actions/Recommendations

The Board is asked to note progress and to continue to support the development and implementation of the Excellence in Care Programme.

Appendix

Excellence in Care Board Paper
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>Risk 792 - There is a risk that the EIC team will lack effective leadership within HIS because of a turnover in staff within the EIC team, resulting in the stalling of the Excellence in Care Programme. Rated very high (20)</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.

EiC will provide and embed a system which will allow NHS boards and IJBs to assure the quality of nursing and midwifery care while providing intelligence to external assurance agencies such as HIS, CNO and ultimately the public. The system and accompanying focus on building improvement capacity and capability will help services to improve. Data within the system for example workforce and workload data can be used to redesign services.

Resource Implications

EiC has baseline recurring external funding for key posts but additionally requires some alignment with existing internal programmes.

What engagement has been used to inform the work?

Initial and ongoing engagement with Vale of Leven Families. Engagement and involvement of senior nurses and midwives throughout the system. Engagement and involvement of Council of Deans. Engagement and involvement of RCN and RCM in the programme.
| What Equality and Diversity considerations relate to the work? Advise how the work:  
• helps the disadvantaged;  
• helps patients;  
• makes efficient use of resources. | Will provide publically available data for patients.  
Will inform use of resources. |
SUBJECT: Excellence in Care – NMAHP Directorate

1. Purpose of the report

This paper provides an overview to the Healthcare Improvement Scotland (HIS) Board of the work and progress of Excellence in Care (EiC).

2. Background

The Excellence in Care programme aims to improve the nursing and midwifery care in all settings across Scotland. Nursing and Midwifery form 43% of the total NHS workforce providing 24 hour care across all settings in many specialties and throughout an individual’s lifespan. Engaging the Nursing and Midwifery workforce to be continuously improving care is an essential component of quality improvement and harm reduction across health and social care. The programme will provide access to nurse and midwifery sensitive assurance and improvement data at ward, board/ IJB and national level along with increasing the improvement skills and knowledge of the workforce, supporting a systematic quality management approach to improving care.

Following the recommendations from the Francis Report (Feb, 2013); Keogh Report (July, 2013); the Rapid Review of the Safety and Quality of Care for Acute Adults in Territorial Health Boards (Dec, 2013) and the Vale of Leven Hospital Inquiry Report (Nov 2014) there is an increasing demand for health systems to assure the quality of care provision. Systematic failures in provision and assurance of nursing and midwifery care and subsequent harm to patients has been a feature of many significant reviews. In particular reviews found significant failures care coupled with a lack of consistent and informed oversight of care at senior nursing and board level. Reviews have specifically highlighted failures in fundamental care, safe staffing, compassionate care and professionalism.

Within Scotland in response to the Vale of Leven Hospital Inquiry report, following the deaths of 34 patients from Clostridium Difficile infection, the Cabinet Secretary for Health and Sport requested a national approach to assuring and improving nursing and midwifery care for Scotland. A national framework, known as Excellence in Care, was agreed at meeting of Nurse Directors, Vale of Leven family members and other key stakeholders in 2015.

HIS has been commissioned by the Chief Nursing Officers Directorate (CNOD) as part of a national board collaborative to develop and provide ongoing support for the programme. HIS has a key role in delivering the programme and providing improvement support to the nursing and midwifery professions who work as part of multi-disciplinary teams. Specifically HIS provides clinical leadership for the programme, has established and supports a network of NHS board Excellence in Care Leads and is leading the development of indicators of care with input from across the organisation including our data, evidence, public involvement and improvement support teams.

A review of international literature in care assurance systems is being carried out by the University of Stirling. Early indications are that data driven IT dashboards displaying indicators of care have been useful in driving improvement in other systems. In England Salford Royal Infirmary has used an assurance system as part of its transformational change from failing to five star trust. Locally, good practice has been identified in Forth Valley and the Golden Jubilee who have IT based dashboards with publically available ward level data.
While outcomes are unpublished, discussions with leaders and staff from these areas has highlighted benefits for example in identifying emerging risks of harm, reducing falls rates or in deploying staffing safely and efficiently. The Nurse Director in Forth Valley credits their almost zero use of agency nursing with the availability of real time workforce and quality data within their system.

Nurses and midwives play a critical role in improving the overall patient experience by providing safe, high quality, person-centred care across all care settings. Work undertaken as part of Excellence in Care identified that only 0.7% of nurses have an improvement qualification. Since the Vale of Leven outbreak, Nurses and Midwives at team and senior level, across NHS boards, have developed a multiplicity of papers, visible leadership and IT systems to support internal assurance of care in NHS boards and identify areas for improvement. These systems vary across Scotland, can be laborious and often involve manual scanning of the data to ensure care is managed and to identify both areas of good practice and areas for improvement.

Excellence in Care (EiC) aims to improve the quality of nursing and midwifery care in Scotland by providing an evidence based consistent approach to the assurance and improvement of care. The programme will achieve this aim by collating, on one nationally and locally available system, data driven indicators of care to inform a quality management system for nursing and midwifery. This will provide care assurance and an opportunity for improvement planning at ward/team, IJB/ Hospital Health board and National level. In parallel the programme will increase capacity and capability for improvement within nursing and midwifery through a network of Excellence in Care leads, a focus on ensuring nursing and midwifery engagement in improvement programmes, and support for leadership of improvement at all levels. HIS with its unique approach to assurance and improvement is playing a central role in the leadership, development and ongoing support of the programme.

The Excellence in Care framework

The framework has been designed to align with:

- Findings from the Vale of Leven Inquiry report
- Healthcare Quality Strategy
- Nursing and Midwifery Code of practice
- Quality of Care Review Framework

It also contains nine key domains that contribute to quality of care namely:

- Leadership
- Person-centred
- Culture
- Quality Improvement
- Workforce
- Safety
- Effectiveness
- Professionalism
- Sustainability

The programme is led by the Chief Nursing Officer (CNO) and supported by the Scottish Executive Nurse Directors. It has four key deliverables:

1. Identify and/or develop a nationally agreed (small) set of clearly defined key measures/indicators of high quality nursing and midwifery care.
2. Provide a framework document that outlines key principles/guidance to NHS Boards and Integrated Joint Boards on development and implementation of Excellence in Care.
3. Design and deliver a local and national infrastructure, and ‘dashboard’, that enables effective and consistent reporting ‘from Ward to Board’.
4. Design a set of NHS Scotland record keeping standards and guiding principles that drive shared decision making and support professional judgement whilst taking a proportionate and appropriate response to risk.

Following discussion with Executive Nurse Directors it was agreed that the work would initially focus on the first 3 deliverables as part of the Excellence in Care (EiC) Programme. The process of designing record keeping standards was initiated in March 2018 and is being led by CNO and the Scottish Executive Nurse Directors.

The Excellence in Care Approach

EiC uses a co-production/co-creation approach, with Scottish Government, National Services Scotland (NSS), Healthcare Improvement Scotland (HIS), NHS Education for Scotland (NES) and patient facing Health Boards working together in a hub and spoke model to achieve the aims of the programme.

National Team Role

The primary goals of EiC are:

- To assure/improve the quality of person-centred services focused on psychological and emotional aspects of care, delivered by confident, competent, compassionate practitioners.
- To assure/improve the quality of safe and effective services based on reliable technical care processes that deliver improved outcomes.

The approach taken to achieve these goals are:

- Measure and assure the quality of nursing and midwifery care through the development of a small set of specific indicators.
- Increase leadership, capacity, and capability for improvement in Nursing and Midwifery.
• Demonstrate the contribution nurses and midwives make to the Quality Strategy ambitions of person-centred, safe and effective care.
• Embed staff and care experience/engagement at its core.
• Recognise the culture and conditions required to enable good quality care.

Eighteen short life working groups. Chaired by Associate Nurse Directors have been established of which six are focusing on core (group 3 in the following diagramme) indicators such as person centred care and workforce which will be relevant to all nursing and midwifery groups with the remaining focusing on nurse and midwifery specialty specific measures for example falls in adult acute in patient units and therapeutic interventions in mental health.

The national team are using a Hub and Spoke model to support this work. Working groups have been tasked with the development of indicators to be brought to the Hub for review, discussion and agreement before being submitted to the EiC Programme Board for sign off.

EiC will align and integrate with improvement programmes across Healthcare Improvement Scotland and will utilise already developed indicators from these programmes. Indicators will be evidence based where available and articulate the nursing and midwifery contribution to the delivery of person centred, safe and effective quality of care. The indicators must also support the reduction in harm and improve understanding of variation and waste. The system will provide actionable information to identify and prioritise quality improvement activity

The developing measurement framework will be uploaded to in the Care Assurance Improvement Resource (CAIR) dashboard which is currently being designed and tested by partners at NSS. This dashboard will be visible at ward/team, hospital IJB, NHS board and national level with the intent of providing publicly available data over time. The CAIR system will provide access to quality data in a single portal with indicators relevant to the clinical area. This will help senior nurses and others in the system by replacing a multiplicity of IT and paper based systems used currently for providing quality assurance data.
The aim is that from spring 2019 all NHS Boards and Health and Social Care Partnerships will have consistent and robust processes and systems for measuring, assuring and reporting on the quality of nursing and midwifery care and practice. Work will initially focus on delivery of indicators for acute inpatient, mental health, midwifery and District Nursing settings.

The systems developed as part of EiC will inform quality of care reviews at national and local level and drive the quality improvement efforts in nursing and midwifery care. When reliable data is available the system will enable nurses, midwives and others to more readily identify areas for improvement. Triangulation of the data across a range of indicators will help local systems to identify and improve some of the root causes of poor care and highlight improvements. At a recent care assurance event charge nurses from boards where local systems have been developed were able to describe how utilising the data enabled them to manage care better within their units. For example one charge nurse shared an improvement in falls following an identified increase in the evenings, another shared her experience of using data to improve safe deployment of staffing in her unit. To support improvement the CAIR system has a facility to display run charts and improvement data which can be shared locally and nationally.

Excellence in Care provides an opportunity to improve care at scale by identifying areas nationally and locally for improvement and aligning with existing improvement programmes within the ihub. NES and territorial boards are working on increasing capability for improvement through provision of nurse and midwife specific improvement leader training and focusing on ensuring nurses and midwives access fundamental improvement training available within boards.

Healthcare Improvement Scotland’s Role

Healthcare Improvement Scotland leads specifically on the development of the indicators and support for improvement across the nursing and midwifery families. CNOD have confirmed allocation of £164k to fund three posts to support delivery within Healthcare Improvement Scotland; a Head of Excellence in Care, an Improvement Advisor and a Project Officer. Baseline recurrent funding has been agreed for the Head of EiC and Improvement Advisor post. The programme is led by the Nursing, Midwifery and AHP (NMAHP) Director with core staff managed within the NMAHP Directorate. While focusing on nursing and midwifery professions, EiC draws on expertise from all directorates across the organisation to ensure integration with current and developing HIS programmes. An internal project board has been established to support this approach to cross organisational working.

The Healthcare Improvement Scotland contribution to the Excellence in Care Programme focuses on the delivery of the following key outcomes:

- Provide improvement and professional leadership support to the identified lead nurses in NHS Boards to develop, test and implement new nursing and midwifery indicators across all nursing and midwifery families.
- Support alignment to and integration with relevant Healthcare Improvement Scotland improvement programmes that are designed to drive the improvement in care such as the Scottish Patient Safety Programme, HEI/HAI, Older people in hospital improvement and assurance, Focus on Dementia, Person Centred Care programmes and the Quality of Care Review Process.
- Work in partnership with colleagues in Health Protection Scotland, Scottish Government and NHS Education/Academic institutions.
• Provide measurement definition and guidance to NSS to support the development of the Excellence in Care CAIR Dashboard to provide efficient measurement framework eliminating duplication.

Achievements to date

Involvement of and leadership from HIS has provided significant advantages for the EiC Programme. HIS provide clinical and professional leadership for the programme led by the NMAHP Directorate. The programme has drawn on expertise from Scottish Health Council in securing public involvement, the data measurement team in developing indicators, evidence team in providing evidence for selection and use of indicators, assurance team aligning with quality of care approach and the i-hub in alignment with existing improvement and safety programmes. This approach is acting not only to support alignment of the programme but is additionally providing greater visibility of the work of Healthcare Improvement Scotland within Nursing and Midwifery.

For HIS, Excellence in Care will support the ambition for boards to self-assure their quality of care as a part of the quality of care approach, provide nursing and midwifery assurance data to support sharing intelligence work, extend the quality management approach across nursing and midwifery and ensure participation of the largest group of professionals in the work of the i-hub by building capacity and capability to lead and support improvement.

Healthcare Improvement Scotland have led on the establishment of the eighteen Nursing and Midwifery working groups. The leadership team within HIS have appointed Associate Nurse Director level or equivalent to chair each of these groups ensuring a connectedness and relevance for the system of the work. The HIS team have established and implemented a consistent process for the development of indicators informed by key leads from across directorates. To support these groups, the team has worked to develop lead level quality improvement capacity and capability across all of the Excellence in Care Leads who are being educated by NES on the Scottish Improvement Leaders programme. A monthly reporting and review process has been established for all working groups.

Boards have already been asked to start submitting data into the CAIR system for a number of key measures focusing on Adult Inpatient. These measures include:

• Correct frequency of early warning scores
• Accurate calculation of early warning scores
• Pressure ulcer rate
• Inpatient falls rate
• Absence rate
• Safe staffing levels

10 of 17 Health Boards are submitting data for at least two of the above indicators as part of an initial test of the system.

Significant work is underway on the integration of improvement programmes with EiC across all nursing specific areas (for example SPSP) and key representatives from these programmes have been included on working groups and at the HIS internal project board.

The main forum for discussion and communication for Excellence in Care is the EiC Hub. Healthcare Improvement Scotland has been instrumental in the setup of this forum and has also established an EiC Lead Nurse Network. The EiC National Team ensure that boards are communicated with effectively by the publication of a monthly EiC Newsletter.
The team recently ran a care assurance and improvement event aimed at sharing good practice in assurance and improvement of nursing care. This was attended by senior nurses and midwives and EiC lead nurses, as well as teams from the national boards including HIS. Presentations focused on sharing existing good practice at boards and ward level and on the emerging evidence base.

3. Actions/Recommendations

The Board is asked to note progress and to continue to support the development and implementation of the Excellence in Care Programme.

If you have any questions about this paper please contact:

Jane Ross, Interim support for EiC.
Email - jane.ross1@nhs.net  t: (dd) 0131 314 1262  (int ext) 1262
SUBJECT: Quality of Care Approach: quality assurance to drive improvement

1. Purpose of the report

To share the implementation plan for the Quality of Care Approach and the deliverables from the QAD business plan for 2018/19. These outline the phased approach to implementing organisational quality of care reviews in addition to the other quality assurance work that will be delivered over the year.

2. Key Points

The quality of care approach underpins the design our inspection and review frameworks and informs how we provide external assurance of the quality of healthcare provided in Scotland. This new approach is designed to deliver quality assurance activity that drives improvement leading to better care for patients. It will feature a consistent core methodology, based on an overarching quality framework and a set of tools that can adapt to the scale and topic of a review. The approach places a much stronger emphasis on improving outcomes for patients by supporting continuous quality improvement and building supportive improvement-focused relationships with service providers.

Within NHSScotland, the vision, once the Quality of Care Approach is fully implemented, is that boards will be actively engaged in ongoing self-evaluation which informs their own improvement journey and there will be external validation of that self-evaluation at various levels within a board that individually provide information at board level, service level or within a hospital, but when taken together provide an overview of the NHS board.

There are 5 elements that underpin the implementation strategy

- Commence organisational quality of care reviews
- National thematic reviews
- Other quality assurance directorate programmes
- Capacity for self-evaluation
- Staffing capacity and capability

The approach we take to the implementation of the quality of care approach is will be key to its success and in particular the board level reviews. We have planned a phased approach to this over the next year which allows us to reflect and feed learning in to the development of the approach. This is particularly important as we move into the complex areas of leadership, culture, improvement and outcomes. The Expert Reference Group is supportive of this measured plan.

During the implementation stages of the quality of care approach we will continue to deliver the directorate work streams, and over time, based on business need and organisational priority these will be reviewed to ensure they follow the principals of the approach and are underpinned by the quality framework. Appendix two details the work that will be delivered by the directorate during 2018/19 by quarter, along with the measures of success.
**Actions/Recommendations**

The Board is asked to:

- review and provide comment on the implementation strategy (full detail is provided in Appendix 1), and
- note the deliverables for the directorate during 2018/19 as detailed in Appendix 2.

**Appendix 1:** Quality of Care Approach – Strategy for Implementation

![Image](20180315_QoCA_Strategy_for_implementation)

**Appendix 2:** Quality Assurance Directorate – Programme deliverables

![Image](09042018-QAD_deliverables_table_v01)

If you have any questions about this paper please contact Alastair Delaney Director of Quality Assurance.
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>The full quality assurance directorate risk register was reviewed in July 2017 with a view to streamlining and identifying directorate and corporate risks that apply to all programmes. There remain seven (543-546, 548, 550 and 553) active risks specific to the QoCA are all currently rated at medium.</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.

The quality of care approach work cuts across and supports all five strategic priorities, however most directly, strategic priority 4: to provide and embed quality assurance that gives people confidence in the quality and sustainability of services and supports providers to improve.

Resource Implications

The integrated planning forms for QoCA outline in detail the programme management resource requirements for delivery of the methodology and thereafter a programme of organisational reviews and thematic work.

The outputs of the testing work will help to scope the level of input that will be required from colleagues within other directorates in HIS, particularly the ihub and also from service based experts (potentially significant) that will be required to deliver both the rolling and thematic review programmes.
| What engagement has been used to inform the work. | The main external engagement to date was the consultation exercise. The programme has struggled to deliver its planned engagement activity due to resource issues. |
| What Equality and Diversity considerations relate to the work. Advise how the work: | The existing EQIA is being refreshed as part of the underpinning governance arrangements for this phase of work. The quality framework and the approach has been mapped to Human Rights PANEL principles and endorsed by the Scottish Human Rights Commission as having a human rights focus. |
|   • helps the disadvantaged;   • helps patients;   • makes efficient use of resources. |
Introduction

The quality of care approach underpins the design of our inspection and review frameworks and informs how we provide external assurance of the quality of healthcare provided in Scotland. This new approach is designed to deliver quality assurance activity that drives improvement leading to better care for patients. It will feature a consistent core methodology, based on an overarching quality framework and a set of tools that can adapt to the scale and topic of a review.

The approach places a much stronger emphasis on improving outcomes for patients by supporting continuous quality improvement and building supportive improvement-focused relationships with service providers. As well as identifying local areas of good practice and areas for improvement, the outputs of our quality assurance work will link care providers, if required, to the improvement support available through the ihub and other external providers. With the agreement of care providers, we intend to share relevant good practice and learning identified through inspections and reviews with other care providers to help spread learning from local initiatives.

The quality of care approach principles

The following five principles underpin the Quality of Care approach. These principles also underpin how we carry out our quality assurance function and are embedded into the design of all our programmes of work.

All our inspections and reviews are:

• user-focused – we put people who use services at the heart of our approach.
• transparent and mutually supportive, yet independent – we promote and support a complementary approach to robust self-evaluation for improvement with independent validation, challenge and intervention as required.
• intelligence-led and risk-based – we take a proportionate approach to inspection and review which is informed by intelligence and robust self-evaluation.
• integrated and co-ordinated – we draw on the collective participation of relevant scrutiny bodies and other partners to share intelligence and minimise duplication of effort.
• improvement-focused – we support continuous and sustained quality improvement through our quality assurance work.

The Quality Framework

The Quality Framework is a reference guide which provides guidance to services, and those externally quality assuring them, on what good quality care looks like and how this can be evaluated and demonstrated. The framework is arranged in nine broad areas of focus referred to as ‘domains’ that cover all aspects of a healthcare providers work. Each domain includes quality indicators designed to help with self-evaluation and improving the quality of care provided for all users of services. These quality indicators are neither exhaustive nor prescriptive. The Framework allows scope for organisations to self-evaluate and develop their narrative about the quality of the care that they provide using measures that are meaningful and important to staff locally. The domains and quality indicators underpinning these headings are outlined in Figure 1 below.
The Quality Framework was published in December 2017 as planned along with an overview document, briefing note and updated FAQ document which are all available on our website.

**Self-evaluation for improvement**

Self-evaluation is a process by which organisations and services reflect on their own current practice to identify areas where action could drive improvement in service delivery and ultimately, in outcomes for users of their services. Quality improvement on the basis of self-evaluation, rather than that which is solely mandated by external agencies can inspire greater local ownership of issues and design of more effective solutions.

The quality of care approach promotes regular internal organisational self-evaluation complemented by independent external validation, challenge and intervention as required as key drivers for improving healthcare. The vision, once the Quality of Care Approach is fully implemented, is that NHS boards will be actively engaged in ongoing self-evaluation which informs their own improvement journey and there will be external validation of that self-evaluation at various levels within organisations that individually provide information at NHS board level, service level or within a hospital, but when taken together provide an overview of the NHS board.

**Strategy for implementation**

There are five elements that underpin the implementation strategy.

- **a) Commence organisational quality of care reviews**

 The approach to organisational quality of care reviews is to analyse existing data and intelligence about an organisation, alongside its self-evaluation which provides additional
context and internal reflection and evaluation about what is working well locally and where there are challenges. This will form the basis of professional dialogue with the organisation concerned to both validate the self-evaluation and identify opportunities for supportive follow-up work. Core quality indicators from the Quality Framework will form the basis of the validation of the self-evaluation. It is expected that these will cover the important areas of outcomes, safety and leadership. In addition, if the analysis of the available intelligence indicates it is necessary, we will add additional quality indicators to ensure that the validation of the self-evaluation is relevant and robust.

Key to this is integration with the work of the Sharing Intelligence for Health and Care Group (SIHCG). The SIHCG meets on a bi-monthly basis and brings together colleagues from seven national organisations in Scotland. The main aim is to better inform these organisations so they can carry out their statutory duties to support improvement in the quality of health and social care to best effect. The group reviews and discusses the existing data and intelligence and feeds back to the organisation concerned the key issues and what the group sees as successes and priorities in order to inform local internal improvement activities. This intelligence, alongside the organisational self-evaluation, any other publically available information and evidence of relevance and the output of the subsequent professional dialogue during the organisational quality of care review, will be used by Healthcare Improvement Scotland to inform a proportionate and risk-based response regarding what additional intervention with an NHS board might be required.

An overview report of the review will be published which details the findings of the review, evaluations of performance at a board level, particularly in respect of leadership, outcomes for patients and the capacity for improvement. In addition, the report will contain details of the work to be taken forward by both HIS and the board as a result of the review.

An overview of the process followed by an organisational quality of care review is shown in Figure 2 overpage (still under development). A draft methodology has also been developed.

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1 The SIHCG includes representation from Audit Scotland, Care Inspectorate, Healthcare Improvement Scotland, Mental Welfare Commission, NHS Education for Scotland, Public Health and Intelligence (part of ISD) and Scottish Public Services Ombudsman (SPSO)

2 To reduce the burden of organisational quality of care reviews, we will source, collate and analyse all relevant publically available information and evidence, and that which we hold within other inspection and review programmes only asking NHS boards to provide data and evidence to support their self-evaluation which is not publically available.
Follow-up proposals as a result of the review might feature one or more of the following:

- informing on-going hospital inspections – as an area of focus
- undertaking a board-wide review of a specific or specialist service
- informing a national thematic review
- linking into an existing improvement programme
- tailored improvement support from HIS, or
- linking to improvement support from another organisation.

The core review team for an organisational quality of care review will always include at least one senior member of staff from the Healthcare Improvement Scotland Quality Assurance Directorate along with at least one public partner. Service-based and topic specialists and people with lived experience of particular services will be included on the team as required. All reviewers will receive training in advance of participating in the review process and are expected to adhere to our best practice and behaviours for inspections and reviews.

b) National thematic reviews

As part of the Quality of Care Approach, we will initiate national thematic reviews as and when required. The decision making for initiating a thematic review will be informed by our existing inspection and review activities, outputs from the SIHCG, reviews of national data, publically available information and outputs from organisational self-evaluation and associated discussions with NHS boards and stakeholders.
c) Other Quality Assurance Directorate programmes

For the quality assurance work that we lead on, the Quality Framework (supplemented as required by any relevant service-specific standards or indicators) will form the basis for inspection or review activities. The quality assurance activities will focus on particular domains and quality indicators as dictated by a review’s terms of reference or an inspection’s required area of focus. The implementation of the Quality of Care Approach across the various quality assurance work programmes is being prioritised according to internal and external timescales around business need.

d) Capacity for self-evaluation

Both intelligence and outputs from the Quality of Care Approach pilot test exercises undertaken with three NHS boards to date (NHS Lothian, NHS Grampian and the Scottish Ambulance Service) indicated that self-evaluation is not embedded within NHSScotland. The quality of care approach encourages regular open and honest organisational self-evaluation as part of routine internal assurance processes and the Quality Framework has been developed to support this.

We need to enhance capacity for self-evaluation in the system to improve quality and facilitate an ever increasing proportionate and risk-based response. A draft self-evaluation tool and guidance (currently being piloted with NHS Orkney) will assist organisations to engage with the framework and use it for self-evaluation.

Organisations will be encouraged to tell a story about where they perceive themselves to be in the round against each domain with a focus on the outcomes of activities. For example evaluation or audit results, outputs from tests of change or lessons learned that demonstrate recognition of challenges and steps taken to address areas for improvement highlighting key challenges that the organisation is facing as well as areas of good practice.

We learnt from the previous pilots that organisations were still providing significant amounts of paperwork for review teams to examine. The strategy is to reduce this to the absolute minimum so reducing burden in engaging with this activity, and ensuring that the self-evaluation exercise is helpful on an ongoing basis for the organisation and not simply done for inspection or review. By reducing the requirement for organisations to provide detailed information on activities supplemented by lots of evidence, we will help create capacity for on-going self-evaluation with the self-evaluation tool being treated as a ‘live’ document.

In addition to the toolkit, we have planned to deliver training and development to organisations to help them understand the framework and how to use it and to support the creation of a group to allow boards to share their learning from the self-evaluation process and support each other in building capacity.

e) Staffing capacity and capability

Implementation of the quality of care approach will result in a number of changes to the staffing structure within the directorate. A review of the directorate has been undertaken to support the principles of:

- enhanced flexibility of staff deployment
- future proofing the staffing structure for likely changes in work, and
- more opportunities for staff to develop their skills and progress.

There is an opportunity to review directorate staffing in areas such as:
The Quality of Care Approach training strategy defines the core skills which will be required by staff to undertake inspections and reviews under the umbrella of the approach. The associated training programme will include both internal and external staff and volunteers. The level of knowledge and training required will vary depending on the role that the individual will undertake. All HIS staff will require a general awareness and an understanding about how the work that they do interfaces with the quality of care approach.

The training strategy and roll out of training activity will be managed by the Quality of Care Approach team with progress reported through existing programme governance structures. The following mechanisms for up-skilling staff have been identified:

- face to face training
- e-learning modules
- webex presentations and discussion
- written materials
- a ‘buddy’ system
- shadowing, and
- support from programme team members and HIS staff.

Phasing of implementation

In order to ensure that the implementation is a success, it is important we take a phased approach. The early testing and subsequent informed development of the approach and board level reviews is very important. Our approach is now necessarily moving into the complex areas of leadership, outcomes, improvement and culture, all of these are complex areas to be evaluating performance. The Quality of Care Approach Expert Reference Group noted the plans for implementation and advised that care should be taken not to rush this stage of the process.

We are currently testing the board level review methodology with NHS Orkney and intend to phase the commencement of the board level reviews as follows

<table>
<thead>
<tr>
<th>SIHCG meeting</th>
<th>No of boards to review</th>
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<tbody>
<tr>
<td>April</td>
<td>1</td>
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<tr>
<td>June</td>
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<td>August</td>
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<td>October</td>
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<tr>
<td>December</td>
<td>0</td>
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<tr>
<td>February 19</td>
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The planned breaks in June and December are essential to allow space for reflection on the reviews completed and to allow the methodology to be updated in the light of any learning.

In addition to the work developing the board level reviews we have revised and updated our methodology for the regulation of independent healthcare services so they now reflect the approach and use relevant indicators from the quality framework.
The Care of older people in hospitals programme is developing a methodology for expanding these inspections into non-acute hospital settings and again, this will be based on the Quality Framework and the approach.

The current work on the redesign of the external quality assurance of cancer programmes and national screening programmes will also follow the quality of care approach and use the Quality Framework.

**Monitoring our progress**

An outcomes and evaluation framework is in place which includes short, medium and long term indicators of success for the quality of care approach. A subset of this framework has been developed that covers the completion of the methodology development and the first three years of the phased implementation. The short term indicators of success for the programme that we hope to achieve over 2018–2019 are as follows:

- healthcare providers understand the principles and aims of the quality of care approach, what it means in respect of the range of inspection and review work that we deliver and how it can support them to improve services
- healthcare providers adopt the Quality Framework as a tool for evaluating and improving healthcare locally and have the right tools, skills and support to allow them to do this
- healthcare provider leadership is committed to an ongoing cycle of self-evaluation and external assurance that supports quality improvement through organisational review activity
- those undertaking organisational review activity have the appropriate skills, knowledge and experience to analyse self-evaluations, relevant data and other information and intelligence to form robust proportionate and risk-based assessments on key issues and areas requiring further work
- all existing and new inspection and review work aligns with the quality of care approach and is based on the domains of the Quality Framework, and
- staff across Healthcare Improvement Scotland understand how the work that they do interfaces with the quality of care approach.

We will monitor these indicators through a variety of mechanisms over 2018–2019 and report progress through routine Quality Committee performance reporting.
The following table provides the directorate level business plan activities and deliverables, aligned with the priorities, aims and objectives from the HIS draft operational plan. Where the operational objective is in [square brackets] it has been added at directorate level.

<table>
<thead>
<tr>
<th>Strategic Priority</th>
<th>Operational Objectives</th>
<th>Activities</th>
<th>Delivery</th>
<th>Deliverables</th>
<th>Indicators of Success</th>
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</thead>
<tbody>
<tr>
<td>3</td>
<td>A systematic approach to the learning from adverse events and thereby reducing the potential for future harm (Ad Ev)</td>
<td>Review and update the National Adverse Events Framework</td>
<td>Q1 Q2 Q3 Q4</td>
<td>Publish revised National Adverse Events Framework in May 2018</td>
<td>An integrated and cohesive approach to supporting national learning, with consistent reporting of adverse events and Duty of Candour</td>
</tr>
<tr>
<td>(Ad Ev)</td>
<td>Support the effective introduction of Duty of Candour legislation and ensure a coherent approach across this and other aspects of HIS work</td>
<td>1</td>
<td>Publish guidance materials and deliver two community of practice web pages to support Duty of Candour</td>
<td>Patients and their families have greater confidence in the handling of complaints and learning from adverse events</td>
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<tr>
<td>(Ad Ev)</td>
<td>Undertake a thematic review into the implementation of the adverse events framework, highlighting good practice and learning for the system in light of the revised framework being published (NOTE: at request of SG and still to be finally agreed)</td>
<td>TBA</td>
<td>Publish a report on the thematic review into the implementation of the adverse events framework.</td>
<td>There is greater confidence and willingness to report concerns (ie &gt; 65% reported in the national 2017 survey)</td>
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<tr>
<td>Strategic Priority</td>
<td>Aim (wk prg)</td>
<td>Operational Objectives</td>
<td>Activities</td>
<td>Delivery</td>
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<tr>
<td>(Ad Ev) A national thematic analysis of medicines</td>
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<td>Q1</td>
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<tr>
<td>(Ad Ev) Maintain the community of practice website</td>
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<td>← as req →</td>
<td></td>
<td>An up to date website is available.</td>
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<tr>
<td>(Ad Ev) Implementation of the Suicide Review and Learning Systems (SRLS)</td>
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<tr>
<td>(Ad Ev) Providing the secretariat for the programme board and 3 national networks; adverse events community of practice, adverse events peer support and SRLC networks</td>
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<td>4</td>
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<tr>
<td>(Ad Ev) The management and dissemination of patient safety alerts from NHS Improvement to NHS Scotland</td>
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<td></td>
<td>← as req →</td>
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<tr>
<td>4 Public confidence in the quality of independent healthcare services (IHC)</td>
<td>The effective and robust regulation of independent healthcare services in Scotland.</td>
<td>Inspect all independent healthcare services due an inspection in 2018/19 (Approx. 220)</td>
<td>55</td>
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<td></td>
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<td>Continue the registration of unregistered independent clinics in Scotland (approx 100)</td>
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<td>Strategic Priority</td>
<td>Aim (wk prg)</td>
<td>Operational Objectives</td>
<td>Activities</td>
<td>Delivery Q1</td>
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<td></td>
<td></td>
<td>Embed the Quality of Care Approach into the regulation of independent healthcare services</td>
<td>take enforcement action against those who seek to operate without registration (approx. 50)</td>
<td>50</td>
<td>Providers of unregistered independent healthcare services reported to the procurator fiscal service (if required)</td>
</tr>
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<td></td>
<td></td>
<td>Investigate all complaints made to us about registered independent healthcare services. (approx. 200)</td>
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<tr>
<td>4</td>
<td>Public confidence in the quality of NHSScotland healthcare services. (QoC)</td>
<td>Embed the Quality of Care Approach through a programme of inspections and reviews</td>
<td>Complete the initial testing phase by consolidating and sharing the learning from the 2017–2018 testing work</td>
<td>1</td>
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<tr>
<td></td>
<td></td>
<td>A systematic approach to assuring the quality of care in Scotland, which appropriately balances internal and external assurance, through reviews of the quality of care</td>
<td>Undertake a full pilot of an organisational review capturing and implementing learning as we do this.</td>
<td>1</td>
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<tr>
<td>Strategic Priority</td>
<td>Aim (wk prg)</td>
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<tr>
<td>(QoC)</td>
<td></td>
<td></td>
<td>Raise awareness about the quality of care approach, the Quality Framework and self-evaluation and how it can support healthcare providers to improve</td>
<td>3 - 4</td>
<td>An awareness raising programme for service-based stakeholders, including direct engagement regional events</td>
</tr>
<tr>
<td>(QoC)</td>
<td></td>
<td></td>
<td>Undertake 4 board level quality of care reviews of NHS boards from the 2018/19 Sharing Intelligence for Health and Care Group (SIHCG) Schedule.</td>
<td>1 1 2</td>
<td>Published reports of board level quality of care reviews.</td>
</tr>
<tr>
<td>(QoC)</td>
<td></td>
<td></td>
<td>Consolidate the further learning from the reviews to date and use this to inform the first edition of the Quality Framework and a quality of care approach toolkit to support NHS Boards with self-evaluation using the Quality Framework.</td>
<td>1</td>
<td>First edition of the Quality Framework</td>
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<td>1</td>
<td>First edition of the organisational reviews toolkit</td>
</tr>
<tr>
<td>Strategic Priority</td>
<td>Aim (wk prg)</td>
<td>Operational Objectives</td>
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<tr>
<td>(QoC)</td>
<td></td>
<td></td>
<td>Establish a learning system to support service-based stakeholders to share learning, good practice, experiences and ideas as they begin to use the quality framework for self-evaluation and participate in organisational reviews</td>
<td>Q1 1</td>
<td>Peer learning and support network</td>
</tr>
<tr>
<td>(QoC)</td>
<td></td>
<td></td>
<td>Support the embedding of the quality of care approach across HIS in a structured and consistent way</td>
<td>Q1 1</td>
<td>A governance framework and structure for the ongoing implementation of the quality of care approach across Healthcare Improvement Scotland.</td>
</tr>
<tr>
<td>(OPAH/HEI)</td>
<td></td>
<td>Conduct 10 inspections of acute or community hospitals covering the theme of HAI</td>
<td>3 2 2 3</td>
<td>Published reports of inspection findings for all inspection activity.</td>
<td></td>
</tr>
<tr>
<td>(OPAH/HEI)</td>
<td></td>
<td>Conduct 10 inspections of acute hospitals covering the themes cognitive impairment, person centred care, food fluid and nutrition, falls, tissue viability and leadership</td>
<td>3 2 2 3</td>
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<tr>
<td>Strategic Priority</td>
<td>Operational Objectives</td>
<td>Activities</td>
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<tr>
<td>(OPAH/HEI)</td>
<td></td>
<td>Conduct 2 test combined inspections in community settings covering the themes of HAI, cognitive impairment, person centred care, food fluid and nutrition, falls, tissue viability and leadership</td>
<td></td>
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<tr>
<td>(OPAH/HEI)</td>
<td></td>
<td>Develop a methodology for the combined inspection programme covering both HAI and OAPH in non acute settings (community hospitals, continuing care units and specialist dementia units) which is based on the quality of care approach and uses the quality framework and focusses on patient outcomes.</td>
<td></td>
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<tr>
<td>(OPAH/HEI)</td>
<td></td>
<td>Develop the role descriptor for the Liaison Inspector role for HEI and OPAH</td>
<td></td>
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<tr>
<td>(OPAH/HEI)</td>
<td></td>
<td>Follow up progress of NHS Boards action plans</td>
<td></td>
<td>← as req →</td>
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<tr>
<td>Strategic Priority</td>
<td>Operational Objectives</td>
<td>Activities</td>
<td>Delivery Q1</td>
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<tr>
<td>(NCAL/PIDA)</td>
<td>[Support NHSScotland staff contacting HIS via the National Confidential Alert Line or under the Public Interest Disclosure Act, and investigate the issues raised]</td>
<td>Follow up new concerns related to the quality of care and provide public assurance that any concerns have been/are being addressed.</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>(NCAL/PIDA)</td>
<td></td>
<td>Continue to follow up and monitor progress of improvement plans/updates with NHS Boards until point agreed for closure</td>
<td>← as req →</td>
<td></td>
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<tr>
<td>(NCAL/PIDA)</td>
<td></td>
<td>Undertake ad hoc reviews, at the request of external organisations (eg Scottish Government, NHS Boards) as required and publish the findings</td>
<td></td>
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<tr>
<td>(NCAL/PIDA)</td>
<td></td>
<td>Undertake 2 full scale reviews and publish the findings, if required</td>
<td></td>
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</tr>
<tr>
<td>(SIHCG)</td>
<td>[Bring together a number of national bodies for the purpose of sharing and considering the intelligence we hold about the quality of health and social care]</td>
<td>Contribute to, and provide the secretariat for, six meetings to review key pieces of data and information about 14 territorial NHS boards and four special NHS boards that provide frontline care.</td>
<td>2</td>
<td>1</td>
<td>2</td>
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</tbody>
</table>

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<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
<th>Deliverables</th>
<th>Indicators of Success</th>
</tr>
</thead>
<tbody>
<tr>
<td>(SIHCG)</td>
<td></td>
<td><strong>Undertake a review of process to better integrate with the quality of care approach</strong></td>
<td>1</td>
<td></td>
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<td></td>
<td>If required, revised terms of reference for the group that sets out the relationship with the quality of care approach</td>
<td>Partners get effective early warning about poor quality in the health and care system.</td>
</tr>
<tr>
<td>(SIHCG)</td>
<td></td>
<td><strong>Collate the main achievements of the Sharing Intelligence for Health &amp; Care Group so far</strong></td>
<td>1</td>
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<td></td>
<td>Deliver an annual report</td>
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<tr>
<td>(EQA-NSP)</td>
<td>[monitor screening programme governance arrangements and develop a sustainable EQA approach to national screening programmes]</td>
<td><strong>Supporting the national screening programmes to develop their ‘local’ assurance and governance arrangements</strong></td>
<td>❯ as req ❯</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Publish reports with findings and recommendations, as required.</td>
<td>Scotland has high quality screening programmes and more people are able to early treatment for serious health conditions</td>
</tr>
<tr>
<td>(EQA-NSP)</td>
<td></td>
<td><strong>Develop an agreed methodology aligned with the Quality of Care approach and is based on the domains of the Quality Framework</strong></td>
<td>1</td>
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<td></td>
<td></td>
<td></td>
<td>Publish agreed methodology for EQA of National Screening Programmes</td>
<td></td>
</tr>
<tr>
<td>(EQA-NSP)</td>
<td></td>
<td><strong>Support stakeholders in undertaking a gap analysis of governance arrangements</strong></td>
<td>❯ as req ❯</td>
<td></td>
<td></td>
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<td></td>
<td>Publish the agreed escalation process</td>
<td>Reduction in variation and significant harm to individuals receiving screening/treatment</td>
</tr>
<tr>
<td>Strategic Priority</td>
<td>Operational Objectives</td>
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<tr>
<td>(CancerQPI)</td>
<td>[External quality assurance of regional cancer network/governance of cancer services against QPI data on a rolling basis.]</td>
<td>provide assurance regarding the governance of regional cancer quality performance indicators (QPI) work and performance</td>
<td>← as req →</td>
<td>Publish reports of “bundle” reviews.</td>
<td>Scotland has high quality cancer services and the public has confidence in the treatments provided</td>
<td></td>
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<tr>
<td>(QA of PC)</td>
<td>[Introduce a proportionate and accessible self-evaluation to General Practice]</td>
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<td></td>
<td>Recruit GP Quality Clusters within participating pilot partnership areas</td>
<td></td>
<td>1</td>
<td>Publish a pilot self-evaluation tool</td>
<td>Self-evaluation is embedded in general practice and wider primary care, leading to informed and targeted improvement of services.</td>
<td></td>
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<tr>
<td>(QA of PC)</td>
<td>Develop a self-evaluation tool informed by the Quality of Care Approach and the Quality Framework</td>
<td></td>
<td>1</td>
<td>Publish evaluation report of pilot</td>
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<tr>
<td>(QA of PC)</td>
<td>Pilot the self-evaluation tool</td>
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<tr>
<td>(QA of PC)</td>
<td>Evaluate the pilot</td>
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<tr>
<td>(QA of PC)</td>
<td>Scope the preparedness of GP Quality Clusters to carry out their functions and support implementation wider self-evaluation within Primary Care</td>
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<tbody>
<tr>
<td>(Mgmt of CD)</td>
<td>Maintain a register of the officers accountable for the use of controlled drugs.</td>
<td>Update and publish the register of accountable officers.</td>
<td>← as req →</td>
<td>Publication of up to date register</td>
<td>The health and well-being of the public is protected and misuse of controlled drugs is identified earlier.</td>
</tr>
<tr>
<td>(IRMER)</td>
<td>[Effective and robust regulation of the use of ionising radiation for medical examination or treatment.] NB subject to funding by SG.</td>
<td>Develop the sustainable delivery of routine inspection of these facilities using ionising radiation across all modalities (diagnostic, nuclear medicine and radiotherapy)</td>
<td>1</td>
<td>Publication of the methodology for the enforcement of the Ionising Radiation (Medical Exposure) Regulations</td>
<td>There is public confidence that ionising radiation is used safely and effectively in Scotland.</td>
</tr>
<tr>
<td>(IRMER)</td>
<td>Assessment and investigation of incidents where exposure to radiation is &quot;much greater than intended&quot;</td>
<td>← 100 →</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(IRMER)</td>
<td>Inspect 5 services that use ionising radiation for medical examination or treatment</td>
<td>1 2 2</td>
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<td></td>
</tr>
<tr>
<td>(IRMER)</td>
<td>Sharing learning from any significant adverse events across Scotland</td>
<td>← as req →</td>
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</tr>
<tr>
<td>Strategic Priority</td>
<td>Public confidence that adults and children receive more integrated care, that delivers health and wellbeing better outcomes (JIAS)</td>
<td>Operational Objectives</td>
<td>Activities</td>
<td>Delivery</td>
<td>Deliverables</td>
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<td>4</td>
<td>The joint inspections of adult services are focused on outcomes and provide meaningful, insightful and timely external assurance of the quality of strategic planning in partnerships.</td>
<td>Contribute to a programme of joint inspection of adult services focused on the quality of strategic planning of adult health and social care services in Scotland, which includes follow up inspections as required.</td>
<td>Q1: 1  Q2: 2  Q3: 2  Q4: 2</td>
<td>Joint publication with the care inspectorate of inspection and follow up reports for adult services</td>
<td>There is consistent improvement, as measured, in the evaluation grades arising from joint inspections of adult services</td>
</tr>
<tr>
<td>(JIAS)</td>
<td>Lead the Lived Experience inspections for adult health and social care services in Scotland focusing on the individuals' experience of using services</td>
<td>Publication of reports of the Lived Experience inspections.</td>
<td>1: 1  1: 1  1: 1</td>
<td></td>
<td>Actions identified in the three previous inspections reports are successfully implemented</td>
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<tr>
<td>(JIAS)</td>
<td>Provide health input to the independent themed inspections undertaken by the Care Inspectorate</td>
<td></td>
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<td>The health contribution to joint inspections with other bodies is clearly visible, and health related improvement actions are identified and monitored</td>
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<tr>
<td>Strategic Priority</td>
<td>Aim (wk prg)</td>
<td>Operational Objectives</td>
<td>Activities</td>
<td>Delivery Q1</td>
<td>Q2</td>
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<tr>
<td>(JICS)</td>
<td>Contribute to ensuring children and young adults in Scotland are afforded protection and remain safe through joint inspections under the leadership of the Care Inspectorate</td>
<td>Contribute to a refocused programme of joint inspections led by the Care Inspectorate of children’s services focused on protection, including follow-up inspections as required</td>
<td>1 2 2</td>
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<tr>
<td>(JICS)</td>
<td></td>
<td>Scope the requirements for and commence a national thematic review of children’s health services, which follows the quality of care approach and uses the quality framework</td>
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<tr>
<td>(JIPH)</td>
<td>Contribute to ensuring that those in the custody of the justice system receive integrated and high quality care</td>
<td>Contribute to monitoring new standards related to the quality of care in the prisons in Scotland</td>
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File Name: 20180418 item 3.2c QoCA appendix 2
Version 0.1
Date: 9 April 2018
Produced by: AH/KJFF
Page 12 of 13
Review date: xx
<table>
<thead>
<tr>
<th>Strategic Priority</th>
<th>Aim (wk prg)</th>
<th>Operational Objectives</th>
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<th>Indicators of Success</th>
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<tr>
<td>(JIPH)</td>
<td></td>
<td>Contribute to a programme of HM Inspector of Prisons inspections focusing on the healthcare of people held within the custody of the justice system, including follow-up inspections.</td>
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<tr>
<td>(JIPH)</td>
<td></td>
<td>We will provide health expertise to the HM Inspectorate of Constabulary for Scotland (HMICS) inspections of police custody suites in Scotland.</td>
<td>1</td>
<td>Deliver the business case and methodology for inspection of Forensics and police custody suites</td>
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SUBJECT: Audit and Risk Committee 14 March 2018: 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 14 March 2018.

2. Recommendation
   The Healthcare Improvement Scotland Board is asked to receive and note the key points set out below:

   - Review of Independent Healthcare – the Committee received a comprehensive update from the Director of Quality Assurance which included more detail about the registration process with clear progress being evident. The Committee asked for further information regarding the actual inspection process and the findings from these visits i.e. what has been learned from regulating this sector during 2017-18. The update will be provided to the next meeting on 21 June 2018.

   - Quality of Care Approach – the Committee received an update of progress from the Director of Quality Assurance and a comprehensive discussion took place. Concerns were raised about whether or not Healthcare Improvement Scotland have the required capacity, skills and cross organisational working in place to introduce this approach within the timescales set out. It was agreed that for the next Committee meeting, a plan would be prepared specifying the clinical areas to be considered, the resources that are required and the timescales for introducing this approach. It was also agreed that the risks around this work present a high reputational risk to the organisation and that the risk register would be updated to reflect this.

   - 2018-19 Draft Budget – the draft budget and its assumptions were considered by the Committee. The risks associated with achieving a balanced budget by 31 March 2019 were also considered and the Committee acknowledged that it will require careful management to achieve this outturn. It was agreed to share the detail of the budget with the Board at its seminar on 28 March 2018 and to recommend formal approval of the budget at the meeting on 18 April 2018.

George Black
Committee Chair
MINUTES – Approved

Meeting of the Healthcare Improvement Scotland Audit and Risk Committee at 10.45 am
6 December 2017
MR 6A, Delta House, Glasgow

Present
Hamish Wilson                      Board Member, Deputy Chair
Kathleen Preston                   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
Sandra McDougall                  Acting Director of Scottish Health Council
Brian Robson                      Medical Director
Diana Hekerem                     Deputising for the Director of Improvement Support and ihub

In Attendance
Chris Brown                        Scott Moncrieff
Brian Ward                         Head of Finance & Procurement
Paul Wishart                       Finance Manager
Pat Kenny                          Deloitte

Apologies
George Black                      Board Member (Chair)
Jackie Brock                       Board Member
Ruth Glassborow                   Director of Improvement Support & ihub
Ann Gow                           Director of Nursing, Midwifery and Allied Health Professionals

Committee Support
Chloe Wicksteed                   Committee Secretary
1. WELCOME AND APOLOGIES FOR ABSENCE

1.1 The Chair welcomed all present to the meeting. Kevin Freeman – Ferguson and Allison Wilson were in attendance from the start of the meeting for item 3.3 only.

No interests were declared at the start of the meeting.

1.2 Apologies were noted as above.

2. MINUTES OF PREVIOUS MEETING/ACTION REGISTER

2.1 Minute of Audit and Risk Committee meeting on 20 September 2017

The Committee reviewed the minutes from the previous Committee meeting for accuracy. The following amendments were agreed to be made to the minutes:

a) Change Sara Twaddle’s title to Director of Evidence
b) Amend the wording in the last paragraph in Item 5.3 from ‘accurately’ to ‘in accordance with policy.’

The Committee accepted the minutes as a true and accurate record of the meeting.

2.2 Review of action point register of Audit and Risk Committee meeting on 20 September 2017

The Committee reviewed the action point register and noted the status report against each action.

The Committee queried when the development session would be held as a date had not yet been finalised.

It was noted that the development session date had been pushed back until the Chair of the Committee had discussed with the Internal Auditors about how to measure Best Value within the NHS. A decision would be made later about whether or not to hold a development session.

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. Nothing was added to the business planning schedule.

3.2 Annual Report – Draft for Discussion

The Director of Finance and Corporate services was invited to present this paper. The following were noted:

a) The purpose of the annual report was to describe the outcomes of what the Committee had achieved over the year to assist the Board in assessing whether the Committee had met its remit
b) The report was presented as a first draft only and was not complete as the financial year had not yet finished. An important part of the process was for the Committee to discuss what they would like to include in the report and make suggestions for ways of doing things differently in the following year
c) A second draft would come back to the next Committee meeting in March before being finalised

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

- d) There was a need to look at the last annual report so that the Committee had assurance that the recommendations outlined in that report were achieved. The previous annual report was to be sent around to the Committee members
- e) It was agreed that showing progress on the previous year’s recommendations should be built into the template of the annual report for all Committees, so that the progress and achievements can be seen clearly when preparing the next report
- f) It was highlighted that because of the dynamic nature of risks, it could be hard to reflect in an annual report what actions management had taken to minimise risk areas. The best way forward with this was to capture the actions that management had taken to deal with the risks
- g) It was noted that any area of significant risk was reported to the Committee until these areas were successfully mitigated or the Committee was satisfied with the actions taken

The Committee agreed that a second draft of this report would come to the meeting in March of 2018 to be finalised.

### 3.3 Review of Independent Healthcare

Kevin Freeman-Ferguson, (Head of Service review) and Allison Wilson, (Lead Inspector) were invited to present this paper. The following points were highlighted:

- a) It was noted that another 3 clinics had registered which were not captured on the report. It was expected that 155 would have registered by the end of the year
- b) 65 services have been identified that are required to register but have not started to complete an application form.
- c) It was noted that HIS had identified and contacted over 600 services and established that they were not required to register with HIS
- d) 109 services are suspected to have to register, however it was noted that after investigation only around 50% of these will in fact be independent clinics
- e) There was currently an issue around the process of converting clinics from unregistered to registered. This process can be delayed as there are a number of checks that have to be completed, where the time it takes is outwith the control of HIS.
- f) Providers are given three months to complete and submit their application to register their service. After three months if an application is not submitted the provider is sent two warning emails after which if the application is not submitted we write to the provider giving notice that we will refuse their application. This action had been taken against 8 services. 7 out of the 8 services have since complied and completed their application. HIS have issued a decision notice to refuse 1 service and were due to visit this service by the end of December to establish if further enforcement is required.
- g) Where a provider is running an independent clinic, but making no effort to register it, we will write to the provider 3 times to warn them...
they are committing an offence and they are required to register their clinic with us. If the provider does not respond to this we commence gathering the evidence to prove an offence has been committed and prepare a report to the Procurator Fiscal Service.

h) It was requested whether the internal audit scheduled for the independent healthcare service in the last quarter of 2017/18 could be postponed to the first or second quarter of 2018/19, due to the continued high volume of registrations taking place which will continue until at least March 2018 and the high volume of projected enforcement activity which will take place from January – March 2018.

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

i) What could HIS do as an organisation to speed up the process of the conversion of services that were willing to register but were potentially held up by the process. What was being done to help services engage that have not yet engaged?

j) As a large number of clinics were still unregistered a concern was raised in regards to the risk of clinics possibly providing services to people illegally, and potentially putting people at risk

k) It was noted that there was no way to circumvent the process. Timescales and systems are in place, however the report did not clearly show where services are in this process. A different way to present the numbers would be sought to provide the Committee with better assurance on where clinics were sitting in the process and the progress being made

l) Categories 3 and 4 were of a concern as this is where the reputational risk is. The difference between these categories was unclear and more information on this difference would be helpful. It was agreed that the process could be divided up further on these two categories for clarity

m) It was queried whether there were sufficient resources to support this work as this was an area with a high reputational risk. It was noted that having more inspectors would help to complete this work but there was a limit with the resources that are available. It was difficult to get the right expertise with the right background and skills. A short term resource was being looked into, to get this work completed, but as staff require training this would take time away from the inspectors conducting their work. The team was currently planning for next financial year to have additional fixed term inspectors

n) The Committee were clear in their view that as this service pays for itself, it should be adequately resourced and a focus on completing the work as quickly as possible is required.

o) It was agreed that the internal audit could be delayed until February/March 2018. The Committee are keen that this work takes place and is not delayed further. It was agreed to move the internal audit to February/March 2018 and provide (if possible,) an initial report back to the Committee at the March meeting. This date will be changed in the audit programme

p) A question was asked about the possibility of media contact as this work could be seen as a public risk. It was noted that HIS are not able to publicly announce any enforcement until prosecution occurs, due to legislation
4. CORPORATE GOVERNANCE

4.1 Update to Audit and Risk Terms of Reference

The Director of Finance and Corporate Services was invited to present this paper.

The Terms of Reference of the Committee had been updated. The remit section now included a final bullet point on the effectiveness of the risk management approach within the organisation, including a statement that the Committee would review all corporate and all high and very high risks.

The Committee approved the updated terms of reference.

4.2 Risk Management Strategy

*Note this item was out of order and was discussed before Item 4.1 and after item 5.3.*

The Director of Finance and Corporate Services was invited to present this paper. The Risk Management Strategy had been revised due to recommendations made by the internal audit review of risk management and the risk management working group. The Committee was asked to review and approve the revised Risk Management Strategy.

The following changes were made to the risk management strategy:

a) The definitions of net, current and target risk were updated to have clearer distinctions
b) Diagrams were simplified for clarity on page 5 and in Appendix 4 (page 22)
c) A section was added documenting how risks should be escalated to the Board and senior management, as well as assigning risks to governance Committees so that it was clear to all staff and new employees (page 12)
d) Section 4.1 on page 13 was amended to state the aim to reduce the level of risk to the target level

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

1. Page 8, 3.2.2 was to be updated further as the definitions of net and current risk were still not clear enough
2. It was agreed to look at the second paragraph on page 13 as it asked to ensure risks were reduced or at least maintained and it was unclear what assurance the Committee had on this and how the Committee could gain assurance that this was happening. It was agreed that this would be looked at.

The Committee were content with the changes and agreed on the further change stated above before the revised strategy would be approved.
### 4.3 Information Governance update

The Director of Evidence was invited to present this paper. The paper provided an update on the implications of the General Data Protection Regulations, (GDPR) which were to replace the Data Protection Act, (DPA)

The following points were highlighted:

- a) The processing of personal information was noted as an area that was low risk but required a lot of work. At HIS a lot of personal information was held on file. HIS needs to ensure that people have given HIS permission to hold this information.
- b) Raising staff awareness around personal data was something that was highlighted. All staff should be provided with information on the risks around holding personal information and the actions that they must take if they are handling personal data.

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

- c) It was discussed that there was a need to ensure staff awareness around GDPR compliance requirements should be extended to public partners and Board Members.
- d) A query was raised around the robustness of the expert knowledge on GDPR and its implications for HIS as an organisation. Currently the team consists of the Data Protection Officer, Head of Information Governance and with the Director of Evidence being the risk owner for this area. It was noted that services are shared with NSS and the team would buy in expert advice as required. It was agreed that there was a need to look into gaining external expertise and knowledge to work within this team as all the expertise was only provided internally at the moment.
- e) The definition of 'lapsed' was questioned, this was in the column under notes in information enquiries received in Appendix 2 and it was agreed that this definition would be sent around the Committee members for clarity.
- f) The item in Appendix 2 (682) which had the term lapsed in the notes column. was an enquiry that was not made clear at the time as being a FOI enquiry. There was an inbox to receive these enquiries however at times these enquiries come through other areas of HIS and it was not always initially clear that these were information requests. This issue clarifies that staff awareness needs to be raised so that all potential freedom of information requests are identified.

The Committee was content with the information submitted.

### 4.4 Counter Fraud and National Fraud Initiative

The Director of Finance and Corporate Services was invited to present this paper. The paper provided the Committee with an update of work taking place during 2017-18 within the organisation in collaboration with CFS to raise awareness of potential fraud. The paper also provided an update of progress with the National Fraud Initiative. The following points were highlighted:

- a) November included fraud awareness week and fraud awareness sessions have taken place and proved to be well received by those staff that attended.
b) Maggie Waterston and Kathleen Preston attended the annual CFS conference which focused on safeguarding from cyber fraud. Both found this informative and worthwhile.

c) The output for HIS from the National Fraud Initiative had previously been reported to the Committee. This had returned 231 matches for HIS to investigate. To date 226 matches had been investigated with no further action necessary. Of the remaining 5 matches, these were expected to be closed out in the next few months.

d) It was noted that of the 5 outstanding matches 4 require responses from the SPPA which can take a while to respond and unfortunately was outside of HIS’s control.

e) The Committee were pleased with the progress made on clearing the fraud matches so quickly.

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

### 4.5 National Shared Services – update from Directors of Finance Meeting 30 November 2017

The Director of Finance and Corporate Services was invited to provide a verbal update on National Shared Services. Information was provided from the update at the Directors of Finance meeting on 30th November. The following were highlighted:

a) An agreed protocol had been put in place in the recruitment process between the national Boards. This states that when recruiting for positions, the vacancy would go to the other Boards to assess the possibility of filling the positions internally. However, there was an understanding that if a satisfactory recruitment was still not possible then the vacancy would be advertised externally.

b) Progress had been made around Communication work. Printing guidance had been established and an options appraisal process was in place regarding publishing.

c) Property strategy was being developed to maximise the use of premises across the national boards.

d) Human Resources plan is being prepared but it was noted that this is still in its early stages.

e) It was noted that the Chief Executives of the Boards are supportive of delivering the £15m savings but were proceeding with caution around the shared services agenda. It is important that a target operating model is agreed for all areas of shared services.

f) It was noted that economics input had been sourced from the Evidence Directorate to support the national Boards’ delivery plan.

g) Further work is required with the national Boards which will be alleviated by the recent appointment of a programme director to support delivery of this work.

The Committee were content with the update but noted that this item was to stay on the agenda.

### 4.6 Financial Planning – forward look 2018-2022

The Director of Finance and Corporate Services introduced this paper.

The paper presented forward financial planning for the draft budgets for four years up until 31 March 2022 with particular emphasis on the next financial year 2018-19. It was noted that Finance were still waiting for the budget announcement from the Scottish Government, due on 14 December. Assumptions have been made to allow the planning to take
The Head of Finance and Procurement was invited to present the paper. The following were highlighted:

a) It was noted that the report was high level at this stage but more detail will be provided later. As Finance was still awaiting the Scottish Government budget proposals, only assumptions were stated in the plan and would not be fully accurate at this stage.

b) The Autumn Budget Statement by the Chancellor on 22 November provided limited assistance other than to announce no changes to the rates of national insurance contributions.

c) The settlement of a funding uplift was limited, and may only be extended to territorial Boards whilst the prospect for special/national Boards may favour further reductions, which poses significant budget challenges in this area.

d) It had been made clear that the requirement for National Boards to find an additional £15 million collaborative efficiency savings would continue and may well increase. It is assumed that HIS will contribute £600,000 which equates to 2.5% of baseline funding.

e) Scottish Government had stated their intention to lift the public sector pay cap; the overall settlement was estimated at 2.25%.

f) General inflation as measured by CPI was just under 3% and was forecast to fall back during 2018 to nearer the 2% target. The assumption for 2018-19 was therefore 2.5%.

g) Employers Superannuation Contributions were scheduled to change. National Insurance rates were assumed to remain unchanged; 0% on the first £8,160 and 13.8% thereafter. The Apprenticeship levy, first introduced in 2017-18, remained at 0.5% of payroll which equates to £75,000.

h) Appendix 1 showed a range of high level potential budget scenarios and reflected a range of funding options from an uplift of 1% to a reduction of between 1-3%.

i) The highlighted figures in yellow indicated gross pay costs of permanent staff as a percentage of baseline plus income.

j) There would be an increase in property costs due the lease of the space in Delta House returning to full cost from 2018/19.

k) It was noted that the independent healthcare clinics statutory fees that pay for this service needed to be incorporated in the budget planning to make this as accurate as possible.

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

l) The effect of pay increments are included in the figures.

m) It was queried about how to predict future years. This will depend on whether or not there is a three year settlement from Treasury. On the 14 December HIS would know more from the Scottish Government budget statement and could review the assumptions at that time.

n) The finance plan would come to the next Audit and Risk Committee for consideration. The LDP, finance plan and workforce plan would all be submitted to the Board seminar in March for approval.

o) It was suggested that the finance and workforce plan could accompany the LDP to be considered at the next Quality Committee in January 2018.

The Committee was content with the information provided and found the
plan helpful as a starting point for budget planning.

4.7 **Non-competitive tender log**

The Director of Finance and Corporate services noted that approved non-competitive tenders were reported to the Committee as stated in the Code of Corporate Governance. The Head of Finance and Procurement was invited to present this paper.

For this period, three non-competitive tenders were reported.

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

5. **INTERNAL AUDIT**

5.1 **Internal Audit Actions – Follow up Tracker**

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

a) It was noted that the progress tracker did not include the review of risk which is included later on the agenda.

b) The table showed 5 recommendations were complete, 5 were on track and 3 had been breached.

c) The breached areas as shown in the report were in relation to the business continuity plan and the efficiency strategy

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

d) In general, progress was good and there is an expectation that all outstanding actions will remain on track.

e) The stakeholder engagement completion date was clarified. There was a risk that progress may be delayed due to the vacancy of the Associate Director post. This post has been advertised with a closing date of 8th January 2018.

The Committee were content with progress being made to address the audit recommendations.

5.2 **Internal Audit Progress Report**

Chris Brown from Scott-Moncrieff was invited to present this paper.

The following points were highlighted:

a) All audits were on track and in progress

b) It was confirmed that the Independent Healthcare clinics internal audit can be pushed back to February/March, however this means quite a few audits would be scheduled for March

The Committee was content with the information provided.

The Director of Finance and Corporate Services noted that a paper on the internal audit contract was covered in the Committee’s private session; this paper outlined the options that were available to appoint Internal Auditors with effect from 1 July 2018.

The Committee were asked to:

c) Consider the options and agree how to proceed. The recommendation was to pursue Option 3.
d) Agree the membership of the evaluation panel.
e) Approve the recommended timeframe that the procurement process would commence in January 2018 with a view to evaluate and award by 30 April 2018 and the new contract to commence on 1 July 2018.

The Committee decided that they would go ahead with the recommended option 3, the national framework.

The evaluation panel was agreed to be George Black (Committee Chair), Maggie Waterston (Director of Finance and Corporate Services), Janet McGrouther (Procurement and Efficiencies Manager) and Brian Ward (Head of Finance and Procurement). Kathleen Preston would deputise for George Black if required.

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<th>5.3 Internal Audit Report – Risk Management</th>
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The internal auditor (Scott-Moncrieff) was invited to present this paper.

The following points were highlighted:

a) A review of the risk management processes at HIS had taken place. The risk management strategy and its application were assessed as well as how it complied with best practice
b) The results from the audit indicated that the risk management systems at HIS were all operating effectively and HIS had a robust system in place. The online system COMPASS worked very well. The report showed that all areas of Risk Management were in the green rating
c) The suggested area of improvement was to ensure the clarity of monitoring and reporting of risk which included an agreed remit for the Audit and Risk Committee

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

d) More clarity between the net risk definition and the current risk was required to avoid ambiguity.
e) It was noted that the strategy mentions a target risk but this was not reported in the Committee risk register report. The Committee was assured that this process was followed however the target risk did not appear in the report reviewed by the Committee, and this would be reviewed.

The Committee was content with the information provided in this report and pleased with the findings on the risk management process at HIS.

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<th>6. EXTERNAL AUDIT</th>
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<td>6.1 External Audit Update</td>
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Pat Kenny From Deloitte was invited to present this paper

It was noted that the key messages of the report were outlined on page 4 and the following was highlighted:
a) In the key risk areas it was highlighted that specific attention will be made to revenue recognition particularly in relation to income from the independent clinics.

b) The wider focus by Deloitte would be regarding governance and financial sustainability

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

c) Page 11 mentioned the report was now excluding the value for money assessment, yet this was seen as a very high priority by the Committee. It was noted that this was not being ignored as the value for money was a key component in financial sustainability which would be reviewed. The planning report is in line with what is required by Audit Scotland. This would be discussed further with the Committee Chair.

d) A question was asked regarding materiality (page 10) as the report noted that reporting misstatements was being increased to 5% of materiality based on current methodology. It was clarified that where misstatements are identified HIS would expect to adjust the financial statements to correct them. This would all be covered at the annual accounts workshop in May 2018.

e) It was clarified that a review would take place on progress with the national fraud initiative and that in accordance with Audit Scotland guidance, Deloitte would be requested to provide information to support national performance audits on digital.

The Committee were content with the information provided and noted that the report was clear and helpful.

7. STANDING BUSINESS

7.1 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.

It was noted that this risk report went to the Board meeting on 22 November 2017 where it was fully considered.

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

a) Risk 739, on the operational register was noted as a resourcing issue and it stated that HIS were attempting to agree on longer term funding; it was discussed that there is a need to ensure HIS is on track with this

b) Risk 72 on the operational register was noted as a capacity issue when delivering this programme of work; it was discussed that the rating of the risk was related to the fact that there was a lot of long term sickness in this team, the risk had come down since then. However this issue highlighted the reliance placed on individuals with specialist skills

c) Risk 557 on the operational register was also a resourcing issue, in terms of staff being on fixed term contracts ending in December; it
was noted that staff had been offered contract extensions but not all Boards had agreed to the secondment extension with one post definitely ending in December 17
d) It was noted that 603 should be moved from the operational register to the corporate risk register as this issue does affect the strategy

The Committee were assured by the management of risk subject to the comments above.

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<th>7.2 Board Report 3 key points</th>
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<tr>
<td>1. Review of independent healthcare</td>
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<td>2. Update to Audit and Risk Terms of Reference</td>
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<td>3. Information Governance Update</td>
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<th>7.3 Feedback session</th>
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<td>Committee members were requested to send any feedback to the Committee Chair.</td>
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<th>8. PAPERS FOR NOTING</th>
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<th>8.1 Governance Committee minutes</th>
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Committee were content with the minutes and key point reports.

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<th>8.2 LDP Performance Management report – for noting</th>
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<td>This report was provided for noting.</td>
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</table>

This report was presented to the Quality Committee on the 2 November 2017 in the first format. The LDP had three levels and this level, (level 1) goes to the Quality Committee before going to the Board where the other levels go directly to the Board. The Quality Committee is to scrutinise this report and decide what should be highlighted to the Board, highlighting any common themes and areas of importance. The Board is content at this stage with this plan.

The Committee was content with the information provided.

<table>
<thead>
<tr>
<th>8.3 NHS Scotland Audit Report</th>
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<tr>
<td>This report was provided for noting.</td>
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The Committee was content with the information provided

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<thead>
<tr>
<th>9. ANY OTHER BUSINES</th>
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<tbody>
<tr>
<td>There were no items of any other business.</td>
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<table>
<thead>
<tr>
<th>10. DATE OF NEXT MEETING</th>
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<tbody>
<tr>
<td>The next meeting is 14 March, 10.30am – 1.00pm MR6A&amp;6B, Delta House, Glasgow</td>
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</table>

Director of Finance and Corporate Services
SUBJECT: Staff Governance Committee: key points

1. Purpose of the report
   This report provides the Healthcare Improvement Scotland Board with an update on key issues arising from the Staff Governance Committee on 22 March 2018.

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

1. National Dignity at Work Survey
   The Committee discussed the Staff Experience report which was released on 1 March. This covers both iMatter and the Dignity at Work survey. While overall the results are positive there a couple of areas around bullying and harassment which need to be addressed. The Committee welcomed the commitment from management to address these issues.

2. Local Negotiating Committee
   The BMA have exercised their right to request a local negotiating committee to deal with terms and conditions issues which effect only Doctors. This has been set up and minutes from the meeting will be submitted to the Staff Governance Committee.

3. The Workforce plan
   The Committee considered the draft workforce plan, the workforce numbers correlate with the LDP. There are a number of cultural and learning needs which also are addressed by the plan and these need to be prioritised and focused on clear outcomes. The next version will go to the May Staff Governance Committee and will be signed off by the Board in June.

Duncan Service
Committee Chair
MINUTES - Approved

Meeting of the Healthcare Improvement Scotland Staff Governance Committee at 13:30  
8 November 2017  
Boardroom, Gyle Square, Edinburgh

Present  
Duncan Service  Chair  
Kathleen Preston  Board Member  
Bryan Anderson  Board Member  
Susan Walsh  Board Member  
Robbie Pearson  Chief Executive  
Maggie Waterston  Director of Finance and Corporate Services/Lead Officer  
Sara Twaddle  Director of Evidence  
Sandra McDougall  Acting Director of Scottish Health Council  
Zaid Tariq  Deputising for Ruth Glassborow  
Mark Aggleton  Deputising for Alastair Delaney  
Belinda Henshaw  Partnership Representative

In Attendance
Anne Lumsden  Head of OD & Learning  
Ann Laing  Head of People & Workplace

Apologies
Ruth Glassborow  Director of Improvement Support and ihub  
Alastair Delaney  Director of Quality Assurance  
Ann Gow  Director of Nursing, Midwifery & Allied Health Professionals  
Brian Robson  Medical Director  
Kenny Crosbie  Partnership Representative

Committee Support
Chloe Wicksteed  Committee Secretary

<table>
<thead>
<tr>
<th>1.</th>
<th>WELCOME AND APOLOGIES FOR ABSENCE</th>
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<tbody>
<tr>
<td>1.1</td>
<td>The Chair welcomed all present to the meeting and introductions were made. Apologies were noted as above.</td>
</tr>
<tr>
<td>1.2</td>
<td>Declaration of interest</td>
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<tr>
<td></td>
<td>No declarations were noted.</td>
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<thead>
<tr>
<th>2.</th>
<th>MINUTES OF PREVIOUS MEETING/ACTION REGISTER</th>
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</thead>
<tbody>
<tr>
<td>2.1</td>
<td>Minute of Staff Governance Committee meeting on 31 May 2017</td>
</tr>
<tr>
<td></td>
<td>The minutes of the meeting held on 6 September have not yet been approved. It was requested to revisit the wording in agenda item 6.2 - National Dignity at Work Survey as the wording did not quite reflect what was discussed as a Committee.</td>
</tr>
<tr>
<td></td>
<td>Committee Secretary</td>
</tr>
<tr>
<td>2.2</td>
<td>Review of action point register of Staff Governance Committee on 6 September</td>
</tr>
<tr>
<td></td>
<td>The Committee reviewed the action point register from the meeting on 6</td>
</tr>
</tbody>
</table>
September 2017 and noted the status report against each action. The following action points were discussed:

**Action item 6.2 – National dignity at work** – All committee members were to receive a link to the dignity at work survey, the link was to be sent out to members that had not received the survey.

**Action 7.1 – New Risk to be added to register** – This risk was still not on the current risk register, this risk had been added to COMPASS and will show up in the next committee meeting register report.

### 3. COMMITTEE GOVERNANCE

#### 3.1 Business Planning Schedule

The Chair presented the updated schedule and asked for comments. The following was noted:

- **Annual report** – this item would come to the next Committee meeting in February
- **iMatter** – This item was marked on the schedule to come to the February meeting, although this was an item for the current Committee meeting, this was to be amended.

#### 3.2 Annual Report

The Chair announced that the Committee were required to think about what they would like to see included in the annual report. A draft report would be developed and brought back to the Committee in February.

### 4. CORPORATE

#### 4.1 Workforce Monitoring Plan 2017-2020

The Head of People and Workplace was invited to present this paper.

It was noted that the paper was a mid-year analysis, which provided an outline to the position of the workforce up until 30 September. The paper included the current position in comparison to the starting period, (1 April 2017) and the revised end of year projections, (31 March 2018). It was noted that the summary headlines were included on page 4. The Committee were asked to comment on the format and content of the report.

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

- a) After concerns around the high turnover rate of staff (11.5%), it was clarified that a turnover rate of up to 10% was considered normal. It was also explained that the report included all staff contracts which include fixed term and secondment arrangements and not just permanent staff which contribute to the turnover calculation.

- b) A query was raised in terms of the number of staff employed in the ihub directorate as secondees-in, sessional and interim staff seemed high and whether this was the most effective way to employ these staff. It was noted this is an action for Head of people
and workplace that ihub often required clinical input and a number of clinical leads in certain work portfolios and these specialists often had to be sourced externally.

c) A discussion took place around the understanding behind employee stress and anxiety, as it showed up as the most common reason for leave/absence. It was noted that the process to investigate stress was followed in terms of investigating absence and is part of the absence management process.

d) It was noted that there are a number of posts in backfill at the moment and this could cause issues with pressure on staff which may be contributing to stress levels. ET are aware of these arrangements which are largely a result of additional commissions from Scottish Government. It was discussed that there was a need to be a balance with what opportunities HIS was given and what HIS is able to deliver.

e) It was agreed to add a table in the report showing work planned against the funding received. It would be worthwhile to understand what HIS was doing in the meantime between gaps in roles being filled to tackle over working and stress levels.

f) It was agreed that more information was required to explain the results related to long term absence as some data revealed concerning figures of long term absence in some teams.

g) It was noted that there was an improvement on the data reported for personal development reviews, which had made the data clearer.

The Committee noted the update but agreed the data needed to be more fully explained so that the reasons for results could be understood. This would help provide assurance on whether actions were being taken to tackle any issues identified. It was agreed that the context of the data and a narrative would be added to help explain what the findings of the data revealed.

4.2 National Shared Services

*Items 8.1 and 8.2 were brought forward and were discussed before this item.*

The Chair invited the Director of Finance and Corporate Services to present on this topic.

In review it was noted that there were 8 boards and each had a commitment to find 15 million of savings (figure selected by Scottish Government,) by sharing services. The goal was to find common ground and links between boards to improve on sharing services compared to the efforts taken to date.

The following points were highlighted:

a) Boards were trying to implement an approach for recruitment to be delivered across the 8 boards. At the most recent board seminar the vacancy review process was agreed whereby any vacancies in the agreed support areas were to be shared amongst DoF group who would establish whether or not it was possible to fill a vacancy from capacity elsewhere within the 8 Boards.

b) It was noted that partnership collaboration had been lacking at a
national level, this needed to be scheduled on a future Partnership Forum agenda to agree on how best to take this forward.

c) The 8 Boards Chief Executives have approved the appointment of national shared services programme director to support progress with the national work. Staff members in HIS would still have a call on their time to support progressing the work.

d) Communication to all staff on the awareness of the national shared services was an ongoing requirement. It is important to help staff understand the opportunities that sharing services could provide as well as the changes in certain systems and processes that would occur.

The committee noted the update.

5. VALUES, BEHAVIOURS, ENGAGEMENT & COMMUNICATION (VBEC)

5.1 Exit Interviews

The Head of People and Workplace was invited to present this paper.

It was noted that the Exit Interviews had been changed to a shorter format, the Committee was asked to review and provide feedback on the format and content of the questionnaire and report.

The Committee raised the following points:

a) It was noted the questions in the interview invited a negative response and the questions should be reworded.

b) A question was raised in regards to making the interviews available online (for example through survey monkey), the rationale being that analysing the statistics could be easier for staff and would not take as much time.

c) It was suggested that HIS could share a standardised interview with the 8 boards once completed.

The Committee noted the work to improve the Exit Interview questionnaire. The Committee suggested the questions be altered to ensure they do not encourage a negative response and that the survey be made available online.

5.2 Prevent Programme

The Director of Evidence was invited to present this paper.

The following points were highlighted:

a) It was noted that steady progress has been made on this programme since it was last addressed. Concerns were initially raised around the programme, as activities under the Prevent heading failed to pick up the risks and its implementation could be perceived as potentially discriminating against certain groups. A shift had been seen with regard to this.

b) The Prevent working group had been refreshed to include the Equality and Diversity Adviser and Partnership representation.

c) Revised terms of reference had been agreed.

d) An awareness campaign was planned before Christmas which included a learnpro module.
e) The escalation policy for concerns identified by inspectors had been updated to reflect actions to be taken if a potential Prevent issue was observed during inspection activity.

f) It was noted that the Prevent working group was feeling positive with the progress made and needed to continue to move this work forward.

The Committee decided that this awareness programme would be shared with public partners.

The Committee noted the update and were content with the progress made on this.

6. STAFF GOVERNANCE STANDARDS

6.1 Staff Governance Action Plan – Including iMatter

The Head of Learning and Development was invited to talk to this report. It was noted that some of the information from this action plan report was presented at the Committee development session. The Committee were asked if any improvements can be made to future reporting to support them with providing assurance.

In brief, the report provided information on how HIS was progressing with each of the elements of the Staff Governance Standard. It provided information from a range of sources including:

- 2017 iMatter Board Report (focusing on those areas that were identified as key areas for action)
- Other staff surveys (excluding the Dignity at Work Survey which will run in November 2017, with reporting in February 2018)
- Information on in house training and development accessed by staff
- Performance and Development Review compliance
- Information on health and safety, including sickness absence information

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

a) The reports needed to be presented in a different format. A narrative should be provided to understand the data. It was noted that some of the data was misleading when no narrative or further information was provided.

b) A query was raised in regards to the mitigating actions item on page 1 (appendix 1), it was unclear what ‘in progress’ meant and in particular, it was clarified that the intranet plan progress had a delay. The ‘bringing the strategy to life’ had communications established and it would be discussed at the ET development day, but was still in early stages in terms of progress.

c) A concern was raised on the finding that 20% of staff felt they did not have the information to do the job, the committee queried whether HIS knew what information staff may be lacking and how to improve this. It was discussed that more work was required in terms of finding out what information staff felt they were lacking. It was noted that sometimes staff don’t know the links of the organisation and where to find information. The current intranet
was not an easy platform for staff to navigate and the update of this was intended to help. It was highlighted that staff do have some responsibility in finding information for themselves, however HIS needed to ensure there weren’t any blocks for staff receiving information from line managers or other colleagues and there was not a culture issue around this.

d) A query was raised on whether there were problems within team communication and results that came out of iMatter and how this may be addressed. It is noted that results from iMatter may be slightly skewed as there was not as much anonymity with smaller teams. It was discussed that the findings from iMatter were being discussed together in teams and teams were working together on iMatter action plans to address improvements or areas that needed more focus.

e) It was queried what assurance there was on knowing that managers were going on the right courses, with so many courses available. It was noted that HIS needed to ensure managers get the right foundations first before picking additional courses or interests. It was noted that HR do send out management packs which ensured that managers are provided with mandatory training and information

f) A point was raised on ensuring staff had the skills and knowledge to take new work on with a lot of opportunities arising currently. It was discussed that HIS needs to ensure staff have the skills and training and are offered additional support if required

g) With the organisation continuously developing and opportunities arising this meant the capability and leadership in HIS needs to continually develop. It was noted that HIS would never have a perfect staffing model due to the changing nature of its work and particularly from the changing nature of Scottish Government commissions. The current process of corporate planning should identify the structure of the workforce required to deliver the new strategy and this includes subject expertise being sought if required and also the need to build our own knowledge base. It was noted that the Committee will revisit this discussion around the workforce plan for 2018-2020.

The Committee noted the report and appreciated that progress has been made. However it was requested that more narrative be provided to explain the results in this report.

7. RISK MANAGEMENT

7.1 Risk Management/Risk Register

The Committee received a report from the Director of Finance and Corporate Services on the Corporate Risks relating to the remit of the Committee.

It was noted that there were no Operational Risks relating to this Committee that were rated as High or Very High.

It was noted that there was one new risk on the risk register report – 736 regarding DCRS, however this risk had recently been reviewed and a decision had been made that it should not have been recorded on the risk register.
The Committee noted that they did have concerns about the underlying issues of dignity and respect that were raised in risk 736 but agreed that it should not have ended up on the risk register. Now that it was brought to the Committee’s attention they asked for assurance on what had been done around this issue.

It was discussed that the Executive Team were aware of the issues around this incident and were dealing with this currently, but it wasn’t appropriate to be discussed in this forum and any concern was to be discussed outside of this Committee.

The Committee noted the update and were content with the above discussion.

8. PAPERS FOR NOTING

8.1 Partnership Forum Minutes – For Information – August 16 2017

This item was out of order and was discussed after item 4.1

It was decided in the Committee development session that the Partnership Forum minutes and three key points would be discussed at the start of the agenda. It was agreed that it was important for the committee to be aware of what was being discussed at the partnership forum meetings. It was decided that the Committee members would be sent the Partnership Forum minutes before the Staff Governance meeting in order to be able to prepare discussions or highlight any concerns. It was noted that the links between these two committees had become slightly clearer, it was important to know what was discussed at Partnership Forum for the assurance of the Committee’s responsibilities.

The following items were brought to attention of the Committee from the Partnership Forum minutes:

a) It was noted that a discussion at the PF occurred around behaviours and values tied in with iMatter, it was queried whether or not the iMatter questions may be encouraging accurate responses. Some teams were small so were not completely anonymous. It was noted that the work around dignity at work may provide more accurate data, especially in terms of bullying and harassment

b) A discussion occurred around behaviour and how HIS can work on ensuring staff are equipped with the skills to call out bullying at work. Encouragement should be given to all staff at individual level and at team level to call each other out; gaining trust and building on relationship skills which could be assisted by the coaching skills for managers course. HIS also need to also ensure that there is an awareness of the ‘always and never’ behaviours across the organisation.

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

a) Bullying and harassment training sessions were being rolled out within the organisation which aimed to help raise awareness
around dignity, respect and equality and to provide staff with the
skills to challenge others who were displaying unprofessional
behaviour. It was noted that ET and senior management need to
set the tone by demonstrating that bullying or harassment is not
tolerated.
b) It was noted that external bullying can be an issue especially for
staff in SHC who often deal with partners outside of HIS and do a
lot of community working. Behaviours towards staff can be
challenging when trying to build relationships. It was agreed that
further work is required to look at how to equip staff (especially
senior managers) to challenge these behaviours, and provide staff
with training and skills on this.
c) A query was made about whether there was an awareness around
any hot spots for staff. It was noted that rather than just identifying
hot spots HIS need to find solutions and act on these.
d) It was noted that if any incidents occur because of unprofessional
conduct that need to be brought to the Committee’s attention due to
an underlying pattern or trend they would be added to the
agenda.

It was decided to include this topic on the agenda for the February
meeting to consider alongside the dignity at work survey results, to ensure
that the Committee are sighted on progress.

The Committee noted the items raised in the minutes.

8.2 Partnership Forum 3 Key Points – For noting – October 5 2017

The three key points from the October Partnership Forum meeting were
noted. The following was discussed:

In regards to the quality management system (key point 1,) it was noted
that language needed to connect with people more, the language was
complicated and needed improving to increase engagement. There is a
need to have a clear understanding on how HIS would deploy this work. It
was discussed that demonstrating the good work we do as an organisation
was the most important.

The report was noted by the Committee.

9. STANDING BUSINESS

9.1 Board report key points

The Chair would prepare a report for the Board highlighting the key points
from the meeting. The key points were agreed as:
1. National Shared Services
2. Development session
3. Prevent Programme

9.2 Feedback Session

The Chair invited the Committee to provide any feedback relating to the
meeting or the papers.

It was noted by the Committee that the development session was very
worthwhile- it was very useful and helpful. Committee members felt the
accountabilities of the Committee had been made clearer.
Another development session would be scheduled for May/June next year (2018).

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<tr>
<th>10. ANY OTHER BUSINESS</th>
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<tr>
<td>No items of any other business were discussed.</td>
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<tr>
<th>11. DATE OF NEXT MEETING</th>
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<tbody>
<tr>
<td>The next meeting of the Staff Governance Committee will be held in the Boardroom in Gyle Square on 28 February 2017 from 10:30-12:30</td>
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</table>
SUBJECT: Scottish Health Council Committee 27 February 2018 – 3 key points

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 on 27 February 2018.

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

a) Scottish Health Council Review
The Committee received an update on progress with the Healthcare Improvement Scotland consultation on the review of the role of the Scottish Health Council. It was noted that a number of further engagement activities will take place during March 2018, including discussion sessions with staff and Public Partners, and meetings of a Stakeholder Advisory Group. This will enable testing and development of the propositions which were considered previously by the Committee and the Board taking account of consultation feedback.

b) Engaging people in Healthcare Improvement Scotland review
The Committee discussed plans to undertake a review of how Healthcare Improvement Scotland engages people in the design and delivery of its work, taking account of the priorities and commitments established within the Making Care Better strategy. The review will enable mapping of current activities and identification of areas for improvement, and will run between April and June 2018.

c) Health & Social Care Delivery Plan – Regional planning
Following a presentation by the Service Change Manager, the Committee discussed the potential implications of regional planning for the design and delivery of health and care services. The need for early and meaningful engagement with people and communities in co-designing and co-producing these services was emphasised.

Pam Whittle
Chair, Scottish Health Council
MINUTES

Meeting of the Scottish Health Council
14 November 2017
Meeting Room 6B, Delta House, 50 West Nile Street, Glasgow G1 2NP

Present
Pam Whittle Chair
George Black Member
Alison Cox Member
Elizabeth Cuthbertson Member
Marianne Wong Member
Irene Oldfather Member

In attendance
Sandra McDougall Acting Director
Daniel Connelly Service Change Manager
Christine Johnstone Community Engagement & Improvement Support Manager
Anthony McGowan Review and Implementation Lead
Helen McFarlane Our Voice Programme Director

Apologies
John Glennie Member

Committee support
Susan McLaren Acting Committee Secretary

<table>
<thead>
<tr>
<th>ITEM</th>
<th>NOTES</th>
<th>ACTION</th>
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<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>
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<tr>
<td></td>
<td>All were welcomed to the meeting.</td>
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<tr>
<td>1.2</td>
<td>Apologies for Absence</td>
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<tr>
<td></td>
<td>Apologies were received from John Glennie.</td>
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<tr>
<td>1.3</td>
<td>Minutes of Previous Meeting (3 October 2017) &amp; Matters Arising</td>
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<td></td>
<td>Minutes of the previous meeting were accepted as read.</td>
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<td>Public Involvement Unit</td>
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<td>The committee were advised that the focus of the consultation on the</td>
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</table>
The role of the Scottish Health Council was on external work. It is intended to carry out a review of the needs for engagement support across HIS. This is expected to be a short-lived process taking place in early 2018 and will be an important consideration for upcoming Public Partner recruitment.

Susan McLaren left the meeting at this point. The discussions on the Scottish Health Council Review were recorded by Anthony McGowan.

2 STRATEGIC BUSINESS

2.1 Scottish Health Council Review update

The Committee discussed a presentation on emerging themes from the consultation feedback received from stakeholders, including draft propositions which would be considered further by the Healthcare Improvement Scotland Board.

Susan McLaren returned to the meeting.

3 COMMITTEE GOVERNANCE

3.1 Our Voice update

Helen McFarlane (HMF) presented a paper to the committee which outlined the work taking place to develop a more evidence based approach to analysing and theming views. This work has also been presented to the Our Voice Programme Board and the Development and Oversight Group. This work is concentrated on four areas:

- A group from the Local Office network is testing a method of recording, reporting and sharing intelligence received in the course of day to day activities.
- The ALLIANCE is identifying with their member-based organisations how they gather and report information.
- Working in partnership with Care Opinion and PASS to consider current methods of reporting and collating of stories and experiences.

Elizabeth Cuthbertson (EC) noted that it would be important to ensure that this work is compliant with current Data Protection Act and forthcoming General Data Protection Regulations (GDPR).

It was further noted that these activities were being carried out as tests of change and would inform future work, with due regard being given to the resources required.

3.2 Community Engagement & Improvement Support update

Christine Johnstone (CJ) presented to the committee an update on a Gathering Views activity on Organ and Tissue Donation and Transplantation. Scottish Government had asked the Scottish Health Council to...
Council to gather views from two specific groups – people with a learning disability and young people aged 15 to 16. For the discussion groups for people with a learning disability we collaborated with People First Scotland.

The feedback from Scottish Government has been extremely favourable and they have now asked us to carry out some additional engagement to gather views from ‘looked after’ children. We will be collaborating with Barnardo's to carry out that exercise. Working with these specific groups has meant that new techniques and approaches have had to be developed. The challenges for staff when seeking views from the public on what may be sensitive topics was highlighted.

Marianne Wong (MW) asked if the Gathering Views activities would provide an opportunity to create case studies. CJ responded that they normally are written up as a report but it would also be possible for the work to be written up as case studies.

### 3.3 Service Change update

Daniel Connelly thanked the Committee members that contributed to the Service Change Working Group discussions and gave an update on service change activity:

- Regional planning areas have submitted draft plans to the Scottish Government.
- NHS Tayside consultation on Shaping Surgical Services - The Scottish Health Council will publish its quality assurance report on the engagement and consultation process for this Major Service Change on 30th November 2017, ahead of NHS Tayside’s board meeting on 7th December 2017.
- The service change team has been involved in an increasing number of changes within Health and Social Care Partnerships. Following the interim position paper produced in June, the service change team continues to develop their thinking on provision of engagement advice and support in this area.

George Black (GB) asked if finance could openly be a driver for change in the NHS in Scotland. DC responded that there should be an equal balance between financial, clinical and public views but that delivery of services did need to take into account the resources available.

### 3.4 2017/18 Operational Plan

The Operational Plan has been produced in a different format which it is hoped will streamline the presentation and places more emphasis on the activity so far and the impact.

Feedback from the Committee on the new format was positive.
## 3.5 Risk Register

<table>
<thead>
<tr>
<th>Risk 707</th>
<th>The measures being taken are helping to mitigate against this risk and maintain at its current level.</th>
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</thead>
<tbody>
<tr>
<td>Risk 716</td>
<td>Tony McGowan to discuss with Alan Bigham (Programme Manager – Volunteering) an update to this risk on Volunteering</td>
</tr>
</tbody>
</table>

It is intended to add an additional Our Voice risk and how the risk is described is under discussion. In the meantime measures are being taken to manage the risks associated with Our Voice. The previous risk pertaining to Our Voice has been removed as it did not reflect the current situation.

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## 4 Any other business

There was no other business to discuss.

## 5 DATE OF NEXT MEETING

Tuesday 27th February 2018