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

Date:       Wednesday 29 April 2015  
Time:       12.30pm  
Venue:      Meeting Room 6A&B, Delta House, Glasgow  
Contact:    Pauline Symaniak | p.symaniak@nhs.net | 0131 623 4294

AGENDA

<table>
<thead>
<tr>
<th>Item</th>
<th>Time</th>
<th>Agenda item</th>
<th>Lead officer</th>
<th>Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>12.30</td>
<td>Welcome</td>
<td>Chairman</td>
<td>BM2015/118</td>
</tr>
<tr>
<td>1.1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.2</td>
<td></td>
<td>Apologies for absence</td>
<td>Chairman</td>
<td>BM2015/119</td>
</tr>
<tr>
<td>1.3</td>
<td>12.35</td>
<td>Minutes of meeting held on: 25 February 2015</td>
<td>Chairman</td>
<td>BM2015/118</td>
</tr>
<tr>
<td>1.4</td>
<td>12.40</td>
<td>Review of action point register: 25 February 2015</td>
<td>Chairman</td>
<td>BM2015/119</td>
</tr>
<tr>
<td>1.5</td>
<td>12.45</td>
<td>Minutes of Board (in Committee) held on 25 March 2015 to approve the Financial Plan and the Local Delivery Plan 2015-16</td>
<td>Chairman</td>
<td>BM2015/120</td>
</tr>
<tr>
<td>1.6</td>
<td>12.50</td>
<td>Register of interests</td>
<td>Director of Finance and Corporate Services</td>
<td>BM2015/121</td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
<td>BM2015/122</td>
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<td>BM2015/123</td>
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<tr>
<td>4.</td>
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<td></td>
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</tr>
<tr>
<td>4.1</td>
<td>13.15</td>
<td>Risk Management report</td>
<td>Director of Finance and Corporate Services</td>
<td>BM2015/124</td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>5.1</td>
<td>13.30</td>
<td>Business Intelligence</td>
<td>Executive Clinical Director</td>
<td>Presentation</td>
</tr>
<tr>
<td>5.2</td>
<td>13.45</td>
<td>Scottish Medicines Consortium: Policy Context and Risks</td>
<td>Director of Evidence</td>
<td>BM2015/125</td>
</tr>
<tr>
<td>5.3</td>
<td>13.55</td>
<td>Death Certification</td>
<td>Director of Scrutiny and Assurance</td>
<td>BM2015/126</td>
</tr>
<tr>
<td>14.05</td>
<td></td>
<td>刷新ment Break</td>
<td></td>
<td></td>
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</tbody>
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6. PRESENTATION
“Management of Change: improvement consolidation; additional allocations; governance - future; organisational change; finance plans; Stronger Voice”
Presentation by the Executive Team

7. STANDING BUSINESS (CORPORATE)

7.1 14.50 Financial Performance to 31 March 2015 Director of Finance and Corporate Services BM2015/127
7.2 15.05 2014/15 Local Delivery Plan Performance Report: March 2015 Director of Finance and Corporate Services BM2015/128

8. STANDING BUSINESS (GENERAL)

Director reports: key points

8.1 15.15 Clinical Executive Clinical Director BM2015/129
8.2 15.20 Evidence Director of Evidence BM2015/130
8.3 15.25 Safety and Improvement Director of Safety and Improvement BM2015/131
8.4 15.30 Scrutiny and Assurance Director of Scrutiny and Assurance BM2015/132
8.5 15.35 Scottish Health Council Director of Scottish Health Council BM2015/133
8.6 15.40 Finance and Corporate Services Director of Finance and Corporate Services BM2015/134

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

9.1 15.45 Audit and Risk Committee: to receive the key points from the meeting on 18 March 2015 and the approved minute from 03 December 2014 Committee Chair BM2015/135 BM2015/136
9.2 15.50 Quality Committee: to receive the key points from the meeting 2 April 2015 and the approved minute from 19 February 2015 and 18 December 2014 Committee Chair BM2015/137 BM2015/138 BM2015/139 BM2015/140
9.3 15.55 Staff Governance Committee: the next meeting will take place on 20 May 2015 Committee Chair
9.4 16.00 Scottish Health Council: to receive the key points from the meeting on 14 April and the approved minute from 3 February 2015 Committee Chair BM2015/141 BM2015/142
9.5  16.05  Non Executive View: Feedback from Scottish Health Council visit
        Kathleen Preston, Zoë Dunhill  Verbal

10. ANY OTHER BUSINESS

11. DATE OF NEXT MEETING

11.1  16.15  The next meeting will be held on Monday 22 June 2015, at 12.30pm, Gyle Square, Edinburgh.
MINUTES – draft

Meeting of the Board of Healthcare Improvement Scotland
Date: 25 February 2015
Time: 12.30pm – 4.00pm
Venue: Boardroom, Gyle Square, Edinburgh

Present
Denise Coia  Chairman
Paul Edie
Angiolina Foster CBE  Chief Executive
Nicola Gallen
John Glennie OBE
Peter Johnston
Marian Keogh
Kathleen Preston
Duncan Service
Pam Whittle CBE
Hamish Wilson

In Attendance
Ruth Glassborow  Director of Safety and Improvement
Richard Norris  Director, Scottish Health Council (SHC)
Tony McGowan  Acting Head of Human Resources
Robbie Pearson  Director, Scrutiny and Assurance
Brian Robson  Executive Clinical Director
Sara Twaddle  Director of Evidence
Maggie Waterston  Director of Finance and Corporate Services
Laura McIver  Chief Pharmacist
Jenny Long  Senior Programme Manager

Apologies
Zoë Dunhill MBE
Kathlyn McKellar  Head of Human Resources

Committee support
Pauline Symaniak  Corporate Governance Project Officer (Minute Secretary)
Tracey Mitchell  PA to Chairman’s office (Admin support)

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 regularly to review 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. WELCOME AND APOLOGIES FOR ABSENCE

1.1 Chairman’s welcome and introduction

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

The Board made a presentation of thanks to Marion Keogh and Peter Johnston who were attending their last Board meeting prior to their appointments ending.

1.2 Apologies for absence

Apologies for absence were received as noted above.

1.3 Minutes of meeting held on 17 December 2014

The minutes of the meeting held on 17 December 2014 were accepted as an accurate record with the following amendments:

7.1 – last para to be amended to “concern about setting balanced budget and aligning resources”.
8.5 – first bullet point, second sentence to be amended to “It’s important to recognise that they are major service changes and when applied to rural areas have a greater sensitivity”.

1.4 Review of action point register: 17 December 2014

The Board received for review the action point register from the meeting held on 17 December 2014.

The Board noted the status report against each action, all forward planning actions and approved the action point register as presented. They received the additional update from the Director of Scrutiny and Assurance in respect of action point 5.2, Vale of Leven Inquiry Report as follows:

NHS Boards and Healthcare Improvement Scotland have now provided submissions to the Scottish Government. The HIS submission included a focus on additional powers regarding closure of wards. A fuller report will be provided to the Board.

The Chairman referred the Board to feedback received from the Health and Sport Committee on 24 February where the issue of additional powers was raised but also the link between inspection and improvement which was a good endorsement of that aspect of our work.
2. **CHAIRMAN’S REPORT**

The Board received a report from the Chairman on key strategic and governance issues. The Chairman further advised of the following:

The Chief Executive would provide an update on the national arrangements for Quality Improvement in her report.

The Annual Review letter had contained several omissions and proposed changes have been returned to Scottish Government for consideration.

The Chairman asked Board members to review the dates of Staff Huddles with a view to attending. The Huddles mirror the non executive walkarounds that take place in territorial Boards. The Chairman advised that the Vice Chairman had attended the most recent Huddle in Gyle Square.

The Vice Chairman advised that he found the Huddle to be an effective gathering, very participative and that issues were discussed as well as information being provided. The Vice Chairman advised that he had spoken briefly at the end to offer staff the opportunity to find out more about the Board and its functions. The Vice Chairman encouraged other non executives to attend.

The Board requested that Staff Huddles be linked where possible to governance committee meetings to aid attendance of non executive directors.

The Chairman advised that work will be done to encourage more staff, especially junior staff, to observe Board meetings. Their attendance will be assisted by provision of support to review Board papers.

The Chairman reminded the Board of the opportunity to join QI Connect Webinars and the Board requested that the link to the website for accessing recorded versions of those already held is circulated.

The Chairman drew the Board’s attention to three key recent events:

- The Scottish Government Debate on the 2020 Vision on 22 January which referred to patient safety, reductions in HAIs, 7 day sustainable services, delayed discharge, Stronger Voice and the significance of the integration of Health and Social Care.
- A visit by the Cabinet Secretary to Aberdeen Royal Infirmary on 16 February in which she noted progress in implementing recommendations made in the HIS report.
- The review of Out of Hours Primary Care which is being led by Sir Lewis Ritchie. The HIS Executive Clinical Director is a member of the review team.

The Chairman asked the Board to note that the next joint meeting with the Care Inspectorate will be held on 11 September 2015 at Compass House, Dundee.

The Board noted the report.
3. CHIEF EXECUTIVE’S REPORT

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

- This was seen as the appropriate time as an organisation to develop our understanding of integration of health and social care and reflect on the implications for Healthcare Improvement Scotland. A Corporate Management Team awareness session the following day will be delivered by the Scottish Government lead.
- Regarding consolidation of national QI capacity, it was indicated at the last Board Seminar that a dialogue was underway to bring together into a single location the relevant improvement focused elements of JIT (Joint Improvement Team) which has a multi agency base, of QuEST (Quality and Efficiency Support Team) which sits wholly within Scottish Government and of Healthcare Improvement Scotland.
- The current status is that the Scottish Government recommended preference is for that single location to be Healthcare Improvement Scotland. If this proposal is implemented, work will need to begin quickly in various areas including organisational change, staffing and governance arrangements especially in light of the broad governance base of JIT. There will be a requirement for this Board to undertake a redesign of our governance arrangements. Priorities and operational focus will also need to be reviewed.
- Expenditure plans for the additional £2.5m funding will have to be considered in concert with these proposed changes.

The Chairman advised that these developments have been taken into consideration in the appointment process for the new non executive Board members.

The Chief Executive confirmed that any staff that transfer to Healthcare Improvement Scotland, will transfer with relevant budget; this was in addition to the £2.5m funding allocated to HIS.

The Chief Executive confirmed that the Scottish Government do not believe there is a requirement for legislation. The major determinant is that of stakeholders reaching agreement. The intended outcome is a single Quality Improvement “offer” for health and social care in Scotland.

The Chief Executive advised that COSLA was content with the direction of travel but require assurance about partnership working which the Chairman confirmed would be put in place.

The Board asked if integration awareness sessions will be provided for Board members and noted it would be particularly helpful to receive specific information on the role of Healthcare Improvement Scotland within the new arrangements.

The Chairman advised that this would be a topic for a future Board seminar.

The Board noted the report.
4. BOARD GOVERNANCE

4.1 Risk management

The Board received a report from the Director of Finance and Corporate Services on the current status of the management of risk as at 12 February 2015.

The Board was asked to review and endorse the corporate risk report and the very high operational risk report, noting that it had been aligned to the Strategic Plan: Driving Improvement in Healthcare 2014-2020. The Board noted that the risk reports had not recently been reviewed or approved by the Audit and Risk Committee because of the scheduling of their meeting which will not be held until 18 March 2015.

The Director of Finance and Corporate Services referred the Board to the movement report that has been produced on this occasion to highlight areas of focus in the light of the risks not being reviewed by the Audit and Risk Committee in advance of the Board meeting. Attention was drawn to risk number 39 on the movement report which had in fact been closed after the movement report was produced and accordingly did not now appear on the risk reports.

The Board noted the operational risks pertaining to Death Certification and that this is an agenda item for reserved business. The Board noted the risks pertaining to the SMC and sought clarity on the direction of travel especially when viewed alongside the finance paper.

The Director of Evidence confirmed that further discussion will be held with a view to preparing a paper on SMC and associated risks for the next Quality Committee and Board meeting.

The Board noted there was a lack of consistency in the relative levels of risk ratings and referred to those ratings pertaining to Death Certification as an example. It was suggested that an exercise may be required to calibrate the level of risks across the organisation.

The Director of Finance and Corporate Services confirmed that there is a degree of subjectivity in rating risks but that the Death Certification risks might be used as a benchmark. It was also noted that there are some issues recorded as risks which are perhaps concerns rather than risks. She will be raising both of these points with the Corporate Management Team at their meeting on 26 February and will ask them to incorporate these factors into the report for review by the Audit and Risk Committee.

The Board advised that they were content with the report on risk management.
4.2 Register of Interests

The Board received the current Register of Interests from the Director of Finance and Corporate Services and noted that further amendments had been submitted.

The Board approved the register pending these further amendments and were reminded that all changes to their entry in the register should be advised as soon as they are known.

4.3 Governance Review

The Board received a report from the Vice Chairman providing the latest update to the Governance Review. The Vice Chairman advised that the summary was intended to assure the Board that all actions have been appropriately discharged.

The Director of Finance and Corporate Services advised that the Governance Review will now be submitted to the Audit and Risk Committee with the outcome to be incorporated into the Code of Corporate Governance.

The Board advised that they were content with the report.

5. STRATEGIC BUSINESS

5.1 Draft Local Delivery Plan and Draft Finance Plan 2015/16

The Director of Finance and Corporate Services referred the Board to the draft Local Delivery Plan and supporting draft Finance Plan which require to be signed off by the Scottish Government and the Board by 31 March 2015.

Jenny Long, Senior Programme Manager, introduced the Local Delivery Plan and highlighted the following areas:

- The Draft LDP has been produced as a result of the revised planning process.
- It is aligned with the Strategy as set out at the beginning of the document.
- It uses an outcomes based planning approach and sets out the work in various themes. This approach has been well received by staff.
- The LDP also incorporates internal work and in particular, the Internal Improvement programme which is focused towards HIS becoming a high performing organisation.
- Scottish Government requested information on our contribution to their six strategic priorities and there is narrative to address this. It was explained that as the HIS strategy is aligned to delivering the 2020 Vision and the Quality Strategy our contribution to the six strategic priorities is embedded across our work programme.

The Board thanked staff for the amount of work delivered to create the plan and found the content to be clear and very helpful. It was suggested that consideration may be required of the governance committee terms of reference.
to ensure alignment with the plan.

It was requested that future planning processes are managed in such a way as to ensure that the related workforce and finance information is ready for inclusion in the draft plan that is submitted to the Board.

The Director of Finance and Corporate Services referred the Board to the Draft Finance Plan issued with the paper which had been submitted to Scottish Government on 13 February 2015. She set out the following timeline with regard to the budget setting process:

- During 2014 an exercise was undertaken by Scottish Government colleagues working with policy leads with the aim of consolidating the many additional funding streams that make up the HIS budget. This work had taken a significant amount of time and was only partially successful.
- In September 2014 early discussions began with Scottish Government finance colleagues about the level of cash releasing savings (CRES) that would be required from HIS and about the structure of the HIS budget. In particular, the high proportion of staffing costs which are significant due to the reductions to baseline budget over the previous three years. In October 2014 the Scottish Government issued a draft budget advising an expectation of £950k CRES for HIS. This amount was to be deducted from the baseline budget. In discussions with the Scottish Government it was suggested that there was scope for negotiation around the CRES target and its delivery. The HIS Board chose not to send a formal letter to the Scottish Government at this time as the Director of Finance and Corporate Services and Chief Executive were continuing discussions with Scottish Government about the organisation’s funding model. The Board also recognised the pressure on the delivery of direct healthcare services and the reality of the requirement to divert funding to front line services.
- The budget and funding model was discussed with the Minister at the annual review in November 2014 and particularly the lack of continuity and inefficiencies created by the allocation of additional funds on an annual basis.
- The first draft of the budget was presented to the Board Seminar in January 2015 showing a deficit of £1.6m. This result did not include the effect of CRES which was still being negotiated.
- A meeting took place with Scottish Government finance colleagues at the end of January where it was made clear that the CRES target would remain at £950k. However it was agreed that this savings target could be phased over a two year period to support action by HIS to deliver the required level of savings. The Scottish Government also offered financial support to HIS to enable action to be taken for any “spend to save” initiatives. This financial support would be repayable across two years from 2016-17 to 2017-18.
- The health budget announced to Parliament in February included a £950k CRES reduction for HIS.
- The draft budget presented to the Board takes into account the requirement for £950k CRES phased over two years and the deficit is now £2.2m.
- The financial position presented today is based on the decision support making tool and the meeting with Scottish Government colleagues in January 2015.
The Director of Finance and Corporate Services provided the following summary of the budget position:

- The anticipated baseline is £15.3m and additional allocations bring this up to a draft budget income of £20m. This excludes the £2.5m for Quality Improvement consolidation.
- A 7% vacancy factor has been applied to pay costs as a realistic assumption around staff turnover. At this stage, staffing costs are approximately 85% of the baseline budget.
- After applying fixed costs and variable costs to support delivery of the plan there is a budget deficit of £2.2m.
- The Director of Finance and Corporate Services has discussed this with Scottish Government colleagues and agreement was made to submit an unbalanced budget in February but that a balanced budget would be required for submission by 13 March 2015.
- Planning discussions have been taking place for some time within the Executive Team to manage the deficit and an outline plan has been prepared for discussion within the reserved session of the Board.

The Board thanked the Director of Finance and Corporate Services and the Executive Team for the extensive work undertaken to complete the draft budget and secure the additional £2.5m funding for quality improvement.

The Board asked about the impact of a reduction in the work plan and in particular, the pressure on staff which had previously been recognised as a risk in certain areas of the organisation.

The Acting Head of HR confirmed that a reduction in resources would have to be matched by a reduction in workload.

The Board noted the complexity of Scottish Government funding and a shift in those complexities each year. The budget deficit of £2.2m will be discussed further under the agenda item in reserved business.

### 5.2 Strategic Delivery Plan for Medicines 2015-2018

The Board received the draft Strategic Delivery Plan for Medicines 2015-2018 from the Executive Clinical Director.

The Executive Clinical Director advised that the strategy brings coherence to the organisation’s work around medicines. He stated that the plan has generated a large stakeholder interest and improved the organisation’s visibility in this area. The Executive Clinical Director highlighted that 90% of the work detailed in the plan is about the medicines elements of work that the organisation is already committed to delivering but it is recognised that it may be subject to reduction in light of future resources.

The Chief Pharmacist highlighted the following key points:

- The plan has received extensive internal and external consultation with very healthy response rates and overwhelming support for the content.
- The work was also presented to the Board Seminar in October 2014.
- The Strategy is firmly placed within the corporate strategy and is an excellent example of cross-organisational working.
• The first strategy established HIS as a key player in medicines in Scotland and this new strategy builds on that while introducing some new elements.

The Board noted that the Strategic Delivery Plan received a very positive endorsement by the Quality Committee and some aspects are related to supporting the Guiding Coalition effective prescribing and medicine efficiencies workstream.

The Chief Pharmacist advised the Board that she and the Director of Evidence were leading the HIS input to that workstream. It is largely based around evidence as new medicines are creating very complex challenges in the territorial boards and therefore new evidence products are being sought to manage their introduction.

The Board confirmed approval of the Strategic Delivery Plan but recognised that future resources may impact upon what can be delivered. The Board noted that consideration should be given to the impact of integration of health and social care on the strategy.

The Board sought clarity on the key priority in Section 4.

The Chief Pharmacist advised this was about introducing more flexibility into evidence processes to respond to the changing need from clinicians for evidence outputs beyond the existing scope of SHTG, SIGN and SMC.

The Board approved the Strategic Delivery Plan for Medicines 2015-18 dependent on the level of resource that will be available for delivery.

6. PRESENTATION

Aberdeen Royal infirmary: Reflections from Rapid Review

The Chairman introduced and welcomed Mark Aggleton, Senior Programme Manager, Tracy Birch, Programme Manager, and Penny Leggat, Public Partner, who attended to deliver a presentation on their involvement in the Aberdeen Royal Infirmary Rapid Review.

The Director of Scrutiny and Assurance set the context for the presentation, advising the Board that the presentation was intended to share the human aspects of being involved in a review.

Mark Aggleton introduced the presentation by setting out the timeline of the review which started in March 2014. Penny Leggat outlined her role on the review as Public Partner and provided some personal reflections. Tracy Birch presented the areas of the review that worked well and learning points.

Mark Aggleton finished the presentation by advising the Board that an after action review is being conducted and results will inform future reviews and the Quality of Care Reviews.

The Board asked if the presenters had any reflections on working with other organisations.
Mark Aggleton advised that the Royal College of Surgeons were conducting a review at the same time and, although they were working independently, the review team shared as much information with them as possible.

The Director of Scrutiny and Assurance noted that in future it will be important to understand better the relationships with NES and the GMC during these reviews.

The Chief Executive asked the presenters if they felt HIS's independence from Scottish Government was ever compromised.

Mark Aggleton responded that better clarity of roles in the beginning of the process would have been more helpful. The Director of Scrutiny and Assurance advised that when HIS were formally invited to form the review team, there was no pressure from Scottish Government.

The Chairman thanked staff and the public partner for an excellent presentation. She noted how important the work of public partners is to the organisation.

7. **STANDING BUSINESS (CORPORATE)**

7.1 **Financial Performance to 31 January 2015**

The Board received a report from the Director of Finance and Corporate Services on the financial performance to 31 January 2015.

The Board was asked to note the financial position at 31 January 2015, progress with regard to efficiency savings targets and the current underlying position of the organisation.

The following points were noted:

- The year-to-date position is a £633,271 overspend but receipt of outstanding allocations will change the underlying position to a £79,553 underspend.
- Assurance has been received that Death Certification and SMC allocations will be forthcoming during February.

The Board asked about the £0.231m cost for unbudgeted work noted on page 4 of the report.

The Director of Finance and Corporate Services advised this related to two pieces of work for which funding had been expected and budgeted but for which the funding was not forthcoming. The costs were therefore moved into the general savings target to be funded centrally.

The Board asked about the £362,000 released in January as noted on page 5.

The Director of Finance and Corporate Services advised that this was a significant release and reflected to some extent a mixture of slippage and some contingency funding that had been held within decentralised budgets.

The Board asked about the money surrendered in Table E as noted on page 5,
particularly the large sum from the Safety and Improvement Directorate.

The Director of Safety and Improvement confirmed this relates to the level of
turnover in posts, the excellent management in the safety team that released
money from core, the amalgamation of national events across four areas and
some work that has not taken place.

The Board noted that £936,000 had been released to the general savings target
during the year.

The Director of Finance and Corporate Services confirmed that the general
savings target for 2014-15 has been met but that the release of funding was
largely opportunistic and not a sustainable approach for the future.

The Board recognised the excellent achievement of the organisation in meeting
the efficiency savings and advised that they were content with the report while
recognising the consequent challenges for the year ahead.

7.2 2014/15 Local Delivery Plan: performance report

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

The Board reviewed the performance against the LDP, noted that the objectives
are cross referenced with the operational risks, as appropriate, and that the
operational performance report is a standing item at the Audit and Risk
Committee.

[Paul Edie declared an interest as Chairman of the Care Inspectorate in respect
of Joint Inspection of Adult Services]

The Board sought clarity on the risk relating to Joint Inspection of Adult Services.

The Director of Scrutiny and Assurance confirmed that this risk pertains to HIS
joint inspection teams having appropriate capacity, expertise and skills to ensure
a genuinely integrated approach with the Care Inspectorate.

The Board asked why the risk for Joint Adult Inspections was noted as very high
but that for Joint Children inspections was not.

The Director of Scrutiny and Assurance advised that children’s services are led
by the Care Inspectorate and the demands are different.

The Board advised that they were content with the report.

8 STANDING BUSINESS (GENERAL)

8.1 Executive Clinical Director: key points

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

The Safety Measurement and Monitoring Programme held its first meeting with representation from Audit Scotland and the Care Inspectorate. A development session is planned for the Quality Committee in April.

8.2 Director of Evidence: key points

The Board received a report from the Director of Evidence, which provided a high level update on recent activity and key developments within the Directorate.

The following was highlighted in addition to the points detailed in the report:

- Restructuring has taken place in the Evidence Directorate to streamline the directorate and remove the post of Head of Evidence and Technologies/Director of SIGN that has remained unfilled since the appointment to the Director of Evidence post.
- A review will be undertaken of the extant list of National Care Standards.

8.3 Director of Safety and Improvement: key points

The Board received a report from the Director of Safety and Improvement, which provided a high level update on recent activity and key developments within the Directorate.

The following was highlighted in addition to the key points presented:

- Work continues with the design team on the “200,000 days” programme which is intended to enable people to spend 200,000 more days at home or in a homely setting with their family and community rather than in hospital. The design team recognizes that the title of the programme could usefully be reviewed to ensure better understanding.

8.4 Director of Scrutiny and Assurance: key points

The Board received a report from the Director of Scrutiny and Assurance which provided a high level update on recent activity and key developments within the Directorate.

The following was highlighted in addition to the key points presented:

- The Regulation and Quality Improvement Authority of Northern Ireland has adopted many of the HIS inspection methods and tools for the care of older people in acute hospitals. HIS is very happy to share its skills and experience.
- Very positive feedback had been received from NHS Boards about the revised methodology for inspection of the care of older people that resulted from the review led by Pam Whittle.
8.5 Scottish Health Council: key points

The Board received a report from the Director of the Scottish Health Council which provided a high level update on recent activity and key developments within the Directorate.

The following was highlighted in addition to the key points presented:

- The Commissioning letter for the Stronger Voice work has been received from Scottish Government. It has been agreed there will be funding for initial scoping and development and there is recognition that there is a need for longer term funding. The letter will be circulated to the Board.
- The two major service changes highlighted in the previous report have been approved, indicating that NHS Boards can take difficult decisions.

The Board asked if funding should be discussed at the same time as commissioning.

The Director of the Scottish Health Council confirmed that costs had been submitted and the commission is not final until funding is agreed.

8.6 Finance and Corporate Services: key points

The Board received a report from the Director of Finance and Corporate Services which provided a high level update on a key development for the organisation Shared Services.

The following was highlighted in addition to the key point presented:

- Shared Services is a key area for efficiency savings and is being reviewed by the Guiding Coalition. Work is moving forward with pace on HR shared services.

9. GOVERNANCE COMMITTEES

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

a) Audit and Risk Committee
   The Chair of the Audit and Risk Committee advised that there was no update as the next meeting will be held on 18 March 2015.

b) Quality Committee
   The Chair of the Quality Committee advised the Board that the additional paper had been tabled as the Committee had met only the week before the Board meeting. He asked the Board to note that one significant point is the ability to continue to have high quality clinical involvement in the relevant work of the organisation.

c) Staff Governance Committee
   The Chair of the Staff Governance Committee advised the Board that papers had been tabled as the Committee had met the week before the Board meeting. There were no additional points to note.
a) **Scottish Health Council**
   The Board noted that the Stronger Voice work will be significant and the level of partnership working will require a clear set of roles.

10. **ANY OTHER BUSINESS**

   No other competent business was notified.

11. **DATE OF NEXT MEETING**

   The next meeting will be held on Wednesday 29 April 2015, at 12.30pm, Rooms 6A/B, Delta House, Glasgow.
## ACTION POINT REGISTER – draft

**Meeting:** Healthcare Improvement Scotland Board meeting  
**Date:** Wednesday 25 February 2015

<table>
<thead>
<tr>
<th>Minute ref</th>
<th>Heading</th>
<th>Action point</th>
<th>Timeline</th>
<th>Lead officer</th>
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<tr>
<td>1.3</td>
<td>Minutes of meeting held on 17 December 2014</td>
<td>Minutes to be amended to incorporate changes as requested.</td>
<td>ASAP</td>
<td>Corporate Governance Project Officer</td>
<td>Complete</td>
</tr>
<tr>
<td>1.4</td>
<td>Action point register</td>
<td>Vale of Leven Inquiry Report - A fuller report will be developed and submitted to the Board.</td>
<td>April 2015</td>
<td>Director of Scrutiny and Assurance/Project Officer</td>
<td>Added to business planning schedule to be submitted to June Board meeting.</td>
</tr>
<tr>
<td>2.</td>
<td>Chairman’s report</td>
<td>Consideration to be given to future staff huddle dates to link them where possible to Governance Committee meeting dates.</td>
<td>April 2015</td>
<td>Director of Finance and Corporate Services</td>
<td>Huddle dates have been reviewed and not possible to link to committee dates. Alternative opportunities for staff engagement will be explored on an ongoing basis. Complete</td>
</tr>
<tr>
<td>4.1</td>
<td>Risk management</td>
<td>Discussion to be held around SMC risks with a view to preparing a full paper for the</td>
<td>April 2015</td>
<td>Director of Evidence</td>
<td>Complete – April Quality</td>
</tr>
<tr>
<td>Minute ref</td>
<td>Heading</td>
<td>Action point</td>
<td>Timeline</td>
<td>Lead officer</td>
<td>Status</td>
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<tr>
<td></td>
<td>report</td>
<td>next Quality Committee.</td>
<td></td>
<td></td>
<td>Committee</td>
</tr>
<tr>
<td>4.2</td>
<td>Register of interests</td>
<td>Register of interests to be updated</td>
<td>ASAP</td>
<td>Corporate Governance Project Officer</td>
<td>Complete</td>
</tr>
<tr>
<td>4.3</td>
<td>Governance review</td>
<td>To be submitted to the Audit and Risk Committee.</td>
<td>18 March 2015</td>
<td>Director of Finance and Corporate Services/ARC Business Planning Schedule</td>
<td>Complete</td>
</tr>
<tr>
<td>8.5</td>
<td>Scottish Health Council</td>
<td>Stronger Voice Commissioning letter from Scottish Government to be circulated.</td>
<td>ASAP</td>
<td>Director of Scottish Health Council</td>
<td>Complete</td>
</tr>
</tbody>
</table>
MINUTES – draft

Meeting of the Board (in Committee) of Healthcare Improvement Scotland
Date:    25 March 2015
Time:  12.30 – 15.30
Venue:  Delta House, Glasgow

Present
Denise Coia   Chairman
Bryan Anderson in attendance
George Black CBE in attendance
Zoë Dunhill MBE
Angiolina Foster CBE   Chief Executive
Nicola Gallen
John Glennie OBE
Duncan Service
Pam Whittle CBE
Hamish Wilson CBE

In Attendance
Gareth Adkins  Implementation and Improvement Team Leader (deputy for Ruth Glassborow)
Anne Lumsden   Head of Organisational Development and Learning
Sandra McDougall  Head of Policy, Scottish Health Council (deputy for Richard Norris)
Robbie Pearson  Director, Scrutiny and Assurance
Brian Robson  Executive Clinical Director
Sara Twaddle  Director of Evidence
Maggie Waterston  Director of Finance and Corporate Services
Jenny Long  Senior Programme Manager

Apologies
Paul Edie
Tony McGowan  Acting Head of Human Resources
Richard Norris  Director, Scottish Health Council
Kathleen Preston
Ruth Glassborow  Director of Safety and Improvement
Kathlyn McKellar  Head of Human Resources

Committee support
Pauline Symaniak  Corporate Governance Project Officer (Minute Secretary)

Declaration of interests
Declaration(s) of interests raised are recorded in the detail of the minute. Declarations of interest were requested as the Board Seminar was sitting in committee to approve the draft Local Delivery Plan and draft Finance Plan 2015-16.

Registerable Interests
All Board members and senior staff are required regularly to review 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. WELCOME AND APOLOGIES FOR ABSENCE

1.1 Chairman's welcome and introduction

The Chairman welcomed everyone to the meeting, in particular, Bryan Anderson and George Black who were attending their first meeting in advance of their appointment to non executive positions on 1 April 2015.

The Chairman asked the Board to note that formal business was being conducted in respect of agenda item 2, the Draft Local Delivery Plan and Draft Finance Plan 2015-16, and accordingly formal minutes would be recorded. These minutes would be ratified in public at the next Board meeting on 29 April 2015.

1.2 Apologies for absence

Apologies for absence were received as noted above.

2 DRAFT LOCAL DELIVERY PLAN AND DRAFT FINANCE PLAN 2015-16

The Director of Finance and Corporate Services provided an overview to the draft LDP 2015-16 and advised that it was a high level contract with Scottish Government. She advised that a three year Corporate Plan was in development and would be presented to the June meeting of the Board. The Corporate Plan will provide more detail of the organisation’s work plan which will be evaluated. She highlighted that the draft LDP presented had previously been submitted to the Board and the Board Seminar.

Jenny Long, Senior Programme Manager, delivered a presentation that focussed on outcomes planning and evaluation. She advised that the evaluation process is in development and that engagement events are planned including a stakeholder workshop in June to which Board members were invited. The outcomes chain has been developed into a story that can be used across the organisation for ease of understanding and will be used as part of the parliamentary exhibition during May 2015.

The Board discussion that followed highlighted several key areas that will require explicit links to the LDP: health and social care integration, both immediate implications and the wider influences on many areas of work; cost/benefit analysis; technology and innovation; the 200,000 days programme; delayed discharge; the Children and Young People Act 2014; clinical engagement.

The Chief Executive highlighted that the Organisational Change Programme would also impact on the LDP and advised that the commitment had been made that headcount reductions will be matched by workload reductions.

The Director of Finance and Corporate Services provided a background to the financial position and referred the meeting to the paper issued, the content of
which was presented to the Audit and Risk Committee on 18 March 2015.

The Board discussion that followed highlighted several key areas: organisational change; the voluntary severance scheme; ensuring critical work and quality are maintained.

The Director of Finance and Corporate Services provided a background to the savings plan presented and highlighted the following key aspects: the budget as set out is balanced; the organisational change and re-profiling process is critical to achieving a balanced budget; the voluntary severance scheme; legitimate charges to the £2.5m additional funding for Quality Improvement; and other potential funding streams that are yet to be finalised.

The Board noted that there were numerous uncertainties in the financial plan brought about by the Scottish Government funding model. The Board requested that representations were made to Scottish Government about the amount of the budget, the structure of the budget and an acceptable limit of uncertainty.

The Board approved the draft LDP and draft Finance Plan for 2015-16. The Board thanked the Executive Team for the work delivered to finalise both plans and thanked the Employee Director for ensuring the human resources issues were handled with respect for staff.

(Jenny Long left the meeting)

3. INSTITUTE OF HEALTHCARE IMPROVEMENT (IHI) CONTRACT

(Brian Robson declared an interest as a fellow of IHI)

The Director of Finance and Corporate Services delivered a presentation setting out the timeline of the Healthcare Improvement Scotland contract with IHI. The Board noted the presentation.

4. ANY OTHER BUSINESS

No items of other business were notified.

DATE OF NEXT MEETING

The next meeting will be held on 27 May 2015 in the Boardroom, Gyle Square, Edinburgh.
SUBJECT: Register of Interests

1. Purpose of the report
   To present the Register of Interests for Non Executive and Senior Staff members within the organisation.

2. Recommendation
   The Healthcare Improvement Scotland Board is asked to:
   - Board members and senior staff are required to confirm that their entry in the Register of Interests complies with the Model Code of Conduct as approved by the Board in June 2014.
   - approve the Register of Interests as attached.

3. Background
   The Board approved the HIS Code of Conduct at the Board meeting held on 24 June 2014. As a result, Board members were asked to review their entries in the Register of Interests and confirm compliance with the Code. The Register of Interests will now be a standing item on the Board public agenda.

   Board members and senior staff are asked to note that they have a duty to ensure any changes in circumstances are notified within one month of them occurring.

4. Strategic objectives/Local Delivery Plan
   Compliance with the HIS Code of Conduct supports delivery of the strategic objectives ensuring that all interests are either registered or declared.

5. Measures for improvement
   The Register of Interests will be submitted to the Board at each of its meetings. An audit trail of all interests received is held to ensure compliance with the timeline for submission of interests.

6. Risk and legal implications
   HIS is required to comply with the Ethical Standards in Public life etc. (Scotland) Act 2000 which provides for Codes of Conduct for local authority councillors and members of relevant public bodies and requires them to produce and implement a Code of Conduct. The Standards Commission for Scotland deals with alleged breaches of the Code.

7. Resource implications
   Not applicable.

8. Workforce implications/consultation
   Not applicable.

9. User involvement and person centredness/public consultation
   Not applicable.

10. Equality and diversity
    The Register of Interests does not relate to any policy or work programme that will impact on staff, volunteers or service users, and equality impact assessment is therefore not required.
11. Governance
The Board of Healthcare Improvement Scotland will receive the Register of Interests at each of its meetings. The register forms part of the Governance Statement for the organisation.

Maggie Waterston
Director of Finance and Corporate Services
Lead Director

Pauline Symaniak
Corporate Office Project Officer
Lead Officer

Appendix:
1. Register of Interests as at April 2015.
## REGISTER OF INTERESTS – BOARD MEMBERS, EXECUTIVE TEAM AND SENIOR STAFF: Financial year 2015/16

**Appendix 1**

<table>
<thead>
<tr>
<th>NAME</th>
<th>CATEGORY</th>
<th>INTEREST</th>
<th>Date interest commenced (if in FY 2015/16)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CHAIRMAN</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr Denise Coia</td>
<td>1</td>
<td>Board member, Care Inspectorate</td>
<td></td>
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<tr>
<td></td>
<td>1</td>
<td>Chair, GMC Quality Scrutiny Group</td>
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<tr>
<td></td>
<td>7</td>
<td>Fellow of the Royal College of Psychiatrists</td>
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<td></td>
<td>7</td>
<td>Honorary Fellow of College of Physicians and Surgeons, Glasgow</td>
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<td></td>
<td>7</td>
<td>Director, Tannoch Loch Company</td>
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<tr>
<td><strong>NON-EXECUTIVE BOARD MEMBERS</strong></td>
<td></td>
<td></td>
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<tr>
<td>Dr Bryan Anderson</td>
<td>7</td>
<td>Member, British Medical Association</td>
<td></td>
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<tr>
<td></td>
<td>7</td>
<td>Member, Royal College of GPs</td>
<td></td>
</tr>
<tr>
<td>George Black</td>
<td>7</td>
<td>Member, Chartered Association of Certified Accountants</td>
<td></td>
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<tr>
<td></td>
<td>7</td>
<td>Member, Chartered Institute of Public Finance Accountancy</td>
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<td></td>
<td>2</td>
<td>Non Executive Director, Simon Community Scotland</td>
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<tr>
<td></td>
<td>1</td>
<td>Member, Commonwealth Games Federation Co-ordination Commission for the 2018 Commonwealth Games</td>
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<td></td>
<td>1</td>
<td>Director, George Black Solutions Ltd</td>
<td></td>
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<tr>
<td>Jackie Brock</td>
<td>1</td>
<td>Chief Executive, Children in Scotland</td>
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<td></td>
<td>7</td>
<td>Member, Scottish Food Commission</td>
<td></td>
</tr>
<tr>
<td>Name</td>
<td>Position and Affiliations</td>
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<tr>
<td>Dr Zoë M. Dunhill MBE</td>
<td>Sole proprietor own Child Health Consultancy, Invited reviewer Royal College of Paediatrics and Child Health, Professional Advisor CQC England in Paediatrics, Honorary Fellow Royal College of Paediatrics and Child Health, Fellow of Royal College of Physicians of Edinburgh, Director Action for Sick Children Scotland, Member British Medical Association</td>
<td></td>
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</tr>
<tr>
<td>Paul Edie</td>
<td>Chair of the Care Inspectorate, Non Executive Member of the Scottish Social Services Council, City of Edinburgh Councillor, Member of the Scottish Liberal Democrats</td>
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<tr>
<td>Nicola Gallen</td>
<td>Management Consultant, British Telecom</td>
<td></td>
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<tr>
<td>John Glennie OBE</td>
<td>Non Executive Board Member, NHS24, Member, Doctors and Dentists Review Body, Treasurer Friends of Borders General Hospital</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kathleen Preston</td>
<td>*Honorary Contract with NHS Blood and Transplant (NHSBT) as a Lay Member of the Organ Donation Advisory Group (Liver Advisory Group), *Chair of the NHSBT Review into the National Organ Retrieval Service in the UK, Member of the Law Society of Scotland</td>
<td></td>
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</tr>
<tr>
<td>Duncan Service</td>
<td>Evidence Manager, SIGN, Director and Company Secretary, SHU East District Ltd, UNISON Steward, Board member, Guidelines International Network (GIN), Treasurer – Guidelines International Network (GIN)</td>
<td></td>
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</tr>
<tr>
<td>Name</td>
<td>Role</td>
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<tr>
<td>Pam Whittle, CBE</td>
<td>Chair, Scottish Health Council</td>
<td></td>
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<tr>
<td></td>
<td>Advisory Council Member: Glasgow Centre Population Health</td>
<td></td>
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<tr>
<td></td>
<td>President, Royal Caledonian Horticultural Society</td>
<td></td>
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<tr>
<td></td>
<td>Director, Gardening Scotland</td>
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<tr>
<td></td>
<td>Trustee of the Whitmuir Project, Scottish Charitable Incorporated Organisation (SCIO)</td>
<td></td>
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<td></td>
<td>Commission member: Fairer Fife Commission</td>
<td></td>
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<tr>
<td></td>
<td>Member, Scottish Food Commission</td>
<td></td>
<td></td>
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<tr>
<td>Dr Hamish Wilson, CBE</td>
<td>Lay Member, Scottish Dental Practice Board</td>
<td></td>
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<tr>
<td></td>
<td>Trustee of the GMC Pension Scheme</td>
<td></td>
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<tr>
<td></td>
<td>Lay Member of the Assembly (the Governing body) of the Royal Pharmaceutical Society of Great Britain</td>
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<tr>
<td></td>
<td>Member of Scottish Advisory Board for Marie Curie Cancer Care</td>
<td></td>
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<tr>
<td></td>
<td>Honorary Fellow of the Royal College of General Practitioners</td>
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<tr>
<td></td>
<td>Chair, Public Health Review Group</td>
<td></td>
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<tr>
<td></td>
<td>Independent Governor of Robert Gordon University, Aberdeen</td>
<td></td>
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<tr>
<td>Angiolina Foster, CBE</td>
<td>Chief Executive, Healthcare Improvement Scotland</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Member of Chartered Management Institute</td>
<td></td>
<td></td>
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<tr>
<td>Ruth Glassborow</td>
<td>Director of Safety and Improvement</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>*GenerationQ Fellow with Health Foundation</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Member of Institute of Healthcare Managers</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Member of Managers in Partnership (MiP) Union</td>
<td></td>
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</tr>
</tbody>
</table>

**Note:** *GenerationQ Fellow with Health Foundation: this course is paid for by the Health Foundation up to certificate level. The individual is in receipt of a financial bursary to contribute to travel costs for the course, books for the course and fees for diploma/masters level.*
<table>
<thead>
<tr>
<th>Name</th>
<th>Positions</th>
</tr>
</thead>
</table>
| Anthony McGowan      | Member, Chartered Institute of Personnel & Development  
1 Acting Head of Human Resources, Healthcare Improvement Scotland  
7 Member of Scottish National Party  
7 Member, UNISON                                                                         |
| Kathlyn McKellar     | Head of Human Resources, Healthcare Improvement Scotland  
No other interests to declare                                                                  |
| Richard Norris       | Director, Scottish Health Council  
7 Member, Board of Management of the Centre for Scottish Public Policy  
7 Non-member Director, VOX (Voices of eXperience)  
7 Board Member, Scottish Improvement Science Collaborating Centre |
| Robbie Pearson       | Director of Scrutiny and Assurance, Healthcare Improvement Scotland  
No other interests to declare                                                                  |
| Dr Brian Robson      | Executive Clinical Director, Healthcare Improvement Scotland  
1 Health Foundation College of Assessors  
7 Clinical Practice – Mearns Medical Centre, Glasgow  
7 *Institute for Healthcare Improvement (IHI) Faculty and Fellow  
7 Royal College of General Practitioners - Member, West of Scotland Faculty and Scottish Council  
7 British Medical Association (BMA) – Member  
7 International Society of Rapid Response Systems – Board Member  
7 Harvard School of Public Health – student ambassador support |
| Dr Sara Twaddle      | Director of Evidence, Healthcare Improvement Scotland  
7 Member, UNISON                                                                         |
| Maggie Waterston     | Director of Finance and Corporate Services  
7 Member of Chartered Institute of Management Accountants  
7 Member of Healthcare Financial Management Association  
7 Independent Examiner Crichton Collegiate Trust  
7 *Strategic Finance Leaders Programme : Scottish Public Sector 2015 |

**Note:** *As an IHI Fellow and IHI Faculty Dr Robson can be occasionally offered subsidised attendance and accommodation at events. These subsidies are not always in place nor always accepted.*

**Note:** *This is a joint programme between Scottish Government and Deloitte which is resourced by Deloitte with no charge to Healthcare Improvement Scotland.*
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) National Reports
   Several reports have been published that will impact on the work of Healthcare Improvement Scotland:
   • Sustainable and Seven-day Services Task Force Interim Report. The Taskforce is considering the implications of delivering sustainable seven-day clinical services across NHSScotland.
   • Morecambe Bay Report. Recommendations will form part of the review of maternity and neonatal services in Scotland announced by Maureen Watt, Minister for Public Health.
   • Penrose Inquiry. The Cabinet Secretary announced that lessons from the inquiry into transmission of blood-borne viruses during medical treatment will inform progress of the patient safety programme.

4. Stakeholder engagement

   a) Joint engagement: Chairman and Chief Executive – key issues
   • Meeting with Shona Robison, Cabinet Secretary for Health, Wellbeing and Sport, 11 March 2015
     The Chief Executive and I held a very productive meeting with the Cabinet Secretary on 11 March. We discussed how we can support the integration of health and social care, in particular providing improvement support to the new IJBs. We also discussed the options around the different types of Quality Assurance of healthcare. She was interested to hear of the work of the Quality Reviews Group and will be pleased to hear of the proposals coming from the group around new models of scrutiny. The Cabinet Secretary had detailed knowledge of Healthcare Improvement Scotland and was very positive and supportive of our work. In particular, she clearly understood the link between scrutiny and improvement.

   • Meeting with Dennis Robertson MSP regarding the Healthcare Improvement Scotland Parliamentary Exhibition and Reception: Driving Improvement in Healthcare, 17 February 2015
     The Chief Executive and I met with Dennis Robertson MSP to outline plans for the Healthcare Improvement Scotland parliamentary exhibition and reception. The exhibition in the Scottish Parliament will run from 26 to 28 May 2015 and an evening reception will be held on 27 May 2015. Dennis Robertson MSP is sponsoring both events and Maureen Watt, the Minister for Public Health, will speak at the reception.
• **Meeting with Jenny Marra MSP, 12 March 2015**
The Chief Executive and I met Jenny Marra MSP. Discussions were very positive and focused on how our scrutiny and improvement activities work together to improve healthcare and how these are being refined through our Quality Reviews work. We also discussed the contributions made by SIGN, SMC and SHTG to NHSScotland.

• **Meeting with Director of Population Health Improvement, 27 February 2015**
Following the Scottish Government restructure of the Health and Social Care Directorates in December 2014, the Chief Executive and I met with Dr Andrew Scott who was appointed to the new post of Director of Population Health Improvement. The meeting was an introduction and an opportunity to share information about our respective roles.

• **Quality of Care Reviews with NHS Boards**
The programme of visits has continued to meet with NHS Board Chairs and Chief Executives to discuss and inform our approach to Quality of Care Reviews. The visits have been attended by myself and the Chief Executive or, when we are unavailable, by the Director of Scrutiny and Assurance. Our most recent visit was to NHS Fife on 8 April 2015. A number of common themes continue to emerge and will feed into our summary report to the Chair of the Review Group, Dr Tracey Cooper, Chief Executive of Public Health Wales. Territorial Boards continue to be very supportive of the reviews.

• **National Health and Social Care Leadership Event, 30 March**
This meeting presented us with a unique opportunity to meet a wide range of senior colleagues from government, health, social care and the third sector. The three Ministers who spoke (John Swinney, Shona Robison and Marco Biagi) all emphasised the importance of the attendees working together to ensure that we were able to deliver better more joined up care at a locality level. The meeting offered the opportunity to understand and work through the practical difficulties of these aspirations.

b) **NHS Chairs Meeting, 3 March 2015**
Hamish Wilson attended on my behalf during my annual leave. Two of the key topics were the latest position with the Guiding Coalition and the need for Special Boards to outline their functions and ability to add value to the Territorial Boards. In the meeting with the Cabinet Secretary, she discussed performance; the Healthcare Environment Inspectorate and the gender balance on Boards.

c) **Quality Portfolio Group, 5 March 2015**
Kathleen Preston attended on my behalf. Jenny Long, Healthcare Improvement Scotland Senior Programme Manager, presented a paper about the National Approach to Learning from Adverse Events. The meeting also reviewed a draft induction booklet for non executive board members and a board diagnostic tool being developed by Scottish Government.

5. **Our governance**

a) **Non-Executive Member appointments**
Three new non-executive members have been appointed to the Board from 1 April 2015 for a term of four years. The appointments are as follows:

- Bryan Anderson is appointed to the NHS Clinical/Healthcare Management role and will join the Staff Governance and Quality Committees;
- George Black is appointed to the Public Sector role and will join the Audit and Risk and Scottish Health Council Committees;
• Jackie Brock is appointed to the Third Sector role and will support individual pieces of work.

Dr Denise Coia
Chairman

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

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

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

3. Business updates

   Chief Executives’ meeting on 15 April
   I presented, jointly with the Head of the Scottish Government’s Quality and Efficiency Support Team, a paper updating on our work aimed at building Quality Improvement Infrastructure (QII) across NHS Scotland. This work was initiated in recognition of the fact that creating the conditions to deliver the 2020 Vision will require a focussed and deliberate approach to building the cultures, competencies and skills for organisations to excel in Quality Improvement.

   Working as part of the QI Hub, we have now engaged with 14 Boards to help them take this more deliberate approach to building their capability – at both Non Executive and Executive level – for Quality Improvement. This work has been welcomed and the feedback is positive. The discussion at the Chief Executives meeting reinforced this and helped to strengthen the important understanding of the role that a steady focus on sustained quality improvement will have in addressing many of the day to day pressures within our systems.

   Engagement with Scottish Government
   I continue to have constructive dialogue with our Scottish Government sponsor aimed at placing the sponsorship relationship on a more strategic footing. Recent discussion has focussed on Quality Improvement consolidation, together with issues of funding and forward focus for the organisation.

   National Health and Social Care Leadership Event, 30 March
   The Chairman and I attended this event which was focussed on the senior leadership within Health and Social Care across the public third and independent sectors.

   The Deputy First Minister, John Swinney, gave emphatic support for Health and Social Care Integration and spoke about the pivotal nature of three key ingredients – partnership, leadership and engagement. He outlined a vision for Scotland within approximately five years time, where the country would have a world-wide reputation for the truly person centred nature of our approach to care, together with our system’s ability to provide outstanding care to people at those points in their lives when they are most vulnerable.

   COSLA’s Health and Wellbeing spokesperson, Peter Johnston, spoke of the need for Health and Social Care Integration to be revolutionary. He identified two important components of this revolution - the bottom up nature of locality planning and the whole system nature of the redesign work that Health and Social Care Partnerships are now being given permission to undertake.
These contributions and others throughout the day provide important context for how Healthcare Improvement Scotland develops its role going forward.

Parliamentary Reception: Driving Improvement in Healthcare, 27 May 2015
Healthcare Improvement Scotland has secured a Parliamentary exhibition space and evening reception during the week commencing 25 May 2015. The reception will enable direct engagement with MSPs, Parliamentary staff and other stakeholders.

The welcome will be given by the event sponsor, Dennis Robertson MSP and will be followed by opening remarks from Maureen Watt MSP, Minister for Public Health. This will be good opportunity for external engagement with MSPs and to showcase our work to reflect clinical and patient / public voices through videos which have recently been produced.

4. Our Workforce

Change Management Board
During the course of 2015-16, a number of changes will be made to the structure and delivery plan for Healthcare Improvement Scotland. A Change Management Board has been created to focus on the structured and planned delivery of change within the organisation. The Board will be chaired by the Deputy Chief Executive with membership including the Employee Director and representatives from HR, OD & Learning, Finance, Internal Communications and the Partnership Forum. The work will be owned by the Corporate Management Team (which includes members of the Executive Team) whose members will work with the Change Management Board to ensure that change within their control is managed effectively.

The Change Management Board will consider the workforce implications across the organisation and work in Partnership to ensure equality and fairness. It will aim to ensure that the changes underway do not have a destabilising or demoralising impact on our workforce.

Agenda Item 6 on today’s agenda is devoted to providing Board Members with an update on each of the main elements of the organisation’s overall change management programme. This will take the format of a presentation in order to be able to provide Non Executive Directors with the most up to date information possible.

Staff Huddles
Staff Huddles have taken place in Delta House, Gyle Square and with the Scottish Health Council. There was a presentation from the Scottish Health Technologies Group on The Innovative Medical Technology Overview process. We continue to monitor the quality of the Huddles through staff surveys.

All Staff Events
The Executive Team has agreed that it would be timely, given the convergence of a range of factors and as part of the wider internal communications strategy, to hold all staff events in early summer. The all staff events would provide an opportunity to share a range of developments and to seek views on the implications for Healthcare Improvement Scotland. It is proposed that these events will take place in June 2015 in Edinburgh and Glasgow.

Angiolina Foster
Chief Executive
SUBJECT: Risk Management report

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

2. Recommendation
   The Healthcare Improvement Scotland Board is asked to:
   • review the corporate risks (Appendix 1) and the very high operational risks (Appendix 2) extracted from the Compass system on 15 April 2015.
   • review the movement schedule (Appendix 3).

3. Background and key issues
   a) A key responsibility of the Board is to provide leadership within a framework of prudent and effective controls which allow risk to be assessed and managed. The Board therefore receives, as a standing agenda item, a status report on the management of risk. The Board is asked to review and assess the corporate risks and very high level operational risks at each meeting.
   b) There are 11 corporate risks on the report compared to 10 on the February Board report. There are 8 very high operational risks on the report compared to 12 on the February Board report.
   c) An additional column, “Risk Level February”, has been added to the risk reports to demonstrate any changes in risk levels since the February Board meeting. The movement schedule at Appendix 3 summarises the changes to the corporate and operational risk reports since these were presented to the February Board meeting.
   d) The Audit and Risk Committee reviewed the status of risk management at their meeting on 18 March 2015 and noted the following key points:
      • There remains some inconsistency across the organisation with attributing risk and ET agreed to review this.
      • The “current update” in the final column of the risk report should accurately reflect the level of the risk rating.

   The Audit and Risk Committee discussed the risks associated with Death Certification and the Scottish Medicines Consortium and the Board are asked to note that these subjects are addressed in separate agenda items.

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

   The Local Delivery Plan (performance report) to the Board provides a cross reference against the risk register of any programmes of work that are at risk of not being completed as planned.

5. Measures for improvement
   The approach to managing risk within the organisation will be subject to regular review to ensure that any further improvements can be made as necessary.
6. **Risk and legal implications**
   By reviewing risk and implications on a regular basis, the organisation is demonstrating good governance which should reduce the likelihood of a significant risk occurring.

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

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

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

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

11. **Governance and future reporting schedule**
    The Audit and Risk Committee is responsible for issues of risk, control, governance and associated assurance. Other governance committees receive and consider the corporate and operational risks (very high and high) associated with their business remit as a standing agenda item at each meeting.

    The Executive Team and the Corporate Management Teams are operationally responsible for the implementation and management of risk across the organisation.

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

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Angiolina Foster  
Chief Executive  
Maggie Waterston  
Director of Finance and Corporate Services

Maggie Waterston  
Lead Officer

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**Appendices:**
1. Corporate risk register
2. Operational risk register (very high risks)
3. Movement report

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Board Risks  
Board Risks  
Board Risk  
Corporate Appendix  
Operational Appendix  
Movement Appendix
### Appendix 1 – Corporate Risks

<table>
<thead>
<tr>
<th>Category</th>
<th>Project / Strategy</th>
<th>Risk No.</th>
<th>Risk Dir.</th>
<th>Description</th>
<th>Risk Controls</th>
<th>Net Risk Level</th>
<th>Current Mitigation</th>
<th>Current Update</th>
<th>Risk Level February</th>
<th>Current Risk Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial / Value for Money</td>
<td>Driving Improvement in Healthcare Strategy 2014-2020</td>
<td>11</td>
<td>MW</td>
<td>There is a risk that we will be unable to deliver our work due to the current short-term funding arrangements that are in place resulting in inability to plan for longer term delivery against our objectives.</td>
<td>3 year financial plan 2014-15 to 2016-17 submitted to SG March 2014 with associated risk analysis. This highlights the significant number and value of additional allocations that are relied upon. Prioritisation process for corporate planning ie risk benefit matrix</td>
<td>High - 16</td>
<td>Finalise the outcome of the prioritisation process in terms of resources and discuss with SG to agree required funding model and an appropriate withdrawal approach for work that will not be continued.</td>
<td>ET are revising the draft work plan for 2015-16 in order to align delivery and resources with the required reduction in funding. SG are sighted on the risks associated with our funding model and have committed to improving the short term funding elements during 2015-16. Ongoing work is required with SG to agree longer term funding but it is expected that funding for the New Medicines Policy, Death Certification and QI (approx £4.6m) will all be incorporated within the baseline funding during 2015-16. This will improve financial stability and our ability to plan over a longer term.</td>
<td>High - 12</td>
<td>Medium – 6</td>
</tr>
</tbody>
</table>
| Operational       | Driving Improvement in Healthcare Strategy 2014-2020 | 14       | RG        | There is a risk that HIS fails to develop an organisational culture focused on continuous improvement because of lack of understanding of techniques and knowledge required to deliver the strategy resulting in HIS not becoming a high performing organisation.                                                                                                                                                      | Improvement Advisors within the organisation to provide support. Driving Improvement sub group (VBECE) | High - 16       | •Creation of a capability and capacity plan to identify the gaps.  
  •Develop a supporting action and communications plan. Development of QI Framework for HIS. Building a QI Infrastructure process. Internal Improvement Plan, QI Capacity and Capability plan | Continued progress is being made in relation to increasing the QI capacity and capability of the workforce. The recruitment process is underway for the Lean Practitioner programme. Mandatory QI modules have been uploaded and advertised via LearnPro. We are also involved in testing out the QI Hub QI Development Tool to assess current skill levels. | Medium - 12     | Medium – 8                  |
<p>|                   |                                             | 12       | MW        | There is a risk that we fail to meet the requirements of stakeholders and manage their expectations because of a lack of understanding of their needs resulting in missed opportunities and under delivery of our strategic objectives.                                                                                                                                          | risk benefit matrix to assess and prioritise our work plan Themes arising from plan which consider stakeholder reach | Medium - 12     | development of corporate plan stakeholder engagement sessions                     | Progress with creating the corporate plan is being made and this will be presented to the Board in June 2015. External and internal engagement sessions have been held throughout the process. An evaluation framework is being developed and this is also being consulted upon. | Medium - 12     | Medium – 8                  |</p>
<table>
<thead>
<tr>
<th>Workforce Strategy</th>
<th>246 RP</th>
<th>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.</th>
<th>Healthcare Improvement Scotland (HIS) has an Organisational Change Policy and associated procedures which fully reflect the NHS Scotland Partnership Information Network (PIN) policies agreed nationally between management representatives and trades unions &amp; professional organisations. The application of change management policy is in accordance with the organisation’s strategy. The HIS HR Unit has experience in delivering the workforce-related aspects of organisational change and has reviewed the redeployment procedure to align it with the organisational change policy.</th>
<th>-Corporate Plan -Workforce plan -HR alignment with Strategy -Regular discussion at ET and CMT</th>
<th>Progress continues to be made in scoping the full extent of the scale of the changes, and the Directors will reflect these within the Workforce Plan. The HIS HR Unit will support the organisation in successfully delivering the changes by ensuring all workforce-related aspects are delivered in accordance with established policy. This will also include partnership and wider staff engagement, and setting the approach to be used for internal communications.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workforce Strategy</td>
<td>256 RP</td>
<td>There is a risk of reputational damage to Healthcare Improvement Scotland because of interdependent organisations failing to deliver their commissioned component parts of the overarching death certification programme, to the required level of quality, in time for commencement of the new review service on 13 May 2015 resulting in the service going live with workarounds in place that may impact negatively on and/or be viewed negatively by the public and the service.</td>
<td>National Advisory Group oversees the delivery of the entirety of the death certification changes, reports to Scottish Ministers. Well established governance structures within HIS, Death Certification Review Programme Board in place – includes all key delivery stakeholders. Project management governance in place including detailed Project Initiation.</td>
<td>HIS facilitated the development of a detailed plan including all stakeholder organisations and covering key tasks and milestones required to bring all of the required components in by 13 May 2015. This was signed up to by all key stakeholders and is being used as the basis of continued and detailed monitoring by Scottish Government policy.</td>
<td>Work continues to ensure that the interface between eCMS and FER (NRS) is functioning to specification for end-to-end processing of paper MCCDs through the review system. A small pot of defects remains and these are being addressed on an ongoing basis by the NSSIT and NRS technical teams. Live end-to-end testing scheduled for Sunday 19 April did not go ahead due to connectivity issues that emerged on Friday 17th April when NRS developers attempted to connect the two production environments. The absence of any live test data this close to the go-live date for the service makes it difficult to give the necessary assurances.</td>
</tr>
<tr>
<td>Driving Improvement in Healthcare Strategy 2014-2020</td>
<td>8</td>
<td>RP</td>
<td>There is a risk that we are challenged by a healthcare provider on our findings and are unable to defend the challenge which will lead to a reduction in our credibility with the service and with the public, therefore improvements in healthcare that we recommend, will not be implemented.</td>
<td>Implementation of action plan in response to Ninewells review. Existing factual accuracy sign-off process.</td>
<td>Development of evidence and judgement framework</td>
</tr>
</tbody>
</table>
| RP | 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. | Strategic Plan 2014-2020 Workforce Vision 'Everyone Matters' action plan National leadership training programmes open across the organisation | • Refocus content of ET and CMT meetings to be more strategic. 
• Directorate team meetings will formally cascade information from CMT. 
• Capability plan being created as part of 3 year corporate plan. | Established Change Management Board to oversee change programme across HIS. This board will also address organisational and workforce reprofiling. | Medium - 9 |
<p>| MW | There is a risk that our work does not take account of the longer term, wider and evolving external environment because of a lack of horizon scanning, organisational appetite or capacity for change resulting in missed opportunities and reputational damage. | Policy Analyst Role Sharing of information from national meetings ie Chair and CEO meetings Dedicated strategic time available at ET meetings | Development of roles and responsibilities of ET and CMT is ongoing with a move to more strategic horizon scanning - this should be embedded within the first quarter of 2015-16 | The policy analyst role has been extended to incorporate support for Chair and CEO and horizon scanning of national agendas. Management and reporting of consultations is now more formalised within the organisation and overseen by ET | Medium - 8 |
| AF | There is a risk that the organisation does not effectively plan for health and social care integration agenda because of lack of understanding of the impact resulting in missed opportunities to drive improvement in health and care. | Joint inspection programme with the Care Inspectorate. Joint Board seminar with Care Inspectorate. HIS Chairman is a member of the Care Inspectorate Board. HIS represented at national meetings. Care Inspectorate Chairman is member of HIS Board. | Identify Lead Director within HIS. Include within 3-year corporate plan. Horizon scanning by Executive Team. Ensuring HIS has individuals linked into key forums nationally looking at integration. Proactively identifying which work programmes need to extend focus to include social care and agreeing how to make that transition and then implement. | Awareness session with CMT very useful. Wider staff briefings taking place over the next two months and CMT colleagues asked to work with staff to consider impact. Further discussion will then take place at CMT. Work progressing across Improvement Directorate around consolidation of national improvement support across health and social care. Additional allocation of £2.5m to include focus of work on health and social care. Scrutiny considering options for strengthening input to the joint inspections. SHC commissioned to take a range of work forward under 'Stronger Voice' that covers health and social care. Evidence colleagues looking at impact of integration on their portfolio of work. April update - Work ongoing as above. | Medium - 12 |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th>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.</th>
<th>Decision making framework - risks and benefits matrix</th>
<th>Cross organisational themes have been agreed as part of the Corporate Plan and require to be embedded within the organisation and its ways of working.</th>
<th>The LDP, which includes the cross cutting themes to deliver our strategy, has been agreed with the Board and with Scottish Government sponsor colleagues. Cross cutting outcomes have been agreed and the indicators to measure progress are being developed. Work is ongoing with CMT to develop and embed one organisational working to ensure strategic understanding and added value are delivered</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>MW</td>
<td>245</td>
<td>High - 15</td>
<td>Medium - 12</td>
<td>High - 15</td>
</tr>
<tr>
<td>Finance Strategy</td>
<td></td>
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</tr>
<tr>
<td>Category</td>
<td>Project / Strategy</td>
<td>Risk No.</td>
<td>Risk Dir.</td>
<td>Description</td>
<td>Risk Controls</td>
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<tr>
<td>Compliance / Regulatory</td>
<td>Death Certification</td>
<td>92</td>
<td>RP</td>
<td>There is a risk that: Healthcare Improvement Scotland (HIS) is unable to implement a working system for review of medical certificates of cause of death (MCCD) by April 2015. Because of: inability of any or all of the interdependent stakeholders to deliver their component parts to timescale and quality. Resulting in the organisation failing to deliver its strategic objective and statutory responsibilities and a detrimental impact on the organisation's reputation and potentially on stakeholder organisations and the public.</td>
<td>Detailed operational plan. Monitoring of risks through the risk register. HIS DC review programme board which focuses on HIS responsibilities and brings together all interdependent stakeholders and receives status update reports. Regular reports on progress, risks and issues to relevant HIS governance committees (eg HIS Board, EIS committee, executive team etc) HIS representation and regular reporting to Scottish Government (SG) established National Advisory Group (NAG) and linking with sponsor division at SG as required.</td>
</tr>
</tbody>
</table>

This remains a highly interdependent programme with a number of organisations (HIS, NRS, NSSIT, NES, SG, NHS24) requiring to deliver the component parts to timescale. The SG established NAG is continuing to oversee the programme from the national perspective. The operationally focused stakeholder group meets regularly and includes all key delivery organisations. This group has developed a joint reporting template and arrangements have been firmed up to ensure that interdependencies, progress, risks and issues are reported on a monthly basis to SG. SG has a policy lead who is dedicated full time to the implementation of the review programme and positive operationally focused meetings continue to be held with the policy lead and the HIS team. IT development resource within National Records of Scotland (NRS) remains an issue and despite best efforts to ensure that all of their essential IT development work is complete, tested and functioning by go live NRS has not yet provided a firm commitment that this will be the case. Alternative arrangements will require to be ready to be put in place as contingency in the event that end-to-end transfer of data is not functioning as anticipated on 13 May 2015. Live end-to-end testing scheduled for Sunday 19 April. |
did not go ahead due to connectivity issues that emerged on Friday 17th April when NRS developers attempted to connect the two production environments. The absence of any live test data this close to the go-live date for the service makes it difficult to give the necessary assurances that the end to end technology is sufficiently developed to be deployed successfully on 13 May. A stocktake meeting with key stakeholders will be held on the afternoon of 20th April to review the available intelligence and formulate an action plan for the next three weeks. It is likely that the manual contingency option will be invoked at this point to ensure that systems are in place and staff are sufficiently trained in the approach should it be required. HIS contingency plans have been drafted and are currently being formalised. Any further changes to the process due to information not being received electronically from NRS will impact on the delivery model for the service. Early notification is required from NRS and SG if manual procedures are to be invoked to allow adequate time for recruitment and training. This has been communicated to NRS and SG. A manual processes SOP has been drafted.

<table>
<thead>
<tr>
<th>Risk</th>
<th>Probability</th>
<th>Impact</th>
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<tbody>
<tr>
<td>94 RP</td>
<td>There is a risk that: National Records of Scotland is unable to implement the required mechanisms for randomly selecting a sample of eligible MCCDs for review and electronically transmitting a copy of the MCCDs and associated Death Certification Review Programme Board National Advisory Group HIS Board eCMS Board</td>
<td>Very High - 15</td>
</tr>
</tbody>
</table>
data to HIS including developing the required two way system connectivity between FER and HIS’s eCMS. Because of complexities with development of the FER system. Resulting in the electronic transfer to HIS of all relevant review data, and functionality to message back case status to the registrar not being achieved within the required timescale to enable an April 2015 go live date.

risks and issues.
The HIS draft business continuity plan has been shared with Scottish Government. Awaiting NRS input to this document.

IT programme manager is seeking a test schedule from the eMCCD programme manager to ascertain when testing of eMCCD transfer to the eCMS can take place.

NRS has committed to provide a paper outlining the revised process for manual offices before end January 2015.

Definitive position on state of readiness has been requested from NRS by 31 January 2015. Scottish Government aware.

eMCCD testing with NRS has now resumed following a suspension to allow for resources to be concentrated on ensuring that the paper MCCD process is fully tested.

Discussions regarding randomisation and transfer of selected MCCDs from manual registration offices are ongoing. IT development resource within National Records of Scotland (NRS) remains an issue and despite best efforts to ensure that all of their essential IT development work is complete, tested and functioning by go live NRS has not yet provided a firm commitment that this will be the case. Alternative arrangements will require to be ready to be put in place as contingency in the event that end to end transfer of data is not functioning as anticipated on 13 May 2015. Live end to end testing scheduled for Sunday 19 April did not go ahead due to connectivity issues that emerged on Friday 17th April when NRS developers attempted to connect the two production environments. The absence of any live test data this close to the go live date for the service makes it difficult to give the necessary assurances that the end to end technology is sufficiently developed to be deployed successfully on 13 May. A stocktake meeting with key stakeholders will be held on the afternoon of 20th April to review the available intelligence and formulate an action plan for the next three weeks. It is likely that the manual contingency option will be invoked at this point to ensure that systems are in place and staff are sufficiently trained in the approach should it be required.
<p>| Operational Business Intelligence Strategy | 238 BR | There is a risk that we do not share, across the organisation, intelligence about the quality of patient care which is held in different functions (e.g. improvement, scrutiny) resulting in a fragmented and incomplete picture that will prevent us driving and supporting improvement in the quality of care provided by NHS Boards. | The business intelligence strategy was approved by the HIS board and commits to the better gathering, sharing and analysing of data and intelligence about the quality of patient care held by HIS. | An internal meeting is scheduled for the 18th March to further discuss the HIS approach to sharing intelligence across the different functions within the organisation and also to discuss the data and information which has been gathered for the SIHCG meeting on the 8th April. A workshop is being organised to involve HIS staff and NHS Boards to consider our approach to sharing intelligence. | Further progress/plans have been made for developing and documenting HIS’ approach for sharing data/information about the quality of patient care between our different functions, eg improvement and scrutiny teams, and vice versa. A workshop on this topic is scheduled for 18 June. In the meantime, HIS continues to have a leading role in the Sharing Intelligence for Health &amp; Care Group, and we shared/considered some data/information with this group for its meeting on 8 April 2015. | Very High - 25 | Very High - 25 | Very High – 25 |
| SMC Product Assessment | 257 ST | There is a risk that SMC fails to deliver high quality advice to boards in a timely manner as a result of a significant increase in the volume and complexity of full submissions received leading to unnecessary delays in the approval of effective medicines, assessment errors and the potential for organisational failure. | Effective monitoring and forecasting of future submissions through the Horizon Scanning function increases SMC’s ability to plan future submissions and workload requirements. | SMC have started to map current assessment processes and will continue to do so, to ensure a consistent approach is being followed and that the Standard Operating procedures are fit for purpose. Once current mapping is complete we will move into quality management planning to identify potential areas for improvement, ongoing. SMC is preparing a scheduling action plan to manage this increased workload and continue to implement the outstanding recommendations of the improving access to medicines programme. | SMC have now contacted those companies from whom we had expected submissions in March-May, to inform them of the current workload situation. This has resulted in a reduced number of submissions in March &amp; April, which in turn has enabled SMC to schedule medicines previously deferred. The risk remains very high as we are still operating at full capacity with a higher than average intake anticipated over the next 3-6 months. | Very High - 25 | Very High – 20 |</p>
<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
<th>Code</th>
<th>Description</th>
<th>Probability</th>
<th>Impact</th>
<th>Control Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Business Intelligence Strategy</td>
<td>239 BR</td>
<td></td>
<td>There is a risk that we don't have appropriate clinical leadership for our business intelligence and data measurement work resulting in a lack of appropriate engagement with clinical communities about this restricting our ability to support improvements in the quality of healthcare for patients.</td>
<td>Very High - 25</td>
<td></td>
<td>Clinical input will be secured through the new clinical lead. Some additional clinical leadership for this work has now been secured.</td>
</tr>
<tr>
<td>Reputational / Credibility</td>
<td>74 RP</td>
<td></td>
<td>There is a risk that we do not have joint ownership of the joint inspections of adult services, because we are new to joint working with the Care Inspectorate, resulting in us not having shared control of decision making and publication of inspection reports</td>
<td>Very High - 20</td>
<td></td>
<td>Build relationships with Care Inspectorate. Agree process and roles for inspections and publication of reports. Agree ways of working. Joint development meetings of the strategic inspection team are now established. Shared learning needs are being identified. Discussions are also underway between the Care Inspectorate and HIS more broadly regarding how best to capture learning from inspections to date.</td>
</tr>
<tr>
<td>SMC Product Assessment</td>
<td>33 ST</td>
<td></td>
<td>There is a risk that the requirement to introduce multiple changes to process in short timelines without sufficient capacity will lead to external stakeholder disengagement (e.g. the pharmaceutical industry and patient groups) resulting in a range of consequences including potential legal challenge from pharmaceutical companies over transparency and fairness of process.</td>
<td>Very High - 20</td>
<td></td>
<td>Clear communication with all stakeholders to inform them of the organisational risks that may result if PACE is not introduced in a staged manner. SMC received positive feedback from a meeting for SMC voting members (clinicians, industry reps, NHS Management &amp; Public Partners) in February 2015 to discuss the implementation of the new processes to increase access to new medicines. The voting members agreed a range of actions enhance the assessment process, which SMC staff will implement.</td>
</tr>
<tr>
<td>Strategic Delivery Plan: Medicines</td>
<td>234</td>
<td>BR</td>
<td>There is a risk that the medicine’s team resource is allocated for only a limited period (until March 2015). This will result in potential failure to retain staff and compromise the continuity and effectiveness of the implementation of the strategy since implementation work is ongoing and new work continues to be presented to the team. It also affects the clinical assurance across Evidence, Improvement and Scrutiny.</td>
<td>HR Policies, financial constraints, limiting agency support, flexible working across the organisation and resource planning all affect this.</td>
<td>Bid to ET to make posts permanent as part of the 2015-18 strategic delivery plan and LDP process. The SDP for Medicines 2015-18 underwent a 2 month consultation, a total of 44 responses were received of which 42 were external – the large majority were positive. The strategy was also considered at the HIS boards seminar October 14. The SDP for Medicines 2015-18 will be submitted to EIS Committee for approval on 18 December.</td>
<td>The 2015-18 Strategic Delivery Plan for Medicines has been approved by the EIS committee and the HIS Board and is being considered as part of the workforce planning process. No further update from March 15.</td>
</tr>
</tbody>
</table>
## New risks on the report since February

<table>
<thead>
<tr>
<th>Risk ID</th>
<th>Description</th>
<th>Risk Level</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>266</td>
<td>There is a risk of reputational damage to Healthcare Improvement Scotland because of interdependent organisations failing to deliver their commissioned component parts of the overarching death certification programme, to the required level of quality, in time for commencement of the new review service on 13 May 2015 resulting in the service going live with workarounds in place that may impact negatively on and/or be viewed negatively by the public and the service.</td>
<td>Newly raised risk</td>
<td></td>
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## Risks with reduced risk level on the report since February

<table>
<thead>
<tr>
<th>Risk ID</th>
<th>Description</th>
<th>Risk Level</th>
<th>Notes</th>
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<tbody>
<tr>
<td>6</td>
<td>There is a risk that the benefits of integrating our evidence, scrutiny and assurance and quality improvement implementation support functions will not be realised because of a lack of understanding, application and commitment resulting in a failure to deliver our strategy.</td>
<td>Medium 12 to Medium 8</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>There is a risk that we will be unable to deliver our work due to the current short-term funding arrangements that are in place resulting in inability to plan for longer term delivery against our objectives.</td>
<td>High to Medium</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>There is a risk that we fail to meet the requirements of stakeholders and manage their expectations because of a lack of understanding of their needs resulting in missed opportunities and under delivery of our strategic objectives.</td>
<td>Medium 12 to Medium 8</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>There is a risk that the organisation does not effectively plan for health and social care integration agenda because of lack of understanding of the impact resulting in missed opportunities to drive improvement in health and care.</td>
<td>Medium 12 to Medium 8</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>There is a risk that HIS fails to develop an organisational culture focused on continuous improvement because of lack of understanding of techniques and knowledge required to deliver the strategy resulting in HIS not becoming a high performing organisation.</td>
<td>Medium 12 to Medium 8</td>
<td></td>
</tr>
<tr>
<td>245</td>
<td>There is a risk that the organisation will not have the necessary funding to fulfill its obligations because of the planned and continued reductions to its baseline budget resulting in non delivery of its work and reputational damage due to lack of financial viability.</td>
<td>High to Medium</td>
<td></td>
</tr>
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</table>

## Risks with increased risk level on the report since February

No risks.
## 2. Very High Operational Risks

### New risks on the report since February

No new risks.

### Risks that have left the report since February

<table>
<thead>
<tr>
<th>Risk</th>
<th>Description</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>There is a risk of non delivery of the ENDORSE Programme due to lack of existing resources with national stakeholders resulting in NHS boards not being in a position to gain accreditation by 2015 due to inability of national organisations to support the programme.</td>
<td>Risk closed</td>
</tr>
<tr>
<td>32</td>
<td>There is risk of negative media representation and disengagement from clinicians surrounding decisions for End of Life/orphan medicines that have not been accepted for use where they have had a PACE meeting, as a result of increased expectations that higher numbers of End of Life/orphan medicines would be accepted through the new processes, resulting in a loss of reputation for Healthcare Improvement Scotland.</td>
<td>Risk level reduced to high</td>
</tr>
<tr>
<td>35</td>
<td>There is a risk that the policy intent to increase access to new medicines will not be met within the Cabinet Secretary's timelines due to lack of capacity in the existing SMC staff team resulting in delays to the agreed delivery dates for engagement with manufacturers.</td>
<td>Risk level reduced to high</td>
</tr>
<tr>
<td>55</td>
<td>There is a risk that the data measurement and business intelligence team does not have the capacity to fully meet the level of support required by Healthcare Improvement Scotland resulting in an inability to support the delivery of the organisations priorities.</td>
<td>Risk level reduced to high</td>
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### Risks with increased risk level on the report since February

No risks

### Risks with decreased risk level on the report since February

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<th>Risk</th>
<th>Description</th>
<th>Old Level</th>
<th>New Level</th>
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<td>239</td>
<td>There is a risk that we don’t have appropriate clinical leadership for our business intelligence and data measurement work resulting in a lack of appropriate engagement with clinical communities about this restricting our ability to support improvements in the quality of healthcare for patients.</td>
<td>Very High 25 to Very High 20</td>
<td></td>
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<tr>
<td>257</td>
<td>There is a risk that SMC fails to deliver high quality advice to boards in a timely manner as a result of a significant increase in the volume and complexity of full submissions received leading to unnecessary delays in the approval of effective medicines, assessment errors and the potential for organisational failure.</td>
<td>Very High 25 to Very High 20</td>
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SUBJECT: Scottish Medicines Consortium Policy Context and Risks

1. Purpose of the report
   To update the Healthcare Improvement Scotland (HIS) Board on the current policy context and risks associated with the Scottish Medicines Consortium (SMC).

2. Recommendation
   The Board is asked to:
   - Note the report and the considerable change programme implemented by SMC over the past 12 months.
   - Consider the organisational risks in the context of sustained media and political interest and an impending external review.
   - Advise on further risk mitigation strategies that may be considered.

3. Background and key issues
   The managed introduction of new medicines in Scotland has been a significant policy focus for NHS Scotland for many years. ‘Postcode prescribing’ (or inexplicable variation between Health Boards in the choice of medicines available for prescribing) was a key factor in the policy decision to establish SMC in 2001. SMC was set up as a consortium of Health Boards to provide early advice on new medicines. The expected benefits were reduced duplication of effort and improved equity of access across the Health Boards. SMC continues to work to make sure that those medicines which represent good value for money can be introduced as quickly as possible so that they can benefit patients as an efficient use of NHS Scotland resources.

   During the period 2011-2013 there was sustained activity around access to new medicines involving extensive lobbying on the part of patients, the public and the pharmaceutical industry. The Health and Sport Committee began an inquiry into access to new medicines in March 2012 and this was followed by the then Cabinet Secretary announcing a review of the process for access to new medicines in November 2012. SMC was subsequently directed to introduce a significant change programme to improve transparency as well as increase access to new medicines used at the end of life and for very rare conditions. SMC began work to introduce these changes in January 2014 and has made considerable progress since then.

   At the February Board meeting, the Chair of the Audit and Risk Committee requested that a paper detailing the policy context and risks associated with SMC be presented to the April Board meeting. A draft paper was presented to the April 2 meeting of the Quality Committee and the paper has been revised in the light of comments made. This is presented in Appendix 1 which sets out in detail SMC processes, its relationship to Healthcare Improvement Scotland, the current policy context and ongoing and emerging risks for Healthcare Improvement Scotland.

4. Strategic objectives/Local Delivery Plan
   All SMC activity is included in the local delivery plan
5. Measures for improvement
A continuous improvement approach has been employed throughout the implementation of changes to the SMC processes, reflecting on and reviewing successes as well as areas where improvement measures would be helpful.

6. Risk and legal implications
All risks associated with SMC and those associated specifically with the change programme following the review into access to new medicines are included in the HIS risk register. Risks are reviewed formally each month at the SMC Change Management Group and additional controls and mitigating actions identified and applied.

7. Resource implications
Resources to support SMC form part of the core budget of the Evidence Directorate. A separate allocation was received in 2014/15 for implementation of the new processes associated with the review into access to new medicines. This additional allocation will be incorporated into the HIS baseline budget from 2016.

8. Workforce implications/consultation
SMC is supported by professional, managerial and administrative staff who are part of the Evidence Directorate. There is ongoing review of the skill mix to ensure that the appropriate technical and other skills required are available.

9. User involvement and person centredness/public consultation
Patient and public involvement has been part of SMC activity since its inception. This has been considerably strengthened in the last year.

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

11. Governance and future reporting schedule
The Chair of SMC presents a regular report at each Quality Committee meeting.

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<th>To be reported to:</th>
<th>Date presented/to be presented:</th>
<th>Version number</th>
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Sara Twaddle  
Director of Evidence  
Lead Director

Anne Lee  
SMC Chief Pharmacist  
Lead Officer

Appendix: SMC Policy Context and Risks
Appendix: Scottish Medicines Consortium Policy Context and Risks

SMC policy context and risks

Background
The Scottish Medicines Consortium (SMC) was established in 2001 to undertake appraisal of the clinical and cost-effectiveness of all new medicines, as well as new indications (or uses) for existing medicines, and provide independent advice on their use on behalf of NHS Scotland. Before then, each Board undertook separate assessments and local variability in decisions on their use led to a problem referred to as ‘postcode prescribing’. SMC was established to provide all Health Boards with early advice on new medicines. The expected benefits were reduced duplication of effort and improved equity of access across Health Boards.

SMC works as a Consortium of the Board Area Drug and Therapeutics Committees (ADTCs). The membership is multidisciplinary comprising healthcare professionals and senior managers from all 14 NHS Boards, plus three representatives from the Association of the British Pharmaceutical Industry (ABPI) and three public partners.

Governance
The Public Services Reform (Scotland) Act 2010 identifies the responsibility of HIS for ‘functions in relation to the evaluation and provision of advice to the health service on the clinical and cost effectiveness of new and existing health technologies including drugs’. SMC undertakes the specific responsibilities for evaluation of new medicines on behalf of HIS, but is not a separate legal entity.

The supporting staff for SMC functions are based in a team within the Evidence Directorate that provides technical, administrative and managerial support. The unit was formed after TUPE transfer of pharmacy staff from National Services Scotland on 1 April 2014. The team is led by the SMC Chief Pharmacist, Anne Lee, who directly manages 5 senior staff members and has responsibility for a combined team of 35 pharmacy, economics, research, specialist and administrative staff.

Healthcare Improvement Scotland is responsible for:

- implementation of the methodologies approved by SMC
- management of the processes used to produce the advice
- governance and internal controls
- response to legal challenge (in relation to both the advice and also governance and internal controls). A letter of comfort was provided by Scottish Government to Healthcare Improvement Scotland on 23 April 2013 specifically regarding potential legal challenge
- contribution to the annual appraisal process for the Chair of SMC

The SMC Committee, as the decision-making body, makes autonomous, independent clinical decisions about the clinical and cost-effectiveness of new medicines.

The governance reporting route for SMC (and the other two technology groups) is through the Quality Committee to the Healthcare Improvement Scotland Board. The Chair of the Quality Committee provides a specific point of contact for the SMC Chair regarding any concerns or risks relating to the independence of SMC decision making.
Processes

SMC appraises all new medicines through a fast, robust and independent process, based firmly on the principles of evidence based medicine and health economics, using rigorous and widely accepted methods.

Before a new medicine is made available for use in NHS Scotland the pharmaceutical company sponsor is asked to make a submission on the health benefits of the medicine and justification of its price. Each assessment is led by pharmacists and health economists who evaluate the evidence provided. The assessment team also takes account of views from clinical experts across Scotland about the current treatment pathway before producing a detailed advice document which is considered by the New Drugs Committee (NDC). NDC considers the in-depth evidence and makes a draft recommendation that is shared with the sponsor company, providing an opportunity for the company to respond to any questions or issues raised. The SMC committee then considers the medicine, alongside the company response and any patient group input, taking a broader perspective to reach a decision on whether or not to accept the medicine for use in NHS Scotland. The advice is communicated in confidence to Health Boards and the sponsor company one month before it is published on the SMC website.

The time period from receipt of a company submission to the publication of advice is about 18 weeks, with an additional 4 weeks if the medicine has a complex patient access scheme or for an end of life or orphan medicine. In comparison, the timeline for National Institute for Health and Care Excellence (NICE) Single Technology Appraisals (STA) is 26 – 35 weeks.

Patient and public involvement has been a key component of the SMC assessment process since it was established. Patient group submissions are encouraged for all medicines assessed and these are presented to the Committee by one of the three public partners.

SMC is unique among Health Technology Assessment (HTA) agencies in that it assesses all new medicines and new uses for established medicines. In England, the NICE STA process covers some but not all new medicines. NICE appraises all cancer medicines but seldom assesses medicine for rare diseases.

The service SMC provides is highly regarded and trusted by the clinical community in Scotland, as evidenced by the Routledge Report. SMC is also held in high esteem internationally and other HTA agencies worldwide have learned much from SMC when establishing their own systems.

Policy context - Review into access to new medicines

Following the introduction by the Westminster Government of a Cancer Drugs Fund in 2011, the Public Petitions Committee received petitions about lack of patient access in Scotland to medicines for cancer and rare diseases. Sustained activity followed, focusing on lower SMC acceptance rates for medicines to treat cancer and rare conditions, as well as variation in Board processes for managing individual patient requests for these ‘not recommended’ medicines. This involved significant external influence from patient group, public and pharmaceutical industry lobbying, leading to parliamentary scrutiny and the development of Government policy. The petitions were subsequently referred to the Health and Sport Committee in 2012 and later that year, due to increasing concerns raised in parliament and the media, the then Cabinet Secretary called for an independent review of the ‘end to end process’ for managing new medicines, from SMC assessment to NHS Board implementation.
The review into SMC processes (the ‘Routledge review’) made a series of recommendations for Government’s consideration in order to improve transparency and public understanding, such as holding meetings in public and with the sponsor company present. These recommendations were considered alongside a report from the Health and Sport Committee and in October 2013 the Cabinet Secretary announced a package of measures aimed at increasing access to new medicines. Noting that the existing assessments were not always appropriate for medicines used at the end of life or for very rare diseases, SMC were directed to develop a more flexible process that would result in increased access to these medicines.

The SMC convened a ‘Task and Finish Group’ to undertake this work, which reported in December 2013. It recommended the introduction of a new step in the process termed ‘Patient and Clinician Engagement’ (PACE), which would allow patients and clinicians to have a stronger voice in the process, providing additional information on the benefits of the medicine that may not otherwise be captured. This group also recommended that there should be an independent review of the experience with the new SMC processes, and a decision on when this should be initiated would be taken no later than 12 months after the new processes are introduced.

Scottish Government accepted the additional recommendations of the Task and Finish Group. Additional recurrent funding of £1 million was announced to support implementation of the changes.

**Changes to SMC processes**

The impact of the review into access to new medicines was that SMC was required to introduce a number of significant changes to process in a short time period. Following consideration of the resource requirements to undertake the additional work, additional recurring funding of £840,000 was agreed with Scottish Government. Although less than the £1 million announced, this reflected an estimate of the actual requirements. These changes were to be introduced according to an agreed timetable, while SMC continued to undertake its usual assessment activity.

**Change programme**

| Holding meetings in public (from May 2014) | These recommendations are intended to increase the transparency of SMC and understanding of its role with all relevant stakeholders. A public involvement co-ordinator and officer have been appointed and significant time has been invested in building relationships with patient groups. |
| Increased patient and public involvement (ongoing) |  |
| Pharmaceutical companies to attend SMC meetings (November 2014) |  |
| Patient and Clinician Engagement (PACE) meetings (from August 2014) | The PACE process is a meeting which brings together patient representatives and clinicians, who inform SMC of the additional benefits of a medicine, particularly about quality of life, which may not always be fully captured within the conventional assessment process. PACE take place after NDC. The output from the PACE process provides a powerful additional influence on SMC’s decision making. |
| Early engagement with pharmaceutical companies – first meeting April 2015 | Meeting with companies, in designated circumstances prior to submission, to increase the likelihood that the submission meets all SMC requirements first time, |
Implementation of the recommendations

A significant change programme to implement the recommendations has been underway since the start of 2014 and this is still in process. A continuous improvement approach has been employed throughout, reflecting and reviewing on both successes and areas where improvement measures would be helpful. Feedback to date about SMC meetings, the work of our public involvement team, and the PACE process has been largely very positive.

SMC meetings have been held in public since May 2014. Although around 70% of public attendees have been from the pharmaceutical industry, feedback indicates that meeting in public has led to improved understanding among patient groups and the media of the work of SMC.

Pharmaceutical companies have been present at SMC meetings since November 2014. Both SMC members and companies have been very positive about the value this adds to the process.

Since August 2014 PACE meetings have been held for a total of 23 end of life/orphan medicines. Advice has been published for 18 of these: 13 were accepted and 5 not recommended. A further 10 medicines eligible for PACE are currently in the assessment process. Patient and clinician engagement in the new PACE process has been very positive; with about 50 individual clinicians and 50 patient groups participating to date.

The new process allows companies to reduce the price with a discount in parallel with the PACE process and this seems to be encouraging companies to bring medicines forward at a better price.

Risks

The issue of access to new medicines is complex and often poorly understood. SMC continues to operate in an environment of high political and media interest. There is frequently the potential for adverse publicity and reputational risk when medicines are not recommended for use. In addition, there is also a risk of appeal or legal challenge from the pharmaceutical industry. In early 2014, when the change programme started, a number of risks were raised highlighting challenges of implementing multiple changes while maintaining business as usual, including impact on workload and timelines, and the risk of unintended consequences.

The current SMC risk register identifies a number of risks associated with business as usual as well as risks relating to the new processes arising from the review into access to new medicines. All risks are managed by an operational group which meets monthly, the Change Management Group, and are reviewed at each meeting of the Quality Committee.

1) Failure to meet policy intent to increase access to new medicines

SMC has committed to meeting the policy imperative of increasing access to new medicines for use at the end of life or for very rare conditions. Scottish Government recognised, nevertheless, that negative decisions for some of these medicines would continue. This may arise when the committee is not satisfied that the medicine would be a good use of NHS resources. To date the acceptance rate of new medicines undergoing the PACE process is
around 73%, compared with the overall acceptance rate of 60% for all medicines in the period 2002-2014. Mitigating actions to counter this risk have included the appointment of a communications manager and the development of a communications plan, alongside the public involvement team working to foster and build relationships with patient groups. As a consequence patient groups and the media have become more aware of the issue of medicines pricing over the past year and this recognition of the wider issues is a welcome development. However, the risk remains that SMC decisions may not match the expectations of stakeholders in this respect and pressure to achieve a higher acceptance rate may be applied. Continued dialogue with all stakeholders to reinforce the independent decision making role of SMC is necessary.

2) Loss of credibility with key stakeholders

The policy requirement to increase access to new medicines that would not have been deemed cost-effective according to conventional measures has been questioned in the context of the affordability challenges facing NHS Boards and other national initiatives to improve efficiency. This incurs the risk that key stakeholders, including clinicians and NHS Boards, may perceive that SMC advice is less robust following the introduction of the PACE process than previously. This could lead to disengagement of SMC members, failure to recruit members in the future and concerns being raised by stakeholders regarding the robustness of the new process. Mitigating actions include ongoing review of processes with SMC members and key stakeholders to ensure that their views are taken into account when processes are reviewed and the development of a communications plan.

3) Failure to achieve changes in the required timescales

The impact on SMC of implementing an extensive change programme while continuing to undertake normal business has been significant. During the course of 2014 SMC introduced meetings held in public, company representatives attending meetings, additional monthly PACE meetings and significantly increased public and patient involvement. The recommendation for early engagement with pharmaceutical companies has not yet been achieved in full but is expected to be fully in place by Autumn 2015.

In 2014 there was an 18% increase in the number of submissions assessed compared with 2013 (the average number of full submissions at monthly meetings increased from 4 to 6). It is expected that the maximum capacity of 7 assessments per month will continue throughout at least the remainder of 2015. Company submissions have become increasingly complex over the years, requiring more specialist input by pharmacists, economists and statisticians. There is a risk that SMC will be unable to sustain the increased level of activity on an ongoing basis.

Mitigating actions have been taken to help manage workload, but there are rate limiting steps in relation to the number of medicines that can be considered at each SMC meeting. Further mitigating actions include ensuring that all stakeholders, including pharmaceutical companies and Scottish Government, are aware of the timescales and plans for implementation of all recommendations.

4) Potential for legal challenge

Pharmaceutical companies may challenge SMC decisions via an Independent Review Panel and if they do not believe process has been followed a Judicial Review against HIS may be sought. This risk of challenge is heightened during times of change, where multiple changes made over a short period of time may have unintended consequences and impact on existing processes.
The new processes introduce additional risks associated with inadvertent disclosure of information relating to a company submission which is provided on a commercial-in-confidence basis during meetings in public.

Mitigation of the risks of legal challenge requires clear and transparent processes which are followed in every case.

**Future challenges**

SMC intends to carry out an internal review of the changes introduced to date beginning in May 2015, one year after the first meeting in public. This will allow feedback from all stakeholders to be considered. The SMC is of the view that continuous improvement is desirable but is also mindful that a period of consolidation is required before further significant change is introduced.

The SMC Task and Finish Group noted the Scottish Government’s intention that the new processes should be given time to become established and also that a ‘Scottish Model of Value’ should be developed by Scottish Government. The Group recommended that an independent review of the new approaches should be carried out and that a decision on when this should be initiated should be taken no later than 12 months after the new approaches are introduced. The Scottish Government stated that they would monitor how the approach works in practice, and review in 12 months. The review is expected to take place during 2015/16, but when or how this will take place has not yet been confirmed.

Early experience suggests that changes to date have increased access but there is concern in some quarters that NHSScotland needs to do more to access medicines at a fair price. There is a risk that the external review will suggest substantial further changes. SMC members have raised concerns that this may destabilise the SMC process. Early clarity on the role and scope of the review is required from Scottish Government. Discussions with the HIS sponsor division, the Healthcare Quality and Strategy Directorate, are ongoing to establish a formal schedule of meetings to discuss SMC, which should facilitate continued dialogue on the impact of the new policy for patients and NHS Scotland.
SUBJECT: Death Certification

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

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

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

The new national death certification review service is one aspect of a programme of reforms related to death registration, burial and cremation being overseen by Scottish Government. Since 2012 HIS has been working with partners to develop and establish the required infrastructure to allow the organisation to deliver on its statutory responsibilities as outlined in the Act. HIS is the lead organisation for the review aspect of the reforms, however, collaboration and joint working between a number of other key organisations is critical to the successful implementation of the service. In October 2014 Scottish Government officially confirmed that the commencement date for the new review service would be 29 April 2015. Subsequently, on 19 December 2014, Scottish Government advised that the commencement date would be further put back to 13 May 2015 to take into account the general election.

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

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

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

- IT and technical infrastructure: this includes specification, development and implementation of an electronic case management system (eCMS) with the capability to receive and send MCCDs and associated data electronically from/to the National
Records of Scotland (NRS)\textsuperscript{1} forward electronic registration (FER) system. Programme management of the delivery of the eCMS has been outsourced to NHS National Services Scotland Information Technology (NSSIT). The eCMS will be hosted within NHS 24 using existing technical infrastructure including telephony.

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

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

5. Risk and legal implications
A Programme risk register is in place and as this Programme is a legislative requirement, for a number of the identified risks the Board’s risk appetite is classed as minimalist. A number of the operational risks are currently scored as ‘very high’ (92 and 94). The position of these risks and the mitigation in place is regularly reported to the Board and the HIS Audit and Risk Committee. There is also a reputational risk related to the delivery of the death certification review service logged on the HIS corporate risk register.

Central Legal Office is advising on legal implications.

6. Resource implications
Scottish Government is funding this Programme of work.

7. Workforce implications/consultation
This Programme requires the appointment of 6 WTE doctors as reviewers. Operational management staff (1.5 WTE (AfC band 6-8a), and support staff (maximum 5 WTE AfC band 4). Recruitment to these posts, with the exception of the operations manager support officer post, is complete.

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

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

10. Governance and future reporting schedule

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<th>To be reported to:</th>
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\textsuperscript{1} The Act confers a statutory responsibility on the Registrar General to ensure that randomly selected MCCDs are referred to HIS for review.
Appendix 1:  Update Report (to 20th April 2015)
Appendix 1 - Healthcare Improvement Scotland: Death Certification Review Programme: Update (to 20th April 2015)

1. Background and context

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

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

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

Healthcare Improvement Scotland (HIS) is named in the Act as the organisation responsible for the DCRS and the review of MCCDs will be carried out by experienced and trained doctors. The Senior Medical Reviewer, Dr George Fernie, was appointed in December 2013. The DCRS will commence reviewing MCCDs on 13 May 2015. The service will also manage the process of administering and authorising the burial and cremation of those who have died outside the UK and are returned (repatriated) for burial or cremation in Scotland from that date.

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

2. Key elements

The key HIS elements of the DCRS that are to be delivered in this implementation phase are:

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

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

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

### 3. Current status of the programme

The new national DCRS is only one aspect of a number of reforms to death certification, burial and cremation that are currently underway in Scotland. This is a complex programme of work which is reliant on a number of interdependent stakeholder organisations also delivering their component responsibilities to quality and timescale. While we are making steady progress with our areas of responsibility, delivery of the DCRS by 13 May 2015 remains a high risk for the organisation due to the interdependencies involved. In light of this the HIS Board has been fully briefed about the various risks and issues over the course of the last 12–18 months and a number of key issues have been formally raised with Scottish Government at the request of the Board. A status update on the HIS programme follows.

#### 3.1 HIS programme update

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

The suite of standard operating procedures (SOPs) for the review service have now been agreed and signed off. These have been used as the basis of the operational training programmes for both medical reviewers and medical reviewer’s assistants.

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

**Medical Reviewers**

Nine medical reviewers attended a training week at the beginning of March and they started in post on 01 April. The team is spending the weeks in the run up to go live with induction training, systems and standard operating procedures familiarisation, shadowing various relevant professionals, and attending meetings as required. An additional 1 WTE medical reviewer has been recruited and will commence employment as soon as possible after 13 May 2015. This additional 1 WTE brings the medical reviewer team up to full complement.

HR colleagues are continuing to progress work with Scottish Government workforce policy colleagues to develop a harmonised set of terms and conditions of service for the medical reviewer role for agreement over the next 6–12 months. Sessional input to this process from a medical recruitment specialist has been arranged.

A variation order application covering the primary care background appointees who have been placed on the consultants pay scale was submitted to the NHS Management Steering Group (MSG) in January 2015. This has been returned by MSG to Scottish Government with some queries. HIS human resources colleagues are liaising with Scottish Government with regard to this.

Scottish Government has confirmed that there should be medical reviewer coverage on a 24 hour per day 7 day per week basis. Outwith office hours the medial reviewers will operate an

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2 The Act confers a statutory responsibility on the Registrar General to ensure that randomly selected MCCDs are referred to HIS for review.
on call rota system, primarily to manage any requests for advance registration in the out-of-hours period. This will be reviewed periodically over the first year of service operation.

**Medical reviewer’s assistants**

Five medical reviewer’s assistants took up post on 08 April. The medical reviewer’s assistants are currently undertaking induction training and systems and standard operating procedures familiarisation.

**3.1.3 IT and technical infrastructure**

After a second cycle of user acceptance testing (UAT) undertaken on 6th March the eCMS has been signed off by the senior medical reviewer as fit for purpose from a business perspective.

A final cycle of functional regression testing, post implementation of the various fixes to address the 6 outstanding defects with regard to the interface between NRS and the eCMS, was undertaken on 16 April. Live end-to-end systems testing was scheduled for Sunday 19 April, however, this was aborted due to connectivity issues.

The focus remains on ensuring that the paper MCCD interface is functioning as anticipated by go live. However, limited functional testing to date has shown that the eCMS can also successfully consume eMCCD data from NRS. Testing related to eMCCD is ongoing.

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

The final allocation of funding to cover programme expenditure during 2014/15 has been received from Scottish Government.

The out of hours requirement has now been confirmed by Scottish Government allowing service costings for the first year of operation and the ongoing running costs to be finalised. A paper outlining these will be shared with Scottish Government shortly.

**3.2 Key issues update**

**3.2.1 Coordination and programme management**

Operationally focused meetings continue to be held with policy colleagues at Scottish Government to agree and take forward HIS and Scottish Government interdependent activities.

The stakeholder group (HIS, NRS, NHS Education for Scotland (NES), NSSIT and NHS 24) continues to meet monthly to facilitate operational planning and delivery during the 2014/15 implementation phase. This group continues to report jointly to Scottish Government on the overall status of the programme, and the various interdependencies. The Scottish Government policy team, via the chair of the National Advisory Group is reporting weekly to the Minister about readiness for go live.

An agreement framework between HIS and NRS for co-operation in respect of the service and to facilitate compliance with respective obligations post 13 May has been drafted and shared with Central Legal Office. This is currently with NRS for comment.

NRS IT development resource remains an issue and the HIS IT development plan continues to be adversely impacted by capacity within NRS to deliver specific workpackages. These
various issues have been raised and noted through relevant HIS and Scottish Government governance channels and delivery risks related to interdependencies have been included on our risk register since programme initiation.

NRS continues to assure that while challenging, and in the face of competing demands (ie introduction of same sex marriage and sham marriages legislation which commences before the Certification of Death Act) the organisation is on track to deliver its components of the end-to-end system in time for completion of adequate testing and commencement of the review service on 13 May 2015.

A number of milestones as outlined in the joint plan developed after the HIS, NSSIT and NRS stocktake meeting on 27th February have required to be rephased due to resource issues at NRS. Final regression testing was carried out on 16th April in preparation for the live testing of the end-to-end paper MCCD system scheduled for Sunday 19th April. This scheduled testing did not go ahead due to connectivity issues that emerged on Friday 17th April when NRS developers attempted to connect the two production environments. The absence of any live test data this close to the go-live date for the service makes it difficult to give the necessary assurances that the end to end technology is sufficiently developed to be deployed successfully on 13 May.

A summit meeting with key stakeholders will be held on the afternoon of 20th April to review the available intelligence and formulate an action plan for the next three weeks. It is likely that the manual contingency option will be invoked at this point to ensure that systems are in place and staff are sufficiently trained in the approach should it be required. The IT development and testing will continue in parallel.

NRS supplied its component of the overarching business continuity plan on 10 April (this was due for submission to Scottish Government on 19 December). The plan is lacking in operational detail in a number of areas and will require significant work to develop it into a plan that covers all of the complexities and the associated operating procedures for the end-to-end manual system.

A number of issues with SCI gateway testing and security certificates are also extant. These primarily affect the roll-out of eMCCD but also have a bearing on availability of the death certification review service SCI gateway protocol. NSSIT, the SCI gateway team and NRS are actively addressing these issues which will be included in the discussions at the summit meeting on 20th April.

3.2.2 National Communications
The Scottish Government’s ‘Certification of Death (Scotland) Act 2011 Strategic Communications Plan’ continues to be updated and input to by all key stakeholders in the run up to the commencement of the DCRS. A refreshed version of the plan was published on the Scottish Government website in April.

The general national information leaflet explaining the forthcoming changes, and a leaflet specific to advance registration are currently being printed and will be distributed primarily via the local implementation groups. These were developed, in conjunction with HIS. These and other useful materials will be available from mid-April as part of a ‘toolkit’ of resources that will be made available to local implementation groups for dissemination locally. A series of additional more focused information resources being led on by HIS are also nearing finalisation (including interested person review, deaths abroad). The death certification pages on the HIS website are being developed to host this information and the various forms required for applications to the service.
The ‘When someone has died’ national resource pack is undergoing comprehensive revision during 2015. Until such times as the new pack is available the national information leaflet referenced above will be enclosed in the existing pack.

Each of the key implementing organisations (HIS, NRS and NES) is continuing to input to the overarching plan and to undertake organisational specific communications activity. The fourth HIS briefing note is due for publication in May 2015. HIS ‘Questions and Answers’ were published on the HIS website in January and have been well received with some local areas using them in local materials. A specific one page ‘what does it mean for me?’ briefing was developed specifically for certifying doctors at the request of the primary care medical community.

3.3 Other updates

3.3.1 Commencement orders
The various Scottish Statutory Instruments bringing into force the relevant parts of the Act from 13 May 2015 have been made and laid before Parliament. Statutory Guidance is nearing finalisation.

CMO guidance is being drafted with regard to scenarios where out of hours services should issue MCCDs.

3.3.2 Outcomes planning and evaluation
A second session with key stakeholders took place at the beginning of March. The outcomes evaluation framework is nearing finalisation.

3.3.3 Funeral industry roadshows
Approximately 420 industry representatives and other interested parties in total attended the regional events.

4. Conclusion

Our work on this programme continues to progress well. The deliverables as outlined in the Death Certification Review Programme Project Initiation Document have been delivered to timescale and quality. Initiation of the review service is on track for the 13 May 2015 target. As previously noted however, ability of NRS to deliver their components of the end to end IT system is a limiting factor. We are continuing to work closely with NRS to support planning, realistic assessment of state of readiness and development of contingency plans. The summit meeting on 20 April will be a pivotal decision point regarding whether manual contingency options require to be initiated. Going live with a short-term manual workaround pending resolution of the identified IT issues is feasible, however far from ideal and will necessitate continued systems development work once the service is operational. This introduces a number of risks to the new service which will be fully documented as required in the operational risk register. Board members are asked to note this and the continued reliance on partner organisations meeting their obligations in order to ensure successful implementation in May 2015.
SUBJECT: Provisional Financial Performance Report as at 31 March 2015

1. **Purpose of the report**
   The paper provides an update on the Provisional Financial Performance for the period to 31 March 2015.

2. **Recommendation**
   The Board is asked to:
   - note that the paper is reporting on a provisional position that may be subject to change,
   - note the financial position at 31 March 2015,
   - note the progress with regard to efficiency savings targets,
   - note the position with regard to the capital allocation.

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

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

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

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

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

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

9. **User involvement and person centredness/public consultation**
   Not applicable.

10. **Equality and diversity**
    There are no equality and diversity issues as a result of this paper.
11. Governance and reporting
The Board receives a financial performance update report as a standing item. The Audit and Risk committee has a specific remit in relation to the financial governance of the organisation and appropriate reports are submitted and discussed at each meeting.

Maggie Waterston
Director of Finance & Corporate Services
Lead Director

Brian W Ward
Finance General Manager
Lead Officer

Appendix:

1. Provisional Financial performance 2014-15 as at 31 March 2015
Appendix 1

Provisional Financial Performance for the period to 31 March 2015

The provisional outturn positions for both revenue and capital resource allocations have now been established and will be the subject of audit which commences on 11 May 2015. Thereafter the draft Annual Accounts will be considered in detail at the Audit & Risk Committee Workshop on 3 June before being formally presented to the Audit & Risk Committee and subsequently the Board on 22 June 2015.

It must be emphasised that at this stage the results are provisional and as such may be subject to change prior to the audit commencing as a consequence of the detailed work that has yet to be undertaken or as a result of the audit itself.

The Financial performance report that was discussed by the Audit & Risk Committee on 18 March 2015 showed that the underlying position was a growing under spend and that following a meeting with Scottish Government finance colleagues additional flexibility was requested in terms of the possible level of carry forward should this exceed the notional limit of 1% (£0.2million). This resource would be used to reduce any eventual brokerage requirement and the consequent pressures on future years. The positive response was “that would certainly be an option we could accommodate”.

Table A below shows the summary position by directorate at 31 March 2015. This demonstrates a year to date under spend of £0.095million. However once account is taken of the spend to date relating to non-recurring allocations yet to be released by SGHSCD this produces an accumulated under spend of £0.386million. This underlying under spend equates to 1.9% of annual budget.

Table A  
Provisional Financial position at 31 March 2015

<table>
<thead>
<tr>
<th>Directorate</th>
<th>Full Year Budget</th>
<th>YTD Budget Remaining</th>
<th>YTD Budget</th>
<th>YTD Actual</th>
<th>YTD Variance</th>
<th>Outstanding Allocations</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£</td>
<td>£</td>
<td>£</td>
<td>£</td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td>Chief Executive</td>
<td>933,757</td>
<td>4,593</td>
<td>933,757</td>
<td>929,164</td>
<td>4,593</td>
<td></td>
</tr>
<tr>
<td>Clinical Directorate</td>
<td>1,028,413</td>
<td>9,699</td>
<td>1,028,413</td>
<td>1,018,714</td>
<td>9,699</td>
<td></td>
</tr>
<tr>
<td>Corporate Provision</td>
<td>686,266</td>
<td>395,284</td>
<td>686,266</td>
<td>290,982</td>
<td>395,284</td>
<td></td>
</tr>
<tr>
<td>Evidence</td>
<td>2,464,384</td>
<td>(19,584)</td>
<td>2,464,384</td>
<td>2,483,967</td>
<td>(19,584)</td>
<td>5,401</td>
</tr>
<tr>
<td>Finance &amp; Corporate Services</td>
<td>1,724,659</td>
<td>948</td>
<td>1,724,659</td>
<td>1,723,711</td>
<td>948</td>
<td></td>
</tr>
<tr>
<td>Property</td>
<td>1,387,502</td>
<td>(1,830)</td>
<td>1,387,502</td>
<td>1,389,332</td>
<td>(1,830)</td>
<td></td>
</tr>
<tr>
<td>Safety And Improvement</td>
<td>3,909,163</td>
<td>5,667</td>
<td>3,909,163</td>
<td>3,903,496</td>
<td>5,667</td>
<td></td>
</tr>
<tr>
<td>Scottish Health Council</td>
<td>2,394,215</td>
<td>(49,209)</td>
<td>2,394,215</td>
<td>2,443,424</td>
<td>(49,209)</td>
<td></td>
</tr>
<tr>
<td>Scrutiny &amp; Assurance</td>
<td>3,366,298</td>
<td>(189,178)</td>
<td>3,366,298</td>
<td>3,555,475</td>
<td>(189,178)</td>
<td>285,000</td>
</tr>
<tr>
<td>Smc</td>
<td>2,235,649</td>
<td>(60,911)</td>
<td>2,235,649</td>
<td>2,296,560</td>
<td>(60,911)</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>20,130,304</td>
<td>95,479</td>
<td>20,130,304</td>
<td>20,034,825</td>
<td>95,479</td>
<td>290,401</td>
</tr>
</tbody>
</table>
Revenue resource allocations

The current position for revenue resource allocations is shown in Table B. This shows that to date 98.6% of anticipated resources have been achieved and that the two outstanding allocations have also been confirmed.

Table B
Revenue resource allocations

<table>
<thead>
<tr>
<th>Allocations</th>
<th>Recurring £’000</th>
<th>Non-Recurring £’000</th>
<th>Total £’000</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline 1 April 2014</td>
<td>15,454</td>
<td>0</td>
<td>15,454</td>
<td>75.7</td>
</tr>
<tr>
<td>Received to date</td>
<td>181</td>
<td>4,496</td>
<td>4,677</td>
<td>22.9</td>
</tr>
<tr>
<td>Allocation at 31 March 2015</td>
<td>15,635</td>
<td>4,496</td>
<td>20,131</td>
<td>98.6</td>
</tr>
<tr>
<td>Future SG funding – confirmed</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Death Certification - balance</td>
<td>0</td>
<td>285</td>
<td>285</td>
<td>1.3</td>
</tr>
<tr>
<td>Knowledge Management</td>
<td>0</td>
<td>5</td>
<td>5</td>
<td>0.1</td>
</tr>
<tr>
<td>Anticipated Total 2014-15</td>
<td>15,635</td>
<td>4,786</td>
<td>20,421</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Efficiency savings targets

Internal efficiency savings targets 2014-15

In order to achieve a balanced budget the Executive Team agreed a series of measures that required cash savings of £1.287 million to be achieved in year. This sum was increased by £0.231 million to £1.518 million in order to reflect the shortfall in the amount brought forward from the previous financial year and unbudgeted work that arose during the year.

It was accepted at the outset that successfully delivery of this target would require continuous and effective management from all concerned, led by the Executive Team. Although pay savings were allocated on an arbitrary basis by directorate it was acknowledged that the achievement of all savings is a corporate responsibility and rests primarily with the Executive Team.

During March 2015 a further £174,074 was released towards the savings target.

Cumulative progress to 31 March 2015 is shown in the table C. This demonstrates that the General savings target has been fully achieved and is now showing a surplus whilst some departmental pay targets remain outstanding. However the net position highlights a contribution to the final under spend of £378k.
Table C
Internal efficiency savings 2014-15 at 31 March 2015

<table>
<thead>
<tr>
<th>Name</th>
<th>Original Savings Target</th>
<th>Total Savings Target Achieved</th>
<th>Savings Target Remaining</th>
<th>Risk Factor (High, Medium or Low)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay</td>
<td>£38,006</td>
<td>£38,006</td>
<td>0</td>
<td>Fully Relieved</td>
</tr>
<tr>
<td>Clinical</td>
<td>£45,079</td>
<td>£45,079</td>
<td>-</td>
<td>Fully Relieved</td>
</tr>
<tr>
<td>Finance &amp; Corporate Services</td>
<td>£60,821</td>
<td>£60,821</td>
<td>-</td>
<td>Fully Relieved</td>
</tr>
<tr>
<td>Scrutiny &amp; Assurance</td>
<td>£140,056</td>
<td>£140,056</td>
<td>0</td>
<td>Fully Relieved</td>
</tr>
<tr>
<td>Evidence</td>
<td>£115,559</td>
<td>£115,559</td>
<td>0</td>
<td>Fully Relieved</td>
</tr>
<tr>
<td>Scottish Medicines Consortium</td>
<td>£41,374</td>
<td>£24,000</td>
<td>£17,374</td>
<td>High</td>
</tr>
<tr>
<td>Safety &amp; Improvement</td>
<td>£90,098</td>
<td>£90,098</td>
<td>0</td>
<td>Fully Relieved</td>
</tr>
<tr>
<td>Scottish Health Council</td>
<td>£111,102</td>
<td>£63,603</td>
<td>£47,500</td>
<td>High</td>
</tr>
</tbody>
</table>

Pay Savings Target

<table>
<thead>
<tr>
<th>General Savings Target</th>
<th>Target</th>
<th>Achieved</th>
<th>Outstanding</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£1,517,674</td>
<td>1,895,439</td>
<td>377,765</td>
</tr>
</tbody>
</table>

Capital expenditure 2014-15

The capital resource allocation for 2014-15 has been set at £0.200million in line with expectations. Two projects with an estimated value of £0.050million have been approved and SGHSCD have amended the capital allocation accordingly. Total capital spend for the financial year will be £0.046million due to one project costing less than projected.

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

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

2. Recommendation
The Healthcare Improvement Scotland Board is asked to:
- review the final performance management report against the 2014-15 LDP
- note that LDP objectives are cross referenced with the Operational risk register as appropriate
- note that the 2014-15 outturns paper along with the final 2014-15 operational performance report providing a more comprehensive breakdown of all operational projects will be presented at the next Audit and Risk Committee on 22 June.

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

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

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

6. Risk and legal implications
Where performance is not progressing to schedule, there is a corresponding cross-reference to the relevant very high risk in the operational risk register.
7. **Resource implications**
The LDP reflects the core deliverables of Healthcare Improvement Scotland during 2014-15, secured against the resource allocation.

8. **Workforce implications/consultation**
The LDP was subject to engagement with stakeholders in its development. The workforce implications of the priorities identified were funded either from core allocation or short-term programme monies from Scottish Government.

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

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

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

<table>
<thead>
<tr>
<th>Key milestone to be reported against in forthcoming year:</th>
<th>To be reported to: Board, Governance Committee, Executive Team meeting, Group etc</th>
<th>Date presented/to be presented:</th>
<th>Version number</th>
</tr>
</thead>
<tbody>
<tr>
<td>LDP Performance</td>
<td>Healthcare Improvement Scotland Board</td>
<td>29 April 2015</td>
<td>1.0</td>
</tr>
</tbody>
</table>

Maggie Waterston
Director of Finance and Corporate Services
Lead Director

Brian Ross
Planning & Performance Manager
Lead Officer

29 April 2015

Appendix:
1. 2014/15 Operational Plan Projects Completed
Appendix 1

Healthcare Improvement Scotland
Board LDP Performance Report
February 2015 – March 2015
### Contents

<table>
<thead>
<tr>
<th>Page</th>
<th>Section</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Introduction</td>
</tr>
<tr>
<td>2</td>
<td>Local Delivery Plan Performance Report</td>
</tr>
<tr>
<td></td>
<td>2.1 LDP Summary by Quality Ambition</td>
</tr>
<tr>
<td></td>
<td>2.2 LDP Projects which have changed schedule</td>
</tr>
<tr>
<td></td>
<td>2.3 New work added to the Local Delivery Plan during 2014-15</td>
</tr>
<tr>
<td>3</td>
<td>LDP Projects Completed</td>
</tr>
<tr>
<td>4</td>
<td>LDP Highlights</td>
</tr>
<tr>
<td></td>
<td>4.1 Safe</td>
</tr>
<tr>
<td></td>
<td>4.2 Effective</td>
</tr>
<tr>
<td></td>
<td>4.3 Person Centred</td>
</tr>
<tr>
<td>5</td>
<td>Impact and benefits realisation</td>
</tr>
<tr>
<td>6</td>
<td>Human Resource Summary</td>
</tr>
<tr>
<td>7</td>
<td>Appendix 1 – 2014/15 Operational Plan Projects Completed</td>
</tr>
</tbody>
</table>
1.0 Introduction

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

2.0 Local Delivery Plan Performance Report

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

2.1 LDP Summary by Quality Ambition (Update March 2015)

<table>
<thead>
<tr>
<th>Quality Ambition</th>
<th>Complete</th>
<th>On Schedule</th>
<th>On Hold</th>
<th>Changed Schedule</th>
<th>Total Projects</th>
<th>New Work</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safe</td>
<td>1</td>
<td>16</td>
<td></td>
<td></td>
<td>17</td>
<td>4</td>
</tr>
<tr>
<td>Effective</td>
<td>9</td>
<td></td>
<td>1</td>
<td></td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Person Centred</td>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>1</td>
<td>31</td>
<td>1</td>
<td></td>
<td>33</td>
<td>5</td>
</tr>
</tbody>
</table>

2.2 LDP Projects which have changed schedule (March 2014)

<table>
<thead>
<tr>
<th>LDP Ref</th>
<th>LDP Project</th>
<th>Operational Plan Project Title</th>
<th>Planned Finish Date</th>
<th>Revised Planned Finish Date</th>
<th>Explanatory Narrative</th>
<th>Reference to the Operational risk register</th>
</tr>
</thead>
<tbody>
<tr>
<td>E6</td>
<td>Review of Standards</td>
<td>Revision of existing HAI standards</td>
<td>31/12/2014</td>
<td>31/03/2015</td>
<td>Following publication of the Vale of Leven report we require additional time to complete the final document.</td>
<td>N/A</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>LDP Ref</th>
<th>Operational Plan Project Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>S18</td>
<td>Aberdeen Royal Infirmary - short life review of safety and quality (S&amp;A)</td>
</tr>
<tr>
<td>S18</td>
<td>Development of Methodology for Quality of Care Reviews (S&amp;A)</td>
</tr>
<tr>
<td>P4</td>
<td>Stronger Voice (SHC)</td>
</tr>
<tr>
<td>S14</td>
<td>Building a QI Infrastructure</td>
</tr>
<tr>
<td>S13</td>
<td>Primary Care (PC) OOH National QI- Improvement Support</td>
</tr>
</tbody>
</table>

No LDP projects completed

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

4.0 LDP Highlights (Update March 2015)

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

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

4.1 Safe

<table>
<thead>
<tr>
<th>Ref</th>
<th>Project Title</th>
<th>Very High Risks</th>
<th>Highlights (February - March 2015)</th>
<th>Accountable Director</th>
<th>2015/16 Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>S1</td>
<td>Scottish Patient Safety Programme</td>
<td></td>
<td><strong>Overarching Safety Programme</strong></td>
<td>Director of Safety &amp; Improvement</td>
<td>Continuing into 2015/16</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• SPSP Data reporting community site developed with testing of access and effectiveness with key stakeholders to take place during April – June.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• National Safety Event booked for 10th November EICC</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• SPSP Programme Board approval to cease national reporting by Boards for CEL 19, 10 Essentials of Safety</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><strong>SPSP – Mental Health</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Key elements or ‘essentials’ have been developed by each of the SPSP-MH workstream development groups. Will be working with Boards over the next year to analyse the links between these essentials and rates of violence, restraint and self harm with the aim of further developing our understanding of what combination of factors of key to improving safety of care.</td>
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<td>• Outcome measure data still well reported from all participating boards and 61 wards now reporting across the country. Data showing a number of ‘bright spots’ where there is restraint reduction, self harm reduction and violence reduction.</td>
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<td>• SPSP-MH National Learning Session 5 took place on 4th March 2015 with over 200 delegates</td>
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<td>S1 (cont)</td>
<td>Scottish Patient Safety Programme</td>
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<td>taking part and initial evaluation feedback has shown that this was positively received. The theme was around the ‘essentials’ as described but also around engaging meaningful engagement with service users and carers.</td>
<td>Director of Safety &amp; Improvement</td>
<td>Continuing into 2015/16</td>
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<td><strong>SPSP – MCQIC</strong>&lt;br&gt;• MCQIC support visits are complete with the exception of NHS Tayside and NHS Lanarkshire. Both are on track to be arranged under the “Combined Health Board Visit” regime.&lt;br&gt;• Learning Session 5 was successfully delivered on 5&lt;sup&gt;th&lt;/sup&gt; February 2015 with 227 attendees. The theme was “Safety – Foundations for the Future” involving all programme workstreams – maternity care; neonatal care and paediatric care.&lt;br&gt;• Assessment of progress from NHS Boards continues.</td>
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<td><strong>SPSP – Acute Adult</strong>&lt;br&gt;• Regional Learning sessions delivered in South East and West region&lt;br&gt;• Data from coding demonstrates a relative reduction in mortality from sepsis of 19.9%&lt;br&gt;• Data dashboard has now been applied to current 3 harms of the Scottish Patient Safety Indicator. Data on cardiac arrest from 11 hospitals that have consistently reported since 2012 demonstrates a sustained reduction of 13.9%&lt;br&gt;• Assessment process has supported a stock take of reliable delivery of the Essentials of Safety</td>
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<td>Continuing into 2015/16</td>
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<td><strong>SPSP – Primary Care</strong>&lt;br&gt;• The SPSP in Primary Care Advisory Group met for the first time in January 2015 and will continue to meet twice a year. The purpose of the group is to support the operational elements of the SPSP in Primary Care programme as its activities and priorities spread.</td>
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<td>Continuing into 2015/16</td>
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| S1 (cont) | Scottish Patient Safety Programme |  | - The SPSP in Primary Care Networking day took place on 4th March and provided networking opportunities with mental health and primary care colleagues. The focus of the day was around the results handling package and data for improvement. Feedback was extremely positive.  
- The team continues to progress extending the catheter associated urinary tract infection (CAUTI) pathway to a community setting.  
- In February we submitted an application for funding for the dentistry workstream to the Health Foundation. Successful applicants will be notified on 21st April 2015. A PID is being developed for this work. | Director of Safety & Improvement | Continuing into 2015/16 |
| S2 | Joint Inspection of Adult services | Very High 74 | - The inspection report for Angus was published in March 2015.  
**Risk 74:** There is a risk that we do not have joint ownership of the joint inspections of adult services. Although we have increased the number of inspectors and the clinical advice to the inspection team, we have not been in a position to lead an inspection. This means that the Care Inspectorate are, by default, acting as the lead agency for work we are jointly accountable to deliver. There is a risk that health | Director of Scrutiny & Assurance | Continuing into 2015/16 |
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<td>S2</td>
<td>Joint Inspection of Adult services (cont)</td>
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<td>continues to be under represented within the inspection process and this is evident in the balance of health and social care within the reports published to date.</td>
<td>Director of Scrutiny &amp; Assurance</td>
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| S3  | Joint Inspection of Children’s Services           |                 | • The inspection report for South Lanarkshire was published in February.  
• The inspection report for City of Aberdeen was published in March                                                                                                                                                                                                                                                                                       | Director of Scrutiny & Assurance                           | Continuing into 2015/16                                                          |
|     | National approach to Learning from Adverse Events |                 | • The national framework for learning from adverse events (first published in 2013) has been refreshed and will be published on our website on 24 April 2015. Over the past two years we have developed a number of tools to support implementation of the framework, and these are available on our Community of Practice site [http://www.knowledge.scot.nhs.uk/adverse-events.aspx](http://www.knowledge.scot.nhs.uk/adverse-events.aspx). Best practice continually evolves and we will add supporting tools as and when they are developed.  
• The principles and approach outlined in the original framework remain the same in the refreshed version. However, we have taken the opportunity to refine and clarify areas based on feedback from key stakeholders. We always intended that the framework could be applied to any care setting but we have ensured the language used supports this aim, although we recognise we need to engage fully with social care providers on making this a reality. | Director of Scrutiny & Assurance                           | Continuing into 2015/16                                                          |
<p>| S4  | Clinical Governance Arrangements for the Supervision of Management and Use of Controlled Drugs |                 | • The task and finish group has produced the following documents for the implementation of a single quarterly occurrence reporting tool for reporting adverse events and/or concerns regarding the management or use of controlled drugs within independent healthcare services to NHS board Controlled Drugs Accountable Officers, Healthcare Improvement | Director of Scrutiny &amp; Assurance                           | Continuing into 2015/16                                                          |</p>
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| S5    | Clinical Governance Arrangements for the Supervision of Management and Use of Controlled Drugs | - Scotland and the Care Inspectorate,  
  - Driver Diagram  
  - Process Maps (previous and current)  
  - Core information for the e-notification form  
  - Guidance notes  
  The new form will be introduced by HIS and Care Inspectorate in April 2015. We will review the arrangements after they have been in place for 12 months | Director of Scrutiny & Assurance                |                        |
| S6    | Death Certification                                                        | - Nine medical reviewers (MRs) (5wte) attended a training week in March 2015. The training was well received and included sessions with representatives from various key stakeholder organisations and training related to bereavement, managing difficult/sensitive conversations and on the new electronic case management system (eCMS). The MRs began phasing into post from 1 April.  
  - Five medical reviewer assistants (4.5wte) came into post on 8th April  
  - An additional 1 WTE medical reviewer has now been recruited bring the team up to full complement. Re employment checks are underway for this individual.  
  - Core standard operating procedures are in place for the service implementation on 13th May 2015.  
  - Comms colleagues are engaged in re-design of the death certification webpages on the HIS website. These pages will include public information leaflets, application forms and contact details for the service.  
  - The eCMS is in place and has been formally signed off post user acceptance testing by the eCMS Board. Testing between eCMS and National Records of Scotland (NRS) continues. The interface for management of paper MCCDs | Director of Scrutiny & Assurance                | Continuing into 2015/16                      |
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| S6  | Death Certification | Very High 92 and 94 | from NRS to eCMS is functional with a small number of defects (6) still open.  
- A final phase of regression testing is due to take place on 16 April in advance of live end to end testing of the system on Sunday 19th April.  
- A key stakeholder stock take meeting is planned for Monday 20 April to review the outcomes of the live testing and determine whole system readiness. Formal sign-off documentation is being developed to ensure an audit trail and robust governance around the decision making process and sign off by each key stakeholder organisation. | Director of Scrutiny & Assurance |                     |

**Risk 92:**  
There is a risk that: Healthcare Improvement Scotland (HIS) is unable to implement a working system for review of medical certificates of cause of death (MCCD) by May 2015. Because of: inability of any or all of the interdependent stakeholders to deliver their component parts to timescale and quality. Resulting in: the organisation failing to deliver its strategic objective and statutory responsibilities and a detrimental impact on the organisation's reputation and potentially on stakeholder organisations and the public.

**Risk 94:**  
There is a risk that: National Records of Scotland is unable to implement the required mechanisms for randomly selecting a sample of eligible MCCDs for review and electronically transmitting a copy of the MCCDs and associated data to HIS including developing the required two way system connectivity between FER and HIS's eCMS. Because of: complexities with development of the FER system. Resulting in: the electronic transfer to HIS of all relevant review data, and functionality to message back case status to the registrar not being achieved within the required timescale to enable an May 2015 go live date.
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| S7  | Healthcare Associated Infection (HAI) Inspections |  | • There were 4 inspections between February and April 2015. Five of the inspections were unannounced and one was announced.  
• The development of the new self-assessment and inspection tools for HAI is underway, with inspections against the new HAI standards due to commence in mid-June 2015.  
• The HEI Annual report for 2013/14 was published on 18th March 2015. The report set out the findings from 51 inspections and demonstrating a 42% reduction in number of requirements since inspections began in 2009. | Director of Scrutiny & Assurance | Continuing into 2015/16 |
| S8  | Human Tissue Bank Accreditation |  | • Phase 2 of the accreditation process involves the development and implementation of a process to accredit the satellite NHS Boards' human tissue collections.  
• The next round of accreditation is due in 2016–2017 and it is proposed that applications from satellite NHS boards should be submitted with those from the regional banks. The satellite NHS boards must be able to demonstrate they meet the agreed Quality Standards of Operation in relation to consent, storage and access to achieve accreditation status. These standards are currently being revised to reflect any updates since the first round of accreditation. | Director of Scrutiny & Assurance | Continuing into 2015/16 |
| S9  | Regulate Independent Healthcare Services |  | • There were 3 unannounced inspections between February and April 2015. There were no complaints received between February and March 2015.  
• The Chief Inspector has now left Healthcare Improvement Scotland, however the operational lead for the work remains unchanged.  
• A comprehensive but not conclusive scoping exercise indicates that at least an additional 200 services will require regulation if the current proposed definition of independent clinic is commenced. | Director of Scrutiny & Assurance | Continuing into 2015/16 |
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| S10 | External Quality Assurance of Medical Revalidation | | • The medical revalidation team liaised with Scottish Government colleagues to confirm the organisations that would be required to participate in this year’s EQA.  
• The medical revalidation team updated the self assessment to reflect RO Network feedback and circulated the updated self assessment and guidance notes to all those organisations participating in the EQA on Wednesday 18th March. The completed self assessment and evidence is to be returned to HIS by Friday 29th May.  
• The medical revalidation panels will meet on 1st and 2nd of July to review all the submissions.  
• Joint stakeholders (SG, NES and HIS) met at the end of January to discuss making the Scottish Online Appraisal Resource (SOAR) available to non-NHS organisations (as recommended in the national overview report). Discussions between HIS, Scottish Government and NES around how best to take this forward are ongoing and a further meeting is being arranged for April to progress. | Director of Scrutiny & Assurance | Continuing into 2015/16 |
| S11 | Older People in Acute Care (OPAC) | | • A 2-day joint national event ‘Connecting for Improvement’ was held on 17/18 March 2015 with colleagues from Focus on Dementia and the Scottish Government. Numbers exceeded capacity with over 150 delegates each day including representatives from every NHS Board in Scotland. Early feedback has been very positive.  
• Work is currently underway with three boards to test a new approach to improving care for older people in acute hospitals. This new approach will see Improvement Advisors appointed to work within NHS Greater Glasgow & Clyde, NHS Grampian and NHS Dumfries & Galloway, to provide direct support to clinical staff as well as supporting the national improvement work | Director of Safety & Improvement | Continuing into 2015/16 |
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| S12 | Older People in Acute Hospitals (OPAH) | | • There were 3 unannounced OPAH inspections between February and April 2015.  
• NHS board visits recommence in April 2015 to 7 NHS boards. | Director of Scrutiny & Assurance | Continuing into 2015/16 |
| S13 | Primary Care Out of Hours Indicators | | • Work continues with NHS Lothian and initial findings have been fed back to the Quality and Safety sub-group of the national review of primary care out of hours services. The project lead is now a member of this sub-group to ensure the project is aligned with and informs where appropriate the national review.  
• External Quality Assurance of performance against the HIS quality indicators for primary care out-of-hours services has been placed on hold until the national review of out-of-hours services is complete (September 2015). | Executive Clinical Director | Continuing into 2015/16 |
| S14 | Building Capacity and Capability in Quality Improvement (QI Hub) | | **Spreading Sustainability**  
• Practice Review published March 2015 and plans to launch this at NHS Event 2015.  
**Building a QI Infrastructure**  
• To accommodate the requests for further visits, the programme has been extended to June 2015. Findings and observations from 12 visits are currently being summarised and the following products prepared:  
  o A short report to the CEOs in NHSScotland, who originally commissioned the QI Hub to undertake this work, which will be presented to them in April 2015.  
  o A report with wider consideration of the methodology is being prepared and will be published at the NHS Event in June. | Director of Safety & Improvement | Complete 2014/15 |

Continuing into 2015/16
## Highlights (February - March 2015)

### UK Improvement Alliance
- The QI Hub is part of this alliance which includes representatives from the national improvement bodies in Northern Ireland and Wales together with regional bodies in England including AQuA, UCL, NETS, Haelo and the South West of England. Key areas for collaboration have been identified: Board Development, QI Capacity and Capability, Business Case for QI / Impact Evaluation / Knowledge Management, Accreditation for QI / Training Programme and Career Track for Improvement.

### Suicide Reporting and Learning System
- The Good Practice Statement on Observation of People with Acute Mental Health Problems (2002) is being revised. We are consulting at national events on the first draft and will work with our Review Group, Nurse Advisory Group and Reference Group to produce a final draft for open consultation by mid-July, on track for publishing in November 2015.
- We had a successful meeting with the National Confidential Inquiry into Suicide and Homicides (NCISH) team, they have referenced our work as good practice in its most recent published study. We have drafted a Scottish version of their Safer Services Toolkit, based on evidence from Scottish Mental Health services, taking a different approach to provide an improvement tool for multidisciplinary teams. It's received positive initial feedback and is being tested by several NHS boards.

### ENDORSE – (Endoscopy: Raising Standards and Effectiveness)
- We informed NHS Board Chief Executives on 26th March 2015 that funding and responsibility for completion of GRS is now with the NHS boards. JAG UK is funding participation in the April 2015 census as an incentive for NHS boards to complete. Funding will

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**Ref** | **Project Title** | **Very High Risks** | **Highlights (February - March 2015)** | **Accountable Director** | **2015/16 Status**
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S14 (cont) | Building Capacity and Capability in Quality Improvement (QI Hub) | Very High Risks | UK Improvement Alliance  
- The QI Hub is part of this alliance which includes representatives from the national improvement bodies in Northern Ireland and Wales together with regional bodies in England including AQuA, UCL, NETS, Haelo and the South West of England. Key areas for collaboration have been identified: Board Development, QI Capacity and Capability, Business Case for QI / Impact Evaluation / Knowledge Management, Accreditation for QI / Training Programme and Career Track for Improvement. | Director of Safety & Improvement | Continuing into 2015/16 |
S15 | Suicide Reporting and Learning System | | | Director of Scrutiny & Assurance | Continuing into 2015/16 |
S16 | ENDORSE – (Endoscopy: Raising Standards and Effectiveness) | Very High Risk 5 | We informed NHS Board Chief Executives on 26th March 2015 that funding and responsibility for completion of GRS is now with the NHS boards. JAG UK is funding participation in the April 2015 census as an incentive for NHS boards to complete. Funding will | Director of Scrutiny & Assurance | Withdrawn 2014/15 work transferred to joint advisory group |
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| S16 (cont) | ENDORSE – (Endoscopy: Raising Standards and Effectiveness)                       |                                                                                  | - Accreditation is not being mandated by SGHD. Completion of the GRS is required for standard 8.1 of the bowel screening standards.  
- **Risk 5:** There is a risk of non delivery of the ENDORSE Programme due to lack of existing resources with national stakeholders resulting in NHS boards not being in a position to gain accreditation by 2015 due to inability of national organisations to support the programme | Director of Scrutiny & Assurance                                        |                                                                                               |
| S17 | Mental Health Strategy 2012 -15: Review of Commitment One – Reviewing the state of mental health services in Scotland |                                                                                  | - Final reviewers meeting took place on 12th March, with the expected completion and publication of the report in April/May (exact date to be confirmed).  
- The Outcomes Assessment and Methodology subgroups each met three times to develop their proposals for redesigning the approach to scrutinising the quality of care. To ensure that their work remains aligned, on 20th March it was agreed that the two subgroups would be disbanded and a new Strategic Group would be formed in their place to finalise their work  
- Feedback from the surveys was assessed and fed back to the groups. A stakeholder engagement plan is also being populated to ensure that different groups are approached to discuss the proposals. Focus groups with both the public and healthcare professionals are also being arranged over the summer engagement period (July-September). Over the same period a consultation paper will be sent out to stakeholders. | Director of Safety & Improvement                                      | Will complete April 2015                                        |
| S18 | Quality of Care Reviews                                                        |                                                                                  |                                                                                                                                   | Director of Scrutiny & Assurance                                        | Continuing into 2015/16                                    |
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<tr>
<td>E1</td>
<td>Cancer Quality Performance Standards and Indicators Programme</td>
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<td>• Test review of breast QPI data took place on 13th April 2015. A draft report for information will be produced following the test. RCAGs will be made aware of the outcome of the test.</td>
<td>Director of Scrutiny &amp; Assurance</td>
<td>Continuing into 2015/16</td>
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<td>E2</td>
<td>Improving diabetes care in Scottish hospitals</td>
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<td>• Secondments for the clinical support (medical and nursing) staff have been extended for 6 months until September 2015 to provide further support for NHS Boards as part of the Diabetes Strategy. E-learning modules are complete and a launch is planned for the NHS Event in June 2015.</td>
<td>Director of Safety &amp; Improvement</td>
<td>Continuing into 2015/16</td>
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<td>E3</td>
<td>Review of Quality Indicators and Best Practice Statement for Learning Disabilities</td>
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<td>• The recommendations contained within 'Keys to Life', the Scottish Governments' Learning Disabilities Strategy relating to these actions have been reviewed by the National Steering Group and these requirements are no longer current.</td>
<td>Director of Evidence</td>
<td>Continuing into 2015/16</td>
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<td><strong>Scottish Antimicrobial Prescribing Group (SAPG)</strong></td>
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<td>• Healthcare Improvement Scotland continues to contribute to the formulation of the implementation plans of the steering group in line with current needs and requirements.</td>
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<td>E4a</td>
<td>Evidence for Medicines and Technologies Programme</td>
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<td>• Network event for board Antimicrobial Management Teams held on 17th March to share best practice in implementation of SAPG guidance and education programmes.</td>
<td>Director of Evidence</td>
<td>Continuing into 2015/16</td>
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<td><strong>Two new studies commenced:</strong></td>
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<td>o Evaluation of use of carbapenems and piperacillin/tazobactam in hospitals.</td>
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<td>o Feasibility study of using C-Reactive Protein testing in primary care to support reduction of unnecessary antibiotic use for respiratory infections.</td>
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| E4a (cont)| Evidence for Medicines and Technologies Programme                              |                                                                                  | - National framework for supply of trimethoprim for uncomplicated urinary tract infection in women<br>- by Community Pharmacists via a Patient Group Direction developed in collaboration with NHS24.<br>- Completion of an education resource for nurses and midwives to support their role in antimicrobial stewardship.  
**SMC- Implementation of new medicines review Recommendations**<br>- SMC have now held 11 meetings in public with all public observer places allocated.<br>- Eight PACE sessions have been held, considering 20 medicines. Advice is in the public domain for fifteen of these medicines with 10 accepted for use and 5 not recommended. Since the start of PACE 99 clinicians and patient representatives have participated in these meetings.<br>- SMC meetings now have sponsor company reps at the committee table to answer specific product related queries. In 5 meetings to date, company reps have participated for all of the medicines (34) assessed since Nov 2014. SMC Public Involvement team held an information and awareness raising event for Patient Groups on Tuesday 24th March. Over 60 voluntary sector delegates attended with input from the chair of SMC, Scottish Government, the Scottish Health Council, Patient Groups and SMC staff.<br>- First pilot Early Engagement Meeting with manufacturers prior to submission took place on Thursday 26th March.  
**Scottish Health Technologies Group**<br>- 4 new evidence reviews - MRI guided focused ultrasound (uterine fibroids and bone metastases) and telehealth and telecare (COPD & hypertension) were accepted onto the work programme. | Director of Evidence | Continuing into 2015/16 |
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<tr>
<td>E4a</td>
<td>Evidence for Medicines and Technologies Programme</td>
<td><em>2 new Innovative Medical Technology Overviews (IMTO) topics were accepted onto the work programme</em>&lt;br&gt;<em>A new SHTG Call for topics’ letter has been issued to NHSScotland.</em>&lt;br&gt;<em>An SHTG evaluation sub-group has been established. It will meet 3 times and consider evaluation of the new SHTG IMTO process as a pilot.</em>&lt;br&gt;<em>A survey monkey questionnaire is shortly to be distributed across boards to collect information to describe existing assessment and governance structures for non-medicine technologies within boards. This information will be used to inform the HIS Non-Medicine Technologies Plan.</em></td>
<td>Director of Evidence</td>
<td>Continuing into 2015/16</td>
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<td>Very High Risks</td>
<td><strong>SMC Horizon Scanning</strong>&lt;br&gt;<em>Significant changes were made to the format and content of the Forward Look report in 2014. A survey of pharmacy and finance contacts was conducted during January to obtain feedback on the new format. The results were positive with the majority reporting that the impact profiles and the financial spreadsheets contained just the right amount of detail.</em>&lt;br&gt;<em>The Horizon Scanning Steering group met on 23rd February 2015.</em>&lt;br&gt;<em>The Horizon Scanning Clinical Review Group will meet in April / May 2015 to discuss the proposed content of the next Forward Look report.</em></td>
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<td><em>Continuing into 2015/16</em></td>
<td><strong>SIGN Guideline Programme</strong>&lt;br&gt;<em>Glaucoma guideline and patient booklet published 24th March 2015</em>&lt;br&gt;<em>Osteoporosis guideline published on 27th March 2015</em>&lt;br&gt;<em>11 updates and 8 patient versions currently on the programme</em>&lt;br&gt;<em>SIGN 100 currently being updated</em></td>
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<td><em>Continuing into 2015/16</em></td>
<td><strong>Scottish Medicines Consortium Product Assessment</strong>&lt;br&gt;<em>From December 2014 – March 2015</em></td>
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| E4a  | Evidence for Medicines and Technologies Programme                                |                                     | **SMC reviewed the following:**  
  - 20 Full Submissions  
  - 6 Resubmissions  
  - 4 Abbreviated Submissions  
  - 1 Independent Review Panel  

**Risk 257:**  
There is a risk that SMC fails to deliver high quality advice to boards in a timely manner as a result of a significant increase in the volume and complexity of full submissions received leading to unnecessary delays in the approval of effective medicines, assessment errors and the potential for organisational failure.  

**Risk 33:**  
There is a risk that the requirement to introduce multiple changes to process in short timelines without sufficient capacity will lead to external stakeholder disengagement (e.g. the pharmaceutical industry and patient groups) resulting in a range of consequences including potential legal challenge from pharmaceutical companies over transparency and fairness of process.  

**Director of Evidence**  

| E4b  | Clinical Leadership for Medicines and Technologies Programme                     | Very High Risk 234                   | **Overarching Medicines & Technologies Group (OMTG)**  
  - OMTG continues to meet 3 times per year  
  - Work is progressing on:  
    - Collaboration on advice to the Scottish Government guiding coalition on medicines efficiencies  
    - Non medicines technology strategy group carrying out mapping of roles to inform strategy development  
    - Reviewing medicine clinical assurance by pharmacists working with SIGN  
    - Developing collaboration mechanisms and networking, for example with regional cancer networks around off patent bisphosphonates  

**Strategic Delivery Plan: Medicines**  
- The 2015-18 Strategic Delivery Plan for Medicines has now been approved by the Board of Healthcare Improvement Scotland.  
- Clinical leadership and assurance of  

**Withdrawn 2014/15 from reporting however group will continue to meet 3 times a year**  

**Continuing into 2015/16**  

**Director of Evidence/Executive Clinical Director**
<table>
<thead>
<tr>
<th>Ref</th>
<th>Project Title</th>
<th>Very High Risks</th>
<th>Highlights (February - March 2015)</th>
<th>Accountable Director</th>
<th>2015/16 Status</th>
</tr>
</thead>
</table>
| E4b (cont) | Clinical Leadership for Medicines and Technologies Programme | | • scrutiny of safe delivery of Systemic Anti Cancer therapies in Independent Healthcare settings  
• Clinical leadership and assurance of SPSP medicines programmes and commencement of mapping of safer use of medicines initiatives across boards  
• Responding to multiple consultations eg rebalancing of legislation and regulation for pharmacy services | Director of Evidence /Executive Clinical Director | Continuing into 2015/16 |
| E5 | Data Measurement & Business Intelligence Programme | **Risk 234:**  
There is a risk that the medicine's team resource is allocated for only a limited period (until March 2015). This will result in potential failure to retain staff and compromise the continuity and effectiveness of the implementation of the strategy since implementation work is ongoing and new work continues to be presented to the team. It also affects the clinical assurance across Evidence, Improvement and Scrutiny.  

**Responses to the new medicine reviews (non-SMC)**  
Work progressing on Area Drugs and Therapeutics Committees (ADTC) collaboration- Key priorities  
• Improving Public and Patient Involvement in ADTCs  
• Development of biosimilars prescribing framework  
Programme to adopt accessible patient information for novel Oral anti-coagulants across Scotland | Executive Clinical Director | Continuing into 2015/16 |
| | | **Hospital Standardised Mortality Ratios (HSMR)**  
• HIS continues to engage with NHS boards about high and/or increasing HSMR  
• Work is continuing in relation to the HSMR recommendations HIS published in June 2014 | Executive Clinical Director | Withdrawn from LDP as is overarching team work |
<table>
<thead>
<tr>
<th>Ref</th>
<th>Project Title</th>
<th>Very High Risks</th>
<th>Highlights (February - March 2015)</th>
<th>Accountable Director</th>
<th>2015/16 Status</th>
</tr>
</thead>
</table>
| E5 (cont) | Data Measurement & Business Intelligence Programme | | • of business intelligence strategy has been prepared  
• Methodology for sharing information with partner agencies via the Sharing Intelligence for Health and Care Group has been tested. This is now being refined for roll out in 2015-16 | Executive Clinical Director | Continuing into 2015/16 |
| E6 | Review of Standards | | **Sharing intelligence to support Scrutiny & Assurance**  
We continue to provide data support with HEI/OPAH inspections. | Director of Evidence | Complete 2014/15 |
|     |             | | **Revision of existing hospital acquired infection standards**  
• The standards were published on 2\textsuperscript{nd} February 2015. | | Complete 2014/15 |
|     |             | | **Review of existing Food, Fluid and Nutrition Standards**  
• Food, fluid and nutrition standards were published in October 2014. Draft standards on complex nutritional care are being finalised for consultation and standards on hydration are being scoped | | Continuing into 2015/16 |
|     |             | | **Review of existing standards- Older People in Acute Care**  
• The publication has been delayed until after the General Election. | | |
| E7 | Research | | **DECEDE Work package 3**  
• User testing started on newly designed patient version for glaucoma and due to be completed mid-April. Results are to be presented at the Guideline International Network (G-I-N) conference in October. | Executive Clinical Director | Continuing into 2015/16 |
|     |             | | **Knowledge into Action**  
• HIS contributed to the recent meeting of the Knowledge Advisory Group presenting on the Clinical Enquiries (CLEAR) service and our approach to development of the knowledge broker role. The principles of knowledge into action have now been established as the HIS approach to knowledge management. | | Withdrawn 2014/15 |
<table>
<thead>
<tr>
<th>Ref</th>
<th>Project Title</th>
<th>Very High Risks</th>
<th>Highlights (February - March 2015)</th>
<th>Accountable Director</th>
<th>2015/16 Status</th>
</tr>
</thead>
</table>
| E8  | Indicators of Healthcare Practice      |                | **Indicators Programme**  
• The roundtable event raised awareness with a small group of stakeholders of the implications of the revision of the national care standards on future HIS standards development work. A second roundtable is planned for the end of April to explore issues in the application of standards in inspections and any potential changes required. | Director of Evidence                  | Continuing into 2015/16 |
| E9  | National Screening Programmes          |                | **Bowel Screening Programme Standards**  
• The standards were published at the end of March.  

**Scrutiny of National Screening Programmes**  
• Scottish Government has liaised with the programme team re the intended Scottish screening standing committee group. HIS will have a seat on the committee  
• A mechanism of assurance is being developed and will be presented to the ET in May 2015 | Director of Scrutiny & Assurance       | Continuing into 2015/16 |
| E10 | Improving Quality in Primary Care      |                | **Developing a Quality Framework for General Practice in Scotland**  
• The recommendations contained within 'Keys to Life', the Scottish Governments' Learning Disabilities Strategy relating to these actions have been reviewed by the National Steering Group and these requirements are no longer current. Healthcare Improvement Scotland continues to contribute to the formulation of the implementation plans of the steering group in line with current needs and requirements. | Executive Clinical Director            | Continuing into 2015/16 |
### Person Centred

<table>
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<tr>
<th>Ref</th>
<th>Project Title</th>
<th>Very High Risks</th>
<th>Highlights (February - March 2015)</th>
<th>Accountable Director</th>
<th>2015/16 Status</th>
</tr>
</thead>
</table>
| P1  | Participation Network    |                | In the Commissioning letter of 24th February, the Scottish Government states that it expects the SHC to take a lead, working in partnership to develop and deliver the following aspects of the proposals:  
- Development of the Peer Network;  
- Development and launch of the Citizen Voice Hub for health and social care;  
- Gathering and analysing of narratives of experience of health and social care (stories); and  
- Development of national citizen’s panels or juries  
Costs involved for SHC in supporting the implementation phase have been identified and secured. The longer-term resourcing of specific outcomes will be agreed as part of the next phase. A full PID is being developed. | Director of Scottish Health Council                  | Continuing into 2015/16                             |
| P2  | Service Change            |                | - The Service Change Team has been working closely with colleagues in NHS Lanarkshire to quality assure the public consultation process being undertaken with regard to the Primary Care Out-of-Hours service review, which has been identified as a major change requiring Ministerial approval. The consultation process ended on 6th April. | Director of Scottish Health Council                  | Continuing into 2015/16                             |
| P3  | Participation Standard    |                | Performance Analysts have been in touch with colleagues in NHS Boards in advance of the Participation Standard review process for 2014-15 commencing, in order to offer/provide any further information or advice required in order to facilitate the process.  
The ‘Review of NHS Boards’ Annual Reporting on Feedback, Comments, Concerns and complaints 2013-14’ published in February highlights suggestions that would improve the content of future annual reports. The annual feedback and complaints reports for 2014-15 will form the basis for the Participation Standard review. | Director of Scottish Health Council                  | Continuing into 2015/16                             |
<table>
<thead>
<tr>
<th>Ref</th>
<th>Project Title</th>
<th>Very High Risks</th>
<th>Highlights (February - March 2015)</th>
<th>Accountable Director</th>
<th>2015/16 Status</th>
</tr>
</thead>
</table>
| P4  | Community Engagement and Improvement Support |  | **Support for NHS Scotland Volunteers**  
Regional networking meetings for volunteer managers took place in Glasgow and Edinburgh in March.  
Confirmation of project budget for 2015/16 has been received. | Director of Scottish Health Council | Continuing into 2015/16 |
|     |               |  | **Community Engagement and Improvement Support**  
Planning for Stronger Voice activities continues to be a priority following an all staff event and discussion in February 2015. Internal report of discussions available – action plan in development. Other work has continued which includes support to external/internal stakeholders to gather public views on:  
- cosmetic interventions (for Scottish Government)  
- See & Treat and Hear and Treat (for Scottish Ambulance Service)  
- Transplantation Services 2020 (for NHS National Services Scotland).  
Reports of all 3 projects being published.  
- Local offices have received further requests to gather views on the topics of:  
  - out of hours primary care services (Scottish Government)  
  - developing public involvement in regional planning (North of Scotland Planning Group),  
  - palliative and end of life care (Scottish Palliative Care Partnership)  
  - Quality of Care Reviews (Healthcare Improvement Scotland)  
  - review of the standards of conduct, performance and ethics (Health & Care Professions Council).  
Work continues in other areas including developing and supporting (primary care) Patient Participation Groups and Public Partnership Forums (PPFs) and supporting | | Continuing into 2015/16 |
<table>
<thead>
<tr>
<th>Ref</th>
<th>Project Title</th>
<th>Very High Risks</th>
<th>Highlights (February - March 2015)</th>
<th>Accountable Director</th>
<th>2015/16 Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>P4</td>
<td>Community Engagement and Improvement Support (cont)</td>
<td></td>
<td>NHS Boards to improve their engagement activities. A report covering some of the support (20 projects) which local offices have provided across Scotland is available.</td>
<td>Director of Scottish Health Council</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Our volunteer (Public Partner) records have now been successfully incorporated into the national Volunteer Information System which offers improved functionality compared to our previous database.</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>• Our Public Sector Equality Duty progress report has been drafted for approval by the Staff Governance and Scottish Health Council Committees.</td>
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<td></td>
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<td></td>
<td>• An event for national patient groups / organisations was held on 24th March in order to help strengthen the patient and carer voice in the Scottish Medicines Consortium process for approving new medicines. 59 patient group representatives attended the event with 94% of attendees evaluating the event as either ‘good’ or ‘very good’</td>
<td></td>
<td></td>
</tr>
<tr>
<td>P5</td>
<td>Public Involvement Unit</td>
<td></td>
<td></td>
<td>Director of Scottish Health Council</td>
<td>Continuing into 2015/16</td>
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<td></td>
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<td></td>
<td>• The Person-Centred Health and Care (PCHC) Portfolio Steering Group, which is the Scottish Government governance group for all aspects of Person-Centred care work, approved Healthcare Improvement Scotland’s proposals for a new programme of person-centred care work in February 2015. The proposals, which the Quality Committee also reviewed and approved, are based 3 work streams:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>A. Supporting NHS Boards to further develop real-time feedback systems and methods to capture care experience</td>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>B. Integrating Person-Centred care into all existing or new national improvement programmes to ensure programmes such as Scottish Patient Safety Programme and Older</td>
<td></td>
<td></td>
</tr>
<tr>
<td>P6</td>
<td>Person Centred Care</td>
<td></td>
<td></td>
<td>Director of Safety and Improvement</td>
<td>Continuing into 2015/16</td>
</tr>
<tr>
<td>Ref</td>
<td>Project Title</td>
<td>Very High Risks</td>
<td>Highlights (February - March 2015)</td>
<td>Accountable Director</td>
<td>2015/16 Status</td>
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<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>---------------------------------------------------</td>
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</tr>
</tbody>
</table>
| P6 (cont) | Person Centred Care |                 | People in Acute Care address the safe, effective and Person-Centred ambitions  
C. Supporting sharing and spread of innovation in Person-Centred care and best practice between health and care staff through ‘social movement’ methods including networking, social media and various communication media  
- Work is underway to plan the detailed programme and to recruit staff to support it. | Director of Safety and Improvement               |                  |
5.0  Impact and benefits realisation forms for completed operational projects  
(February – March 2015)

Title:  Healthcare Associated Infection Standards update – 2015

**Headline**
Aligned to the National Infection Prevention and Control Manual (2013), the Healthcare Associated Infection Standards (2015) supersedes the NHSScotland Code of Practice for the Local Management of Hygiene and Healthcare Associated Infection and all previous standards produced by Healthcare Improvement Scotland’s predecessor organisations. These revised standards are to ensure clarity around the infection prevention and control of HAI at the point of patient care.

**Rationale**
The prevention and control of infection is everybody’s responsibility, with standards being one part of the drive towards a safer NHSScotland. The standards have been developed in recognition of the integration of health and social care services and the principles apply to both health and social care; standards are mandatory for healthcare settings (NHS boards), and considered best practice guidelines for social care settings.

**Resources Used**
Including staff time as well as money spent

<table>
<thead>
<tr>
<th>Project costs</th>
<th>Cost (net)</th>
<th>VAT</th>
<th>TOTAL</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Catering</td>
<td>161.85</td>
<td>32.37</td>
<td>194.22</td>
<td>January 2014 meeting</td>
</tr>
<tr>
<td>Travel</td>
<td>196.00</td>
<td></td>
<td>196.00</td>
<td>To 31 August 2014</td>
</tr>
</tbody>
</table>

**Activities/Outputs**
Phase 1:
- Establishment of short-life working group, chaired by Dr Margaret McGuire, Nurse Director, NHS Tayside.
- Consideration of current relevant evidence and two previous sets of national standards to identify key themes for standard development.
- Formation of sub-groups to further develop the themes identified, including: HAI surveillance, antimicrobial stewardship and infection prevention and control. Each standard has been underpinned with the views and expectations of both patients and the public (where appropriate) with information gathered from various sources, including patient complaints and public partner feedback, and recommendations reported in The Vale of Leven Hospital Inquiry Report (2014) (where appropriate).

Phase 2:
- Consultation on the draft HAI standards. Contact made with professional bodies, independent healthcare organisations and healthcare professionals involved in infection prevention and control, requesting feedback.
- The revised standards were reviewed and amended (where appropriate) to reflect recommendations made in The Vale of Leven Hospital Inquiry Report, published in November 2014.
- During consultation, professional bodies, independent healthcare organisations and healthcare professionals, involved in infection prevention and control, were asked to provide feedback against the draft standards; a report of which will be published in due course (approximate date of 30 April 2015).
- Publication of the final standards on 2 February 2015.

**Reach and Results**
Published in February 2015, the HAI standards apply to all healthcare organisations and practitioners, including independent healthcare providers, and recognise the role of all patients, their representatives and the public.
The standards will inform Healthcare Environment Inspectorate inspections in healthcare and social care settings across NHSScotland.
### Contextual and external factors

The main factors which have impacted or been considered as part of this project were:
- The Vale of Leven Hospital Inquiry Report
- Healthcare and social care integration, and
- The views and expectations of both patients and the public in relation to HAI.

### Implications and learning

The 2015 standards are designed to allow for:
- ease of application at the point of care
- ease of transfer across all care settings
- the inspection of care settings in the prevention and control of infection, and
- continuous quality improvement.
6.0 Human Resources Summary

Sickness Absence Rate

Monthly & rolling annual reporting periods to February 2015*
*The latest ISD/Scottish Government absence rates available for our Board are shown, which are typically released a month in arrears (to allow for full recording of absence). The HIS ranking compared to other boards are also shown along with the HEAT standard measure.

<table>
<thead>
<tr>
<th>Monthly Sickness Absence rate (Feb 2014)</th>
<th>3.45%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ranking of HIS absence compared to other 22 Boards (Feb 2014)</td>
<td>Low (19/22)</td>
</tr>
<tr>
<td>Annual Sickness Absence rate (12 months rolling)</td>
<td>2.89%</td>
</tr>
<tr>
<td>Ranking of HIS absence compared to other 22 Boards (12 months rolling)</td>
<td>Low (21/22)</td>
</tr>
<tr>
<td>HEAT Standard</td>
<td>4.00%</td>
</tr>
</tbody>
</table>

Performance and Development Review Activity

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

Reporting period 1 March 2014 – 28 February 2015

<table>
<thead>
<tr>
<th>No. of AfC Staff *</th>
<th>279</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of PDRs Completed</td>
<td>279 (100.0%)</td>
</tr>
<tr>
<td>No. of PDRs Recorded on e-KSF</td>
<td>256 (91.8%)</td>
</tr>
</tbody>
</table>

KSF Outline Status 28 February 2015

<table>
<thead>
<tr>
<th>Total No. of AfC Posts Required</th>
<th>112</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of Approved KSF Post Outlines</td>
<td>108 (96.4%)</td>
</tr>
<tr>
<td>No. of Outstanding KSF Post Outlines</td>
<td>4 (3.6%)</td>
</tr>
</tbody>
</table>
### 2014-15 Operational Plan Projects delivered – (April – March 2015)

<table>
<thead>
<tr>
<th>Directorate</th>
<th>Function</th>
<th>Project</th>
<th>Output</th>
<th>LDP Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Clinical Directorate</strong></td>
<td>Data, Measurement &amp; Business Intelligence</td>
<td>National Clinical Data Advisory Group (NCDAG)</td>
<td>Improvement Support</td>
<td>E5 – Data Measurement and Business Intelligence</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NHS Surgical &amp; Medical Profiles</td>
<td>Improvement Support</td>
<td>E5 – Data Measurement and Business Intelligence</td>
</tr>
<tr>
<td><strong>Evidence</strong></td>
<td></td>
<td>Revision of Cancer Referral Guidelines</td>
<td>Guidance</td>
<td>E4a – Evidence for Medicines and Technologies Programme</td>
</tr>
<tr>
<td><strong>Knowledge &amp; Information</strong></td>
<td></td>
<td>Bowel Screening Programme Standards</td>
<td>Standards</td>
<td>E9 - National Screening Programmes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Indicators Programme</td>
<td>Standards</td>
<td>E8 - Indicators of Healthcare Practice</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Knowledge into Action</td>
<td>Guidance</td>
<td>E7 - Research</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Review of existing Food, Fluid and Nutrition Standards</td>
<td>Standards</td>
<td>E6 – Review of Standards</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Review of existing hospital acquired infection standards</td>
<td>Standards</td>
<td>E6 – Review of Standards</td>
</tr>
<tr>
<td><strong>Safety &amp; Improvement</strong></td>
<td>Implementation &amp; Improvement</td>
<td>Older People in Acute Care (Phase 1)</td>
<td>Improvement Support</td>
<td>S11 - Older People in Acute Care (OPAC)</td>
</tr>
<tr>
<td></td>
<td>Implementation &amp; Improvement</td>
<td>Spreading Sustainability</td>
<td>Improvement Support</td>
<td>S14 - Building Capacity and Capability in Quality Improvement</td>
</tr>
<tr>
<td><strong>Scottish Health Council</strong></td>
<td>Community Engagement &amp; Improvement Support</td>
<td>Support for NHS Scotland Volunteers</td>
<td>Improvement Support</td>
<td>P4 - Community Engagement And Improvement Support</td>
</tr>
<tr>
<td><strong>Scrutiny &amp; Assurance</strong></td>
<td>Service Review</td>
<td>Aberdeen RI Short Life Review</td>
<td>Audit/ Review Report</td>
<td>Not Applicable</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Adverse Events Management</td>
<td>Audit/ Review Report</td>
<td>S4 - National approach to Learning from Adverse Events</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Developing a Quality Framework for General Practice in Scotland</td>
<td>Policy &amp; Strategy</td>
<td>E10 - Improving Quality in Primary Care</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ENDORSE – (Endoscopy: Raising Standards and Effectiveness)</td>
<td>Improvement Support</td>
<td>S16 - ENDORSE</td>
</tr>
<tr>
<td>Scrutiny &amp; Assurance (cont)</td>
<td>Service Review</td>
<td>Investigation into concerns – NHS Tayside Mental Health Service</td>
<td>Inspection Report</td>
<td>Not Applicable</td>
</tr>
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</tr>
<tr>
<td></td>
<td></td>
<td>Investigation into concerns regarding NHS Grampian Eye Service</td>
<td>Inspection Report</td>
<td>Not Applicable</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NHS Lanarkshire Rapid Review Assessment</td>
<td>Audit/ Review Report</td>
<td>S4 – National Approach to Learning from Adverse Events</td>
</tr>
</tbody>
</table>


SUBJECT: Executive Clinical Director: key points

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

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

3. Key points
a) Visit from Professor Charles Vincent, University of Oxford
Healthcare Improvement Scotland organised and hosted a visit from Professor Vincent, author of the Health Foundation’s Measuring and Monitoring of Safety report, to meet with policy leads from the Scottish Government on 14 April. The aim of the meeting was to discuss the Safety Measurement and Monitoring framework and explore how it could influence policy beyond the 18 month programme. Colleagues from Scottish Government were very supportive of the framework and current testing in NHSScotland and links will be pursued to ensure that this programme is aligned with other national work, including Quality of Care reviews.

The first learning event for the Measurement and Monitoring of Safety Programme was held on 15 April. Professor Vincent participated in the day as a plenary speaker and in a question and answer session with delegates. He described the background to the framework for the measurement and monitoring of safety and explored each of the 5 areas of focus within the framework:

1. Past harm
2. Reliability
3. Sensitivity to operation
4. Anticipation and preparedness
5. Integration and learning

Joanne Thomson (Senior Programme Manager) and Dr Robson will lead a development session on the framework, the programme and the wider opportunities for Scotland at our Quality Committee meeting in July 2015.

b) Area Drug & Therapeutics Committees Collaborative
The Scottish Government’s revised policy on Access to New Medicines 2013 set out a number of recommendations for the introduction of new medicines to NHSScotland and strengthening the work of Area Drugs and Therapeutics Committee (ADTC).

Healthcare Improvement Scotland has been commissioned to facilitate collaborative working between ADTCs and is leading a number of projects that have
been informed by previous meetings of ADTC members facilitated by HIS during 2013-14, the actions set out in the Scottish Government's Access to New Medicines Policy and a growing range of other projects that have been identified by Directors of Pharmacy, specialist groups and others.

Priority areas include:

- Supporting patient and public involvement in ADTCs
- Developing a Biosimilar\(^1\) Prescribing Framework in collaboration with clinical specialists
- Supporting the development of a Novel Oral Anticoagulant (NOAC) - Information booklet for Patients in collaboration with NHS Greater Glasgow and Clyde and the ABPI
- Supporting the development and implementation of Hepatitis C National Prescribing Guidance
- Continued support for collaborative ADTC working through both virtual and face to face meetings.

c) Healthcare Improvement Scotland's Clinical Forum: 16 April 2015

Established in 2013, HIS’ Clinical Forum brings our HIS-employed clinicians from across the organisation together to provide a more coordinated and multidisciplinary approach– strengthening our clinical focus and utilisation of our clinicians' skills, knowledge and commitment.

The Clinical Forum forms a key part of HIS’ Governance Structure. It provides input from a clinical perspective to the strategic decision making process – ensuring that our outputs are clinically robust and fit with local and national clinical priorities.

This was the first session that our 26 National Clinical Leads were invited to attend and there was a very positive discussion focussing on:

- Developing HIS' Clinical Assurance model
- Nursing and Midwifery revalidation
- Clinical input to the implementation of HIS’ Business Intelligence Strategy
- Death Certification Review Service

Dr Brian Robson  
Executive Clinical Director

\(^1\) A biosimilar (also known as follow-on biologic or subsequent entry biologic) is a biologic medical product which is copy of an original product that is manufactured by a different company.
SUBJECT: Evidence Directorate: key points report

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

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

- receive and note the content of the report.

a) Research symposium

The third annual Healthcare Improvement Scotland Research Symposium was held on March 26, jointly hosted by the Evidence Directorate and the Health Services Research and the Health Economics Units, University of Aberdeen. The event formally launched both the Evidence Directorate and the two strategic alliances between the directorate and the research units. The theme of the day was ‘Bringing evidence together’ and the focus was on research where different types of evidence were used to develop policy and practice.

The event was attended by more than 100 participants from academia and NHSScotland and featured seven plenary talks with topics including: the deteriorating patient project; rapid reviews to support health protection; and collection of real time public views to support decision making. An innovative ‘virtual poster’ session involving a quick fire series of eight three-minute presentations proved a highly effective method of knowledge exchange.

Feedback from the symposium was very positive and plans are already underway for the 2016 event.

b) Standards and Indicators Team

As part of work to review and refresh the work of the Standards and Indicators Team, a consultation exercise was undertaken to assess the currency of the back catalogue of 16 standards and indicators available on the HIS website. A multidisciplinary meeting was held on March 13 to review the consultation responses and ratify the resulting recommendations made on those standards and indicators which should be withdrawn, as they are no longer fit for purpose, those that should be updated and those that are still valid. The group were also asked to advise on the prioritisation of the standards identified for review.

The group proposed that six standards were withdrawn, two be withdrawn and revised alongside the SIGN coronary heart disease guidelines, five undergo review and two remain unchanged. Further consultation on the neurological standards was recommended. Following this process, further work is planned to communicate the results of the consultation and to schedule the revision work while remaining responsive to the current needs of NHSScotland.
c) Records management

Under the Public Records (Scotland) Act 2011 Scottish public authorities must produce and submit a records management plan setting out proper arrangements for the management of the organisation’s records to the Keeper of the Records of Scotland for agreement under Section 1 of the Public Records (Scotland) Act 2011. The Healthcare Improvement Scotland Records Management Plan (RMP) sets out the overarching framework for ensuring that records are managed and controlled effectively, and commensurate with the legal, operational and information needs of the organisation. The RMP considers all 14 elements as advised in the Keeper's Model Plan and supporting guidance material and will be submitted for approval on 1 May to the Keeper of the Records. The supporting improvement plan includes objectives relating to the onsite holding of paper records, offsite storage facilities and archiving and preservation arrangements amongst others. Work is already in progress against a number of the improvement areas and includes the development of a Memorandum of Understanding between Healthcare Improvement Scotland with National Records Scotland for permanent preservation of Board papers.

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

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

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

a) Improvement consolidation and additional funding
Healthcare Improvement Scotland has been allocated an additional recurrent budget of £2.5m from 2015-16 onwards to support a transformational stepping up of quality improvement support for health and social care integration. There is a significant interface between the potential focus of this additional allocation and the current work to bring the improvement aspects of JIT, HIS and QuEST together into a new integrated improvement body. A range of actions have been taken to ensure effective management of these two significant and interconnected change agendas including:

- QI Hub Strategic Partners Group, which includes JIT and QuEST representatives, providing advice on the use of the £2.5m in 2015/16.
- Bi-weekly meetings in place between HIS Director of Safety and Improvement, Director of JIT and Head of QuEST. The aim of these meetings is to ensure effective joint leadership of the process to agree the functions of the new integrated improvement body and the approaches it will use to support NHS Boards and Health and Social Care Partnerships in their improvement work.
- Programme management office being set up within Safety and Improvement Directorate to ensure effective management of change process.
- QI Hub senior communications manager supporting internal and external communications attached to £2.5m and the development of the new integrated improvement body.
- Agreed with Scottish Government to the secondment of an experienced improvement advisor to lead on setting up the Tailored and Responsive Improvement Support Team.

b) Quality Improvement Infrastructure
In August 2013 the Chief Executives Group commissioned the QI Hub to deliver the Building a QI Infrastructure Programme. This was in recognition that creating the conditions to deliver the 2020 vision will require a focused and deliberate approach to building the cultures, infrastructures and skills for organisations to excel in quality improvement.

In April 2015, a report summarising the work and findings to date was taken to the Chief Executives’ meeting. Feedback from the Chief Executives who participated in the process
was extremely positive and has resulted in a number of additional requests for visits. The QI Hub as agreed to extend the current process to enable those Boards who didn’t participate during 2014/15 to take part.

A report summarising the key findings and recommended next steps is currently being prepared for launch at the NHS Event in June.

c) Scottish Patient Safety Programme
Following on from the very successful national event last year, we have now finalised plans for a one day National SPSP event on the 10th November 2015 at Edinburgh International Convention Centre.

Ruth Glassborow
Director of Safety and Improvement
SUBJECT: Deputy Chief Executive / Director of Scrutiny and Assurance: key points report

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

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

a) Cancer QPIs
A pilot review by an expert group of two years worth of Breast Quality Performance Indicator (QPI) data took place on 13 April 2015. The group, Chaired by Dr Mike Cornbleet, considered the data, which is collected by Breast Cancer Units for the purpose of ongoing quality improvement, and made a number of recommendations to regional cancer groups and the National QPI programme. Initial feedback following the meeting has indicated that stakeholders found it to be a helpful experience and it is hoped that this will prompt other tumour specific networks to engage with the governance process. It is intended that the HIS QPI review process will provide a national level of assurance that cancer services in Scotland are improving services as a result of considering local data and action planning to improve quality.

The National Cancer Quality Steering Group, who are responsible for overseeing the programme of work, have already indicated that engagement by HIS has improved the data compliance of Boards who are now actively seeking further guidance from the national programme group in advance of national reviews taking place. In addition, cancer network clinical leads are now requesting that local capability and capacity in improvement methodology be increased to support the ongoing QPI improvement process.

b) Churchill Fellowship Project
The Churchill Fellowship provides an opportunity for UK citizens to acquire innovative ideas abroad. In the process they gain fresh perspectives on their own field of interest and return with enhanced expertise, able to be more effective at work and in their contribution to the community. The knowledge exchange is two-way with long-lasting connections made between Fellows and their hosts, creating valuable overseas networks. The Winston Churchill Memorial Trust receive around 1,200 applications every year and award around 100 Fellowships annually.

Steven Wilson, Senior Programme Manager, is currently undertaking a Churchill Fellowship Project on social media.

Social media is one of the most talked about advances to healthcare communication in decades. The advent of these transparent, real time communication platforms present a wealth of opportunities for clinicians and managers to actively engage with underserved communities to build stronger, more successful relationships.
The aim of this fellowship project is to:

- Identify the opportunities available and the challenges to be overcome in using social media tools to engage remote and rural patients in activities that improve understanding of health and disease
- Produce links to health providers and resources

During July and August 2015 Steven Wilson will be working with the Office of the National Coordinator for Health IT in Washington DC to get a strategic overview of patient engagement and Denver Health in Colorado, one of the leading organisations in the use of social media to support access / engagement of patients from remote and rural locations.

Objectives

- To understand the communication and access challenges faced by remote and rural patients
- To identify low cost/high impact social media solutions for healthcare organisations to build relationships, share knowledge and provide better access to experts
- To identify best practices and leading edge work in the use of social media for patient engagement
- Work with clinicians, managers, patient groups and policy colleagues to translate the findings from this research into solutions for the NHS Scotland context and culture
- To build and maintain strong collaborative relationships between US and UK rural healthcare providers

c) Sharing Intelligence for Health and Care Group (SIHCG)

The SIHCG has recently been established to bring together the key audit, inspection and training bodies of the health and social care system in Scotland to review our combined intelligence and information on the quality and safety of health and care, and to identify potential problems or concerns that may require further investigation. The SIHCG has held two formal meetings.

The aims of the group are to:

- provide a proactive forum at which information and intelligence from all members can be collectively considered and triangulated to identify potential or actual risks to patient safety and quality of care and, where necessary, institute further investigation
- use comparative analysis of information and trends to create an informed picture based on facts and appropriate judgement, including the consideration of soft information
- promote coordination of actions to drive improvement, respecting the statutory responsibilities of member organisations

Scope

Initially the work of the group will primarily be concerned with NHS healthcare services in Scotland. This includes all primary care, community health, hospital and specialised services, provided in the community, hospitals, secure and other settings. In line with the
Health and Social Care Integration agenda the group will broaden its scope over time to include information and intelligence related to social care services. It is not the intention to set up a central repository of all intelligence that each organisation shares, instead the SIHCG will work toward ensuring members have access to the collective intelligence required to support a shared view of risks to safety and quality.

Collective intelligence relating to each of the NHS territorial boards will be discussed in a rolling programme of bi-monthly meetings during 2015/16

**Membership**

Audit Scotland  
Care Inspectorate  
Healthcare Improvement Scotland  
Mental Welfare Commission  
NHS Education for Scotland  
NHS National Services Scotland Public Health and Intelligence

This work is informed and guided by the overarching HIS Business Intelligence Strategy and supports the organisational aim of ‘working with partner organisations to make best use of data and information to help make things better for patients’.

**Robbie Pearson**  
Deputy Chief Executive  
Director of Scrutiny and Assurance
SUBJECT: Scottish Health Council: Director’s Key Points report

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

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

   a) Stronger Voice
      The Scottish Health Council and Healthcare Improvement Scotland have now received a commissioning letter asking that we proceed with scoping and developing plans for implementing the following elements of the Stronger Voice framework:
      
      • Development of the Peer Network
      • Development and launch of the Citizen Voice Hub for health and social care
      • Gathering and analysing of narratives of experience of health and social care (stories)
      • Development of national citizen’s panels or juries

      The Scottish Government has also agreed to provide some additional funding to enable this scoping work to proceed.

   b) Gathering views on ‘Hear and Treat’ and ‘See and Treat’ - Scottish Ambulance Service

      In April the Scottish Health Council reported on its engagement with the public on the Scottish Ambulance protocols ‘Hear and Treat’ and ‘See and Treat’. The engagement consisted of seven discussion groups involving 63 members of the public across Scotland. Topics covered included alternative responses to 999 calls; sharing medical information; communication with patients and carers; and alternative options to hospital. Views have been fed back to the Scottish Ambulance Service to inform their future work. The report can be accessed on our website at:
http://www.scottishhealthcouncil.org/publications/gathering_public_views/sas_strategy_refresh.aspx#.VTTaNNJVhHw

c) Review of NHS Boards' Annual Reporting on Feedback, Comments, Concerns and Complaints 2013-14

This report, published at the end of February, is an analysis of NHS Boards’ annual reports which covers the period 1 April 2013 to 31 March 2014. This is the second year that there has been a requirement on all of Scotland’s NHS Boards to produce an annual report on their use of the feedback, comments, concerns and complaints received from patients and the public, and how they use the information gathered to make improvements to services. The report includes examples of good practice from all Boards, as well as recommendations for the future.

Themes covered include:

- Encouraging and gathering feedback
- Encouraging and handling complaints
- The culture, including staff training and development
- Improvements to services (as a result of complaints and feedback), and
- Accountability and governance

Key findings included:

- Although NHS Boards reported their process for publicising their feedback methods, there were few examples of informing people of what to expect when they give feedback.
- Most boards stated that they focus on quality by having robust processes and procedures as part of their Clinical Governance information and dashboards, but there was little specific information provided in the Annual Reports.
- The majority of NHS Boards provided examples of the improvements made as a result of feedback and complaints, but very few described how these improvements have been highlighted to the public.

The report can be accessed at:

http://www.scottishhealthcouncil.org/publications/research/complaints_and_feedback_report.aspx#.VTTbptJVhHw

Richard Norris
Director
Scottish Health Council
April 2015
SUBJECT: Directorate of Finance and Corporate Services: key points report

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

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

a) Shared Support Services
We continue to engage with the NHS regarding the Shared Support Services agenda. In particular with Finance and HR which are being led from a national perspective. The next meeting of the Shared Support Services Programme Board will be held on 1 May 2015.

Separately, we are engaged in proactively working with the Scottish Ambulance Services around IT and procurement provision and with NHS Health Scotland around sharing finance provision. Talks are advanced regarding a three part agreement (Healthcare Improvement Scotland, NHS Health Scotland and the Scottish Ambulance Service) regarding procurement services that will increase the scope of support that we currently receive. In addition we have been able to support our finance transactional processing by sharing a member of the NHS Health Scotland finance team.

b) The national e-health Strategy was published during March 2015. The Healthcare Improvement Scotland e-health strategy will be refreshed during the next few months and presented to the Audit and Risk Committee in September 2015. The e-health year end review is scheduled to take place with Scottish Government colleagues on 13 May 2015 where our progress against the current strategy will be considered.

c) An implementation plan is in place to finalise the Outcomes and Evaluation Framework. This involves engaging with stakeholders about our outcomes, agreeing indicators and measurements to understand the progress we are making and embedding this within our work and our reporting. This was discussed at the March 2015 Board Seminar. An engagement and consultation event has been arranged for stakeholders on the morning of 9 June 2015 and Board members are invited to attend. Please contact Tracey Mitchell if you would like to attend.

Maggie Waterston
Director of Finance and Corporate Services
20 April 2015
SUBJECT: Audit and Risk Committee Meeting, 18 March 2015: Key points

1. Purpose of the report
   This report provides the Healthcare Improvement Scotland Board with an update on key issues arising from the meeting of the Audit and Risk Committee on 18 March 2015.

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

   a) Financial Plan 2015-18
      The Committee considered the draft financial plan and savings plan, and received a detailed update on the discussions with the Scottish Government which led to a discussion on the risks and issues and how they can be addressed. A structure was put forward for the paper which will be discussed at the Board Seminar identifying the key issues which require to be considered by the Board, and it was agreed that the decisions - approving the financial plan and agreeing that a balanced budget can be delivered - would be taken then.

   b) Risk Management
      The Committee reviewed the Corporate Risk Register and the Operational Risk Register in detail, and noted that there were updates to a number of risks relating to Death Certification that would mean that these would receive lower scores.

      The Committee noted, that following the request at the February Board meeting a paper is being drafted for the Quality Committee and then to Board on SMC, to provide a better understanding of the issues and the risks on the risk registers.

      The Committee also noted that while CMT carried out a review of the relative scores of risks on the risk registers, there still remains a degree of inconsistency in some of the scoring, and we would welcome a further review.

   c) Internal Audit reports
      The Committee received reports from Internal Audit on Core Financial Systems and Internal Communications, both of which did not highlight any major issues. We also received the Internal Audit report on Business Intelligence and while a number of issues were highlighted the Committee was pleased to note the constructive way in which those issues were received, and we look forward to receiving an update at our June meeting on the implementation of the recommended actions.

Nicola Gallen
Committee Chair
Meeting of the Healthcare Improvement Scotland Audit & Risk Committee
03 December 2014
Meeting Room 6a, 6th Floor, Delta House, 50 West Nile Street, Glasgow, G1 2NP

Present
Nicola Gallen          Chair
Pam Whittle          Board Member
Kathleen Preston      Board Member
Hamish Wilson        Board Member
Denise Coia           Chairman

Healthcare Improvement Scotland Officers
Angiolina Foster       Chief Executive
Maggie Waterston      Director of Finance and Corporate Services
Ruth Glassborow       Director of Safety and Improvement
Sara Twaddle          Director of Evidence
Brian Robson          Executive Clinical Director
Richard Norris        Director of Scottish Health Council
Tony McGowan          Head of Human Resources (Acting)
Robbie Pearson        Director of Scrutiny and Assurance

In Attendance
Pauline Donald        Corporate Governance Manager
Pauline Symaniak      Shadowing Corporate Governance Manager
Brian Ward            Finance General Manager
Jacki Smart           SHC Head of Operations (Budget Holder)
Chris Brown           Scott Moncrieff
David Eardley         Scott Moncrieff
Martin Pitt           PricewaterhouseCoopers
Gordon Young          Head of Counter Fraud Services (Attending for item 8.2)

Committee Support
Rachael Lee           Committee Secretary

ACTION

1. WELCOME AND APOLOGIES FOR ABSENCE

1.1 The Chair welcomed all present to the meeting. She extended her congratulations to Sara Twaddle who was attending the Audit and Risk Committee for the first time in her new capacity as Director of Evidence. The Chair also welcomed Jacki Smart SHC Head of Operations, to the meeting as a budget holder. The Chair advised that Pam Whittle would be attending via teleconference.

1.2 There were no apologies for absence noted.

2. MINUTES OF PREVIOUS MEETING/ACTION REGISTER

2.1 Minute of Audit and Risk Committee meeting on 03 September 2014
The minute of the meeting held on 03 September 2014 was accepted as an accurate record.

2.2 Review of action point register of Audit and Risk Committee meeting on 03 September 2014

The Committee received for review the action point register from the meeting held on 03 September 2014.

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

- Internal Audit Review report to be circulated to all members

3. GOVERNANCE

3.1 Business Planning Schedule

The Director of Finance and Corporate Services introduced the Business Planning Schedule to the committee. She highlighted items of note which the committee agreed to discuss.

The restructure of Healthcare Improvement Scotland’s governance committees means that information governance would likely be transferred from the Evidence, Improvement and Scrutiny Committee to the Audit and Risk Committee. The committee agreed that further discussion would be held around this at the next meeting.

The Operating Framework, which is being developed between the Scottish Government and Healthcare Improvement Scotland, will be agreed by the Board and owned by the Audit and Risk Committee for any amendments.

3.2 Code of Corporate Governance

The Director of Finance and Corporate Services advised that there was no formal update to be given at this committee meeting. Terms of Reference which reflect the outcome of the governance review for all of the Committees will be discussed at the Board meeting on 17 December 2014. Following agreement by the Board the Code of Corporate Governance will be updated.

3.3 Annual Report (Audit and Risk Committee)

The committee received the first draft of the Audit and Risk Committee Annual Report for 2014/15. The committee was asked to review the outline draft provided and consider the outcomes, risks and recommendations that the committee has considered throughout 2014/15.

The committee agreed that there should be a statement within the annual report that reflects that business has been transferred from the Finance and

Director of Finance and Corporate Services

Committee Support Secretary

Director of Finance and Corporate Services/Chief Executive

All
Performance Committee.

The Chair agreed to discuss the annual report at the next Governance Chairs' meeting to ensure that annual reports reflected the similarities between all governance committees.

It was agreed that a further draft would be brought to the next meeting of the Audit and Risk Committee.

3.4 Schedule of Committee Meeting Dates

The committee was presented with the schedule of Audit and Risk Committee meeting dates for 2015/16.

The committee agreed the dates for meetings of the committee and a start time of 10am was agreed for the Accounts workshop on 3 June 2015.

4. STRATEGIC BUSINESS

4.1 Procurement Capability Assessment

The Finance General Manager advised the committee that there was no procurement capability assessment in 2014. The next assessment was due to take place in 2015.

4.2 eHealth Progress Plan Report

The committee received the revised Healthcare Improvement Scotland eHealth Strategy and was asked to note the mid-term refresh of the eHealth strategy which was completed in September 2014. A new strategy will be created and aligned with the National Strategy which will be published early 2015.

The committee would like to record their formal thanks to Alan Campbell for his work progressing the eHealth strategy.

The Executive Clinical Director advised the group that he would be attending a meeting with the Scottish Government to confirm the national eHealth strategy which will come in to effect in April 2015.

The committee was assured that Healthcare Improvement Scotland’s update of the eHealth Strategy will align with the national strategy and will set realistic timescales for objectives to be met.

The committee agreed to hold discussions out with the meeting to determine how often eHealth should be considered by the Committee.

5. INTERNAL AUDIT

5.1 Internal Audit progress report and audit plan
Internal Audit presented their progress report and audit plan to the committee. The Committee agreed that Internal Audit's strategic directorate review had been deferred until February and a verbal progress report will be presented at the next Audit and Risk Committee meeting with the report following in June.

5.2 **Internal Audit Reports: Death Certification**

Internal Audit's report on the Death Certification review programme was presented to the committee.

It was explained that the report focussed on the effectiveness of controls and concluded that the controls are strong but the project was still exposed to significant risk.

The Committee was advised that the risks were out with the control of the organisation and extended their thanks to the Scrutiny and Assurance Directorate for being on track with their progress.

The Chair advised that she would provide the Board with the Audit and Risk committee's update about around the Death Certification programme at the next Board meeting.

5.3 **Audit Actions Follow-Up Report**

The committee received a progress report on the implementation of Audit recommendations.

The committee was asked to note for assurance the progress being made to address the recommendations and the Internal Audit opinion in response to the recommendations.

The committee explained that they found the format of the paper difficult to understand and it was agreed that the paper would be revised with a full update and a clear format in time for the next Audit and Risk Committee meeting.

6. **STANDING BUSINESS**

6.1 **Financial performance Report to 31 October 2014**

The General Finance Manager provided an update to the committee on Financial Performance for the period up until 31 October. The committee was asked to note progress with regard to efficiency savings targets and to note the position with regard to capital allocation.

The Committee extended thanks to budget holders for their work in supporting the achievement of sound financial controls.

6.2 **HMRC Compliance Audit**

The General Finance Manager provided an update about the compliance audit being carried out by HM Revenue and Customs Local Compliance Public Bodies.
The committee was asked to note the outcome of the compliance audit which stated that HMRC would not proceed any further with their investigation.

The committee was also advised that the revised guidance for managers would be finalised and issued to the organisation.

6.3 Operational Plan Performance Management Report to 31 October 2014

The Director of Finance and Corporate Services presented the Operational Plan Performance Management Report to the committee and advised that the report allows users to clearly see the performance of 66 projects incorporated within Healthcare Improvement Scotland’s 2014/15 operational plan.

The report provides governance and assurance by detailing key issues which arise, highlighting projects behind schedule or at risk of failing to deliver.

The committee was advised that where appropriate exception reporting is cross referenced with the corporate or operational risk register.

The committee commented that the update presented a good level of assurance to the committee but that enhancements to reflect the 3 year Corporate plan would be welcome.

Planning and Performance Manager

6.4 Non-competitive tender log

The committee was provided with a summary of the non-competitive quotation/tender activity which had taken place since the last committee meeting. The committee was assured that there was nothing further to be added to the log and its contents were noted.

6.5 Governance Committee minutes and key points

The committee received a status report in relation to the business undertaken at each of the governance committees.

The committee agreed that they would receive governance committee updates when they are available rather than wait for the Audit and Risk Committee. Committee Secretary

6.6 Board report: 3 key points

Due to time constraints the committee agreed that the 3 key points would be decided and circulated by the Chair outwith the meeting.

7. ANY OTHER BUSINESS

There was no further business noted.
8. PRESENTATIONS

8.1 Risk Management

The Corporate Governance Manager delivered an insightful presentation into how the new Risk Management System, Compass, works.

The committee acknowledged the hard work of Stephen McLaren and Pauline Donald when developing this system and thanked them for focusing on user need and creating an intuitive, user-friendly system.

The committee was advised that they only receive High or Very High Risks to review.

The committee was advised that the new decision making planning tool will help to manage the risks on the Corporate Risk register which focus on resources, as these are stretched at the moment.

The committee reviewed the risk register in detail, asking for clarification and updates on a number of specific risks. After discussion, the following amendments were agreed:

Risk number 78 – reduced to high risk because of an extension of funding
Risk number 83 – risk reduced after extraordinary programme board. The committee noted that this is a programme of work which is finishing this year.
Risk number 25 – The committee heard that this risk is time limited and after full integration of staff, the risk will become obsolete.
Risk number 220 – This risk was downgraded to a 12 after SPSP programme board

The committee discussed how sharing information in safe spaces is implemented and managed. It was agreed that it would be worthwhile for a learning session to be held regarding the sharing of information for Non-Executive Board members to get a better understanding of how the system works.

8.2 Counter Fraud Services

The committee received an informative and thought-provoking presentation from Gordon Young, Head of Counter Fraud Services.

9. DATE OF NEXT MEETING

10:30 – 13:00, 18 March 2015, Meeting Room 6b, Delta House
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 meeting held on 2 April 2015.

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

a) Work plan to support person-centred care – the Committee received a detailed report on the activities of the three work streams to address person-centred care. The work streams cover the use of health and care experience to drive improvement, integration of person-centred care within other improvement programmes and use of the social movement approach. The Committee noted the importance being placed on person-centeredness across Scottish Government.

b) Risk management – the Committee discussed the number of very high and high risks on the risk register and acknowledged that for some areas, such as death certification, very high risk levels may simply have to be accepted after all relevant action had been taken. It might be useful to distinguish those in that category from those where further mitigating action was still required. The Committee agreed to review the need for refinement in the description of risks and to provide feedback to the Director of Finance and Corporate Services.

c) Technology Group reports – the Committee noted that the Scottish Health Technologies Group (SHTG) has recently issued an open call for topics. As a result, SHTG is reviewing its prioritisation process. The Committee also noted a paper co-authored by one of the SIGN staff which identifies the importance of consideration of drug interactions in the development of guidelines for patients with multimorbidities.

Dr Hamish Wilson, Chair
Meeting of the Quality Committee, Public Session
Date: Thursday 19 February 2015 12.30 – 3.15pm
Venue: Delta House, Meeting Room 6a, West Nile Street, Glasgow

Present

Healthcare Improvement Scotland (HIS) Board members
Denise Coia Chairman
Angiolina Foster Chief Executive

Healthcare Improvement Scotland (HIS) Non-Executive Members
Hamish Wilson Non-Executive Director, Chair
Zoë Dunhill Non-Executive Director
Duncan Service Non-Executive Employee Director
Pam Whittle Non-Executive Director and Chair of Scottish Health Council

Healthcare Improvement Scotland (HIS) Officers
Brian Robson Executive Clinical Director (Lead)
Richard Brewster Programme Manager, deputising for Chief Pharmacist, from and including items 4.4 to 5.3
Susan Brimelow Chief Inspector (also deputising for Director of Scrutiny and Assurance)
Fiona Dagge-Bell Chief Nurse, Midwife and Allied Health Professional (NMAHP)
Ruth Glassborow Director of Safety and Improvement
Sara Twaddle Director of Evidence

Health Technology Groups
Jonathan Fox Chair of Scottish Medicines Consortium (SMC) up to and including item 4.1
John Kinsella Chair of Scottish Intercollegiate Guidelines Network (SIGN)
Iain Robertson Chair of Scottish Health Technologies Group (SHTG) up to and including item 4.1

In attendance
Jennifer Graham Clinical Co-ordinator
Karen Ritchie Head of Knowledge and Information
Kim Walker Senior Project Officer, Data Measurement and Business Intelligence

Public Partners
Norman Gibb
Susan Siegel

Committee Support
Lesley Forsyth

Apologies
John Glennie Non-Executive Director
Laura McIver Chief Pharmacist
Donald Morrison Head of Data Measurement and Business Intelligence
Robbie Pearson Director of Scrutiny and Assurance
Maggie Waterston Director of Finance and Corporate Services
1. OPENING BUSINESS

1.1 Welcome

The Chair welcomed all present to the public session of the Quality Committee in particular public partner Susan Siegel and Non-Executive Director and Chair of Scottish Health Council, Pam Whittle, who were attending for the first time. He also welcomed Chief Inspector Susan Brimelow who was also deputising for the Director of Scrutiny and Assurance and Kim Walker, Karen Ritchie and Fiona Dagge-Bell.

1.2 Apologies for absence

Apologies were noted as above.

Item 3.2 was taken here.

The Committee asked that acronyms be spelt out.

(Note - HIS house style - acronyms should be included in a glossary or abbreviation list if no glossary. Only given in full on the first use. Keep to a minimum - when used, write out in full first time and then put abbreviation in brackets immediately after this.)

1.3 Minutes of meeting held on 18 December 2014

The minutes of the meeting held on 18 December were approved and will be submitted to the April Board meeting.

1.4 Review of action note register: 18 December 2014

The Committee reviewed the action point register from the meeting held on 18 December 2014 and noted that all action points were complete or included in the agenda.

2. COMMITTEE GOVERNANCE

2.1 Declarations of interest

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

2.2 Risk Management for the Quality Committee

The Director of Evidence tabled the SMC risks.

The Chair invited the Executive Clinical Director, in the absence of the Director of Finance and Corporate Services, to present the risk register outlining the operational risks relating to the remit of the Committee.

The Committee reviewed the very high and high operational risk report from the Compass system as at 11 February
2015 and noted that there are currently no corporate risks relevant to the Committee.

Susan Siegel commented on risks 68, 71 and 72 regarding inspections and expressed concern about the way risks are described in the register in that the risk was not only about the impact on the organisation of not delivering the required number of inspections but also an issue for patient safety. The Chief Executive explained that this was a delivery risk to the organisation, a high level risk and was covered more fully in the substantive operational register. The Committee was assured that the Audit and Risk Committee addresses risk in more detail. The Committee noted the issue and agreed that it should be addressed and stated clearly but not necessarily in the risk register.

The Chief Inspector confirmed that a minimum of 30 inspections must be done every year using a risk based proportionate approach, prioritising inspections and returning to hospitals when required.

The Chair of SMC suggested it would be useful to have a reminder added to the risk paper as to how the risk score is calculated. He also asked why the same risk score can have two different gradings in different risks. The Executive Clinical Director explained that the difference in the net risk and current risk levels was due to different sets of people assessing the risks and the risk appetite, e.g. there was a lower appetite for risk for death certification due to external influences than for business intelligence.

The Chair welcomed the opportunity to reflect on risks and asked that Committee papers highlight relevant risks and relate back to them.

The Committee was assured that in addition to the Risk Owner there is also a Risk Manager and a Risk Director and that the involvement of different tiers allows for moderation through the system.

### 2.3 Annual Report for EIS Committee 2014–2015

The Chair explained that there had been an internal discussion around Committee annual reports. The purpose of the report was firstly to see whether the Committee had fulfilled its remit; secondly to draw out issues for the Committee itself to think about future work and thirdly to draw issues of broader concern to the attention of the Board. He confirmed that comments and input for the Recommendations section had been taken on board including comments from the previous Chair. Further comments were welcomed and the final report would be submitted to the April Board meeting.

Under this section of Committee governance the Chair took the opportunity to thank the Executive Clinical Director on behalf of the Committee for his excellent leadership of the...
Committee over the last four years and developing the way in which the Committee has worked. The Chair confirmed that the Director of Evidence would be taking over as Lead Officer for the Quality Committee from April 2015.

3. STRATEGIC BUSINESS

3.1 General Medical Council – Memorandum of Understanding

The Executive Clinical Director thanked Steven Wilson and Victoria Carson, Head of Scottish Affairs at the General Medical Council (GMC), and updated the Committee on progress re strengthening working relations with the GMC and the development of a formal Memorandum of Understanding (MoU) between HIS and the GMC. It was hoped to strengthen intelligence gathering and sharing mechanisms within, and between HIS and other bodies and work more closely with other scrutiny agencies to make better use of information and data to improve patient care. The MoU would be put into practice in March 2015.

The Chairman of Healthcare Improvement Scotland joined the meeting.

Where an issue was raised the importance of the employing body’s Responsible Officer, ie Medical Director, as the first port of call, was highlighted alongside the duty of HIS to share with the GMC. The Chair of SIGN commented that the same issue arose in Fellowship and Membership College exams and that the GMC was a last resort if the employer was not responding.

The Committee noted that MoUs for other organisations such as the General Dental Council and the Nursing and Midwifery Council would be developed as a series. The Committee noted that this would be discussed at the Regulators’ meeting on 10 March.

The Committee noted the setting up of the Sharing Intelligence for Health and Care Group.

The Chair of SMC cautioned that Item 8, “HIS will raise with the GMC:” was strongly worded and may leave the organisation open to risk if they did not raise an issue with the GMC. This could be reviewed as the MoU developed.

The Committee discussed item 16 and agreed the importance of sharing draft proposals and publications as early as possible and ensuring that respective messages were aligned and both parties sufficiently sighted before announcements were made to the public. The Committee agreed it was important to ensure that the practical operation of the MoU reflects the intent on both sides. A review of the MoU would be carried out after six months in

Executive Clinical Director

Executive Clinical Director
3.2 Person-Centred Care

This was taken after item 1.2.

The Director of Safety and Improvement, updated the Committee, and sought approval on proposals to transition the Person-Centred Health and Care Collaborative (PCHCC) to a new programme of support for Person-Centred care. She reported that, following two improvement advisers leaving the organisation, a unique opportunity had arisen to negotiate funding with Scottish Government (SG) colleagues with regard to the refocusing of this work.

Norman Gibb declared he was a member of the PCHCC Operational Delivery Group.

The Director of Safety and Improvement stated that, to encourage Boards which were not participating fully, person-centred care needed to be integrated in to existing programmes of work with at least one dedicated individual to ensure integration and implementation of the 5 must do elements of person-centred care.

The Chair thanked the Director of Safety and Improvement for the update. The Committee welcomed the report and approved the following proposals: supporting Boards in developing real-time feedback systems; integrating person-centred care into all relevant national improvement programmes; and supporting sharing and spread of innovation in person-centred care through social movement methods including networking, social media and various other means of communication.

It was agreed the new work plan would be brought back to the Committee in April 2015 and a progress report presented to the July Committee.

Pam Whittle requested that the report be presented at the next Scottish Health Council meeting.

3.3 Quality of Care reviews update

The Chief Inspector, in the absence of the Director of Scrutiny and Assurance, provided a progress update on the development of a new methodology for Quality of Care Reviews.

The Committee discussed the update and how it ties in very clearly to the earlier development session. Seven potential high level domains had been identified that the framework could focus on and the Chief Executive emphasised the eighth strand, sustainability of service provision, which goes through all the domains and cuts across many organisations. The Chairman and Chief Executive assured
the Committee that Scottish Government were receptive to this component and whilst sustainability may be politically challenging, without it the value of the work would be fundamentally impaired. The issues of demographic pressure and finite resources had to be addressed.

Susan Siegel declared that she was a member of the Design Panel. The Committee noted that the Design Panel will develop an initial set of proposals for the Quality of Care Reviews by the end of April 2015. An update will be discussed at the April Quality Committee and the final recommendations will be submitted to the Healthcare Improvement Scotland (HIS) Board in June.

4. REPORTS

4.1 Health Technologies Groups Report – updates from Scottish Health Technologies Group (SHTG), Scottish Intercollegiate Guidelines Network (SIGN), and Scottish Medicines Consortium (SMC)

The Chair invited the Director of Evidence to introduce the item. The Director of Evidence confirmed that the reports had been streamlined into three areas: progress against work programme and key achievements; key risks; and areas requiring support from the Quality Committee or the wider HIS. She invited the Committee to feedback on the format.

The Chair of SHTG provided an update on key issues including the SHTG Members' Development Day; integration of the SHTG Innovative Medical Technology Overviews (IMTOs) within the proposed new national Innovation Assessment Process (IAP); and strengthening SHTG Evidence Review Committee memberships. The Chair of SHTG thanked Ed Clifton and Susan Myles for their contribution to the day.

The Director of Evidence suggested that contribution analysis including a practical example could be the topic of a future development session.

The Chair of SMC provided an update on key issues including progress on improving access to new medicines; meetings in public; an awareness raising event for patient groups in March; the issue of resources given the changes within SMC; and the risk of negative media representation. He reported that feedback on meetings in public was very positive from both the patient and industry perspective. He did suggest however that the flavour of the discussion at meetings may have altered.

An internal review of the new process would take place in May and an external Scottish government review after a year.
Feedback was invited from all members of SMC as to whether the broadening of access to meetings goes far enough or too far and the Chair of SMC would report back on this in April. He reported that the risk of negative media representation was inevitable as saying ‘no’ to medicines frequently invited negative publicity but he confirmed that industry and patient groups were supportive of the new process.

The Director of Evidence and the Chair of SMC paid tribute to SMC staff for dealing with the change programme and the resulting increased submissions workload. The Chair of SMC suggested that, whilst on course with the patient and clinician engagement sessions, business as usual may have to be delayed by one month.

Norman Gibb reported that he had attended the February meeting as a member of the public and having spoken to industry representatives and health economists at the meeting he confirmed a very favourable reaction to the new process.

Jennifer Graham joined the meeting.

The Chief Executive confirmed that the planned meeting with the Cabinet Secretary did not go ahead but that the purpose was to introduce herself and the Chair of SMC and at the same time convey a number of key messages regarding the impact of change and its challenges for the organisation.

The Chair of SIGN provided an update on key issues including revising the topic proposal form; keeping the SIGN portfolio up to date and clinical engagement. He also commented on the CHD guideline and capacity issues, and the slowing down of the process due to the move to shorter, more clinically relevant guidelines. He agreed to bring a practical example demonstrating change to a future meeting. The Executive Clinical Director asks that an outline of the SIGN approach to multimorbidity also be included in a future update.

The Committee discussed the impact of the 9-1 contract on clinical engagement and the challenge of addressing multimorbidity in all the guidelines.

The Chief Executive reported that at the Clinical Forum session at the annual review, the Chair of SIGN had expertly explained why changes to the guidelines were being made and this was very much welcomed by clinicians and endorsed by Scottish Government.

The Committee noted the Chief Inspector’s concern regarding regulation in the independent sector with a specific ongoing issue around the challenges of
implementation with regard to venous thromboembolism guidance.

The Chair thanked the Chairs of SHTG, SMC and SIGN for their reports. Further update reports would be submitted to the April Committee.

The Chairs of SMC and SHTG and the Chief Inspector left the meeting.

4.2 Clinical Assurance Baseline Assessment

The Executive Clinical Director introduced this item stating that in refreshing the Clinical Engagement Strategy for 2014-2017 a key focus of the implementation plan was to provide confidence that appropriate clinical assurance and resources are in place to support the organisation's work and identify areas for improvement. A baseline assessment was undertaken to describe the clinical assurance mechanisms that are in place and to provide advice and support to programme teams to address any gaps identified.

The Chair welcomed Jennifer Graham who highlighted the importance of clinical assurance, and our organisational commitment that all outputs need to reflect local and national clinical priorities and need to be clinically robust and fit for purpose and the need for clarity as to who is responsible for signing off clinical assurance.

She thanked the Executive Clinical Director and the Chief NMAHP for taking this forward. Seventy one programmes of work were considered of which 33 programmes did not require a checklist to be completed and, of the remainder, 30 checklists were returned and assessed. Dr Dunhill asked for further information on the eight non-responders and the Executive Clinical Director highlighted that, at this stage naming these programmes in the report could be counterproductive and Jennifer Graham assured the Committee that the eight programmes that did not reply would be positively followed up. The audit focused on measuring responses to five key questions which were highlighted in the report.

The next phase was to explore findings in more depth with Programme Managers in order to develop an improvement plan with ownership established via the Corporate Management Team. The Clinical Forum actively supported this process.

Jennifer Graham confirmed that they were looking at other models of clinical assurance and, with NHS National Services Scotland, looking at how mechanisms work in practice.

The Committee noted that seven responses identified the
need to strengthen wording with regard to clinical assurance responsibilities in their Terms of Reference. The Committee noted that there were 30 national clinical leads in the organisation including the Chairs of SIGN, SMC and SHTG and there was support for them should they need it. It was suggested that these clinical leads should engage with national clinical leads in Scottish Government.

The Executive Clinical Director commented on the clinical compact, what the organisation expects from national clinical leads and what support they can expect from the organisation eg appraisal activities such as CPD to feed in to their formal revalidation.

The Chair thanked Jennifer Graham.

The Committee discussed whether this exercise should be submitted on an annual basis for assurance purposes and it was agreed that it could be applied to the forthcoming Local Delivery Plan and brought back to the Committee for discussion.

The Chief Inspector rejoined the meeting.

4.3 **Healthcare Improvement Scotland's Area Clinical Forum**

The Executive Clinical Director provided the Committee with an update on key issues arising from the Clinical Forum meeting held on 13 January 2015: He confirmed endorsement from the Clinical Forum for the direction of travel in relation to clinical assurance and collaboration on antimicrobial stewardship. The Clinical Forum also recognised the importance of work being undertaken to strengthen engagement with the Independent Healthcare Sector. The Committee noted the forthcoming focus group event and the potential role for Stronger Voice and the Scottish Health Council in involving the public more.

It was agreed that proposals should be developed around how the independent sector would like to engage with the organisation.

The Director of Evidence agreed that the Scottish Antimicrobial Prescribing Group should give a presentation to the April Board meeting.

The Committee noted the key points outlined.

4.4 **Business Intelligence Strategy update**

The Executive Clinical Director invited Kim Walker to update the Committee on progress. She reported that the focus in year one was on external work and how to support the use of data and intelligence to inform our scrutiny activity.
Highlights of progress included making better use of data working with the Care Inspectorate, prioritising the schedule of joint adult inspections in 2015/16 and how HIS shares better intelligence within the organisation and then more widely with partner organisations who are part of the Sharing Intelligence for Health and Care Group (SIHCG), to establish the approach for how different national organisations use and share data about NHS boards to inform scrutiny activities. A workshop was being set up between HIS staff and the boards to take this forward.

Richard Brewster joined the meeting.

A commissioned internal audit on business intelligence will be reported to the Audit Committee in March 2015. Going forward the Committee noted that externally the areas of work would be consolidated and methodologies reviewed and refined; the SIHCG would be fully operational and functioning well; and internally the organisation would seek to improve how it gathers and shares information across different directorates.

The Committee noted a number of issues around resources and support for clinical leadership and clinical engagement; for making data meaningful for clinicians; for staff, skills, ICT support to implement the strategy, and sharing protocols for sharing intelligence.

The Chair thanked Kim Walker for the helpful summary and the Committee congratulated Kim Walker and Donald Morrison on their work.

The Chair commented that the November Board development session on business intelligence had been helpful and positive. The Committee welcomed the positive progress made in implementing year 1 of the three year Business Intelligence strategy and agreed that work should continue in the same way within the recognised constraints.

The Strategy would be submitted to the April Board meeting.

5. STRATEGY ANNUAL REPORTS AND ACTION PLANS

5.1 Medicines Strategy including Overarching Medicines Technology Group (OMTG) Strategy

The Executive Clinical Director presented the annual report for Healthcare Improvement Scotland’s Medicines Strategy.

The Chair welcomed Richard Brewster who gave the Chief Pharmacist’s apologies and confirmed that the 2015 – 2018 Delivery Plan would be submitted to the February Board.
Richard Brewster highlighted several areas including a number of bespoke outputs, eg dabigatran consensus statement, the Hospital Electronic Prescribing and Medicines Administration (HEPMA) resource; improved networking and governance within Area Drug and Therapeutic Committees across Scotland and the development of a consensus statement on biosimilar medicines. He reported that the Scottish Patient Safety Pharmacy in Primary Care Programme had secured funding from the Health Foundation to focus on medicines reconciliation and high risk medicines. He also reported that, working with Scottish Government, HIS is leading on three strands of the Prescription for Excellence Strategy around safer use of medicines, medicines governance and stratified medicines.

In addition the Overarching Medicines and Technologies Group is continuing to strengthen clinical assurance within the evidence directorate. Medicines reconciliation has now been incorporated as an integral part of older people’s inspections and a test of a deeper assessment of antimicrobial stewardship has been completed. The Association of British Pharmaceutical Industries hosted a successful event in September where a number of safety initiatives were showcased.

The Chair thanked Richard Brewster and the Committee noted the report.

5.2 Research Strategy

The Executive Clinical Director invited the Head of Knowledge and Information to present the annual report against the 2012 – 2015 research strategy and the 2015-2016 Action Plan for Healthcare Improvement Scotland’s Research Strategy. The Head of Knowledge and Information highlighted the four aims of the strategy and summarised the key outcomes including identifying gaps in knowledge and understanding; developing relationships and establishing research collaborations; and strengthening HIS’s research infrastructure. An annual research symposium was being held at the end of March with 130 participants signed up.

The Head of Knowledge and Information reported that finding staff resource to support developmental activity and to train others in research methods and tools while continuing to deliver the work programme was challenging.

The Chair thanked the Head of Knowledge and Information for the report. The Committee discussed whether another research strategy was needed, whether there were aspects of primary research the organisation should be involved in and whether the organisation had the capacity to do it. The Committee noted that the Health Foundation commissioned worldwide literature searches. The Committee agreed that a
stocktake was needed and the Director of Evidence agreed to bring a report back as to how to go forward and over what timescale.

The Chair thanked the Head of Knowledge and Information and the Committee noted the report and action plan.

**5.3 Knowledge Management Strategy**

The Director of Evidence introduced the item and invited the Head of Knowledge and Information to present the report. The Head of Knowledge and Information highlighted a number of areas including trialling the use of knowledge brokers, contributing to national work re Knowledge into Action and how the organisation would provide training and development in territorial boards. She reported huge variation across health boards and that getting a balance between supporting the needs of internal business whilst undertaking development work was challenging.

The Strategy still has one year to run and whilst the priority has been to support evidence-based products there were other areas of business specifically around improvement where the Knowledge Management team could provide support.

The Committee questioned whether another Knowledge Management Strategy was required and agreed that delivery strategies were now needed to be developed for a number of internal pieces of work.

The Chair thanked the Head of Knowledge and Information and the Committee noted the report and action plan.

RB left the meeting.

The Committee noted the report and action plan.

**6. CLOSING BUSINESS**

**6.1 Board report: three key points**

The Chair agreed to provide an oral report to the Board highlighting three key points from the meeting.

The Head of Implementation and Improvement, the Chief NMSHP, the Chair of SIGN, Jennifer Graham and Kim Walker left the meeting.

**6.2 Any other business**

There was no other business.

**7. DATES OF FUTURE MEETINGS**

Dates in brackets are Wednesday Board meeting dates.

(25 February 2015)
Thursday 2 April 2015
(29 April 2015)
(24 June 2015)
Thursday 9 July 2015
(26 August 2015)
Thursday 5 November 2015
(25 November 2015)

Attendance Record

Attendance Record
Apr 14 to March 2015
RESERVED SESSION

For governance reasons, it is proposed that the following items be taken in private business: in accordance with the Freedom of Information (Scotland) Act 2002 Exemption 33(1) in that they are commercial in confidence or draft and are not accessible under Freedom of Information.

Present

Healthcare Improvement Scotland (HIS) Board members
Denise Coia  Chairman
Angiolina Foster  Chief Executive

Healthcare Improvement Scotland (HIS) Non-Executive Members
Hamish Wilson  Non-Executive Director, Chair
Zoë Dunhill  Non-Executive Director
Duncan Service  Non-Executive Employee Director
Pam Whittle  Non-Executive Director and Chair of Scottish Health Council

Healthcare Improvement Scotland (HIS) Officers
Brian Robson  Executive Clinical Director (Lead)
Susan Brimelow  Chief Inspector (also deputising for Director of Scrutiny and Assurance)
Sara Twaddle  Director of Evidence

Public Partners
Norman Gibb
Susan Siegel

Committee support
Lesley Forsyth  Committee Secretary

Apologies
Ruth Glassborow  Director of Safety and Improvement
John Glennie  Non-Executive Director
Robbie Pearson  Director of Scrutiny and Assurance
Maggie Waterston  Director of Finance and Corporate Services
8
8.1

SCRUTINY
Healthcare Environment Inspectorate (HEI) Annual Report

The Chief Inspector, in the absence of the Director of Scrutiny and Assurance, presented the draft annual report which it is proposed to publish by 18 March 2015. She explained that the Executive Team had decided it should be submitted to the Quality Committee for noting and for assurance that progress is maintained.

An Editorial Panel including two HIS non-Executive Board members, Marian Keogh and Kathleen Preston, and two public partners had been set up to edit the report. The report would go back to the Panel next week then on to the HIS Chairman, Chief Executive and Director of Scrutiny and Assurance prior to being submitted to Scottish Government.

The Chief Inspector explained that this was the first time digital images of findings during inspections had been used in the report and also that Scottish Government has to ensure the dress code etc in the stock images meets with NHS standards. The Committee agreed that more positive images were needed and more emphasis was required on what had gone well to ensure a balance between the positive and negative aspects.

The need for page numbers was highlighted.

The Chief Inspector highlighted that inspection teams had gone back on 23 occasions to assure the public that things are improving. The Committee noted that in follow up inspections three requirements had not been met and the Chief Inspector assured the Committee that these would be followed up again.

The Committee discussed the possibility of using trend line graphs to demonstrate, , a significant downwards trend in infection rates over time, eg c. diff (Clostridium difficile) whilst acknowledging no one thing caused a downwards trend on its own, the introduction of HEI would have contributed. If this was not included then there was a risk the media and others would solely pick up on the negative aspects. Other examples of positive contributory impact such as antimicrobial prescribing, releasing time to care and SPSP could also be demonstrated on such trend graphs.

The Committee recognised that HEI has been successful and has made an impact and acknowledged the difficulty in getting the balance right. The Chief Inspector stated that it should be made clear that the downward trend was not just due to the activities of HEI reporting over one year and any graphs would need to be referenced.

The Chair paid tribute to the Chief Inspector and colleagues for the report, recorded the Committee’s thanks for her leadership and wished her all the best for the future.

9.

CLOSING BUSINESS
There was no other business.
Meeting of the Evidence, Improvement and Scrutiny Committee, Public Session

Date: Thursday 18 December 2014 11.15 – 1.55pm
Venue: Delta House, Meeting Room 4, West Nile Street, Glasgow

Present

Non-Executive Members
- Hamish Wilson: Non-Executive Director, Chair
- Zoë Dunhill: Non-Executive Director
- John Glennie: Non-Executive Director
- Duncan Service: Non-Executive Employee Director (up to and including items 3.2 and items 5.1 and 5.2)

Healthcare Improvement Scotland (HIS) Officers
- Brian Robson: Executive Clinical Director (Lead)
- Fiona Dagge-Bell: Chief Nurse, Midwife and Allied Health Professional (NMAHP)
- Angiolina Foster: Chief Executive
- Jo Matthews: Head of Safety in Healthcare, deputising for Director of Safety and Improvement
- Laura McIver: Chief Pharmacist (up to and including items 4.1 and items 5.1 and 5.2)
- Robbie Pearson: Director of Scrutiny and Assurance
- Sara Twaddle: Director of Evidence
- Maggie Waterston: Director of Finance and Corporate Services
- June Wylie: Head of Improvement and Implementation (items 3.1, 3.3, 5.1 and 5.2)
- Jonathan Fox: Chair of Scottish Medicines Consortium (SMC)
- John Kinsella: Chair of Scottish Intercollegiate Guidelines Network (SIGN)

In attendance
- Gareth Adkins: Team leader, Improvement and Implementation Support (items 3.1, 3.3, 5.1 and 5.2)
- Penny Bond: Team leader, Improvement and Implementation Support (items 3.1, 3.3, 5.1 and 5.2)
- Richard Brewster: Programme Manager (items 3.1 and 3.3)

Public Partner
- Norman Gibb

Committee Support
- Lesley Forsyth

Apologies
- Denise Coia: Chairman
- Ruth Glassborow: Director of Safety and Improvement
- Iain Robertson: Chair of Scottish Health Technologies Group (SHTG)

1. OPENING BUSINESS

1.1 Welcome

The Chair welcomed all present to the public session of the Evidence, Improvement and Scrutiny (EIS) Committee.
He advised the Committee that Eric Sinclair had taken up a post as non-Executive Director in NHS Grampian and that the Board was actively seeking a replacement Public Partner. He also briefed the Committee on the morning's development session which had covered amendments to the remit of governance committees and the approach to risk using the Compass tool.

The Chair apologised to the Committee for having to cancel the October meeting.

1.2 Apologies for absence

Apologies were noted as above.

1.3 Minutes of meeting held on 21 August 2014

The minutes of the meeting held on 21 August were approved and will be submitted to the February Board meeting.

1.4 Review of action note register: 21 August 2014

The Committee reviewed the action point register from the meeting held on 21 August 2014 and noted that all action points were complete or included in the agenda. The Executive Clinical Director confirmed that the outstanding item at 2.3 had now been dealt with.

2. COMMITTEE GOVERNANCE

2.1 Declarations of interest

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

2.2 Risk Management for Evidence, Improvement and Scrutiny Committee

The Chief Executive invited the Director of Finance and Corporate Services to update the Committee on risk management. She reported that a new risk tool Compass had been developed with Scott Moncrieff for the management of risk across the organisation. She confirmed that the Board addresses the corporate risks and that a summary of the very high and high operational risks had been brought to the Committee for review. She explained that with the new tool there was an opportunity to explore risk items further electronically during the course of meetings.

The Committee acknowledged that an accumulation of smaller risks could pose a higher risk than individual high risks. The Executive Clinical Director confirmed that the Executive Team would reflect how smaller risks are dealt
with and report back to the Committee. The Committee noted that SMC risks had been omitted from the report and the Director of Evidence agreed to ensure they would be captured for the February meeting.

It was agreed that in future reports any acronyms would be spelt out or a glossary included.

The Committee noted the report.

### 2.3 Annual Report for EIS Committee 2014–2015

The Chair reminded the Committee of the two main purposes of the governance committee reports – firstly to satisfy the governance requirement that each of the committees has fulfilled its remit with a factual account of the business dealt with, highlighting what has gone well or not well; and secondly to draw any issues of note to the Board’s attention or to the organisation as a whole.

The Committee acknowledged that more consistency of reporting was required across the governance committees and agreed to discuss this at the meeting of the Governance Committee Chairs. It was agreed that a preliminary draft of the Committee’s annual report be circulated to the Committee electronically for their input in particular to the Recommendations section with a deadline for return.

### 2.4 Governance statement for Evidence Groups - Scottish Health Technologies Group (SHTG), Scottish Medicines Consortium (SMC) and Scottish Intercollegiate Guidelines Network (SIGN)

The Director of Evidence presented the proposed revision to the code of corporate governance covering the work of the three technology groups within the Evidence Directorate. She reminded the Committee that this had been discussed in the earlier development session on the Terms of Reference of the Quality Committee. She stated that the revision recognised that the three technology groups were part of the Evidence Directorate but retained appropriate autonomy. The statement had been revised in discussion with the Executive Clinical Director, the Technology Group Chairs, the Director of Finance and Corporate Services and Lead Officers within Healthcare Improvement Scotland for these areas.

The Committee discussed the proposed revision and agreed the recommended revision.

### 3. STRATEGIC BUSINESS

Item 3.3 was taken here.

#### 3.1 2015-2018 Strategic Delivery Plan for Medicines
The Executive Clinical Director stated that the Delivery Plan was a really strong strategic fit for the organisation with clear plans and timelines. He invited the Chief Pharmacist to update the Committee on progress with the development of the 2015-18 Strategic Delivery Plan for Medicines following a two month consultation period, and set out the contribution to Driving Improvement in Healthcare, our LDP and Corporate Plan.

The Chief Pharmacist welcomed Richard Brewster. She reported that, following on the success of the 2012 Strategic Delivery Plan, there was an opportunity to reflect on progress over two years and improve internal understanding. She highlighted two areas of focus in the previous strategy - the safe delivery of systemic anti-cancer in independent healthcare scrutiny programmes and Hospital Electronic Prescribing. She reported that significant process had been made in engaging with external stakeholders and that an excellent response to the consultation had been received.

She also drew the Committee’s attention to the driver diagram which provided an overview of the key areas of work in the 2015-2018 Plan for Medicines including investing in patient and public involvement and link to Stronger Voice; and working with Area Drug and Therapeutic Committees to spread good practice in medicine governance and the safe, effective and cost effective use of medicines. She stated that these are high level plans supported by detailed action plans and monitored by the Corporate Management Team.

The Chair emphasised that it was important to be as clear as possible about the organisation’s specific role and responsibility and what resources and capacity the organisation has to support the plan.

The Chair thanked the Chief Pharmacist. The Committee endorsed the 2015-18 Strategic Delivery Plan for Medicines and supported onward submission to the February Board.

Richard Brewster left the meeting.

3.2 Scottish Patient Safety Programme

The Head of Safety in Healthcare, on behalf of the Director of Safety and Improvement, provided an update on progress of the SPSP National Priority 2 of the SPSP Strategic Delivery Plan 2014-16, “Developing Capacity of the System to use Data to Drive Improvement.” She acknowledged the input from the Data Management Team and those providing data at local Board level and explained that the data had been included in response to a request from the Committee to provide assurance on the progress
being made against the Strategic Delivery Plan. The Chief Executive emphasised that the SPSP Board was delighted with progress in what was an area of potential risk and criticism.

The Head of Safety in Healthcare highlighted the dashboard element of the Plan and the focus on the frequency and completion of reporting; the challenge of ensuring meaningful measures are in place; and the variation locally and nationally in a review of reporting for the SPSP Acute Adult Programme.

She explained that data were being collected to support improvement in patient safety and to highlight potential areas for shared learning. All Boards were supportive of an open and transparent approach and, whilst data submissions would not be deemed mandatory, existing SPSP Governance arrangements would highlight those Boards having difficulty completing the reporting. Boards were able to submit comments on the issues hindering data reporting and make suggestions about the support they might need to help them provide the necessary information.

The Head of Safety in Healthcare advised the Committee that it is not anticipated that a Scotland-wide information system will be put in place but the aim is to produce recommendations about which existing systems might be most suitable for further development and/or uptake by other NHS boards. It was agreed to place information on practice sites underpinned with case studies of significant improvement.

Data summits will be developed early 2015 to bring together National Programme Leads with NHS board representatives to accelerate the understanding, interpretation and action from the data itself.

The Chair of SIGN noted the omission of Greater Glasgow and Clyde and was assured that that they were now submitting data. The Head of Safety in Healthcare agreed to send the Chair of SIGN a link to the data for his information.

The Committee noted there was a risk to the programme if data are not available to inform progress and encouraged the SPSP National team to use the risk process to highlight and address this when required. Performance management of non-reporting should be recognised as a part of quality improvement.

The Executive Clinical Director reported that work was being done on a Memorandum of Understanding between the organisation and the General Medical Council with regard to duties placed on the organisation and on a doctor individually in relation to data that might come through safety or scrutiny which could present issues of fitness to practice.
The Committee noted that the Chief Executive had chaired three meetings of the SPSP Board and that HIS, as the accountable organisation, and stakeholders had been assured and it was hoped that the risk to the organisation could be reduced to amber.

Duncan Service left the meeting.

The Committee agreed as a general message to leads and authors that future reports should make use of the risk register to inform the Committee.

The Committee thanked the Head of Safety in Healthcare for the report and for providing evidence of improvement in patient care.

3.3 Designing the Quality of Care Reviews

The Chief Executive reported that she and the Chairman had undertaken a tour of health boards meeting with Chairs and Chief Executives individually to achieve a shift in mindset with regard to the reviews and to get more ownership from the leadership of the Boards.

The Director of Scrutiny and Assurance gave a presentation on designing the Quality of Care Reviews highlighting key messages and opportunities. The Committee acknowledged the need for a flexible template to recognise the diversity between the different health boards, eg Greater Glasgow and Clyde and Orkney, and the need for a formula to evaluate, assess and understand why areas are working well and why others are not.

The Committee recognised the importance of the Government being on board for sustainability. The Chair stated that quality of care is one of a number of major strategic issues facing the organisation and which the Board has asked the EIS Committee to focus on. It provided an opportunity for the Committee to be informed and raise questions and be assured that the work that has been agreed is being taken forward in an appropriate way.

Penny Bond, Gareth Adkins, Richard Brewster and the Head of Improvement and Implementation joined the meeting.

The Chair of SIGN welcomed scrutiny which allowed areas needing change to be identified. He stated that he and his colleagues preferred to do their own internal review anticipating where change was required prior to an official review and that having external reviews helped drive local internal reviews and improvements.

The Committee acknowledged the huge interest in developing data intelligence and data systems to interpret
data.

John Glennie suggested an operating framework between HIS and Scottish Government around which data is used for which purpose.

The Director of Scrutiny and Assurance advised the Committee that the organisation always reserved the right to go to areas other than those signalled via data. He also recognised the importance of inclusivity and having staff on board and confirmed that the Chair of the Scottish Partnership Forum would be included in discussions to ensure ownership when the report requires implementing.

He confirmed that reviews would be phased during 2015/16 and that there had been a number of expressions of interest from health boards to pilot. He confirmed that scrutiny does not yet include MCNs across Boards but was something for the future.

The Committee acknowledged that it is extremely difficult to give assurance to the public. Boards have competing priorities but needed to buy in to scrutiny to make it work. The Committee discussed the Stronger Voice project and, whilst there were good examples of ownership at an individual level, there was work to do to address weaknesses in the system at other levels.

The Committee acknowledged there was a potential lack of resources internally and agreed that a business case should be developed for consideration by NHSS and brought back to this Committee in April and submitted to the June Board meeting although this timetable would be dependent on progress. The Chair thanked the Director of Scrutiny and Assurance.

4. REPORTS

4.1 Health Technologies Groups Report – updates from Scottish Health Technologies Group (SHTG), Scottish Intercollegiate Guidelines Network (SIGN), and Scottish Medicines Consortium (SMC)

The Chair invited the Director of Evidence to introduce the item. She advised the Committee that they were moving towards a standard reporting template for the three groups. In the absence of the Chair of SHTG she reported on key issues including Healthcare Improvement Scotland Non-Medicines Technologies Strategy (NMTS); innovative medical technology overviews and the implications for SHTG from SMC changes and move to public meetings. There was ongoing work to address the issue that public meetings may change the nature of discussion.

The Director of Evidence confirmed that she co-chaired the
stakeholder group, the Overarching Medicines Technology Group, along with the Executive Clinical Director and which included Scottish Government representation.

The Chair of SMC acknowledged the assistance of Anne Lee, SMC’s Chief Pharmacist, in helping to manage the challenges and risks to SMC and the changing environment. He reported on progress with implementation of recommendations including Patient and Clinician Engagement Meetings (PACE) and the success of sponsor companies attending SMC meetings. He highlighted key risks including:

a) Workload and staff capacity  
b) Media representation  
c) Clinician Engagement and  
d) Public Involvement and Stakeholder Engagement. He reported that a new public involvement network was being created and this would be reported at the February meeting.

The Committee noted that ‘medicines’ was an area of huge political interest and paid tribute to the Chair of SMC and colleagues for their effort in managing the challenges and risks facing SMC and welcomed how inclusive they were being with the public and industry. The Committee also noted that the Chief Executive and the Chair of SMC were meeting the new Cabinet Secretary in January. The Executive Clinical Director suggested that it might be useful for the Cabinet Secretary and HIS Board members to attend an SMC meeting.

The Chair of SIGN reported on the integration of health and social care and highlighted that integrating social care issues into guidelines may slow the process down whilst the SIGN team acquire the new knowledge and skills required. He also highlighted recent publications and the impact of consultant contracts on the work of SIGN. He reported that the latter is an issue not unique to SIGN and not just applying to medicine but to other professional groups and presents a corporate risk.

John Glennie declared an interest as a member of the Scottish Advisory Committee on Distinction Awards (SACDA) Review Body and noted there was also a potential impact of lack of awards on the willingness of medical staff to undertake such work.

The Committee noted that the Executive Clinical Director and the Chair of SMC had written to Medical Directors highlighting the difficulty for SMC with the consultant 9-1 contract. The Chair of SIGN suggested that the problem lay at middle management level and not necessarily with Medical Directors. The Committee agreed that a further approach involving the Academy might be made to the Chief Medical Officer.

The Chair of SMC and the Director of Evidence agreed to
provide anonymised practical examples of impact of lack of medical input and the Chief Executive and management team would discuss how best to take forward.

The Chief Pharmacist and JM left the meeting.

The Chair thanked the Chairs of SHTG, SMC and SIGN for the excellent reports. Further update reports would be submitted to the February Committee.

4.2 Healthcare Improvement Scotland’s Area Clinical Forum

The Chief NMAHP provided the Committee with an update on key issues arising from the Clinical Forum meeting held on 17 November 2014. The Committee thanked the Chief NMAHP and noted the key points outlined.

5. DELIVERY EXCEPTION REPORTS

Items 5.1 and 5.2 were taken after 3.1.

5.1 Person-Centred Health and Care Collaborative (PCHC)

The Head of Improvement and Implementation explained that this was the first time she had brought an exception report to the Committee and sought guidance on how to profile the good work taking place within the project in an exception report.

The Executive Clinical Director confirmed that a template would be provided for future delivery exception reports and that progress updates would continue to be submitted on the corporate template.

The Committee noted that activities were very well evaluated by the Boards and that the collaborative was succeeding in making a shift in culture and engagement but that there are issues with a lack of evidence from NHS Boards of the systematic application of improvement methods to test and measure the impact of the 5 must dos. Norman Gibb declared that he was a member of the Delivery Group for PCC and agreed that the evidence of success was lacking.

The collaborative is supporting Boards until December 2015. In recognition of the issues faced, PCHCC is working with the delivery group to agree whether to progress with re-focusing the work onto three specific areas to enable the agreed milestones to be delivered or to take a different approach that requires the milestones to be reviewed.

Following discussion the Committee agreed that dialogue be encouraged and continued and requested that a progress report with recommendations be brought to the April Committee.
The Chair thanked the Head of Improvement and Implementation and Gareth Adkins.

5.2 **Older People's Acute Care**

Penny Bond updated the Committee on the Older People’s Acute Care Improvement Programme (OPAC) for the period August 2014-December 2014. The Committee acknowledged that it was difficult to highlight success in an exception report and that this was a common issue generally.

The Committee noted that the initial funding was due to end in March 2015 but that a further £180,000 had been secured from Scottish Government to maintain the profile of the work on frailty and delirium and design and test an integrated approach to improving acute care for older people.

The Head of Improvement and Implementation stated that temporary funding and staff turnover were challenging and impacted significantly on the programme. She stated that, based on the success of the programme, they were in a stronger position to influence Government. The Committee agreed that Scottish Government should be made aware of the challenges to a more integrated approach presented by a non-integrated funding structure.

The Committee noted that deadlines for Boards to engage is challenging and that this needed to be addressed.

The Committee noted the report and in particular the proposal for a more targeted model of local improvement support in 2015/16. The Chair thanked the Head of Improvement and Implementation and Penny Bond and requested that a more future looking report be brought back to the April Committee.

6. **CLOSING BUSINESS**

6.1 **Board report: three key points**

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

   a) Committee governance arrangements  
   b) Quality of Care Reviews  
   c) Technology Group reports  
   d) Cross organisational aspects

6.2 **Any other business**

There was no other business.

7. **DATES OF FUTURE MEETINGS**
Dates in brackets are Wednesday Board meeting dates at Delta House, Glasgow

Thursday 19 February 2015 Delta House Meeting Rooms 6a
(25 February 2015)
Thursday 2 April 2015
(29 April 2015)
(24 June 2015)
Thursday 9 July 2015
(26 August 2015)
Thursday 5 November 2015
(25 November 2015)
SUBJECT: Scottish Health Council Committee – 14 April 2015: key points

1. Purpose of the Report
This report provides the Healthcare Improvement Scotland Board with an update on key issues arising from Scottish Health Council Committee meeting held on 14 April 2015.

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

a) Stronger Voice
The committee discussed the first draft of a Project Initiation Document (PID) to develop and deliver key aspects of the Stronger Voice Proposals.

- Development of the Peer Network;
- Development and launch of the Citizen Voice Hub for health and social care;
- Gathering and analysing of narratives of experience of health and social care (stories) at national level; and
- Development of national citizen’s panel and / or juries

The Scottish Health Council PID provides a significant element of high level programme co-ordination, as each of the specific objectives will require its own detailed project plan and action plan. These will be developed as the work commences.

b) Public Sector Equality Duties
A report on the implementation of the Public Sector Equality Duty, which is a legal requirement, was discussed and agreed, subject to some further clarification. The report summarised progress made by Healthcare Improvement Scotland over the past two years and committee members welcomed the Executive team’s view that there was more that could be achieved.

c) End of Term for current non-exec Committee Members and Changes to Committee format
Following the reorganisation of other Healthcare Improvement Scotland governance committees, the changing agenda for the Scottish Health Council and the ending of the term of office for the existing non Healthcare Improvement Scotland members of the Scottish Health Council, a reshaped Committee, with an expanded patient and public focus membership is proposed. A formal Recruitment process will commence shortly.

Pam Whittle
Chair
Scottish Health Council
April 2015
MINUTES - approved

Meeting of the Scottish Health Council
3 February 2015
Meeting Room 4, Delta House, 50 West Nile Street, Glasgow G1 2NP

Present
John Glennie Nominated Chair
Peter Johnston Member
Helen Cadden Member
Carol Vanzetta Member

In attendance
Richard Norris Director
Sandra McDougall Head of Policy
Jacki Smart Head of Operations
Christine Johnstone

Apologies
Pam Whittle Chair
Laura Borland Member

Committee support
Linda Bickerton Committee Secretary

1 WELCOME AND APOLOGIES FOR ABSENCE

1.1 John Glennie thanked everyone for attending and explained that he had agreed to Chair the meeting as Pam Whittle was unable to attend today.

The Chair noted we had also received apologies from Laura Borland.

1.3 Key points from Strategy meeting held on 4 November 2014

The Key points were noted as accurate. The November Committee Meeting had been designated as a Strategy Day to discuss the Stronger Voice project, therefore there were no formal minutes.

1.4 Matters Arising

The Chair asked for any matters arising. No matters were raised which were not on the agenda for later in the meeting.

The Chair suggested that as item 3.1 on Stronger Voice was a fairly detailed presentation we should cover that item first. All agreed.
(3.1) **Stronger Voice**

The Director introduced a powerpoint presentation which had been prepared to update the Committee on progress to date. He confirmed that the proposals had been received positively and we have had an indication from Scottish Government that we would have a role but discussions still need to be held to establish what parts Scottish Government will lead on and which elements of Stronger Voice the Scottish Health Council and Healthcare Improvement Scotland will be asked to develop and implement.

The Director confirmed that Scottish Government aim to have a tangible implementation plan in place by June 2015 so that the Cabinet Secretary can make an announcement at the NHS Annual Conference.

The Committee discussed the workplan implications bearing in mind the intended change of role to become more public facing, the adoption of a ‘public voice’ role, and the expansion of activity to include social care. These are very significant developments.

The Chair raised the question of whether the Scottish Health Council has the capacity and people resource to run with the Scottish Voice project. Stronger Voice work will have an impact on the whole of the Healthcare Improvement Scotland organisation.

The Director confirmed that our staff could change their roles, but we would need to discontinue aspects of our current role to allow us to accommodate the Stronger Voice work.

The Committee agreed that a formal commission from Scottish Government, setting out expectations around the Scottish Health Council and Healthcare Improvement Scotland’s delivery of the new arrangements, was essential before proceeding.

The next Committee meeting is due in April but it was agreed that a date would be found in March for Committee members to approve the direction of travel. In the meantime the Director and senior staff will develop a more detailed action plan and liaise with the Healthcare Improvement Scotland’s Chief Executive and Executive Team.

## COMMITTEE GOVERNANCE

### 2.1 Operational Plan – 2014/2015

The Director explained that this plan was retrospective bearing in mind we are now working on the new one for 2015/2016. The Chair was pleased to note that items previously reported as being delayed had been pulled back and completed to schedule. The Director reported on Items outstanding as follows:-

Page 17 – Research Meetings – two per year: We have only managed to run one meeting due to prioritisation of the Stronger Voice work.

Page 21 – Service Change – offer CEL4 (2010) awareness sessions to Boards. Aim had been to deliver 12 sessions but we had only completed 8 due to lack of uptake by some Boards.
The Director confirmed that a priority for next year’s plan would have to be the Stronger Voice work and we would find it challenging to develop the Operational Plan for next year until we have more information from Scottish Government and an implementation plan in place.

Helen Cadden asked if there was any intention to extend the National Volunteering Programme work due to complete in March 2015 as it was proving very valuable. The Head of Operations reported that we have an agreement for an extension to March 2016 but Scottish Government are currently scoping the longer term prospects and there is a strategic conversation in progress to look at mainstreaming a post to support the Network going forward.

The Director informed the Committee of progress with the Healthcare Improvement Scotland Local Development Plan which is being prepared for submission to Scottish Government. Healthcare Improvement Scotland have been tasked with delivering more savings for the forthcoming financial year and this will have an impact on the whole organisation.

The Director will share the Local Development Plan with the Committee when the final version is available.

2.2 Risk Register Update

The Director noted that a new risk had been added in respect of our Highland Office premises. The building which housed the office for Scottish Health Council staff was flooded and is not habitable at present. The Board are attempting to identify suitable alternative accommodation, in the meantime our staff are working from home and we are monitoring the situation.

The Committee endorsed the Risks recorded to date and actions taken.

3 STRATEGIC BUSINESS

3.2 Human Rights Based Approach in Healthcare Improvement Scotland

The Head of Policy introduced a paper for information which explained that Human Rights are increasingly featuring in our discussions with partner organisations, particularly those from the social care sphere and in the context of integration. Human Rights are not specifically focussed on in our Local Development Plan or Driving Improvement in Healthcare: Our strategy 2014-2020, however, there is a connection between these and much of what we do. There is the potential to connect much of our work in Healthcare Improvement Scotland more explicitly to the Human Rights agenda and there would be perceived benefits in doing so.

We intend to have conversations with staff over the next couple of months to get people thinking about the Human Rights agenda and to identify actions to take forward. This is a staged journey and progress will be reported on through regular workplan updates with further papers brought to the Committee then to the Healthcare Improvement Scotland Board where appropriate.
3.3 Evaluation of Public Involvement Unit training and support role

The Head of Policy introduced this survey of public partners and staff members which had been established in 2013 to capture feedback in order to evaluate and improve the performance of the Public Involvement Unit in providing support and training to each of these groups. This was a follow up to the survey presented to the Committee in February 2014.

The latest survey showed an increase in overall satisfaction with experience of support reported by public partners and staff members. However, there were some aspects which showed an increase in dissatisfaction from both public partners and staff members. These were in relation to training, development and appraisal and we have now taken action to make improvements. A further survey will be undertaken later in 2015 to help us assess the effectiveness of the improvements we have made and their impact on public partners and staff.

Carol Vanzetta voiced concerns about the graphics and figures used in the report as she felt that some of the statistics were inaccurate and the graphics misleading. The Head of Policy agreed to discuss alternative methods for reporting on future statistical information in order to ensure accuracy.

Helen Cadden commented that as a public partner she valued being given an opportunity to comment through the surveys.

3.4 Draft Review of NHS Boards' Annual Reporting on Complaints and Feedback

The Head of Policy explained that this report followed on from previous pieces of work on complaints and feedback.

In January 2014, the Scottish Health Council produced an analysis of NHS boards’ annual reports on feedback, comments, concerns and complaints for the period April 2012 to March 2013. This was followed by the ‘Listening and Learning’ report published by the Scottish Health Council in April 2014, which set out findings and recommendations designed to help NHS Scotland improve how it listens and responds to people’s experiences of using healthcare services. Guidance was issued by the Scottish Government in May 2014 to help NHS boards produce more structured, comparable annual reports that are accessible to the public and more comprehensively describe their use of feedback, comments, concerns and complaints to drive continuous improvement. The guidance helped shape boards’ annual reports for the period April 2013 to March 2014 and this new report provides an analysis of those annual reports. This is a working draft as there are still some refinements to be made and the Head of Policy invited Committee Members to pass on any comments to her by the end of this week as we intend to publish the report by the end of February.
3.5 **Focus Group Reports**

The Head of Operations explained that the Scottish Health Council regularly receives requests for support to engage with service users and the public. This paper provided some recent examples of the process, outputs and potential for outcomes that arise as a result of those requests. As an organisation committed to ‘Empowering People’ in our Strategy and ‘putting people at the heart of NHS Scotland’, these are important and valuable insights and outputs. The particular issues outlined here represent good examples of the importance of deliberative engagement with the public. This approach will be key in the forthcoming ‘Stronger Voice’ scoping and operational delivery.

The first report was undertaken for the Scottish Medicines Consortium on Public Attitudes to the provision of Medicines in Scotland and was a more detailed piece of work in comparison to the second report for the Scottish Ambulance Service which was to support a Strategy Refresh within a fairly tight timescale.

The Director explained that as we have developed more expertise we are now receiving more requests for assistance and we have amended our request for work form to incorporate the fact that there will now be a charge to the organisation requesting our input, although we will retain a discretionary element.

The Committee commended the Community Engagement Manager for her team’s work in this area and were pleased to see that we had built up sufficient credibility on our engagement exercises to have a potential income stream.

3.6 **Committee Annual Governance Report – 2014/15**

The Director reported that Healthcare Improvement Scotland are looking at changing the format of the Committee Governance Reports in order to reduce duplication. It is likely that the appendices will be reduced with pertinent information embedded in the main report. When we know what changes are to be made the Director and Chair will draft the report which is scheduled to be presented, discussed and finalised at the Committee meeting in April before being submitted to the Healthcare Improvement Scotland Board.

4. **ANY OTHER BUSINESS**

The Chair announced that Peter Johnston would shortly be standing down as a member of the Healthcare Improvement Scotland Board and this would therefore be his last Scottish Health Council Committee meeting before his departure. The Chair and the Director thanked Peter for his contribution to the work of the Council over the last 4 years and hoped that there would continue to be opportunities to work with Peter on issues of mutual interest in his capacity as an Elected Member and his role with COSLA.

As there was no further business the Chair then formally closed the meeting.
5. **DATE OF NEXT MEETING**

10.00 – 13.00 Tuesday 14 April 2015

in Meeting Room 6a, Delta House, Glasgow

Please note a suitable date in March will be identified for the discussion session on Stronger Voice progress and this will be communicated in due course.