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

Date: Thursday 1 March 2018  
Time: 12.30 - 16.20  
Venue: Boardroom, Gyle Square, Edinburgh  
Contact: Pauline Symaniak | p.symaniak@nhs.net | 0131 623 4294

<table>
<thead>
<tr>
<th>Item</th>
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<th>Lead officer</th>
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<tr>
<td>1. OPENING BUSINESS</td>
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<tr>
<td>1.1</td>
<td>12.30</td>
<td>Welcome and apologies</td>
<td>Chairman</td>
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<td>1.2</td>
<td>12.35</td>
<td>Minutes and Actions Points of meeting held on: 22 November 2017</td>
<td>Chairman</td>
<td>BM2018/1 BM2018/2</td>
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<td>1.3</td>
<td>12.40</td>
<td>Chairman’s Report</td>
<td>Chairman</td>
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<td>1.4</td>
<td>12.50</td>
<td>Executive Report</td>
<td>Chief Executive</td>
<td>BM2018/4</td>
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<td>2. STRATEGIC DIRECTION</td>
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| 2.1 | 13.05 | Corporate Plan 2018-2021:  
• Operational Plan, Finance Plan and Workforce Plan | Chief Executive | BM2018/5 Presentation |
| 2.2 | 13.50 | Clinical and Care Governance Framework | Director NMAHP | BM2018/6 Presentation |
| 2.3 | 14.05 | Stakeholder Engagement Update  
• 2018 Campaigns  
• Organisational Branding | Head of Communications | BM2018/7 BM2018/8 |

14.20 - 14.35 Refreshment break
3. DELIVERING OUR CORPORATE PLAN

3.1 14.35 How the organisation is helping to deliver the Health and Social Care Delivery Plan: Mental Health  
Director of Improvement Support and ihub

3.2 15.10 Delivering our Corporate Plan:  
- Organisational Performance (Level 1 reporting) Feedback from the Quality Committee  
- How are we making a difference? (Level 3 reporting)  
Director of Finance and Corporate Services  
BM2018/9

3.3 15.35 Financial Performance Report to 31 January 2018  
Director of Finance and Corporate Services  
BM2018/10

3.4 15.45 Risk Management Update  
Director of Finance and Corporate Services  
BM2018/11

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 15.55 Update to Board Members’ Code of Conduct  
Director of Finance and Corporate Services  
BM2018/12

4.2 16.00 Audit and Risk Committee: key points from the meeting on 6 December 2017 and approved minutes from the meeting on 20 September 2017  
Committee Chair  
BM2018/13 BM2018/14

4.3 Quality Committee: key points from the meeting on 18 January 2018 and approved minutes from the meeting on 2 November 2017  
Committee Chair  
BM2018/15 BM2018/16

4.4 Staff Governance Committee: approved minutes from the meeting on 6 September 2017  
Committee Chair  
BM2018/17

4.5 Scottish Health Council Committee: next meeting on 27th February 2018  
Committee Chair

4.6 16.15 Register of Interests  
Director of Finance and Corporate Services  
BM2018/18
5. ANY OTHER BUSINESS

6. DATE OF NEXT MEETING

6.1 16.20 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
collate the findings for discussion.

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. DELIVERING 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 focussed 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 to 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-focused 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.

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

g) 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.

h) 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.

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

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

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

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

m) A full implementation plan would be created and the new approach would be trialled between March and summer 2018 with a view to introducing it in the autumn.

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

o) 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.

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

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.

4.6 Staff Governance Committee

The Board noted key points from the meetings on 6 September and 8 November 2017.

The Chair of the Committee highlighted the following points:
   a) The minutes from the meeting on 6 September 2017 would follow.
   b) The career pathways work was now viable due to the increased size of the organisation.
   c) More work would be delivered to support the values and behaviours to take account of the different backgrounds of staff.
   d) Work was progressing around shared services and the Prevent programme.
   e) The Committee was examining what data it would receive in future to best support its role.
### 4.7 Scottish Health Council Committee

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.

The Chair of the Committee recognised the improved communication support for SHC and how valuable this had been.

### 4.8 Improvement Hub Committee

The Board noted that the approved minutes from the meeting on 15 June 2017.

The Chair of the Committee referred to the ihub impact report which had been tabled.

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.

### 4.9 Register of Interests

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

The Board approved the register as presented with the following amendment: the HIS Chairman was the Convener for Children in Scotland not a Board member.

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<th>Corporate Governance Officer</th>
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### 5. ANY OTHER BUSINESS

There were no items of other business.

### 6. DATE OF NEXT MEETING

6.1 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.
## DRAFT ACTION POINT REGISTER

**Meeting:** Healthcare Improvement Scotland Board Meeting  
**Date:** Wednesday 22nd November 2017

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<th>Action point</th>
<th>Timeline</th>
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<td>1 March 2018</td>
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<td>1.4</td>
<td>Executive Report</td>
<td>The review of targets and indicators report and the new GP contract to be circulated to Board members.</td>
<td>Immediate</td>
<td>Corporate Governance Officer</td>
<td>Complete</td>
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<td>The Chair of Scottish Health Technologies Group to be invited to attend the next Board meeting to highlight the SHTG contribution to technology.</td>
<td>31/12/17</td>
<td>Corporate Governance Officer</td>
<td>Complete – will attend April seminar</td>
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<td>2.3</td>
<td>Financial performance to 31 October 2017</td>
<td>The commentary and the tables for the efficiencies information to be made more clear for future reports, and notes to be used to explain the narrative.</td>
<td>21/2/18</td>
<td>Director of Finance and Corporate Services</td>
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<td>Risk Management</td>
<td>Risk 634, related to the Workforce Strategy, would be reviewed to ensure the wording emphasises the current position.</td>
<td>Immediate</td>
<td>Director of Finance and Corporate Services</td>
<td>Complete</td>
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<td>4.9</td>
<td>Register of Interests</td>
<td>Amend the register of interests to show the Chairman as the Convener for Children in Scotland.</td>
<td>Immediate</td>
<td>Corporate Governance Officer</td>
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SUBJECT: Chairman’s Report

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

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

3. Strategic issues

   a) Chair of NHS Scotland Board Chairs Group
      The work involving NHS Board Chairs and Chief Executives continues to progress to review the governance for health and social care in Scotland.

4. Stakeholder engagement

   a) Joint engagement: Chairman and Chief Executive – key issues
      The Chief Executive and I attended the Child and Adolescent Mental Health Services national event on 28 November 2017, also attended by Maureen Watt MSP, Minister for Mental Health. The event was part of our Scottish Patient Safety Programme and its aim was to celebrate success, share practical examples of improvement programmes and provide opportunities for networking.

   b) NHS Board Chairs Meetings
      Since my last report to the Board, there have been two meetings of the NHS Board Chairs on 4 December 2017 and 29 January 2018. The meetings have received updates from the lead Board Chief Executives for the west and east on regionalisation.

   c) NHS Board Chair Appointment Panels
      I continue to act as 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.

   d) Meetings with Stakeholders
      I have held a number of meetings with stakeholders including Professor Carrie McEwen, Chair of the Academy of Medical Royal Colleges, on 5 December 2017 and David Crossman, the new Chief Scientist on 15 January 2018. These have provided opportunities to discuss our new strategy and areas of joint working.

   e) COSLA, Integration of Health and Social Care, 26 January 2018
      I attended this very constructive form which looked at practical next steps for progressing the integration of health and social care.
5. Our governance

a) Appointment of Governance Committee Vice Chairs
   Our Code of Corporate Governance requires that we appoint Vice Chairs for each of our Governance Committee. At the meeting of the Governance Committee Chairs on 13 December 2017, the following Vice Chairs were formally agreed:
   - Audit and Risk Committee - Hamish Wilson
   - Scottish Health Council Committee - John Glennie
   - Staff Governance Committee - Kathleen Preston
   - Quality Committee - John Glennie
   - Executive Remuneration Committee - George Black

b) Governance Committee Membership
   I am delighted to advise that Susan Walsh has been appointed as an additional member of the Audit and Risk Committee.

c) Board Informal Sessions
   The Board held an informal session on 13 December 2017 with our Executive Team during which we discussed succession planning, population health, the new GP contract and our progress with the quality management approach. We also held a joint session with the Board and senior team of the Care Inspectorate on 19 February 2018 to discuss our areas of joint working.

Dame Denise Coia, DBE, FRCPsych
Chairman

Social media
If you are active on Twitter, please follow the Chairman - @denisecoia.
SUBJECT: Executive Report to the Board

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

Digital Health and Care Scotland

The Chief Executive participated in a panel session at the recent Digital Health and Care Scotland with the CE of NHS 24, NHS National Services Scotland, NHS Education Scotland and DHI Scotland, discussing the next steps for delivery of Scotland’s new Digital Health and Social care Strategy.

National Boards Collaboration Workshop

The Chief Executive and the Vice Chair attended a National Board collaboration workshop in early February to continue to develop the National Boards Collaborative workplan for 2018-19. It was a useful session and provided opportunities for Chairs and Chief Executives from the national boards to come together to explore the opportunities for closer collaborative working.

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) regarding the Scottish Health Council review. A short-life stakeholder advisory group, including these stakeholders alongside representatives of The ALLIANCE, NHS Board Chief Executives and Scottish Government, is being established to assist in the development of proposals for change, alongside engagement with staff and Public Partners.
Quality Assurance Directorate Review

In autumn 2017, the Director of Quality Assurance initiated a directorate review to examine the following:

- Clarification of role, purpose and accountability of the directorate.
- Reviewing staffing needs with an aim to reduce the number of staff on short term/interim arrangements, confirming the Directorate Management Team (DMT) and the future staffing structure required to deliver the work programme and provide stability to the workforce.
- Exploring opportunities for staff to work across the directorate enabling improved efficiency, flexibility and increased opportunities for staff development.
- Identification of any issues/gaps within the directorate that may hinder progress.

The review process is now complete, with the final report currently under consideration by the Executive Team. A formal consultation with affected staff members will take place before final decisions are made.

Quality of Care Approach

Following the publication of our Quality Framework in late December 2017, we have now begun to deliver training on EFQM (European Framework for Quality Management) for staff in the Quality Assurance Directorate. The training is being delivered by Quality Scotland who will also be providing support as we implement the quality of care approach across our work.

Excellence in Care

The NMAHP directorate is working with the Chief Nursing Officer and national boards on development of the Excellence in Care (EiC) assurance and improvement framework for nursing and midwifery in Scotland. HIS has been commissioned specifically to develop a suite of indicators for each nursing speciality and support a network of EiC leads from each board in Scotland in improving care. A full report is included as an Appendix 1 to this paper.

QI Bulletin

The Knowledge Management team curate and publish an online quarterly bulletin which brings together research, resources and publications from the international improvement community. The aim is to keep staff across health and social care in Scotland up to date with developments in quality improvement policy and practice. The QI bulletin has recently been identified by the Q Community as a great resource that is likely to be of wide interest and we anticipate that they will be promoting it to the Q membership.

Place Home and Housing Portfolio – ihub

A new Portfolio Lead for Place Home and Housing joined HIS in February 2018. Ruth Robin joins the organisation from a national role with Shelter Scotland where she designed and delivered a range of successful Housing Support and Care at Home Services, including their innovative engagement with people with lived experience to co-produce services. Ruth has worked in housing for over 15 years across both local authority and voluntary sector. The Place, Home and Housing portfolio for 18/19 will support improvements to strategic planning
and raise awareness of housing options across sectors that will provide people with a home environment that supports greater independence and improved health and wellbeing.

**International Web Seminar**

Michelle Miller, the Portfolio Lead for Focus on Dementia within the ihub of Healthcare Improvement Scotland presented to 966 people from across USA, Canada, New Zealand, India, Australia, Singapore, Romania, Argentina, the UK and Ireland at a web seminar, entitled International Perspectives on Supporting People with Dementia and Caregivers.

Michelle talked about the dementia context in Scotland and how Focus on Dementia is supporting the implementation of the dementia strategy into practice. The webinar is available for listening here: [https://lnkd.in/dieUFBD](https://lnkd.in/dieUFBD)

**Complaints reporting (March 2018)**

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

As the Board will be aware, HIS also has the responsibility to investigate complaints about services provided by the independent healthcare providers we regulate.

In December 2017 we received a formal complaint in relation to our handling of a complaint received about an independent clinic. Of the two specific aspects of the complaint, one was upheld. This related to pre-visit arrangements for a complaint investigation and as a result, we are making changes to improve our Independent Healthcare complaints procedure.

The complaint was resolved within the 20-day deadline. All complaints received by Healthcare Improvement Scotland will be formally reported in our Complaints and Feedback Annual Report.

**ICHOM Workshop on Value Based Outcome Measurement - 26 April 2018**

Focus on Dementia has been working in collaboration with The International Consortium for Health Outcomes Measurement (ICHOM) to test the first global dementia standard set. This standard set provides a way to measure outcomes which people with dementia and carers have said are important to them.

A workshop to learn more about value based outcomes and to share learning will be held on 26 April 2018 where colleagues from Doncaster and Manchester, who are testing the ICHOM dementia standard set, along with our Scotland test site leads, will share their learning to date on testing the ICHOM dataset. The session will also have a wider focus than dementia and will enable national colleagues to see the opportunities with value based outcome measurement in other settings.

4. **EXTERNAL DEVELOPMENTS**

**IHI Strategic Review**

The Chief Executive, Director of Improvement Support and ihub, and Director of Nursing all attended aspects of the annual 2 day IHI strategic review, alongside colleagues from the
Scottish Government, Elaine Mead, Chief Executive, NHS Highland and Tracey Gilles, Medical Director, NHS Lothian. The strategic review is the opportunity to understand Scotland’s and IHI’s current strategic priorities, reflect on the work of the last year, and agree priority areas for partnership working for the next year.

The agenda included an update on our 90 day quality management system process, for which IHI are providing critical friend input. IHI expressed how impressed they had been by the work undertaken by HIS and they encouraged us to consider a joint publication on the basis that they believe there will be international interest in it. Other areas identified as priorities for 2018-19 is the spread of value management work that IHI has been prototyping with NHS Highland, and ongoing links from Scotland into the IHI networks such as the Health European Improvement Alliance.

**Primary Care and GP Contract**

Healthcare Improvement Scotland’s commitment to cross organisational coordination and effective delivery across Primary Care continues to evolve. At the beginning of March the Executive Team and senior managers will consider how this is shaping up, the relevant resources internally and externally and areas of priority and action. We are engaging with Scottish Government, RCGP Scotland, Scottish School of Primary Care and others to consider how we best collaborate and coordinate our activities.

The planning for the new GP contract continues between Scottish Government, BMA and others. We are considering how our work with IJBs including commissioning activities might support local Primary Care improvement planning and how we might collaborate under the memorandum of understanding arrangements that are being put in place between NHS boards, GP representatives and IJB Chief Officers.

**Targets and Indicators**

Sir Harry Burns reported with his advisory report at the end of 2017. We are currently considering this report and the Executive Team will consider how this impacts on our approach to measurement, monitoring and wider business intelligence.

**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 has also attended various external stakeholder meetings with the Chairman 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.

**Executive Team Geographical Oversight**

The Executive Team are progressing with their Geographical Oversight roles for specific areas of Scotland and testing is currently underway with two NHS Boards by the Director of Nursing, Midwifery and Allied Health Professionals. The role is a development of the relationship manager principle, and focuses on ensuring ET members have knowledge of the issues, work
ongoing and priorities in the particular areas they are responsible for. This is being taken forward in close alignment with the Sharing Intelligence for Health and Care group and will link into relationships across the organisation, ihub and SHC local offices and exploring options for link inspectors within the Quality Assurance Directorate.

**Q Governance**

The Director of Improvement Support and ihub attended the Health Foundation’s Q Governance meeting alongside colleagues from NHS Improvement, Public Health Wales and the HSC Safety Forum in Northern Ireland. The Health Foundation is investing significant resource in the Q Network across the UK of which Scotland currently has 186 members. A place on the governance group enables HIS to influence the direction of travel of this UK wide initiative. Further, an unintended consequence noted by all four country representatives has been the value obtained from the four country discussions. Issues explored in the meeting included the potential role of Q in supporting senior leaders across the UK to provide leadership for improvement and how we enable greater UK wide collaboration between Q members on priority system issue for improvement.

**HTAi Global Policy Forum, Barcelona, January 2018.**

Dr Iain Robertson, Chair of the SHTG, and Dr Alan MacDonald, Chair of SMC, attended the 2018 Global Policy Forum of HTAi. Healthcare Improvement Scotland joined the Forum in 2017, which brings together non-commercial and commercial organisations to discuss methodological and policy issues in health technology assessment. The meeting considered the role of HTA, industry and the health system in horizon scanning. Topics under discussion included the purpose of horizon scanning; how to improve current horizon scanning systems and approaches; preparation of the healthcare system for disruptive technologies, and multi-stakeholder collaboration. SHTG will be using the discussion and learning from this Forum to review opportunities to develop horizon scanning activity that would create benefit within the Scottish health and care system.
1. Purpose of the report

This paper provides an overview to the Healthcare Improvement Scotland Board of the work and progress of Excellence in Care (EiC). Which is led by the NMAHP Directorate.

Background

Excellence in Care aims to deliver a quality management system that will provide local and national intelligence providing assurance and confidence of care delivery to teams and people using the service. Excellence in care aims to deliver an evidence based set of indicators an IT infrastructure by March 2019. Since the June 2017 update work has been progressing against the four key deliverables from Scottish Government Chief Nursing Officer’s directorate.

The four key deliverables (KDs) of Excellence in Care are –

1. Identification and or development of a nationally agreed (small) set of clearly defined key indicators of high quality nursing and midwifery
2. A framework document that outlines key principles/ guidance to NHS Boards and Integrated Joint Boards on development and implementation of Excellence in Care.
3. The design and delivery of a local and national infrastructure, and ‘dashboard’, that enables effective and consistent reporting ‘from Ward to Board’.
4. 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.

Why excellence in care

- National Approach to Assurance and Improvement via the quality management system.
- Evidence based measurement framework which captures the contribution of Nursing and Midwifery.
- Response to the Vale of Leven Hospital Inquiry – CNOD & Scottish Executive Nurse Directors led.
- Creation of a consistent Quality management once for Scotland.
- Data Driven to understand variation

Key Points

Nurses and midwives play a critical role in improving the overall patient experience by providing safe, high quality, person-centred care. Excellence in Care (EiC) aims to collate indicators to inform a quality management system for nursing and midwifery providing care assurance and an opportunity for improvement planning at ward/team, IJB/ Hospital Health board and National level.

The developing measurement framework will be uploaded to in the Care Assurance Improvement Resource (CAIR) dashboard which is currently being designed by partners at National Services Scotland. EiC will align and integrate with improvement programmes
across Healthcare Improvement Scotland and identify 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, understanding of variation and waste. The system will provide actionable information to identify and prioritise quality improvement activity at ward/team, board/ IJB and national levels.

The role of Healthcare Improvement Scotland (HIS) in EiC

Healthcare Improvement Scotland lead on the development of the indicators and support for improvement across the nursing and midwifery families. The EiC programme aims to measure the quality of care focused on outcomes supported by reliable processes within a clear structure of accountability. EiC aims to collect quality data, workforce data, elements of staff and public experience including complaints in the CAIR system to allow triangulation of data intelligence and system understanding for improvement planning.

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

- Provide improvement and 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

- Established the seventeen Nursing and Midwifery family working groups. Appointed chairs at AND level or equivalent to lead on the EiC indicator development process.
- Developing lead level Quality Improvement capacity and capability to support implementation of EiC via working groups and nationally.
- Published working group guidance document to support defined process of indicator development across NHS Scotland.
- Proving ongoing support to NSS regarding clinical context and usability of CAIR.
- Established process to review evidence base for the development nursing specific indicators.
- Integration of improvement programmes with EiC across all nursing specific areas - for example SPSP (acute care portfolio) key representatives on working groups and HIS internal programme board.
- Development of EiC Hub in collaboration with National team.
- Development and delivery of EiC Lead nurse network.
- Embedded monthly reporting structure and review process established for the seventeen nursing & midwifery families and core working groups which are developing a three to five indicator for N&M families across the safety and effectiveness domain and specific indicators for specific topics e.g.) professionalism and workforce.

Please contact Karen Goudie National Clinical Lead for further information
karen.goudie@nhs.net
SUBJECT: Corporate Plan 2018-2021

1. Purpose of the report
A presentation will be made at the Board meeting to guide the meeting through the main points around the current corporate planning process. Following feedback from the Board the plan will be prepared for final sign off at the board seminar on 28 March 2018.

2. Key Points
The Corporate Plan sets out how we will deliver our strategy ‘Making Care Better – Better Quality Health and Social Care for Everyone in Scotland’. There are a number of factors to be considered in the development of this plan:

- 2018-19 will be a transition year as we build on our contribution to supporting transformational change across health and social care.

- In order to transition to this new plan we may be required to make some difficult decisions regarding the work that we undertake. This could include some of our legacy work and it is important for the Board to recognise the potential challenges that this could create and be assured that what we deliver is aligned with our five strategic priorities.

- Four strategic themes have been agreed to harness our work. These have been agreed based on the principles of best use of resources and effective cross organisational working
  1. Preventative work that supports a shift in the balance of care
  2. System redesign to improve pathways of care
  3. Capacity and Capability of the system to improve
  4. Value based healthcare – maximising value

- The strategy makes clear our five strategic priorities. In considering how we deliver those priorities whilst contributing to the Health and Social Care Delivery Plan we have agreed three tests of relevance
  1. Does this support a shift in the balance of care?
  2. Does it alleviate pressures in the acute system?
  3. Does it support higher quality care at reduced cost?

- A recognition that our work delivers ‘Once for Scotland’ at a national level and can be tailored for testing at a local level. Our work therefore spans all levels of the health and social care system

- The national board delivery plan is still being prepared and agreed. Our corporate plan will take into account our contribution at a national level.

- A more sophisticated approach to managing our resources and including work force management is being introduced
A presentation of the corporate plan was considered at the Quality Committee in January and the feedback has been incorporated within our thinking.

An Operational Plan, previously known as the LDP will also be prepared for submission to Scottish Government.

Feedback from the Board will be welcome at the meeting and this will enable a more considered plan to be prepared for sign off at the Board Seminar on 28 March 2018.

3. Actions/Recommendations
   The Board is asked to consider the above key points and the presentation and to provide feedback that can be incorporated into the final plan for sign off on 28 March 2018.

If you have any questions about this paper please contact Maggie Waterston, Director of Corporate Services. margaret.waterston@nhs.net
SUPPORTING INFORMATION

RISK

<table>
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<th>Do the key points represent a risk to the organisation?</th>
<th>If yes, has a risk been raised on the Compass Risk Management System</th>
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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 five strategic priorities will be incorporated within the plan

Resource Implications

The plan will be fully resourced

What engagement has been used to inform the work.

A stakeholder engagement plan will support the plan.

What Equality and Diversity considerations relate to the work. Advise how the work:
- helps the disadvantaged;
- helps patients;
- makes efficient use of resources.

Equality impact assessments will be conducted to ensure that our work meets the needs of stakeholders and makes best use of resources.
SUBJECT: Clinical and Care Governance Framework

Purpose of the report

The purpose of this report is to provide a final draft of the Clinical and Care Governance Framework for agreement by the Board.

Key Points

The overarching purpose of the Healthcare Improvement Scotland Clinical and Care Governance Framework is:

“To provide assurance to the Chief Executive and Healthcare Improvement Scotland Board that clinical and care governance arrangements are in place in all programmes of our work to support the delivery of safe, effective and person centred health and social care services to improve outcomes for the people of Scotland.”

This Framework focuses on the internal clinical and care governance arrangements necessary for Healthcare Improvement Scotland to deliver on its objectives. This includes purpose and principles, lines of responsibility, control mechanisms and reporting systems. Clinical and care governance must have a high profile throughout the organisation to ensure that quality of care is given the highest priority at every level within all of our programmes of work.

Clinical and care governance processes are integrated within Healthcare Improvement Scotland’s wider corporate governance arrangements. This is the responsibility of everyone in the organisation and is based around seven broad principles:

1. We have a supported, involved and engaged workforce.
2. There are clear lines of leadership and accountability.
3. We involve the people and communities who use services in all our programmes of work.
4. There is transparent and informed decision making.
5. All clinical and care risks are identified, managed and acted upon.
6. We will uphold and demonstrate professional ethics, values and standards.
7. We will continually share the knowledge and learning with all our stakeholders.

The Chief Executive has overall accountability for the performance management of the whole system. This accountability is discharged through the management structure within the board. Executive Directors have delegated authority and responsibility for their own Directorates or Departments. The Medical and NMAHP Directors have specific delegated responsibility for clinical governance within the organisation.
The responsibilities of the Chair and Non-Executive Directors are detailed below:

- Create an organisational culture that promotes human rights and social justice; values partnership working through example; affirms the contribution of staff through the application of best practice, including learning and improvement; and is transparent and open to innovation, continuous learning and improvement.

- Establish integrated clinical and care governance policies and regularly monitor their effective implementation.

- Require that the rights, experience and concerns of service users, carers and communities are central to the planning, governance and decision-making that informs quality care.

- Ensure transparency and candour are demonstrated in policy, procedure and practice.

- Seek assurance that effective arrangements are in place to enable health and social care professionals be accountable for standards of care, including services provided by the third and independent sector.

- Require effective engagement with all stakeholders and partners to ensure that local needs and expectations of services are met and health and wellbeing outcomes are improved.

- Ensure clear, robust, accurate and timely information on the quality of service performance is effectively scrutinised and informs improvement priorities. This should include how partnership with the third and independent sector supports continuous improvement in the quality of service planning and delivery.

- Seek assurance that systems demonstrate clear learning and improvement in care processes and outcomes.

- Seek assurance that staff are supported when they raise concerns in line with local policies on whistleblowing and regulatory requirements.

- Establish clear lines of communication and professional accountability from health and social care professionals within the organisation to Executive Directors accountable for clinical and care governance. This should include mechanisms for taking account of professional advice and validating the quality and environment of all health and social care professionals’ training to comply with professional regulatory requirements.

**Actions/Recommendations**

The Board are asked to review the above and attached and approve the setup of the Care and Clinical Governance Group and the approach detailed within this paper.
Appendix

Appendix One – Care and Clinical Governance Framework v0.27

Appendix Two – Care and Clinical Governance Group Draft Terms of Reference

If you have any questions about this paper please contact David Butterfield, Programme Manager at d.butterfield@nhs.net
## SUPPORTING INFORMATION

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## OTHER CONSIDERATIONS

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

This work will ensure that Healthcare Improvement Scotland is compliant with Scottish Government’s requirement for the development of a framework for oversight of clinical and care governance for integrated services. This will enable HIS to support health and social care organisations to redesign and improve.

**Resource Implications**

As indicated in the paper

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

A HIS wide working group was developed and workshops held to develop the Framework

**What Equality and Diversity considerations relate to the work. Advise how the work:**
- helps the disadvantaged;
- helps patients;
- makes efficient use of resources.

The implementation of robust Care and Clinical Governance will provide assurance that the work we are doing helps patients and makes efficient use of resources.
Healthcare Improvement Scotland

Clinical and Care Governance Framework

Version 0.28 for approval
1. Introduction

Our aim at Healthcare Improvement Scotland is to help those in Health and Social care deliver high quality care and make sustainable improvements in the care they provide for people, their families and communities. To achieve this aim we use the approach outlined in our strategy which aspires to achieve better quality health and social care for everyone in Scotland (Healthcare improvement Scotland, 2017).

Delivery of our strategy in a complex environment must be underpinned by a clear and consistent approach to health and care governance within the context of a non-patient facing national board who’s products and services are used in patient/client/public facing services and therefore require to be robust and quality assured.

2. The Framework

The overarching purpose of the Healthcare Improvement Scotland Clinical and Care Governance Framework is:

To provide assurance to the Chief Executive and HIS Board that clinical and care governance arrangements are in place in all programmes of our work to support the delivery of safe, effective and person centred health and social care services to improve outcomes for the people of Scotland.

This Framework focuses on the internal clinical and care governance arrangements necessary for Healthcare Improvement Scotland to deliver on its objectives. This includes purpose and principles, lines of responsibility, control mechanisms and reporting systems. Clinical and care governance must have a high profile throughout the organisation to ensure that quality of care is given the highest priority at every level within all of our programmes of work. Definitions of health and care governance can be found in Appendix 1.

The Scottish Government Clinical and Care Governance Framework (Scottish Government, 2015) sets out the broad roles and responsibilities for those involved in the planning, delivery and oversight of health and social care services. Although Healthcare Improvement Scotland is not a direct patient facing organisation the roles of staff, our products and services are used by organisations that do. It therefore follows that the roles of Healthcare Improvement Scotland staff and board members in delivering health and care governance are similar to those described in guidance. All staff, not just clinical staff, have a role in clinical and care governance with specific roles at each level of the organisation. These are described in appendix 2

Clinical and Care Governance processes are integrated within Healthcare Improvement Scotland’s wider corporate governance arrangements. Our framework is based around seven broad principles.
2.1. We have a supported, involved and engaged workforce

It is increasingly clear in the health and social care sector that staff involvement and engagement is linked to positive outcomes, both for individuals and for organisations. This engagement is based on trust, integrity, two way commitment and communication between the organisation and its staff. This means having the right conditions in place for all of our staff to give their best each day, with a commitment to the Healthcare Improvement Scotland’s goals and values and an enhanced sense of their own well-being. Promotion, support and monitoring of this is the role of the Staff Governance Committee within Healthcare Improvement Scotland.

2.2. There are clear lines of leadership and accountability

Accountability is at the heart of clinical and care governance. Where a culture of accountability exists, people do what they say they’ll do. Everyone builds credibility for themselves and for the organisation by holding themselves and each other accountable. Regulated professionals within the organisation have an additional accountability to their professional bodies, a function which acts to ensure safety of the public.

It is also recognised that the senior clinical leaders in the organisation have a professional duty, set out by their regulatory bodies, to ensure that systems and processes are in place to secure the highest quality of clinical care, product or service.

Within this governance framework, accountability is understood as a complex phenomenon with four core elements:

• The accountability of all members of staff to the requirements of the organisation.

• Individual professional accountability for the quality of work, in line with the requirements of the relevant professional regulatory bodies.

• Accountability of senior members of staff for the organisation’s performance.

• Personal professional accountability of the Medical Director and NMAHP Director to ensure appropriate clinical governance mechanisms are in place and assured.

Within Healthcare Improvement Scotland, professional accountability and leadership is executed through a combination of clear line management, professional registration, recruitment processes, ongoing support and assurance processes, with the executive oversight of the NMAHP and Medical Director. Arrangements are in place for external support and advice to provide professional support for social workers within the organisation.
2.3. We involve the people and communities who use services in all our programmes of work

Clinical and care governance aims to ensure that care is co-ordinated and tailored to the needs of the individual and people are always treated with dignity, compassion and respect. The Scottish Health Service Council has a specific role within Healthcare Improvement Scotland and in territorial boards to support public involvement. Within the context of this framework there is a wider organisational responsibility to ensure involvement of people and communities across our work. Healthcare Improvement Scotland have a responsibility to ensure that members of the public are involved within all areas of our work.

2.4. There is transparent and informed decision making

Openness and transparency are essential in creating a positive culture and providing assurance that decisions are based on sound principles and evidence, made only after careful consideration of all the relevant factors. National standards and guidelines must be considered. Local factors and existing care provision must also be considered. Within Healthcare Improvement Scotland transparent and informed decision making is assured through the Quality Committee, Executive Team and programme governance structures.

2.5. All clinical and care risks are identified, managed and acted upon

The focus on clinical and care risk as part of Clinical and Care Governance processes will allow effective escalation and integration with the corporate risk register and risk management processes. Clinical professionals will have clear responsibilities at project or programme level to ensure the appropriate assessment of clinical risk. This will contribute to assurance and visibility of risk at senior corporate and board level. Responsibility for oversight of all organisational risks lies with the Audit and Risk committee.

2.6. We will uphold and demonstrate professional ethics, values and standards

An organisation’s culture is reflected by what it values, its shared beliefs and individual and group behaviours. Effective clinical and care governance alongside the extant board governance arrangements will ensure an alignment between professional ethics and values and those of the Organisation supporting delivery of ethical values based care via our programmes of work. Regulated and/or licenced professionals also have individual responsibilities around ethics and standards to which they may be held to account by their professional regulatory body.

Healthcare Improvement Scotland will look to create an organisational culture that promotes human rights and social justice; values partnership working through example; affirms the contribution of staff through the application of best practice, including learning and improvement; and is transparent and open to innovation, continuous learning and improvement.
2.7. We will continually share the knowledge and learning with all our stakeholders

Healthcare Improvement Scotland shares knowledge with stakeholders through a number of established routes. The clinical and care governance group will provide an additional forum for the professional community to collectively inform the work to be shared and to share knowledge and expertise with the Quality committee and Executive team.

3. Delivery of the Framework within Healthcare Improvement Scotland

Delivery of the health and care governance framework within Healthcare Improvement Scotland requires the seven principles to be integrated within the delivery of programmes of work across the organisation. National Clinical leads and directly employed professionally regulated staff work throughout the organisation to ensure the provision of robust professional advice in leading, shaping and managing programmes. Systems require to be in place to support good health and care governance at every level in the organisation. Specifically;

3.1. The Role of the Nursing, Midwifery and Allied Health Professions Directorate and the role of the Medical Directorate in leading and supporting good clinical and care governance. This includes ensuring reliable systems are in place to;

- protect the public and the organisation by ensuring that professionally regulated staff either directly employed or acting in an advisory capacity within Healthcare Improvement Scotland are safe and effective practitioners,
- ensure professionally regulated staff are registered with the appropriate body, can access professional development and supervision and are supported in delivery of their professional roles,
- ensure designated leads for each professional group to support professional practice,
- advise the organisation on role development and recruitment of professionally regulated staff,
- advise programme leads on when professional registration may be necessary for a specific role within the organisation,
- raise and promote the roles of professionally regulated staff within the organisation to ensure the delivery of quality care,
- working with national professional leads and professional bodies to ensure that the work of Healthcare Improvement Scotland aligns with and influences the policy and strategy development utilising the extension model,
- identify, raise and work to mitigate clinical and care governance risks associated with the role of the directorate and work with the wider organisation to reduce and manage clinical and care governance risks, and
• escalate issues and provide assurance where appropriate to Healthcare Improvement Scotland’s board via the clinical and care governance group and the quality committee.

The Role of Directorates and teams across the organisation to;

• ensure the above systems and processes are reliably implemented and monitored,

• ensure the integration of the principles of health and care governance within work programmes,

• work with professional colleagues to ensure that professional advice on the development and delivery of programmes is sought and acted upon,

• work with the NMAHP and medical directorate in the development and support of roles which specifically require professional registration,

• ensure systems are in place in each directorate to develop an monitor clinical and care governance, and

• escalate issues and provide assurance where appropriate to Healthcare Improvement Scotland’s board via the clinical and care governance group and the quality committee.

3.2. In addition to the roles outlined above Healthcare improvement Scotland has corporate responsibilities which support the delivery of clinical and care governance these include;

• a duty to respond and co-operate in child protection and adult support and protection legislation and guidance. Child protection (CP) and adult support and protection (ASP) are often collectively referred to as public protection and relate to the most vulnerable people in our communities, (See appendix 3)

• responsibilities to monitor and learn from complaints and feedback from members of the public and stakeholders, and

• responsibilities to work with the care inspectorate, Her Majesties Inspectors of Prisons and others to jointly inspect and assure care in multi-agency and disciplinary settings. Healthcare Improvement Scotland’s clinical and care governance principles will apply for healthcare improvement Scotland’s staff working jointly and to advice from Healthcare Improvement Scotland as part of the joint process.
4. Clinical and Care Governance Group

To support the delivery of clinical and care governance and provide assurance to the quality committee and Healthcare Improvement Scotland’s board we will establish a clinical and care governance group underpinned by clear processes with reach across the organisation. This will provide assurance to all of our stakeholders that:

- quality of care, safety, effectiveness and efficiency drives decision-making about the planning, organisation, prioritisation and management of all of our programmes of work,

- the planning and delivery of all of our programmes of work take full account of the perspective of patients and service users, as well as assessing any barriers to those who are unable to take up and benefit from service provision, and

- health and social care professionals working with Healthcare Improvement Scotland comply with professional codes, legislation, standards and guidance.

Membership will include a peer group of professionals working with and for the organisation and managers directly responsible for the operational delivery of programmes.

The group will:

- consider and develop policy relating to clinical & care governance where there is an organisational need,

- be responsible for the development of organisation wide clinical & care governance monitoring arrangements in accordance with the strategic direction set by the Quality Committee,

- provide oversight and assurance of organisational learning from complaints, feedback and adverse events. This will focus on learning and improvement and minimising the likelihood that these incidents will recur,

- provide oversight and assurance of Healthcare Improvement Scotland public protection responsibilities,

- provide assurance of safe and effective professional input to programmes of work across the organisation by ensuring appropriate professional engagement with the development and delivery of programmes of work,

- draw on the expertise within the professional forums to inform the work of the organisation, and

- identify clinical and care risks and mitigating actions and raise with the responsible director to ensure clinical and care risks are managed and escalated appropriately.
5. Reporting Structures and Processes

Governance reporting structures in Healthcare Improvement Scotland are through six board sub-committees.

5.1. The Quality Committee

The quality committee is at the heart of the Clinical and Care Governance Framework with primary responsibility for oversight of the governance and assurance of the strategic fit of the work of the organisation with its Strategy: Making Care Better – Better Quality Health and Social Care for Everyone in Scotland. The quality committee fulfils the role of the health and care governance committee within Healthcare Improvement Scotland.

5.2. Executive Team

The Chief Executive is responsible overall for clinical and care governance within the organisation.

The Executive Team is collectively accountable for the management of the organisation and the delivery of objectives set for the Board in line with Scottish Government priorities.

The Executive Team oversees the day-to-day management of an effective system of integrated governance, risk management and internal control, across the whole of the organisation’s activities, which also supports the achievement of the organisation’s objectives.

The Team coordinates strategic planning for the organisation, ensuring that appropriate strategic direction is agreed with the Board. The Team shall determine the organisational line on internal and external policy developments impacting on the work or staff of the organisation. The Team shall request and review reports and positive assurances from directors and managers on the overall arrangements for performance, governance, risk management and internal control. It may also request specific reports from individual functions within the organisation as they may be appropriate to the overall arrangements.

5.3. Clinical and Care Governance Group

This group will monitor and provide assurance to Executive Team and the Quality Committee of good clinical & care governance through the analysis of periodical reports submitted by directorates and project teams. Monitoring processes are designed to identify good practice for dissemination and to ensure that clinical & care governance is improving.

5.4. Directorates

Accountability for the delivery of programmes of work rests with the responsible director. A number of structures and processes support directors to ensure that all work programmes have the right level of health and social care professional input at the right time. Much of the work is highly sensitive, high profile, and has the potential to be a significant risk to the organisation. For this reason, it is essential that the clinical and care input to our work is
assured from planning, throughout design and delivery, and through to completion and evaluation.

5.5. Staff Members

All staff members are responsible for:

- ensuring their work supports the provision of high quality care and support,
- sharing good practice,
- complying with clinical and care governance processes,
- commitment to creating a learning environment,
- input to the appraisal process and risk management, and
- a person centred approach which tackles equality and diversity.

Health and Social Care Professional staff are responsible for:

- professional accountability and self-regulation,
- commitment to continuous professional development,
- adherence to their codes of practice and ethics, and
- ensuring practise decisions are based on best available evidence.

6. Conclusions

Clinical and care governance is an integral part of the overall Healthcare Improvement Scotland governance framework. It is the process by which the Chief Executive and HIS Board receive assurance that clinical and care governance arrangements are in place in all programmes of our work.

The establishment of a clinical and care governance group which provides support to the Quality Committee with clear processes throughout the organisation will support the delivery of good clinical and care governance within Healthcare Improvement Scotland.

7. Review

The Clinical and Care Governance Framework will be reviewed and updated on annual basis.
Appendix 1 - What is Clinical and Care Governance?

Clinical and care governance is the process by which accountability for the quality of health and social care is monitored and assured. It should create a culture where delivery of the highest quality of care and support is understood to be the responsibility of everyone working in the organisation - built upon partnership and collaboration within teams and between health and social care professionals and managers (Scottish Government. 2015).

Clinical and care governance is principally concerned with those activities which directly affect the care, treatment, protection and support people receive whether delivered by individuals or teams. Within the context of Healthcare Improvement Scotland it is the way by which our structures and processes provide assurance to the Chief Executive and HIS Board that this is happening - whilst at the same time empowering all of our staff to contribute to the improvement of quality. Equally important it is the way we ensure and provide assurance that our programmes of work and activity promote safe, effective and personalised care for people who are accessing health and social care services.

Effective clinical and care governance is the means by which these activities are brought together into this structured framework and linked to the organisational strategy of Healthcare Improvement Scotland.

Care Governance

Social care governance offers a framework to support all those working within social services to take responsibility for continuously improving the quality of their services. In their guidance document Governance for Quality Social Care in Scotland (Social Work Scotland. 2016) Social Work Scotland set out the key principles of effective care governance and how this is delivered. These principles include:

- involving service users/ carers and the wider public in the development of quality care services,
- ensuring safe and effective services; appropriate staff support and training,
- striving for continuous improvement with effective polices and processes in place, and
- ensuring accountability and management of risk
At the end of 2014 Scottish Government published the Framework for Clinical and Care Governance (Scottish Government. 2015). The Framework was developed in recognition that the integration of health and social care services required an explicit clinical and care governance framework within which the health and social care workforce would operate with a clear understanding of roles, responsibilities and accountabilities. The Framework set out the expectation that all aspects of the work of Integration Authorities, Health Boards and Local Authorities should support efforts to deliver consistently safe, high quality health and social care services. Clinical and care governance sits alongside staff and financial governance as part of an overall system of governance.

The Framework is based on five key principles:

- Clearly defined governance functions and roles are performed effectively.
- Values of openness and accountability are promoted and demonstrated through actions.
- Informed and transparent decisions are taken to ensure continuous quality improvement.
- Staff are supported and developed.
- All actions are focused on the provision of high quality, safe, effective and person-centred services.
Appendix 2

All staff are responsible for:

- ensuring their work supports the provision of high quality care and support,
- Sharing good practice,
- complying with clinical and care governance processes,
- commitment to creating a learning environment,
- input to the appraisal process and risk management, and
- a person centred approach which tackles equality and diversity.

Health and Social Care Professional staff are responsible for:

- professional accountability and self-regulation,
- commitment to continuous professional development,
- adherence to their codes of practice and ethics, and
- ensuring practise decisions are based on best available evidence.

The responsibilities of Managers and Programme Leads

It is essential that the clinical and care input to our work is assured from planning, throughout design and delivery, and through to completion and evaluation. In order to do this managers and programme leads must;

- implement quality monitoring and governance arrangements that include compliance with professional codes, legislation, standards, guidance and these must be regularly open to scrutiny,
- implement systems and processes to ensure clinical and care professionals working with Healthcare Improvement Scotland have the appropriate knowledge, skills and experience,
- implement systems to ensure principles of public protection, equality and diversity and public involvement are embedded within the work of the organisation,
- develop systems to support the structured systematic monitoring, assessment and management of clinical and care risk,
- lead improvement and learning in areas of challenge or risk that are identified through complaints, feedback and adverse events, and
- promote planned and strategic approaches to learning, improvement, innovation and development, supporting an effective organisational learning culture.

**Responsibilities of Healthcare Improvement Scotland Chief Executive and Executive Directors**

The Chief Executive has overall accountability for the performance management of the whole system. This accountability is discharged through the management structure within the board. Executive Directors have delegated authority and responsibility for their own Directorates or Departments. The Medical and NMAHP Directors have specific delegated responsibility for clinical governance within the organisation.

The Chief Executive and Executive Directors will:

- be held to account for the performance and quality of services and care delivered,
- continually improve the processes that support governance for quality in NHSScotland,
- provide clear, robust, accurate and timely information on the quality of service performance,
- lead improvement and learning in areas of challenge or risk identified through local reporting and governance mechanisms,
- support staff who raise concerns in relation to practice which endangers patient safety, and other wrongdoing, in line with the whistle-blowing policy,
- co-design agreements with local communities and partners on areas of priority for health and care services and for improving the wellbeing and outcomes of people and their communities, and
- create an environment that values staff as well as supporting and enabling innovation.
Responsibilities of Healthcare Improvement Scotland Chair and Non-Executive Directors

The Chair and Non-Executive Directors will:

- create an organisational culture that promotes human rights and social justice; values partnership working through example; affirms the contribution of staff through the application of best practice, including learning and improvement; and is transparent and open to innovation, continuous learning and improvement,

- establish integrated clinical and care governance policies and regularly monitor their effective implementation,

- require that the rights, experience and concerns of service users, carers and communities are central to the planning, governance and decision-making that informs quality care,

- ensure transparency and candour are demonstrated in policy, procedure and practice,

- seek assurance that effective arrangements are in place to enable health and social care professionals be accountable for standards of care, including services provided by the third and independent sector,

- require effective engagement with all stakeholders and partners to ensure that local needs and expectations of services are met and health and wellbeing outcomes are improved,

- ensure clear, robust, accurate and timely information on the quality of service performance is effectively scrutinised and informs improvement priorities. This should include how partnership with the third and independent sector supports continuous improvement in the quality of service planning and delivery,

- seek assurance that systems demonstrate clear learning and improvement in care processes and outcomes,

- seek assurance that staff are supported when they raise concerns in line with local policies on whistleblowing and regulatory requirements, and

- establish clear lines of communication and professional accountability from health and social care professionals within the organisation to Executive Directors accountable for clinical and care governance. This should include mechanisms for taking account of professional advice and validating the quality and environment of all health and social care professionals’ training to comply with professional regulatory requirements.
Appendix 3 - Public Protection Responsibilities of Healthcare Improvement Scotland

Healthcare Improvement Scotland’s has a duty to respond and co-operate in child protection and adult support and protection legislation and guidance. Child protection (CP) and adult support and protection (ASP) are often collectively referred to as public protection and relate to the most vulnerable people in our communities.

The Chief Executive of Healthcare Improvement Scotland has a responsibility for the delivery of a high quality services to support the protection of the most vulnerable, this includes the strategic direction and management of services delivered by the board.

Senior managers within HIS have a clear responsibility to deliver, co-ordinate strategies and services for protecting the most vulnerable people and to provide an agreed framework to help staff, practitioners and managers achieve the common objective of keeping vulnerable people safe.

When HIS staff are concerned about a vulnerable person experiencing abuse or at risk of harm they have a duty act and to share this information appropriately. It is also important to remember that HIS staff may become subject to child protection or adult support and protection procedures. Healthcare Improvement Scotland has a corporate responsibility to take action and provide support to them during this time.

To support the organisation in fulfilling its duties robust quality assurance and governance arrangements must be in place. Regular anonymised updates on cases escalated by HIS staff and an annual report that provides assurance that appropriate measures are in place through up to date guidance, up take of training programmes, clinical support and supervision for staff.

Evidence

- **Children (Scotland) Act 1995** states ‘that health boards have a duty to co-operate with local authorities to support children and families and to intervene when the child’s welfare requires it.

- **National Child Protection guidance for health professionals 2013** states ‘All health care staff have a responsibility to act to make sure that all children and young people are protected from harm. This responsibility includes acting on concerns about a child or young person even if the children or young person is not your patient.’

- **Adult support and protection (Scotland) Act 2007** – Places a duty on specific organisations who need to co-operate in the investigation suspected or actual harm – these organisations must report a concern where the know or believe an adult is at risk of harm.’
References

http://www.gov.scot/Publications/2015/12/9289

Clinical and care governance across integrated services: what needs to be in place at a strategic level? (Royal College of Nursing, 2015)  
https://www.rcn.org.uk/clinical-topics/clinical-governance

Governance for quality social care in Scotland (Social Work Scotland, 2016)  

Good Governance Standard for Public Services (Office for Public Management, 2004)  

http://www.healthcareimprovementscotland.org/about_us.aspx

Clinical and Care Governance at Healthcare Improvement Scotland is based on the application of key governance principles. These are derived from a range of resources including the Scottish Government Clinical and Care Governance Framework (Scottish Government.2015), Royal College of Nursing Guidance (Royal College of Nursing.2015), Governance for Quality Social Care in Scotland (Social Work Scotland.2015) and takes into account authoritative guidance and research literature on this subject, as well as that published by the Independent Commission on Good Governance in Public Services (Office for Public Management 2004).
1. **Background**

The purpose of the Clinical and Care Governance Group is to ensure the implementation of Healthcare Improvement Scotland’s Clinical and Care Governance Framework. This will provide assurance to the Chief Executive and HIS Board that clinical and care governance arrangements are in place for all programmes of work to support the delivery of safe, effective and person centred health and social care services to improve outcomes for the people of Scotland.

2. **Purpose**

To support the delivery of this approach the Clinical and Care Governance Group will provide assurance that:

- Quality of care, safety, effectiveness and efficiency drives decision making about the planning organisation, prioritisation and management of all programmes of work.
- The planning and delivery of all our programmes of work take full account of the perspective of patient and service users, as well as assessing any barriers to those who are unable to take up and benefit from service provision.
- Health and Social Care professionals working with Healthcare Improvement Scotland comply with professional codes, legislation, standards and guidance.

This group will act to support the quality committee in delivering its primary responsibility of oversight of the governance and assurance of the work of the organisation.

The group will be responsible for the design, implementation and maintenance of processes and procedures to support the framework.

3. **Responsibilities**

In order to achieve the above, the Care and Clinical Governance Group will be responsible for the following:

- Consider and develop policy relating to clinical & care governance where there is an organisational need.
- Be responsible for the development of organisation wide clinical & care governance monitoring arrangements in accordance with the strategic direction set by the Quality Committee.
- Provide oversight and assurance of organisational learning from complaints, feedback and adverse events. This will focus on learning and improvement and minimising the likelihood that these incidents will recur.
- Provide oversight and assurance of Healthcare Improvement Scotland public protection responsibilities.
• Provide assurance of safe and effective professional input to programmes of work across the organisation by ensuring appropriate professional engagement with the development and delivery of programmes of work
• Draw on the expertise within the professional Fora to inform the work of the organisation
• Identify clinical and care risks and mitigating actions and raise with the responsible director to ensure clinical and care risks are managed and escalated appropriately

4. Milestones

Phase One

In its initial phase the Clinical and Care Governance Group will focus on the setup of processes and the development of procedures both for benchmarking against the framework and providing assurance to the Quality committee that systems are in place for Care and Clinical Governance.

5. Reporting

Processes for reporting into the Care and Clinical Governance Group will be developed during the first phase of implementation described above. The group itself will report into the Quality Committee, and in turn into Healthcare Improvement Chief Executive and Board.

6. Meeting Frequency and Structure

The group will meet bi-monthly during Phase One of the group. Future meeting structure will be defined during the development of first phase. Meetings will take place face to face, or virtually. If a member of the group is unable to attend a deputy must be invited to attend in their place.

The following must be in attendance to ensure that the meeting is quorate:

- A Chair
- Representation from Medical and NMAHP directorate
- Representation from Assurance, iHub and Evidence directorates

Decisions can be made virtually, via email correspondence if an issue is raised or needs to be resolved in-between meetings.

7. Roles and Responsibilities

The membership of the group will flex dependent on subject matter expertise required to support decision making, however, a core membership of the following will be established.

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ann Gow</td>
<td>Director of NMAHP</td>
<td>Co-Chair</td>
</tr>
<tr>
<td>Brian Robson</td>
<td>Medical Director</td>
<td>Co-Chair</td>
</tr>
<tr>
<td>TBC</td>
<td>TBC</td>
<td>Nursing &amp; Midwifery</td>
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<td></td>
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<td>Representative</td>
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<td>Medical Representative</td>
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<td>AHP Representative</td>
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<td>TBC</td>
<td>TBC</td>
<td>iHub Representative</td>
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<tr>
<td>TBC</td>
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<td>Knowledge Services</td>
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<td>TBC</td>
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<td>Assurance Representative</td>
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<td>TBC</td>
<td>TBC</td>
<td>Staff Partnership Rep</td>
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<tr>
<td>TBC</td>
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<td>Social Care Rep</td>
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<td>TBC</td>
<td>Public Partner</td>
<td>Public Partner</td>
</tr>
<tr>
<td>David</td>
<td>Programme Manager</td>
<td>Project/Programme Management</td>
</tr>
<tr>
<td>Butterfield</td>
<td></td>
<td></td>
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<tr>
<td>TBC</td>
<td>TBC</td>
<td>Secretariat/Project Support</td>
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</table>
SUBJECT: Campaigns Plan for 2018

1. Purpose of the paper

The year 2018 is a significant year for Healthcare Improvement Scotland. It marks 10 years of the Scottish Patient Safety Programme, 25 years of SIGN guidelines, 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.

We are also improving the way the organisation presents itself through revised branding, redeveloped web and intranet presences and we are progressing an Excellence in Communications programme.

This paper presents a high level overview of how we are harnessing the various campaigns and key areas of supporting activity to support the organisation’s work.

2. Key Points

The theme of impact is a consistent thread running through our campaigns for 2018.

It is a central theme being carried in SPSP10 and SIGN25 campaign activities and we are creating a specific Healthcare Improvement Scotland ‘Impact’ Campaign which will focus on two campaign bursts pre and post summer.

Across all our campaign activities we have three key objectives:

- to demonstrate the impact of our work
- to increase stakeholder awareness and understanding of Healthcare Improvement Scotland, and
- to continue to transform the way the organisation approaches communications work in a ‘digital by default’ environment.

3. Actions/Recommendations

The Board are invited to comment on the plan, in particular on the specific Healthcare Improvement Scotland ‘Impact’ Campaign.

Appendix:

1. Campaigns Plan 2018 paper

If you have any questions about this paper please contact Ken Miller, Head of Communications, kenmiller@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>N/A</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 Campaigns Plan supports all areas of the Corporate plan.

Resource Implications

Time required for staff to support the activities and in creating the films but no financial resources required.

What engagement has been used to inform the work.

Engagement has taken place with a HIS 2018 Campaign group, chaired by the Chief Executive.

What Equality and Diversity considerations relate to the work.

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

The Campaigns Plan will support all groups – in particular in helping them understand how the organisation can help in making care better.
Campaigns Plan 2018

1. Context

The year 2018 is a significant year for Healthcare Improvement Scotland. It marks 10 years of the Scottish Patient Safety Programme, 25 years of SIGN guidelines, 70 years of the NHS and the final year for our inaugural Chairman, Dr Dame Denise Coia who steps down later in 2018.

We are also improving the way the organisation presents itself through revised branding, redeveloped web and intranet presences and we are progressing an Excellence in Communications programme.

In addition there is a need identified for our organisation to demonstrate the impact our work has in making care better and how we are:

- supporting shifting the balance of care, including a stronger primary care sector
- alleviating pressures in the acute system
- supporting improved experience of care at less cost.

This paper presents a high level overview of how we are harnessing the various campaigns and key areas of supporting activity to support the organisation’s work.

An overarching Campaigns Plan for 2018 has been created and a graphic of the key elements of the plan is contained in Appendix 1.

2. Objectives

The three key objectives of the Campaigns Plan are:

- To **demonstrate the impact of our work** in supporting better health and social care services for people
- To **increase stakeholder awareness** of Healthcare Improvement Scotland and understanding in us as an organisation that can help them improve health and social care services.
- To continue to **transform the way the organisation approaches communications work** in a ‘digital by default’ environment.

Specific measurements for the work are contained in Appendix 2.
3. Overview of Campaigns

3.1. Healthcare Improvement Scotland ‘Impact’ Campaign

In order to demonstrate the impact of our work we are creating a bank of 24 impact stories from across the organisation, wherever possible harnessing the patient and public perspectives or those delivering care whose service has improved as a result of our support.

The stories will be promoted during two campaign bursts. The first, between the 1 April and 21 May 2018 and the second from 1 August to 14 September 2018.

Each burst will feature two impact stories prepared each week (6 weeks, 12 stories) and each story will be promoted through our web presence, Twitter accounts, Facebook and blog account. In addition we will highlight each story to staff using the new intranet and encourage them to share the stories with their professional contacts. Where possible we will engage traditional media where the impact story can be made newsworthy.

The second promotional burst will be supplemented by activity to mark Dr Dame Denise Coia’s tenure and talk about her time as Chairman, the progress and impact she has seen and the challenges ahead. Initial plans include:

- **External**: Friends of the Scotsman piece, Agenda (Herald) piece, Interview with The Times, Blog, Holyrood Round Table Discussion: Leaders in Health and Social Care (TBC), Denise film interview for social media/web
- **Internal**: Commemorative ‘About Us’ Newsletter and Staff Briefings in Edinburgh and Glasgow

3.2. SPSP10 Campaign

The programme is now in its 10th year and we are celebrating both the impact of the work and all those who have contributed to its continued success at NHS Board, national and international levels with a year of predominantly digital promotional activity.

In January we launched the campaign using films and sound bites on social media from our Chairman, Chief Executive and the Clinical Director from Scottish Government, Jason Leitch all talking about the impact the programme has supported. This is being followed by film and social media contributions from a broad range of individuals (including Derek Feeley and Maureen Bisognano from IHI) and teams who have worked locally or nationally with the programme over the last 10 years.
A hashtag (#SPSP10) has been created, an adaptation of the logo and a web landing page which encourage boards to share their SPSP stories.

We are also using the SPSP events during 2018 and to provide impact themes for each month commencing in February with Medicines and Primary Care in March.

3.3. SIGN 25 Campaign

SIGN Guidelines reach their 25 year anniversary in November this year. Plans to mark that anniversary are in their early stages but early discussions include:

- a social media campaign from September to November using films of and impact stories of SIGN guidelines from clinicians and staff
- a SIGN Guideline ‘timeline’ of achievements for the web presence to direct people to
- a blog series on the impact of the guidelines featuring those who have been involved and the benefits they have seen
- a SIGN 24 Networking reception, and
- a revision to the SIGN ‘who we are and what we do’ materials.

3.4. Support for NHS70

This year sees the 70th Anniversary of the foundation of the NHS which was established on 5 July 1948. Healthcare Improvement Scotland is working with NHS Scotland, Scottish Government and a wide range of partners to celebrate 70 years of achievement in Scotland and the difference the NHS has made to people’s lives.

The key focus will be the six weeks prior to the anniversary date itself however there will be activity all year long. In addition to supporting the national activity we are planning:

- ‘70 voices from Healthcare Improvement Scotland’ - We are preparing our own supporting social media campaign involving 70 views from Healthcare Improvement Scotland staff on the biggest improvements they believe have taken place over the 70 years.
- A suite of internal communications including briefings, encouragement to get involved and a feature panel on the new intranet.
- We will carry the NHS70 branding on communications throughout the year but with a particular focus on the six weeks prior to 5 July and promote the link to the www.ournhsscotland.com microsite.
- Our corporate Twitter and Facebook accounts will feature NHS 70 logo and we will support the activity featuring the hashtag (#nhsscot70) all year round.
- On publications that have a lifespan for 2018 only we will incorporate the NHS70 logo.
• Displays at Events/Exhibitions will include the NHS70 logo for example on the IHI and NHSScotland presentations.

3.5. Support to help mark 50 years since the Social Work (Scotland) Act 1968 came into being

In addition, we will create activity to help mark 50 years since the Social Work (Scotland) Act 1968 came into effect. Plans have yet to be formed however we will engage social work stakeholders, local and national government on how best to support this landmark, particularly through social media and digital channels.

3.6. Campaign Measurement

We will measure the impact of the campaigns through a combination of the following three evaluation approaches

i. the volume of activity (eg the number of impact stories we create and promote on social media, the number of blogs we publish, the releases we issue for traditional media)

ii. the impact of the activity (eg the number of likes, shares, comments and reach of social media activity, the number of downloads of web content, the coverage we achieve in traditional media)

iii. changes in audience attitude, understanding or perception (please see overall Campaigns Plan measurements in Appendix 2.)
4. Overview of Supporting Activity

4.1. Revision to the way the brand identities work across the organisation

Following feedback from stakeholders that there is not clarity on the connection between Healthcare Improvement Scotland and its component parts and a revised organisational strategy which articulates a ‘many parts, one purpose’ positioning, revised branding is being introduced across the organisation from April 2018 onwards.

The solution (see separate paper) looks to resolve the visibility of Healthcare Improvement Scotland across our organisation’s work and the way the relationship between the component parts and Healthcare Improvement Scotland is currently presented.

4.2. Web developments

Our various web presences play an underpinning role in supporting the delivery of much of our work. Given the evolving role of the organisation and the need to meet the growing user expectations of quick and easy to digest information there are a number of web developments currently underway across the organisation which are planned for completion and launch in 2018.

The redevelopments include:

- The Healthcare Improvement Scotland corporate website (September 2018)
- The redevelopment of the SMC and SAPG web presences (April 2018)
- The development of the ihub web presence (April 2018)
- The redevelopment of the Scottish Health Council Website (post consultation response)

4.3. Intranet Redevelopment

We are developing a new staff intranet for Healthcare Improvement Scotland which will be complete by April 2018 which will make it much easier for staff to learn about progress across the organisation and access key information and materials to help them with their work and to explain our work externally.

4.4. Excellence in Communications Programme

In support of the Healthcare Improvement Scotland strategy Making Care Better 2017-2022 and the supporting Stakeholder Engagement Delivery Plan, we have commenced an excellence in communications programme which has seven key action areas which will support more effective communications across the organisation:

They are
• a commitment to insight based, digitally driven, robustly evaluated communications and adoption of the OASIS model for managing communications activity.
• alignment of the organisation’s communications focus with Corporate Plan priorities.
• develop the skills of the Communications Unit in the OASIS\(^1\) model and in being able to support teams to embed that model in everyday use.
• develop the communication skills of the teams across the organisation improving capability, knowledge, skills and resources.
• collaborate with other NHS boards, other partners and other organisations to adopt excellent practice from other areas and contribute to the NHS wide collaboration agenda.
• wherever possible centralise communications resources from across the organisation to a central point in pursuit of the greatest possible cost-efficiency and impact.
• a re-focusing of the Communications Unit so there is greater support for a strategic approach to communications work across project teams.

\(^1\) The OASIS model of communications planning is part of the Modern Communications Operating Model, published in November 2015. https://gcs.civilservice.gov.uk/mcom/. The GCS is the professional body for people working in communication roles across government. Their aim is to deliver world-class communications that support Ministers’ priorities, improve people’s lives and enable the effective operation of public services.
Appendix 1 (A3 print outs of this diagram will be available at the board meeting)
Appendix 2: Campaigns Plan Measurement

We conducted a stakeholder survey through an external agency ‘Progressive’ in May 2016. We will follow that up in December 2018 to see how perception of the organisation has moved and we will also participate again in the MSP attitudinal survey in 2018. Specific measurements include:

i. By December 2018, move stakeholder understanding from 65% feeling they know us ‘very well’ or know us ‘a fair amount’ to 75% - and within that 75% move the 19% figure of those who know us very well to 30%

![Graph showing stakeholder understanding levels](image)

Progressive- June 2016 - How well do you feel you know Healthcare Improvement Scotland?

ii. By December 2018, improve stakeholder understanding of each of the component parts being part of Healthcare Improvement Scotland by 10%

![Bar chart showing component parts](image)

Progressive - June 2016 - Which of the following do you believe to be part of HIS?

*These organisations are not part of HIS*
iii. We are aiming to improve two measures from the survey done by Progressive in June 2016.
  • We are effective in promoting continuous improvement in the healthcare sector (from 7.61 to 8.5). *This wording will change to ‘sector.’*
  • We are proactive in driving improvements in the sector (from 7.49 to 8.5).

*Progressive – June 2016 - key attributes of Healthcare Improvement Scotland*

<table>
<thead>
<tr>
<th>Attribute</th>
<th>Don’t know</th>
<th>1 - disagree strongly</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10 - agree strongly</th>
</tr>
</thead>
<tbody>
<tr>
<td>It operates with honesty and integrity</td>
<td>8%</td>
<td>25%</td>
<td>8%</td>
<td>18%</td>
<td>25%</td>
<td>20%</td>
<td>18%</td>
<td>20%</td>
<td>14%</td>
<td>18%</td>
<td>8.04</td>
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<tr>
<td>It’s staff is efficient and professional</td>
<td>12%</td>
<td>4%</td>
<td>14%</td>
<td>20%</td>
<td>18%</td>
<td>20%</td>
<td>14%</td>
<td>18%</td>
<td>20%</td>
<td>6%</td>
<td>7.87</td>
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<tr>
<td>It is effective in promoting continuous improvement in the healthcare sector</td>
<td>14%</td>
<td>4%</td>
<td>10%</td>
<td>14%</td>
<td>31%</td>
<td>20%</td>
<td>4%</td>
<td>18%</td>
<td>6%</td>
<td>4%</td>
<td>7.61</td>
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<tr>
<td>It is proactive in driving improvements in the sector</td>
<td>12%</td>
<td>2%</td>
<td>4%</td>
<td>16%</td>
<td>24%</td>
<td>20%</td>
<td>18%</td>
<td>6%</td>
<td>8%</td>
<td>2%</td>
<td>7.49</td>
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<tr>
<td>It is fair and impartial</td>
<td>12%</td>
<td>2%</td>
<td>4%</td>
<td>14%</td>
<td>25%</td>
<td>25%</td>
<td>12%</td>
<td>6%</td>
<td>8%</td>
<td>2%</td>
<td>7.44</td>
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<tr>
<td>It delivers services and support to high quality standards</td>
<td>12%</td>
<td>14%</td>
<td>39%</td>
<td>25%</td>
<td>20%</td>
<td>8%</td>
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<td>8%</td>
<td>2%</td>
<td>12%</td>
<td>7.38</td>
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</table>

iv. For MSP’s specifically we will look to improve their ‘awareness’ and ‘regard for’ our organisation by 12% using the PA advocacy MSP survey scales (2016 and 2017 results are below).
SUBJECT: Brand development across the organisation

1. Purpose of the report

This paper outlines a development on the way we present the organisation and its component parts through revised branding.

2. Key Points

The design solution follows:
• feedback from stakeholders that there is not clarity on the connection between Healthcare Improvement Scotland and its component parts
• a revised organisational strategy which articulates a ‘many parts, one purpose’ positioning
• a clear direction from the board in 2017 to revise our approach to organisation wide branding, and

The solution proposed therefore looks to resolve the visibility of Healthcare Improvement Scotland across our organisation’s work and the way the relationship between the component parts and Healthcare Improvement Scotland is currently presented.

The branding solutions will begin to be implemented from April 2018 with revised branding completed by the end of this calendar year. The implementation of changes will be tailored for each component part (for example the Scottish Health Council changes will be held until the implications of the recent consultation are known and changes for SIGN will accommodate the upcoming 25 year anniversary in November.)

In all cases we are introducing the revisions on digital communications first, with any requirement for revisions on printed materials to be undertaken when current stocks run out in order to avoid unnecessary cost.

3. Actions/Recommendations

The design solutions in the attached paper are for information and to ensure the board are sighted on the revised branding.

Appendix:
1. Branding Revision for Healthcare Improvement Scotland component parts.

If you have any questions about this paper please contact Ken Miller, Head of Communications, kenmiller@nhs.net Ext 8551
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>
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<tbody>
<tr>
<td>no</td>
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</table>

OTHER CONSIDERATIONS

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

This proposal supports the new organisational strategy and in particular the ‘many parts, one purpose’ positioning.

Resource Implications

The design development work has been done in-house however we will use external support for the development of the brand guidelines but this has been anticipated within the current budget for 2017-18.

Most of the changes required are digital and therefore have no financial outlay, and printed materials will be changed as and when they are to be reprinted during their natural life cycle.

We are not proposing to retrospectively rebrand resources which currently exist in either digital form or hard copy.

What engagement has been used to inform the work?

Feedback has been sought from stakeholders, the board have been consulted and the leads from component parts of the
<table>
<thead>
<tr>
<th>What Equality and Diversity considerations relate to the work?</th>
<th>The core Healthcare Improvement Scotland brand remains the same with the component parts moving to be part of a family look.</th>
</tr>
</thead>
</table>
| Advise how the work:  
  • helps the disadvantaged;  
  • helps patients;  
  • makes efficient use of resources. | The avoidance of staff having to make branding judgement calls on each execution of communications work will save debate and design time and be a more efficient use of staff resources. |
Redevelopment of associated brands and identities of Healthcare Improvement Scotland

January 2018
The challenge

To create and implement a brand architecture for Healthcare Improvement Scotland identities that:

• supports the ‘many parts, one purpose’ proposition that the organisation now presents, and
• displays a clear affiliation for each component part of Healthcare improvement Scotland.

Our current position
Websites

Scottish Medicines Consortium

Search SMC

Enter search keyword(s) Search

What we do

The aim of the Scottish Medicines Consortium (SMC) is to provide advice to NHS Boards and their Area Drug and Therapeutics Committees (ADTCs) across Scotland about the clinical and cost-effectiveness of all newly licensed medicines, all new presentations of existing medicines and new indications for established products (licenced from January 2002). Find more on what we do.

Submission Process

Guidelines for Patient Groups

Guidelines for the Pharmaceutical Industry on our submission process.

SMC Advice

Briefing Note

A monthly Briefing Note is produced to provide a summary of SMC advice. It is written to keep those interested in our work understand the advice of the Scottish Medicines Consortium.

Our aim is to improve working with the NHS

- Listen to you
- Value your views and experience
- Respect you as an individual, and
- Involve you in planning and developing health services

Working together to improve health and social care

Our Voice

Inhub

Supporting health and social care

About A to Z Programmes

Working with health and social care providers to design and deliver better services for people in Scotland.

SIGN

SIGN guidelines on the management of diabetes


For people with type 1 and type 2 diabetes, SIGN guideline 116 contains recommendations for lifestyle interventions along
Social Media (Twitter)
Healthcare and Forensic Medical Services for People who have experienced Rape, Sexual Assault or Child Sexual Abuse: Children, Young People and Adults

Standards

December 2017

Working with SMC – A Guide for Manufacturers

1. About the Scottish Medicines Consortium (SMC)

The Scottish Medicines Consortium (SMC) was formed in 1991. It provides advice on medicines to patients, doctors and hospitals in Scotland, helping them decide which medicines are best for their needs.

The SMC is an independent, non-departmental body, responsible to the Scottish Parliament. Its work is funded by the Scottish Government.

The SMC aims to:

- improve access to medicines in Scotland
- ensure that medicines are used appropriately and safely
- reduce the cost of medicines to the NHS in Scotland

1.1 SMC Board

The SMC is a statutory body composed of representatives from the Scottish Government, NHS boards, pharmaceutical companies and the public.

The SMC’s role is to identify new medicines that are likely to benefit patients, and to determine which are the most cost-effective for use in Scotland.

The SMC also considers the impact of new medicines on the NHS budget and on the environment.

The SMC’s recommendations are published in a document called ‘SMC Guidance’.

SIGN 149 - Risk estimation and the prevention of cardiovascular disease

A national clinical guideline

June 2017

Delivery plan 2017-2020

Gathering views on the Future of Oral Health in Scotland

June 2017
Many parts, one purpose?
Healthcare Improvement Scotland | ihub
Supporting health and social care

Healthcare Improvement Scotland | SHTG
Advice on new technologies for Scotland

Healthcare Improvement Scotland | SIGN
Evidence based clinical guidelines

Healthcare Improvement Scotland | SMC
Advice on new medicines for Scotland

Healthcare Improvement Scotland | SAPG
Safeguarding antibiotics for Scotland

Healthcare Improvement Scotland | Scottish Health Council
Making your voice count

Healthcare Improvement Scotland | Inspections and Reviews
To drive improvement

* Exact wording may change
Healthcare Improvement Scotland

ihub
Supporting health and social care

Healthcare Improvement Scotland
SHTG
Advice on new technologies for Scotland

Healthcare Improvement Scotland
SIGN
Evidence based clinical guidelines

Healthcare Improvement Scotland
SMC
Advice on new medicines for Scotland

Healthcare Improvement Scotland
SAPG
Safeguarding antibiotics for Scotland

Healthcare Improvement Scotland
Scottish Health Council
Making your voice count

Healthcare Improvement Scotland
Inspections and Reviews
To drive improvement
Session title
Session presented by Dr J D Polk

Sally Magnusson is an award-winning journalist and writer, based in Glasgow, who has presented a wide range of programmes for the BBC and authored a number of books. Her bestselling memoir about her mother, Where Memories Go: Why Dementia Changes Everything, has been credited with improving knowledge and understanding of this widespread brain condition. Out of that experience she founded Playlist for Life in 2013, a charity that encourages access to personalised music for people with dementia to help them reconnect with their memories and their loved ones. The charity, which she chairs, is working with care homes, NHS agencies and community hubs across the UK to bring the increasingly well understood benefits of personally meaningful music to people with dementia.

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

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

The QI Connect series now features as an approved resource within ISQua’s Fellowship Programme and The Health Foundation’s ‘Q Initiative’.

Thursday 25 January 2018, 4pm – 5pm, UK TIME

@HISQIconnect Use hashtag #HISQIconnect
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Content Grid Headline

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Working with health and social care providers to design and deliver better services for people in Scotland

Find out more about us >
SUBJECT: Delivering our Corporate Plan:

- Organisational Performance (Level 1 reporting) Feedback from the Quality Committee
- How are we making a difference? (Level 3 reporting)

1. Purpose of the report

To report to the Board matters arising from the Quality Committee’s consideration of the Organisational Performance report at its meeting on 18 January 2018 (Level 1 reporting).

To provide impact stories to demonstrate the difference being made by the work of Healthcare Improvement Scotland – is anyone better off because of what we do – and to celebrate successes. (Level 3 reporting)

It should be noted that an outcome focused report aligned with our 5 strategic priorities and based on our evaluation framework is due to be shared with the Board at its June meeting (Level 2 reporting).

2. Key Points

Level 1 report

This report is intended to demonstrate the progress of activity within our operational plan. The full report is considered in detail by the Quality Committee and the points which the Committee wishes to draw to the attention of the Board are included at appendix 1.

Level 3 report

The Board has previously agreed that short examples of our work would be prepared for each Board meeting, to help to demonstrate our impact and for stakeholder engagement activity by non-executives and more broadly.

The first iteration of the new level 3 report was presented to the November Board meeting and we are continuing to test this approach. Appendix 2 provides a further set of examples for the Board’s consideration.

To inform further development of this report, it would be helpful to receive feedback from the Board on what the criteria for these stories might be; some suggestions for consideration are below:

- a focus on examples which align to a key national priority e.g. preventative agenda, and with most potential for spread and sustainability (see example 1)
- a focus on ‘one organisation’ (see example 2)
• examples of individual Directorate work with influence on national policy (see examples 3-4)
• the extent to which quantitative data is required to underpin a story (see examples 1, 2 and 5)

3. Actions/Recommendations

The Board is asked to:

• Note that the organisation is continuing to test and refine its reporting mechanisms
• Receive for assurance and information the attached reports
• Provide feedback regarding level 3 reporting criteria and whether or not this report is useful for the Board and should be continued.

Appendices:
1. Level 1 report: Are we doing what we said we would do? Feedback from the Quality Committee
2. Level 3 report: How are we making a difference?

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

### RISK

<table>
<thead>
<tr>
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<tr>
<td>no</td>
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### OTHER CONSIDERATIONS

<table>
<thead>
<tr>
<th>How do the key points support the five priorities in the strategic plan:</th>
<th>The reports highlight any issues with the progress that is being made toward delivering the organisation’s LDP which supports these strategic priorities, as well as examples of how HIS is making a difference.</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Enable people to make informed decisions about their own care and treatment;</td>
<td></td>
</tr>
<tr>
<td>• Help health and social care organisations to redesign and continuously improve;</td>
<td></td>
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<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>
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<td>• Provide and embed quality assurance that gives people confidence in the quality and sustainability of services and supports providers to improve;</td>
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<tr>
<td>• Make best use of all resources.</td>
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<tr>
<th>Resource Implications</th>
<th>The LDP is fully resourced.</th>
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</table>

<table>
<thead>
<tr>
<th>What engagement has been used to inform the work.</th>
<th>The LDP was finalised after a full engagement process and approved by the Board.</th>
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<table>
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<tr>
<th>What Equality and Diversity considerations relate to the work. Advise how the work:</th>
<th>All work is equality impact assessed.</th>
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<tbody>
<tr>
<td>• helps reduce health inequalities;</td>
<td></td>
</tr>
<tr>
<td>• helps people who are service users;</td>
<td></td>
</tr>
<tr>
<td>• makes efficient use of resources.</td>
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</table>
Agenda item 3.2  Appendix 1

Measuring our progress – report from Quality Committee

The Quality Committee agreed a number of areas to highlight to the Board.

Celebrating Success

Standards for forensic examination after sexual assault and rape

The multi-agency standards were published in December 2017 and were launched by the Cabinet Secretary for Justice. They received widespread media coverage.

The standards were developed to ensure consistency in approach to healthcare and forensic medical services for anyone who has experienced rape, sexual assault or child sexual abuse. They set the same high level of care for everyone, regardless of the geographical location, an individual's personal circumstances or age.

The standards cover:
- Leadership and governance
- Person-centred and trauma-informed care
- Facilities for forensic examinations
- Educational, training and clinical requirements
- Consistent documentation and data collection.

New work

Excellence in Care

This programme was commissioned by the Chief Nursing Officer and our role is to:
- Support development of indicators for excellence in care with colleagues from across NHSScotland
- Provide improvement support to Excellence in Care Leads and support integration with other national programmes
- Develop, design and deliver tools and standards to support Excellence in Care.

Project status review

Each project is categorised using a Red / Amber / Green (RAG) status. More than two thirds of the work covered in the report was on track, with two projects showing a red status and 16 with an amber status.

The Quality Committee sought detail on the two red status projects and considered key themes across the 16 amber status projects. It was noted that proportionality should be taken into account as some projects are bigger and have more resource, therefore it may be a more significant issue if projects are amber compared to a smaller project that had the red category.

Red status projects:
Palliative Care Guidelines – significant challenges have been experienced in meeting project timelines given the availability of clinical colleagues. All elements of the project are in progress but the revisions will not be available for publication by March 31st as anticipated and a project closure date of October 2018 is currently forecast.

Mental Health Access Programme – a meeting with the Minister for Mental Health in December 2017 discussed concerns that improvements in waiting times are not yet being seen at the level anticipated and in many cases there has been deterioration in waiting times. HIS has been asked to consider how it will complement the current collaborative approach with a direct intervention approach to accelerate improvement in the boards with the longest waits. The agreed first priority is work with NHS Grampian, where Healthcare Improvement Scotland will support a review of their locally developed improvement action plans. Following further discussions, we have also now been asked to produce proposals on work to support the wider system redesign of children and young people’s mental health services. The combined requests are challenging the team in terms of workload.

Amber status projects

A number of themes were identified which impact on the status of projects. These were identified as:

- Impact of staff vacancies and long term absence
  This affects projects across the organisation.

- Impact of new processes being introduced while business as normal is continuing
  This is an ongoing issue for the Scottish Medicines Consortium, as new process resulting from the Montgomery Review are being introduced, while continuing to provide advice on all new medicines. The Quality Committee requested a specific update on this issue at their next meeting.

- Restructuring of programmes delivery or supporting infrastructure
  The new GP contract will introduce changes to arrangements for out-of-hours services. Instead of the current opt-out arrangement, a new opt-in Enhanced Service will be developed for those practices that choose to provide out of hours services. This clearly impacts on the HIS out-of-hours programme and we are currently in discussion with Scottish Government around this.

- Clinical engagement
  Clinical engagement remains an issue for projects where ad hoc engagement for short notice or priority work is required. The national clinical leads approach, where staff have a dedicated commitment to HIS work. This allows services to plan and organise their work accordingly.

- Partnership working with other national organisations and other external factors
  The challenge of working with other national programmes was highlighted by a number of projects including SMC, the Scottish Mortality and Morbidity Programme (SMMP), and the Sharing intelligence for Health and Care work.
One purpose, many parts

We describe our organisation as having many parts, with one single purpose. We have set out the range of our functions below – all of them helping to deliver our aim of better quality health and social care for everyone in Scotland.
The issues that surround household debt – for example living in fuel poverty, occupying a damp home and the stress of being unable to pay bills – affect the health and wellbeing of people and whole communities across Scotland.

A grant from our Improvement Fund has supported a project in North East Glasgow to provide money advice to patients in GP practices. The project initially began in two GP practices which serve deprived populations, comprising 7,903 patients between them. This funding has enabled the project to expand to a further seven locations to support individual money and debt issues in those local communities.

Read an update below from the North East Glasgow Money Advice project team on the progress of their project and the impact they have made so far.

“The Improvement Fund grant has allowed us to develop a project to embed Money Advice Advisors within nine GP practices in North East Glasgow for half a day every week for each practice. The model supports health professionals, following discussions with patients, to make a money advice referral to the Advisor. The Advisor is then able to meet with the patients and support them with issues relating to money and debt.

Our GP practices cover some of the most deprived communities in Scotland. We initially developed the model in two GP practices in Parkhead Health Centre but the grant from the Improvement Fund has allowed us to expand to a further seven GP practices to test the model on a larger scale.

We have been busy embedding Advisors and supporting GP practices to implement the model in ways which fit with their own individual circumstances and ways of operating.

We have been able to achieve this faster than originally anticipated, and, by the end of October 2017, the GP practices had made 372 money advice referrals. This has resulted in patient financial gains of £374,000 and the creation of management plans for £117,000 debt, including nearly £28,000 of council tax.

The project has been really well received by patients and GP practices. Advisors are reporting good relationships with practices and by being embedded within practices feel better able to support their clients with applications.”
Initial feedback and results from this project indicate that this new approach to debt management support has the potential to support the reconfiguration of NHS and partner funded advice services across NHS Greater Glasgow and Clyde. All data and evidence gathered from the service engagement will be shared with a range of key stakeholders, including all Deep End practices, the Glasgow Health and Social Care Partnership Financial Inclusion and Equalities Leads, the GP Clinical Lead, Wheatley Group Head of Inclusion and Glasgow City Council’s Head of Financial Inclusion Services.

Learning from the project will also be shared locally in the North East of Glasgow, at a Glasgow City level, and at a regional and national level with the support of Healthcare Improvement Scotland’s ihub.
2. Strengthening patient and public involvement in the Scottish Medicines Consortium (SMC)

The Scottish Health Council and Scottish Medicines Consortium (SMC) are working together to ensure that the views and experiences of patients and carers are captured and used to maximum effect in SMC decision-making.

Redesigning the patient group submission process

A stakeholder review was conducted to establish areas of improvement and development for public involvement activities and highlighted several areas for improvement.

As a result of this consultation, several changes were made to SMC public involvement activities:

- a patient group submission form was reviewed and redesigned, and a submission guide produced
- a new registration process for Patient Group Partners was introduced, and
- enhanced support and guidance was offered to submitting patient groups by the public involvement team
- Patient Group Partners receive one-to-one advice and guidance on completing the form, and feedback is offered to strengthen submissions.

Impact

This resulted in positive impacts on both the quantity and quality of patient group submissions, improving the experience for both patient groups and SMC committee members.

Quantity of submissions

There has been a sustained increase in the number of medicine appraisals which have incorporated patient and carer views through a patient group submission. In 2017, 87% of appraisals included a patient group submission, compared to 65% in 2014.
Quality of submissions

Patient groups reported that they find the increased level of support, together with the new forms, has helped them to ensure they are submitting the most relevant information to inform SMC decision-making.

“Thanks for everything. It is a great demonstration to me, having spent the past 3 years all over Europe discussing HTA’s incorporation of patient views, of how this process can really work well. Actually, I would have said the same thing even if the decision had been different - regardless of the outcome we all felt that our views were being taken seriously by SMC and in that context we would have respected the decision either way.”

- Russell Wheeler, Trustee, LHON Society (Patient Group Partner), 2017

SMC members have also described how the increased quantity and quality of patient group submissions have helped them feel confident they are well informed about the impact on patients and carers when making decisions about new medicines.

“The increased emphasis on public involvement over the last few years has led to higher quality and a greater number of patient group submissions. This gives me, as a committee member, reassurance that I am as well informed as possible about the impact to patients and carers when making decisions about new medicines.”

- SMC Committee Member, 2017

Satisfaction of patient groups

Through an online questionnaire, submitting Patient Group Partners have expressed satisfaction with the level of support and information provided to them during the submission process, with 93% of submitting patient groups rating their experience as ‘excellent’ and 7% rating their experience as ‘good’, in 2017.
Patient group participation at SMC committee meetings

Since August 2017, to strengthen patient engagement, a representative from each submitting patient group is invited to be directly involved in the SMC discussion about the medicine they are supporting. This ensures that the views of patients and carers effectively inform SMC decision-making on new medicines by involving patient representatives as active participants at SMC committee meetings.

The SMC has developed a process to support effective patient group participation at SMC committee meetings. Comprehensive information and support is provided to patient representatives to enable them to effectively participate during the meeting. An education session for SMC committee members on ‘What matters to the patient’ was delivered in collaboration with Patient Group Partners, to raise awareness of the value of patient participation. An online survey was also developed to capture the experience of patient representatives in order to support ongoing improvement.

Impact

Feedback has been positive and indicates that participation of patient representatives can enhance discussions relating to patients and carers. In the 6 months since full implementation, 18 patient representatives have participated in SMC committee meetings, helping to bring the lived experience to discussions on new medicines.

Of the 11 patient representatives who responded to the online survey, 100% rated their experience as ‘extremely positive’, with the support received from the Public Involvement team as ‘excellent’.

“SMC decision-making is a complex and collaborative process which benefits from the engagement of all who bring their specialist knowledge to the decision-making process. Patient representatives bring a richness of experience and insight from those living with the condition and how a new medicine might impact their life or outcomes. Enhancing the involvement of patient representatives at the meeting provides a valuable additional voice to support the committee.”

– SMC committee member

“I found it very enjoyable and not at all intimidating. As I was representing the patient voice, you feel the responsibility of making sure our voice is heard, and it is important that is in the correct format for the meeting.”

“I found this to be an interesting and involving experience. It was good to see the discussion about the new medicine and how patient opinion is taken into account. We were made to feel welcome and every step of the process was explained well. I would be happy to do it again.”

– Patient representatives
A high volume of influenza-related deaths recorded by the Death Certification Review Service (DCRS) in December highlighted an issue with guidance from the Crown Office and the Chief Medical Officer (CMO). The guidance required certifying doctors to report such cases to the Procurator Fiscal thereby creating additional work for certifying doctors, the Procurators Fiscal and the DCRS when they are already under significant pressure. As a result, this also created delays and potential distress for families.

Therefore, the Senior Medical Reviewer initiated a discussion with the Crown Office and Scottish Government to explore the basis for this legislation and consider its impact. In discussion with the Scottish Fatalities Investigation Unit (SFIU), CMO and others, he secured a CMO letter to all doctors in Scotland suspending the requirement for doctors to automatically report such deaths to the Procurator Fiscal.

The vigilance of the DCRS team, their willingness to respectfully challenge what might otherwise have been viewed as an absolute requirement, using the relationships in place with partners and stakeholders, has resulted in less unnecessary work for hard-pressed staff and fewer avoidable delays for grieving families, reflecting their commitment to put bereaved relatives first.
In September 2016, the Scottish Health Technologies Group published an advice statement on the effectiveness of mechanical thrombectomy in patients with acute stroke. This supported an update in December 2016 of the SIGN guideline on management of patients with stroke. The technology involves the direct removal of a brain clot in the first few hours after a stroke has occurred using an expanding wire mesh tube fed into the brain through an incision in the groin.

It has been found that this can allow eligible patients who would otherwise have suffered permanent disability to make an excellent recovery. Although, to date, only a few Scottish patients have benefited from the procedure, implementation of thrombectomy is now ongoing in Scotland and a national planning process is in place.

The advice and evidence summaries produced by Healthcare Improvement Scotland highlight to stakeholders the robust evidence of effectiveness and value for money and these are being used to underpin planning to align staffing, training and infrastructure developments which will deliver the benefits of the technique to increasing numbers of patients.
5. Scottish Health Council’s role in NHS Lanarkshire’s Achieving Excellence Healthcare Strategy Consultation

The Scottish Health Council provided quality assurance of NHS Lanarkshire’s engagement and consultation on its healthcare strategy, Achieving Excellence. This strategy, consulted on in 2016, provides NHS Lanarkshire with a platform to take forward strategic change across the system. It includes elements of contentious change such as changes to trauma and orthopaedic services, as well as the initial engagement on proposals for a new Monklands Hospital, which will be further developed during 2018. In particular, the proposed changes to orthopaedic services received high levels of public, political and media interest.

The Scottish Health Council provided ongoing advice on engagement in line with guidance, and NHS Lanarkshire was very responsive to the suggested actions. The Scottish Health Council’s quality assurance of the engagement and consultation found that NHS Lanarkshire’s engagement and consultation had met national guidance, and the feedback received by the Scottish Health Council highlighted that:

• 82% of respondents understood the reasons for change
• 82% felt they had the opportunity to give their views
• 84% felt they had the opportunity to ask questions, and
• 76% felt they their views were listened to.

NHS Lanarkshire’s Board supported the proposed changes to orthopaedic services, and endorsed the conclusions and recommendations made in the Scottish Health Council report. This was part of the package of information provided to Scottish Government.

The Cabinet Secretary supported proposals stating that:

“NHS Lanarkshire’s work must be informed by your continued adherence to the well-established national guidance on engaging local people in service change (CEL4 (2010), in close liaison with, and as informed by the view of, the Scottish Health Council.”

NHS Lanarkshire is continuing to work with the Scottish Health Council as each of the work streams progress, and continues to be responsive to the advice provided to support meaningful engagement.

The next significant stage in engagement will be the option appraisal process in spring 2018, to identify the preferred option for the proposed new Monklands Hospital.
SUBJECT: Financial Performance Report as at 31 January 2018

1. Purpose of the report
   The paper provides an update on the financial position for 2017-18 as at 31 January 2018.

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

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

3. Actions/Recommendations
   The Board is asked to note the following:

   The financial position as at 31 January 2018.

   Additional allocations received and anticipated.

   The current position relating to contributions to the National Boards Support Services exercise.

   Progress in achieving efficiency savings for 2017-18.

   The outturn prediction for 2017-18.

Appendix:

1. Financial Performance Report (P10)

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>
<tr>
<td></td>
<td></td>
<td>There is a risk of not meeting our budgeted commitments because of changing and competing priorities around our workplan resulting in difficulties in managing a 12 month budget in accordance with Scottish Government Guidelines.</td>
</tr>
</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.

Reference should be made to the Financial Plan that forms part of the Draft Corporate Plan 2017-18

Resource Implications

None

What engagement has been used to inform the work.

The contents of the report are also shared with Scottish Government on a monthly basis through the Financial Reporting arrangements.

What Equality and Diversity considerations relate to the work.

None

Advise how the work:

- helps the disadvantaged;
- helps patients;
- makes efficient use of resources.
Overview

The 2017-18 budgets were agreed by the Board in March 2017. The latest funding allocation letter from Scottish Government was received on 1 February 2018. This set the current revenue resource limit (RRL) for 2017-18 to be £28.707 million and included a reduction of £0.690 million. This reflects a contribution of £0.600 million towards the National Boards Support Services Collaboration and a further reduction in the expected level of RRL of £0.090 million as the additional £9 million that was transferred to baseline on 1 April 2016 has been excluded from the general uplift of 1%.

We usually return any surplus from additional non-recurring allocations to Scottish Government in January or February as agreed with Scottish Government. However, on this occasion it has been agreed that any surplus can be used to contribute to the £15m collective savings target for the national Boards. A further contribution of £0.500 million has therefore been made which increases the total contribution from HIS £1.100 million toward the £15m.

Financial Position

The position at 31 January represents the financial position after the first ten months of the financial year and is shown in Table A. The total HIS revenue budget for the year is currently £28.707 million. At the end of January, HIS had spent £22.455 million which is £56,000 less than the budget for the first ten months.

However when current spend against non-recurring allocations not yet received and additional income is taken into account HIS has spent £123,000 less than budget.

Table A - Financial position at 31 January 2018

<table>
<thead>
<tr>
<th>Directorate</th>
<th>Full Year Budget</th>
<th>Budget Remaining</th>
<th>YTD Budget</th>
<th>YTD Actual</th>
<th>YTD Variance</th>
<th>YTD Spend for Outstanding Additional Allocations/Income</th>
<th>Adjusted YTD Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£</td>
<td>£</td>
<td>£</td>
<td>£</td>
<td>£</td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td>Chief Executive</td>
<td>920,663</td>
<td>221,104</td>
<td>696,918</td>
<td>699,559</td>
<td>(2,640)</td>
<td>0</td>
<td>(2,640)</td>
</tr>
<tr>
<td>Office of the Medical Director</td>
<td>2,807,967</td>
<td>503,453</td>
<td>2,279,516</td>
<td>2,304,534</td>
<td>(25,017)</td>
<td>35,349</td>
<td>10,331</td>
</tr>
<tr>
<td>Office of the NMHP Director</td>
<td>255,632</td>
<td>69,778</td>
<td>224,902</td>
<td>228,854</td>
<td>(952)</td>
<td>0</td>
<td>(952)</td>
</tr>
<tr>
<td>Corporate Provision</td>
<td>493,658</td>
<td>290,827</td>
<td>220,262</td>
<td>220,831</td>
<td>17,431</td>
<td>0</td>
<td>17,431</td>
</tr>
<tr>
<td>Evidence</td>
<td>4,875,911</td>
<td>897,512</td>
<td>3,979,760</td>
<td>3,982,399</td>
<td>(2,640)</td>
<td>19,056</td>
<td>16,416</td>
</tr>
<tr>
<td>Finance &amp; Corporate Services</td>
<td>2,672,694</td>
<td>584,202</td>
<td>2,099,073</td>
<td>2,088,692</td>
<td>10,381</td>
<td>0</td>
<td>10,381</td>
</tr>
<tr>
<td>Property</td>
<td>1,143,379</td>
<td>196,457</td>
<td>954,828</td>
<td>946,222</td>
<td>7,906</td>
<td>0</td>
<td>7,906</td>
</tr>
<tr>
<td>Scottish Health Council</td>
<td>2,791,320</td>
<td>525,875</td>
<td>2,289,739</td>
<td>2,255,446</td>
<td>24,293</td>
<td>0</td>
<td>24,293</td>
</tr>
<tr>
<td>Quality Assurance</td>
<td>2,955,802</td>
<td>535,156</td>
<td>2,417,084</td>
<td>2,420,646</td>
<td>(3,562)</td>
<td>0</td>
<td>(3,562)</td>
</tr>
<tr>
<td><strong>Sub-Total</strong></td>
<td><strong>28,706,802</strong></td>
<td><strong>6,251,755</strong></td>
<td><strong>22,510,915</strong></td>
<td><strong>22,454,847</strong></td>
<td><strong>56,068</strong></td>
<td><strong>68,806</strong></td>
<td><strong>122,874</strong></td>
</tr>
</tbody>
</table>

It should be noted that these results are after removing the savings achieved to date as shown below in Tables D to F.

Anticipated Additional Allocations

An important factor within our budget is the significant number of additional non-recurring allocations which are received during the year. To date, 30 have been received worth £5.075 million less the £1.100 million contribution to the National Boards Support Services Collaboration. There are currently 2 further allocations outstanding with a predicted value of £82,000.

These additional allocations are still required and we continue to work closely with colleagues in Scottish Government to release the remaining funds as soon as possible.
The current position is shown in Table B below. This shows that almost all allocations (99.7%) have now been received (2016-17 98.7%) and that that our funding allocation at 31 January is £28.707 million with £82k additional allocations still to be received.

Table B - Revenue Resource Allocations (Summary)

<table>
<thead>
<tr>
<th>Allocations</th>
<th>Recurring £'000</th>
<th>Earmarked Recurring £'000</th>
<th>Non-Recurring £'000</th>
<th>Total £'000</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline 1 April 2017</td>
<td>24,732</td>
<td></td>
<td></td>
<td>24,732</td>
<td>85.9</td>
</tr>
<tr>
<td>Received to date</td>
<td>178</td>
<td>3,797</td>
<td></td>
<td>3,975</td>
<td>13.8</td>
</tr>
<tr>
<td><strong>Allocation at 31 January 2018</strong></td>
<td><strong>24,732</strong></td>
<td><strong>178</strong></td>
<td><strong>3,797</strong></td>
<td><strong>28,707</strong></td>
<td><strong>99.7</strong></td>
</tr>
<tr>
<td>Future SG funding - confirmed</td>
<td>-</td>
<td>82</td>
<td></td>
<td>82</td>
<td>0.3</td>
</tr>
<tr>
<td>Future SG funding - unconfirmed</td>
<td>-</td>
<td>-</td>
<td></td>
<td>-</td>
<td>0.0</td>
</tr>
<tr>
<td><strong>Anticipated total 2017-18</strong></td>
<td><strong>24,732</strong></td>
<td><strong>178</strong></td>
<td><strong>3,878</strong></td>
<td><strong>28,788</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

Table C shows details of the outstanding allocations and other income categorised in terms of the confirmation status and perceived risk.

Table C - Revenue Resource Allocations (Detail)

<table>
<thead>
<tr>
<th>Anticipated Allocations</th>
<th>Directorate</th>
<th>Anticipated Allocation £</th>
<th>Spend to Date £</th>
<th>Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Confirmed</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SPSP Maternity &amp; Children</td>
<td>ihub</td>
<td>21,700</td>
<td>12,401</td>
<td>Yellow</td>
</tr>
<tr>
<td>Mesh Oversight Group</td>
<td>Evidence</td>
<td>60,000</td>
<td>19,056</td>
<td>Green</td>
</tr>
<tr>
<td><strong>Total Confirmed Allocations</strong></td>
<td></td>
<td><strong>81,700</strong></td>
<td><strong>31,457</strong></td>
<td></td>
</tr>
<tr>
<td>Unconfirmed</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Unconfirmed Allocations</strong></td>
<td></td>
<td><strong>-</strong></td>
<td><strong>-</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Total Anticipated Allocations</strong></td>
<td></td>
<td><strong>81,700</strong></td>
<td><strong>31,457</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Anticipated Income</th>
<th>Directorate</th>
<th>Anticipated £</th>
<th>Spend to Date £</th>
<th>Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Foundation Funding</td>
<td>Medical</td>
<td>138,241</td>
<td>35,349</td>
<td>Green</td>
</tr>
<tr>
<td><strong>Total Anticipated Funding</strong></td>
<td></td>
<td><strong>219,941</strong></td>
<td><strong>66,806</strong></td>
<td></td>
</tr>
</tbody>
</table>

Risk Key

<table>
<thead>
<tr>
<th>Risk Key</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blue</td>
<td>No indication of funding support to date.</td>
</tr>
<tr>
<td>Red</td>
<td>Funding request under consideration.</td>
</tr>
<tr>
<td>Yellow</td>
<td>Confirmation received but value may be subject to amendment.</td>
</tr>
<tr>
<td>Green</td>
<td>Full confirmation received including value.</td>
</tr>
</tbody>
</table>

Internal efficiency savings targets 2017-18

In order to achieve a balanced budget for 2017-18 it was agreed to make some across the budget percentage reductions totalling £1.34 million. The unexpected reduction in RRL by Scottish Government of £0.090 million plus the £0.600 million contribution to the National Board £15million target increased the overall savings target to be met £2.03 million.

A full review and forecast of the financial position took place in September 2017. The results from this review and subsequent movements that arose from the P6 to P10 management accounts are summarised below in Table D. This gives an overall picture of savings made to date.

This shows that HIS is currently is recording a current deficit of £0.100 million which it is expected will be off-set by further savings from staff turnover of £0.110 million resulting in an anticipated surplus of £9,462 by 31 March 2018. It is expected that this will increase by any additional efficiencies from non-pay turnover sources during February and March.
Table D - Summary of Efficiency Savings Movements during September to January 2018

<table>
<thead>
<tr>
<th>Efficiency Savings Target</th>
<th>£</th>
<th>£</th>
<th>Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outstanding Savings Target as at 31 August 2017</td>
<td>(1,055,198)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less</td>
<td>SURRENDER (MYR)</td>
<td>516,462</td>
<td></td>
</tr>
<tr>
<td></td>
<td>SURRENDER (P6)</td>
<td>17,162</td>
<td></td>
</tr>
<tr>
<td></td>
<td>SURRENDER (P7)</td>
<td>156,734</td>
<td></td>
</tr>
<tr>
<td></td>
<td>SURRENDER (P8)</td>
<td>186,664</td>
<td></td>
</tr>
<tr>
<td></td>
<td>SURRENDER (P9)</td>
<td>312,021</td>
<td></td>
</tr>
<tr>
<td></td>
<td>SURRENDER (P10)</td>
<td>120,675</td>
<td></td>
</tr>
<tr>
<td>Balance Outstanding</td>
<td>254,520</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Add</td>
<td>ADDITIONAL COST PRESSURES</td>
<td>(601,809)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>NATIONAL BOARDS SUPPORT SERVICES COLLABORATION (PHASE 2)</td>
<td>(300,000)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>ADDITIONAL ALLOCATION (C/F 2016-17)</td>
<td>(901,809)</td>
<td></td>
</tr>
<tr>
<td>Current Deficit</td>
<td>(100,289)</td>
<td></td>
<td>Amber</td>
</tr>
<tr>
<td>Add</td>
<td>ANTICIPATED BALANCE OF TURNOVER (£670k - £560k)</td>
<td>109,751</td>
<td></td>
</tr>
<tr>
<td>Revised Surplus 2017-18 (Incl. future pay turnover)</td>
<td>9,462</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The additional cost pressures of £0.603 million include £0.283 million of funding directed toward improvement grants for applications that have passed all of the required criteria and are eligible to be funded.

Table E below shows the total efficiency savings achieved to date and the amount still to be realised at January 2018 after allowing for the approved investments to meet cost pressures.

Table E - Summary of Efficiency Savings at 31 January 2018

<table>
<thead>
<tr>
<th>Savings Target</th>
<th>Surrendered to date</th>
<th>Target Remaining</th>
<th>Invested</th>
<th>Balance Outstanding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff T/O</td>
<td>669,984 (560,233)</td>
<td>109,751</td>
<td>-</td>
<td>109,751</td>
</tr>
<tr>
<td>General</td>
<td>669,984 (1,424,255)</td>
<td>(754,271)</td>
<td>54,809</td>
<td>(699,462)</td>
</tr>
<tr>
<td>CRES</td>
<td>690,000 0</td>
<td>690,000</td>
<td>-</td>
<td>690,000</td>
</tr>
<tr>
<td>Total</td>
<td>2,029,968 (1,984,488)</td>
<td>45,480</td>
<td>54,809</td>
<td>100,289</td>
</tr>
</tbody>
</table>

To date gross savings achieved are £1.984 million (97.8% of the target. In all instances savings are to be sought from recurrent sources wherever possible.

Whilst Table D addresses the movements during the five month period from September to January and the outstanding deficit position, Table F illustrates the source of savings by directorate and type of budget after reinvestment. It should be noted that at present, 26% of savings are recurrent in nature.
Predicting the outturn for the financial year to 31 March is a continuous exercise and inevitably assumes greater importance the further we get through the year. Guidance from Scottish Government is that whilst a deficit is unacceptable a surplus of up to 1% is acceptable. In the case of Healthcare Improvement Scotland this would equate to approximately £0.3 million. At this stage it is anticipated that we will deliver a financial position that is within the £0.3 million parameter.

**Capital Expenditure**

The Core Capital Resource Allocation for 2017-18 is £0.179 million. Approval has been given for ICT related expenditure which is largely based on phase 2 of the virtualisation exercise that was successfully piloted during 2016-17. This leaves a balance of approximately £100k which had been earmarked for building alterations at Delta House to improve the capability for agile working. However, this project has been the subject of delays and will now take place during 2018-19. It is intended to transfer this capital allocation to NHS NSS in return for them to release £100k revenue toward the National Boards £15m target. This will increase the total input from HIS to £1.2 million.
SUBJECT: Risk Management Update

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

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

   b) The corporate risks (Appendix 1) and very high operational risks (Appendix 2) have been reported from the Compass system as at 15 February 2018. There are 21 corporate risks on the report compared to 20 on the November report and 8 very high operational risks on the report compared to 6 on the November report.

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

   d) The Audit and Risk Committee reviewed all corporate and high/very high operational risks at their meeting on 6 December 2017.

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

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

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

**RISK**

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

**OTHER CONSIDERATIONS**

<table>
<thead>
<tr>
<th>How do the key points support the five priorities in the strategic plan:</th>
<th>Resource Implications</th>
<th>What engagement has been used to inform the work.</th>
<th>What Equality and Diversity considerations relate to the work. Advise how the work:</th>
</tr>
</thead>
</table>
| • Enable people to make informed decisions about their own care and treatment; | The management and training of risk is conducted on a team basis and forms part of management responsibilities. | The risk register is an internal governance system which does not require external engagement. The risk management system is maintained and updated by staff assigned as risk managers. | • helps the disadvantaged;  
• helps patients;  
• makes efficient use of resources. |
| • Help health and social care organisations to redesign and continuously improve; |                                                                      |                                                                                     |                                                                                      |
| • Provide evidence and share knowledge that enables people to get the best out of the services they use and helps services to improve; |                                                                      |                                                                                     |                                                                                      |
| • Provide and embed quality assurance that gives people confidence in the quality and sustainability of services and supports providers to improve; |                                                                      |                                                                                     |                                                                                      |
| • Make best use of all resources |                                                                      |                                                                                     |                                                                                      |

All corporate risks recorded support the objectives of the organisation within the strategic plan and identify any threats or opportunities that might prevent their achievement. The Measuring our Progress report to the Quality Committee provides a cross reference against the risk register of any programmes of work that are at risk of not being completed as planned.

There are no specific equality and diversity issues as a result of this paper. The corporate risk register outlines risks in relation to finance/resources.
### Appendix 1 Corporate Risks (at 15 February 2018)

<table>
<thead>
<tr>
<th>Category</th>
<th>Project/Strategy</th>
<th>Risk No</th>
<th>Risk Director</th>
<th>Risk Description</th>
<th>Net Risk Score Rating</th>
<th>Current Controls</th>
<th>Current Mitigation</th>
<th>Current Update</th>
<th>Date Last Reviewed by Committee</th>
<th>Current Risk Level</th>
<th>Jan - 2018</th>
<th>Dec - 2017</th>
<th>Nov - 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reputational / Credibility</td>
<td>All of the work of the Quality Assurance Directorate</td>
<td>409</td>
<td>Alastair Delaney</td>
<td>There is a risk that HIS will make an incorrect assessment/regulatory response, which we are unable to defend when challenged. This may result in loss or reduction in our credibility with stakeholders and/or legal action taken against us as an organisation. This may also result in a serious incident within a healthcare setting.</td>
<td>Medium - 12</td>
<td>Organisational policies and procedures covering assurance activities such as as-hoc reviews, inspections and regulatory activity. Action plans are followed up following incidents and interventions.</td>
<td>The staff employed to undertake quality assurance activity are highly skilled and experienced in conducting reviews, inspections and regulatory activity. They are supported by organisational policies and procedures covering assurance activity which are well established and regularly reviewed and updated. All programmes have a range of QA processes to provide assurance around the judgements made. This includes external programme boards or expert advisory panels to provide advice and support.</td>
<td>All inspection and review programmes will be reviewed against the Quality of Care approach. We will continue the creation of the evidence and judgement framework which will allow the robust assessment of the quality of care provided and assist in identifying areas of good practice, areas where improvements is required and how to prioritise these. We will be reviewing our internal approaches to all quality assurance including administrative procedures, document management, staff deployment and training, skills development, etc. We will also seek to publish on our website short summaries of our methodologies for all QA activity to aid transparency and clarify expectations in the system. This work will be done on a rolling basis and should be complete by end August 2018.</td>
<td>Quality Committee 18/1/18</td>
<td>Medium - 12</td>
<td>Impact - 4</td>
<td>Likelihood - 3</td>
<td></td>
</tr>
</tbody>
</table>
| Reputational / Credibility | Corporate Plan | 730 | Robbie Pearson | There is a risk of significant organisational disruption and an inability to deliver agreed priorities due to continued uncertainty about the future role of the Scottish Health Council, including:  
- differing stakeholder expectations where consensus on the future role may not prove possible;  
- uncertainties around any potential role within social care as well as health;  
- uncertainties relating to current guidance on service change issues;  
- other external factors resulting in a diminishment in Healthcare pharmaceutical | Medium - 12 | SHC review process – reflective review in Q1 2017/18, followed by wider HIS-led consultation with stakeholders in Q2 & Q3 2017/18 (consultation closed 20 October 2017). Evidence Directorate produced consultation feedback analysis - considered by HIS Board 22 November 2017. Further specific engagement with key stakeholders currently underway. Consultation feedback summary document to be published on HIS website. | Regular reporting to Chief Executive by Acting SHC Director and Review & Implementation Lead. Governance reporting to HIS Quality Committee, SHC Committee, and HIS Board. Regular updates to Partnership Forum. Initial reflective review report agreed by HIS Board in Q1 2017/18. HIS-led consultation closed 20 October 2017. Over 1,000 external stakeholders invited to participate. Feedback analysis report produced by Evidence Directorate and considered by HIS Board on 22 November 2017. | The consultation closed on 20 October. Detailed analysis of consultation responses has been produced by the Evidence Directorate and shared with the HIS Board on 22 November 2017. Further specific engagement with key stakeholders currently underway. Consultation feedback summary document to be published on HIS website along with the separate detailed feedback analysis during February 2018. Formation of a short-life advisory group currently being arranged consisting of representatives from key stakeholders to consider next steps in light of the consultation feedback. Communication & engagement with staff and an implementation plan will be developed in partnership including any formal change processes for directly-affected staff. | Audit and Risk Committee 06/12/17 | Medium - 12 | Impact - 4 | Likelihood - 3 |
<p>| Reputational / Credibility | Data Measurement &amp; Business Intelligence | 693 Brian Robson | There is a risk that we do not have a good awareness of the patterns on some key national metrics/indicators which could mean that our quality assurance and quality improvement work is not sufficiently informed. For example, this could result in the potential to miss the early signs of a serious service failure. | High - 16 | The Information Services Division reports on some key metrics via the Sharing Intelligence for Health &amp; Care Group. The Information Services Division have agreed to refine the intelligence they bring to the Sharing Intelligence for Health &amp; Care Group. We are acting out a plan to evolve our work on HSMR so that we consider a wider set of metrics, this is focused on running a Delphi process to identify key metrics that HIS should regularly review. Panelists for the Delphi have been recruited and the first round is in progress. It is expected that recommendations for key metrics will be made by the end of March 2018. | This continues to be a risk but there are a number of ongoing actions that should increase our awareness of key metrics. These include working with Information Services Division to refine the intelligence they bring to the Sharing Intelligence for Health &amp; Care Group and running a Delphi process to get consensus on key metrics. Healthcare Improvement Scotland should review regularly in addition to HSMR. Would anticipate the likelihood of this risk reducing once these pieces of work have progressed. |
| Financial / Value for Money | Finance Strategy | 635 Margaret Waterston | 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. | High - 12 | Regular Management Accounts information prepared with the support of budget holders. Through re-forecast at 6 month mark Regular information regarding potential liability arising from HIS share of joint target of £15m. Regular financial updates to ARC and Board | The January management accounts indicate that financial balance will be achieved at 31 March 2018 in accordance with the parameters agreed with Scottish Government finance colleagues. There are still some uncertainties but these are being managed closely. |
| Reputational / Credibility | HEI Inspections | 698 Alastair Delaney | There is a risk to the reputation of HIS/HEI regarding the introduction of focused thematic inspection as the primary type of inspection replacing the clean and safe inspections. With a risk that the standard of cleanliness and application of SICPS will have less oversight with potentially a loss ofyme website along with separate full feedback analysis during February 2018. Further specific engagement with key stakeholders currently underway. | Medium - 8 | Currently reviewing the thematic inspections. In the meantime will undertake safe and clean inspections. Considering incorporating catheter care into safe and clean inspections. A review of the first two thematic inspections and the pilot inspection is undertaken is being undertaken. Currently reviewing inspection team skills of the OPAH and HEI teams to develop a more cohesive inspection team pool with shared skills. During this time the number of inspections has been reduced to allow more | Thematic inspections have been stopped and safe and clean inspections will be reintroduced. |</p>
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<tr>
<th>Risk</th>
<th>Category</th>
<th>Name</th>
<th>Impact</th>
<th>Likelihood</th>
<th>Description</th>
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<tbody>
<tr>
<td></td>
<td>Reputational / Credibility</td>
<td>Information Governance Strategy</td>
<td>Low - 6</td>
<td>1</td>
<td>There is a risk of reputational damage through failure to demonstrate compliance with the General Data Protection Regulation resulting in reduced stakeholder confidence in the organisation.</td>
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<td>Staff training, records retention policy, data protection policy, information security policies, technical security controls</td>
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<td>Improved implementation of retention schedule, updating of privacy notices and data protection policy, reviewing data processor contractual arrangements, cyber security certification, internal permissions audit.</td>
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<td>All mitigations as stated against this risk are in progress, Revised contracts are awaited via national procurement, timeline for this is unknown but has been requested. A communications campaign regarding the general data protection regulation and the impact for staff and corporate activities has been prepared and will commence in February.</td>
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<td></td>
<td>Operational</td>
<td>Making Care Better Strategy 2017-2022</td>
<td>High - 16</td>
<td>5</td>
<td>There is a risk that we do not have sufficient internal capacity to support the work of the National Board Delivery Plan and savings targets because of the substantial input that is required from a small group of people resulting in staff becoming over burdened, stressed and concerned about their futures.</td>
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<td>Designated roles have been agreed within the organisation to represent HIS and to support the national work. A principle of working with colleague boards is to re-use as much information as possible ie not to collect same information twice. Work closely with Employee Director to ensure that staff side are aware of any potential changes to reduce costs and that their input is possible</td>
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<td>Oversight of required capacity is being lead by Director of Finance and Corporate Services. Work with staff to re-prioritise work load. Recruit additional support staff with agreement of ET</td>
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<td>Additional resource has been recruited to assist at a national level - a Programme Director and 2 x management accountants who will work 0.5 WTE each. The national shared work has been prioritised to include HR, Finance, Procurement and Property as the first stage of sharing services. We have significant resourcing challenges within HR due to an extraordinary workload that is unlikely to reduce in the next 3-4 months. We have severe resourcing challenges within finance due to staff absence and departure. Both of these teams are unable to engage fully within the national board work at this stage and a plan to increase support to these teams is being devised.</td>
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<td>Audit and Risk Committee 06/12/17</td>
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Compliance / Regulatory | Regulation of Independent Healthcare | 667 | Alastair Delaney | There is a risk of Healthcare Improvement Scotland being unable to deliver all aspects of the independent healthcare regulatory work to timescales because of the competing demands of the regulatory activities resulting in slippage to timescales. | High - 8 | Each of the regulatory activities has clear guidance, procedures and information for staff and providers. | Recruit additional staff to cope with the increased workload. | We have appointed 2 additional inspectors on a fixed term contract until 31 March 2019. They have been working with us since the summer of 2017. This has helped with the extra work generated by enforcement, late registrations and the introduction of the new national care standards and quality of care work. We will be preparing RAFs for ET for additional staff to assist with the further increase in work in 2018/19. Where possible, we have sourced extra capacity from within the directorate. | Audit and Risk Committee 06/12/17 | High - 8 | Impact - 4 | Likelihood - 2 |

Reputational / Credibility | Service Change | 630 | Sandra McDougall | There is an operational and reputational risk to the Scottish Health Council’s role in supporting public involvement in service change because of Scottish Government’s recent confirmation that guidance produced in 2010 will not be revised to reflect Integration Authorities. This results in confusion and uncertainty on the process that should be followed in integrated health and social care service changes or changes that are regionally driven. | Very High - 25 | National guidance (CEL 4 (2010)), ‘Informing, Engaging and Consult-ing People in Developing Health and Community Care Services’; Identifying options for delivery of core function and raising awareness through governance structures. | The Scottish Health Council produced a position paper in June 2017 to provide an interim position on support for service change in Health and Social Care Partnerships. This challenge has been highlighted in the Scottish Health Council consultation, and has been picked up with Scottish Government and relevant stakeholders. The Service Change Working Group continues to provide governance over the role and next meets on 27th February 2018. | A response has been provided to an MSP enquiry following questions raised at First Ministers Questions (07/12/17). The correspondence sought clarity on the Scottish Health Council’s role, specifically on quality assurance and defining major service change status for change proposals progressing through Health and Social Care Partnerships. We are aware through media reports that the MSP has also raised this with the Cabinet Secretary. | Audit and Risk Committee 06/12/17 | Very High - 20 | Impact - 5 | Likelihood - 4 |

Reputational / Credibility | Service Change | 631 | Sandra McDougall | There is a reputational risk to the Scottish Health Council due to the organisation’s role in providing a view on whether or not service changes are major, resulting in public or political dissatisfaction with the organisation when expectations are not met regarding the status of change. | Very High - 20 | National guidance (CEL 4 (2010)), ‘Informing, Engaging and Consult-ing People in Developing Health and Community Care Services’; Identifying options for delivery of core function and raising awareness through governance structures. | The Scottish Health Council sub-group on service change continues to provide ongoing governance and support on the work of service change. The next meeting will take place on 27th February 2018. | Continue to manage as appropriate. Following recent communications with an NHS Board, we clarified that a view provided (in October 2016) was no longer valid as the circumstances and scope of proposed change had evolved. Another NHS Board has also been in recent contact seeking a view which we expect to receive in the coming months. | Audit and Risk Committee 06/12/17 | High - 15 | Impact - 5 | Likelihood - 3 | Medium - 10 | Medium - 10 |
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<tr>
<th>Category</th>
<th>SMC Product Assessment</th>
<th>Sara Twaddle</th>
<th>Rating</th>
<th>Description</th>
<th>Quality Committee</th>
<th>Impact</th>
<th>Likelihood</th>
<th>Rating</th>
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<tr>
<td>Reputational / Credibility</td>
<td>453</td>
<td>Sara Twaddle</td>
<td>Medium</td>
<td>There is a risk that a pharmaceutical company or other interested party will challenge the outcome of an SMC assessment because of a failure to follow due process or disagreement with the published advice, resulting in reputational damage to SMC and HIS. Standard operating procedures, QA procedures in place to review the final advice for each submission before publication. Staff training and continuing professional development. When a product is not recommended SMC offers the submitting company the opportunity for a face-to-face meeting, enabling appropriate focus for a resubmission. Regular staff training and continued professional development. Review of assessment timelines at pressure points to allow adequate time for assessments. The requirement to begin implementation of the review into access to new medicines (2016) recommendations while continuing business as usual, as well as infrastructure development, has increased the likelihood of this risk. There are a number of significant process changes which are required to be implemented by SMC due to the latest review which accounts for the very high likelihood rating.</td>
<td>Quality Committee 18/1/18</td>
<td>Very High</td>
<td>20</td>
<td>Very High</td>
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<td>Operational</td>
<td>455</td>
<td>Sara Twaddle</td>
<td>Medium</td>
<td>There is a risk of stakeholders disengaging from the work of SMC because of lack of confidence in the process (e.g. further changes in SMC methods and processes at Health Board level), resulting in SMC being unable to deliver its functions. Engagement with UK Health Technology Assessment agencies to inform and share best practice. Working with Area Drug and Therapeutics Committees through the ADTC collaborative Engagement with ABPI and industry through User Group Forum and training sessions. Engagement with patient groups through public involvement team. ADTC flash reports. Training for patient groups. Engagement with ABPI led User Group Forum. New approaches to recruitment of new committee members being tested. New user friendly website will go live March 2018. The policy position on access to new medicines has led to tensions for Health Boards in the context of affordability challenges. Health Boards are also finding it increasingly difficult to release clinicians for national committee work. SMC meetings being held in public may act as a disincentive to join the committee. Despite level of risk, to date, SMC have been able to fill vacant committee posts.</td>
<td>Quality Committee 18/1/18</td>
<td>High</td>
<td>16</td>
<td>High</td>
</tr>
<tr>
<td>Operational</td>
<td>454</td>
<td>Sara Twaddle</td>
<td>Medium</td>
<td>There is a risk that SMC is unable to accept beneficial new medicines for use in a timely manner because of sustained high level workload, leading to political and/or public criticism and resulting reputational damage. Horizon Scanning Schedule planning Published prioritisation criteria SMC improvement programme to drive efficiencies in assessment process. Medicine scheduling is monitored. It is critical that the improvement programme is maintained to drive efficiencies. SMC follow a strict prioritisation criteria for scheduling medicine submissions. Scottish Government and Industry are kept informed of deferrals of submissions.</td>
<td>Quality Committee 18/1/18</td>
<td>Medium</td>
<td>12</td>
<td>Medium</td>
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</table>
| Reputational / Credibility | Strategic Delivery Plan: Medicines | 664 | Brian Robson | Medium - 12 | Very High - 25 | - Transfer this risk to SMC  
- Engage with Scottish Government - Communications plan  
- Discussions with SMC around the design and operation of NAP, including development of consistent communications  
- Ensure close and effective collaboration between HIS and SG Communications to ensure public messaging is fit for purpose and minimises risks relating to credibility of HIS.  
- Engage with Scottish Government as NAP is evaluated to ensure impact of this risk is fully understood.  
- Encourage the Scottish Government to engage with patient groups (e.g. Scottish Cancer Coalition), or alternatively HIS manage this engagement on Scottish Government’s behalf | The Scottish Government, on 31 January 2018, announced a deferred commencement of the NAP until 1st June 2018. This had been scheduled for launch on 1st February. It is hoped that engagement with the Scottish Government, Directors of Pharmacy, Scottish Association of Medical Directors and Area Drug and therapeutic Committees will lead to mitigating these risk through revised guidance. It is not yet clear what the extent of proposed revisions to the guidance will be.  

The NAP process was tested on four occasions using a ‘shadow’ panel and IPTR appeals adapted to the proposed new process. The first test led to an adapted version of the final NAP guidance and decision making criteria. However equity of access, the omission of consideration of cost effectiveness and ambiguous interpretation of the boundaries between clinical and quality of life benefit remain a risk and could lead to potential challenges around whether the panel has followed the correct process. Patient groups could also use equity of access as the basis of a case to support patients to make PACS Tier Two submissions. | Quality Committee 18/1/18 | Very High - 20 | Impact - 5 | Likelihood - 4 |

| Reputational / Credibility | Strategic Delivery Plan: Medicines | 721 | Brian Robson | Medium - 12 | Very High - 25 | - Media management strategy as part of overall communications plan which is supported by Scottish Government and NHS Boards  
- Develop a FAQ document as part of communications plan  
- Active input from HIS communication team during development and testing phase  
- Engagement on, and sign off, for media management strategy with NHS Boards, SG and NHSScotland comms teams  
- Ongoing support from HIS communications team  
- Encourage the Scottish Government to engage with patient groups (e.g. Scottish Cancer Coalition), or alternatively HIS manage this engagement on Scottish Government’s behalf | The Scottish Government, on 31 January 2018, announced a deferred commencement of the NAP until 1st June 2018. This had been scheduled for launch on 1st February. It is hoped that engagement with the Scottish Government, Directors of Pharmacy, Scottish Association of Medical Directors and Area Drug and therapeutic Committees will lead to mitigating these risk through revised guidance. It is not yet clear what the extent of proposed revisions to the guidance will be.  

A stakeholder engagement plan has been developed and we are working closely with the Scottish Government and NHS boards to ensure co-ordinated communications and key messages. Communications lines are being developed and will be consulted upon with NHS boards and agreed with Scottish Government. | Quality Committee 18/1/18 | Very High - 20 | Impact - 5 | Likelihood - 4 |
| Reputational / Credibility | Strategic Delivery Plan: Medicines | 702 | Brian Robson | There is a risk that the National Appeal Panel does not produce consistency of decision making across Scotland due to the individual nature of the appeals. This would result in non-delivery of the intended policy outcome and potential reputational risk for HIS. | Very High - 25 | - Appropriate Clinical support and advisory structures  
- Timely engagement with SG officials  
- Appropriate established panels and steering group  
- Consistency of panel membership to build familiarity and expertise  
- Development of learning system  
- Work looking at outcome measures in progress | An internal programme team has developed the processes and governance for the National Appeal Panel. Dates have been identified for the panels and a pool of panel members selected and asked to confirm availability. A national steering group continues to meet and is designing the process. A 'shadow' panel has met 4 times to test the process. The proposal to produce guidance on consistent standards of evidence submitted to panels may assist consistency in terms of what the panel is reviewing.  

The Scottish Government, on 31 January 2018, announced a deferred commencement of the NAP until 1st June 2018. This had been scheduled for launch on 1st February. It is hoped that engagement with the Scottish Government, Directors of Pharmacy, Scottish Association of Medical Directors and Area Drug and therapeutic Committees will lead to mitigating these risk through revised guidance. It is not yet clear what the extent of proposed revisions to the guidance will be. | Quality Committee 18/1/18 | High - 16 | Impact - 4 | Likelihood - 4 |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Operational | Strategy 2017-2022 Making Care Better | 697 | Robbie Pearson | There is a risk of our engagement with clinical communities, and our support for NHSS in relation to medicines, being compromised because of the BREXIT agreements and settlements resulting in us being less able to deliver key elements of our work | Medium - 12 | Clinical engagement strategy and associated activity | Engagement with other UK HTA agencies to influence policy re medicines regulation mechanisms  
Monitoring of changes in workforce profiles in HIS | We will continue to monitor and contribute, as appropriate, to the work of BHA and the SG Cross Party Group to assess the potential for direct impact on HIS and take action as appropriate | Quality Committee 18/1/18 | Medium - 12 | Impact - 3 | Likelihood - 4 |
<p>| Reputational / Credibility | Strategy 2017-2022 Making Care Better | 6 | Robbie Pearson | There is a risk that the benefits of integrating our evidence, scrutiny and assurance and quality improvement implementation support functions will not be realised because of a lack of understanding, application and commitment resulting in a failure to deliver our strategy. | Medium - 12 | Strategic Plan | 90 day process output | The 90 day process is in progress. Findings will be collated and used to agree the best way to take the work forward and embed within the organisation. | Audit and Risk Committee 06/12/17 | Medium - 12 | Impact - 4 | Likelihood - 3 |</p>
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<tr>
<th>Risk Category</th>
<th>Strategy</th>
<th>Risk Description</th>
<th>Source</th>
<th>Medium</th>
<th>Impact</th>
<th>Likelihood</th>
<th>Details</th>
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<tbody>
<tr>
<td>Reputational / Credibility</td>
<td>Strategy 2017-2022 Making Care Better</td>
<td>There is a risk that the Executive Team and the Corporate Management Team do not create leadership capability and capacity within the organisation resulting in reduced effectiveness in delivering the strategy.</td>
<td>Robbie Pearson</td>
<td>Medium - 9</td>
<td>Strategy and Workforce Development Plan</td>
<td>Re-focus of ET meetings to be more strategic. Directorate team meetings will formally cascade information from ET. Capability plan being created as part of workforce plan.</td>
<td>Work is taking place on 'making the strategy real.' This includes; internal communication and the SMT/Senior Leaders proposal.</td>
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<tr>
<td>Operational</td>
<td>Workforce Strategy</td>
<td>There is a risk that we may not have the right skills at the right time to deliver our work because of a skills shortage or lack of capacity resulting in underperformance in delivering our priorities</td>
<td>Margaret Waterston</td>
<td>High - 15</td>
<td>Workforce plan sets out actions to develop skills and career pathways for staff. Integrated planning allocates skills and capacity required to deliver work. Flexible approach to acquiring specialist skills eg Improvement Adviser framework</td>
<td>Career pathways being developed to maximise staff potential to retain and grow skills within the organisation. Improvement Adviser framework to be tested for other skill areas that are difficult to recruit to eg Inspectors and Health Economists. Personal development conversations and plans to be agreed with staff. Skills planning and succession planning to be included within the revised workforce plan.</td>
<td>Mitigation of this risk is well set out in the workforce plan. Further work is underway to refresh this plan for 2018-19 by identifying key skills required and by incorporating more flexibility within the workforce. A test of cross organisational/matrix working is taking place within the Primary Care Programme and the learning from this will be incorporated across the organisation. The operational plan is more cross organisationally focussed and this should assist with improving flexibility and career progression within HIS.</td>
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<tr>
<td>Operational</td>
<td>Workforce Strategy</td>
<td>There is a risk of significant organisational disruption because of the scale of change and growth that is currently being considered to support improvement in an integrated environment resulting in non delivery of work and demoralisation of the workforce.</td>
<td>Robbie Pearson</td>
<td>Medium - 10</td>
<td>Workforce Plan 2016/17</td>
<td>Workforce policies (aligned to national Partnership Information Network - PIN - policies &amp; guidelines) Change Management Board</td>
<td>Workforce Plan 2016/17 Change Management Board considers the workforce impact of change as a core part of its considerations.</td>
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## Appendix 2 – Very High Operational Risks (at 15/2/18)

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<tr>
<td>Financial / Value for Money</td>
<td>Focus on Dementia</td>
<td>706</td>
<td>Ruth Glassborow</td>
<td>There is a risk that: the hospital elements of the programme (Specialist Dementia Units and Acute Care) will not be able to accurately report on the financial position of the programme to the organisation because of: funding from Chief Nursing Officer Directorate at Scottish Government not being agreed and transferred to Healthcare Improvement Scotland resulting in: critical decisions about the programme being delayed and uncertainty about the programmes financial position.</td>
<td>Medium - 9</td>
<td>Work cannot progress until funding is agreed with CNOD</td>
<td>Further discussions with CNOD will take place in February 2018 to agree next steps. NMAHP Directors is aware of funding delays as HIS lead for CNOD funding discussions</td>
<td>Director of NMAHP is leading discussions with CNOD. Late allocation of funding for 17/18 from CNOD has prevented progress in developing a work plan for 17/18 resulting in funding being returned to SG. No decision can be made about a work programme for 2018/19 until an allocation has been confirmed</td>
<td>n/a – new on the report</td>
<td>Very High - 16 Impact - 4 Likelihood - 5</td>
<td>High - 12</td>
<td>High - 12</td>
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<tr>
<td>Operational</td>
<td>Living Well in Communities</td>
<td>557</td>
<td>Ruth Glassborow</td>
<td>There is a risk that: living well in communities will not be able to recruit and retain staff with the improvement skills required for the project Because of: limited number of people with QI skills and short-term funding of posts Resulting in: reduced capacity of the living well team to deliver within the current timescales.</td>
<td>Medium - 12</td>
<td>We retain staff by creating a positive team environment for people to working where each team member is valued for their contribution. We have established a common team culture where each team member is empowered to make decisions. The team have weekly huddles that includes check-ins and workload balance as well as monthly 1:1’s with each staff member and their line manager.</td>
<td>We change the likelihood of this risk occurring by planning workforce in advanced of contracts coming to an end, reaching agreement to replace temporary posts with permanent posts and by limiting the number of permanent employees are able to go on secondments outwith the team.</td>
<td>At the start of January, 80% of the team were in temporary posts. The team is now losing staff due to end of temporary posts however approval has been given to recruit staff on a permanent basis to reduce risk of high turnover and increase stability in the team. The team will lose four people during January, one in February and four in March. Three posts are ending earlier than expected due to local NHS boards requirement to end secondments due to local pressures. This has and will continue to significantly reduced capacity in the team. Recruitment has started to replace lost posts with permanent posts. This will reduce the percentage of temporary post holders from 80% to 35% however recruitment is resource intensive and will further reduce capacity in the team to deliver the programmes over they next three months. The currently workload has been reviewed and team resource prioritised for key</td>
<td>n/a – new on the report</td>
<td>Very High - 20 Impact - 4 Likelihood - 5</td>
<td>Very High - 20</td>
<td>Very High - 12</td>
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<td>Compliance</td>
<td>Medicines Strategy</td>
<td>750</td>
<td>Brian Robson</td>
<td>As the final Scottish Government guidance states “if the advice from the National Appeal Panel is to review the original decision, NHS Boards are expected to change their original decision with immediate effect”, there is a risk that this falls outside the legal powers that HIS has in relation to decisions on individual patient care, and that it is asking NHS boards to overturn decisions that have been made within their own governance structures, or that system does not get implemented because of local board concerns around the process.</td>
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<td>Quality Committee</td>
<td>18/1/18</td>
<td>Very High</td>
<td>20</td>
<td>The Scottish Government, on 31 January 2018, announced a deferred commencement of the NAP until 1st June 2018. This had been scheduled for launch on 1st February. It is hoped that engagement with the Scottish Government, Directors of Pharmacy, Scottish Association of Medical Directors and Area Drug and therapeutic Committees will lead to mitigating these risk through revised guidance. It is not yet clear what the extent of proposed revisions to the guidance will be. Boards have raised the concern that if the patient decided to take a decision to judicial review then the board that had made the appeal would be held responsible. We are seeking advice from CLO with regards to this risk and will communicate this to CEOs to ensure clarity.</td>
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<td>Operational</td>
<td>SMC Product Assessment</td>
<td>479</td>
<td>Sara Twaddle</td>
<td>There is a risk that SMC staff are affected by additional work demands and poor work-life balance due to sustained heavy workload and staff shortages resulting in loss of capacity, increased work related staff absence and the potential for operational failure.</td>
<td>High</td>
<td>16</td>
<td>Confidential employee counselling service available through HIS HR dept. Time management and stress training management available through HR Vacancy management Internal</td>
<td>Confidential employee counselling service available through HIS HR dept. Time management and stress training management available through HR Vacancy management Internal</td>
<td>SMIC improvement programme. Staff training Review of assessment timelines at pressure points to allow adequate time for assessments. Options for securing additional health economics resource being discussed in Evidence Directorate. Bid to Scottish Government for Montgomery Review implementation is placing additional demands on staff whilst maintaining business as usual. A core group of SMC staff are involved in developing highly complex process changes with a range of stakeholders. Many of the members of the same group are also central to the development of the new information management</td>
<td>Quality Committee 15/1/18</td>
<td>Very High</td>
<td>15</td>
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<tr>
<td>Operational / Credibility</td>
<td>SMC Product Assessment</td>
<td>482 Sara Twaddle</td>
<td>High - 16</td>
<td>There is a risk that commercial in confidence information is breached due to the nature of the business, capacity and infrastructure issues resulting in legal challenge and loss of reputation for Healthcare Improvement Scotland.</td>
<td>Medium - 12</td>
<td>Information Governance policy and procedures Incident reporting Standard operating procedures Development of an information management system took place in 2017. In final stages of user acceptance testing of first phase of system and will be operational with staff from February/March 2018 Information Governance training SMC improvement programme Education of handling commercially sensitive information with staff to be developed and implemented.</td>
<td>Staff training Expert consultancy input Improvement programme (review of submission requirements, expert process)</td>
<td>Standard operating procedures are followed by staff for medicine submission process and peer review take place in the assessment process. An information and document management system is being progressed with the HIS planning team however it will be summer 2018 before full benefit of system is realised. Staff are under pressure to deliver high standards of work to tight deadlines as well as inputting into infrastructure development and implementing recommendations for the review of access to new medicines.</td>
<td>Quality Committee 18/1/18</td>
<td>Very High - 20</td>
<td>Impact - 5</td>
<td>Likelihood - 5</td>
</tr>
<tr>
<td>Operational / Credibility</td>
<td>SMC Product Assessment</td>
<td>480 Sara Twaddle</td>
<td>High - 15</td>
<td>There is a risk that the process changes required by the independent review into access to new medicines will lead to destabilisation of SMC with the potential for organisational failure and loss of reputation for Healthcare Improvement Scotland.</td>
<td>High - 15</td>
<td>Communications Matters initiative Regular meetings with the Scottish Government Medicines Team and Chief Pharmaceutical Officer are taking place. SMC executive and Director of Evidence produced a high level implementation plan to work towards. Cross-organisational short-life working group (with HIS medicines team, SMC, NP and PASAG) meet bi-monthly to progress collaborative working on recommendations. Regular SMC staff meetings Scenario planning Short term Project Manager worked with SMC team to develop implementation plan. Project updates are being monitored by senior SMC staff on a monthly basis.</td>
<td>SMC is progressing action plan in relation to Review of Access to New Medicines. Some of the timelines are challenging due to the business as usual workload and the infrastructure development which is underway within SMC. SMC is required to deliver complex process changes concurrently, many of which require engagement with a range of stakeholders. In addition, the announcement of some SMC changes is on hold as is required to be communicated at the same time as the implementation of other recommendations which are being led by different organisations.</td>
<td>Quality Committee 18/1/18</td>
<td>Very High - 20</td>
<td>Impact - 5</td>
<td>Likelihood - 4</td>
<td></td>
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<tr>
<td>Reputational / Credibility</td>
<td>Product Assessment</td>
<td>472 Sara Twaddle</td>
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<tr>
<td>There is a risk of negative media publicity due to medicines being ‘not recommended’ for use resulting in reputational damage to SMC and HIS</td>
<td>Medium - 12</td>
<td>Monthly media release and handling plan Communications strategy (being refreshed following publication of Montgomery review) Early discussions with HIS Lead for Engagement</td>
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<tr>
<td>Early release of SMC advice decision under embargo for patient groups Pro-active media engagement Continued engagement with patient groups</td>
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<tr>
<td>This is an ongoing risk as negative stories about access to medicines are newsworthy. The Communications Strategy has been refreshed following the publication of the 2016 review into access to new medicines (Montgomery review). This risk has increased as SMC is unable to implement the new ultra-orphan definition and will continue the current assessment approach for medicines for extremely rare conditions until advised otherwise.</td>
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<tr>
<td>Quality Committee 18/1/18</td>
<td>Impact - 4</td>
<td>Likelihood - 5</td>
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</table>
## Risk Management Movement Report

### 1. Corporate Risks

<table>
<thead>
<tr>
<th>#</th>
<th>Risk Level</th>
<th>Description</th>
<th>Risk Change</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>759</strong></td>
<td>Information Governance Strategy</td>
<td>There is a risk of reputational damage through failure to demonstrate compliance with the General Data Protection Regulation resulting in reduced stakeholder confidence in the organisation.</td>
<td>Newly raised risk</td>
</tr>
</tbody>
</table>

### Risks that have left the report since November

<table>
<thead>
<tr>
<th>#</th>
<th>Risk Level</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>No risks</td>
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</table>

### 2. Very High Operational Risks

<table>
<thead>
<tr>
<th>#</th>
<th>Risk Level</th>
<th>Description</th>
<th>Risk Change</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>557</strong></td>
<td>Living Well in Communities</td>
<td>There is a risk that: living well in communities will not be able to recruit and retain staff with the improvement skills required for the project. Because of: limited number of people with QI skills and short-term funding of posts Resulting in: reduced capacity of the living well team to deliver within the current timescales.</td>
<td>Risk level increased from medium to very high</td>
</tr>
<tr>
<td><strong>706</strong></td>
<td>Focus on Dementia</td>
<td>There is a risk that: the hospital elements of the programme (Specialist Dementia Units and Acute Care) will not be able to accurately report on the financial position of the programme to the organisation because of: funding from Chief Nursing Officer Directorate at Scottish Government not being agreed and transferred to Healthcare Improvement Scotland resulting in: critical decisions about the programme being delayed and uncertainty about the programmes financial position.</td>
<td>Risk level increased from medium to very high</td>
</tr>
<tr>
<td>750</td>
<td>Medicines Strategy</td>
<td>As the final Scottish Government guidance states “If the advice from the National Appeal Panel is to review the original decision, NHS Boards are expected to change their original decision with immediate effect”, there is a risk that this falls outwith the legal powers that HIS has in relation to decisions on individual patient care, and that it is asking NHS boards to overturn decisions that have been made within their own governance structures, or that system does not get implemented because of local board concerns around the process.</td>
<td>Newly raised risk</td>
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</table>

### Risks that have left the report since November

| 720 | Strategic Delivery Plan: Medicines | There is a risk that lack of clinical resource or clinical support for the NAP results in not being able to operate the system effectively and in a timely manner resulting in delays for patients. | Risk level reduced from very high to medium |
Risk appetite definition

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

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

Risk appetite (classification)

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

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

<table>
<thead>
<tr>
<th>Risk category</th>
<th>Description (can include but not limited to):</th>
<th>Risk appetite</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operational</td>
<td>• risks which impact on the ability to meet project/programmes objectives (including impact on patient care)</td>
<td>Open</td>
</tr>
<tr>
<td></td>
<td>• risks which lead to incidents or adverse events that could cause injury (health and safety)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• risks which could impact on the availability of business systems and therefore the organisation’s ability to perform key functions (technological)</td>
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<td></td>
<td>• risks which impact on the implementation of staff governance.</td>
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<tr>
<td>Financial/value for money</td>
<td>• risks which impact on financial and operational performance (including damage / loss / fraud).</td>
<td>Cautious</td>
</tr>
<tr>
<td>Reputational/credibility and Strategic</td>
<td>• risks which have an impact on the reputation/credibility of the organisation.</td>
<td>Open</td>
</tr>
<tr>
<td></td>
<td>• Could also include uncertainties caused by changes in health policy and government priorities.</td>
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</tr>
<tr>
<td>Compliance/regulatory and legal requirements</td>
<td>• risks which impact on achieving compliance with legislation, regulation, legal requirements.</td>
<td>Minimalist</td>
</tr>
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# Net Risk Assessment

<table>
<thead>
<tr>
<th>OPEN</th>
<th>CAUTIOUS</th>
<th>MINIMALIST</th>
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</thead>
<tbody>
<tr>
<td><strong>Net Risk Assessment</strong></td>
<td><strong>Risk Assessment response</strong></td>
<td><strong>Net Risk Assessment</strong></td>
</tr>
<tr>
<td>20-25 – Very High</td>
<td>Intolerable level of risk exposure which requires immediate action to be taken to reduce risk exposure</td>
<td>16-25 – Very High</td>
</tr>
<tr>
<td>13-19 – High</td>
<td>Significant level of risk exposure that requires constant active monitoring and action to be taken to reduce exposure</td>
<td>11-15 – High</td>
</tr>
<tr>
<td>8-12 – Medium</td>
<td>Acceptable level of risk exposure subject to regular active risk monitoring measures</td>
<td>6-10 – Medium</td>
</tr>
<tr>
<td>1 – 7 - Low</td>
<td>Acceptable level of risk exposure on the basis of normal operation of controls in place.</td>
<td>1 – 5 - Low</td>
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**Table:**

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<thead>
<tr>
<th>OPEN</th>
<th>CAUTIOUS</th>
<th>MINIMALIST</th>
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</thead>
<tbody>
<tr>
<td><img src="#" alt="Likelihood Matrix" /></td>
<td><img src="#" alt="Likelihood Matrix" /></td>
<td><img src="#" alt="Likelihood Matrix" /></td>
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<tr>
<td><img src="#" alt="Impact Matrix" /></td>
<td><img src="#" alt="Impact Matrix" /></td>
<td><img src="#" alt="Impact Matrix" /></td>
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</table>
SUBJECT: Update to Board Member Code of Conduct

1. Purpose of the report
To provide the Board with an update to the Board Member Code of Conduct in respect of the section covering Gifts and Hospitality.

2. Key Points
In March 2017 the Audit and Risk Committee received the audit report from the Internal Auditors following their audit of HIS gifts and hospitality policies. One of the recommendations within the report was to review both Employee and Board Member Codes of Conduct to ensure both documents refer to and are aligned with the Bribery Act (2010) principles. This recommendation was agreed and it was also agreed that amendments would be overseen by the Audit and Risk Committee.

The relevant section of the Board Member Code of Conduct has now been reviewed in line with Bribery Act principles and the relevant updated section of the Code is attached at Appendix 1. The Audit and Risk Committee were content with the updated subject to some amendments which have been made.

3. Actions/Recommendations
   The Board is asked to note the amendments to this Code.

Appendix:

1. Board Member Code of Conduct Extract, Section 3, Gifts and Hospitality

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

### RISK

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

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

<table>
<thead>
<tr>
<th>Resource Implications</th>
<th>Supports good governance which in turn ensures best use of resources.</th>
</tr>
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</table>

What engagement has been used to inform the work.

<table>
<thead>
<tr>
<th>The recommendations arose from an internal audit. The update has been overseen by the Audit and Risk Committee.</th>
</tr>
</thead>
</table>

What Equality and Diversity considerations relate to the work.

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

<table>
<thead>
<tr>
<th>No additional equality and diversity considerations as a result of these amendments.</th>
</tr>
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</table>
Board Member Code of Conduct Extract
Gifts and Hospitality Section - Updated

Board Members should adhere to the requirements of the Bribery Act 2010 which came into effect on 1 July 2011 and aims to tackle bribery and corruption. The Act makes it a criminal offence to give or receive a bribe. A bribe is defined as an inducement or reward offered, promised or provided in order to gain any commercial, contractual, regulatory or personal advantage. Healthcare Improvement Scotland is committed to maintaining strict ethical standards and integrity in the conduct of its business. We have therefore put measures in place to ensure we are compliant with the act. It is the responsibility of Board members to ensure they do not put themselves in a position where there is a risk, or there appears to be a risk, of bribery. The most common instance where this may occur is in relation to the receipt of gifts and hospitality. The following paragraphs set out the principles and processes associated with the receipt of gifts and hospitality and the requirements of Board members in relation to this.

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

You should never ask for gifts or hospitality.

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

(a) isolated gifts of a trivial character, the value of which should not exceed £50;
(b) normal hospitality associated with your duties and which would reasonably be regarded as appropriate; or
(c) gifts received on behalf of the public body.

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

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

All acceptances of gifts and hospitality should be reported to the Corporate Governance Office using the template provided to you. All acceptances will be recorded in a register which will be published annually on the Healthcare Improvement Scotland website following review by the Audit and Risk Committee.
MINUTES – Approved

Meeting of the Healthcare Improvement Scotland Audit and Risk Committee at 10.30 am
20 September 2017
MR 6A, Delta House, Glasgow

Present
George Black    Board Member, Chair
Kathleen Preston Board Member
Jackie Brock    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
Ann Gow          Director Nursing, Midwifery and Allied Health Professionals
Alastair Delaney Director of Quality Assurance
Thomas Monaghan  Deputy, Director of Improvement Support and ihub
Tony McGowan     Deputy, Acting Director of SHC

In Attendance
Matthew Swann    Scott Moncrieff
Paul Wishart     Finance Manager
Brian Ward       Head of Finance & Procurement

Apologies
Dr Hamish Wilson Board Member
Ruth Glassborow  Director of Improvement Support & ihub
Sandra McDougall Acting Director of Scottish Health Council
Pat Kenny        Deloitte
Chris Brown      Scott Moncrieff

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

1.1 The Chair welcomed all present to the meeting.

   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 22 June 2017**

   A discussion took place about the minutes of the meeting held on 22 June 2017.

   Regarding item 8.3: Board Key Points Report – it was noted that key points b and c did not appear to be reflected in the minutes. This would be amended and the minutes approved at the next meeting.

   Director Finance and Corporate Services

2.2 **Review of action point register of Audit and Risk Committee meeting on 22 June**

   The Committee reviewed the action point register and noted the status report against each action. The following points were noted:

   a) Action point 2.2 – arrange a development session. It was noted that a possible date had been identified on 11 December. The Committee secretary would confirm and organise. It was noted that the development session would cover best value and financial planning to support development of a sustainable financial plan in the medium and long term.

   b) Action point 5.2 – financial performance report. Regarding the General Data Protection Regulations for data matching/national fraud initiative, it was noted that this item was to be discussed further on in the agenda, item 4.2 in appendix 2.

3. **COMMITTEE GOVERNANCE**

3.1 **Business Planning Schedule**

   The Committee reviewed the updated business planning schedule, presented by the Director of Finance & Corporate Services. No members had anything to add to the business planning schedule.

   The Board and Committee dates for 2018/19 would be finalised shortly.

3.2 **Review of Independent Healthcare**

   This item was taken out of order and was discussed after 4.1 on the agenda.

   *Karen Beattie, Senior Inspector, joined the meeting.*

   The Director of Quality Assurance provided a verbal update on Independent Healthcare.

   The following points were made:
a) Number of independent healthcare providers who had completed registration was 104, the number who were in progress was 158 and 52 had not yet started registration. 201 further services had not communicated with HIS.
b) Enforcement action for unregistered independent clinics had been started and it was hoped this would encourage more registrations.
c) At the Quality Committee it had been confirmed that the timeline for enforcement action was 17 days to respond following the enforcement letter being received.
d) Two new staff members had been employed to help with registrations and were currently reviewing the methodology and processes for getting services to be compliant.

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

  e) Regarding the date when all services would be fully registered, the aim was to have this work complete by the end of the financial year but there was still a significant number to be processed.
  f) Independent clinics had a legal commitment to register and would receive letters of refusal if they did not provide the correct information. They would also be subject to legal action. Nonetheless, it was noted that there remained a reputational risk for HIS in regards to clinics operating currently but not yet being registered.
  g) It was agreed that enforcement action for those not yet compliant would raise the profile but could also risk negative media comment
  h) To raise awareness there would be more public information on the website and more use of social media. Additionally an engagement plan was being prepared but there could potentially be more work around this.
  i) It took a significant amount of time for an organisation to be prosecuted due to lengthy legal processes. It was important to note that an organisation could not be deemed to be practicing illegally until they were successfully prosecuted.
  j) There required to be a balance between enforcement action and proactive activities such as raising public awareness.

The Committee noted the update and agreed HIS would need to develop a robust action plan to demonstrate what actions it had taken and would take in the future around non-compliance.

Karen Beattie left the meeting.

4. CORPORATE GOVERNANCE

4.1 Update to Codes of Conduct

The Director of Finance and Corporate services provided the Committee with draft updates for approval to the Board Member and Employee Codes of Conduct in respect of Gifts and Hospitality. The Committee was asked to approve the amendments to the codes. The following points were made:

  a) The Committee had received an internal audit report in regards to gifts and hospitality policies at HIS recommending alignment to the Bribery Act (2010).
  b) The codes of conduct had been updated for Board members and
employees, to reflect this recommendation.

c) Director approval is required prior to an employee accepting a gift or hospitality. In some cases the employee may have to exercise their judgement and would be required to declare acceptance of a gift as soon as possible thereafter. If a director was to accept a gift then this would be approved by the Chief Executive. The Chairman would approve gifts received by the Chief Executive.

The Committee raised the following points in regards to the information provided:

d) The wording could be made more clear in the following areas: removing any distinction between accepting gifts during tendering and other circumstances; making it clear that there was no difference between personally accepting a gift and accepting a gift on behalf of the organisation.

e) The codes of conduct in this respect should relate to all staff and contractors.

f) The key areas of risk were noted to be the pharmaceutical industry and the healthcare industry in general.

g) It was discussed that an area to be mindful of is whether in the future there may be a commercial relationship made with the organisation giving the gift, and the perception of a conflict of interest in the future.

h) Consideration should be given to accepting a gift from a visitor/international organisation as there were cultural values that HIS needed to be sensitive towards. It was not always appropriate to decline gifts in this regard.

It was agreed that the Codes of Conduct would be updated to reflect the comments above and the amended versions circulated to the Committee for approval.

4.2 Information Governance update

The Director of Evidence presented the report providing this update. The report presented:

• a status update on the information governance work plan 17/19
• a short statement on the implications of GDPR for data matching activities within the National Fraud Initiative
• a summary of information incidents and enquiries.

The Committee was asked to review the submitted information.

The Director of Evidence provided the Committee with the following information (note this was also discussed in regards to action point in agenda item 2.2):

a) The usual information was provided in the governance work plan, but a short report had been included on the new General Data Protection Regulations (GDPR). This wouldn’t impact significantly on the national fraud initiative data matching.

b) The update included incidents and enquiries in regards to Freedom of Information requests received by HIS.

In response to questions from the Committee, the following points were clarified:
c) The business unit that had experienced all the incidents reported was one which had been under significant pressure with an exceptionally high volume of emails that were problematic for staff to check accurately all of the time. A lot of work had taken place to raise awareness and a new management system is in development which would automate much of the work and reduce the risks.

d) In regards to GDPR, regular communications were being scheduled to occur in the upcoming year. Awareness was being raised for staff about privacy of individuals.

The Committee noted the update and advised that they were assured that steps had been taken to reduce the risks.

4.3 Counter Fraud (update)

The Director of Finance and Corporate Services presented the Committee with a summary of the Counter Fraud Service (CFS) year-end report for 2016-17 and advised the Committee of the work taking place during 2017-18 within the organisation, in collaboration with CFS to raise awareness of potential fraud.

The Committee were asked to consider the information provided and the timetable outlined above for internal CFS activity.

The following points were highlighted:

a) An update on HIS activity would be covered in the staff sessions in October and the awareness week in November Training e-modules were ongoing.

b) A new module for fraud impact assessment would be looked at in December to identify potential weaknesses in processes of internal control.

c) A few cases had been received in HIS of invoices requesting payment when no services had been delivered and these have been referred to the Counter Fraud Service.

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

d) The fraud referral on page 11 was a purchase ledger query that was referred to CFS rather than a fraud investigation within HIS.

e) There was the potential for an increase in fraud due to sharing services, especially around expenses, flexitime or procurement, as a result of less control within the organisation itself. This would be addressed as part of the National Boards collaboration.

The Committee noted the update.

4.4 National Boards Collaboration – Potential Shared Services

The Director of Finance and Corporate Services provided the Committee with an update on the progress with the collaboration between the National Boards to support the Health and Social Care Delivery Plan. The following points were highlighted:

a) The Committee was asked to note the areas that were being considered as potential for recurring savings by implementing shared service delivery or which could change the way that we currently delivered internal services.
b) The Committee were asked to consider this update and to understand the potential implications for HIS staff and budgets to support the collaborative savings target of £15m.

c) This report had already been provided to the Staff Governance Committee to consider the staffing implications for discussion of the National Boards’ delivery plan to release savings.

d) There would be a mix of recurring and non-recurring savings for the next 2-3 years.

e) To date, non-recurring contributions from the eight National Boards have been delivered totalling £10.090m. £4.9m remained outstanding. £1.2m would come from non-pay costs, leaving a gap of £3.7m. If HIS had to provide further savings, it was expected this would be in the region of £400k.

f) A concern was noted that the work around National Boards Collaboration was in addition to staff members’ normal workload and staff were already quite stretched.

g) The aim of the collaboration would be to ensure that services were as a minimum enhanced and that staff were provided with additional opportunities.

The Committee asked about accountability for the savings target, the level of recurring savings and if the level of savings sought would reach 10% of budgets as only at this level would the savings drive transformational change. In response to these questions, the following information was provided:

h) The Scottish Government had requested the £15m of savings but it was not known how that figure was determined. Chief Executives and Directors of Finance then met to discuss how to achieve the savings collaboratively.

i) Some of our Finance processes were already delivered under shared services but Communications was now being explored, for example to find savings on printing. The Associate Director of Strategic Engagement and Relationship Management was leading this work while the Director of Finance and Corporate Services was leading the HR/Organisational Development and Learning workstream.

j) Accountability was in respect to the local governance framework specifying what Chief Executives were expected to deliver and around the Boards’ national delivery plan. The work was voluntary and it would be important to retain sovereignty.

Given the complexity of the savings required, the Committee agreed to consider this as part of item 4.5, Financial Performance, to gain a holistic view of the savings required.

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<tr>
<th>4.5 Financial Performance Report</th>
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The Head of Finance and Procurement presented a report on the update of the financial position for 2017-18 as at 31 August 2017.

The Committee were asked to note the following:
- The financial position as at 31 August 2017.
- Anticipated additional allocations received and outstanding.
- Progress in achieving efficiency savings for 2017-18.
The following points were made by the Head of Finance and Procurement:

a) The mid-year review process had commenced and after consolidating the results, a report would be submitted to the Executive Team meeting on 3rd October. The mid-year review would have a significant impact on the position of HIS for the next year.

b) The position at 31 August represents the financial position after the first five months of the financial year. The total HIS revenue budget for the year was currently £25.75 million. At the end of August, HIS had spent £10.82 million, £581,000 more than the budget for the first five months. However when current spend against anticipated allocations and additional income was taken into account HIS had spent £65,340 less than budget. This was a normal position at this point in the year.

c) It was currently estimated that HIS could expect an additional 21 allocations with an estimated value in excess of £3.4 million. HIS was continuing to encourage colleagues in Scottish Government to release these as soon as possible. The next Allocations letter was due to be received on 1 October.

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

d) Regarding the carry forward, this had been raised with Scottish Government colleagues and verbal assurance was provided by them that the allocation would be provided. The Committee were advised that there was no anticipated spend against the carry forward figure.

e) Regarding internal efficiency savings, £720k of £1.3m had been achieved. The further reduction in the Revenue Resource Limit by Scottish Government had increased the saving target by £0.39 million to £1.73 million. To date savings achieved are £0.72 million or 41.6% (2016-17 71.1%). The savings target remaining was therefore £1 million. In all instances savings were to be sought from recurrent sources wherever possible.

f) The mid-year review would help to find additional savings and although years varied, traditionally a lot of savings were realised in the second part of the year.

g) At this point last year 78% of savings had been achieved but the previous year had been exceptional in respect of income growth and organisational change, especially in relation to the ihub and savings through vacancies. A lot of work was taking place to achieve the savings and although the source of the savings was different to last year, the trajectory was similar.

h) The £300k that HIS had already contributed to the national Boards was included in the savings.

i) National Boards collaboration work was having a significant impact on the workload of staff and reducing the time available for HIS’ own transformation work. There is a bid to the transformation fund from across the National Boards to secure programme managers to support the work and this may be helpful to HIS.

The Committee noted the update and were assured that a balanced budget would be achieved for 2017/18. However, it was concerned about the financial challenges for 2018/19.
The Head of Finance and Procurement presented the Committee with a summary of the non-competitive tender activity for this quarter, noting that there was only one tender on the log.

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

- There was a multi-layered approach to the review of non-competitive tenders that involved the relevant Director, the Director of Finance and Corporate Services, the Head of Finance and Procurement and the Chief Executive. The Chief Executive would give final approval but the request could be denied at any stage in this process. The non-competitive tender log was therefore provided to the Committee for information only as a record of all tenders that had been approved to be conducted via a non-competitive route.
- An annual summary would be available in June each year of the complete register for the previous financial year.
- Regarding the non-competitive tender related to the ihub Review, it had been approved to secure the expertise of the supplier.

The Committee noted the update.

5. INTERNAL AUDIT

5.1 Internal Audit Actions – Progress Report

The internal auditors provided a report on the progress of implementation of audit recommendations. The Committee was asked to note for assurance the progress being made to address the recommendations. The Director of Finance and Corporate Services highlighted the following points:

- 10 recommendations had been completed, 3 breached and 4 were on track. Two of the incomplete actions would be completed within the next week.
- Where actions were breached, explanations had been provided.
- Internal Audit had reviewed the report and added their comments.

The Committee confirmed they were content with the information provided on the progress of the recommendations.

5.2 Internal Audit Progress Report

The internal auditors provided a summary report of internal audit activity during the year to date and confirmed the reviews planned for the coming quarter, identifying any changes to the original annual plan.

The following points were noted:

- The procurement audit had been completed and was provided later on the agenda, and the risk management audit was being finalised.
- A request had been received at the last meeting of the Committee to reflect on the delivery timescales. The procurement audit had already been brought forward and Corporate Governance audit could be moved forward to October for possible submission to the December committee meeting.
- The access to new medicines audit had been reviewed, possibly delaying it to April and creating some contingency days, for example to look at best value.
- Regarding SMC and new medicines, it would be useful to look at broader policy risks as well as the process risks. The timing would
be discussed in regards to Audit Scotland’s NHS review. It would be helpful to broaden the scope of this audit.

It was agreed that the submission of reports to the Committee remained high for March 2018 and the internal auditors would re-examine the timelines.

### Internal Auditors

<table>
<thead>
<tr>
<th>5.3 Internal Audit Report – Procurement</th>
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<tbody>
<tr>
<td>The internal auditors presented the report on the audit of procurement. The following points were highlighted:</td>
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<tr>
<td>a) The move towards shared services needed to be reflected correctly in the report taking into account some areas that were out of HIS’s control.</td>
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<tr>
<td>b) The report style had been changed. The conclusion was now at the front of the report and the risk rating findings had been aligned with control objectives.</td>
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<tr>
<td>c) There were 6 findings which were all grade 2, therefore there was an opportunity to improve but there were not significant issues. A key area was to clarify the roles between HIS and the Scottish Ambulance Service (SAS).</td>
</tr>
<tr>
<td>d) The audit did not find any areas of non-compliance with regulation.</td>
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The Head of Finance and Procurement highlighted the following points:

| a) Progress in relation to procurement had slowed, but a lot of the reasons were out with HIS’s control. |
| b) There was a national procurement transformation project for all of NHS Scotland that would be implemented in 2019. It would look at a £2.5 billion spend. HIS had a procurement strategy but could not implement it pending the NHS Scotland project. |
| c) National Boards Collaboration needed to be taken into account as well so that procurement could contribute to savings. |

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

| e) Management considered that the report was a fair reflection but that the current context made it difficult to progress recommendations. |
| f) Going forward, the recommendations would be added to the audit actions progress report and the Head of Finance and Procurement would hold a meeting with the Head of Procurement in the SAS to discuss the actions. |

The Committee noted the report and the importance of ensuring those areas that were within the control of HIS were delivered in accordance with Policy.

### 6. EXTERNAL AUDIT

<table>
<thead>
<tr>
<th>6.1 External Audit Update</th>
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<tr>
<td>The Head of Finance and Procurement provided the following verbal update:</td>
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<tr>
<td>It had been agreed with the external auditors to hold the planning exercise on 31 October. The external auditor would attend the office to examine processes and decide what the focus should be for the external audit in May 2018.</td>
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</table>
The Committee noted the update.

## 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.

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

- **a)** Risks 688 and 689, related to the Improvement Fund, would be transferred from the Corporate Risk Register to the Operational Register.
- **b)** Regarding the risks related to Independent Healthcare and Financial Monitoring, the Executive Team were content with the risk ratings assigned.
- **c)** Regarding risks related to independent healthcare, consideration would be given to adding raising public awareness through social media, as discussed above, to the mitigations.
- **d)** It was noted that a replacement risk had been drafted for risk 410, SHC organisational uncertainty. It would relate to the future role of SHC as part of HIS and the reach into engagement and public involvement. This would be provided to the next Committee meeting.
- **e)** Risk 635 related to the Finance Strategy had been rated high since July. This was related to the carry forward figure. The rating would be reviewed after the mid-year financial review and receipt of the next allocation letter but it was correctly rated at the present time.
- **f)** Regarding risk 702 related to the National Appeal Panel, the rating had decreased. The Cabinet Secretary had confirmed the word “appeal” would be used rather than “appraisal” although it was agreed that the panel was not a higher level decision-making panel. The policy was aiming to produce consistency and would be tested that day. The use of the word “appeal” may increase the reputational risk for HIS but a communications plan was in place to mitigate against this. An additional risk may be required in relation to adverse impact on the Scottish Medicines Consortium.
- **g)** Regarding the risks that had left the report, 605 and 633 in relation to senior posts, this risk had been closed as the Director of Quality Assurance post had been filled. There was now stability in the Executive Team and work would commence to develop the senior manager cohort below them that would include succession planning.
- **h)** There was a need to balance resources and delivery as demands were increasing while resources were being cut.
- **i)** ihub senior posts had now been filled, increasing the capacity and quality of work delivered.

The Committee advised they were assured by the management of risk, subject to the comments above. The Committee noted that the number of risks presented had decreased but there remained a high risk environment.
<table>
<thead>
<tr>
<th>7.2 Board Report 3 key points</th>
</tr>
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<tbody>
<tr>
<td>The three key points would be:</td>
</tr>
<tr>
<td>1. Updates to Code of Conduct</td>
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<tr>
<td>2. Information Governance</td>
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<tr>
<td>3. National Boards Collaboration work</td>
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<tr>
<th>7.3 Feedback session</th>
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<tr>
<td>Committee members were requested to send any feedback to the Committee Chair.</td>
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8. ANY OTHER BUSINESS

There were no items of any other business.

9. DATE OF NEXT MEETING

The next meeting is 6 December 2017, 10.30am – 1.00pm MR6B, Delta House, Glasgow
SUBJECT: Audit and Risk Committee: key points

1. Purpose of the report
   This report provides the Healthcare Improvement Scotland Board with an update on key issues arising from the Audit and Risk Committee on 6 December 2017.

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

   1. Review of Independent Healthcare
      The Committee received a detailed presentation about the current status of this work and its associated risks. The presentation was extremely helpful in improving the Committee’s understanding of this aspect of the work of HIS. The Committee were keen that all possible action is taken to speed up the process for registration and to help services to engage. This included employing additional resources if necessary. A discussion took place about delaying the internal audit work and the Committee agreed that it could be delayed until February or March with an update expected at the March meeting of the Committee.

   2. Update to Audit and Risk Committee Terms of Reference
      The Committee approved an update to its terms of reference to clarify its role around the effectiveness of risk management across the organisation.

   3. Information Governance Update
      The Committee received an update on the implications of the General Data Protection regulations (GDPR) which will replace the Data protection Act (DPA). The Committee were assured that despite the amount of work that is required, there is access to the expert knowledge needed to make a successful transition to comply with GDPR. The Committee were keen to understand the awareness raising that is planned to take place within the organisation and that it should extend to Board members and to Public Partners.

Hamish Wilson
Committee Deputy Chair
Meeting of the Quality Committee
Date: Thursday 2 November 2017 13:30-16:00
Venue: 6A, 6th Floor Delta House

Attendance
Hamish Wilson Board Member, Chair
Zoë Dunhill Board Member
Pam Whittle Board Member
Bryan Anderson Board Member

Present
Robbie Pearson Chief Executive
Sara Twaddle Director of Evidence
Alastair Delaney Director of Quality Assurance
Maggie Waterston Director of Finance and Corporate Services
Ruth Glassborow Director of Improvement Support and ihub
Sandra McDougall Acting Director, Scottish Health Council (SHC)
Andrew Seaton Chair, Scottish Antimicrobial Prescribing Group (SAPG)
Susan Myles Lead Health Economist & Professional Lead for SHTG
Gail Caldwell Deputy Chair, Scottish Medicines Consortium (SMC)
Jenny Bennison Deputy Chair, Scottish Intercollegiate Guidelines Network (SIGN)
Norman Gibb Public Partner
Donald Morrison Head of Data Measurement and Business Intelligence
Zaid Tariq Strategic Planning Portfolio Lead
Chloe Wicksteed Committee Secretary

Apologies
John Glennie Board Member
Duncan Service Board Member
Ann Gow Director of NMAHP
Brian Robson Medical Director
Susan Siegel Public Partner
Iain Robertson Chair, SHTG
John Kinsella Chair, SIGN
Alan MacDonald Chair, SMC
1. OPENING BUSINESS

<table>
<thead>
<tr>
<th>1.1 Welcome</th>
<th>ACTIONS</th>
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<tbody>
<tr>
<td>The Chair welcomed all present to the meeting of the Quality Committee and announced that for this meeting the Chief Executive, Director of Improvement and ihub and the Director of Finance and Corporate Services were joining via video conference.</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>1.2 Apologies for absence</th>
<th>ACTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apologies were noted as above.</td>
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<thead>
<tr>
<th>1.3 Minutes of the meeting held on 26 July 2017</th>
<th>ACTIONS</th>
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<tbody>
<tr>
<td>The minutes of the meeting held on 26 July 2017 were approved as an accurate record of the meeting.</td>
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<tr>
<th>1.4 Review of action point register: 26 July 2017</th>
<th>ACTIONS</th>
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<tbody>
<tr>
<td>The Committee noted the status report against all actions and in particular:</td>
<td></td>
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<tr>
<td>a) 4.2 – Issue of SAPG Funding- which was an action point from the April 2017 meeting. The chair of SAPG noted that funding was received for this financial year and discussions regarding baseline funding are ongoing.</td>
<td></td>
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<tr>
<td>The Committee noted the action point update.</td>
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2. COMMITTEE GOVERNANCE

<table>
<thead>
<tr>
<th>2.1 Declarations of interest</th>
<th>ACTIONS</th>
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<tbody>
<tr>
<td>None stated.</td>
<td></td>
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<table>
<thead>
<tr>
<th>2.2 Business Planning Schedule</th>
<th>ACTIONS</th>
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<tbody>
<tr>
<td>The Director of Evidence presented the paper. The following points were noted:</td>
<td></td>
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<tr>
<td>a) The Digital Health and Care Strategy is scheduled for the next Committee meeting</td>
<td>Committee Secretary</td>
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<tr>
<td>b) The review of targets had also been added to the BPS for the next Quality Committee</td>
<td>Committee Secretary</td>
</tr>
<tr>
<td>c) The SIGN change programme agenda item was due to be covered in the committee meeting in the next financial year</td>
<td>Committee Secretary</td>
</tr>
<tr>
<td>d) It was noted that an item around public involvement in HIS work is to be added to the Business Planning Schedule</td>
<td></td>
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<tr>
<td>e) The review of the ihub Committee was discussed at the Board Seminar and a proposal to disestablish this as a governance Committee will be presented at the Board meeting, along with proposals for a new arrangement for providing advice and input into developments in the “integrated space”. For the future this means that changes to the Quality Committee agenda would occur as the Committee would cover all aspects of Quality and improvement. This needed to be looked at in more detail in a future meeting or development session.</td>
<td></td>
</tr>
<tr>
<td>The Committee approved the business planning schedule</td>
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3. DELIVERING OUR OPERATIONAL PLAN

File Name: 20171108 QC MINS
Version: 0.2
Date: 10/8/17
Produced by: CW
Page: 2 of 10
Review Date: 2/11/17
### Measuring our Progress Report

*This item was out of order and was discussed after Item 6.3*

The Chair noted that a discussion was held as a Board on how various aspects of progress, outcomes and impact for the organisation can be captured. One element of this, as agreed at the Board meeting in August, was a report tracking progress of activity within the LDP, the focus of the paper circulated for this meeting. The Director of Finance and Corporate Services presented this paper. The following points were noted:

a) The intended three tier reporting system was as follows:
   - **Level 1** – this section was measuring the progress of activity within the LDP – were we doing what we said we would do?
   - **Level 2** – this was outcome focused and would be reported on less frequently – every 6 months. This level was looking at whether the outcomes were aligned with the 5 priorities set out in the strategy *Making Care Better*.
   - **Level 3** – This level is focused on assessing what impact HIS is having on people and the population. – was anyone better off because of what we do / have we made a difference? This report would be useful to demonstrate our impact and for any stakeholder engagement activity.

b) This report was focused on Level One. An attempt had been made at the beginning to distil the report into the following categories: celebrating success; current project status and any new work that is being undertaken that was not part of the original LDP. The progress updates by directorate were clearly aligned with the operational and corporate risk system.

c) The section for the Improvement Support and ihub Directorate was in the format of the ihub Committee report and was not consistent with the rest of the report because of time constraints; the format of the main report is what the Committee was required to consider.

d) The Committee was asked to review for assurance the revised report and agree any items that were to be reported to the Board for further discussion.

In response to what was highlighted above the discussion covered the following points:

e) The committee queried progress in relation to adverse events as the report indicated the progress was on track, however learning from adverse events is recognized as a complicated process. It was noted that the outputs from the work on adverse events were on track in relation to what HIS could deliver, indicating the system was learning from adverse events; the level 2 section would help to clarify this.

f) A question was asked on what the Committee would do regarding areas that are not part of existing activities, but which generated a lot of public interest. It was noted that examples like this would be added as new work and then be measured, unless this could be incorporated as existing work. It was noted that new pieces of work should be included in the covering paper.

g) It was noted that the report is helpful to Directors as they can see the
detailed progress within their directorates.

h) It was agreed that what was included in the covering paper on themes arising from the current project status and new work was relevant to what should be reported to the Board. It was also agreed to include reference to the Duty of Candour requirements.

The Committee also confirmed its support for this method of performance reporting.

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<th>4. STRATEGIC BUSINESS</th>
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<td>4.1 Information Strategy</td>
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The Director of Evidence spoke to this paper. The following points were made:

a) The information strategy had been revised and updated. The previous strategy had 8 key objectives and a steering group had been monitoring this progress. Although there had been success in implementing these objectives, with an increasing emphasis on taking a holistic approach on how information is used across the whole organisation.

b) It was noted that a lot of work had been going on to underpin the necessary systems and processes to support compliance with the Scottish Government Information Security Framework.

c) The report included an overall vision with recommendations on how to achieve the vision. The Committee was asked to review and approve the new revised strategy.

d) It was noted that there were 6 clear information management activities broken into 4 key aims and associated actions and all issues should be covered by these elements.

e) It was noted that the Action Plan was at the end of this report and reports would be brought back as necessary to the Committee.

In response to the questions from the Committee the following points were highlighted:

f) The importance of the wider emphasis of the strategy was recognised.

g) The report states that the biggest threat was to do with the misuse by users, however cyber-attacks can have a huge impact on information and concern was raised that this was not sufficiently reflected. This should be identified as a key issue to show that HIS had taken the appropriate action. Cyber attacks are rare but the impact was recognised as significant.

h) A question was raised as to why there was no mention of ‘Our Voice’ and whether this was included in the strategy. It was noted that the strategy applies to the whole organisation and there is ‘Our Voice’ representation in the steering group.

i) A question was raised in terms of objective 3.4 - establish an approach in sharing within and outwith HIS. The deadline was shown as March 2019 and it was felt that this was too far away. It was agreed to bring this deadline forward.

The Committee reviewed the strategy and approved the revised changes.

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<th>4.2 Strategic Commissioning</th>
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The Director of Improvement Support and ihub introduced this paper.

Strategic commissioning is focused on understanding the needs and assets.
of populations and then redesigning services to make best use of the full range of existing assets (including statutory services/funding and community assets) to best meet the population need.

The Portfolio Lead for Strategic Planning discussed the key issues in this paper and the following points were noted:

a) The concrete deliverables of the work were described as; providing expert advice to partnerships, enabling engagement of individuals and communities in the planning and design of new models of care and providing practical support to partnerships to map the current state of pathways/systems, designing new models of care and then supporting the implementation of those new models

b) It was noted that the language around strategic commissioning was hard for people to understand and there is an ongoing challenge for the Unit to find ways to describe the work that are simple and easily understood in written format. However once people move past the language the engagement with this work was good with subsequent demand generated for assistance

c) Evidence scanning occurs as part of this work to ensure any redesign work is informed by both the evidence about what works and, where this does not exist in a ‘like for like’ example, information on similar approaches used elsewhere are gathered. This support is provided through the evidence directorate.

The committee raised the following points:

d) It was noted that initially the report was difficult to follow; however the practical examples were informative, they showed what had happened, what worked and what hasn’t worked. There was a request from the Committee for information on strategic commissioning work to include practical examples

e) The need to find a way to communicate this work in an accessible way was highlighted

f) A question about how this work interfaces with the community planning partnerships was raised.

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

 g) There are links to the work of community planning partnerships and we expect to see these strengthen over time. The current financial challenges across the public sector are likely to lead to a greater focus on how all public services work effectively together to meet population need and the community planning partnerships could be central to this wider approach to public service redesign. In the smaller geographical areas we are already seeing strong interfaces between CPPs and IJBs. There is the potential for the much stronger involvement of communities through locality planning infrastructures to address some of the public barriers to reduction/closure for instance of inpatient beds.

 h) It was noted that the paper was timely with the SHC review and HIS work around strategic commissioning needs to have strong connections and interfaces with the work of SHC. These connections are already being made. The potential for a conflict of interest was raised, if one arm of HIS is supporting redesign work and another is assessing whether the involvement of the public has been sufficient.
As the SHC review work is progressed it will be important to involve strategic commissioning colleagues to work through further these interface issues and ensure we are able to clearly articulate how the different parts of our organisation work effectively together whilst mitigating any risks around potential conflicts of interest.

The Committee welcomed the update. It was agreed to include this on a future Board agenda/ development session.

### 4.3 Clinical and Care Governance

The Director of Evidence was asked to present this paper in the absence of the NMAHP Director.

The report included a description of a proposed clinical and care governance framework. The appendix expanded on the background to the framework and what the clinical and care processes were for HIS. In order to meet the goals an approach was recommended in the paper to establish a clinical and care governance group underpinned by clear processes with reach across the organisation.

It was noted that an earlier version had come to the Committee at a previous meeting and there was still further work that the Director of NMAHP would like to do internally to refine this framework.

The Committee raised the following points:

a) No risks had been identified or disclosed in the report, these need to be identified and added

b) Responsibilities had been identified across health and social care. In terms of care extending outside health, it was recognised that this needed further development and fuller recognition in the framework.

c) A concern was raised in terms of the responsibilities of HIS in child protection and abuse prevention and how best this should be reflected

d) It was noted that in appendix 2 there was listed a range of responsibilities for the Chair and Non-Executives. It would be important for the Board as a whole to understand and be able to fulfill these responsibilities.

In response to the issues raised by the Committee the following points were clarified:

e) In terms of the responsibilities of HIS in child protection this was usually picked up through inspection. The director of NMAHP would be asked to clarify.

f) It was noted that when joint inspections took place, there is a need to be fully aligned with partners. HIS needs to ensure the same principles are being used by all partners

The Committee welcomed the approach but agreed that more information needs to provided on how the framework is to be implemented. This needed to come back to the Committee before going to the Board for approval.
### 4.4 Quality of Care Approach

The Director of Quality Assurance spoke to this paper. The report outlined three key elements to the quality of care approach, outlined developments in the framework, and set out the next steps. The following points were made:

- **a)** The aim was to separate out the approach from the framework and the different ways we inspect and review to aid clarity.
- **b)** All QA work would be reviewed to ensure that it supported the approach and used the framework.
- **c)** The approach outlined a set of principles – these needed to be embedded in all Quality Assurance work.
- **d)** QA work needed to be risk-based and proportionate, and needed to focus on people, ensuring that inspection and review made things better.
- **e)** QA work should not be done in isolation, so there were implications for other aspects of HIS work.
- **f)** The framework was now EFQM based making collaboration with other scrutiny bodies easier for HIS and recipients of inspection and review.
- **g)** A working draft of the framework will be made public by late December, ongoing engagement with stakeholders was taking place and further testing was arranged for the New Year. A review of all of the work would take place next year. A paper explaining the approach and how it interfaces with other programmes of work would go to the Board meeting in November.

The Committee raised the following points:

- **h)** Given that various bodies have used the EFQM and other sectors currently use this mode it was queried how further stakeholder engagement would now happen.
- **i)** It was noted that in order to increase engagement, the key to success on this was to ensure people understand the framework and the language was tailored to the audience.
- **j)** It was discussed that once the document was finalised there would be a period of encouragement to use it, and likely amendment from feedback.

The following points were made in response to the Committee:

- **k)** HIS was taking a joined-up approach to how it was actually delivered to ensure that HIS is working effectively alongside others, and QA work was part of an improvement cycle.
- **l)** It was important to move quickly with delivering this framework and ensure HIS realigns any necessary resources to this.

The Committee noted the update and that a full paper on the approach and framework was to go to the Board for approval.

### 5. HEALTH TECHNOLOGIES GROUPS

#### 5.1

The Chair welcomed Susan Myles from SHTG to the meeting. The Chair noted that Susan would be leaving HIS at the start of December to become Head of Health Technologies for NHS Wales, and thanked and acknowledged all of her work.

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**Director of Quality Assurance**
SAPG
The Committee received an update from the Chair of SAPG and the following points were highlighted:

a) It was noted that there was a small reduction in core funding, which had the effect of reducing educational events from 3 to 2; other funding had been secured to support ad hoc projects
b) The Antifungal Stewardship project was highlighted as a new work stream which had generated significant interest
c) It was noted the European Antibiotic Awareness Day was on 18th November and World Antibiotic Awareness Week was from 13th – 19th November, and SAPG had developed new resources to support these events

SHTG
The Committee received an update from the SHTG Professional Lead and the following points were highlighted:

a) The HIS Non Medicine Technologies (NMT) Strategic Plan had been extended to 2020; this would facilitate alignment with the new HIS Strategic Plan.
b) The communications plan was being developed and would be presented to the SHTG meeting in December
c) A pilot road show event, with the Royal College of Anaesthetists Board in Scotland was taking place in November, followed by meetings with the Academy of Medical Royal Colleges and the Scottish Association of Medical Directors. This would help to establish communication with key partners.

In response the Committee raised the following points:

d) The information enquiry by the Health and Sport Committee may provide an opportunity to help with increasing the profile of SHTG,
e) The presentation by the SHTG Chair to the NHS Board Chairs was well received and would also help with getting a greater awareness

SIGN
The Committee received an update from the Vice Chair of SIGN and the following points were highlighted:

a) Work was progressing at pace on the change programme, The formal improvement programme would be implemented during next year and a timetable would be provided for SIGN Council.
b) Stakeholder feedback was being sought as part of the improvement programme, as a key part of establishing future priorities.
c) As gold standard evidence is not always available to provide guidance, new methods were required. Consensus methods will be used in some cases in order to provide a robust methodology for making recommendations, and a detailed process drafted once the principles had been piloted and evaluated.
The Committee received an update from the Vice Chair of SMC and the following points were highlighted:

a) Stakeholder engagement was now complete on a new ultra-orphan definition, although further progress now depended on a decision by Scottish Government about the new decision making body.
b) Several of the recommendations in the review on access to new medicines were complex, requiring significant process change and collaboration with stakeholders.
c) Changes had been made around public involvement and patient groups were now contributing to the discussion which had been very useful.
d) e) This work to deliver the recommendations needed to be balanced with what was expected as part of business as usual, and there were a number of key associated risks which were delineated in the risk register.

The Committee welcomed these reports and the work being undertaken across the Groups.

6. REPORTS FOR NOTING

6.1 Healthcare Improvements Scotland’s Clinical Forum

The paper provided the Quality Committee with an update on key issues arising from the Clinical & Care Forum meeting held on 3 October 2017.

The Quality Committee was asked to receive and note the key points outlined.

6.2 Measurement and Monitoring of Safety Update

The purpose of the report was to update the Quality Committee on the progress with the Measurement and Monitoring of Safety Programme entering its final phase.

The Quality Committee was asked to note what was outlined and consider the integration and sustainability of the measurement and monitoring of safety framework in Healthcare Improvement Scotland beyond 31 January 2018.

In the absence of the Medical Director a request was made to discuss further in the next Quality Committee.

6.3 Regulation of Independent Healthcare Clinics

The Director of Quality Assurance spoke to this paper. The Committee was asked to review the report and to accept the recommendations in respect of the proposal for regulation fees for 2018/19.

The Chair welcomed and invited Allison Wilson (lead inspector) and Karen Beattie (Senior inspector) to provide input into this update.

The follow points were highlighted:

a) The number of clinics registered was now 119, the number of submitted applications was 157 and the number of clinics not yet started application was 42. The number of clinics suspected to be independent but who had not responded to any communications had reduced to 151.
b) It was noted that HIS had written to services who had not fully completed their registration applications.

c) The enforcement process was discussed and highlighted. It was noted that clinics had 14 days to reply to the initial letter and if they do not respond they then receive a second letter and have 14 days to reply again. Then an inspection would take place and evidence would need to be gathered before pursuing possible prosecution. Therefore it could take 2-3 months for the whole HIS process before any court action could be instigated. It was noted to increase public awareness of this, detailed information was on the HIS website. It was notes that some registered clinics were now advertising that they were HIS registered.

d) It was estimated that there would be a surplus of between £165k and £240k in regard to fees for 2017/18. It was recommended that with the estimate of a surplus there should be no increase in regulation fees for independent healthcare services in 2018/19 and therefore, no requirement for a public consultation.

e) If the above recommendation was agreed the team would issue a communication to services to say there would be no increase in regulation fees for the period 2018/19.

In response to the points highlighted the Committee raised the following:

f) The Committee agreed the recommendation on the fees for 2018/19 should be supported. This would now need formal Board approval which would be sought by email.

7. CLOSING BUSINESS

7.1 Risk Management

The Director of Finance and Corporate Services presented the risk register.

It was noted that this report provides assurance on progress with the management of risk across the organisation and presents the corporate risks (Appendix 1) and the high/very high operational risks (Appendix 2) within the remit of the Committee.

The Committee was asked to note the change in the format of the risk report following the discussions at the Board meeting on 23 August. The format of the reports were now in project order rather than risk rating order. Committee reviewed and accepted the report. It was noted that the new format was more helpful.

7.2 Board report: three key points

1) Information Strategy
2) Clinical and Care Governance
3) Technology Groups report

8. DATES OF FUTURE MEETINGS

Date in brackets is Board meeting date

Thursday 18 January 2018, Gyle Square, Edinburgh
(21 February 2018)
SUBJECT: Quality Committee: key points

1. Purpose of the report
   This report provides the Healthcare Improvement Scotland Board with an update on key issues arising from the Quality Committee on 18 January 2018. It is intentionally short, as the main items discussed are also on the Board agenda.

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

   - discussed the draft Clinical and Care Governance Framework and approved its presentation to the Board on 1 March 2018
   - received a presentation on the corporate planning process currently underway and the implications for the budget of the 2018/19 allocation
   - discussed in detail the Measuring Our Progress report and identified from the information provided a number of key issues for reporting to the Board
   - expressed a desire to receive a detailed update on the implementation of the Montgomery Review into Access to New Medicines at its next meeting.

   Hamish Wilson
   Committee Chair
MINUTES - Approved

Meeting of the Healthcare Improvement Scotland Staff Governance Committee at 10.30 am 6 September 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
Ann Gow Director of Nursing, Midwifery & Allied Health Professionals
Sara Twaddle Director of Evidence
Brian Robson Medical Director
Sandra McDougall Acting Director of Scottish Health Council
Anne Lumsden Head of OD & Learning
Ann Laing Interim Head of People & Workplace
Jo Mathews Deputising for Ruth Glassborow

In Attendance
Kenny Crosbie Partnership Representative

Apologies
Ruth Glassborow Director of Improvement Support and ihub
Belinda Henshaw Partnership Representative

Committee Support
Chloe Wicksteed Committee Secretary
Pauline Symaniak Committee Secretary

1. WELCOME AND APOLOGIES FOR ABSENCE

1.1 The Chair welcomed all present to the meeting and introductions were made. Apologies were noted as above.

1.2 Declaration of interest
No declarations were noted.

2. MINUTES OF PREVIOUS MEETING/ACTION REGISTER

2.1 Minute of Staff Governance Committee meeting on 31 May 2017
The minutes of the meeting held on 31 May were approved subject to some minor amendments. Committee Secretary

2.2 Review of action point register of Staff Governance Committee
The Committee reviewed the action point register from the meeting on 31 May 2017 and noted the status report against each action. All actions were marked as complete with the exception of the following:

**Action item 2.2 Prevent Programme** - has been carried forward from the 8 November 2016 meeting. This would be added to the agenda for the next meeting on 8 November. An explanation was Director of Evidence
provided on the action point register for why this item had been carried forward.

**Action item 4.1 Workforce Planning** - a verbal update was to be provided by Karen Ritchie (previous interim Director of Evidence) regarding the potential impact of Brexit. As Karen is no longer interim Director of Evidence she was not present. Workforce Planning and Brexit was presented at the board seminar and this would be circulated to the Committee for information.

### 3. COMMITTEE GOVERNANCE

#### 3.1 Feedback from Annual Review

The general consensus from the Committee was that the annual review was well received and well organised.

It was noted that in the future it would be worthwhile ensuring there are more critical challenges included in the review and an opportunity to respond to the feedback received from the public partners, partnership forum and clinical forum. It was agreed to ensure there is an opportunity to reflect on the feedback received for future reviews.

#### 3.2 Business Planning Schedule

The Chair presented the updated schedule and asked for comments. No members had anything to add to the business planning schedule. Chair reminded the Committee to inform him if they had any items for inclusion.

### 4. CORPORATE

#### 4.1 Workforce Metrics

The Head of People and Workplace presented the workforce metrics report. The Committee were asked to review the report and provide guidance regarding the information that they would like to see provided in future reports.

The following points were highlighted:

a) The need to be conscious of the sensitivity of the data when circulating this report. It was agreed that instead of reporting numbers of staff to instead show the percentage of staff, as this will give the data more anonymity.

b) Concerns were raised about the viability of the data, as the numbers shown were relatively small in relation to anxiety and stress as a cause of absence. The Committee agreed that a narrative needed to be provided with the data and would help to explain the data to avoid misinterpretation.

c) It was suggested that an exception report should be provided across the directorates to identify outlier factors occurring. It would also be helpful to be able to compare HIS data to other organisations if possible.

e) longer term data would be reported as the data is gathered over time.

It was agreed that reportable incidents data would be included in future reports.
The Committee noted the report and agreed to examine it in more depth in the development session scheduled in November.

### 4.2 Workforce Equality Monitoring Report

The Head of People and Workplace presented this report to the committee to review and approve. The following points were highlighted:

a) This report had already been reviewed by the Partnership Forum with no comments.

b) The purpose of this report was to outline our diversity and equality commitments and ensure compliance with the Equality Act 2010.

c) The report contains a lot of information as the data produced is what is required to ensure HIS is compliant with the Act.

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

d) Regarding staff taking shared parental leave, there appeared to be a small number of enquiries, however these enquiries had not resulted in leave. The Head of People and Workplace advised that more work is required to understand why this is the case.

e) Regarding the PDR (performance and development review) data, a higher number of staff had a PDR which is masked due to the growth in numbers of staff within the organisation. At this stage there was no way to compare the less formal learning to the more formal learning approach and recognising them as part of the PDP. Career pathways would work to support this.

The Acting Director of the Scottish Health Council thanked staff for the production of this report and their collaboration on this. It was noted that the equality and diversity working group reviewed the report and made changes in regards to two actions relating to disabled and LGBT potential members of staff. Data relating to these should be expected in the future.

It was also noted that the disclosure rate across the organisation had improved which helped in ensuring a more accurate picture of the workforce.

Information would be provided to the new Committee member about ongoing diversity actions if required.

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### 4.3 eKSF/PDR (Performance and Development Review) Update

The Head of Organisational Development and Learning provided the Committee with an update on eKSF/PDRs. The following points were highlighted:

a) The Committee were asked to note the current position in regards to PDR completion, PDPs (Performance and Development Plans) and objective planning, as well as note the changes with regards to the electronic recording of the outcomes of the PDR process.

b) It was expected that there would be 100% compliance of PDRs for...
those eligible. The outstanding PDRs were generally related to absence or change of manager.

c) The figures had been improving and all outstanding PDRs were being followed up. Training programmes were also being provided internally on this process and dates were currently offered from September – November. To increase awareness, there had been regular blogs from the Organisational Development & Learning Advisor to ensure the process was being communicated to staff.

d) The new system TURAS would replace eKSF from April 2018. In the next fortnight checks are going to take place to find out what preparation will be required to move to the TURAS system. Staff will be provided with training sessions on this new system.

e) The transfer of data to eEss has been completed and additional resources had been allocated for this. NSS had provided support and new resources will be added for the transition to TURAS.

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

f) Regarding the quality of PDRs, HIS was currently monitoring this and a survey would be conducted in autumn about the process and quality of PDRs. A sampling exercise would also be done to look at the objectives to check alignment to the strategy.

g) The importance of providing support to managers was noted, so that they can be equipped with performance management knowledge to better support their staff. In this respect, a mandatory coaching skills course is being rolled out.

k) Regarding the need to ensure that the right people attend the right courses, there was an approval process through the line manager. It was noted that there needed to be a separation on what Organisation Development & Learning/HR can offer and what the line manager responsibility was to ensure the staff member was obtaining the right training and skills development. A framework was being developed of manager competencies and the National Board collaboration work would help with this. Scottish Government had committed to work at Director level for talent management and succession planning. eKSF was aligned nationally to competencies for consistency across the NHS.

### 4.4 Maximising Potential

The Head of Organisational Development & Learning presented a report on the separate work strands contributing to maximising potential and the proposed approach to each work strand. The committee was asked to consider and agree, the separate work strands and the proposed approaches to each strand.

The key project strands developed in partnership were:

- Development of clear and consistent career pathways - The intention was to design and begin testing a career pathway relating to project roles by April 2018. The project was currently looking at administration roles in regards to this, to find clear pathways up. The
work would be developed up to Senior Programme Manager level.

- Increasing the flexibility of the workforce - The intention was to enable people to work in different parts of the organisation to support emergent high priority work requirements and to build workforce resilience.
- Succession planning - This strand was focused on building resilience in the workplace and identifying critical positions.

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

a) The length of this project was from July 2016-April 2018, however the project was already engaging with staff on this. The focus groups had been set up and were working on a communication and engagement plan. An update was being provided on this every month in the Chief Executive's news. The team was also conducting case studies with staff who had moved across the organisation to develop their careers and also on those who had experienced difficulty moving.

b) In terms of creating a flexible workplace there would be challenges in terms of geography, especially for the SHC staff and creative solutions would be required. SHC are represented in developing this work.

The Committee noted the report and the Chair encouraged any ideas or input into the work.

4.5 National Board Collaboration

The Director of Finance & Corporate Services updated the Committee with a report on the work currently being undertaken around this. The Committee were asked to consider the update and to note the potential implications for HIS staff due to possible changes to the way that corporate services would be delivered. The report had been written specifically for SGC looking at the impact for staff, the impact on back office services and the areas HIS was most involved in.

The Director of Finance & Corporate Services updated on each corporate or support service area being considered.

In response to questions from the Committee, the following additional points were highlighted:

m) The benefit of these changes was building resilience for the organisation by using the wider expertise of others. Therefore there was a need to continue to build on the national collaboration.

n) The key benefit for HIS staff would be additional opportunities for career progression.

o) Regarding the resource implications of the collaboration work, it was a challenge to deliver this on top of normal duties and more staff would be needed to deliver the changes.

p) Regarding data and analytical services, HIS had a bespoke data and business intelligence service. NSS was largely reviewing its own data services and how they operate.

q) The key benefit of the work was to meet the National Boards savings target of £15m whilst not disrupting frontline services and creating support services that were at least as good as now, if not better.

The Committee noted the update and agreed to review this topic later in Committee.
5. VALUES, BEHAVIOURS, ENGAGEMENT & COMMUNICATION (VBEC)

5.1 Values and Behaviours refresh

The Committee received a report from the Chief Executive providing an update on arrangements being put in place to ensure that the HIS values were consistently represented through the behaviour of all HIS staff, both when interacting with each other internally, as well as with external colleagues and stakeholders in delivering all of our work. The following points were highlighted:

- a) HIS had experienced an increase in staff by 43% since 2013, mostly this had been in the last 12 – 18 months. The additional work of the organisation has meant a more diverse landscape and the organisation had more responsibilities.
- b) As a result, the values and behaviours needed to be refreshed. Values and behaviours should be part of performance management, linked to accountably of management and providing support to staff.

There then followed a discussion, during which the following key points were made:
- c) The annual survey results suggested that not everyone has had a positive experience and this needed to improve. There were some instances of bullying and harassment reported. There was a need to manage that and poor performance effectively.
- d) Awareness training regarding bullying and harassment was scheduled for all staff and would include information on what is bullying and harassment, and what is not, as well as training around our values and behaviours and where to get support if it is needed. Focus groups had also been held in conjunction with Partnership Forum.
- e) It was important to include Public Partners in the values and behaviours work and to recognise legal obligations to promote equality.

6. STAFF GOVERNANCE STANDARDS

6.1 Staff Governance Action plan

The Head of Organisational Development & Learning presented an update of the plan so far. The Committee was asked to review the current presentation of the information and advise whether any improvements could be made to support assurance in the discussion at the next meeting in November.

The Committee agreed that the focus should be on activity that is being undertaken rather than on measures.

The item would be discussed at the next committee meeting in more detail.

6.2 National Dignity at Work Survey

The Head of Organisational Development & Learning provided an update to the Committee regarding arrangements being put in place to measure staff experience in relation to dignity at work. The Committee was asked to note the national arrangements and the recommendation that HIS continue to offer staff an electronic option to the new national Dignity at Work survey.
There followed a discussion during which the following points were noted:

a) A refreshed policy on Dignity at Work was needed that would ensure there was good interaction with staff.

b) The staff survey had indicated that 7% of staff members felt they were bullied or harassed at some point. This indicated that there were areas of improvement for HIS.

The Medical Director commented that the data were clear that bullying and harassment was a real or perceived issue in HIS. He also highlighted that the current policies, procedures, their implementation and how staff were supported through these suggested these would benefit from review.

The Committee noted the update and agreed the proposal for electronic surveys. The Committee discussed the information that is currently available to the organisation to monitor progress relating to dignity at work and agreed that it is an area where everyone should remain vigilant and lead by example to ensure that all contact between employees is respectful. The Committee noted that there are a small percentage of employees who feel they are poorly treated and whilst this requires to be addressed they were content that the culture within the organisation is largely positive in this regard.

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.

One corporate risk had been closed (risk 633 relating to organisational instability due to interim post in the Executive Team). This risk was related to the Executive Remuneration Committee and had been provided for information.

The Committee noted the report and agreed that a new risk would be raised in regards to resilience and resource around National Board Collaboration.

8. PAPERS FOR NOTING

8.1 Partnership Forum Minutes – For Information – 13 April and 8 June 2017

The report was noted by the Committee.

8.2 Partnership Forum 3 Key Points – 8 June and 16 August 2017

The report was noted by the Committee.

8.3 Audit Scotland – Workforce Planning

The Director of Finance and Corporate Services advised that this report was provided for information. It found that workforce planning in NHS Scotland was generally poor. Whilst largely focussed on clinical staff, there
were still findings relevant to HIS.

<table>
<thead>
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<th>9.</th>
<th><strong>STANDING BUSINESS</strong></th>
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| 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. Workforce Statistics  
2. Career Pathways  
3. Values and Behaviours |
| 9.2 | **Feedback Session**  
The Chair invited members to give any feedback relating to the meeting or the papers. |

| 10. | **ANY OTHER BUSINESS**  
No items of any other business were discussed. |

| 11. | **DATE OF NEXT MEETING**  
The next meeting of the Staff Governance Committee will be held in Gyle Square, 8 November 2017, 12:30-2:30. With a development session scheduled in the morning from 10:30-12:00. |
SUBJECT: DRAFT Register of Interests

1. Purpose of the report
To present the Register of Interests held at 15 February 2018 for non executive and senior staff members within the organisation.

2. Key Points
Board members have a responsibility to comply with the HIS Code of Conduct (approved at the Board meeting held on 24 June 2014). This requires Board members to review their entries in the Register of Interests and confirm compliance with the Code. The Register of Interests is a standing item on the Board public agenda. Board members and senior staff are asked to note that they have a duty and that it is their responsibility to ensure that any changes in circumstances are notified within one month of them occurring.

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

Appendix 1: Register of Interests (as at 15 February 2018)

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

### RISK

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

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<tr>
<th>How do the key points support the five priorities in the strategic plan:</th>
<th>Compliance with the HIS Code of Conduct supports good governance which in turn ensures best use of resources.</th>
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<tbody>
<tr>
<td>- Enable people to make informed decisions about their own care and treatment;</td>
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<td>- Help health and social care organisations to redesign and continuously improve;</td>
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<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>
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<td>- Provide and embed quality assurance that gives people confidence in the quality and sustainability of services and supports providers to improve;</td>
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<td>- Make best use of all resources.</td>
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<tr>
<th>Resource Implications</th>
<th>No additional resource implications.</th>
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<tr>
<th>What engagement has been used to inform the work.</th>
<th>The Register of Interests does not relate to any policy or work programme that will impact on staff, volunteers or service users, and engagement is therefore not required.</th>
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<tr>
<th>What Equality and Diversity considerations relate to the work. Advise how the work:</th>
<th>The Register of Interests does not relate to any policy or work programme that will impact on staff, volunteers or service users.</th>
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<tr>
<td>- helps the disadvantaged;</td>
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<td>- helps patients;</td>
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<tr>
<td>- makes efficient use of resources.</td>
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<td>NAME</td>
<td>CATEGORY</td>
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<td><strong>CHAIRMAN</strong></td>
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<td>Dr Denise Coia</td>
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<tr>
<td><strong>NON-EXECUTIVE BOARD MEMBERS</strong></td>
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<td>Dr Bryan Anderson</td>
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<td>George Black</td>
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Produced by: PS
Version: 1.0
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<thead>
<tr>
<th>Name</th>
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<tbody>
<tr>
<td>Jackie Brock</td>
<td>Chief Executive, Children in Scotland</td>
</tr>
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<td></td>
<td>Member, Scottish Food Commission</td>
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<tr>
<td>Dr Zoë M. Dunhill MBE</td>
<td>Sole proprietor own Child Health Consultancy</td>
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<td></td>
<td>Invited reviewer Royal College of Paediatrics and Child Health</td>
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<td></td>
<td>Professional Advisor CQC England in Paediatrics</td>
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<td></td>
<td>Honorary Fellow Royal College of Paediatrics and Child Health</td>
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<td></td>
<td>Fellow of Royal College of Physicians of Edinburgh</td>
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<td>Director Action for Sick Children Scotland</td>
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<td>Member British Medical Association</td>
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<td>Member of the Board of Governors of the Dean and Cauvin Trust</td>
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<tr>
<td></td>
<td>Chair of the Editorial Board of REHIP for Health Scotland (2017-18)</td>
</tr>
<tr>
<td>Paul Edie</td>
<td>Chair of the Care Inspectorate</td>
</tr>
<tr>
<td></td>
<td>Non Executive Member of the Scottish Social Services Council</td>
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<tr>
<td></td>
<td>Member of the Scottish Liberal Democrats</td>
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<td></td>
<td>Member of the Institute of Directors</td>
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<tr>
<td></td>
<td>Proprietor of Edie Associates</td>
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<tr>
<td>John Glennie OBE</td>
<td>Non Executive Board Member, NHS24</td>
</tr>
<tr>
<td></td>
<td>Treasurer Friends of Borders General Hospital</td>
</tr>
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<td></td>
<td>Consultant Mentor, Celgene Ltd</td>
</tr>
<tr>
<td>Kathleen Preston</td>
<td>*Honorary Contract with NHS Blood and Transplant (NHSBT) as a Lay Member</td>
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<tr>
<td></td>
<td>of the Organ Donation Advisory Group (Kidney Advisory Group)</td>
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<tr>
<td></td>
<td>Member of the Law Society of Scotland</td>
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<td></td>
<td>Member (Professional Associate) of the Health and Social Care Alliance</td>
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**Notes:**

*No remuneration will be received other than payment of expenses*
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<tr>
<th>Name</th>
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<tr>
<td>Duncan Service</td>
<td>Evidence Manager, SIGN Director and Company Secretary, SHU East District Ltd UNISON Steward Board Member, Guidelines International Network (G-I-N)</td>
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<tr>
<td>Susan Walsh, OBE</td>
<td>Board member, Glasgow East Women's Aid Review of Corporate Governance, NHS Highland</td>
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<td>Ended 6/10/17 Started 3/10/17</td>
</tr>
<tr>
<td>Pam Whittle, CBE</td>
<td>Chair, Scottish Health Council</td>
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</tr>
<tr>
<td>Dr Hamish Wilson, CBE</td>
<td>Lay Member, Scottish Dental Practice Board Trustee of the GMC Pension Scheme Lay Member of the Assembly (the Governing body) of the Royal Pharmaceutical Society of Great Britain Member of Scottish Advisory Board for Marie Curie Honorary Fellow of the Royal College of General Practitioners Independent Governor of Robert Gordon University, Aberdeen</td>
<td></td>
<td>Ended 31/12/17 Ended 31/12/17</td>
</tr>
<tr>
<td>EXECUTIVE BOARD MEMBER</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Robbie Pearson</td>
<td>Chief Executive, Healthcare Improvement Scotland Lay Member of the General Teaching Council in Scotland Family member (nephew) employed by Scott-Moncrieff (tax services)</td>
<td></td>
<td>25/9/17</td>
</tr>
</tbody>
</table>

**Note:** *Remuneration relates to £75 per half day compensation that is available.*
<table>
<thead>
<tr>
<th>SENIOR STAFF MEMBERS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Ruth Glassborow</td>
<td>1 Director of Improvement Support and iHub</td>
</tr>
<tr>
<td></td>
<td>7 GenerationQ Fellow with Health Foundation</td>
</tr>
<tr>
<td></td>
<td>7 Member of Managers in Partnership (MiP) Union</td>
</tr>
<tr>
<td></td>
<td>7 *Current participant in Sciana Network</td>
</tr>
<tr>
<td></td>
<td>7 Partner, Mr P Arbuckle, is a manager at NHS Tayside</td>
</tr>
<tr>
<td><strong>Note:</strong> * The Health Foundation are fully funding Ruth Glassborow’s participation in this network including travel and accommodation for attending meetings.</td>
<td></td>
</tr>
<tr>
<td>Alastair Delaney</td>
<td>1 Director of Quality Assurance</td>
</tr>
<tr>
<td>Ann Gow</td>
<td>1 Director, Nursing, Midwifery and Allied Health Professionals</td>
</tr>
<tr>
<td></td>
<td>No other interests to declare</td>
</tr>
<tr>
<td>Sandra McDougall</td>
<td>1 Acting Director, Scottish Health Council</td>
</tr>
<tr>
<td></td>
<td>7 Volunteer Child Befriender, Barnardo’s Scotland</td>
</tr>
<tr>
<td></td>
<td>7 Member of OneKind (animal welfare charity)</td>
</tr>
<tr>
<td>Richard Norris</td>
<td>1 Visiting Fellow, Academy of Government</td>
</tr>
<tr>
<td></td>
<td>7 Member, Board of Management of the Centre for Scottish Public Policy</td>
</tr>
<tr>
<td></td>
<td>7 Board Member, Scottish Improvement Science Collaborating Centre</td>
</tr>
<tr>
<td></td>
<td>7 Non-member Director, VOX (Voices of eXperience) Ended 22/11/17</td>
</tr>
<tr>
<td>Dr Brian Robson</td>
<td>1 Medical Director, Healthcare Improvement Scotland</td>
</tr>
<tr>
<td></td>
<td>7 Health Foundation College of Assessors</td>
</tr>
<tr>
<td></td>
<td>7 Clinical Practice – Mearns Medical Centre, Glasgow</td>
</tr>
<tr>
<td></td>
<td>7 *Institute for Healthcare Improvement (IHI) Faculty and Fellow</td>
</tr>
<tr>
<td></td>
<td>7 Royal College of General Practitioners - Fellow, West of Scotland Faculty and Scottish Council</td>
</tr>
<tr>
<td></td>
<td>7 British Medical Association (BMA) – Member</td>
</tr>
<tr>
<td></td>
<td>7 Harvard School of Public Health – student ambassador support</td>
</tr>
<tr>
<td><strong>Note:</strong> * As an IHI Fellow and IHI Faculty Dr Robson can be occasionally offered subsidised attendance and accommodation at events. These subsidies are not always in place nor always accepted.</td>
<td></td>
</tr>
<tr>
<td>Dr Sara Twaddle</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>7</td>
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<td></td>
<td>7</td>
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</tbody>
</table>

| Maggie Waterston | 1 | Director of Finance and Corporate Services |
|                 | 7 | Member of Chartered Institute of Management Accountants |
|                 | 7 | Member of Healthcare Financial Management Association |
|                 | 7 | *Strategic Finance Leaders Programme: Scottish Public Sector 2015 |
|                 | 7 | Board Member, Scottish Hockey |

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

**Explanation of Categories**

<table>
<thead>
<tr>
<th>Category Number</th>
<th>Category Type</th>
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<tbody>
<tr>
<td>1</td>
<td>Remuneration</td>
</tr>
<tr>
<td>2</td>
<td>Related Undertakings</td>
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<td>3</td>
<td>Contracts</td>
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<td>4</td>
<td>Houses, Land and Buildings</td>
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<td>5</td>
<td>Interest in Shares and Securities</td>
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<tr>
<td>6</td>
<td>Gifts and Hospitality</td>
</tr>
<tr>
<td>7</td>
<td>Non-Financial Interests</td>
</tr>
</tbody>
</table>

**10 June 2017**