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

**Date:** Wednesday 5 December 2018  
**Time:** 12.30 – 16.00  
**Venue:** 6A/B Delta House, Glasgow  
**Contact:** Pauline Symaniak | boardadmin.his@nhs.net | 0131 623 4294

## AGENDA

<table>
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<tr>
<th>Item</th>
<th>Time</th>
<th>Agenda item</th>
<th>Lead officer</th>
<th>Report</th>
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<tr>
<td>1.</td>
<td></td>
<td><strong>OPENING BUSINESS</strong></td>
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<tr>
<td>1.1</td>
<td>12.30</td>
<td>Welcome and apologies</td>
<td>Chair</td>
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<tr>
<td>1.2</td>
<td>12.35</td>
<td>Minutes of the Board meeting held on 26 September 2018</td>
<td>Chair</td>
<td>BM2018/73</td>
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<td></td>
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<td>Action Points from the Board meeting held on 26 September 2018</td>
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<td>BM2018/74</td>
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<tr>
<td>1.3</td>
<td>12.45</td>
<td>Chair’s Report</td>
<td>Chair</td>
<td>BM2018/75</td>
</tr>
<tr>
<td>1.4</td>
<td>13.00</td>
<td>Executive Report</td>
<td>Chief Executive</td>
<td>BM2018/76</td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td><strong>STRATEGIC DIRECTION</strong></td>
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<td>2.1</td>
<td>13.15</td>
<td>Planning Process 2019-2020: Corporate, Operational, Financial and Workforce Plans</td>
<td>Chief Executive</td>
<td>BM2018/77</td>
</tr>
<tr>
<td>2.2</td>
<td>14.00</td>
<td>Health and Sport Committee Governance Report: HIS action plan update</td>
<td>Chief Executive</td>
<td>BM2018/78</td>
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<td></td>
<td></td>
<td>14.15 Refreshment break</td>
<td></td>
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<td>3.</td>
<td></td>
<td><strong>DELIVERING OUR CORPORATE PLAN</strong></td>
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<tr>
<td>3.1</td>
<td>14.30</td>
<td>Financial Performance Report to 31 October 2018</td>
<td>Director of Finance and Corporate Services</td>
<td>BM2018/79</td>
</tr>
<tr>
<td>3.2</td>
<td>14.45</td>
<td>Operational Plan Performance Report from the Quality Committee: performance against the Operational Plan June to August 2018</td>
<td>Director of Evidence</td>
<td>BM2018/80</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Measuring our Impact Report April to September 2018</td>
<td>Director of Finance and Corporate Services</td>
<td>BM2018/81</td>
</tr>
</tbody>
</table>
3.3  15.15  Risk Management Update  Director of Finance and Corporate Services  BM2018/82

4.  ADDITIONAL ITEMS OF GOVERNANCE: Board will receive minutes of standing committees and a report of key highlights from the Chair of each committee: for information and discussion

4.1  15.30  Scottish Health Council Committee:  Committee Chair  BM2018/83
Key points from the meeting on 25 September 2018 and approved minutes from the meetings on 26 June and 25 September 2018
BM2018/84
BM2018/85

4.2  Quality Committee: key points from the meeting on 31 October 2018 and approved minutes from the meeting on 22 August 2018  Committee Chair  BM2018/86
BM2018/87

4.3  Audit and Risk Committee: key points from the meeting on 15 November 2018 and approved minutes from the meeting on 5 September 2018  Committee Chair  BM2018/88
BM2018/89

4.4  Staff Governance Committee: key points from the meeting on 10 October 2018 and approved minutes from the meeting on 16 May 2018  Committee Chair  BM2018/90
BM2018/91

4.5  15.50  Register of Interests  Director of Finance and Corporate Services  BM2018/92

5.  ANY OTHER BUSINESS

6.  DATE OF NEXT MEETING

6.1  15.55  The next meeting will be held on 20 March 2018, 12.30pm, meeting room 6A/6B, Delta House, Glasgow


MINUTES – Draft

Meeting of the Board of Healthcare Improvement Scotland
Date: 26 September 2018
Time: 12.30–4pm
Venue: Boardroom, Gyle Square, Edinburgh

Present
Dr Hamish Wilson CBE, Chairman
Robbie Pearson, Chief Executive
Dr Bryan Anderson
Jackie Brock
Paul Edie
John Glennie OBE
Duncan Service
Susan Walsh OBE
Pam Whittle CBE

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

Apologies
George Black CBE
Kathleen Preston
Dr Zoë M Dunhill MBE

Committee Support
Pamela Campbell (Executive Assistant)

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

Registerable Interests

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

<table>
<thead>
<tr>
<th>ACTION</th>
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<tbody>
<tr>
<td><strong>1.1 Chair’s welcome and apologies</strong></td>
</tr>
<tr>
<td>The Chairman opened the meeting of the Board by extending a warm welcome to all in attendance.</td>
</tr>
<tr>
<td>He noted that Brian Robson and John Glennie would be arriving following other commitments.</td>
</tr>
<tr>
<td>Apologies were noted.</td>
</tr>
<tr>
<td><strong>1.2 Minutes and Action Points of the meeting on the 27 June 2018</strong></td>
</tr>
<tr>
<td>The minutes of the public meeting held on the 27 June 2018 were accepted as an accurate record subject to the following amendments:</td>
</tr>
<tr>
<td>a) Page 3, 1.4F should read: … as agreed with Scottish Government, relevant resources will be transferred to HIS from Scottish Government.</td>
</tr>
<tr>
<td>The action point register was reviewed and accepted. All actions are in progress.</td>
</tr>
<tr>
<td>The Director of Finance and Corporate Services updated the Board on action 2.1 Workforce Development Plan – no tender applications were received. One firm did get in touch after the closing date who had misunderstood the brief. A meeting is being arranged and the Board will be updated as required.</td>
</tr>
<tr>
<td>Action 3.4 is being taking forward by the Chief Executive.</td>
</tr>
<tr>
<td><strong>1.3 Chairman’s Report</strong></td>
</tr>
<tr>
<td>The Board received a report from the Chairman updating them on recent developments. The following key points were highlighted at the meeting by the Chairman:</td>
</tr>
<tr>
<td>a) A correction was noted in section 3a, David Kinnburgh should be David Garbutt.</td>
</tr>
<tr>
<td>b) The August meeting with the Cabinet Secretary was unfortunately cancelled due to other priorities. She was in attendance at the NHS Boards Chair’s meeting and highlighted her priorities for health and social care in Scotland – the reduction of waiting times, the scaling up and spreading of good practice at pace across health and social care integration, improvement of responsiveness to mental health illness and improving governance of NHS Boards following the Health and Sport Committee report. The Chairman would like the current planning process to be based on addressing these 4 priorities.</td>
</tr>
<tr>
<td>c) The Chairman reflected that the Scottish Government’s Quarterly Strategic meeting went well. A presentation on the Quality of Care Approach was well received.</td>
</tr>
<tr>
<td>d) HIS’ annual review is being held on 15 November 2018, location to be confirmed. The review will be non-ministerial. Board members are asked to hold the date – details will follow about venue and how members can contribute.</td>
</tr>
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</table>
1.4 Executive Report

The Board received a report from the Chief Executive and the Executive Team providing information on headline issues and key operational developments.

The Chief Executive highlighted the following points:

a) The Impact Blog Campaign continues to share the good work going on in the organisation. This is a significant piece of work and he noted thanks to the Comms team.

b) The Senior Leadership Group have been brought together to help ensure that the Executive Team can remain focussed on the strategic issues. The first commission for the group is the development of a planning process for the Operational Plan 2019-2020. He noted his thanks to the Director of Evidence for sponsoring and supporting the group on this.

c) The Guidelines International Network (GIN) conference took place in Manchester this month. The conference was co-hosted by SIGN and NICE. It was a great demonstration of the work of SIGN in the international forum.

d) He noted congratulations to the Director of the Improvement who has had a chapter published in a new book ‘Hope Behind the Headlines, Shifting the Culture in Health and Social Care’.

e) The Director of NMAHP gave evidence to the Health and Sport Committee regarding the Safe Staffing Bill on 25 September and her input was well received.

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

f) The National Board Collaborative should go beyond health national boards and involve the Care Inspectorate and other social services agencies. To deliver transformational change requires more than the NHS.

g) The Complaints and Feedback Annual Report is published after the end of the financial year, around June. This will be circulated when available to the Board for information following approval by the Quality Committee. The most recent report has been published on the website.

h) A concern has been raised that one service in the North of Scotland Cancer Network (NOSCAN) are prescribing a lower dose of one particular cancer medication from the rest of the country. HIS are conducting a fact finding review to investigate why this one area is prescribing a lower dosage than guidance advises. This review has been commissioned by the Chief Medical Officer who requires an update by the end of October to inform next steps.

i) The GP out-of-hours report into quality and safety will go to the Quality Committee for consideration. It will be shared with Board members for information.

j) The additional funding received by SHTG was acknowledged. Board members appreciated the informative presentation from SHTG at the August Board seminar.

John Glennie and Brian Robson arrived.

The Directors highlighted the following from the report:
k) The Director of NHAMP noted that Andrew Moore has been appointed as Head of Excellence in Care, which will release the Head of Nursing to concentrate on the internal governance for the revalidation of nurses and making wider connections throughout the system.

l) The Acting Director of SHC highlighted, in her role as Executive Lead of Equality, the Margaret McAlees award. Margaret was a member of the Quality Assurance Directorate and an advocate of equality and diversity. Colleagues wanted a way to remember her and created the award that will recognise work that has supported equality and diversity within HIS. Nominations are being gathered at the moment. This process has also further developed the partnership with the Scottish healthcare branch of Unison.

m) The Medical Director informed Board members that he had just returned from a meeting of the National Review Panel that considered an appeal on behalf of a patient. This was a test of the new process and went well. A decision has been made and will be communicated shortly. He noted the positive outcome from a challenging process.

n) The Director of Finance and Corporate Services highlighted the challenges within her directorate in supporting a growing organisation and in particular around workforce planning.

o) The Director of Quality Assurance informed Board members that 300 registrations from independent healthcare clinics have now been received. The team have set a new target of 350 registrations. This is a great achievement for the team.

p) The Director of Improvement encouraged Board Members and the Executive Team to read the two books referred to in the executive report. They provide useful and unique insight into improvement methodology and understanding how it can help front line staff to improve services.

q) The Director of Evidence wanted to again thank the SIGN team for co-hosting the successful GIN conference. It was positive that SIGN are still recognised as an industry leader.

Consideration was given to the ongoing challenges with recruitment across the organisation and whether there is a wider sector problem as similar challenges are being faced in the Care Inspectorate. There are vacancies across the organisation but particularly in ihub. The shortage of supply is due to a number of factors which includes low unemployment within the economy.

The ihub recently filled four roles with internal candidates which is positive, as it links with the organisations plan for improving career pathways and nurturing talent from within, but it means that there are still four roles to fill.

The Board noted the content of the report.

2. STRATEGIC DIRECTION

2.1 Health and Sport Committee Governance Report

The Board received the Scottish Government summary response and HIS action plan regarding the Health and Sport Committee Governance.
Report from the Chief Executive who highlighted the following points:

a) The Cabinet Secretary is supportive of HIS and the work that it does.

b) The Chief Executive thanked Jane Illingworth for her input in this extensive piece of work and liaising with Scottish Government colleagues.

c) It is expected that the actions will contribute towards restoring confidence with the public and encourage transparency across the NHS in Scotland.

d) The action plan captures key actions allocated to each Director under four broad themes: an operating framework between HIS and Scottish Government; a process around escalating concerns; a 90 day process around benchmarking adverse events policies and procedures; and the future role of SHC.

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

e) When stating that HIS should become more proactive in surveillance of adverse events, this refers to using the softer intelligence to identify “systems in distress” such as concerns regarding leadership.

f) The Director of Quality Assurance and Director of NMAHP are working on an emerging concerns protocol to ensure the organisation is transparent when reporting to Scottish Government/Health & Sport Committee. It was explained that concerns highlighted would require a degree of investigation to gather intelligence before deciding on next steps, which would include conversations with the NHS board/service in question. This might lead to a more detailed investigation once facts have been gathered.

The Board noted the contents of the paper and agreed the action plan and will be updated on progress of the actions.

2.2 Programme for Government – Summary of implications for HIS

The Board received the Programme for Government paper from the Chief Executive that highlighted key issues that are relevant to HIS, drawing from the areas that are important to the Cabinet Secretary: Mental Health; Suicide Prevention; and Value Management and Transformational Redesign.

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

a) Belinda Robertson has been recruited to the Head of Improvement Support for Mental Health and is seen as a supportive voice by the taskforce and Denise Coia as Chair of the taskforce. Belinda will present her work at a future Board meeting.

b) HIS must recognise the importance of this work and agree where the organisation can meaningfully make a difference.

c) An update on Value Management is planned for further discussion at the Board Seminar in October.

The Safe Staffing Bill is a significant piece of legislation that is not covered in the report. The Director of NMAHP updated the Board on progress. The Bill places a duty to ensure appropriate staffing on NHS
boards and care service providers. Although HIS are not as yet on the face of the Bill, we have been asked to develop and monitor the use of national agreed nursing and midwifery workforce planning tools.

The Bill was originally focussed on nursing and midwifery within NHS however, it is being considered for trial in care homes. This was supported at the NHS Board Chairs meeting – there are concerns about what happens if the tools highlight a deficiency in staffing numbers and then something goes wrong. It does raise a number of questions about where funding for extra staff would come from if the tools suggest that smaller care providers need a designated number of nurses, for example.

A further opportunity to discuss the legislation in more detail is planned for the October Board seminar.

The Board noted the paper.

2.3 Scottish Health Council Review – implementation plan

The Board received a summary paper on progress of implementing the changes to SHC. The Chief Executive explained that work is now underway on the organisational change process. The short life governance review looked at the current and future state which has been previously discussed with the Board.

The Acting Director of SHC highlighted the following:

a) A 90 day consultation process was launched 6 September and was presented at staff events to enable collective discussion about the changes for the directorate. Individual meetings with staff are now underway.

b) Director of Community Engagement recruitment process begins next week.

c) Appreciation was noted for the Partnership Forum representatives who have been incredibly helpful throughout this process.

d) An important work strand is to think about communication more broadly when going through the renaming and rebranding exercise and how this is communicated externally to stakeholders. Ken Miller has been helpful in this planning.

The following points were raised in discussion:

e) The Board agreed the paper was very clear about the process and why the changes were required.

f) Any significant restructuring is always difficult for staff. Most staff who are facing changes are simply changes in their job description. Any posts that have been discontinued are going through the redeployments process.

The Board noted the content of the report and agreed the paper was very clear about the process and why the changes were required.

3. DELIVERING OUR CORPORATE PLAN

3.1 Measuring our Progress: Quality Committee quarterly update

The Board received a report from the Chairman, who also acts as the Quality Committee Chair who highlighted the following points:
a) The last Quality Committee meeting included time to consider how the Committee had been performing. It also considered whether Committees and the Board are seeing the right information to be assured about delivery. The Committee will consider this further and provide an update at a future Board meeting.

b) The report highlighted the progress of the Mental Health Access Improvement Support work which will be discussed in more detail.

c) The Board requested more information about new commissions being asked of HIS and what affect this is having on other programmes so that they can understand the practical impact.

d) HIS' priorities are very similar to those of the Cabinet Secretary which assists with aligning our work. The operating framework with Scottish Government might help clarify our role.

The Director of Improvement presented Appendix One of the paper regarding the Mental Health Access Improvement Support Team and highlighted the following:

e) The programme has two focus: a collaborative to assist teams across the country to learn and improve together (40 teams are engaged); and bespoke support offer which would provide in-depth diagnostic support for NHS boards for improvement.

f) The challenges lie in the bespoke support part and having the resources to properly support the ask.

g) The risk level has been raised as the team will be unable to offer the support required if not fully resourced.

h) The quality of data is also a concern as the data collected locally is not as strong.

The following points were raised in discussion:

i) The three NHS boards that are engaged in the process would be the priorities based on data available.

j) There is an understanding that a main priority for the Cabinet Secretary is mental health. We must have a clear steer as this is covers a broad area.

The Executive Team will consider the above and include as part of the discussion on planning for 2019 and beyond at the Board Seminar and Development Day.

The Board noted the report and thanked the Director of the Improvement for prompting the broader discussion of capacity.

3.2 Financial performance report to 31 August 2018

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

a) The report indicated that, 5 months into the financial year, we had overspent by £80k. However, once additional allocations from Scottish Government were accounted for, HIS has spent £85k less than budget. It is worth noting that most of the allocations have been received by Scottish Government which is significantly
more than this point in previous years.

b) The mid-year review is in progress and the results will be presented to ET mid-October. Part of the review will include the need to predict our position by the end of March 2019 and inform the budget setting for 2019-2020. Scottish Government have not yet announced the contribution that they will make to Boards to cover the pay increase agreed for Agenda for Change staff.

c) Further discussion is required to better understand the financial implications for HIS of the Value Management programme being delivered jointly with NSS. There has been approval from Scottish Government to proceed but as yet, no financial support.

d) HIS are having to absorb some of the wage inflation costs and it will be more important than ever to understand workforce planning implications. An update paper will be presented to the Audit and Risk Committee in November looking at the next 3 years.

e) HIS have contributed £200k to the National Boards Collaborative savings target of £15m. This has been taken out of August's allocation.

f) A significant part of the savings achieved to date are from staff turnover and the fact that we have so many unfilled vacancies which are not recurring savings. There needs to be a wider discussion to consider how savings can be achieved on a recurring basis.

The Board noted the financial position.

3.4 Risk Management Update

The Board received a report from the Director of Finance and Corporate Services on the current status of risks and their management. This included all of the risks from the Corporate Risk Register and the high/very high risks from the Operational Risk Register. The report presented was the same as that submitted to the Audit and Risk Committee at its meeting on 5 September 2018.

The Board acknowledged the discussions earlier regarding Mental Health access should be a specific risk as very high profile and high on the Cabinet Secretary's priorities.

The Board were assured that risk management and the controls applied were effective.

4. ADDITIONAL ITEMS OF GOVERNANCE

4.1 Schedule of 2019-2020 meeting dates

The Board received from the Director of Finance and Corporate Services a draft meetings schedule for the Board and Governance Committees for 2019-2020. It was advised that Committee Chairs and Lead Officers had reviewed the dates.

The Board approved the meetings schedule for 2019-2020 and asked that SHC dates were added to the schedule.

4.2 Scottish Health Council Committee

The Board noted the key points report from the 26 June 2018 and the approved minutes from the 24 April 2018.
### 4.3 Quality Committee

The Board noted the key points report from the meeting on 22 August 2018 and the approved minutes from the meeting on the 30 May 2018.

### 4.4 Audit and Risk Committee

The Board noted the key points report from the 5 September 2018 and the approved minutes from the 21 June 2018.

### 4.4 Register of Interests

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

The Board approved the register and were asked all Board Members and Executive Team to remember to update the team if anything changes.

### 5. ANY OTHER BUSINESS

There were no items of other business

No other business.

### 6. DATE OF NEXT MEETING

6.1 The next meeting would be held on 5 December 2018 in Delta House, Glasgow.
## ACTION POINT REGISTER

**Meeting:** Healthcare Improvement Scotland Board Meeting  
**Date:** Wednesday 5 December 2018  

<table>
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<tr>
<th>Minute ref</th>
<th>Heading</th>
<th>Action point</th>
<th>Timeline</th>
<th>Lead officer</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>18 April 2018</td>
<td>3.1</td>
<td>Excellence in Care</td>
<td>Progress update to be provided at a future Board meeting when the programme is rolled out.</td>
<td>Early 2019</td>
<td>Director NMAHP</td>
</tr>
<tr>
<td>3.4</td>
<td>Risk Management Update</td>
<td>Consideration required as to whether specific risks identified for many individual programmes should be combined for the organisation.</td>
<td>ASAP</td>
<td>Chief Executive</td>
<td>Complete – review has been undertaken of risks but preference is to maintain separate risks</td>
</tr>
<tr>
<td>26 September 2018</td>
<td>3.1</td>
<td>Measuring our progress</td>
<td>Further discussion should be planned at the next Board Development Day/Seminar to consider the planning process for 2019-2020 and beyond.</td>
<td>ASAP</td>
<td>Chief Executive</td>
</tr>
<tr>
<td>4.1</td>
<td>Schedule of 2019-2020 meeting dates</td>
<td>Ensure SHC Committee dates are included as part of the HIS Board and Committee dates for 2019-2020</td>
<td>ASAP</td>
<td>Director of F&amp;CS</td>
<td>Complete</td>
</tr>
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</table>
SUBJECT: Chair’s Report

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

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

3. Strategic issues
   a) NHSScotland Board Chairs Group
      The NHS Board Chairs group met on 29 October 2018 and the meeting was attended by Vice Chair, Hamish Wilson. The meeting covered the proposed remit of four new thematic groups (Governance, Reform and Innovation, Performance and Integration, Workforce and Leadership), the Review of Local Governance, integration and Brexit. I attended the Chairs’ away day on 11 and 12 October 2018 which received presentations covering a data masterclass, a Quality of Care Approach update and the NHS Governance Blueprint.

4. Stakeholder engagement
   a) Meeting with Cabinet Secretary for Health and Sport
      The Chief Executive and I met with the Cabinet Secretary for Health and Sport on 22 November 2018. This was our first meeting since Jeane Freeman MSP took up post and provided an opportunity to share the vision for Healthcare Improvement Scotland going forward. We discussed how our organisation can continue to support the delivery of the aims of the Health and Social Care Delivery Plan and the Cabinet Secretary’s priorities.

   b) Meeting with Lewis MacDonald MSP, Convenor of the Health and Sport Committee
      The Chief Executive and I met with Lewis MacDonald MSP as a follow-up to an earlier meeting in February of this year. We gave him an update on our action plan arising from the Health and Sport Committee governance report, in particular an update on the Scottish Health Council review and implementation of the Governance Blueprint.

   c) Scottish Health Awards and Quality Improvement Awards
      Along with the Chief Executive, I attended the Scottish Health Awards on 1 November 2018 and was pleased to present the award for Mental Health. I then attended the Quality Improvement Awards on 13 November 2018. Both events provided opportunities to hear about the excellent work of health and social care staff and engage with some of the organisation’s stakeholders.
5. Our governance

a) Chair Induction
During the first few weeks of my appointment, my induction programme has focussed on internal meetings which have enabled me to hear about the many parts of the organisation. I have also attended the Quality Committee, the Audit and Risk Committee, and the Scottish Health Council Committee as well as the Strategic Stakeholder Advisory Group (SSAG). Attending the SSAG also enabled me to meet some of our key stakeholders and I hope to build on this external engagement as my induction moves forward. I also attended two Scottish Government induction events - one for new NHS Chairs on 9 October 2018 and another general event for new appointments on 7 November 2018.

b) Annual Review, 15 November 2018
This year’s Annual Review was a non-ministerial review which followed a similar format to previous years. The review of our work in 2017-2018 was led by the Vice Chair and followed by questions from our audience which included a panel of guest reviewers. Feedback was also considered from our Clinical and Care Forum, Partnership Forum and our Public Partners. Questions covered a broad range of topics including integration, health and housing, financial constraints and supporting the spread of best practice.

c) Non-Executive Board Member Recruitment
I have worked with Scottish Government colleagues over recent weeks to agree the person specification that we require for our four new non-executive Director appointments in March 2019. The advert for these posts went live on 23 November 2018 with a closing date of 14 December 2018. Interviews will be held on 29 to 31 January 2019. I’m hoping that best practice highlighted during this exercise will also be useful for the recruitment panel for non-executive Directors for NHS Education Scotland which I have recently joined.

d) Governance Committees
Given the upcoming changes to our Board membership in the early part of 2019, I have asked John Glennie to join the Audit and Risk Committee to provide continuity in the coming months and to take over chairmanship of the Committee at the end of George Black’s appointment. Alongside this, Jackie Brock will leave the Audit and Risk Committee to join the Quality Committee.

e) Board Development Session, 21 November 2018
The Healthcare Improvement Scotland Board held a development session that examined the Blueprint for Good Governance and the steps our organisation will take to ensure we fit with its model. An action plan was agreed covering three priority areas - strengthen stakeholder engagement, improve performance reporting and enhance our vision and strategy.

f) Work with Public Appointments Team
I am a member of the Chairs’ Mentoring Project and currently mentoring a Non-executive who has aspirations to become a Chair. I am also speaking at a recruitment event called “Come on Board” on 10 December 2018.
g) **Code of Corporate Governance**

An update to the Healthcare Improvement Scotland Code of Corporate Governance was scheduled to be presented to the Board in December. Due to ongoing work such as the review of the Quality Committee terms of reference, the Scottish Health Council review and the publication of the Governance Blueprint, the Code will be brought to a future Board meeting when the implications of this work are finalised.

**Carole Wilkinson**

Chair

Healthcare Improvement Scotland
SUBJECT: Executive Report to the Board

PURPOSE OF THE REPORT

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

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

RECOMMENDATION

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

REPORT FROM THE CHIEF EXECUTIVE

Scottish Health Council Review: staff consultation

A 90-day organisational change staff consultation will conclude on 7 December 2018. During this period, all affected staff within the directorate have been invited to participate in an individual consultation meeting with their line manager and an HR representative to discuss how the change proposals being put forward may potentially affect their roles and contribution. The majority of staff have accepted this invitation with only a small number having declined on the basis that they did not feel it was necessary. Feedback has also been received from staff through a dedicated review email address, and this has primarily related to proposed changes to job descriptions.

After the consultation period has concluded, the agreed organisational structure and the date of implementation will be confirmed following full consideration of all feedback gained during the consultation. Some phasing of implementation is likely to be required.

The launch of our new intranet, The Source

On 29 October we launched our new intranet The Source. It has been designed from feedback staff have given us on how we could make their working lives easier. The new site has simple navigation meaning staff are only ever two or three clicks away from the information they need.

Crucially the new site also features collaboration tools. Staff can share news and events regularly on their own team pages and can reach out to colleagues quickly with questions and updates via the newsfeeds. There’s also a social hub for sharing charity, sporting and social events and activities which support staff in a growing organisation to get to know each other better and still reduce all staff emails.

Initial feedback on the new site from staff has been very positive.
Making a Difference Awards

Healthcare Improvement Scotland has launched a new staff appreciation scheme - the Making a Difference Awards, and nominations are now open.

We've created the Making a Difference Awards to recognise colleagues who make a positive difference to our organisation by demonstrating behaviours which champion our shared values.

- Care and compassion
- Dignity and respect
- Openness, honesty and responsibility
- Quality and teamwork

We're recognising and showing our appreciation for the people who go beyond what's expected of them. Nominations will be shortlisted and winners selected by a panel, including VBEC, Partnership Forum and Staff Governance Committee representatives. Our first awards will be made in January 2019 and we'll create a gallery on The Source.

Margaret McAlees Awards

We have created an award in memory of our late colleague Margaret McAlees, who worked tirelessly to further equality and diversity within our organisation and NHS Scotland. 12 nominations were submitted from across a number of different directorates. The Margaret McAlees Award nomination panel met on the 1st of November and was chaired by Carole Wilkinson, HIS Chair.

The winner will be announced in December 2018 and they will be presented with a bespoke trophy. The panel also agreed that all nominees will be recognised for their efforts with plans in development to design an appropriate mechanism for congratulating them.

HIS ‘Impact’ Blog Campaign

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

The first campaign burst took place from 18 April – 15 May in which we produced 8 blogs, including an introduction from the Chief Executive and articles on independent clinics, the impact of inspections, anticipatory care planning, advice on medicines, SPSP, the Scottish antimicrobial prescribing group and patient versions of SIGN. In total, we attracted 985 views of the blogs with the most popular being ‘Advice on Medicines’ attracting 177 views. The second campaign burst is now coming to a close and includes 13 blogs on various topics including, SIGN Impact; SPSP Mental Health Impact; Death Certification and how inspections have informed improvement.

Further analysis and evaluation will be done after this campaign burst is complete.

Hospital Standardised Mortality Ratio

We are currently refreshing our approach for how Healthcare Improvement Scotland uses the Hospital Standardised Mortality Ratio (HSMR) and have created a draft set of quality indicators which will be tested over coming months with an aim of national usage from May 2019. This will mean a move away from routinely engaging formally with NHS boards on the sole basis of high/increasing HSMR. It is anticipated that this wider set of indicators will
broaden from deaths in hospital whilst developing a wider focus across the health and care system. This work is supported by Scottish Government.

**Stakeholder Perception Survey**

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

This is complementary to the annual MSP perception survey which we participate in and will give us an indication of our progress in stakeholder engagement and communication. Early headline results indicate we have improved on last year’s results with further analysis still to take place. Further details will be shared in due course.

**Executive Team Geographical oversight**

The Executive Team are progressing with their Geographical Oversight roles for specific areas of Scotland. A process has been developed for supporting the Directors in this role and the Director for Nursing Midwifery and Allied Health Professionals (NMAHP) met with NHS Dumfries and Galloway and NHS Lanarkshire in October and was joined by the HIS link Inspector, corporate office and the ihub relationship manager. The initial feedback from the two boards has been positive and well received, with both boards keen to build closer working relationships with HIS and to help us develop our work with an improved understanding of the local issues they face. Directors are now in the process of planning meetings for early 2019 with other boards, based on the feedback and process developed for the initial meetings. These meetings are also proposed to help inform our planning for our work programmes for 2019 and beyond, and helping to provide key intelligence to inform the prioritisation of our work programme.

**Public Health Reform Update**

Public health reform is a partnership between Scottish Government and the Convention of Scottish Local Authorities (COSLA). It recognises that the vision for Scotland’s health cannot be achieved by any one organisation working alone. It will take the combined efforts of partners from across the public, private and third sectors and, importantly, from within local communities.

Public health reform aims to challenge current ways of working, put more decisions directly in the hands of citizens and provide support to local communities to develop their own approaches and solutions to local population health challenges.

To deliver the vision for public health reform, Scottish Government and COSLA will:

- agree public health priorities for Scotland that are important public health concerns and that we can do something about. These have now been agreed and published.
- establish a new national public health body for Scotland bringing together expertise from NHS Health Scotland, Health Protection Scotland and Information Services Division.
- support different ways of working to develop a whole system approach to improve health and reduce health inequalities.

The HIS Director of Improvement sits on the overarching Public Health Reform Programme Board. In addition there are a number of short life working groups that have been put in place to support the design of the new Public Health Body. Healthcare Improvement Scotland’s
Head of Improvement Support and Head of Knowledge Management sit on the Improving Services - Health Care Public Health Commission Group.

Through these connections it is becoming clearer that there are significant interfaces around the aspirations of the new Public Health Body and Healthcare Improvement Scotland current work in the areas of evidence, strategic planning, service redesign, and improvement. As a result of this recognition, we are currently exploring a more detailed mapping session to identify areas of commonality and interest and explore opportunities for collaborative working going forward.

**SIGN 25**

November 2018 marks the 25 year anniversary of SIGN guidelines. We have already trailed the anniversary in a number of existing platforms (eg the Guidelines International Network (GIN) conference in Manchester, the NHSScotland Exhibition Stand in June, our Annual Review earlier in November and the Our Progress At A Glance document also published in November) and we are also half way through conducting a digital media campaign to celebrate the landmark.

We have created a one off SIGN 25 logo which has been used on digital platforms, a SIGN timeline on the web presence ([https://www.sign.ac.uk/timeline.html](https://www.sign.ac.uk/timeline.html)) featuring landmark events and SIGN guidelines during the last 25 years. We are also using social media to promote the anniversary, the 150 plus guidelines which have been produced since SIGN guidelines started, the timeline and the way forward for SIGN guidelines. The social media promotion started on 6 November and includes testimonial statements from stakeholders on Twitter and blogs from those who have worked on or benefited from SIGN guidelines. The promotional work is expected to continue until mid-December.

**People and Workplace**

Following an external review of the People and Workplace function, an advert has been issued across the HR community to ask for expressions of interest in a secondment to HIS as Associate Director of Workforce. This post will report directly to CEO and will provide senior leadership capability to the function whilst a change management programme is undertaken.
DIRECTORATE ACHIEVEMENTS & CHALLENGES

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

Quality Assurance Directorate

ACHIEVEMENTS

Adverse Events

The Health and Sport Committee published a report on The Governance of the NHS in Scotland - ensuring delivery of the best healthcare for Scotland in July 2018. This report contained commentary and recommendations regarding the management of adverse events by NHS boards and the role of Healthcare Improvement Scotland and its assurance function. Responses to this report by the Cabinet Secretary include actions for Healthcare Improvement Scotland. These comprise the development of a reporting baseline to establish the status of adverse event management processes in NHS boards as set out in the Learning from adverse events through reporting and review: A national framework for Scotland, revised in July 2018.

To inform this baseline we have asked NHS Boards to complete a self-evaluation specific to their management of adverse events (based on our Quality of Care approach). This information will be collated and reported to inform a number of purposes:

• to inform Scottish Government in response to the Health and Sport Committee Report
• to inform the revision of the national framework
• to further develop the adverse events external assurance component of the Quality of Care approach,
• to identify focused improvement support either bespoke or aligned to an existing ihub portfolio, and
• to identify areas of good practice and areas of challenge

Independent Healthcare

Our greatest achievements this year have also been our greatest challenges. Since the beginning of the financial year, we have registered 112 independent clinics. We have also amended our inspection methodology and tools to align with the quality of care approach and, latterly, commenced the inspection of registered independent clinics against the quality framework.

Ionising Radiation (Medical Exposure) Regulations 2017 (IRMER)

HIS has now been confirmed as acting as the relevant authority for the Ionising Radiation (Medical Exposure) Regulations 2017, commonly referred to as IR(ME)R, on behalf of Scottish Ministers. Medical exposure is medical ionising radiation that includes x-rays, nuclear medicine, and treatments such as radiotherapy. It is widely used in hospitals, dentists, clinics and in medical research to help diagnose and treat conditions. The next stage for HIS is to build the infrastructure to support the delivery of the project and align the work to the quality of care framework.

National Hub for Reviewing and Learning From Child Deaths

The Scottish Government has asked for a system to be set up for reviewing and learning from child deaths in Scotland based on a National Hub which would coordinate all the activity, working with a wide range of partners. Healthcare Improvement Scotland and the Care Inspectorate have agreed to work together to take this forward.
There has been a lot of hard work carried out regarding the approach to reducing child deaths in Scotland and there is a keenness to begin the work to establish the hub as soon as possible. Given what is already known about the causes of child deaths we have agreed a business case and funding for phase 1 of establishment of the hub which places the coordinator and associated support within Healthcare Improvement Scotland. This first phase will scope out the full extent of the project, identify key partners and set out what can be achieved in the first year following the launch of the Hub.

NMAHP Directorate

ACHIEVEMENTS

Health and Care (Staffing) (Scotland) Bill

We have been working closely with the policy team at Scottish Government to influence and shape the Health and Care Staffing Bill and in particular the role of Healthcare Improvement Scotland.

The Health and Care (Staffing) (Scotland) Bill was presented to parliament on 23rd of May. Written and oral evidence was considered by the Health and Sport Committee during September 2018, with the Cabinet Secretary evidence to Health and Sport Committee 2nd October 2018. The published report from the Health and Sport Committee is expected before the end of November and following this it is anticipated that the stage 1 debate will occur sometime during December with stages 2 and 3 anticipated prior to Easter recess in 2019. The Bill team are currently working with stakeholders on a number of amendments, one of which is the role of HIS in the legislation which will include:

- Responsibility for maintaining existing and developing new workload tools (Plans to move Nursing and Midwifery Workforce and Workload Planning Programme (NMWWPP) team to HIS from April 2019)

- Responsibility to scrutiny and improvement support for all aspects of the Health and Care (Staffing) (Scotland) Bill

A NMWPP Transfer Planning Group has been established, which will meet monthly until the transfer takes place on the 1st April. Membership includes stakeholders from Healthcare Improvement Scotland, Scottish Government and Information Services Division (including partnership representation).

Our Head of Nursing has been testing support for senior nurses in NHS borders aimed at improving care as part of our cross organisational approach to support following Borders Older people inspections.

The directorate have responded to a need expressed by IJB lead nurses for support in developing their thinking and practice in clinical and care governance. We held a practice sharing event for lead nursing and Nurse Directors on the 28th November and are participating in ongoing work to support lead Nurses, Doctors and Social Workers with Scottish Government Professional leads.
Medical Directorate

ACHIEVEMENTS

DCRS has received very positive feedback on the publication of the 3rd Annual report which highlighted key achievements in 2017–2018 including:

• reduction in the number of MCCDs found to be ‘not in order’ by 37.1%
• developing two eLearning modules to support local training and development
• improved data to NHS boards to promote internal education
• increased use of electronic certificates in primary care (eMCCD)
• excellent satisfaction feedback from certifying doctors, and
• improved quality of our case reviews by introducing a review of patients’ Emergency Care Summary for all Level 1 reviews.

Honorary Fellowship

Medical Director, Dr Brian Robson, has been awarded an honorary Fellowship with the Royal College of Physicians of Edinburgh in recognition of his contribution to quality improvement in healthcare. Whilst it is a privilege to receive such an award Dr Robson has acknowledged in accepting the award that many people have been driving the quality agenda in Scotland and globally and that he had benefited greatly from their advice and support.

Corporate Services Directorate

People and Workplace

ACHIEVEMENTS

Alterations to Delta House are currently in progress to accommodate our current staff and to make better use of the space that we have. Each floor is being adapted with the works planned to complete toward the end of January 2019. Regular meetings are being held in partnership and with staff representatives to provide information and to resolve any concerns. Part of the ‘tea room’ on level 5 has been converted into temporary desk space to assist with easing pressure for desks during the work. Work is currently progressing to schedule.

CHALLENGES

Challenges remain around workforce planning and additional support has also been sourced to assist with this as part of the current integrated planning exercise within the organisation. Ian Haxton will be with us until 31 March 2019.

Business Resilience

ACHIEVEMENTS

During October, HIS achieved its Cyber Security Certificate which is an essential component of following the Scottish Government resilience Plan. In addition, a cross organisational cyber security working group has been established to action all of the recommendations from the Public Sector Action Plan for Cyber Resilience.

The newly developed system for SMC to assist with business process and managing information securely is now in place and has been well received. Representatives from NICE visited HIS to review the system and are interested in following the same approach.

As part of the alterations to Delta House, ICT have introduced additional wireless access points to each floor which has increased and improved the wifi coverage across the building.
CHALLENGES

Office 365 will be implemented as part of the National programme rollout. This will require detailed planning with phase 1 estimated to take place in March 2019.

Organisational Development and Learning

ACHIEVEMENTS

HIS have been reaccredited with the Healthy Working Lives bronze award. Progress is being made toward achieving the silver award. This has been led by the Health at Work Group which is chaired by Eleanor Mackenzie.

Work around Career Pathways continues to be developed and well received – it was flagged by Partnership Forum as one of the exceptional pieces of work taking place in Partnership within HIS at the recent Annual Review.

CHALLENGES

Concern is being raised about the current numbers of people cancelling their attendance at courses. The data is supplied by eEES and provides sufficient detail to follow up with people to understand the reasons better.

National Boards Collaboration

ACHIEVEMENTS

A joint coaching service has been introduced across the national Boards, made up of internal Organisational Development and coaching practitioners. This has been led by Anne Lumsden and is currently in the pilot stage. Early indications are that this is a successful collaboration which provides a shared resource for a service for which there is an increasing demand.

CHALLENGES

Progress is being made to agreeing ‘Target Operating Models’ for Finance, HR, Estates and Facilities and Procurement. These models set out the transactional areas of work that could be shared amongst the 8 National Boards. They also include broad timescales for transitioning to the agreed model. Significant further work is required before a solution is possible and this includes standardising policies and procedures across the 8 Boards.

Evidence Directorate

ACHIEVEMENTS

SAPG

There has been a 3% drop in antibiotic use in NHSScotland between 2013 and 2017. The decrease is reported in the Scottish One Health Antimicrobial Use and Antimicrobial Resistance Report on antibiotic use and resistance in Scotland during 2017. In primary care, where 80% of antibiotic use occurs, there has been a continued reduction in use, with a decrease of 7.8% between 2013 and 2017. In 2017 the rate of antibiotic use in primary care was the lowest on record. This decrease can be attributed to a range of interventions developed by SAPG and implemented by board Antimicrobial Management Teams over the past 10 years to tackle unnecessary use of antibiotics for self-limiting respiratory infections in the community. In recognition of Jacqui Sneddon’s work in this area, she has recently been designated as a Fellow of the Royal Pharmaceutical Society.
SMC Implementation of additional decision option

In August 2018 SMC introduced a new decision option for specific medicines, allowing them to be accepted by the Committee for use subject to ongoing evaluation and future reassessment. This applies only to those medicines that are granted a conditional marketing authorisation (CMA) by the European Medicines Agency (EMA) regulatory body. This approach is being taken to align with regulatory changes supporting earlier patient access to new medicines that address an unmet need. As there is often a high degree of uncertainty about the longer-term clinical benefits of these medicines, the new approach allows SMC to reconsider the clinical effectiveness of a medicine at a later stage when the company has provided further obligatory clinical data to EMA. At the time of re-assessment companies can also provide additional data gathered in a ‘real-world’ setting if this is available.

Implementation of new ultra-orphan pathway

A new approach to the assessment of medicines to treat extremely rare conditions, known as ultra-orphans, is being introduced in line with the Scottish Government’s June 2018 announcement on a new ultra-orphan pathway. SMC is working with key stakeholders on how these medicines will be assessed initially and then again after a period of at least three years in clinical use. From October 2018 pharmaceutical companies have been able to submit medicines for validation as ultra-orphan according to the new definition and the new assessment process will be implemented from April 2019.

Patient involvement in SIGN

Karen Graham, SIGN Patient and Public Advisor, has taken on the role of Co-vice Chair of G-I-N PUBLIC, a working group of the Guidelines International Network (G-I-N) made up of researchers, health professionals and patient/public representatives that supports patient and public involvement in clinical guideline activity around the world. Through Karen’s work SIGN has four public partners on SIGN Council, 16 patients/service users on guideline development groups/involved with patient versions, three public partners on the patient literature group and five patients/public partners as awareness volunteers. In a first for SIGN we have two young people on the epilepsy in children guideline development group. Current developments involve: reviewing existing methods for incorporating patient experience stories into guidelines; reviewing the ‘Provision of information’ chapter of guidelines and exploring options for patient-centred communication and shared decision-making; producing a template within guidelines to capture engagement work with patients and carers during the guideline development process.

New funding streams for SHTG

SHTG has recently reached a funding agreement with National Services Scotland (NSS) to provide evidence support for the new National Planning Board. A similar agreement has also been reached with the Chief Scientist Office (CSO) to provide health technology assessment support for innovation. These collaborations provide reassurance that the work of SHTG and the Evidence Directorate is seen as relevant and valuable by stakeholders.

CHALLENGES

The SMC workload involved in developing the new ultra orphan definition, validation, appeal and initial SMC assessment process has been considerable for a core group within SMC. This work is taking place alongside implementation of other review of access to new medicines recommendations as well as busy business as usual. Demands made on staff are being monitored and supported where possible. In addition, there is a risk some companies may delay submissions because they may perceive their submission would have a better chance of acceptance when the new ultra-orphan assessment process commences in April 2019. The backlog of submissions will result in reputational damage to SMC if large volumes of medicines require to be deferred for assessment for several months.
The New Drugs Committee (NDC) chair and one of the NDC co-vice chairs are retiring at the same time and so there is significant change within the SMC Executive team during a period of implementing complex process changes. The new NDC chair has been appointed and recruitment is underway for the co-vice chair.

Scottish Health Council

ACHIEVEMENTS

Gathering views on Community Audiology Services

Following a request from the Scottish Government, the Scottish Health Council gathered views from people with lived experience of hearing loss across Scotland on delivery of, and access to, audiology services. This engagement included:

- 3 discussion groups with service users in different areas of Scotland
- A session with representatives of national third sector organisations who support people with hearing loss
- 31 individual interviews with service users across Scotland
- A discussion session with 15 national ‘See Hear’ leads who lead on the delivery of priorities in the Scottish Government’s See Hear strategy in their local area.

A report setting out the views that people shared has been shared with Scottish Government to inform the initial scoping stage of its work with stakeholders to deliver enhanced community audiology services and testing.

Our Voice Citizens Jury animation

The Scottish Health Council is involved in testing and evaluating Scotland’s first Citizens Jury to be held on a national healthcare issue. It has produced an animation to help explain what a Citizens Jury is and this can be accessed on the Scottish Health Council website. The jury process is currently underway involving a diverse group of members of the public in the local authority areas of Perth and Kinross, Dundee, Fife and Clackmannanshire. The aim of the jury is to produce a set of recommendations that answer the following question: “What should shared decision making look like and what needs to be done for this to happen?”

A report on the jury’s findings, and an evaluation of the jury process and its impact, will follow shortly after the jury concludes. The findings will be considered by the Chief Medical Officer to inform future work, and feedback will be provided to jury members about how their recommendations have been taken forward.

CHALLENGES

Monklands Replacement/Refurbishment Project

The Scottish Health Council was due to publish its report on the engagement and consultation process for NHS Lanarkshire’s Monklands Replacement/Refurbishment Project on 14 November. The Cabinet Secretary for Health and Sport has requested that an independent review of the process is established. Publication of the Scottish Health Council’s report has therefore been paused until further detail about the independent review is available and can be appropriately considered.
ihub

ACHIEVEMENTS

ihub 2017/18 Impact Report

We have published the 2017/18 ihub impact report. This includes 13 impact stories which illustrate what we do and how that is helping to improve health and wellbeing outcomes across Scotland. We will shortly be starting a social media campaign to highlight the individual impact stories. Copies can be found at https://ihub.scot/media/5297/ihub-impact-report-2018-digital.pdf

Support for GG&C Winter Planning

The ihub team were asked to support NHS Greater Glasgow and Clyde and the five Integration Authorities with their winter planning. Support has been delivered in two designed and facilitated sessions with the leadership team which built on preventative community based initiatives and identification and improvement of discharge pathways before capacity is at crisis. These sessions have enabled both a collaborative approach to winter planning and for new pathways and projects to be established.

Sharing learning and best practice

We have recently successfully migrated the ihub website onto a new platform that will provide greater functionality, enabling us to deliver a better user experience. This migration was a significant amount of work including the review of over 1,000 pages of existing content to see if relevant for migration.

There is a national focus at present on how we increased the sharing of learning and best practice. We have identified a need to raise the profile of the significant amount of work we are already doing in this area and the broad reach we are already achieving. For example

October Website Statistics

<table>
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<th>Webpage views - monthly total for ihub.scot</th>
<th>35,488</th>
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<td>Highest individual page views after the homepage</td>
<td>SPSP Acute Adult – 2,160</td>
</tr>
<tr>
<td></td>
<td>Medicines Sick Day Rules card – 950</td>
</tr>
<tr>
<td></td>
<td>SPSP landing page – 1,087</td>
</tr>
<tr>
<td>PDF Downloads – monthly total</td>
<td>6,924</td>
</tr>
<tr>
<td>Highest individually downloaded document</td>
<td>ihub Impact Report – 301</td>
</tr>
</tbody>
</table>

Our 2017/18 impact report also highlighted that over that year

- we supported 17 national learning networks, delivered 54 learning events and 109 webinars.
- we developed 43 new practical tools that support practitioners to implement improvements in a range of areas. From supporting the management of frailty in key situations (for example, during hospital admission) to providing an atlas to aid in the delivery of intermediate care.
We consistently get very positive feedback about the quality and usefulness of our learning events, most of which are targeted at those doing the work of improvement rather than the most senior leaders in the system. Hence one of our challenges may be how we ensure our more senior system leaders are sighted on the impact and value of this work.

**CHALLENGES**

**Value Management/Quality Management System**

Healthcare Improvement Scotland (HIS) has worked in partnership with NHS Education for Scotland (NES), NHS Highland and the Institute for Healthcare Improvement (IHI) to develop proposals for the scale and spread of an approach to Value Management developed and tested in NHS Highland.

Commitment to deliver this was made within the Programme for Government earlier this year and funding has been sought through the National Board Transformation Funds and Scottish Government. Due to the length of time this process is taking we are no longer in a position to launch this programme by April 2019.

A design day, hosted by HIS, was held in in October for all stakeholders to progress the development of the Value Management Collaborative. The day also provided an opportunity to explore the next steps for implementation within NHS Boards of the previously published Quality Management System with agreement from the group to include as part of the Value Management Collaborative.

**Staffing**

Whilst progress is being made, we are still facing significant challenges with the number of vacancies we are carrying and are currently working jointly with HR to look at how we can increase the pace of the next phase of recruitment. As of the 19th November we had 23 posts in recruitment of which 19 had no cover arrangements in place. Of these 23 posts, 10 had been offered and 13 were still in active recruitment. The biggest gap at the moment is around project officer/senior project officer support with a total of 7 vacant posts with no cover in place. This is inevitably impacting on the level of support we are currently able to provide across a range of programmes.

The ihub has completed an analysis of the root cause factors impacting recruitment and work is underway in collaboration with HR and OD to develop a directorate wide approach to recruitment and workforce planning. This forms part of wider discussion taking place across HIS in relation to understanding the root cause of recruitment issues and identifying mitigating actions.

**Mental Health Access Improvement Support Team (MHAIST) - Proposal for Scottish Government**

MHAIST has submitted a proposal to the Scottish Government for an increase in resources to support improvement in mental health waiting times. As identified in a previous paper to the Board, the current resource of two Improvement Advisors and the equivalent of 0.7 clinical lead time is not sufficient to support both the current mental health access collaborative (covering 38 teams) and the amount of requests for bespoke support particularly in the time frame being requested by Scottish Government. Our preferred option would see additional improvement resource funded directly within NHS Boards with training and coaching provided nationally.
EXTERNAL ENGAGEMENT

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

International Learning Exchange

On 30 October 2018, HIS held the second International Learning Exchange (ILE) of 2018 and welcomed delegations from; Austria, Sweden and the Tower Hamlets Clinical Commissioning Group based in London. The session included sharing the work of Healthcare Improvement Scotland and our organisational strategy and there was a great deal of interest both during the session and through correspondence afterwards. Professor Jason Leitch, National Clinical Director of Healthcare Quality & Strategy and Dr Gregor Smith, Deputy Chief Medical Officer, also presented to describe the landscape of health and social care delivery across Scotland.

In addition to this afternoon session, we worked with each delegation to design a bespoke visit programme around their specific areas of interest. Each programme included site visits and meetings with colleagues at Healthcare Improvement Scotland, NHS Education for Scotland and local NHS Boards. We have received tremendous support and recognition from Scottish Government for the process we have designed for organisational international visits. We now charge a small delegate rate which means that we cover any expenses incurred such as venue hire, catering etc.

Children and Young People’s Mental Health Task Force (CYPMHT)

On 29 June 2018 the Cabinet Secretary for Health and Sport announced a joint Task Force with COSLA which is chaired by Dame Denise Coia. The Task Force will focus on key issues around service accessibility and reform and will focus on Scottish Government priorities for mental health and waiting times as key outcomes. The work will be carried out over 2 years, ending in December 2020 and it will be structured with thematic workstreams such as data, neurodevelopmental pathways, specialist services and workforce development, all of which is overseen by the Task Force Operational Delivery Group and will report into the CYPMHT. Healthcare Improvement Scotland is represented on the Task Force through the Task Force Operational Delivery Group. This is a key priority area for Scottish Government and our work through Mental Health Access Improvement Support and SPSP Mental Health will play a key part in the delivery of the Task Force outcomes.

Adult Social Care Reform Programme

Scottish Government and COSLA recently sought the views of the public and leaders from across health and social care organisations to scope the key changes required to address the significant challenges within adult social care in Scotland. The projected growth in demand requires changes not only to the type of care and support that is delivered, and how and where, but also to the way in which care is assessed, organised and planned. The ihub has been identified as a key strategic partner who will support this programme of change and additional resources have been agreed to ensure we have the capacity to deliver on this agenda. This investment is a recognition of the support already provided for the implementation of Self-directed Support.

Complexity for QI Masterclass

In October 2018, the Director of Improvement delivered a QI Masterclass on working in complex systems. It was complemented in the afternoon by a choice of workshops ranging from introductions to dialogic practice to the Functional Resonance Analysis Method for
understanding work in Complex Systems. This was a repeat of a masterclass delivered in February 2018 due to the high level of demand and was a joint initiative between NES and HIS. It is a positive example of national board collaboration that builds on the existing strong relationships between the two organisations around QI.

**The Scottish Mortality and Morbidity Programme (SMMP)**

This programme aims to change the culture of safety reviews through co-production; where safe care, shared learning, quality improvement and a ‘just culture’ is at the forefront.

On the 3rd December 2018 we will run the 3rd national event to share learning and build the national network. Each national event has been significantly oversubscribed due to the huge interest in this field. Ongoing work includes running tests of change for social care (planned Jan 2019), progressing work with primary care in Forth Valley, development of an assessment tool for team based safety reviews/ M&M with NES to assess improvement in the quality of such processes.

**NMAHP**

We have established a professional sharing intelligence forum with Scottish regulators, professional bodies and the National Midwifery Council. We are currently exploring how we identify and share intelligence about the quality of nursing care feeding into both the Sharing Intelligence for Health and Care group and respecting the role of each of the members. The NMAHP Director has presented our approach to sharing intelligence to the chief executives of professional regulatory bodies. They are keen to follow up with HIS on how they share intelligence that they hold about systems issues.

We have also established working relationships with the Care Quality Commission and are learning from their work on both emerging concerns and developing reports on the state of health care.
SUBJECT: Planning Process 2019-20

1. Purpose of the report

To share with the Board the approach that is being taken to prepare the Operational, Workforce and Finance plans that underpin delivery of the strategy ‘Making Care Better – Better Quality Health and Social Care for Everyone in Scotland’. The operational plan will incorporate the workforce plan and financial plan; including a three year finance and workforce plan and a one year work programme.

2. Key Points

The Executive Team asked the Senior Leadership Group to propose and lead the process to develop our integrated operational, workforce and finance plans for 2019-20. This paper describes the process that was agreed.

The intention is to prepare a plan that reflects the longer term nature of our work as set out in the current strategy ‘Making Care Better’, which takes account of the changing and complex landscape across health and social care and understands that our work does not start and stop within a single financial year.

We are also committed to aligning our work with the Cabinet Secretary for Health and Sport’s priorities and exploring how we can deliver improved care for the people of Scotland in these areas.

- **Waiting times** (performance improvements in scheduled and unscheduled care and delivery of the elective centres);
- **Health and social care integration** (improving the pace of progress);
- **Mental health** (delivering improvements in services and provision).
- **Governance**

The revised planning process and approach will incorporate the development of localities with a wider range of interested stakeholders, including the third sector. Increasingly we want to emphasise that all of our work is cross organisational. A key element within this process is building on the growing recognition that the whole organisation is committed to supporting improvement, with a range of skills and approaches – one organisation, many parts, one purpose and ensuring that our work is measured in terms of outcomes and of value.

Having a robust process for developing our operational plan is also an integral part of developing and implementing a Quality Management System for our own organisation.

The process for 2019-20 will build on the work from the operational plan for 2018-19 and will incorporate our contribution with fellow National Boards to support the Health and Social Care Delivery Plan.

**What are the main principles of this process?**

1. **Our different directorates/teams need to work together in a truly collaborative way throughout this process** to enable a plan to be developed that maximises the impact that HIS makes and is value for money. This includes cross-directorate/team working for...
our functions that carry out external facing work. This involves collaborative working with our teams that provide support internally. The intention is that all of our plans: workforce, financial and operational; will be increasingly integrated and co-dependant.

2. **The values and behaviours of the organisation will underpin the planning process.** This includes understanding that some compromise is inevitable in order to prioritise our work and balancing the resources that support our plan i.e. finance and workforce and following through on the decisions made.

3. The **decisions** we make about our work programme must **be transparent, evidence based, robust and consistent.**

4. There must be a **strong focus on value for money and measuring the impact/return on investment of our work.** This requires a process for measurement and reporting which supports the governance arrangements of HIS.

5. We will incorporate the **views of our main stakeholders within the process** and will ensure that Scottish Government are sighted and engaged throughout the process.

Over the past 10 years, several different processes/approaches have been taken to produce our operational plans. Focusing our attention on these five areas should enable us to achieve a **step-change in how we develop our operational plan** for 2019-20 and in future. We will undertake an after action review following the finalisation of the plan to understand and evaluate the revised process, and to enable learning from the process can be applied to future years.

**Workforce Plan**

Workforce planning will also be on a 3 year basis. Additional resource has been engaged to assist with modelling the current workforce and the required future workforce to deliver the three year plan.

There are challenges facing the organisation in workforce planning and a number of actions required to mitigate these including:

- Identify options to engage scarce skills when needed and also to create flexibility across the organisation for generic posts
- Development of staff retention strategies /career progression/succession planning to ensure that organisational memory and experience is retained
- Improve inequalities within the workforce eg introducing and training younger employees, changing the gender balance
- Understanding of workforce related risks to delivering the plan and their possible mitigation.

The workforce plan will be integrated with the operational work plan and will include the following:

- **Workforce demand plan** - forward projection of required and available capacity, capability and cost
- **Workforce improvement plan** – adapt practices, roles and structure to deliver agility and match demand at an acceptable level of risk
- **Workforce supply plan** – closing the gap between current supply and future
requirement, using optimum mix of workforce types.

The workforce plan will be underpinned by a significant internal change programme. This will be led by the Director of Quality Assurance and supported by the Director of Finance & Corporate Services. This programme is currently at the scoping stage and will aim to incorporate all existing employee development programmes, eg Career Pathways under one roof to support the external delivery of our work programme.

**Finance Plan**

Financial planning will be for 3 years on the basis of breakeven by year 2021/22. It is clear that there are limiting factors to be considered and incorporated in the plan. These are noted below:

- Agreed with SG that any underspend or overspend years 1 and 2 by 1% of baseline can be carried forward.
- Indicative funding announced December 2018 (post SG budget announcement) until then, we will assume current baseline funding with no uplift.
- Additional allocations for 18/19 to be base-lined as far as possible approx.£1.3m to date.
- Contribution to national boards £15m still to be finalised.
- Assuming no uplift to baseline for next 3 years cost will be c£245k per annum.
- Assumptions around cost of AfC pay increase – 2018-19 £356k, 2019-20 £830k, 2020-21 £1,100k.
- Pay costs based on current workforce c440 people.
- Proactive management of cost base required to ensure we can resource work programme for the future without having to take disruptive remedial action.

3. **Actions/Recommendations**

The Board are asked to approve the approach and timescales in Appendix 1.

**Appendix 1:** Development and Delivery of Planning Process 2019-20 – operational, workforce and finance plans

If you have any questions about this paper please contact Robbie Pearson, Chief Executive. [Robbie.Pearson@nhs.net](mailto:Robbie.Pearson@nhs.net)
### SUPPORTING INFORMATION

#### RISK

<table>
<thead>
<tr>
<th>Do the key points represent a risk to the organisation?</th>
<th>If yes, has a risk been raised on the Compass Risk Management System</th>
<th>If yes, provide the risk number, risk description and risk rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>yes</td>
<td>Risks have still to be formally raised.</td>
<td></td>
</tr>
</tbody>
</table>

#### OTHER CONSIDERATIONS

**How do the key points support the five priorities in the strategic plan:**

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

This paper is setting out development of the Operational Plan for 2019-20.

**Resource Implications**

The plan will be developed to match available resources with the integration of workforce and financial plans.

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

The process of developing the plan will incorporate a full stakeholder engagement exercise.

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

Advise how the work:

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

All of our work will be impact assessed. A fundamental principle of the planning process will be to ensure that our work is aimed at improving inequalities.
Appendix 1 - Development and Delivery of Planning Process 2019-20– operational, workforce and finance plans

Milestones and dates

Below is a month by month guide to what deadlines and milestones that we will be required to meet to deliver the planning process for 2019-20.

December 2018

- **5th December** – Board meeting
  An update to the Board on the planning process and discussion of high level messages from collated templates.

- **13th December** – ET Planning Day
  Discussion of the first draft of the plan between ET and the SLG.

January 2019

- **10th January** - Function leads Session- sharing initial draft plan and sharing feedback and follow up from October workshop.

- **29th January** - A joint SLG & ET meeting discuss updated draft following December meetings.

- **30th January** - Session with Scottish Government Sponsor Division for feedback on draft plan.

- **All Staff Huddle (dates TBC)** - update on progress and direction of travel.

- **30th January** - Staff Governance Committee – to provide update on workforce plan.

February 2019

- **Week Ending 8th February** - updated draft finalised for sharing.

- **12th February** - Clinical and Care Forum — draft shared with CCF and feedback provided on final draft.

- **13th February** - Partnership Forum– draft for discussion.

- **13th February** - Scottish Government — draft shared with SG for final feedback/comments - deadline of 27th Feb for return.

- **20th February** - Board Seminar – [papers issued 13th Feb] - draft op plan presented to board for final feedback.
- **27th February** - Quality Committee– draft plan shared with QC for formal endorsement.

**March 2019**

- **Week commencing 4th March** - Final revisions to operational plan incorporating committee and board feedback.
- **5th March** - Joint ET/SLG session - to discuss feedback and final draft.
- **6th March** - Audit and Risk Committee
- Plan to be shared with Communications for formatting and final proof read.
- **20th March** - Board Meeting - [papers issue on 13th March] -final approval of plan.
- **31st March** - Final approved plan shared with SG (pending any changes from Board).

**April 2019**

- Work with Communications to agree publication date and communications plan around publication, including social media and any campaign, blogs to support.

1. Purpose of the report

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

2. Key Points

At its meeting on 26 September, the Board received the Health and Sport Committee’s report on its inquiry into governance in NHS Scotland, and the Cabinet Secretary’s response.

The Board also received the action plan developed in response to the recommendations of the Committee. Appendix 1 provides a progress report on these actions.

The action plan includes specific actions in relation to development of a revised Operating Framework between HIS and Scottish Government, an organisation-wide escalation process and a process for responding to potential serious concerns. These will be considered at the Board meeting on 5 December in reserved session.

3. Actions/Recommendations

The Board is asked to note the progress outlined in this paper.

Appendix:

1. HIS action plan – progress report

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

### RISK

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

### OTHER CONSIDERATIONS

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

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

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

<table>
<thead>
<tr>
<th>Resource Implications</th>
</tr>
</thead>
<tbody>
<tr>
<td>The actions detailed in the action plan are currently being taken forward within existing resources.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What engagement has been used to inform the work.</th>
</tr>
</thead>
<tbody>
<tr>
<td>There has been significant engagement with the Scottish Government sponsor division on the development of the response to the Committee’s report and resulting action plan.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What Equality and Diversity considerations relate to the work. Advise how the work:</th>
</tr>
</thead>
<tbody>
<tr>
<td>helps the disadvantaged; helps patients; makes efficient use of resources.</td>
</tr>
</tbody>
</table>

N/A
Health and Sport Committee report on Governance in NHSScotland

Healthcare Improvement Scotland action plan: progress report

<table>
<thead>
<tr>
<th>Issue</th>
<th>Action</th>
<th>Responsible / timescale</th>
<th>Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>The role of HIS</td>
<td>Develop a formal statement of the principles by which HIS should operate, underpinned by a revised Operating Framework*</td>
<td>HIS and SG / December 2018</td>
<td>A draft Operating Framework between HIS and Scottish Government, which includes a statement of HIS’ operating principles, will be considered in reserved session at the Board meeting on 5 December.</td>
</tr>
<tr>
<td>The need to strengthen the visibility of HIS' powers in relation to follow up to scrutiny and improvement activity, and HIS' actual and perceived independence</td>
<td>Review legislation to establish areas where additional powers could be helpful*&lt;br&gt;This would include (i) wider powers relating to access to information (ii) the introduction of improvement notices as an additional step in the escalation process</td>
<td>SG with input from HIS / December 2018</td>
<td>HIS has been providing information to Scottish Government legal colleagues regarding organisational requirements for access to information. In the first instance this has been in relation to the Staffing Bill however other legislative mechanisms may need to be explored.&lt;br&gt;The introduction of improvement notices has been included in the new draft escalation process (see below).</td>
</tr>
<tr>
<td></td>
<td>Develop an organisation-wide, consistent and transparent process for escalation of issues to Scottish Government, integrating existing HIS escalation algorithms</td>
<td>HIS / December 2018</td>
<td>A new, organisation-wide escalation process has been developed for use where a service provider has made insufficient progress in improvements identified by HIS in its quality assurance activity. This will be considered by the Board in reserved session on 5 December.</td>
</tr>
<tr>
<td></td>
<td>Explore the development of an Emerging Concerns Protocol – an internal process to consider concerns prior to escalation</td>
<td>HIS / December 2018</td>
<td>A draft organisation-wide process for responding to potential serious concerns will be considered by the Board on 5 December in reserved session.</td>
</tr>
</tbody>
</table>

*specific action included in the Cabinet Secretary’s response to the Committee
<table>
<thead>
<tr>
<th>Adverse Events</th>
<th>Carry out a 90 day review of HIS’ role in the Adverse Events process, including:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>- Develop a reporting baseline to establish the status, gaps and inconsistencies in adverse event management processes in NHS boards.</td>
</tr>
<tr>
<td></td>
<td>- Further develop a methodology to deliver an external assurance (HIS) component to adverse event management across NHS Scotland in line with the HIS Quality of Care approach and duty of candour reporting requirements.</td>
</tr>
<tr>
<td></td>
<td>This methodology may include the oversight of nationally identified harms.</td>
</tr>
<tr>
<td></td>
<td>HIS / March 2019</td>
</tr>
<tr>
<td></td>
<td>The reporting baseline questionnaire was issued to all patient facing NHS Boards on 7 November 2018 with a response date of 28 November 2018. The questionnaire is intended to provide an overview of how boards are implementing the National Framework for Adverse Events, including labelling of events, reporting systems, numbers and location of events (i.e. acute / primary care) and action taken to share learning.</td>
</tr>
<tr>
<td></td>
<td>The information gathered from the reporting baseline exercise will inform next steps.</td>
</tr>
<tr>
<td></td>
<td>In collaboration with the adverse events network and SPSP, the team is developing a list of specific ‘harms’ where national data is currently collected. The potential use of this data will be discussed with the Openness and Learning Unit in SG.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Public Involvement</th>
<th>Range of activity being undertaken as part of Scottish Health Council review implementation plan.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>This includes:</td>
</tr>
<tr>
<td></td>
<td>- the appointment of a new Director of Community Engagement*</td>
</tr>
<tr>
<td></td>
<td>- strengthening the existing staffing structure and skills mix within the Scottish Health Council*</td>
</tr>
<tr>
<td></td>
<td>- establishing revised governance arrangements for the Scottish Health</td>
</tr>
<tr>
<td></td>
<td>HIS / April 2019</td>
</tr>
<tr>
<td></td>
<td>A recruitment exercise for the new Director of Community Engagement took place at the beginning of October, and unfortunately did not identify an appropriate candidate. This will be progressed further early in 2019.</td>
</tr>
<tr>
<td></td>
<td>A 90 day consultation with staff affected by the change proposals is due to be completed on 7 December. After the consultation has concluded, the agreed organisational structure and the date of implementation will be confirmed following full consideration of all feedback gained during the consultation. Some phasing of implementation is likely to be required.</td>
</tr>
</tbody>
</table>

*specific action included in the Cabinet Secretary’s response to the Committee
<table>
<thead>
<tr>
<th>The need for clarity regarding Healthcare Improvement Scotland’s role in monitoring and inspecting standards and guidance</th>
<th>Develop a refreshed ‘HIS advice – definitions and status’ document, to provide guidance on the purpose of specific Evidence outputs and how the advice should be used</th>
<th>HIS / December 2018</th>
<th>This is under development and will cover HIS Evidence products, along with those from NICE in order to clarify their status in NHSScotland.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strengthen engagement with people and communities.</td>
<td>Council incorporating clear mechanisms for open and transparent stakeholder engagement - strengthening communications and transparency regarding the work of Scottish Health Council, including agreeing a new operating name and brand identity which more clearly reflects its role</td>
<td></td>
<td>A short-life Governance Group is taking forward a review of the SHC Committee role, remit and membership and will ensure the revised arrangements are fully integrated within HIS (including a clearer line of accountability to the Committee from across all directorates). The short-life group will also consider the option of creating a broad stakeholder group that reports to the Committee to help inform existing &amp; future activities. A plan to progress and implement renaming and rebranding changes has been developed. This will be accompanied by a stakeholder engagement strategy, both to communicate with stakeholders about the changes which are taking place, and to facilitate ongoing stakeholder dialogue.</td>
</tr>
</tbody>
</table>

*specific action included in the Cabinet Secretary’s response to the Committee
SUBJECT: Financial Performance Report as at 31 October 2018

1. Purpose of the report
   The paper provides an update on the financial position for the financial year 2018-19 as at 31 October 2018.

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

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

3. Actions/Recommendations
   The Board is asked to:
   • Note the financial position as at 31 October 2018.
   • Note the position with regard to anticipated additional allocations.
   • Note that the mid-year review process has been completed and communicated to the Executive Team and the Audit & Risk Committee, and that HIS remains on track to deliver savings targets of £1.988m.

Appendix:

1. Financial Performance Report (P7)

If you have any questions about this paper please contact

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

## RISK

<table>
<thead>
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</thead>
<tbody>
<tr>
<td>yes</td>
<td>yes</td>
<td>No. 635 – Finance Strategy</td>
</tr>
</tbody>
</table>

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

**High (12)**

## OTHER CONSIDERATIONS

<table>
<thead>
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</tr>
</thead>
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<td>• Make best use of all resources.</td>
</tr>
<tr>
<td>Reference should be made to the Financial Plan that forms part of the Draft Corporate Plan 2018-19</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Resource Implications</th>
</tr>
</thead>
<tbody>
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<td>None</td>
</tr>
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<tr>
<th>What engagement has been used to inform the work.</th>
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</thead>
<tbody>
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<td>The contents of the report are also shared with Scottish Government on a monthly basis through the Financial Reporting arrangements.</td>
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</tbody>
</table>

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</tr>
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</tr>
<tr>
<td>• helps patients;</td>
</tr>
<tr>
<td>• makes efficient use of resources.</td>
</tr>
<tr>
<td>None</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
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</thead>
<tbody>
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<tr>
<td>• helps patients;</td>
</tr>
<tr>
<td>• makes efficient use of resources.</td>
</tr>
<tr>
<td>None</td>
</tr>
</tbody>
</table>
**Healthcare Improvement Scotland**

**Financial Performance Report as at 31 October 2018**

**Overview**

The 2018-19 revenue budget was agreed by the Board in 18 April 2018. The latest funding allocation letter from Scottish Government (SG) was received on 1 November 2018. This set the baseline revenue resource limit (RRL) for 2018-19 to be £24.776 m, the same level as the prior financial year, plus the NHS Boards Pay Awards of £0.244 m, less National Boards Tranche 1 recurring savings of £0.200 m. It also included earmarked recurring allocations of £0.429 m, Depreciation Resource Limit of £0.102 m plus non-recurring allocations worth £5.292 m increasing the total allocation to date to £30.598 m.

**Financial Position**

At 31 October, the total HIS revenue budget for the year is currently £30.598 m. At the end of October, HIS had spent £16.274 m, some £0.63 m more than the budget for the first seven months.

HIS has received the vast majority of additional allocations expected from SG; however an additional £0.180 m has still to be received. When current spend against all these allocations is taken into account HIS has actually spent £0.27 m less than budget.

At the end of October HIS are 58% through the financial year with 53% of the full year budget spent. We had identified at the midyear review circa £0.3m of additional allocations which would not be spent in 2018/19 and would be returned to the Scottish Government. We will continue to monitor this area closely and communicate with the Scottish Government.

**Table A - Financial position at 31 October 2018**

<table>
<thead>
<tr>
<th>Directorate</th>
<th>Full Year Budget</th>
<th>Budget Remaining</th>
<th>YTD Budget</th>
<th>YTD Actual</th>
<th>YTD Variance</th>
<th>YTD Spend for Outstanding Additional Allocations/Income</th>
<th>Adjusted YTD Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chief Executive</td>
<td>918,015</td>
<td>376,726</td>
<td>519,032</td>
<td>541,289</td>
<td>(22,256)</td>
<td>0</td>
<td>(22,256)</td>
</tr>
<tr>
<td>Office of the Medical Director</td>
<td>2,845,168</td>
<td>1,277,769</td>
<td>1,570,960</td>
<td>1,567,399</td>
<td>3,561</td>
<td>0</td>
<td>3,561</td>
</tr>
<tr>
<td>Office of the NMAHP Director</td>
<td>519,526</td>
<td>306,164</td>
<td>214,518</td>
<td>213,362</td>
<td>1,156</td>
<td>0</td>
<td>1,156</td>
</tr>
<tr>
<td>Corporate Provision</td>
<td>521,139</td>
<td>398,760</td>
<td>119,292</td>
<td>122,379</td>
<td>(3,087)</td>
<td>0</td>
<td>(3,087)</td>
</tr>
<tr>
<td>Evidence</td>
<td>5,295,518</td>
<td>2,485,460</td>
<td>2,868,723</td>
<td>2,810,131</td>
<td>58,592</td>
<td>0</td>
<td>58,592</td>
</tr>
<tr>
<td>Finance &amp; Corporate Services</td>
<td>2,634,281</td>
<td>1,131,232</td>
<td>1,442,248</td>
<td>1,503,049</td>
<td>(60,801)</td>
<td>0</td>
<td>(60,801)</td>
</tr>
<tr>
<td>Improvement Support and ihub</td>
<td>10,891,054</td>
<td>5,239,357</td>
<td>5,636,582</td>
<td>5,651,697</td>
<td>(15,115)</td>
<td>78,819</td>
<td>63,704</td>
</tr>
<tr>
<td>Property</td>
<td>1,305,294</td>
<td>513,010</td>
<td>761,422</td>
<td>792,284</td>
<td>(30,863)</td>
<td>0</td>
<td>(30,863)</td>
</tr>
<tr>
<td>Scottish Health Council</td>
<td>2,613,029</td>
<td>1,136,689</td>
<td>1,446,483</td>
<td>1,476,340</td>
<td>(29,857)</td>
<td>10,814</td>
<td>(19,043)</td>
</tr>
<tr>
<td>Quality Assurance</td>
<td>3,055,054</td>
<td>1,459,418</td>
<td>1,631,256</td>
<td>1,595,636</td>
<td>35,620</td>
<td>0</td>
<td>35,620</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>30,598,078</strong></td>
<td><strong>14,324,587</strong></td>
<td><strong>16,210,515</strong></td>
<td><strong>16,273,565</strong></td>
<td><strong>(63,050)</strong></td>
<td><strong>89,633</strong></td>
<td><strong>26,584</strong></td>
</tr>
</tbody>
</table>

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

**Revenue resource allocations**

The budget load at present reflects the anticipated RRL baseline budget for 2018-19 of £30.598 million. In common with prior years future financial performance reporting to the Board and the Audit and Risk Committee will include regular updates on progress in relation to the confirmation and receipt of non-recurring allocations.
The current position is shown in Table B whilst Table C shows the details of the outstanding allocations and income categorised in terms of confirmation status and associated risk.

### Table B - Revenue Resource Allocations (Summary)

<table>
<thead>
<tr>
<th>Allocations</th>
<th>Recurring £’000</th>
<th>Earmarked Recurring £’000</th>
<th>Non-Recurring £’000</th>
<th>Total £’000</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline 1 April 2018</td>
<td>24,776</td>
<td>-</td>
<td>24,776</td>
<td>80.5</td>
<td></td>
</tr>
<tr>
<td>Received to date</td>
<td>-</td>
<td>215</td>
<td>5,607</td>
<td>5,822</td>
<td>18.9</td>
</tr>
<tr>
<td><strong>Allocation at 31 October 2018</strong></td>
<td><strong>24,776</strong></td>
<td><strong>215</strong></td>
<td><strong>5,607</strong></td>
<td><strong>30,598</strong></td>
<td><strong>99.4</strong></td>
</tr>
<tr>
<td>Future SG funding - confirmed</td>
<td>-</td>
<td>-</td>
<td>180</td>
<td>180</td>
<td>0.6</td>
</tr>
<tr>
<td>Future SG funding - unconfirmed</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>0.0</td>
</tr>
<tr>
<td><strong>Anticipated total 2018-19</strong></td>
<td><strong>24,776</strong></td>
<td><strong>215</strong></td>
<td><strong>5,787</strong></td>
<td><strong>30,778</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Anticipated Allocations</th>
<th>Directorate</th>
<th>Anticipated Allocation £</th>
<th>Spend to Date £</th>
<th>Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Confirmed</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Improving Observation Practise for Vulnerable Patients</td>
<td>Improvement Support &amp; ihub</td>
<td>161,700</td>
<td>78,819</td>
<td>Green</td>
</tr>
<tr>
<td>Uplift for Voluntary Information System</td>
<td>Scottish Health Council</td>
<td>18,000</td>
<td>10,814</td>
<td>Green</td>
</tr>
<tr>
<td><strong>Total Confirmed Allocations</strong></td>
<td></td>
<td><strong>179,700</strong></td>
<td><strong>89,633</strong></td>
<td></td>
</tr>
<tr>
<td>Total Unconfirmed Allocations</td>
<td>-</td>
<td>-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Anticipated Allocations</td>
<td>179,700</td>
<td>89,633</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Anticipated Income</th>
<th>Directorate</th>
<th>Anticipated £</th>
<th>Spend to £</th>
<th>Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Foundation Funding - Quality Rheumatology-HF</td>
<td>Medical</td>
<td>45,584</td>
<td>18,932</td>
<td>Green</td>
</tr>
<tr>
<td>Health Foundation Funding - QI Connect</td>
<td>Medical</td>
<td>40,257</td>
<td>16,962</td>
<td>Green</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>85,842</strong></td>
<td><strong>35,894</strong></td>
<td></td>
</tr>
<tr>
<td>Total Anticipated Funding</td>
<td>265,542</td>
<td>125,527</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**Internal efficiency savings targets 2018-19**

In order to achieve a balanced budget the financial plan was the subject of various internal savings targets totalling £1.988 m. In all instances savings are to be sought from recurrent sources wherever possible.

Table D shows the current position at 31 October 2018. This shows that savings of £1.854 m have been achieved in the first seven months of the financial year which represents 93.3% of the overall target for the year. However it should be noted that the majority of savings are being delivered through non recurring sources.
Table D
Savings update as at 31 October 2018

<table>
<thead>
<tr>
<th>Internal Savings Target 2018-19</th>
<th>Staff Turnover</th>
<th>Additional Pay Target</th>
<th>Variable Non-Pays</th>
<th>Total Savings Achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recurring</td>
<td>Non-Recurring</td>
<td>Recurring</td>
<td>Non-Recurring</td>
<td></td>
</tr>
<tr>
<td>Chief Executive</td>
<td>30,335</td>
<td>-</td>
<td>73,899</td>
<td>104,234</td>
</tr>
<tr>
<td>Office of Medical Director</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Office of NMAHP</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Finance &amp; Corporate Services</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>3,000</td>
</tr>
<tr>
<td>Property</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Quality Assurance</td>
<td>24,089</td>
<td>-</td>
<td>551,456</td>
<td>574,535</td>
</tr>
<tr>
<td>Evidence</td>
<td>106,500</td>
<td>-</td>
<td>9,000</td>
<td>115,500</td>
</tr>
<tr>
<td>Improvement Hub</td>
<td>159,465</td>
<td>-</td>
<td>260,121</td>
<td>419,586</td>
</tr>
<tr>
<td>Scottish Health Council</td>
<td>41,660</td>
<td>-</td>
<td>47,500</td>
<td>89,160</td>
</tr>
<tr>
<td>Corporate Provisions</td>
<td>13,355</td>
<td>-</td>
<td>-</td>
<td>280,355</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>375,404</strong></td>
<td><strong>941,976</strong></td>
<td><strong>19,000</strong></td>
<td><strong>1,854,355</strong></td>
</tr>
</tbody>
</table>

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

Table E
Savings achieved compared to LDP targets

<table>
<thead>
<tr>
<th>Savings Targets</th>
<th>Targets 2018-19</th>
<th>Achieved to 31 October 2018 (P7)</th>
<th>Target Remaining 2018-19</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Recurring £’000</td>
<td>Non-Recurring £’000</td>
<td>Total £’000</td>
</tr>
<tr>
<td>Workforce</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Turnover</td>
<td>688</td>
<td>-</td>
<td>688</td>
</tr>
<tr>
<td>Additional</td>
<td>-</td>
<td>700</td>
<td>700</td>
</tr>
<tr>
<td>Non-Pay</td>
<td>688</td>
<td>700</td>
<td>1,388</td>
</tr>
<tr>
<td>Total</td>
<td>688</td>
<td>1,300</td>
<td>1,988</td>
</tr>
<tr>
<td>Percentage</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Outturn Prediction for 31 March 2019
Guidance from Scottish Government is that whilst a deficit is unacceptable a surplus of up to 1% is acceptable. In the case of Healthcare Improvement Scotland this would equate to approximately £0.300 m.

Following the mid-year review and savings identified at the end of October HIS remains on track to achieve savings targets of £1.988 m and remains committed to delivering a position at 31 March 2019 that meets the tolerance levels outlined above.

The Executive Team will continue to regularly monitor the financial position and manage any associated risks.
SUBJECT: Performance against the Operational Plan June – August 2018

1. Purpose of the report

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

2. Key Points

A development session of the Quality Committee in August made recommendations for the streamlining of performance reporting to the Committee. It was agreed that the responsibility for detailed consideration of performance reporting lies with the Executive Team, who will produce a report for each Quality Committee. This report would include exception reporting, significant risks, programme successes and horizon scanning and any new work for approval.

The revised process for consideration of performance reporting was agreed and introduced during October 2018. As a result, the first iteration of the report received by the Quality Committee was not fully developed and concentrated on exception reporting, in terms of programmes that are not on track. In future, the report considered by the Quality Committee will include wider issues, including reporting of issues such as programme successes and horizon scanning.

Programme status

The Quality Committee noted that the majority of the 56 programmes remain on track and progress on activities was noted. No new programmes of work were added to the operational plan during this period. One programme (mental health access), reported at the last Board meeting, has retained its red status during the reporting period. A further 8 programmes have their current progress categorised as amber, for a variety of reasons highlighted below.

Mental Health Access

This work remains as red due to the significant demand for support which exceeds the capacity of the team. The collaborative approach put in place due to lack of initial engagement has seen 40 teams engaging with the offering and further requests from Boards for bespoke support due to declining performance. The effective management of waiting times needs collection of a range of data which has proved to be significantly more challenging than anticipated. Recent training on Demand, Capacity, Activity, Queue (DCAQ) has been undertaken by members of the team, ISD MHAIST analysts and representatives from Boards and it is anticipated, based on the recent support provided by Director of Improvement to NHS Tayside with DCAQ, that this will support more rapid progress with the worst performing Boards and will support development of local improvement work.
Amber rated programmes

Vacancies are currently affecting the Living Well in Communities (LWiC), Place, Housing and Home, Strategic Planning and Joint inspections of Prison programmes.

External factors have caused delays for three programmes:
- LWiC due to delays in the roll out of external systems
- SPSP Maternity and Children due to delays in negotiating an agreed set of priorities with each individual board
- Inspections of Ionising Radiation (Medical Exposure) Regulations (IRMER) due to delays in agreeing the funding proposal with Scottish Government.

The Scottish Approach to Strategic Commissioning Design programme has been affected by delays in recruitment. In addition, the programme is being reviewed jointly with the Scottish Health Council to determine where service design skills may achieve most impact.

Finally, the Scottish Medicines Consortium (SMC) remains at an amber status due to the additional workload associated with the Scottish Government new pathway for ultra-orphan medicines, which has been undertaken in addition to business as usual and completion of the implementation of the final recommendations of the Montgomery Report.

3. Actions / Recommendations

The Board is asked to note:
- the new arrangements for the consideration of performance reporting within the organisation
- the majority of programmes within the operational plan are on track
- progress in the mental health access programme is still rated as red
- vacancies and external factors are the most common reasons for progress against the operational plan being rated as amber.

If you have any questions about this paper please contact Sara Twaddle, Director of Evidence, sara.twaddle@nhs.net, 0131 623 4722.
## SUPPORTING INFORMATION

### RISK

<table>
<thead>
<tr>
<th>Do the key points represent a risk to the organisation?</th>
<th>If yes, has a risk been raised on the Compass Risk Management System</th>
<th>If yes, provide the risk number, risk description and risk rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>yes</td>
<td>yes</td>
<td></td>
</tr>
</tbody>
</table>

### OTHER CONSIDERATIONS

<table>
<thead>
<tr>
<th>How do the key points support the five priorities in the strategic plan:</th>
<th>All work in the operational plan supports and can be cross referenced with the priorities in the Strategic Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Enable people to make informed decisions about their own care and treatment;</td>
<td></td>
</tr>
<tr>
<td>• Help health and social care organisations to redesign and continuously improve;</td>
<td></td>
</tr>
<tr>
<td>• Provide evidence and share knowledge that enables people to get the best out of the services they use and helps services to improve;</td>
<td></td>
</tr>
<tr>
<td>• Provide and embed quality assurance that gives people confidence in the quality and sustainability of services and supports providers to improve;</td>
<td></td>
</tr>
<tr>
<td>• Make best use of all resources?</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Resource Implications</th>
<th>All work has been undertaken within our revenue resource limit.</th>
</tr>
</thead>
<tbody>
<tr>
<td>What engagement has been used to inform the work?</td>
<td>All work involves engagement with key stakeholders</td>
</tr>
<tr>
<td>What Equality and Diversity considerations relate to the work. Advise how the work:</td>
<td>All work is subject to equalities impact assessment</td>
</tr>
<tr>
<td>• helps the disadvantaged;</td>
<td></td>
</tr>
<tr>
<td>• helps patients;</td>
<td></td>
</tr>
<tr>
<td>• makes efficient use of resources?</td>
<td></td>
</tr>
</tbody>
</table>
SUBJECT: Measuring Our Impact (April – September 2018)

1. Purpose of the report
   This report is to advise the HIS Board of the organisation’s progress towards achieving outcomes within individual programmes.

2. Key Points
   - The report is organised by programme within each Directorate
   - The report identifies evidence of progress against the outcomes each it aims to achieve in the period April to September 2018 in terms of impact.
   - For some programmes it is not possible to demonstrate impact, due to the maturity of the programme and the timing of expected impact
   - Performance reporting is undergoing review and therefore this is the final time that the full Board will receive this report.

3. Actions/Recommendations
   The HIS Board is asked to:
   - note progress made in moving towards demonstration of impact.

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

RISK

<table>
<thead>
<tr>
<th>Do the key points represent a risk to the organisation?</th>
<th>If yes, has a risk been raised on the Compass Risk Management System</th>
<th>If yes, provide the risk number, risk description and risk rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project with associated very high risks have been identified within this paper.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

OTHER CONSIDERATIONS

<table>
<thead>
<tr>
<th>How do the key points support the five priorities in the strategic plan:</th>
<th>This report measures progress toward achieving the objectives set within the LDP which will support the Corporate Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Enable people to make informed decisions about their own care and treatment;</td>
<td>This report measures progress toward achieving the objectives set within the LDP which will support the Corporate Plan</td>
</tr>
<tr>
<td>• Help health and social care organisations to redesign and continuously improve;</td>
<td>This report measures progress toward achieving the objectives set within the LDP which will support the Corporate Plan</td>
</tr>
<tr>
<td>• Provide evidence and share knowledge that enables people to get the best out of the services they use and helps services to improve;</td>
<td>This report measures progress toward achieving the objectives set within the LDP which will support the Corporate Plan</td>
</tr>
<tr>
<td>• Provide and embed quality assurance that gives people confidence in the quality and sustainability of services and supports providers to improve;</td>
<td>This report measures progress toward achieving the objectives set within the LDP which will support the Corporate Plan</td>
</tr>
<tr>
<td>• Make best use of all resources</td>
<td>This report measures progress toward achieving the objectives set within the LDP which will support the Corporate Plan</td>
</tr>
</tbody>
</table>

Resource Implications

<table>
<thead>
<tr>
<th>What engagement has been used to inform the work?</th>
<th>The LDP is subject to engagement with both internal and external stakeholders during its development</th>
</tr>
</thead>
<tbody>
<tr>
<td>It is all planned within the organisations resource allocation.</td>
<td>The LDP is subject to engagement with both internal and external stakeholders during its development</td>
</tr>
</tbody>
</table>

What Equality and Diversity considerations relate to the work? Advise how the work:

<table>
<thead>
<tr>
<th>Help the disadvantaged;</th>
<th>Work is ongoing 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 will be applied to all aspects of our planned work.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Helps patients;</td>
<td>Work is ongoing 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 will be applied to all aspects of our planned work.</td>
</tr>
<tr>
<td>Makes efficient use of resources.</td>
<td>Work is ongoing 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 will be applied to all aspects of our planned work.</td>
</tr>
</tbody>
</table>
Healthcare Improvement Scotland
Measuring Our Impact
Performance Report
April - September 2018

Contents

<table>
<thead>
<tr>
<th>Operational Performance Report by Directorate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Title</td>
</tr>
<tr>
<td>-------------------------------</td>
</tr>
</tbody>
</table>
| Participation Network         | Ensure the roll out of the Our Voice Hub initiative to help achieve a stronger voice for users, carers and the public in health and social care, maximising the opportunities for alignment with other work in HIS. | This service is to assist SHC, HIS and Scottish Government undertake innovative engagement with users, carers and the public to improve health and social care services for NHS Boards and Integrated Authorities | **An increase in the number of people contributing insights and lived experience to help inform the delivery of public services**  
**Increased support to enable local joint strategic commissioning for health and social care to be grounded in the voice and lived experience of local people**  
**An increase in the spread of ideas, models, technology and good practice around the promotion of people’s voices within health and social care planning and delivery**  
**More responsive partnership working with ongoing monitoring of partner response and actions around (Panel) research findings.**  
**Intelligence gathered from individuals and communities, used to shape national health and care policy.**  
**Improved feedback on; the purpose of seeking public views; and accounting for how views have been used to improve services** | **Citizens' Panel**  
- Introduction to Citizens’ Panel for Health and Social Care information video completed. Publication on hold for Panel refresh 2018.  
- 6th Citizens’ Panel. Temporary abeyance pending Panel refreshment and establishment of Panel Topic Advice Group. |
|                               |                                                                           |                                             |                                                                                          | **Citizens' Panel ongoing impact:**  
- Panel has informed the following policies/consultations:                                                                 |                                     |                                  | Sandra McDougall | 292,264         |
|                               |                                                                           |                                             |                                                                                          | **It has been externally referenced:**  
- Establishing an Online Citizens’ Panel: Web seminar. 17 Aug 2018 |                                     |                                  |                 |                 |
<table>
<thead>
<tr>
<th>Title</th>
<th>Objectives</th>
<th>Who our services are for, engage &amp; involve</th>
<th>Outcomes we aim to achieve</th>
<th>Update on activities and outputs</th>
<th>Evidence of progress towards outcomes</th>
<th>Risk update (very high risks only)</th>
<th>Lead Director</th>
<th>Overall budget £</th>
</tr>
</thead>
</table>
| Public Involvement | Continue to ensure HIS meets its equality duties and the Duty of User Focus and generally demonstrate good practice in involving users, carers and the public in its activities. | Internal colleagues, public partners, external stakeholders including the general public and voluntary/third sector organisations. | People and communities are offered a range of inclusive opportunities and are supported to get involved in influencing and improving Healthcare Improvement Scotland’s work including being given feedback about the difference their involvement has made. Healthcare Improvement Scotland’s work reflects people’s views and experiences ensuring equality is embedded into our work. | **Perth - 27 Oct, 10th Nov, 24th Nov**  
- Internal staff briefing circulated to update staff on progress (August)  
- Citizens’ Jury information video – in development | Patient groups have provided and presented a patient group submission to SHTG at the June and September meetings. June was the first time a patient group had presented their submission to SHTG.  
- Patient versions of SIGN Guidelines for ‘Management of Stable Angina’ and ‘Migraine’ are currently in development.  
- Equality and Diversity Awareness induction training was delivered to 14 staff in July and 8 staff in September.  
- Support for 10 different EQIA enquiries/meetings from across HIS during July/August. One EQIA was signed off for publication in August.  
- A draft report of the review of Engaging People in the work of HIS presented to the Quality Committee in August. Supplementary work to support fuller | | Sandra McDougall | 189,538 |
<table>
<thead>
<tr>
<th>Title</th>
<th>Objectives</th>
<th>Who our services are for, engage &amp; involve</th>
<th>Outcomes we aim to achieve</th>
<th>Update on activities and outputs</th>
<th>Evidence of progress towards outcomes</th>
<th>Risk update (very high risks only)</th>
<th>Lead Director</th>
<th>Overall budget £</th>
</tr>
</thead>
<tbody>
<tr>
<td>Volunteering in NHS Scotland</td>
<td>Provide national leadership and guidance to ensure long term vision and consistency of approach and support for volunteering across NHSScotland, and this support may extend in time to integration authorities.</td>
<td>NHS Boards, NHS staff, volunteers, third sector organisations, integration authorities (in future)</td>
<td>• NHS Boards and integration authorities offer person-centred opportunities to volunteer in health and social care</td>
<td>• Volunteering Information System users report that the NHSScotland Roles Library (446 roles in 17 NHS Boards) in the System has supported the sharing and development of volunteer roles.</td>
<td>analysis and develop recommendations is now underway.  • Revision of the Quality Assurance Directorate’s public partner procedures, role guidelines and shadowing guidance during August/September for induction of new public partners.</td>
<td>Sandra McDougall</td>
<td>100,000</td>
<td></td>
</tr>
<tr>
<td>Title</td>
<td>Objectives</td>
<td>Outcomes we aim to achieve</td>
<td>Update on activities and outputs</td>
<td>Evidence of progress towards outcomes</td>
<td>Risk update (very high risks only)</td>
<td>Lead Director</td>
<td>Overall budget £</td>
<td></td>
</tr>
<tr>
<td>---------------------</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>-------------------------------</td>
<td>------------------------</td>
<td>------------------------</td>
<td></td>
</tr>
</tbody>
</table>
| **Service Change**  | Provide advice and support to NHS Boards on involving patients and communities in service change processes, in line with Scottish Government guidance.                                                               | NHS Boards have a statutory duty to involve patients and the public in the planning and development of health services and in decisions which will significantly affect the operation of these services. This is a Scottish Health Council core function. NHS Boards are provided with advice and support on the involvement of people in service change in line with current Scottish Government guidance. In turn, helping to provide | • Advice and support provided is valued and viewed positively  
• Evidence of supporting change across NHS Boards  
• Feedback demonstrates that people feel informed and engaged in change processes | • In July 2018, the Service change team initiated an evaluation tool to receive ongoing feedback from individuals within NHS Boards and Health and Social Care Partnerships. To date, 21 individuals have been invited to provide feedback, with 15 completed responses received. 9 of which have come from individuals within Health and Social Care Partnerships, and 6 from NHS Boards  
• During this reporting period (April 2018-September 2018) the Scottish Health Council Service Change Team has provided advice and support on over 30 changes  
• Quality assurance provided on two major service changes: NHS Lanarkshire–proposed replacement or refurbishment of Monklands Hospital; and NHS Highland – Modernising Health and Social Care Services in Caithness | • Evaluation feedback –  
-14 of the 15 (93%) respondents rate the support and advice provided by the team to be ‘good’ or ‘very good’.  
-13 of the 15 (87%) respondents felt that the involvement of the Scottish Health Council added value to the process  
-5 respondents indicated that they have been involved in our quality assurance process (major service change) with all 5 rating our approach as ‘very good’.  
• During the reporting period the Service Change team has provided advice and support on over 30 changes (9 territorial NHS Boards, 6 Integration Authorities, 3 Special Boards and 1 regional structure).  
• NHS Tayside’s consultation on Shaping Surgical Services – In July, the Cabinet Secretary supported proposed changes to surgical services subject to NHS Tayside addressing the Scottish Health Council’s recommendations. | 778        | Sandra McDougall  | 188,852     |
<table>
<thead>
<tr>
<th>Title</th>
<th>Objectives</th>
<th>Who our services are for, engage &amp; involve</th>
<th>Outcomes we aim to achieve</th>
<th>Update on activities and outputs</th>
<th>Evidence of progress towards outcomes</th>
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| Community Engagement and Improvement Support | Provide tailored advice and improvement support to 21 NHS Boards/Special NHS Boards. Work to develop and support local Peer Networks and build capacity for communities to be involved in the design and delivery of health and care services. | Citizens, patients, carers, families and communities. NHS Boards, Integration Joint Boards, Health & Social Care Partnerships. Scottish Government and other national organisations | • Advice and support provided to NHS Boards is viewed positively and adds value to their engagement process and plans.  
• Increased capability and confidence amongst NHS Board staff to deliver public engagement activities using the Scottish Health Council’s Participation Toolkit.  
• Primary care practitioners demonstrate an increased knowledge and skills to engage with patients and the public.  
• Increased access for patients and public representatives to have support through access to peer networking.  
• Engagement leads working within health and social care structures have access to peer networking for support and shared learning.  
• Local communities, patients and the public have the support, knowledge and capacity to engage in the planning and delivery of health services. | **Promoting public involvement in primary care**  
• 35 existing PPGs supported during the period with training, recruitment, promoting activities, design of leaflets  
• 4 new PPGs set up during the period  
• 1 PPG established for students at St Andrews University (Fife)  
• Published new Start Up Guide and Development Tool and promoted through Twitter campaign  
• National PPG Networking Event held over 3 days in June with discussions taking place through social media - 34 participants (Grampian, Tayside and Fife)  
• Delivered training session on public involvement benefits and barriers and understanding of engagement methods (participants 8 practice nurses and 1 general practitioner) (Greater Glasgow & Clyde) | **Gathering public views**  
• Gathering Views on Review of Community Audiology Services feedback shared with Scottish Government and report drafted.  
• Gathering Views on Death Certification Review Service (DCRS) pilot completed and draft report produced. | Positive feedback from practices following use of Scottish Health Council’s Development Tool to increase PPG effectiveness.  
• Increase in the knowledge of PPG members about participation.  
• Increased awareness of PPG as mechanism for engagement.  
• Evidence of growing awareness of the Scottish Health Council across primary care and general practice.  
• Twitter campaign on Start Up Guide and Development Tool attracted 11,249 impressions and 203 engagements (including 65 retweets, 42 likes and 26 clicks on the link). Start Up Guide downloaded 44 times from the website.  
• National Networking Event attracted 37,800 impressions, 116 link clicks, 53 retweets and 149 likes.  
• 83 service users and national Third Sector organisation representatives took part and 15 national “See Hear” Leads.  
• 16 people (out of 20 asked) with experience of DCRS took part in the pilot. Process evaluated well and survey can be now be rolled out as a continuous feedback process through Association of Registrars of Scotland to local authorities.  
• Recommendation being developed to increase awareness of with certifying | Sandra McDougall | 1,442, 960 |
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<td>doctors of their responsibilities around DCRS and to increase awareness of Advance Registration to allow families to progress funeral arrangements.</td>
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<td>• All sessions have evaluated well with positive feedback.</td>
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<td>• Voices Scotland training sessions have been evaluated using pre and post participant questionnaires (analysis ongoing and to be reported).</td>
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<td>• Evidence of positive feedback from NHS Boards about the support being provided by Local Offices.</td>
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<td>• Evidence of &quot;repeat requests&quot; for support and &quot;add on&quot; support for some pieces of work.</td>
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<td>• Increase of knowledge of approaches to public engagement and the availability.</td>
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<td>• Positive feedback where local offices have conducted independent evaluations on behalf of boards.</td>
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<td>• Positive feedback from NHS Boards where local offices have conducted mapping exercises or established patient groups etc demonstrating increased awareness of public engagement.</td>
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<td>• Increased awareness of the Scottish Health Council’s Participation Toolkit and its various engagement techniques.</td>
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**Building capacity with local communities**
- 171 people participated in 16 Voices Scotland training sessions (Tayside, Highland, Dumfries & Galloway, Greater Glasgow & Clyde, Ayrshire & Arran, Western Isles)
- 56 people participated in 14 Ketso training sessions (Grampian, Fife, Highland)
- 4 people participated in 1 VOICE electronic engagement tool training session (Fife)

**Improvement support to NHS Boards and National Boards**
- 64 projects receiving improvement support from local offices during the reporting period
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<td>Joint Inspection of Prisoner Healthcare</td>
<td>Provide clinical expertise to Her Majesty’s Inspectorate of Prisons (HMIPS) programme of inspections of prisons in Scotland.</td>
<td>Prisoner population Prison healthcare staff Scottish Prison Service Scottish Government Her Majesty’s Inspectors of Prisons (HMIPS) NHS boards, Integration Joint Boards, Health &amp; Social Care Partnerships Third sector organisations HIS inspection staff</td>
<td>• Care providers have sufficient knowledge and confidence to carry out effective self-evaluation of healthcare delivery within Scottish prisons. • Increased awareness among healthcare staff of best practice based on our guidance, agreed indicators, inspection feedback and published reports. • Improved skills and knowledge of inspectors to robustly and consistently assess healthcare delivery in prisons based on agreed indicators. • Improved delivery of healthcare services as a result of our inspection findings and feedback to NHS boards. • Members of the public are assured that healthcare delivery is appropriately inspected via the published Her Majesty’s Inspectorate of Prisons (HMIPS) reports.</td>
<td>• Carried out two full inspections to HMP Perth and HMP Addiewell and one follow up inspection to HMP Grampian. • New Healthcare and Wellbeing methodology used to inspect the healthcare aspects of prison inspections. • Revised self-evaluation template and guidance to support inspection of inspections. • We continue to ask partnerships to self-evaluate and complete a template prior to inspection. We continue to gather feedback on how effective the self-evaluation template is following the inspection. • The published inspection reports continues to highlight areas of practice worthy of sharing and areas of good practice. • Improvement action plans are requested and monitored where required to drive improvements in the healthcare provided in prisons. Follow-up inspections take place to get assurance that improvements are being made.</td>
<td>• Prison healthcare staff and Inspectors are now using the new self-evaluation template which reflects the Quality of Care approach on inspections. • We gathered feedback on the effectiveness of the self-evaluation template used as part of the Perth and Lothian inspections. We received positive feedback from prison healthcare staff and inspectors but also valuable learning points which we will reflect in revised versions of documentation going forward. • We are now providing recommendations for improvements to Partnerships/Scottish Prison Service. The reports are published on the HMIPS website and are available to healthcare staff and members of the public.</td>
<td>Alastair Delaney</td>
<td>£115,505</td>
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<td>Joint Inspection of Adult Services</td>
<td>Undertake joint inspections with the Care Inspectorate. Ensure delivery of robust, affordable proposals for the future design of joint adult inspections in collaboration with the Care Inspectorate and informed by engagement with external stakeholders.</td>
<td>Citizens, patients, carers, families &amp; communities NHS boards, integration joint boards (IJBs), health &amp; social care partnerships Third sector, housing &amp; independent sector Care providers &amp; support staff in health &amp; social care Independent care providers Scottish Parliament &amp; Scottish Government</td>
<td>• Identification of areas requiring improvement to support enhanced outcomes for older people (all adults in future inspections) through inspection and reporting of inspection findings • Provide information for IJBs to support development of services • Develop health focussed inspections of joint services in palliative and end of life care; ACPs and health inequalities using Quality of Care Framework</td>
<td>• Inspection activity is in progress and on track. Work continues to timely deliver all 2018/19 inspections and publish the reports. • The first inspection to North Ayrshire commenced in July 2018 and will publish March 2019. • The 2nd inspection to East Dunbartonshire has begun its early prep work and the inspection will complete in May 2019. • The first two SDS partnership inspections are in progress and all six will be completed in February 2019. • Two follow-up inspections have completed. • The first follow-up inspection to (Western Isles) published its report on 31 July 2018. • Testing of the methodology for the lived experience has been scheduled to take place in Orkney in January 2019. • Work continues to finalise the inspection methodology and capture this into an electronic handbook. • Work to prioritise the inspection activity for 2019/20 is under discussion and a draft footprint will be shortly be shared at the JIAS Organisational Management Group. • Inspection resource to support the JIAS activity continues to be a challenge due to being one inspector short and this is being regularly discussed and managed as an ongoing concern.</td>
<td>• The PO in post has gained considerable experience of the inspection activity and the role is now integrated and effectively supporting the workstream. • An Associate assessor induction training session – attended by 2 delegates was successfully delivered in August 2018. • Three HIS public partners and 4 member of the public attended the lived experience event that was positively received. Useful feedback was received on the patient information leaflet and letter and this group have agreed to become a reference group for any ongoing work around this.</td>
<td>Alastair Delaney</td>
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<td>Joint Inspection of Children’s Services</td>
<td>Led by the Care Inspectorate, HIS works in partnership with Education Scotland and Her Majesty’s Constabulary as partners in the multi-agency strategic inspections of services for children. In addition to being part of the core team, we ensure strong and effective clinical assurance focusing on the health of the children and young people during the inspection.</td>
<td>Children, young people and their families Operational and strategic staff from across health, education, social work Police Scottish Children’s Reporter Administration (SCRA) Third sector organisations.</td>
<td>Identification of areas requiring improvement to support enhanced outcomes for children through inspection. Reporting of inspection findings Provide information for Community Planning Partnerships (CPP) to support improvements in services</td>
<td>Inspection activity is in progress and on track. The 2018/19 inspection programme is will deliver: 3 full inspections 1 follow-up inspection The first and second inspections are in progress and will complete in March 2019. The third inspection is in its early stages of inspection preparatory work. Follow up inspection will begin later this year. A recruitment exercise inviting notes of interest from relevant health professionals across NHS Scotland took place in August 2018. An induction event to support the selection process for the interested health professionals is scheduled to take place on 10 December 2018.</td>
<td>Seven notes of interest were received from NHS board health professionals in supporting this workstream.</td>
<td>Alastair Delaney</td>
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<td>Hospital Inspections</td>
<td>Undertake further HEI inspections under the revised HAI Standards, including theatres. Manage and carry out wider assessment of the progress in the delivery of Lord Maclean’s recommendations arising from the Vale of Leven Inquiry. Inspection of services for older people in acute hospitals (OPAH)</td>
<td>Patients and their relatives, carers and communities HIS public partners NHS Board staff Scottish Government and Scottish Parliament</td>
<td>Successful delivery of planned inspections with published inspection reports to provide assurance to the public and NHS Boards. NHS boards provide action plans to demonstrate how they will address the requirements and recommendations made in the inspection reports to improve the service they provide. Positive engagement with NHS boards on the development of the inspection methodology for a thematic inspection. Contribution to improving care in hospital through inspection and reporting of inspection findings Successful delivery of planned inspections with published inspection reports to provide assurance to the public and NHS Boards NHS boards provide action plans to demonstrate how they will address the areas for improvement made in the inspection reports to improve the</td>
<td>The Hospital inspections, both OPAH and HEI continue to deliver and publish their reports and monitor the action plans submitted by the boards We are continuing to develop a joint methodology for the delivery of both HEI and OPAH inspections in non-acute settings. Consideration is being giving following a request for Scottish Government to test this model in an acute hospitals We continue to signpost boards, following an inspection, to other boards that might be working successful on a similar issue identified as an improvement during the inspection</td>
<td>The number of inspections carried out and published</td>
<td>Alastair Delaney</td>
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<td>Medical Revalidation</td>
<td>A quantitative review of medical revalidation in Scotland in 2016-2017</td>
<td>Patients The public NHS Boards, Hospices and independent organisations which have the Chief Medical Officer as their Responsible Officer Scottish Government General Medical Council NHS Education Scotland National Services Scotland This programme is part of a four Nation's programme of work.</td>
<td>• Contribution to improving quality of care for older people in hospital through inspection and reporting of inspection findings</td>
<td>• External assurance of appraisal and revalidation rates across Scotland including comparisons with previous years.</td>
<td>• The Scottish Government, Healthcare Improvement Scotland (HIS) and NHS Education for Scotland (NES) agreed that the responsibility for the 2017–2018 data collection and the publication of the national report would be transferred from HIS to NES. • HIS will however maintain an assurance role for medical revalidation in Scotland. NES conducted the 2017–2018 annual review of medical appraisal and revalidation arrangements in Scotland throughout May and July 2018. • The review panel was held in July 2018 and included all members from previous years as well as the HIS medical revalidation team members to provide consistency throughout the handover year. • NES is currently preparing the national report on the findings from the 2017–2018 annual review of revalidation in Scotland. This report is due to be finalised and presented to the Revalidation Delivery Board for Scotland (RDBS) on 29 October 2018.</td>
<td>Alastair Delaney</td>
<td>This year’s expected costs £44,000</td>
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<td>Management of Controlled Drugs Governance</td>
<td>Maintain and publish the register of controlled drugs’ accountable officers in Scotland and provide external quality assurance of the governance arrangements in place within each designated body in Scotland to ensure the safe management of controlled drugs.</td>
<td>NHS boards Independent care providers Scottish Parliament &amp; Scottish Government Other national organisations Our staff</td>
<td>• Up to date and accurate information held in the register which is publicly available on our website. • Demonstrable sharing of learning and identification of trends related to adverse events by providing NHS Board Controlled Drugs Accountable Officers (CDAOs) with information on adverse events occurring in independent healthcare organisations. • Raised awareness among this staff group by providing them with information on relevant medicines activity.</td>
<td>• Active participation in CDAO National Network and Executive Group meetings. • Quarterly reports on incidents in independent healthcare organisations sent to NHS boards CDAOs. • A joint project was conducted in collaboration with NHS boards, Independent Healthcare organisations and the Care Inspectorate to strengthen our current approach to learning nationally from adverse events that have involved medicines and undertake a national thematic analysis. This project was supported by the CDAO National Network and the CDAOs are using the opportunity to encourage more consistent reporting of controlled drugs incidents. The final report on this project was published in May 2018. • A short life working group has been set up at the request of the CDAO National Network to produce best practice guidance for the establishment and operation of Local Intelligence Networks which are a requirement of controlled drugs legislation.</td>
<td>• The thematic analysis report has demonstrated that collection and analysis of local data at a national level is possible. All NHS boards, social care services and independent healthcare services involved willingly contributed to and participated in this work. • We received positive feedback from participants that the results from the report will support better understanding of these incidents and sharing of learning across Scotland.</td>
<td>Alastair Delaney</td>
<td>£15,954</td>
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<td>Regulation of Independent Healthcare</td>
<td>Ensure effective and successful extension of regulatory powers to include independent clinics. Continue programme of inspections for independent hospitals which includes hospices and private psychiatric hospitals.</td>
<td>Citizens, patients, carers, families &amp; communities Independent healthcare providers Scottish Parliament &amp; Scottish Government Other national organisations</td>
<td>• Members of the public are able to choose registered independent healthcare services and can complain to us about services. • Assurance to the public that the independent services they use are registered, regulated and part of a system to help support improvement in the sector. • Evidence that inspection/regulation supports improvement of services.</td>
<td>• Registration of independent clinics continues. As at 1 October 2018, we have registered 301 services (eight services have since cancelled their registration) and have 65 completed application which we are processing. In addition, we are aware of approx. fifteen further clinics which require to register and we are in contact with these services. To date we have not had to report any services to the Procurator Fiscal Service as all services have complied with our requests once enforcement action has commenced. • We have continued to inspect independent hospitals and private psychiatric hospitals. • We have recommenced inspections of independent clinics following our ‘introduction to inspection’ events for</td>
<td>• The team has plans to a) analyse the number of hits to the various website pages and b) to review improvements in inspection reports and grading over time. The results of these will be provided as part of the next Board update.</td>
<td>Alastair Delaney</td>
<td>£713,524</td>
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<td>Assessment of referral from National Confidential Alert Line (NCAL) and concerns passed to HIS under the Public Information Disclosure Act</td>
<td>Actively review and where necessary take action in relation to concerns about safety of patient care. Any assessment or subsequent review will seek assurance and potential improvement in a service for patients. This will only be achieved through the involvement of the staff providing that service.</td>
<td>Citizens, patients, families and communities NHS boards, Integration joint boards, health and social care partnerships Care providers and support staff in health and social care Independent care providers Scottish Parliament and Scottish Government</td>
<td>Feedback that the concerns that have been raised have been addressed. Implementation of any improvements identified through the investigation process. Evidence of improvement in services reviewed as evidenced in action plans and follow up work.</td>
<td>A number of concerns have been received and appropriate assessment undertaken to seek assurance in relation to those concerns. One detailed review completed with findings provided to the NHS board and published on our website. We have had ongoing communication with the relevant NHS Boards to follow-up on previous investigations to ensure that recommendations are being implemented and improvements made. We have developed various outputs from this follow-up work, including providing statements on boards' progress on our website and detailed feedback which is provided directly to NHS Boards on the improvement work being taken forward.</td>
<td>We continue to provide public assurance that, through undertaking our assessments and investigations, concerns are addressed and appropriate improvements implemented. Through seeking progress updates from NHS boards following assessments and reviews we ensure that identified actions and recommendations are being taken forward by the relevant NHS boards and improvements are being made.</td>
<td>Alastair Delaney</td>
<td>£2000</td>
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<td>Quality of Care Reviews</td>
<td>Establish the detailed operational methodology and infrastructure to implement comprehensive quality of care reviews in Scotland, ensuring that such reviews are aligned to wider national priorities including the National Clinical Strategy.</td>
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<td>A quality of care review methodology that can be used to provide robust external assessment of the care provided within services. The output from those reviews used as a driver for improvement locally. Buy in, support and positive feedback from stakeholders with regard to the benefits of the approach</td>
<td>In the first half of 2018 we tested the framework and quality of care approach as part of a pilot organisational (NHS board level) review with NHS Orkney. A report was published on 23 August 2018. We subsequently evaluated the success of the pilot by distributing surveys to: a) NHS Orkney staff involved in the pilot b) members of the pilot review team, and c) members of the Quality of Care external Expert Reference Group members to seek their views on the format/content of the draft report. On 14 September 2018 we published the following four documents which reflect feedback from stakeholders as well as learning from the Orkney pilot: a) Quality Framework First Edition</td>
<td>The testing exercises have been invaluable in shaping the Quality Framework, guidance and methodology for the organisational reviews. We received positive feedback through our surveys of staff and review team members involved in the Orkney pilot, as well as members of the Expert Reference Group. We received positive feedback through our engagement with stakeholders when revising the Quality Framework and its supporting tools. We received valuable feedback and learning through our engagement activities</td>
<td>Alastair Delaney</td>
<td>£101,050</td>
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c) A Practical Guide to Self-evaluation  
d) Quality of Care Organisational Review Methodology  
- We have commenced an organisational review of NHS Ayrshire and Arran to further test the approach and are using the learning from the Orkney pilot and feedback from stakeholders to inform the methodology for the review. A site visit is scheduled for w/c 3 December 2018.  
- QAD work programmes are continuing to work to adapt their inspection/review/assurance documentation and guidance to the quality of care approach. | which we used to inform the 1st edition Quality Framework, self-evaluation tool and supporting guidance published in September 2018.  
- We have taken forward learning points into our current review of NHS Ayrshire & Arran. | | Alastair Delaney | £146,000 |
| Cancer Quality Performance Indicators (QPIs) Review | Carry out phased review of Quality Performance Indicator (QPI) data and publish the national findings in order to assure NHS Scotland, Scottish Government and Public that tumour specific services are developing and improving | Citizens, patients, carers, families and communities NHS Boards Scottish parliament and Scottish Government | Feedback for the public and Scottish Government about cancer services  
Evidence that cancer QPI reviews are supporting improvements in tumour specific services | Completed second proof of concept session (Colorectal, Head and Neck and Lung and CQPIs) in order to test and refine the methodology.  
Published the lessons learned from the previous EQA of Breast, Urology and Lung CQPIs in order to identify areas for improvement  
Developed and refined the methodology for the EQA of CQPIs via the use of Exception reports, Discovery Dashboard, action plans and audit reports  
A wider lessons learned exercise will take place | The proof of concept sessions have been invaluable in shaping the SETs, guidance and methodology for the EQA of CQPIs via the use of Exception reports, Discovery Dashboard, action plans and audit reports  
A wider lessons learned exercise will take place | | Alastair Delaney | £83,031 |
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| Sudden Unexpected Death in Infancy (SUDI) | Continue to provide support for this programme on behalf of the Scottish Government with a view to transferring it to a more appropriate agency determined by Scottish Government | Our service supports: SUDI paediatricians, pathologists, general practitioners, health visitors Procurators Fiscal Service Police Social Work Scottish Ambulance Service and indirectly, the bereaved parents | Learning from SUDI is embedded in NHS Scotland and partner organisations. These organisation change their processes and procedures where necessary to improve the pathways for bereaved parents | Cancer Networks  
- Conducted 2 proof of concept sessions (Lung and Ovarian CQPIs) in order to test and refine the methodology.  
- The revised EQA methodology was presented to the NCQSG in July 2018.  
- All relevant project documentation/ tools are being completed in line with the Quality of Care framework/approach  
- We have engaged with stakeholders when revising the Quality of Care approach and its supporting tools.  
- Two EQA reviews are being conducted in parallel (WSOCAN and NOSCAN)  
- We are continuing to strengthen our public partner capacity and skill set to be involved in external quality assurance activity to ensure their experience and skillset can add value to the analysis of the CQPIs | following the completion of the reviews | | Alastair Delaney | £48,000 |
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<td>Sharing Intelligence for Health &amp; Care</td>
<td>Build on the work of the Sharing Intelligence Group to provide a proactive and supportive environment for collaboration; regular opportunities to build stronger working relationships and understanding of roles; a shared view of risks to quality through our collective intelligence; an early warning mechanism of risks; and co-ordinated action to drive improvement.</td>
<td>NHS Boards, integration joint boards, health &amp; social care partnerships, other national organisations &amp; our staff.</td>
<td>• Triangulation of information and intelligence from all members of the forum to identify potential or actual risks to patient safety and quality of care and, where necessary, institute further investigation through the Quality of Care approach</td>
<td>• The group last met in August 2018. This was the third meeting in the 2018-19 cycle of sharing intelligence meetings. • In August 2018 the group published its annual summary report. • In August 2018 the group published the evaluation report from the independent evaluation undertaken of the group. • In August 2018 the group published its response to the independent evaluation report and a plan is in place to take forward the agreed actions, including refreshing the group’s MOU and logic model. • The group continues to work with the Quality of Care team to ensure that there are close links between the two pieces of work.</td>
<td>• The group received positive feedback as part of the independent evaluation and also a number of suggested areas where we could potentially change our processes. The group published its response to the independent evaluation in August and work is ongoing at the moment to update the group’s MOU, terms of reference and processes to reflect this.</td>
<td>Alastair Delaney</td>
<td>55,837</td>
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<td>Learning from Adverse Events</td>
<td>Build on the implementation of the national framework for learning from adverse events, through reporting and review, which supports service improvements and enhances the safety of our healthcare system for everyone. Ensure the appropriate integration of elements of this work with other work across HIS.</td>
<td>Public, patients, carers and communities Staff in health and social care organisations, including clinicians and care professionals Scottish Parliament and Scottish Government Stakeholder organisations including NHS Education for Scotland, Procurator Fiscal, Scottish Public Service Ombudsman, Health and Safety</td>
<td>• Guidance, tools and support for effectively managing and learning from adverse events (including implementation of duty of candour) is co-produced and viewed positively by care providers • Number of uploaded documents, use of discussion forum and unique page views from the Community of Practice websites • Increased capability of care provider staff to effectively manage and learn from adverse events • Examples of care providers routinely sharing learning and best practice internally and with stakeholders to drive national improvement • Increase in the number of learning summaries from care providers and the Procurator Fiscal shared through the Community of Practice • Increase in requests from care providers to facilitate improvement work</td>
<td>• We have undertaken a medicines thematic analysis, looking at adverse events involving medicines at a national level. A final report was published May 2018 • We published an interim revised National Framework incorporating the new duty of candour requirements in July 2018. • The SRLS Community of Practice website has been updated to reflect the new programme model and provide guidance on submitting data and learning summaries. Anonymised learning summaries will be published on the website once received (for national learning). • We continue to collect suicide data from NHS Boards. Discussions are being held regarding how the data and learning summaries will be used in a thematic analysis for national learning. • We are preparing to conduct a baseline exercise to establish the status and progress of patient-facing NHS boards with the implementation and alignment of adverse events</td>
<td>• We received positive feedback from the thematic analysis undertaken nationally in collaboration with NHS Boards, Care Inspectorate and Independent Healthcare organisation. This is the first time that data on acute care, primary care, care homes and independent healthcare has been analysed on a national level. This has enabled identification of areas for improvement in the management of learning from adverse events • Specialties continue to provide examples for our portfolio on Duty of Candour to share nationally to promote consistency and share learning.</td>
<td>Alastair Delaney</td>
<td>243,229</td>
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<td>Inspections of Ionising Radiation (Medical Exposure) Regulations (IR(ME)R)</td>
<td>Effective and robust regulation of the use of ionising radiation for medical examination or treatment</td>
<td>Citizens, patients, carers and comforters, NHS Boards, Independent healthcare providers, Scottish Parliament &amp; Scottish Government</td>
<td>Through the adverse events and SRLS networks • Reporting of key quality indicators from significant adverse event review reports and provision of feedback to NHS boards • Our work informs national policy and priorities • Feedback from people about their involvement with the adverse events process and associated improvement activities</td>
<td>Event management processes to the National Framework for Learning from Adverse Events through Reporting and Review.</td>
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**Inspector**

- Executive HIS staff

**Overall budget £**

- £71,219

- Alastair Delaney
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| National Care Standards | Support the embedding of the standards across health and social care services | The standards will apply to everyone who uses any health or social care services. As such, they will also impact on all health and social care providers | • Practical support to implement the standards is accessible to Health and social care organisations | • Continued engagement with NHS and Local Authority stakeholders.  
• Work ongoing with Care Inspectorate, Scottish Social Services Commission and the Implementation Steering Group on developing implementation tools including a charter for the Standards.  
• We raised awareness of the standards and launched publication of the carers’ resource tool at a Scottish Parliament Carers cross party working group. | • We have held well attended and evaluated sessions with health and social care colleagues across Scotland.  
• We are continuing to work with Care Inspectorate and the Scottish Social Services Commission to augment our implementation tools – including the development of a charter. | | Sara Twaddle | 70,000 |
| Standards and Indicators Programme | Further develop the programme of standards, including pressure ulcer standards and screening services to underpin inspection processes and indicators, in areas such as palliative care and heart disease, which are used for to facilitate ready comparison of services in a nationally consistent manner and generate data that provides a baseline for improvement | We develop condition specific standards and the specific groups that our standards impact on (and therefore who we should engage with and involve) are identified in project specific implementation documentation (including Equality Impact Assessment). | • Meaningful engagement with stakeholders  
• Development of fit for purpose standards | • Finalisation meetings for Breast Screening and Pregnancy and Newborn Screening Standards and will be held in October.  
• Neurological standards are out for consultation  
• Cervical screening standards will be published for consultation in October 2018.  
• Indicators to support the recently published standards for people who have experienced rape, sexual assault and child sexual abuse are out for consultation The SLWG for Congenital Heart Disease has recommended that standards are developed. | Throughout all our standards we have significant engagement with stakeholders which informs both the content of the standards and the process. For example:  
• Breast screening consultation sessions. Following feedback from two consultation we have augmented the standards development group membership.  
• Neurological conditions. Consultation activities have included direct engagement with people with lived experience of neurological conditions including people with Huntington’s Disease. Sessions have also been held with professional agencies including the Neurological Alliance.  
• Consultation on our Indicators includes sessions with Rape Crisis, Archway, Orchard Clinic and Forensic Physicians | | Sara Twaddle | 309,037 |
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| SIGN Guideline Programme | Continue to develop evidence based guidelines for healthcare professionals, seeking appropriate ways in which information can be more rapidly disseminated. | Citizens, patients, carers, families & communities, NHS boards, integration joint boards, health & social care partnerships, third sector, care providers & support staff in health & social care | • Increased availability and accessibility of evidence-based guidelines relevant to NHS Scotland  
• Increased availability and accessibility of evidence-based patient information relevant to patients, carers and public in Scotland  
• Meaningful engagement with patients carers and members of the public in all steps of the guideline development process | • “Action plan: You said, we will do” published in June; 1,088 downloads since publication.  
• Completed pilot project on scoping guidelines for updating at 3 years; 3 guidelines revalidated or scheduled for review.  
• National Open Consultation Meeting on risk reduction and management of delirium draft guideline; two open meetings planned.  
• Publication of guidelines on stable angina and arrhythmias  
• 6 guidelines; 1 refresh in development  
• 6 topic proposals received; 12 under consideration by SIGN Council and 5 recommended for programme  
• 2 patient booklets published in last 12 months, 4 currently in development.  
• 3 projects in progress to strengthen the patient voice in guideline development, and aid shared decision making. | • Our user feedback project confirmed that we have been listening to the right informal feedback and our Action plan describes what we will do to address issues raised by our stakeholders.  
• 125 quick reference guides distributed at launch of stable angina guideline, 1,341 downloads in the fortnight after publication; 100 quick reference guides distributed at launch of arrhythmias guideline; 675 downloads in the fortnight after publication  
• 19,549 patient booklets requested in the last 6 months | Sara Twaddle | 521,132 |
| Palliative Care Guidelines | To maintain safe, accurate, evidence informed guidelines for the management of adults with life limiting conditions | NHS boards, health & social care partnerships, third sector | • Increased availability of up to date evidence-based guidelines relevant to NHS Scotland based on stakeholder survey  
• Increased accessibility of evidence-based guidelines relevant to NHS Scotland based on stakeholder survey and web and app analytics  
• Increased use of evidence-based guidelines based on stakeholder survey to be conducted Dec 2018 | • Guideline revisions completed  
• Working group undertaking consistency checking and proofing during October and November  
• Stakeholder survey completed and draft report produced in September for review by Steering Group during October prior to development of final report. | | Sara Twaddle | 5,000 |
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<td>Scottish Antimicrobial Prescribing Group (SAPG)</td>
<td>Support the work of SAPG in containing the spread of Antimicrobial Resistance (AMR) in Scotland and reducing patient harm by maintaining the national antimicrobial stewardship agenda from Healthcare Associated Infection (HAI).</td>
<td>NHS boards; Other national organisations; health &amp; social care partnerships; Citizens, patients, carers, families &amp; communities; Scottish Parliament &amp; Scottish Government</td>
<td>• NHS boards are aware of and utilise surveillance reports and guidance on antimicrobial use&lt;br&gt;• NHS boards actively engage in quality improvement initiatives to optimise antimicrobial prescribing&lt;br&gt;• Clinicians utilise education resources for antimicrobial stewardship to improve clinical practice&lt;br&gt;• Clinicians engage in a meaningful way with work of SAPG through attendance at national network events, input to SAPG meetings and contribution to project steering groups</td>
<td>• SAPG core work programme on track against project plans.&lt;br&gt;• New antibiotic use measures developed with stakeholders and Scottish Government as part of new AMR and HAI standards and indicators for 2019-21&lt;br&gt;• Network event for board Antimicrobial Teams held in May.&lt;br&gt;• Audit tool function of Antimicrobial companion app updated and improved to support work in acute hospitals.&lt;br&gt;• Annual report on antimicrobial use and resistance under development for publication in November 2018.</td>
<td>• Four guidance documents reviewed, updated and approved by SAPG committee&lt;br&gt;• National quality indicator data for acute hospitals collected via the app shows compliance &gt;80% for 5 of 6 measures in period Jan-Jun 2018.&lt;br&gt;• Course completion data Jan-Jun 2018 reported to NHS Education for Scotland HAI Programme Board confirms resources utilised/completed&lt;br&gt;• Annual network event in May 2018 attended by 50+ clinicians from a range of specialties and professional groups with 96% rating the event as Excellent or Good.&lt;br&gt;• Review of attendance records shows that clinicians consistently attend SAPG meetings and SAPG Project Steering Group meetings</td>
<td>Sara Twaddle</td>
<td>226,890</td>
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<td>SMC Programme</td>
<td>Deliver robust SMC decisions and continue to refine the process.</td>
<td>NHS boards, patients and Patient Groups, clinicians, pharmaceutical companies.</td>
<td>• Timely provision of advice to NHS Scotland on the clinical and cost effectiveness of newly licensed medicines. Indicators: o Numbers of medicines SMC publish advice per month. o Achievement of timelines for medicines assessment • Meaningful engagement of stakeholders with SMC meetings and process. Indicators: o High attendance of members at SMC meetings maintained o SMC experts continue to provide input into submissions o High level of patient group submissions continues</td>
<td>• SMC published, on average, 6 detailed advice documents per month. • SMC published advice for: o 26 full submissions o 4 resubmissions o 7 abbreviated submissions • As part of SMC communication strategy, the SMC chair has been meeting with all Area Drug and Therapeutic Committees (ADTCs). Meetings with ten of 14 boards have taken place to date in 2018. • 61 members of industry attended the annual SMC industry engagement event in June 2018. • 27 patient group partners attended the annual patient group partner event in June 2018.</td>
<td>• Feedback from the patient group partner event found 100% of respondents thought it was a good event. • Feedback from industry engagement event found 100% of respondents would recommend the event to their colleagues. • All published full and resubmissions were accompanied by a patient group submission. • 41 clinicians and 31 patient groups participated in the 21 Patient and Clinician Engagement (PACE) meetings.</td>
<td>Sara Twaddle</td>
<td>2,184,301</td>
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<td>Implementing recommendations from the review into access to new medicines (2016)</td>
<td>Consider and implement recommendations to meet the policy intent in a timely and efficient way and in collaboration with key stakeholders</td>
<td>NHS boards, patients and Patient Groups, clinicians, pharmaceutical companies.</td>
<td>HIS responds effectively to the recommendations in the review that SMC has been asked to lead or address in collaboration with NSS. Indicators • Action plan agreed for implementation of recommendations • Revised SOPs for assessment processes developed • Acceptance rates for various categories of medicines (EoL, Orphan, Ultra orphan)</td>
<td>• Bi-monthly reports submitted to Scottish Government on implementation progress. • Bi-monthly meetings with Scottish Government to review progress. • WebEx stakeholder engagement session regarding new decision option – “interim acceptance”. • August 2018 decisions (September publications) were accompanied with new public friendly “decision explained” documents, which will now be published for all full and resubmissions.</td>
<td>Seven recommendations fully implemented</td>
<td>Sara Twaddle</td>
<td>224,000</td>
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<td>Scottish Health Technologies Group</td>
<td>Provide advice on the evidence about the clinical and cost effectiveness of existing and new non-medicine technologies likely to have significant implications for patient care in Scotland. Implement key actions from the Non-Medicines Technologies Strategic Plan (2016–2018), including the commissioned work on landing zones for advice within NHSScotland.</td>
<td>Citizens, patients, carers, families &amp; communities NHS boards, integration joint boards, health &amp; social care partnerships &amp; support staff in health &amp; social care Scottish Parliament &amp; Scottish Government Other national organisations</td>
<td>Outcome 1 (short term): Awareness of SHTG as a producer and provider of evidence-based reviews. Indicators: • Wider range of topic referrals received from a more diverse range of stakeholders • Increased accessing of SHTG products • Requests for further information about SHTG products and processes Outcome 2 (medium term): Care policy and practice is informed by the best available evidence. Indicators: • Topic referrers indicating that SHTG product is fit for their purposes. • Consideration of SHTG work by board/regional/national level/patient/professional groups • SHTG work used to inform future research priorities</td>
<td>Published eight Advice Statements / Evidence Notes: Digital breast tomosynthesis screening &amp; recall, Complex EVAR, C-Reactive protein testing, PET-CT myeloma, Freestyle Libre glucose monitoring, Liver disease direct tests, Rapid antigen detection tests for Strep A infection. Published two Innovative Medical Technology overviews: Automated peritoneal dialysis, Juxta compression bandages. Three presentations at international conferences (e.g. HTAi, IDEAL), and international collaboration with the European network of HTA agencies (EUnetHTA). Improvement projects: • Development and testing of new SHTG 'products' from rapid reviews to the utilisation of broader sources of evidence within assessments (e.g. Freestyle Libre). A development workshop for SHTG members, focused on the need for clear and directive advice and an appropriate risk appetite. SHTG collaborations with agreed funding HTA / Evidence support for: o National Planning Board and National Services Scotland o Chief Scientist Office: Innovation and Test Bed Governance Collaborative working: • 65 experts and 9 patient organisation representatives responded to invitations to peer-review outputs. • Two patient groups made full submissions to support the formation of advice. • Six clinical experts attended SHTG meetings in person to answer questions of members. Use of SHTG Advice (Outcome 2): • Freestyle Libre: All NHS Board Chief Executives considered their Board's position on the availability of Freestyle, with specific benchmarking to SHTG advice. • Digital breast tomosynthesis screening &amp; recall: National Planning Board colleagues reported using the advice. Consultant Radiologist, King's College Hospital, London reported using the paper as an example of effective writing for his researchers. • C-Reactive protein testing: referred to in a response to a parliamentary question by Consultant Medical Microbiologist for Health Protection Scotland • PET-CT for patients with suspected renal / bladder / penile / testicular cancers: Incorporated within an NSS PET/CT Strategic Investment Programme for NHSS. • Liver disease direct tests: NHS Lothian use of advice to guide practice. Awareness (Outcome 1): • Requests for information/processes sharing from: Medical Economics Division, Health Insurance Bureau, Ministry of Health, Labour and Welfare (MHLW), Japan, Scottish Government</td>
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<td>Sara Twaddle</td>
<td>367,264</td>
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<td>Transvaginal Mesh Implants Oversight group (TVMO)</td>
<td>To establish and support the transvaginal mesh implants oversight group in their monitoring role until a managed clinical network is established. This will include: Reviewing ISD data on the use of transvaginal mesh implants in NHSScotland, scrutinise adverse event reporting by NHS boards to MHRA and IRIC, consider new evidence that can be incorporated into the agreed NHSScotland pathways of care and ensuring patient information is up to date and appropriate.</td>
<td>The TVMO who will provide a monitoring role to NHSScotland</td>
<td>- Reviewing data from NHS boards, self-evaluation and adverse events helps monitor and understand trends within the use of transvaginal mesh implants&lt;br&gt;- Literature reviews undertaken inform all providers who use transvaginal mesh implants/treat stress urinary incontinence (SUI) and pelvic organ prolapse (POP) in developing clinical pathways&lt;br&gt;- Engagement with women with lived experience informs the development of patient information&lt;br&gt;- Quarterly group meetings– biannual review of data&lt;br&gt;- Non-mesh literature search and appraisal (significant new evidence only)&lt;br&gt;- Self-assessment Tool (SAT) is being piloted in NHS Lothian and NHS Grampian&lt;br&gt;- Patient Information Sub group work planned, first meeting October 2018.&lt;br&gt;- An additional non-mesh literature search has commenced.</td>
<td>Divisional Seminar, Health Technology Assessment Group (Ireland), Health Technology Wales (HTW), Norwegian Institute of Public Health in Oslo. Requests for ongoing SHTG support for national/regional networks: Scottish diabetes technology network, national planning board, NHS Shared Services Clinical Engineering, National Patient, Public and Professional Reference Group.</td>
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<td>Sara Twaddle</td>
<td>60,000</td>
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<td>National Review of Out-of-Hours Services Quality &amp; Safety Programme</td>
<td>Design and Implement Programme Governance, develop Networks and Relationships. Define Baseline Profile of GP Out of Hours Services To utilise the National Health and Social Care Standards 2017 in the development of a National Guidance Framework, including a Service Specification, for safe, effective and person centred, Urgent Care Services co-produced and applicable to commissioners, delivery agents, service users and their carers.</td>
<td>Commissioners, Integration Joint Boards Delivery Agents Health boards Users Service users and their carers of Urgent Care Services</td>
<td>• Accessible quality standards and effective improvement indicators are embedded in urgent care service systems which direct commissioners, providers and users towards providing and receiving the right care, in the right place at the right time</td>
<td>• Ongoing communication and engagement with key stakeholders from out of hours services • Regular communication with Scottish Government Primary Care Division and National Clinical Lead to ensure our work aligns with national priorities • Attendance at National Out of Hours Operations Group to update on the work • Iterative development and testing of communication tool with a number of care homes and care at home services</td>
<td>• Draft Report prepared - General Practice Out of Hours Services in Scotland. We are in discussion with Scottish Government re timing of publication • Draft report prepared - Encouraging effective communication between social care services and primary care partners during out of hours. This is a joint piece of work between Healthcare Improvement Scotland and Care Improvement. • We have taken a 24/7 approach to primary care and will ensure that urgent care out-of-hours services are considered as a key element of all the HIS primary care work programme • Providing advice to Scottish Government around the wording and content of the new Out Of Hours Directions for Scotland</td>
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<td>Brian Robson</td>
<td>219,913</td>
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<td>Scottish Mortality and Morbidity Programme (SMMP)</td>
<td>The Scottish Mortality and Morbidity Programme (SMMP) aims to improve the quality and culture of team-based safety reviews through co-production, where safe care, shared learning, quality improvement and a ‘just culture’ is at the forefront.</td>
<td>Full stakeholder mapping available</td>
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<td>The program is currently working on 3 elements to achieve its overall objective:</td>
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<td>Learning and training - to provide the necessary skills and support to design, run and participate in effective mortality and morbidity reviews and processes. This includes publication of a practice guide last year as well as running national workshops.</td>
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<td>Advise and facilitate discussions on technology and effective IT systems to support safety reviews. The ambition is to have an IT platform for boards to share learning from output of these reviews.</td>
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<td>Sharing of quality outputs/ learning from team-based safety reviews / M&amp;M meetings across specialties and professions in Scotland.</td>
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<td>*There has been two full day RCP CPD accredited SMMP national workshops in the last 1 year.</td>
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<td>o RCP: Nov 2017 (oversubscribed) 75 delegates (excluding speakers/faculty) 43 medics, 16 Anaesthetists/Intensivist, 9 MDs/managers, 5 surgeons, 2 radiologists from 11 Health Board</td>
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<td>o RCSEd March 2018 (oversubscribed) 85 delegates (excluding speakers/faculty) 3 medics, 19 Anaesthetists/Intensivist, 13 surgeons, 3 nurses, 11 MDs/managers from 13 Health Boards</td>
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<td>o Next workshop scheduled for the 3rd of December at the RCSEd. (fully booked)</td>
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<td>Undergraduate: Professional Practice Block M&amp;M module (University of Aberdeen). Over 600 final year medical students have completed this module over the last 3 years.</td>
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<td>PPI this year was on the 23rd of August 2018 (170 students). SMMP Practice Guide is available on the University of Aberdeen MBChB portal for all undergraduate medical students to access. Work in progress to role this across other Universities.</td>
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<td>IT – Review of Mortality &amp; Morbidity Processes &amp; Existing whilst the work Systems Final Option Report completed.</td>
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<td>Engagement Continuous engagement with all 14 Health boards including site visits, direct clinical engagement, support in developing local processes utilising the national framework. We are also aiming to start monthly webev sessions with leads nursing, medical, AHP/AMDs/MDs etc to ensure overall objectives are achieved.</td>
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| Death Certification Review Service | Ensure the effective operation of the Death Certification Review Service and key operational objectives are consistently delivered. | Service delivery is reliant on collaborative working with partner organisations National Records of Scotland (NRS), NHS24, NHS Education for Scotland (NES), National Services Scotland (NSS). The service engages with wider stakeholders such as NHS boards, certifying doctors, District Registrars, Funeral Directors, Foreign Commonwealth Office. 2 HIS public partners sit on the service management board bringing a public perspective to service governance and development. | - Improved quality and accuracy of Medical Certificates of Cause of Death (MCCD).  
- Improved public health information  
- Improved clinical governance in relation to death certification | - The third annual report was published on 24 September 2018.  
- Following the ‘Gathering Views’ pilot, the service met with National Records of Scotland, who have agreed to include the DCRS ‘gathering views’ questionnaire in their ‘tell us once’ process. This will commence shortly.  
- DCRS continues to work and meet with partners to highlight and review best practice and deliver improvements.  
- The service continues to improve the quality and accuracy of Medical Certificates of Cause of Death through -  
  o direct educational support to certifying doctors  
  o feedback on trends and themes to territorial boards to develop local improvements  
  o development of educational tools such as eLearning modules and guidance notes.  
- Team training sessions have been started one hour every month and a full team-training day is scheduled for March 2019 following Scottish Government approving a pausing of the randomiser to support this.  
- An External review is scheduled for November looking at  
  o Workloads  
  o Staff experience  
  o Service user experience  
  o Requirements of deputy SMR in SMR absence. | - The run chart analysis of monthly percentage ‘not in order’ from February 2018 to July 2018 showed the percentage of MCCDs ‘not in order’ decreased by 37.1%, from 43.9% to 27.6%. (please note these figures are slightly different from last quarter as DMBI noticed an error in the analysis which has now been rectified).  
- In the last 12 months, enquiries to the service have increased by 83%. In 2017–2018, the service received 2,098 calls providing clinical and process advice.  
- Cases reported to the Procurator Fiscal are no longer included in our Service Level Agreement timescales as these cases are not reviewed by the service. Of all the cases the service reviewed, only 85 (1.4%) cases breached the Service Level Agreement timescales during year three. | 809 810 | Brian Robson | 1,289,610 |
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<td><strong>Medicines and Pharmacy Team</strong></td>
<td>Support effective collaboration of Area Drug and Therapeutic Committees across Scotland leading to once for Scotland solutions in relation to access to medicines and medicines governance. Improve safe, effective, and efficient use of medicines through bringing together NHS staff and professional organisations, supporting reliable spread and supported implementation of best practice, assessing the quality and safety of healthcare, and empowering people to manage their own care and shape services.</td>
<td>The collaborative works with the 14 Area Drugs and Therapeutic Committees, NHS Boards, Scottish Government and other internal and external partnerships. The outputs are to benefit the above as well as, the pharmacy community, others prescribing medicines, patients and the public, families &amp; communities, pharmacy professionals and the wider clinical community, health &amp; social care partnerships.</td>
<td>• Once for Scotland advice for medicines as part of the Early Access to Medicines Scheme (EAMS) ensuring consistent and timely access across Scotland. • Strategic influence to the Single National Formulary, leading the refresh of bio similars framework. Developing and co-ordinating the National Review panel work. Supporting the implementation of PACS Tier Two and maintaining the paperwork for the process at national level. • Support collaborative work with key external stakeholders. • Improve the safer use of medicines across all HIS programmes through a whole system approach, focusing on the person as they move between care settings and care within their home, strategic collaborations and ensuring clinical governance and improving the impact of our work. • Improve national consistency in the use of cancer medicines through governance and use off-label use of cancer medicines in NHS Scotland. • Develop the Health Foundation Scottish Quality Registry Pilot for Rheumatology.</td>
<td>• An end to end process document has been developed for EAMS and throughout of EAMS requests continues. • Continued collaboration bringing ADTCs across Scotland to influence and negotiate solutions to key policy challenges such as Single National Formulary, PACS Tier Two, National Review Panel and DOACs consensus statement. • Supporting boards through the ADTCC to implement biosimilars and reviewing the biosimilars work to develop a model for future assessment. • The Off Label Cancer Medicines framework has been developed and tested and a business case for implementation is being considered. • A review has been completed of the self-assessment framework for delivery of Systemic anti-Cancer Therapies (SACT) in clinical settings. • Systems and processes have been developed for establishment of National Review (formerly Appeal) Panel. • Health Foundation funding has been awarded for pilot of Swedish Quality Registry in rheumatology pilot. • Clinical Assurance on medicines across HIS including the inspection of independent clinicians. • External and internal engagement supported by policy horizon scanning</td>
<td>• Two medicines have been through the end to end process for EAMS. Operational guidance was issued for one. • The collaborative continues to host WebExs quarterly with ADTC Chairs and Formulary pharmacists and medicines safety leads. • ADTCC participation in the PACS Tier Two work and developing a learning system. • Off label cancer framework has had buy in from clinicians across all Regional Cancer Networks (RCAGs) and an off-label cancer medicines business case has been developed. • The SACT Governance Framework was updated and published in August. • Regional SACT Training events have been developed to support the audit of SACT services. • The National Review Panel went live on the 1st June. Two submissions have been received. One was referred back to the board as it did not meet the review criteria. The other has been considered by the panel and communications issues to the board. • Range of legislative and practice issues raised with external bodies leading to common collaboration e.g. Diversion and Illicit Supply of</td>
<td>Brian Robson</td>
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<td>QI Connect</td>
<td>QI Connect is a global webinar series designed to connect health and social care (and beyond) professionals around the world with international experts in the fields of innovation and integration.</td>
<td>The audience for QI Connect currently spans across almost 1000 organisations (including 75 universities) from 61 countries.</td>
<td>QI Connect was launched in 2014 and we provide 10 webinar sessions each year. Our aim is to ensure that each session is delivered efficiently and maximise the learning opportunity to as many colleagues as possible.</td>
<td>8 QI Connect sessions have taken place during 2018 with a further 2 sessions taking place in October and November. We are currently planning our QI Connect 2019 speaker faculty which we will announce by the end of 2018. We have scheduled recording time with an external communications company in order to launch QI Connect on iTunes. This was part of our strategic plan to maximise the use of our back catalogue. We are currently finalising content for our eBook which will bring together quotes from previous QI Connect speakers. This will celebrate 5 years of QI Connect.</td>
<td>Medicines, Single national Formulary, regulation of independent clinics, online primary care providers) • A company has been contracted to work with the team on setting up the Health Foundation Pilot for a Scottish Quality Registry for Rheumatology.</td>
<td>£17k (plus £92k funding over 2 years from The Health Foundation)</td>
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<td>Hospital Standardised Mortality Ratio (HSMR)</td>
<td>Provide timely and practical analysis and support, in respect of the Hospital Standardised Mortality Ratio (HSMR), for NHS boards to help drive improvement in patient care.</td>
<td>The primary target audience for this work is senior managers and clinicians – and the ultimate aim is to help drive improvement for the benefit of patients and their families.</td>
<td>• Patterns on HSMR data, and feedback from NHS boards on value of support provided.</td>
<td>• <strong>Interactions with NHS boards</strong> We continue to engage with NHS Greater Glasgow &amp; Clyde over their HSMR figures for the Royal Alexandra and Vale of Leven Hospitals. • <strong>HSMR Task &amp; Finish Group</strong> The Task &amp; Finish group is overseeing work to establish a new approach for how Healthcare Improvement Scotland uses HSMR. This group has developed a core suite of measures, including data on hospital mortality as part of a wider suite, that Healthcare Improvement Scotland will use to learn/enquire about the quality of care more broadly, ie putting less emphasis on hospital mortality data in relative isolation.</td>
<td>• <strong>Interactions with NHS boards</strong> We will receive a progress update from NHS Greater Glasgow &amp; Clyde on 8 November 2018 and consider this with the latest HSMR figures which will be released on 23 October. • <strong>HSMR Task &amp; Finish Group</strong> A further meeting of this group will take place in late November/early December where the group will (i) consider feedback resulting from the testing of the suite of indicators at a recent Quality of Care Review undertaken by HIS and (ii) agree on the communications strategy for the work of the group and (iii) finalise plans for a proposed workshop for boards/partnerships to come together to discuss their local scorecards.</td>
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<td>Excellence in Care</td>
<td>Scottish Government commissioned HIS IS to lead on the development of indicators and provide improvement support for the delivery of the Excellence in Care Programme. HIS have been initially commissioned to: • Lead on the development of indicators for excellence in care with EIC Leads and EIC Working Groups in health boards • Deliver improvement support to the health board EIC Leads to implement EIC • Provide links and integration with internal national programmes • Develop, design and deliver tools and standards to support Excellence in Care. The longer term objectives will be to provide improvement support around the nursing and midwifery indicators to provide assurance on the delivery of care</td>
<td>Excellence in Care (EiC) aims to improve the quality of nursing and midwifery care in Scotland. This will provide care assurance framework and an opportunity for improvement planning at ward/team, IJB/Hospital Health board and National level. In parallel the programme will increase capacity and capability for improvement within nursing and midwifery through a network of Excellence in Care leads, a focus on ensuring nursing and midwifery engagement in improvement programmes, and support for leadership of improvement at all levels. Short, medium and long term outputs for HIS are highlighted below: • Short Term Provide improvement and professional leadership support to the identified lead nurses in NHS Boards to develop, test and implement new nursing and midwifery assurance indicators across all nursing and midwifery families. • Medium Term Ensure alignment to and integration with relevant Healthcare Improvement Scotland improvement programmes that are designed to drive the improvement in care such as the Scottish Patient Safety Programme, HEI/HAI, Older people in hospital improvement and assurance, Focus on Dementia, Person Centred Care programmes and the Quality of Care Review Process. • Long Term Extend the quality management approach across nursing and midwifery and ensure participation by building capacity and capability to lead and support improvement</td>
<td>• Substantive staff in post to provide leadership and improvement support to Boards • Quality indicator development progressing in line with revised Scottish Government timescales • Internal linkages supported via Excellence in Care Steering group • Plans in place to spend the additional resources allocated by Scottish Government</td>
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<td>Ann Gow</td>
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| Growing Older in Scotland Report | The NMAHP directorate will develop a report on Growing Older In Scotland following the OECD report stating that Scotland lacks a single, independent, accessible resource on the Quality of Healthcare. The team has been asked to:  
- Produce a single accessible resource would allow for quality planning, public transparency and for identification and spread of areas of good practice.  
- Given the scale and sensitivity of the work the development of a focused themed report in the first instance  
- Review the process for development and produce a report making recommendations for future reports  
- Longer term objectives are to set up and manage a well-defined process for the delivery of future reports, either on a themed basis or a wider whole of care report for Scotland. | Members of the public, HIS Staff | Short/Medium Term Outcomes  
Produce a report on key indicators of 'Growing Older in Scotland' consolidating the many data sets and systems we have access to with specific aims to deliver around:  
1. Patient and Public Engagement  
   - Increase patient and public understanding  
   - Provide objective public assurance  
   - Provide one point of reference for care of older people in Scotland  
2. Planning Policy and Integration  
   - Support health and social care staff to support day to day work and inform planning  
   - Use for sharing of good practice and highlight areas for improvement  
   - Support policy leads in planning for the future |  
- Request for content for inclusion in final report sent to programme teams. Content received from most programmes and collated for submission.  
- Copywriter appointed to support the drafting of the report and planning workshop held to develop plans for development.  
- VRG set up to act as critical friend and provide critical narrative for the final version of the report.  
- Copywriter developed copy platform for the report with test narrative for approval by HIS teams  
- Copywriter starting to develop 1st draft of the report based on content provided. |  
- PID and approach signed off by ET  
- Appointment of copywriter to develop the report.  
- Collated content from programme teams and DMBI developed  
- Copy Platform and test narrative for 2 topics developed and submitted for approval to ET | | Ann Gow | £10000 |
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<tr>
<td>Living Well in Communities (LWiC)</td>
<td>The LWiC portfolio aims to support Health and Social Care Organisations to test and spread new ways of delivering services that enable more people to spend time at home or in a homely setting that would otherwise have been spent in hospital. The LWiC team work with Health and Social Care Organisations with: - Finding opportunities for improvement - Identifying people before a crisis - Planning for the future - Implementing preventative models of care - Building local capacity and capability The portfolio has programmes to support the north, east and west regions of Scotland. The palliative care.</td>
<td>Health &amp; social care organisations, NHS boards, integration joint boards, third sector, housing &amp; independent sector. Citizens, patients, carers, families &amp; communities. Care providers &amp; support staff in health &amp; social care. Independent care providers. Scottish Parliament &amp; Scottish Government. Other national organisations.</td>
<td>Short-term outcomes Staff within H&amp;SC services use outputs from LWIC to improve their knowledge and understanding of: - Using data to better understand their local system to prioritise local improvement activity. - Risk prediction and triggers that identify individuals that would most benefit from preventative care. - Anticipatory care planning and how to have a meaningful conversation. - Community-based care that enables people to live well in the community and avoid hospital admissions. How to develop the workforce to ensure they are able to deliver preventative care.</td>
<td>Finding opportunities for improvement - East region programme at the initiation stage. A formal offer of support has been given to one of six Health and Social Care Partnerships (HSCPs). Intermediate Care Atlas, providing an overview to intermediate care and reablement services across Scotland, produced, distributed and maintained. Published a summary the evidence for different community-based frailty interventions to support HSCP in the north to consider which interventions could make a difference for people with frailty in their local areas.</td>
<td></td>
<td>Ruth Glassborow</td>
<td>£1,101,491</td>
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**Living Well in Communities (LWiC)**

### Short-term outcomes
- Staff within H&SC services use outputs from LWIC to improve their knowledge and understanding of:
  - Using data to better understand their local system to prioritise local improvement activity.
  - Risk prediction and triggers that identify individuals that would most benefit from preventative care.
  - Anticipatory care planning and how to have a meaningful conversation.
  - Community-based care that enables people to live well in the community and avoid hospital admissions.
  - How to develop the workforce to ensure they are able to deliver preventative care.

### Long-term outcomes
- Staff within H&SC services use outputs from LWIC to improve their knowledge and understanding of:
  - Using data to better understand their local system to prioritise local improvement activity.
  - Risk prediction and triggers that identify individuals that would most benefit from preventative care.
  - Anticipatory care planning and how to have a meaningful conversation.
  - Community-based care that enables people to live well in the community and avoid hospital admissions.
  - How to develop the workforce to ensure they are able to deliver preventative care.

---

**Evidence of progress towards outcomes**

- **Finding opportunities for improvement**
  - East region programme at the initiation stage. A formal offer of support has been given to one of six Health and Social Care Partnerships (HSCPs).
  - Intermediate Care Atlas, providing an overview to intermediate care and reablement services across Scotland, produced, distributed and maintained.
  - Published a summary the evidence for different community-based frailty interventions to support HSCP in the north to consider which interventions could make a difference for people with frailty in their local areas.

- **Identifying people before a crisis**
  - Successful event in June to enable palliative care test sites to select a method to improve identification of people with palliative care needs.
  - Roll out of SPIRE onto GP systems progressing well in most areas. There will be early adaptor sites in each area before scaling up the training. Timescales slipped for the addition of the Electronic Frailty Index, liaising with ISD and providing support when needed.

- **Planning for the future**
  - LWIC supporting CHAS with design and subsequent testing of children’s ACP.
  - Distribution of ACP documentation in response to requests.

- **Implementing preventative models of care**
  - Outcomes agreed for the NHS Fife and Scottish Government - has distributed and maintained.
  - Distribution of ACP documentation in subsequent testing of LWIC supporting C.
  - SPIRE onto GP systems progressing well in most areas. There will be early adaptor sites in each area before scaling up the training. Timescales slipped for the addition of the Electronic Frailty Index, liaising with ISD and providing support when needed.

**Risk update (very high risks only)**

- **Short-term outcomes:**
  - HSCP in East of Scotland all know their named contact in LWIC and contracting has started for support spreading preventative models for frailty.
  - ISD has confirmed a date for eFI report to become available in SPIRE which will enable GPs to identify their frail population.

- **Evidence from ACP website and ACP App stats shows that people are accessing resources. Increased access of LWIC tools, evidence bundles and blog.**
  - Positive feedback from events and training about increased local knowledge.
  - Five HSCP provided with funding for 0.5 wte Associate Improvement Advisor bringing additional improvement capacity to focus on palliative and end of life care.

**Medium-term outcomes:**

- East of Scotland HSCPs seeking supporting from LWIC to build local case for spread with frailty.
- Three HSCP in North designing local test of change as first stage of spread of early identification of people with frailty.
- Data demonstrating 12% increase over a year in...
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|       | anticipatory care planning, intermediate care and reablement, and neighbourhood care programmes are due to close in March 2019, the learning will be used by the regional programmes. | Long term Outcomes | The changes to the way care is delivered has an impact on the outcomes of the people who use services and their carers:  
- People spend more days living well at home or in a homely setting that would otherwise have been spent in hospital. People are able to look after and improve their own health and wellbeing and live in good health for longer (NHWO 1).  
- People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community (NHWO 2).  
- People who use health and social care services have positive experiences of those services, and have their dignity respected (NHWO 3).  
- Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services (NHWO 4).  
- Resources are used effectively and efficiently in the provision of health and social care services (NHWO 9). | supported by Shelter’s business analyst. Renfrewshire HSCP recruited as additional test site for the Palliative Care programme.  
Their focus will be to spread and evaluate an approach they have successfully piloted to support people with palliative care needs.  
Supporting neighbourhood care test sites with evaluation to understand the impact of each model.  
Building local capacity and capability  
Evaluation training WebEx took place for the north health and social care partnerships. A follow up session planned for November to confirm the outcomes measures for this programme.  
Delivered WebEx series on evaluation methodology, training people from health and social care organisations, who can then apply their skills and learning to evaluate intermediate care services in their area.  
Delivering learning networks for each programme of work.  
Funding Associate Improvement Advisors in five palliative care test sites.  
Portfolio enabler  
The transition to a LWIC regional model is 83% complete. | number of ACP’s registered on Key Information Summary.  
Four Neighbourhood Care test sites are now live (working on active case load) as preventative models of care in the community.  
Long-term outcomes:  
- Evidence demonstrating ACP in KIS can increase the proportion of people who die in their preferred place of choice.  
- Early data from a PEOLC test site shows reduction in unplanned admissions from a care home. | | | | |

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<td>Mental Health</td>
<td>The mental health portfolio aim is to enable the delivery safe, high quality and accessible mental health care. The portfolio provides support across 3 areas: <strong>Access</strong> - improving access to psychological therapy interventions and Child and Adolescent Mental Health Services.  <strong>Safety</strong> - improving outcomes through a focus on reducing harm including restraint, violence, self-harm and seclusion, improving medicine safety risk assessment and safety planning at key transition points.  <strong>Effectiveness</strong> - developing, delivering and testing revised guidance on improving observation practice through therapeutic engagement with suicidal, violent or vulnerable patients to prevent them from</td>
<td>People with mental health care needs, their carers, families and support networks. Health and social care organisations (including third sector) involved in providing mental health care. Education providers involved with mental health care for children and adolescents. Police Scotland. Royal College of Psychiatrists. Scottish Parliament &amp; Scottish Government. Third sector national organisations. Other national organisations.</td>
<td><strong>SPSP Mental Health Observations</strong>  - Minimise psychological and physical harm for patients who require high intensity interventions / care and treatment.  - Improve access to therapeutic interventions.  - A reduction in the average hours patients require high intensity (or traditional &quot;constant observation&quot; practice).</td>
<td><strong>SPSP Mental Health Observations</strong>  - The guidance is now in final stages of draft, prior to late Autumn 2018 publication.  - The programme has been expanded to twelve territorial mainland boards (including the State Hospital).  - SPSP-IOP Leads Networking event for all involved NHS boards was held on 26th June 2018 for current and new leads.  - Service user and carer consultation continues at all stages of the programme with input from appropriate third sector organisations.  - New Associate Improvement Advisor for programme started in June 2018.</td>
<td><strong>SPSP Mental Health Observations</strong>  - Minimise psychological and physical harm for patients who require high intensity interventions / care and treatment.  - Improve access to therapeutic interventions.  - A reduction in the average hours patients require high intensity (or traditional &quot;constant observation&quot; practice).</td>
<td><strong>SPSP Mental Health Observations</strong>  - The guidance will be in the form of quick to access online/interactive resource. alongside the full guidance in printable form. A launch event will also take place once the guidance is live. Learning from this will be taken from the presentation of the MWC's Rights Pathway in terms of layout and format.  - Data is being submitted from the participating NHS boards (both original test sites and newer sites) and being analysed to inform future work.</td>
<td><strong>SPSP Mental Health Observations</strong>  - 5 wards/units showing sustained reduction in the percentage of patients who self-harm of up to 68%. Additionally, another 3 wards/units had no reported self-harm during the last 12 months.  - 13 wards/units showing a sustained reduction in the rates of violence of up to 80%.  - 12 wards/units showing a sustained reduction in the rates of restraint of up to 80%.  - Over 850 Patient Safety Climate Tool surveys completed and over 3,500 staff safety questionnaires.</td>
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<td>harming themselves or others at times of high risk during their recovery</td>
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<td>• Develop improving outcomes in physical health collaborative with Support in Mind Scotland, Bipolar Scotland, See Me and Health Scotland. To address the challenges existing regarding the physical health disparities experienced by people with mental health illness and how best to improve physical health.</td>
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<td>• Developing Seclusion review collaborative jointly with the Mental Welfare Commission, following seclusion workshops undertaken at regional learning events (Jan-March 2018). Milestones include contributing to a Mental Welfare Commission seclusion event on 14 November and the publication of new seclusion guidance by March 2019.</td>
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<td>• Triangle of Care for Mental Health (ToC): With support from SPSP-MHI, the ToC is being spread and embedded by the Carers Trust Scotland in NHS boards. Additionally, the ToC is being developed for a CAMHS (with support from MHAIST team) inpatient environment and testing began following two staff training days at Duhope Young Peoples Inpatient Unit (May 2018).</td>
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<td>• Third sector, service user and carer involvement - Going Beyond Harm events with Carers Trust Scotland: Following four of these events taking place between 2017-18. An aggregated report was produced (individual reports available) and informs ongoing conversation with carers, service users, third sector as well as local health and social care representatives. A further round of four events are taking place (first one taken place in Glasgow 3rd September) with a focus on carer input into the programme following the Carers (Scotland) Act coming into force on 1st April 2018.</td>
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<td>• The revised Clozapine ‘handy guide’ for side effects for service users and carers with the completed.</td>
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<td>During 2017 an average of 55 wards/units out of 84 were reporting data bi-monthly</td>
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<td>Mental Health Access</td>
<td>• Number of PT teams* using quality improvement methods to develop project charters and tests of improvement in quality and/or access. Number of CAMH teams* using quality improvement methods to develop project charters and tests of improvement in quality and/or access.</td>
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<td>• Number of PT and CAMH services who have a locally agreed project charter agreeing support required from MHAIST.</td>
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<td>• Number of PT and CAMH services who have tested, evaluated and implemented improvements to quality and/or access.</td>
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<td>• Number of PT and CAMH services not requiring support from MHAIST.</td>
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<td></td>
<td>• Number of PT and CAMH services who have completed full quality improvement assessment of service including demand, capacity and queue analysis.</td>
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<td></td>
<td>• Number of PT services meeting nationally agreed timescales for access to services.</td>
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<td></td>
<td>• Number of CAMH services meeting nationally agreed timescales for access to services * a team is a subset of a service.</td>
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**Mental Health Access**

- The two programme work streams (PT and CAMHS) have come together in a joint Mental Health Access Improvement Collaborative with two work streams:
  - Improving access to CAMHS and PT services
  - Neurodevelopmental pathways.
- Teams were invited to join the collaborative and 39 teams successfully applied. We currently have 30 teams who continue to be actively engaged and an additional 5 who have been less active. MHAIST are working to understand what is impeding engagement with these 5 teams.
- The collaborative formally launched on 9th May 2018 and a schedule of events and support has been planned until November 2019. A successful Learning session was delivered in early June and an additional two WebEx have been delivered with good engagement. The team are engaging teams via telephone improvement clinics and coaching opportunities.
- High level (programme level) aims, driver diagrams and measurement plans have been developed for the collaborative. The team are linking with DMBI to enhance this activity and ensure consistence with other programmes across the ihub.

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**Mental Health Access**

- The 18 week standard for CAMHS services was met by three NHS Boards (NHS Ayrshire & Arran, NHS Shetland and NHS Western Isles for quarter ending Jun 2018 (ISD Scotland).
- One NHS territorial Board (NHS Greater Glasgow and Clyde) and NHS 24 met the standard of treating 90% of patients referred within 18 weeks in Psychological Therapies for quarter ending Jun 2018 (ISD Scotland).
- Engagement with boards to promote the collaborative resulted in successful recruitment of 39 teams. Ongoing activity with 30 teams.
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<td>Diagnostic Framework Support</td>
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<td>Responsive improvement support has been provided to NHS Grampian and is planned in NHS Forth Valley. A wrap up meeting has been held with the senior management CAMHS team in NHS Grampian where agreement was reached to process to a further phase of engagement. Initial diagnostic work with NHS Tayside CAMHS has been completed, a process is now in place to agree how MHAIST will support the implementation of Tayside’s CAMHS access improvement plan. Agreements on the first phase of MHAIST bespoke input to NHS Forth Valley is completed. A detailed project plan to manage the increase Responsive Support work is being developed – It is expected that this work will include another three boards. NHS Lothian, NHS Tayside and NHS Borders.</td>
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<td>Acute Care Portfolio</td>
<td>The Acute Care portfolio aims to enable improvements in both the care experience and quality of outcomes for individuals in acute care. It focuses on: 1. Creating the system conditions that enable teams to improve experience and outcomes 2. Improving outcomes and experience for frail people in acute care 3. Reducing harm for people in acute care (ongoing SPSP work)</td>
<td>NHS board colleagues working in acute care People with acute care health care needs, their carers, families and support networks Health &amp; Social care partnerships Scottish Government Quality Unit Scottish Government – CNS office ISD Royal Colleges Other national organisations</td>
<td>Short-term outcomes  - Staff working within acute care use outputs from the acute care portfolio to improve their knowledge and understanding of:  - Using data to better understand their local system to prioritise improvement activity.  - Using tools and resources to support improvements  - Supporting service users to inform improvement plans  - System enablers to enable improvement.</td>
<td>Creating the System Conditions  - Working with boards to enhance understanding of their system through qualitative and quantitative data to identify local priorities and set local aims.  - Systems for improvement driver diagram developed and aligned with NES improvement journey to be tested within the acute care frailty and harm reduction improvement work.</td>
<td>Improving Outcomes and Experience for frail people  - Second round of site visits undertaken with frailty collaborative teams April–July 2018. With 3 of the test teams undertaking Value Stream Mapping to better understand their systems.  - Testing commenced with measurement plans established in all 5 sites.  - Learning Session 1 took place on 6th June 2018.  - Risk that the Acute Care Portfolio will not be able to continue to support NHS Boards to improve their processes of identifying frailty and coordinating care to deliver better experiences and outcomes for people living with frailty because it does not have allocation of funding beyond March 2019.</td>
<td><a href="mailto:richton@glassborow.com">richton@glassborow.com</a></td>
<td>£547,322</td>
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<td>Cardiac Arrest</td>
<td>Data demonstrates a reduction in cardiac arrest rate by 27% since 2013.  - This means that on average there are 22 fewer people per month who are suffering this harmful and distressing experience.</td>
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<td>Sepsis  - Sepsis mortality continues to demonstrate a sustained reduction of 21%.</td>
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<td>HSMR</td>
<td>HSMR – the aim is to reduce HSMR by 10% by December 2018. The last reported quarter (Jan –March 2018) shows a reduction of 9.2% against baseline.</td>
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<td>Falls  - Falls with harm data continues to be reported by boards and reviewed jointly by acute care portfolio with data team, and then discussed with boards via their data-self assessment process to understand their improvement activity around both practice and data reporting.  - All falls; there is no change in current national data set. In depth case studies have been completed and findings published for boards who have</td>
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<td>Reducing Harm for People in acute care</td>
<td>Deteriorating Patient WebEx took place which provided an update on the national cardiac arrest reduction and NEWS 2, as well as an overview from NHS Fife on their cardiac arrest reduction.  - Cardiac arrest reduction WebEx was hosted, sharing a range of work and the subsequent</td>
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<th>Lead Director</th>
<th>Overall budget £</th>
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|                     | Reduce HSMR by 10% by December 2018                                       | - Contribute to Health & Wellbeing outcomes 2, 3, 4, 5, 7, 8 and 9.                      | • Learning within boards to support this reduction.  
  • Position statement sent to boards to outline the revision of National Early Warning Score (NEWS) 2 to support the recognition and response to deteriorating patients, three boards are moving to NEWS 2 over the next few months.  
  o NEWS 2 resource cards have been produced to support clinical staff.  
  o To support the reliable delivery of NEWS in NHSScotland, the team worked with NHS Education Scotland (NES) to develop a learning module called 'National Early Warning Score (NEWS) in NHS Scotland' which is now available on TURAS and LearnPro. This was launched in May 18, 700 people have completed the module since the launch and have provided positive feedback. | Evidence of progress emerging from the case studies has contributed to the revision and refresh of the falls driver diagram and change package.                                                                                   |                                  |                |                  |
|                     |                                                                               | Acute Kidney Injury                                                                      | • Learning Session 2 delivered.  
  • Site visits have taken place to NHS Grampian, NHS Lanarkshire and NHS Lothian. Planning is underway for future site visits to remaining NHS Boards.  
  o 2 Boards have stepped back from the Collaborative - NHS Borders and NHS Tayside.                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                      |                                  |                |                  |
|                     |                                                                               | Falls                                                                                     | • Falls networking event delivered, where the findings from the falls case studies and a revised driver diagram and change package were shared and subsequently now have been published.  
  • Developed a virtual falls coordinators network, with the majority of the NHS Boards indicating they are interested. 20 members have signed up.  
  • Supporting the testing of the revised falls driver diagram and change package.  
  • Site visits and calls have taken place with shown improvements. The themes and new learning emerging from the case studies have contributed to the revision and refresh of the falls driver diagram and change package.                                                                 |                                                                                                                                                                                                                                                                                                                                                                                      |                                  |                |                  |
|                     |                                                                               | Pressure Ulcers                                                                          | • Five boards have an improvement or sustained improvement. Data demonstrates a 24% reduction in pressure ulcers (grade 2-4) in 23 acute hospitals across Scotland since 2015.  
  • The 24% drop in pressure ulcers is equivalent to 46 fewer per month.                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                      |                                  |                |                  |
### Title: Focus on Dementia

**Objectives**: An improvement partnership programme which aims to support improvements in the experience, safety and co-ordination of care for people with dementia across the whole pathway, including diagnosis and post diagnosis support, integrated care in the community, acute hospital care, specialist dementia care and advanced care.

**Who our services are for, engage & involve**: People with dementia, carers and staff. In partnership with Dementia Policy Team and Chief Nursing Officer Directorate, Alzheimer Scotland, NHS Education for Scotland and Scottish Social Services Council (SSSC). Engaging closely with Care Inspectorate and Scottish Care.

**Outcomes we aim to achieve**:
- By April 2018, demonstrator sites for Specialist Dementia Units will have improvement priorities identified based on staff, patient and carer experience and observation (using experienced based co-design approach).
- By March 2019, Specialist Dementia Units will be able to demonstrate improved experience and outcomes for people with dementia and carers.
- By September 2019, staff will have improved knowledge, understanding and confidence in supporting people with dementia and carers.
- By September 2019, people with dementia will have access to post diagnostic support from a primary care setting.
- By September 2019, people with dementia and carers will experience high quality post diagnostic support from a primary care setting.
- By March 2019, staff will be using the Quality Improvement Framework as a self-assessment tool to support improved quality of post diagnostic support.
- By March 2019, teams will have tested the ICHOM dataset in order to understand the impact of post diagnostic support on quality

**Update on activities and outputs**:
- NHS Greater Glasgow & Clyde, Western Isles, Ayrshire & Arran, Orkney and Grampian. Further site visits/calls are planned.

**Pressure Ulcers**
- Pressure ulcer poster – 2-4 May 2018. A poster was presented at the International Forum on Quality and Safety in Healthcare to share the work on the recent reduction in pressure ulcers (grade 2-4).

**Specialist Dementia Units**
- Supporting 4 demonstrator sites. Learning and sharing event on 19th September with focus on measurement plans. Reports on progress from each site have been developed and available on ihub website along with summary report of phase 1 . Work is ongoing to evaluate the programme.

**EU Action on Dementia**
- The portfolio lead continues to provide advice and share learning with colleagues across EU as part of the Scottish Government commitment to leading the EU Joint Action on Dementia. Leading a workshop at the Alzheimer Europe conference on 30 October to share learning from this work.

**International Consortium for Health Outcome Measures**
- Testing work continues in Dumfries and Galloway and with Occupational Therapists from Home Based Memory Rehabilitation Services in Scotland to test the first global standard set for dementia, led by Scottish Government in collaboration with the International Consortium for Health Outcome Measurement.

**Post Diagnostic Support**
- Supporting three GP clusters to test the delivery of dementia post-diagnostic support (PDS) from GP practices. Measurement

**Evidence of progress towards outcomes**
- A Key Achievements Report for Focus on Dementia portfolio was published on 8 June 2018.
- Presentations and poster at Alzheimer Europe conference in October 2018.

**Specialist Dementia Units**
- Demonstrator sites have identified their improvement priorities. These are: stress and distress; activity; mealtimes; environment; team communication and resilience
- Evaluation is underway and a toolkit is being developed to capture learning through the use of experienced based co-design in specialist dementia units and share practice.
- Ministerial visit took place at Prospect bank on 6 June to showcase the improvement work within one of the demonstrator sites.
- Meetings held with Scottish Executive Nurse Directors (SEND) for each of the demonstrator sites to share learning and explore leadership support for local

**Risk update**
- (very high risks only)

**Lead Director**
- Ruth Glassborow

**Overall budget £**
- £645,750
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<td>framework designed around 2 key areas: to improve the access to post diagnostic support and improve the experience of post diagnostic support.</td>
<td>sites and spread of improvement work Presentation to the SEND Group on 28th September with positive feedback on direction of travel for this work stream</td>
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<td>Care Co-ordination in the Community</td>
<td>• Working with Midlothian Health and Social Care Partnership to understand the critical success factors in the delivery of an integrated care coordinated approach to support people with dementia in the community. Further scoping work being undertaken with Alzheimer Scotland to and other partners to inform whole system redesign in dementia care co-ordination. Discussions on going with SG in relation to a commission to testing a whole system care coordination with one HSCP based on this scoping work.</td>
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<td>Palliative and End of Life Care</td>
<td>• Working with the Living Well in Communities portfolio to test and evaluate Alzheimer Scotland’s Advanced Care Dementia Palliative and End of Life Care Model within one care home setting in Dundee.</td>
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<td>Networks:</td>
<td>• Continue to support networks for front line practitioners and managers through on-line forums and face to face regional events to identify and share good practice and provide peer support.</td>
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<td>Networks:</td>
<td>• Engagement remains high from practitioners. Carers and people with dementia are participating as equal partners to inform and support our work through co-design events and development of dementia friendly version of our quality improvement framework.</td>
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<td>protects people's human rights.</td>
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- *By March 2019, staff will have increased access to information on good practice in dementia care.
- Performance Outcome Data: Diagnosis and Post Diagnostic Support (PDS) recorded nationally by ISD
  - Increase in % of population with diagnosis
  - Increase in % of those diagnosed who receive Post Diagnostic Support in line with current LDP standard (personal plan, waiting time)
- people with dementia will have access to post diagnostic support from a primary care setting.
- people with dementia and carers will experience high quality post diagnostic support from a primary care setting.
- staff within these sites will have improved knowledge, understanding and confidence in supporting people with dementia and carers.
- Specialist Dementia Unit Improvement Programme, By March 2019, this programme aims to achieve the following outcomes;
  - Specialist dementia unit demonstrator sites are continually improving to support improved outcomes for people with dementia and carers.
  - Staff within specialist dementia unit demonstrator sites will have improved knowledge, understanding and confidence in supporting people with dementia and carers.
  - Specialist dementia unit staff will have improved knowledge, skills and experience of improvement.
  - We will have supported the development of networks to support
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<td>Primary Care Improvement Portfolio</td>
<td>The Primary Care Improvement Portfolio aims to embed sustained improvement in the delivery, safety and quality of care across primary care services in Scotland. This will be achieved through a focus on three key themes. <strong>Creating the conditions for successful cluster working.</strong> <strong>Supporting implementation of new models of care.</strong> <strong>Capturing and sharing evidence and data to accelerate improvement.</strong></td>
<td>• People required to plan, improve and assure including HSCP, NHS, social care and partner organisation staff. • Local and national stakeholders and influencers. • People who access and engage with services.</td>
<td>Following extensive consultation with key stakeholders our workplan is being co-produced and developed. Portfolio outcomes are in development and will be included in the next iteration of this report.</td>
<td>• We have revised and refined our work plan and have co-designed this with the Chief Officers with a special interest in Primary Care. • We have appointed additional portfolio team members to support implementation of the workplan. <strong>Creating the conditions for successful cluster working.</strong> • With NHS Education for Scotland, we have designed the Scottish Improvement Foundation Skills course for Cluster Quality Leads (CQLs). The first cohort is now open for applications from up to 30 CQLs. <strong>Supporting implementation of new models of care.</strong> • We are supporting Practice Admin Staff Collaborative teams to use QI methodology to develop tests of change to improve practice processes. We are also providing educational support to build local QI capacity and capability. • With the national implementation of the non-steroidal anti-inflammatory drugs (NSAIDs) toolkit in community pharmacies, we are improving patient safety and building on existing work in primary care in relation to high risk medicines. <strong>Capturing and sharing evidence and data to accelerate improvement.</strong> • We have developed an online interactive resource to support delivery of Improving Together, the national framework for quality and improvement in primary care. • We are developing a number of case studies on data, leadership and new models of care. These will be shared on our online resource, Improving Together Interactive.</td>
<td>• We are developing the measures to evidence our progress towards the outcomes we aim to achieve. These will be included in the next iteration of this report.</td>
<td>Ruth Glassborow</td>
<td>£1,487,252</td>
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<td><strong>Place, Home and Housing</strong></td>
<td>The Place, Home and Housing Portfolio will focus on:  - creating opportunities for housing and health to work cohesively,  - Maximise contribution of health and housing to improve outcomes for peoples to remain at home for as long as is reasonable practicable  - Prototype new approaches to support greater independence and improved health and wellbeing.  - Capture and share examples of good practice and innovation to inform design and delivery of integrated services</td>
<td>The programme engages all national representative housing bodies and Scottish Government Housing Division and for people whose home environment if improved would support greater independence and well-being. Some activities will be across all health and social care partnerships and cover the whole health and social care system; other activities will be with specific partnerships only.</td>
<td><strong>Health and Social Care Partnerships</strong>  - Support UBS to further develop housing contribution statements (HCS) to enable effective joint commissioning  - Work with ranges of sectors to identify priority areas for iHub support to maximise the contribution of housing to good health  - Carry out review of future support needs for H&amp;SC partnerships in response to ‘adapting for change’.  <strong>Mental Health</strong>  - Work with range of sectors to identify the ways in which Housing can help H&amp;SCPs target at-risk communities.  - Understand models of community based care, engage with Community Psychiatric Nurse and Occupational Therapist and mental health services to explore housing challenges – engagement in events, survey – alignment with Mental Health Strategy.  <strong>Dementia</strong>  - Work with Chartered Institute of Housing to explore opportunities for joint working to promote dementia pathways work with H&amp;SC partnerships and Housing Sector.  <strong>Disability</strong>  - Identify and maintain engagement with new ‘housing with care models’ for best value and comparison purposes as part of evaluation – exploring strengths and weaknesses.  - Scope alternative housing solutions for complex needs.  <strong>Evidence and Evaluation</strong>  - Capture and share examples of good practice across H&amp;SC partnerships and</td>
<td><strong>Networks</strong> The portfolio contributes to the following strategic networks:  - Age Home &amp; Community Monitoring and Advisory Group  - Rapid Re-Housing Transitioning Planning Delivery Group as a sub-group of SG Homelessness Prevention Strategy Group  - Tech Enabled Care In Housing Programme  - Third Sector Prisoner Healthcare review network  - Scottish Council for Learning Disabilities exploring Housing Policy and Delivery Group  - House markmesh – Health and Social Care Club  - Building Foundations for Health and Housing Engagement  We have ongoing engagement around developing policy priorities with:  - Policy Lead for Homelessness Scottish Government  - Policy Lead for Housing Scottish Government  - Health and Social Care roundtable discussion lead by SG  - ALACHO – Association of Local Authority of Chief Housing Officers  - Joint Housing Delivery Plan for SG</td>
<td><strong>Health and Social Care Partnerships</strong>  - Housing Contribution Statement scoping work now complete and report will be published QTR3/4  - Housing Solutions training options being explored to maximise reach and sustainability  <strong>Mental Health</strong>  - Contribution to SG social isolation document  - Partnership working with Health Scotland, Scottish Federation of Housing Associations and Glasgow West of Scotland Forum in relation to Adverse Childhood Experiences to explore the role of housing in mitigating the impact of these experiences.  <strong>Dementia</strong>  - Scoping complete. Next step includes development of framework and launch in partnership with CIH.  <strong>Disability</strong>  - Augmented Care Unit film now complete to showcase housing with care contribution and presented at Scottish Federation of Housing Association national event.  - Webex on Integrated Occupational Therapy Services and Housing Solutions delivered to over 50 staff across Scotland.</td>
<td>Ruth Glassborow</td>
<td>£257,876</td>
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<td>Housing Sector.</td>
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<td>Evidence and Evaluation</td>
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<td> The Housing Portfolio is under review and a new workplan for 2019-20 is in development.</td>
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<td>Augmented Care Unit (Varis Court) evaluation published recognising the importance of Health Care delivery in the home and the advantages of community based care models.</td>
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<td>Extra Care Housing Evidence summary published in July18.</td>
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<td>Support for evaluation of Pharmacy for Homeless Project.</td>
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<td>Poster accepted for the Faculty of Public Health Conference in November 18 on &quot;Does the Housing System build Health across the population?&quot;</td>
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<td>SPSP Maternity and Children Quality Improvement Collaborative (MCQIC)</td>
<td>Reduce avoidable harm and morbidity in women, babies and children by 30% by March 2019. It focuses on:</td>
<td>NHS Hospital Staff in relevant NHS Boards, Parents and families, Scottish Government, Children &amp; Young People Improvement Collaborative (CYPIC), Charities, Universities, Research projects, and other UK agencies, National Neonatal Audit Programme (NNA), Royal Colleges, Scottish Improvement Science Collaborating Centre (SISCC), Managed Clinical Networks</td>
<td>Short-term outcomes Staff working within maternity, neonatal and paediatric care use outputs from MCQIC to improve their knowledge and understanding of: • Using data to better understand their local system to prioritise improvement activity • Using tools, evidence &amp; bundles and resources to support improvements • Supporting service users to inform improvement plans • System enablers to enable improvement • NHS boards will determine their local priorities in line with core measures.</td>
<td>Creating the system conditions • Communication plan to update all NHS boards of the refocused MCQIC programme content and partnership agreements delivered • Ongoing discussions with Clevermed (providers of electronic Badgernet system in use in boards) to streamline data entry and collection processes. • Shortlisted the national 2018 Oil awards co-hosted with Children &amp; Young Peoples Quality Improvement Collaborative (CYPIC). • Supporting/coordinated sessions at NHS Scotland Annual Event /IHI Summer Camp International delegation visit/UK Glassborow</td>
<td>Progress towards Short-term outcomes • Good engagement by all boards to revised programme content and partnership agreements. • Delivery of scheduled data and progress self assessment reviews by boards</td>
<td>Ruth Glassborow</td>
<td>£482,862</td>
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<td><strong>Long-term outcomes Maternity Care</strong></td>
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<td>healthcare settings in Scotland.</td>
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<td>Reducing harm in paediatric care:</td>
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<td>• Reduce stillbirth rate by 35%</td>
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<td>• Reduce PPH rate by 30%</td>
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<td>• Agree a national Maternity Early Warning Score</td>
<td>National PEWS tool validated by Scottish Ambulance Service, which allows scoping for use in primary care sector.</td>
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<td>Neonatal care</td>
<td>Updated project tools reflecting core measures received by paediatric &amp; neonatal communities (reporting template, driver diagrams, and self-assessment templates).</td>
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<td>• Reduce term admissions to neonatal unit</td>
<td>Neonatal national Mortality Rate showing a 17.5% reduction</td>
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<td>• Reduce central line infection rates</td>
<td>Reduction in neonatal central line infection rate in two boards of 64% and 42%</td>
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<td>• Reduce necrotising enter collis</td>
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<td>Collaborative – maternity and neonatal</td>
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<td>• Reduce neonatal mortality by 15%</td>
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<td>• Reduce unplanned admissions to paediatric intensive care unit</td>
<td>PEWS: 12/14 boards implementing national pews</td>
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<td>• Increase number of rapid admissions to paediatric intensive care for inpatient deterioration</td>
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<td>• Reduce ventilator-associated pneumonia</td>
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| **Person Centred Health and Care programme** | Providing support to health and care organisations to build the capacity and skills in using person-centred and co-design approaches to improve care experience, and to design and deliver services based on what matters to people. Developing the capacity within HIS’ improvement programmes to incorporate clear person-centred and involvement principles in their design and delivery. | NHS boards and integration Joint Boards: NHS Lanarkshire NHS Western Isles NHS Tayside NHS Greater Glasgow & Clyde NHS Ayrshire & Arran North Lanarkshire IJB Third & Independent Sector: IRISS, The Alliance Scotland NES SG Person-centred Care Team Citizens, patients, carers, families & communities. | Improving care experience through feedback  
- An improvement infrastructure is in place within each test site that ensures care experience feedback is routinely captured, analysed and considered, and informs improvement activities.  
- Patients, families and carers report public services consider what matters to them and both care experience and services are improving. | Co-designing services with people who use them (Experience Based Co-Design)  
- Increased capability and confidence within health and care services testing Experience Based Co-design (EBCD) methodology to co-design services together with people who receive care and support.  
- People who receive services are enabled and empowered to co-design improvements in local care and services. | **Improving care experience through feedback**  
- A microsite was developed to support dissemination of the care experience improvement model (real-time and right-time) evaluation report and associated resources at: [https://hub.scot/person-centred-health-and-care-build/real-time-and-right-time-evaluation-report](https://hub.scot/person-centred-health-and-care-build/real-time-and-right-time-evaluation-report)  
- 2 learning sessions have been planned and will run on 23 October in Glasgow and 6 November in Perth. These have been designed in collaboration with the leads from three of the NHS board demonstrator sites. This will provide care teams with the skills, knowledge and tools to effectively implement the care experience improvement model in their own setting. | | Ruth Glassborow | £327,638 |
| **Building HIS capabilities in Person-centred practice** |  
- Improvement programmes have incorporated clear and relevant person-centred principles and measures, appropriate to their context.  
- Programme teams demonstrate the required knowledge and skills to practically apply person-centred and involvement principles with the delivery of programmes. | "What matters to you?" day 2017  
- Increase in number of teams registered (target: 1000 teams) to participate in the campaign.  
- Increase in number of stories received about the impact of asking the | | | | | | |
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|       |            | campaign question (target: 500) following the day. | commenced with the production of 6 case studies/summary reports for all demonstrator sites. | Building HIS capabilities in Person-centred practice  
- A participation planning tool has been made available to HIS teams to support programmes to systematically incorporate planned approaches to participation of service users and the public.  
- A training and coaching session has been designed and will be delivered at the end of October to support the demonstrator portfolio (Living Well in Communities) to learn about and utilise a range of person-centred approaches in their improvement work. | 'What matters to you?' day 2018  
- Registration and distribution of resources took place in the lead up to 'What matters to you?' day during May 2018.  
- Working group members visited various sites which ran 'What matters to you?' day activities on 6 June 2018 and shared this widely.  
- Feedback and impact of 'What matters to you?' activities are currently being gathered and developed into case studies. These are being shared widely to illustrate the approaches taken on the day as well as how it has been built into daily practice. | Building HIS capabilities in Person-centred practice  
- Outcome data on development of skills and knowledge will not be available until completion of the training and coaching session in October. | 'What matters to you?' day 2018  
- A total of 862 registrations were logged, with 612 of these from Scotland.  
- Registrations came from across 15 countries - Australia, Bahrain, Brazil, Canada, England, Ireland, Luxembourg, Mexico, Northern Ireland, Scotland, South Africa, Spain, Sweden, USA and Wales.  
- 12 case studies have been developed and shared via the 'What matters to you?' day website, Twitter and Facebook.  
- Between 5-7 June, the associated hashtag #WMFTY18 made 21.2million impressions on Twitter. |
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| SPSP Medicines | SPSP Medicines aims to support the safer use of medicines for patients across all healthcare settings in NHS Scotland, supported by a learning network with a focus on: 1. medicines reconciliation (MR), 2. high risk medicines, and 3. omitted medicines. | Patients and Service Users, Scottish NHS Boards, Health and Social Care Partnerships, third sector, housing and independent sector, Scottish Government, Professional colleges and related national organisations. | Short term outcomes  
Staff improve their knowledge and understanding of:  
- Using data to understand their local system and prioritise local improvement activity  
- Using QI tools and SPSP Medicines resources to support improvement activity locally  
- Using feedback and views of service users  
- System factors that support teams to improve.  
Medium term outcomes  
Staff can use improvement methods, including data to generate ideas, test improvements and monitor progress  
Staff can build and maintain effective improvement teams  
Staff can use learning to planning for spread  
Staff can plan and test improvements across the pathway of care  
Long term outcomes  
A national network to support learning and sharing across health and social care regarding medicines safety.  
Improved communication regarding medicines at transitions  
Reduced medication administration omissions, and the testing of a national measure to inform Excellence in Care  
Reduced harm due to high risk medicines, and the testing of outcome measures related to harm associated with medicines use. | Medicines reconciliation  
- Sub-group of MCAG commenced testing and development of a data collection tool for prescribing errors, focussed on identifying impacts in terms of time and cost.  
- Visit by national team to board-based medicines reconciliation group.  
High risk medicines  
- Engagement with dentistry colleagues to review and add to the framework for high risk medicines.  
Omitted medicines  
- Three boards continue testing of omitted medicines measures in the paper environment, supported by 2-monthly virtual meetings for learning and sharing. This work is due for completion in October 2018.  
- Measures submitted to Excellence in Care Programme Board for consideration.  
Learning Network  
- Sharing of the Outcome report from the successful Stakeholder Engagement Event on February 8th to inform local discussion and focus improvement activities.  
- Continuation of the 3rd SPSP Medicines monthly WebEx series focussing on transitions, omissions and high risk medicines. | Short term outcomes  
- Requests received for medicines-related materials on a regular basis  
- WebEx series continues to support the sharing of approaches by boards to empowering and involving patients in the medicines safety agenda.  
Medium term outcomes  
- Omitted medicines collaborative teams are using measures, data collection and reporting tools and generating change ideas locally for testing to inform the development of the measure(s) for Excellence in Care.  
- Under guidance of a MCAG sub-group, continued development of draft outcome data set related to bleeds associated with medicines. Further testing with boards planned  
- A full programme has been confirmed for the 2018/19 WebEx Series.  
Long term outcomes  
- Learning network extended to include international colleagues.  
- 11 boards reporting MR on admission data. Three boards have demonstrated sustained improvement | Ruth Glassborow | £157,770 |
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<td>Quality Management System</td>
<td>Scotland has a sustainable approach to embedding an effective system of quality management of health and social care.</td>
<td>NHS boards and integration joint boards. Healthcare Improvement Scotland NHS Board Members (executive and non-executive directors). Health and Social Care Partnerships. Scottish Government. NHS Education for Scotland Health Foundation, Q members QI community (safety and improvement fellows and ScIL) in Scotland and other national organisation</td>
<td>Quality Management System  - Design and commence first phase of testing an effective system of quality management.  - Deliver NHS Board Quality Management (QMS) Development Programme, including masterclasses, bespoke support and web-based conferencing QI for Board Members  Short term outcomes: NHS Board members'  - Curiosity of QI is piqued  - Have improved competence and confidence regarding improvement approaches and increase their knowledge and skill in Quality Improvement  - Have improved engagement and awareness of communication channels offered by the programme Medium term outcomes: NHS Board members.  - understand changes to national policy that may impact on their organisation's approach to quality;  - understand how to influence national thinking and programmes in relation to improving quality of care  - understand the core components of successful strategies for QI</td>
<td>Quality Management System  - QMS Framework to be tested within HIS through an internal collaborative  - Planning offer of bespoke support to NHS Boards and Health and Social Care Partnerships QI for NHS Board Members  - Evaluation for the September National Masterclass is underway and a summary report describing impact and learning will be available from October.  - NHS Board Members from across Scotland engaged with 2 cohorts of web-conferencing testing.  - Finalising negotiations with NES around transfer of work and associated resource, so it can then sit as part of the wider NES offerings for QI and Board Development.</td>
<td>and 1 board is meeting the aim of reliable implementation. 1 board shows sustained deterioration  - 6 boards are reporting MR at discharge data. No improvements reported to date. 2 boards show sustained deterioration.</td>
<td>Ruth Glassborow</td>
<td>QMS £181,648</td>
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<td>QI for Board members £83,802</td>
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<td>QI Skills Development</td>
<td>• are able to ask the right questions to support and provide oversight of QI</td>
<td>• have confidence and skills to critically evaluate data to support continuous improvement in services</td>
<td>• Commission 'lead' level quality improvement programmes from NES and promote skill development in social care, third and independent sector</td>
<td>• Implementing plans to increase engagement and uptake of HIS ScIL places by staff in social care and third sector.</td>
<td>(very high risks only)</td>
<td>QI Skills Dev</td>
<td>£180,000 (ScIL)</td>
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<td>QI Skills Development</td>
<td>• are able to ask the right questions to support and provide oversight of QI</td>
<td>• have confidence and skills to critically evaluate data to support continuous improvement in services</td>
<td>• are able to ask the right questions to support and provide oversight of QI</td>
<td>• Continuous Quality Improvement Allocation Impact findings from 2017/18 have been published and shared</td>
<td>(very high risks only)</td>
<td>QI Skills Dev</td>
<td>£1,214,999 (CQIA)</td>
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<td>Networks</td>
<td>• Commission 'lead' level quality improvement programmes from NES and promote skill development in social care, third and independent sector</td>
<td>• Support a strategic and targeted approach to improving quality and efficiency through additional allocations to build a sustainable quality infrastructure.</td>
<td>• Work with the Health Foundation to effectively undertake our functions as a Country Partner for Q and develop Q in Scotland as a network and effective interface with the wider UK Q community for Scottish members.</td>
<td>• Formal role on the governance arrangements for Q across the UK and an ability to shape key messages for Scottish members.</td>
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<td>Networks</td>
<td>£128,890</td>
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<td>Networks</td>
<td>• Support a strategic and targeted approach to improving quality and efficiency through additional allocations to build a sustainable quality infrastructure.</td>
<td>• Co-ordinate our relationships and interactions with a range of national and international networks (for example IHI Health Improvement Alliance Europe, Q, and International Federation for Integrated Care), including event attendance.</td>
<td>• Co-ordinate our relationships and interactions with a range of national and international networks (for example IHI Health Improvement Alliance Europe, Q, and International Federation for Integrated Care), including event attendance.</td>
<td>• Recruitment to Q Scotland reopened on 14 June 2018.</td>
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<td>Improvement Fund</td>
<td>Provide grant awards to applicants with a strong proposal to either test a change idea locally or spread improvement nationally. The aim of the fund is to invest in and expand innovative practices that demonstrate impact on the national health and wellbeing outcomes.</td>
<td>NHS boards, Health and Social Care Partnerships, Local Authorities, Third sector, health or social care providers and housing organisations.</td>
<td>There are 17 active projects (Seven projects – 2016/2017 and 10 projects – 2017/2018). Projects include: Community Supported Discharge Programme (Community Support Project – STRIVE) - connection made with EEvIT to support facilitation of a half-day workshop for the local team to construct a logic model. Prevention/Multi-morbidity: Anticipatory Care Planning – provision of critical friend support around data and measurement plan and data presentation. Provision of advice on building capacity and capability for quality improvement, and linking in with Anticipatory Care Planning team (LWiC) and other projects. Using the Electronic Frailty Index to identify people with mild frailty and develop a third-sector led response to assessing and meeting need – provision of critical friend advice re: evaluation plan, national spread and connections with other ihub programmes. Rapid Access Specialist Neurological Physiotherapy Service – provision of advice on spreading learning on a national scale. Relevant ihub events or links to programmes were highlighted to the project team. The HUGG model of Family Integrated Care – provision of advice on project plan, making connections with ihub teams re: advice on presenting qualitative data. Linking with other Improvement Fund projects to share learning. Integrating Money Advice within Primary Care (Glasgow) - making connections with Glasgow Centre for Population Health to cross-promote their money advice report and our Improvement Fund update.</td>
<td>Community Supported Discharge Programme (Community Support Project – STRIVE) - positive feedback received from stakeholders regarding value of ihub support: “…The same with the logic model, statistics, evaluation not a strength of mine has become easier and more manageable with the help and assistance of [the ihub]. Including volunteers in the decision on what our aims/priorities should be allowed them to feel it’s their [the volunteers’] project.” Developing the HUGG Model of Family Integrated Care - positive feedback received from stakeholders regarding value of ihub support: “We are very grateful to the Improvement Fund team for their ongoing support. We have a number of upcoming opportunities to continue to share our work and learn from other teams.” Learning from both 2016/2017 and 2017/2018 projects is being shared through blog-style impact reports on the Improvement Fund website – there are currently four reports online.</td>
<td>Ruth Glassborow</td>
<td>£258,923</td>
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| Strategic Planning | To enable health and social care organisations to make data and evidence-driven decisions to support redesign of their local health and social care system. | Citizens, those who access services, carers, families and communities; Health and Social Care Partnerships, third sector, housing sector, independent sector, Scottish Government; range of other national bodies. | Short-term outcomes  
Staff within health and social care services use methods and resources from strategic planning to improve their knowledge and understanding of:  
- The value of using data to better understand their local system to prioritise and inform redesign.  
- How to involve the local population in the planning of future services.  
- How to identify unintentional consequences in an integrated system as a result of a proposed change to a part of the system.  
Medium-term outcomes  
Health and social care services put knowledge from strategic planning into practice:  
- Make informed decisions on changes to their system based on data to shift care to the community.  
- Involve the local population in the planning of future services.  
- Model the impact that resigned services have on the entire health and social care system to reduce unintended consequences.  
Long-term outcomes  
The changes to the way care is delivered has an impact on the outcomes of the people who use services and their carers:  
- People are able to look after and improve their own health and wellbeing and live in good health for longer (NHWO 2).  
- People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community (NHWO 3).  
- People who use health and social care services have positive experiences of | Strategic planning expert support and advice has been provided to a number of HSCPs including:  
Planning and Delivery Stage  
- East Renfrewshire – provision of critical friend support in relation to a refresh of the strategic plan.  
- East Dunbartonshire – scoping for a range of strategic planning critical friend support in relation to development of a robust strategic commissioning plan (including coaching for Interconnected System Mapping).  
- Glasgow City HSCP – scoping for delivery of support to develop enhanced patient pathways, with a focus on the pathways of people living with COPD.  
- Orkney Islands HSCP – support to develop an understanding of the flow of patients, service users, information and resources to support redesign of local health and care services.  
- South Lanarkshire – scoping for strategic planning support in relation to strategic planning approaches and understanding need.  
Closure Stage  
- Aberdeenshire HSCP – support to a HSCP project to improve urgent care services, including coaching support in relation to interconnected systems mapping.  
- Argyll and Bute HSCP – delivery of support to develop a locality-led model for planning workforce change (including facilitation of a number of workshops).  
- NHS Forth Valley – support to three horizons session for community front door.  
- Scottish Borders HSCP – development of a flow modelling tool to support strategic planning.  
- Working with MHAIST to support | Clackmannanshire and Stirling HSCP – positive feedback received from stakeholders regarding value of iHub support.  
- “It helped to get people to the same place – especially as articulating the model has been challenging (especially to inspectors, etc.)”  
- “This is a very helpful starting point and it has already helped to re-engage the Care Inspectorate because they can clearly see that this is a social care model”  
- Fife HSCP – positive lead sponsor feedback and requests for additional strategic planning assistance with wider transformation work.  
- “iHub colleagues really listen and endeavour to interpret what we say, suggesting helpful actions and tools to support the transformation work that is underway.”  
- A number of projects listed will shortly be entering the closure phase. Plans are in place to capture feedback and evaluation:  
- Aberdeenshire HSCP  
- Argyll and Bute HSCP  
- NHS Forth Valley  
- Scottish Borders HSCP  
- NHS Lothian | Ruth Glassborow | £235,597 |
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<td>those services, and have their dignity respected (NHWO 3).</td>
<td>Complete delivery of a workshop for NHS Lothian around dementia pathways.</td>
<td>Complete • Clackmannanshire and Stirling HSCP – support to define and develop a new model of care which meets Care Inspectorate registration requirements for the Stirling Care Village Care Hub (including facilitation of a number of workshops). • Fife HSCP – completion of intensive ‘Understand’ phase of work in relation to a review of community hospitals. Critical Friend assistance ongoing in relation to wider transformation programme which includes community hubs, out of hours and community hospitals). • On-going provision of critical friend support and expert advice in relation to strategic planning to a range of internal and external partners (e.g. ihub mental health and primary care portfolios).</td>
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| Outcome Based Commissioning | **To support health and social care organisations to build quality commissioning relationships which enable maximised outcomes for individuals and/or communities.** | Alignment and embedding of person-centred approaches to health and social care  
- **Short-term** – raised awareness of Self-directed Support across ihub/HIS colleagues and identified opportunities to support Integration Authorities through good alignment with existing improvement programmes.  
- **Medium-term** – aligned programmes of support to IAs based on shared understanding of person-centred practice (particularly in relation to Realistic Medicine/Self-directed Support/Health Literacy).  
  Increased evidence of good practice in outcome based commissioning across Integration Authorities (IAs). This will include the use of appropriate procurement tools and:  
- **Short-term** – support IAs to explore new and emerging practice in relation to outcome based commissioning practice.  
- **Medium-term** – evidence base established which supports the use of outcome based commissioning practice.  
- **Long-term** – embedded practice of outcome based commissioning across all IAs.  
  Evidence of impact of wider market supporting health and social care outcomes:  
- **Short-term** – collated examples of emerging good practice in developing and sustaining a wider market.  
- **Medium-term** – sharing of good practice aligned to targeted responsive support to IAs to develop a wider market.  
- **Long-term** – well-developed market facilitation plans which reflect as full and wide a market as can be sustained across individual IAs. | - Orkney Islands HSCP – workshop with HSCP and key partners on changing the conversation regarding homecare on the unconnected islands  
- West Lothian HSCP – support to develop, implement and evaluate a Public Social Partnership approach to commissioning  
- Adult social care reform – emerging activity to support embedding of SDS through sharing learning across good conversation approaches  
- Provision of support for Community Led Support sites in Scotland to spread learning and share good practice  
- Provision of specialist support to the Living Well in Communities Team in relation to the Neighbourhood Care work being undertaken with NHS Highland.  
- Provision of critical friend support and expert advice in relation to outcomes-based commissioning, self-directed support, community-led support and market facilitation to a range of internal and external partners. | • Community Led Support: funding agreed to spread approach across additional HSCPs with ihub support.  
• Increased discussion across portfolios/programmes of role of SDS – contribution to existing programme aims and also opportunities for programmes to better support embedding of SDS at local level.  
• Feedback from Orkney that ihub facilitation enabled different level of conversation. Keen for follow up session to determine actions around key opportunities for community solutions to homecare  
• West Lothian – feedback that testing likely to impact future commissioning practice with ihub facilitation support integral to success  
• Increased requests for support with practical outcome based commissioning practice – Public Social partnerships. | | Ruth Glassborow | £86,089 |
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| Third and Independent Sector Engagement | To provide an interface between ihub/HIS and the third and independent sectors to optimise what their contribution is, and could be, to health and wellbeing. | Citizens, those who access services, carers, families and communities; Health and Social Care Partnerships, third sector, housing sector, independent sector, Scottish Government; range of other national bodies. | **Short-term outcomes**  
- Third and independent sectors have greater awareness and understanding of strategic commissioning and their potential role in service provision.  
- Third and independent sectors are better able to explain, evaluate and evidence their contribution and impact of their activities on the health and wellbeing outcomes, which can influence and persuade decisions made by HSCPs.  
- Share and disseminate learning of strategic commissioning across sectors.  

**Medium-term outcomes**  
HSCPs will:  
- Have greater understanding of the barriers and enablers to third and independent sectors’ health and social care service delivery.  
- Develop strategic commissioning policies and processes to facilitate meaningful third and independent sector participation.  

**Long-term outcomes**  
Third and independent sectors are accepted and valued for their contributions to health and wellbeing in respect of the following three national Health and Wellbeing Outcomes:  
- People are able to look after and improve their own health and wellbeing and live in good health for longer (NHWO 1).  
- People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide (NHWO 8).  
- Resources are used effectively and efficiently in the provision of health and social care services (NHWO 9).  
- City of Edinburgh HSCP – scoping of what can be offered from a community perspective exploring third and independent sector. Project currently on hold.  
- East Dunbartonshire HSCP – connecting with TSI to ensure input to commissioning conversation.  
- East Lothian HSCP – project brief at draft stage, soon to go for approval.  
- Renfrewshire TSI – review discussion of HSCP, informal plan of action devised for TSI.  
- Working with Public Health Reform (PHR) team to develop third sector engagement strategy for PHR.  
- Community Solutions – engaging with a wider network of organisations and programmes focused on community directed support.  
- Provision of critical friend support and expert advice in relation to involvement of the third sector to internal and external partners.  

City of Edinburgh HSCP – scoping of what can be offered from a community perspective exploring third and independent sector. Project currently on hold.  
East Dunbartonshire HSCP – connecting with TSI to ensure input to commissioning conversation.  
East Lothian HSCP – project brief at draft stage, soon to go for approval.  
Renfrewshire TSI – review discussion of HSCP, informal plan of action devised for TSI.  
Working with Public Health Reform (PHR) team to develop third sector engagement strategy for PHR.  
Community Solutions – engaging with a wider network of organisations and programmes focused on community directed support.  
Provision of critical friend support and expert advice in relation to involvement of the third sector to internal and external partners. | | | | Ruth Glassborow | £122,323 |
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| Scottish Approach to Strategic Commissioning Design. | To support health and social care organisations with whole system redesign by developing and embedding a Scottish approach to strategic commissioning design within the ihub. | Citizens, those who access services, carers, families and communities; Health and Social Care Partnerships, third sector, housing sector, independent sector, Scottish Government; range of other national bodies. | **Short-term outcomes**  
Supporting health and social care organisations with whole system redesign through:  
- Development of good practice methodologies in conjunction with the Scottish Health Council and the Scottish Government to collaboratively redesign services.  
- Sourcing, development and dissemination of Scottish and international good practice in new transformed service models.  
- Provision of facilitation support directly, or in conjunction with ihub planned programmes, for service redesign.  
**Long-term outcomes**  
This programme contributes towards:  
- The Scottish Government National Outcome: “Our public services are high quality, continually improving, efficient and responsive to local people’s needs”.  
- The Scottish Government Health and Wellbeing Outcomes: “Health and social care services should focus on the needs of the individual to promote their health and wellbeing, and in particular, to enable people to live healthier lives in their community”. | We are continuing to share learning with Nesta (an innovation foundation) on approaches to transformation and change.  
We are working alongside Nesta and learning about their people-powered results methodology with Midlothian HSCP in relation to their Early Access to Mental Health project.  
We have delivered a number of workshops for NHS Borders to support them with using design thinking to develop a future vision of hospital services in the Borders.  
We have provided service design expertise to NHS Forth Valley for ‘best in class’ project.  
We supported NHS Greater Glasgow and Clyde to run a workshop to think creatively around system redesign challenges in relation to winter pressures.  
We are working with Scottish Government in relation to the Development of the Service Design Champions Programme for public sector organisations.  
We are leading (with NSS on behalf of all the national boards) the National Boards Collaboration for Transformational Redesign. On-going provision of critical friend support and expert advice in relation to service redesign and transformational change to a range of internal and external partners (e.g. ihub mental health and primary care portfolios). | Work on this programme began in May 2018 and one of the leads for this programme has only been in post since July 2018 as such at this time there is limited evidence of progress towards outcomes.  
A significant number of requests for service design expertise and support have been received suggesting that health and social care organisations are developing awareness of the value that service design approaches can add. | Ruth Glassborow | £136,564 |
SUBJECT: Risk Management Update

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

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

   b) The corporate risks (Appendix 1) and very high operational risks (Appendix 2) have been reported from the Compass system as at 23 November 2018. There are 15 corporate risks and 2 very high operational risks on the report which are the same numbers as on the September report.

   c) The risk reports show the trends in risk scores since the Board meeting on 26 September 2018. The risk report no longer shows a net risk column as this column indicated the level of the risk when it was first raised on the system. Feedback has advised that this column does not assist with current evaluation of the risk. The movement schedule at Appendix 3 summarises the changes to risks since the last Board meeting. The grid provided at Appendix 4 provides appetite and scoring definitions for reference.

   d) The Audit and Risk Committee reviewed at its meeting on 15 November 2018 the corporate risks and the high/very high operational risks. They noted the increase in the level of risk 635 in relation to the Finance Strategy.

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

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

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

**RISK**

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

**OTHER CONSIDERATIONS**

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

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

Resource Implications

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

What engagement has been used to inform the work.

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

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

There are no specific equality and diversity issues as a result of this paper. The corporate risk register outlines risks in relation to finance/resources.
## Appendix 1 Corporate Risks (at 23 November 2018)

<table>
<thead>
<tr>
<th>Category</th>
<th>Project/Strategy</th>
<th>Risk No</th>
<th>Risk Director</th>
<th>Risk Description</th>
<th>Current Controls</th>
<th>Current Mitigation</th>
<th>Current Update</th>
<th>Date Last Reviewed by Committee</th>
<th>Current Risk Level</th>
<th>Oct - 2018</th>
<th>Sep - 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compliance / Regulatory</td>
<td>Board Governance</td>
<td>863</td>
<td>Margaret Waterston</td>
<td>There is a risk of not having the correct skills on the Board because of a significant turnover in Board members resulting in failure to deliver the required standards of governance.</td>
<td>Review Board member induction processes and training opportunities. Review early in 2019 Board business planning schedule supports Board members' development needs.</td>
<td>New Chair now in post and reviewing Governance Committee resources and Chairmanship in the context of impending Board Member retireals and new appointments. Appointment process is currently on track to recruit new members in time to replace retirees. Appointment process will consider skills and experience required to enable HIS to discharge its governance duties</td>
<td>Audit &amp; Risk Committee, 15/11/18</td>
<td>medium - 12</td>
<td>High - 15</td>
<td>High - 15</td>
<td>High - 15</td>
</tr>
<tr>
<td>Reputational / Credibility</td>
<td>Data Measurement &amp; Business Intelligence</td>
<td>693</td>
<td>Brian Robson</td>
<td>There is a risk that we do not have a good awareness of the patterns on some key national metrics/indicators which could mean that our quality assurance and quality improvement work is not sufficiently informed. For example, this could result in the potential to miss the early signs of a serious service failure.</td>
<td>The Information Services Division reports on some key metrics via the Sharing Intelligence for Health &amp; Care Group. Some important measures are considered by different programs of work within HIS, but not collectively.</td>
<td>To address this risk, and to move emphasis away a single measure (HSMR), a consensus study was conducted to identify which set of key metrics HIS should regularly review. Recommendations for key metrics and how they will be used were accepted at the Executive Team meeting start May.</td>
<td>This continues to be a risk but good progress has been made against actions that should increase our awareness of key metrics. These include working with Information Services Division to refine the intelligence they bring to the Sharing Intelligence for Health &amp; Care Group and running a Delphi process to get consensus on key metrics that Healthcare Improvement Scotland should review regularly in addition to HSMR. The likelihood of this risk has reduced because recommended key metrics have been agreed and testing has begun.</td>
<td>Audit &amp; Risk Committee, 15/11/18</td>
<td>medium - 12</td>
<td>Medium - 12</td>
<td>Medium - 12</td>
</tr>
<tr>
<td>Financial / Value for Money</td>
<td>Finance Strategy</td>
<td>635</td>
<td>Margaret Waterston</td>
<td>There is a risk of not meeting our budgeted commitments because of changing and competing priorities around our workplan resulting in difficulties in managing a 12 month budget in accordance with Scottish Government guidelines.</td>
<td>Regular Management Accounts information prepared with the support of budget holders. Thorough re-forecast at 6 month mark Regular information regarding potential liability arising from HIS share of joint target of £15m. Regular financial updates to ARC and Board Training for all new budget holders and refresher training for all existing budget holders Timeous financial information to be available for ET to consider Financial position to be a regular item on DMT agenda Management Accountants to attend DMT meetings.</td>
<td>The 2018-19 financial plan includes a savings target in order to balance the budget. Assumptions going forward for 3 years rely on further savings being made and work will take place to identify areas for recurring savings. The half year financial review identified non recurring savings to contribute toward the savings target. Further work is required to develop a robust delivery plan that is fully resourced within our means and with recurring savings plan to offset wage inflation and RPI.</td>
<td>Audit &amp; Risk Committee, 15/11/18</td>
<td>High - 15</td>
<td>High - 15</td>
<td>High - 15</td>
<td>High - 15</td>
</tr>
</tbody>
</table>
Compliance / Regulatory

Information Governance Strategy
759

Sara Twaddle

There is a risk of reputational damage through failure to demonstrate compliance with the General Data Protection Regulation resulting in reduced stakeholder confidence in the organisation.

Staff training, records retention policy, data protection policy, information security policies, technical security controls

Improved implementation of retention schedule, updating of privacy notices and data protection policy, reviewing data processor contractual arrangements, cyber security certification, internal permissions audit; off site storage data cleansing; necessary database amendments

Revised contractual clauses and data processing agreements continue to be negotiated. National data protection training module now available for roll out. Risk rating will not be lowered until staff have completed revised module and outstanding agreements are in place.

Audit & Risk Committee, 15/11/18

High - 9
Likelihood - 9

Operational

Making Care Better Strategy 2017-2022
737

Robbie Pearson

There is a risk that we do not have sufficient internal capacity to support the work of the National Board Delivery Plan and savings targets because of the substantial input that is required from a small group of people resulting in staff becoming overburdened, stressed and concerned about their futures.

Designated roles have been agreed within the organisation to represent HIS and to support the national work. A principle of working with colleague boards is to re-use as much information as possible to avoid collecting same information twice

Work closely with Employee Director to ensure that staff side are aware of any potential changes to reduce costs and that their input is possible

Work against the national board delivery plan is progressing more slowly than anticipated. Across the organisation staff are contributing to various aspects of this. The shared services input is progressing and being led by other boards with our contribution. The four priority areas (HR, Finance, Procurement and Estates & Facilities) are confusing regarding achievement of timescales and input that is required and are still idealistic. The £15m recurring savings have not yet been found from within the 8 boards and further work is required.

Audit & Risk Committee, 15/11/18

High - 15
Likelihood - 5

Very High - 20

Very High - 20

Compliance / Regulatory

Making Care Better Strategy 2017-2022
782

Ann Gow

There is a risk of the organisation not meeting its legislative requirements under the Adult Support and Protection Act or its child protection duties specifically in both cases the duties to cooperate and duty to ensure staff are adequately trained due to a lack of clear internal processes and an organisation wide approach to staff training

Engaged with Policy lead at Scottish Gov Requested attendance at adult protection national chairs group Engaged with ET and assurance staff

Development of new post to lead on this area is underway as part of the QAD review closing date 6th November Staff training has been tested with QAD Development of referral process Monitoring agreed via clinical and care governance group Information leaflets are in development

New post out to advert for Public Protection lead (closing date 6th November). Training programme including learn pro and face to face, advice sheet and guidelines will go live shortly. Quality assurance process developed and reporting process through Clinical governance. Established links with national groups to support internal progress in line with national agenda and legal requirements.

Audit & Risk Committee, 15/11/18

Medium - 6
Likelihood - 3

Medium - 6

Medium - 6

Reputational / Credibility

Quality of Care Reviews
780

Alastair Delaney

Risk that the significant aspirations of the Quality of Care Approach, and the impact both internal and external to HIS, requires a phased implementation that could result in us not meeting the expectations of Ministers, Government and the healthcare system during the transition

Expert Reference Group advising on implementation which contains Scottish Government and key clinical interests. Regular liaison with Sponsor Branch in SG and CNOD to discuss progress, and contribution to briefing for Ministers concerning the approach. Continue briefings for key national groupings including SEND

Ensuring phased implementation, including time for learning between activities.

A narrative and presentation was made to SG policy officials on the implications and implementation of the Quality of Care Approach. This was well received and was used to inform a briefing for Cabinet Secretary. HIS also met directly with Cab Sec in September where this was discussed. Orkney board level review report was published on 23 August. Advance publication distributed 16 Aug. NHS Board very positive about process and outcome. NHS Ayrshire and Arran review now underway.

Audit & Risk Committee, 15/11/18

Medium - 12
Likelihood - 4

Medium - 12

Medium - 12
<table>
<thead>
<tr>
<th>Target Area</th>
<th>Sub Target</th>
<th>Issue Description</th>
<th>Priority Category</th>
<th>Likelihood</th>
<th>Impact</th>
<th>Current Status</th>
<th>Responsible Lead</th>
<th>Date of last status update</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operational</td>
<td>SMC Product Assessment</td>
<td>There is a risk that SMC is unable to accept new medicines for use in a timely manner because of sustained volume of submissions, leading to political and / or public criticism and resulting reputational damage.</td>
<td>Operational</td>
<td>Medium</td>
<td>Medium</td>
<td>SMC follow a strict prioritisation criteria for scheduling medicine submissions. Scottish Government and Industry are kept informed of deferrals of submissions.</td>
<td>Sara Twaddle</td>
<td>15/11/18</td>
</tr>
<tr>
<td>Reputational / Credibility</td>
<td>Strategic Delivery Plan: Medicines</td>
<td>There is a risk that the NRP is misunderstood or misrepresented by advocacy or patient groups leading to inappropriate media response and to patient or professional concerns resulting in loss of confidence in the NRP and reputational impact for HIS.</td>
<td>Reputational / Credibility</td>
<td>Medium</td>
<td>Medium</td>
<td>The National Review Panel was implemented on the 1st June. The panel have received two submissions to date and there has been no negative media interest.</td>
<td>Brian Robson</td>
<td>15/11/18</td>
</tr>
<tr>
<td>Operational</td>
<td>Strategy 2017-2022 Making Care Better</td>
<td>There is a risk of our engagement with clinical communities, and our support for NHSS in relation to medicines, being compromised because of the BREXIT agreements and settlements resulting in us being less able to deliver key elements of our work</td>
<td>Operational</td>
<td>Medium</td>
<td>Medium</td>
<td>Further work by the BHA has been noted, but with the continuing uncertainty regarding the outcome of negotiations, there remains a challenge for preparing for the point where we leave the EU. A further meeting of BHA is scheduled for early December. This together with the outcome of the withdrawal negotiations should hopefully result in more detailed information on the impact of Brexit.</td>
<td>Robbie Pearson</td>
<td>15/11/18</td>
</tr>
<tr>
<td>Reputational / Credibility</td>
<td>Strategy 2017-2022 Making Care Better</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</td>
<td>Reputational / Credibility</td>
<td>Medium</td>
<td>Medium</td>
<td>A Quality Management System is being introduced across HIS which should assist with cross organisation working. Organisational Development and Learning support is being provided to assist the Primary Care Networks.</td>
<td>Robbie Pearson</td>
<td>15/11/18</td>
</tr>
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<td></td>
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<td>Medical Directors.</td>
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<tr>
<td>Reputational / Credibility</td>
<td>Strategy 2017-2022 Making Care Better</td>
<td>10 Robbie Pearson</td>
<td>There is a risk that the Executive Team and the Corporate Management Team do not create leadership capability and capacity within the organisation resulting in reduced effectiveness in delivering the strategy.</td>
<td>Strategy and Workforce Development Plan</td>
<td>Re-focus of ET meetings to be more strategic. Directorate team meetings will formally cascade information from ET. Capability plan being created as part of workforce plan.</td>
<td>A Senior Leadership Group has been created. They have been commissioned to deliver the 3 year operational plan, finance plan and workforce plan for approval by the Board by 31 March 2019. This is the second commission for this group. Early signs are that this different way of working has released capacity within ET and encouraged senior members of staff to consider cross organisational solutions. We will commission this group more during the next 12 months.</td>
<td>Audit &amp; Risk Committee, 15/11/18</td>
<td>Medium - 9</td>
</tr>
</tbody>
</table>

| Operational | Workforce Strategy | 634 Margaret Waterston | There is a risk that we may not have the right skills at the right time to deliver our work because of a skills shortage or lack of capacity resulting in a lack of efficiency in delivering our priorities | Support for workforce planning is being sourced to produce a sustainable plan for the organisation. Workforce plan sets out actions to develop skills and career pathways for staff. Integrated planning allocates skills and capacity required to deliver work. Flexible approach to acquiring specialist skills eg Improvement Adviser framework. | Career pathways being developed to maximise staff potential to retain and grow skills within the organisation. Improvement Adviser framework to be tested for other skill areas that are difficult to recruit to eg Inspectors and Health Economists. Personal development conversations and plans to be agreed with staff. Skills planning and succession planning to be included within the revised workforce plan. | Additional support is being sourced to assist with sustainable workforce planning, including improving cross organisational working. A test of cross organisational/matrix working is taking place within the Primary Care Programme and the learning from this will be incorporated across the organisation. The operational plan is more cross organisationally focussed and this should assist with improving flexibility and career progression within HIS. | Audit & Risk Committee, 15/11/18 | High - 15 | Impact - 5 | Likelihood - 3 |

| Operational | Workforce Strategy | 246 Robbie Pearson | 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. | Workforce Plan 2018/19 (aligned to national Partnership Information Network - PIN - policies & guidelines) | Workforce Plan 2018/19 Changes within the Improvement Directorate, Quality Assurance Directorate and Scottish Health Council are being handled within policy guidelines. Staff are being consulted with, and involved in these processes. | Audit & Risk Committee, 15/11/18 | Medium - 10 | Impact - 5 | Likelihood - 2 |
## Appendix 2 Very High Operational Risks (at 23 November 2018)

<table>
<thead>
<tr>
<th>Category</th>
<th>Project/Strategy</th>
<th>Risk No</th>
<th>Risk Director</th>
<th>Risk Description</th>
<th>Current Controls</th>
<th>Current Mitigation</th>
<th>Current Update</th>
<th>Date Last Reviewed by Committee</th>
<th>Current Risk Level</th>
<th>Oct - 2018</th>
<th>Sep - 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operational</td>
<td>Service Change</td>
<td>778</td>
<td>Sandra McDougall</td>
<td>There is an operational and reputational risk to the Scottish Health Council’s role in supporting public involvement in service change because of the different governance structures progressing change through NHS Boards and Integration Authorities. This results in public uncertainty on the engagement process to be followed and challenge in the role of the Scottish Health Council.</td>
<td>National guidance (CEL 4 (2010)), ‘Informing, Engaging and Consulting People in Developing Health and Community Care Services’; Identifying options for delivery of core function and raising awareness through governance structures.</td>
<td>This has been highlighted with Scottish Government and in feedback received to the Scottish Health Council consultation. The recommendations following the organisational review should enable a clearer position to be developed. The Service Change Working Group continues to provide governance over the role and last met on 29th September 2018. The next meeting is scheduled for 27th November 2018.</td>
<td>Advice has been received from the Central Legal Office regarding the interpretation of relevant statutory duties and this has been discussed with Scottish Government. This indicates that the statutory public involvement duties placed on NHS Boards transfer across to Integration Authorities for delivery of health services. This impacts in turn on the Scottish Health Council’s role in ‘supporting, ensuring and monitoring’ NHS Board’s public involvement duties. For service change, the Scottish Health Council’s interim position paper produced in 2017 will be revised to reflect current understanding and will be discussed at the next Service Change working group in 27th November to inform next steps.</td>
<td>SHC Committee, 27/11/18</td>
<td>Very High - 20 Impact - 5 Likelihood - 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reputational / Credibility</td>
<td>Strategic Delivery Plan: Medicines</td>
<td>396</td>
<td>Brian Robson</td>
<td>If the work of the Area Drug and Therapeutic Committee Collaborative is not progressed there is a risk that the policy intent of improving access to new medicines (non SMC elements) is not met. Failure to be seen to implement the policy brings substantial loss of credibility for HIS and the ADTCs.</td>
<td>Strategic delivery Plan for Medicines / ADTC work plan</td>
<td>Team appointed to deliver the ADTC work plan and is progressing this. The Scottish Government has agreed to fund the ADTC for 18-19 and progress is in hand to recruit staff and extend existing contracts</td>
<td>The team are experiencing ongoing internal staffing issues which is affecting delivery of the collaborative. The Business Case of 2019-2020 was submitted to Scottish Government on the 2nd October and a response is due by the end of October. The internal staffing issue is to be resolved as soon as possible and before the implementation of the business case from March 2019 onwards. Still waiting on confirmation from Scottish Government.</td>
<td>Audit &amp; Risk Committee, 15/11/18</td>
<td>Very High - 20 Impact - 4 Likelihood - 5</td>
<td>Very High - 20</td>
<td>High - 16</td>
</tr>
</tbody>
</table>
### 1. Corporate Risks

<table>
<thead>
<tr>
<th>Date</th>
<th>Risk Source</th>
<th>Description</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>863</td>
<td>Board Governance</td>
<td>There is a risk of not having the correct skills on the Board because of a significant turnover in Board members resulting in failure to deliver the required standards of governance.</td>
<td>New risk raised</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>Risk Source</th>
<th>Description</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>667</td>
<td>Regulation of Independent Healthcare</td>
<td>There is a risk of Healthcare Improvement Scotland being unable to deliver all aspects of the independent healthcare regulatory work to timescales because of the competing demands of the regulatory activities resulting in slippage to timescales.</td>
<td>Risk closed</td>
</tr>
</tbody>
</table>

### 2. Very High Operational Risks

<table>
<thead>
<tr>
<th>Date</th>
<th>Risk Source</th>
<th>Description</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>396</td>
<td>Strategic Delivery Plan: Medicines</td>
<td>If the work of the Area Drug and Therapeutic Committee Collaborative is not progressed there is a risk that the policy intent of improving access to new medicines (non SMC elements) is not met. Failure to be seen to implement the policy brings substantial loss of credibility for HIS and the ADTCs.</td>
<td>Risk level increased from high to very high</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>Risk Source</th>
<th>Description</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>643</td>
<td>ihub Directorate Wide Risk</td>
<td>There is a risk of loss of management control because of the current level of management vacancies across the directorate, resulting in a negative impact on the reputation of the organisation and potential loss of credibility.</td>
<td>Risk level reduced from very high to high</td>
</tr>
</tbody>
</table>
Risk appetite definition

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

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

Risk appetite (classification)

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

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

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

<table>
<thead>
<tr>
<th>OPEN</th>
<th>CAUTIOUS</th>
<th>MINIMALIST</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Risk Assessment response</strong></td>
<td><strong>Risk Assessment response</strong></td>
<td><strong>Risk Assessment response</strong></td>
</tr>
<tr>
<td><strong>Net Risk Assessment</strong></td>
<td><strong>Intolerable level of risk exposure which requires immediate action to be taken to reduce risk exposure</strong></td>
<td><strong>Intolerable level of risk exposure which requires immediate action to be taken to reduce risk exposure</strong></td>
</tr>
<tr>
<td><strong>Risk Assessment response</strong></td>
<td><strong>Intolerable level of risk exposure that requires constant active monitoring and action to be taken to reduce exposure</strong></td>
<td><strong>Intolerable level of risk exposure that requires constant active monitoring and action to be taken to reduce exposure</strong></td>
</tr>
<tr>
<td>13-19 – High</td>
<td>11-15 – High</td>
<td>8-14 – High</td>
</tr>
<tr>
<td><strong>Risk Assessment response</strong></td>
<td><strong>Acceptable level of risk exposure subject to regular active risk monitoring measures</strong></td>
<td><strong>Acceptable level of risk exposure subject to regular active risk monitoring measures</strong></td>
</tr>
<tr>
<td>8-12 – Medium</td>
<td>6-10 – Medium</td>
<td>4-7 – Medium</td>
</tr>
<tr>
<td><strong>Risk Assessment response</strong></td>
<td><strong>Acceptable level of risk exposure on the basis of normal operation of controls in place.</strong></td>
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**Impact and Likelihood Grids:**

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SUBJECT: Scottish Health Council 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 Scottish Health Council Committee meeting on 25 September 2018.

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

a) Scottish Health Council Review
The committee discussed the ongoing implementation of the SHC review recommendations as agreed by the Healthcare Improvement Scotland Board. The organisational change process had just been initiated with an all staff event, with separate 1-1 meetings planned for all staff. Other notable progress was the initiation of a short-life governance review and consideration as to how the Committee could achieve greater stakeholder engagement in the future.

b) Community Engagement
Members heard of key strands of the current work being undertaken by local office staff:
- awareness sessions on the national Health & Social Care Standards
- gathering public views on community audiology services
- gathering public views on Realistic Medicine (26 sessions involving 228 people).

c) Engaging people in HIS
In addition to its formal Scottish Health Council functions, the Committee also oversees the governance of Healthcare Improvement Scotland’s other areas that seek to engage with people. The Committee was updated on the work being undertaken to assess the different approaches, and the consideration being given to what worked well and where there were areas for improvement. The Committee is looking forward to considering the final report and its recommendations later in the year.

Pam Whittle
Chair
Scottish Health Council
MINUTES –V1.0

Meeting of the Scottish Health Council
26/06/2018
Meeting Room 4, Delta House, 50 West Nile Street, Glasgow G1 2NP

Present
Pam Whittle (PW) Chair
John Glennie (JG) Member
George Black (GB) Member
Alison Cox (AC) Member
Elizabeth Cuthbertson (EC) Member

In attendance
Christine Johnstone (CJ) Community Engagement & Improvement Support Manager
Sandra McDougall (SMD) Acting Director
Anthony McGowan (TMG) Review and Implementation Lead
Mario Medina (MM) (item 3.1) Equality & Diversity Advisor
Robbie Pearson (RP) by VC (from 1:30pm) Chief Executive

Apologies
Irene Oldfather Member
Daniel Connelly Service Change Manager

Committee support
Susan Ferguson Committee Secretary

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<tr>
<th>ITEM</th>
<th>NOTES</th>
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<td>1</td>
<td>WELCOME &amp; APOLOGIES FOR ABSENCE</td>
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<td>1.1</td>
<td>Welcome</td>
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<td>All were welcomed to the meeting.</td>
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<td></td>
<td>PW noted that the Committee had a number of important items to discuss.</td>
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<td>1.2</td>
<td>Apologies for Absence</td>
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<td>Apologies were received from Irene Oldfather and Daniel Connelly.</td>
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<td>1.3</td>
<td>Minutes of Previous Meeting (24 April 2018) &amp; Matters Arising</td>
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<td></td>
<td>Minutes from previous Scottish Health Council Committee meeting were agreed.</td>
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<td>JG enquired about the recent evidence session with the Scottish Parliament's Health and Sport Committee. PW gave a brief overview remarking on the balanced approach exhibited throughout. PW felt that there continued to be an emphasis on the Scottish Health Council's role with regard to major service change, which was unhelpful.</td>
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SMD advised that staff who had made contact following the evidence session felt it had been reasonably positive, and that the panellists had attempted to share a wider range of the Scottish Health Council’s work with the Health and Sport Committee, beyond its service change role. PW agreed within SMD’s comments, and CJ added that she also had received positive feedback from staff.

SMD also noted that the levels of knowledge and awareness within the Health and Sport Committee on the differences in service change policy and governance between NHS Boards and integration authorities appeared to be mixed.

### 1.4 Scottish Health Council Business Schedule

PW presented the new Scottish Health Council business schedule to the Committee.

The Committee agreed to move the date of the February 2019 meeting to the 28th of that month.

SF to send out new confirmed date to committee

### 2 STRATEGIC BUSINESS

#### 2.1 Scottish Health Council Review update

RP opened the Scottish Health Council Review update by thanking both SMD and TMG for their work on the paper. He put the Scottish Health Council Review into the context of the HIS strategy and advised it was important not to consider the Scottish Health Council in isolation. RP highlighted the journey of engagement that the Scottish Health Council has been on with the review process. RP stated that he wants to see each Director within HIS taking responsibility for participation across their activities, and the contribution of the Scottish Health Council fully integrated as part of HIS.

SMD noted that the Committee paper is an excerpt of the paper that will be considered by the HIS Board tomorrow (27/06/2018). The Board paper contains more detail on proposed workforce and finance-related changes. SMD also referred to the planned short-life Governance Review noting that it will be of particular interest to the Committee and will be jointly led by PW and Hamish Wilson (HIS Deputy Chair).

SMD spoke about positive engagement with COSLA and the Care Inspectorate, and other key stakeholders throughout the process. SMD also confirmed that both SMD and TMG have met regularly with the Partnership Forum and the Employee Director for discussion about workforce implications.

SMD advised that if proposals for change are approved by the HIS Board, a 90 Day internal staff consultation period will be followed for those directly-affected by the change proposals.

GB stated that whilst COSLA had been referred to regarding the political aspect of local government, it would be important to broaden engagement to include SOLACE in order to gain input from senior officers within local authorities. RP acknowledged this.
AC commented positively on the document saying it was very clear. She noted the need for an amendment in the wording that there were “good examples of practice” under the ‘current state’ heading on page 12 of the review paper. This should instead read: “examples of good practice”.

JG agreed with AC about the quality of the review paper, and added that he would like to see a broader role for the directorate with a national profile and the wider organisation being more visible to the public in future.

SMD advised that this direction of travel was reflected within the job description for the Director of Community Engagement.

JG also commented that he was in agreement with the suggestions around the proposed short-life governance review.

EC agreed with the proposed direction, stating it provided clarity, and asked how the regional approach would work in practice. EC highlighted the need for a broader set of stakeholders to be involved (not necessarily connected to health and social care).

SMD confirmed that the regional approach was reflected within the workforce proposals, and that whilst these had not been included in the current paper, they were reflected in the paper to be considered by the HIS Board.

SMD commented that there was a need to think about a robust communications strategy and confirmed that work around stakeholder engagement will be on-going.

PW asked how the Scottish Health Committee felt with regard to the Scottish Health Council Director having a dual role of Director of Community Engagement / Chief Officer. No concerns were expressed by the Committee.

PW asked about communications with staff. SMD advised that an overview had been shared with the directorate’s Partnership Forum representatives, and they have provided valuable advice and been kept well-informed throughout. SMD added that there was an appreciation that directly-affected staff would require support, and that the process of formal engagement with colleagues would commence with an all-staff event which is currently being planned.

GB asked RP to set the proposals for change within the wider Healthcare Improvement Scotland context.

RP advised that this was a fundamental change and the governance model necessary would take it from a simple focus on the Scottish Health Council into a remit that encompassed the whole organisation. RP also indicated that the potential of this could lead to a theme such as ‘Community Voice’ connecting different parts of HIS to work in a more coordinated way. RP also advised that there is an intention for individual members of the Executive Team to be champions of specific themes whilst also having geographical responsibilities for relationship management with health and social care providers.
JG asked if there would be a role for the Scottish Health Council Committee in monitoring participation across the activities of HIS. RP stated that this was the intention so that the Committee is able to constructively challenge other Directors within HIS about what they are doing about participation, and the impact their efforts are delivering.

PW advised the Committee that, at present, change in the current guidance on service change was not anticipated. SMD noted that COSLA had stated that they were content for the Scottish Health Council to have a supporting and advisory role with integration authorities. Engagement with local authority senior officers would be addressed through inviting SOLACE to be part of future discussions with stakeholders. GB indicated support for this approach.

EC indicated that she would anticipate that the new Director role would have a number of challenges to overcome where differing governance groups or organisations begin to ‘rub together’, but that having clarity of purpose and effective engagement with stakeholders could help to mitigate this.

SMD advised that any emerging risk relating to the change and the implementation process will be covered in the Risk Register.

PW advised that she did not see any conflict between the proposed change and the future of the Our Voice programme, about which there were on-going discussions.

SMD advised next steps would include discussing proposals with Scottish Government.

PW noted the Committee’s general support for the proposals arising from the review, and thanked RP, SMD and TMG for their continued efforts.

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<tr>
<th>2.2</th>
<th>Strengthening engagement in primary care – presentation</th>
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<tr>
<td>CJ thanked the Committee for providing an opportunity to discuss the topic. CJ delivered a presentation that highlighted existing and potential developments in promoting and supporting engagement within primary care, and in particular with General Practitioners.</td>
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<td>SMD added that primary care has been identified as a transitional themed programme for the directorate, as reflected within the Operational Plan. She also noted that CJ has been working with colleagues across HIS to ensure an integrated cross-organisational approach to this work.</td>
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<th>2.3</th>
<th>Participation Standard Review</th>
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<td>TMG gave an overview of the proposed Participation Standard 2017/18 evaluation work which is currently being planned. TMG advised the Committee that this was an opportune time to consider the effectiveness of the Standard given the changes that have taken place since its establishment in 2010.</td>
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<td>TMG advised that the intention is for a draft report to be ready by the end</td>
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of August 2018.

Committee Members discussed the proposed questions and provided some suggestions to reflect upon. It was agreed TMG would consider these suggestions.

## 3 COMMITTEE GOVERNANCE

### 3.1 Equality Mainstreaming progress Report

SMD gave an overview of the report with MM supporting on key points.

The Committee discussed the Stonewall workplace equality index. Agreement was made to undertake further analytical work on the index to identify what success would look like for HIS given its unique composition compared to other health and social care organisations. SMD noted that the lead for this activity sat with the HIS People and Workplace team, and that any further actions would require their support.

### 3.2 Service Change Update

The Committee received and noted the update.

### 3.3 Our Voice update

SMD provided an update on recent developments. SMD advised the Committee that there is a need to discuss and reach agreement between the delivery partners about the future of the programme.

SMD stated that the Our Voice website will continue on a microsite within the Scottish Health Council website, and the site name will remain unchanged.

SMD commented that the aims and principles of Our Voice are correct, and there is no need for it to be considered a separate programme, given all of the directorate’s activity supports its aims. SMD also highlighted that the dual branding is challenging when the directorate and programme are both part of HIS.

SMD confirmed to the Committee that both the Citizens Panel and Citizens Jury would continue during 2018-19.

The role of the Our Voice Programme Board will be considered as part of the short-life governance review referred to in item 2.1 above.

### 3.4 Operational Plan 2018/19

SMD highlighted the changes made to the format of the plan, which remains a work in progress, but with more meaningful content being added.

TMG advised the Committee that the Scottish Health Council Review will be incorporated within priority 5.

AC commented that there has been a significant improvement on the template and format.
JG asked for a clear indication to be included within the plan to highlight whether or not objectives are on track. SMD agreed to ensure that this is actioned.

Committee Members offered some wording suggestions, with regard to the presentation of statistical information, which were agreed.

### 3.5 Risk Register

The Committee discussed the content of the Risk Register and noted 2 actions:

Risk 730 – this should be revisited after the Board meeting as it may require to be updated to reflect the transition from review to implementation

Risk 707 - CJ to close this risk as it is no longer applicable.

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<tr>
<td>SMD to ensure operational plan is updated to reflect the status of objectives</td>
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<td>TMG to review/update risk 730</td>
<td>CJ to close risk 707</td>
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<td>Any other business</td>
<td>No other business was discussed.</td>
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<tr>
<td>DATE OF NEXT MEETING</td>
<td>Tuesday 25th Sept 2018</td>
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It was noted that meeting room 4 in Delta House will not be available for future meetings due to changes taking place within the building linked to the shift to ‘agile working’. PW and SMD to discuss potential venues for future meetings if alternatives within Delta House are not available.

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<td>SMD &amp; PW to consider meeting venue</td>
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Meeting of the Scottish Health Council Committee
25/09/2018
Robertson House, Bath St Glasgow, G2 4TB

Present
Pam Whittle (PW) Chair
John Glennie (JG) Member
Alison Cox (AC) Member
Elizabeth Cuthbertson (EC) Member
Irene Oldfather (IO) Member

In attendance
Sandra McDougal (SMD) Acting Director
Daniel Connelly (DC) Service Change Manager
Anthony McGowan (TMG) Review and Implementation Lead
Christine Johnstone (CJ) Community Engagement & Improvement Support Manager

Apologies
George Black (GB) Member

Committee support
Susan Ferguson Committee Secretary

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<td>WELCOME &amp; APOLOGIES FOR ABSENCE</td>
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<td>1.1</td>
<td>Welcome</td>
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<td>All were welcomed to the meeting.</td>
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<td>PW informed the committee that agenda item 2.4 Diversity in involving people would be deferred until next meeting 27 November 2018.</td>
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<td>Apologies were received from George Black.</td>
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<td>1.3</td>
<td>Minutes of Previous Meeting (26th June 2018) &amp; Matters Arising</td>
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<td>Minutes of the previous meeting were reviewed and approved.</td>
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<td>Matters Arising</td>
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<td>AC queried item 3.1 Equality Mainstreaming progress report, looking for a progress update on the Stonewall equality index.</td>
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<td>TMG to check with MM and provide update at</td>
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PW referred to Business Planning schedule and confirmed that all appropriate items for consideration at the September meeting were included on the agenda.

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<th>STRATEGIC BUSINESS</th>
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<td><strong>2.1 Scottish Health Council Review</strong></td>
<td><strong>next meeting</strong> 27/11/2018</td>
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SMD highlighted that we are now in the implementation phase of the Review, and a number of associated work-streams are underway.

PW updated the Scottish Health Council Committee on the recruitment of the new Director of Community Engagement. Interviews will take place on 2\textsuperscript{nd} and 3\textsuperscript{rd} October. PW stated that it was a complex recruitment process, and that 39 applicants had been shortlisted to 6. PW also noted that once the appointment of the Director is made there will be an introduction meeting arranged with the Scottish Health Council Committee and the new Director.

SMD gave an update on the progress of the review to date, and referred to the launch of the organisational change consultation paper at a staff event on 6\textsuperscript{th} September. Feedback from staff at the event is being considered alongside issues that have been identified through staff emails to the dedicated Review email address, and a written response will be issued shortly.

All directorate staff have been offered an individual consultation meeting with their line manager and HR Advisor present. Organising these meetings has been a significant exercise and SMD noted her thanks to Elaine Anderson and Susan Ferguson for their support in arranging these.

PW advised that a Short-life governance review has commenced to review the remit, role, membership and operation of the Scottish Health Council Committee. This will seek to address points raised about governance through the review process. It will also include considering the sub-groups which report to the Scottish Health Council Committee i.e. the Service Change Working Group and the Our Voice Programme Board.

JG questioned if the existing Scottish Health Council Committee members would be involved in this, and PW confirmed they would have the opportunity to contribute their views.

SMD pointed out that it will be very important to ensure that robust mechanisms are in place to ensure appropriate stakeholder engagement informs the revised Committee’s operation. There may be learning in this regard from the experience of establishing the ihub Committee and subsequent Strategic Stakeholder Advisory Group.

SMD advised that an options paper was being developed to inform the way forward, and that support to progress this is being provided by Jane Illingworth. SMD stated that there is a desire to strengthen both the role of Director and the Scottish Health Council Committee in terms of its oversight of the duty of user focus from a governance perspective, and consideration is being given as to how best to do this.
SMD referred to the response letter from the Cabinet Secretary which had been issued in reply to the Scottish Parliament’s Health and Sport Committee report on NHS governance. This had been shared with the Committee papers, and SMD drew attention to the reference within it to the Scottish Health Council.

PW stated that she has yet to meet with the new Cabinet Secretary regarding the Scottish Health Council but had met her on another engagement and had discussions around the Cabinet Secretary’s priorities for health and care services.

PW noted that the response letter from the Cabinet Secretary was in line with the direction of travel which had been agreed through the review.

JG gave his feedback on the Review paper, stating it was a clear and helpful paper. He agreed with the proposed structure and asked whether this is an overall investment. TMG confirmed it would require an investment from within Healthcare Improvement Scotland if the proposed changes are confirmed following the consultation. JG suggested that it would be helpful if this investment could be referenced in the consultation response to staff. SMD agreed with this.

SMD advised that she had explained the rationale behind addressing gaps in the management structure at the staff event, as this was an area of particular interest to local staff.

AC thought the paper was an excellent document, and particularly welcomed paragraph 2.12 which related to “making an explicit commitment to the promotion of equality and human rights, and addressing inequalities, as an underpinning principle for all activity”.

PW recognised both SMD and TMG had put a lot of work into producing this paper and thanked them for their efforts.

### 2.2 Engaging People in HIS

TMG delivered a presentation on what the organisation is doing to engage people in its work. This looked at our current approaches, why there was a need to review these, the work that has been undertaken to date (staff survey, Director interviews) in order to assess what is working well and where improvement is required. TMG highlighted there was a need to explore the initial findings further through discussion at directorate management teams, and this would be the next step.

IO asked if there was still a need for a separate Public Involvement Unit now, with the new proposals for Scottish Health Council.

SMD explained that there is a distinction between different types of support. The Public Involvement Unit provides support for staff across Healthcare Improvement Scotland to engage with people, and this includes dedicated support for some areas e.g. the Scottish Medicines Consortium which has a high volume of activity associated with encouraging submissions from patient interest groups. However, sometimes it makes sense for local staff to get involved in supporting engagement in Healthcare Improvement Scotland, given that they have the opportunity to reach a much wider range of people.
given their geographical spread and contacts with particular community groups.

TMG advised he will have a report with recommendations from this review ready for the next Committee meeting being held on 27th November 2018.

2.3 Participation Standard Review

TMG explained that there has been some delay in progressing this review due to other work associated with the launch of the staff consultation.

Feedback has been sought from stakeholders that had participated in the Participation Standard assessment process earlier this year. TMG explained that once all feedback is returned, this will enable a report to be compiled and this will be available for review at the next meeting of the Committee.

PW stated that whilst the feedback that has been received will be very important to consider, it is also important to evaluate whether or not this methodology remains an effective approach, given the changes that have taken place since it was first introduced.

SMD agreed and indicated that this will be taken into account in producing any recommendations.

2.4 Diversity in involving people- Item deferred to next meeting 27th November 2018.

3 COMMITTEE GOVERNANCE

3.1 Community Engagement & Improvement update

CJ referred to the update highlighting the following:

1. Ongoing work to support local office staff to deliver awareness sessions on the national Health & Social Care Standards.

2. Gathering public views on community audiology services - this work was led by a Local Officer. Scottish Government policy leads have indicated that they have found the feedback gathered very useful.

3. Gathering public views on Realistic Medicine - CJ noted that staff had very much enjoyed carrying out this work, which involved engaging with people about their understanding of, and views on, realistic medicine and shared decision making.

IO stated that that this was an important piece of work and that holding 26 sessions involving 228 people was impressive. IO also added that this piece of work deserves more visibility. CJ added that the report was promoted in local office newsletters, in addition to our usual promotion through social media, and noted that it had received positive feedback from the Deputy Chief Medical Officer.

AC added she was very interested in this piece of work and asked for clarification on the definition of realistic medicine. CJ advised she will check the definition and let AC know.

CJ to check definition of realistic medicine

TMG Report finalised for 27/11/2018
### 3.2 Service Change update

DC provided the Committee with an update on service change activity within the Scottish Health Council.

DC highlighted that that there are 2 major service changes ongoing:

1. NHS Highland's public consultation on the provision of services in 3 hospital sites across Caithness.(Caithness General, Dunbar and Town and County)
2. NHS Lanarkshire's public consultation to consider a proposed replacement or refurbishment of Monklands Hospital. This consultation closes on 15th October and the Scottish Health Council plans to publish its quality assurance report on 14th November 2018.

### 3.3 Our Voice update

SMD gave a verbal update regarding 2 pieces of Our Voice work, the Citizens Jury and Citizens Panel.

A motivational survey was held to inform options for the Citizens Panel going forward. SMD is liaising with Scottish Government at present regarding the costs and arrangements for a Panel refresh, and confirmed that a progress update will be available at next Committee meeting on 27th November 2018.

SMD also spoke about the Citizen Jury testing a different level of deliberative engagement in relation to Realistic Medicine and shared decision making. This will be a much more intensive process than the previous engagement (through the Panel and through local offices) involving a group of people over several days, using a particular approach including witnesses/commentators to give evidence to the Jury. Recruitment of the Jury is underway across 4 local authority areas, and the Jury process will be held in Perth.

### 3.4 2018/19 Operational Plan

SMD referred to the operational plan highlighting that this had been streamlined and also now included a status update.

JG stated that this change is really helpful and asked if page 3 (status update) was done solely for the Scottish Health Council Committee's benefit.

SMD advised that it was a more detailed report for the Committee, to reflect feedback at the previous meeting, but is also beneficial for the whole management team to ensure a clear, shared understanding about progress.

### 3.5 Risk Register

There was no change to Risk Register.

IO queried Risk 764 Our Voice National. SMD confirmed that this has been updated and the risk has now been reduced.
### 4 Any other business

PW proposed that the 3 key points will cover the following:

1. Community engagement - local office activity
2. Scottish Health Council Review
3. Engaging people in Healthcare Improvement Scotland Review

**Date of next meeting** — Tuesday 27th November 2018, Robertson House, Meeting room 1, 152 Bath St, Glasgow, G2 4TB.
SUBJECT: Quality Committee: key points

1. Purpose of the report
   This report provides the Healthcare Improvement Scotland Board with an update on key issues arising from the Quality Committee on 31 October 2018.

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

   - The Committee discussed the report and recommendations from the development session held at the August meeting. The Committee agreed that there is further revision required to the remit of the Quality Committee, but this should be picked up as part of a wider assessment of HIS governance against the Corporate Governance Blueprint for NHSScotland, additionally taking account the governance review of the Scottish Health Council.

   - The Committee agreed that performance reporting should be on an exception basis and that the Executive Team should provide a report at each meeting, identifying programmes which are not on track, successes and horizon scanning. The Committee will additionally consider the full Outcomes Report on a six monthly basis.

   - The Committee received a report on the National Board Collaboration for Transformational Redesign which is being led by Healthcare Improvement Scotland (HIS) and NHS National Services Scotland (NSS) on behalf of all National Boards. The work aims to develop the strategic case for a co-ordinated offer and approach to system-wide transformational change within health and social care, where the transformation has potential to benefit from national support. The approach to the first phase of this work has been built around 3 thirty day sprints. The findings from Sprints 1 (mapping) and Sprint 2 (stakeholder interviews) highlighted that there are some key underpinning issues to effective national board collaboration that, if not addressed, will mitigate any practical work to better align and co-ordinate our offerings around transformational redesign. These challenges were shared and discussed at the stakeholder workshop (Sprint 3). The Committee noted that feedback to date has been very positive with a sense that it started the process of addressing some key issues.

   - The Committee received a report on the work of the Standards and Indicators Team. Following comment from the Health and Sport Committee on the inability of health services to demonstrate compliance (where appropriate) with guidelines and best practice, that it is important that there is clarity on the role of standards. The Committee noted the variation in the purpose of different standards and the emerging role of SIGN Council in prioritising requests for new and revisions to extant standards.

   - The Committee also received update reports from the four technology groups, the HIS Strategic Stakeholder Advisory Group and the Clinical Forum.

Hamish Wilson
Committee Chair
MINUTES – Approved

Meeting of the Quality Committee
Date: Wednesday 22 August 2018 10:30-13:30
Venue: Boardroom, Gyle Square

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

Present
Robbie Pearson Chief Executive (via VC)
Sara Twaddle Director of Evidence
Alastair Delaney Director of Quality Assurance
Brian Robson Medical Director
Maggie Waterston Director of Finance and Corporate Services (via VC)
Ann Gow Director of Nursing, Midwifery & Allied Health Professionals
Ruth Glassborow Director of Improvement
Tony McGowan Deputy for Acting Director, Scottish Health Council (SHC)
John Kinsella Chair, SIGN
Iain Robertson Chair, SHTG
Alan MacDonald Chair, SMC
Alex Jones Public Partner
Susan Siegel Public Partner
Chloe Wicksteed Committee Secretary
Jane Illingworth Policy and Governance Manager (for Development session only)
Anne Lumsden Head of Organisational Development and Learning (facilitator for development session)
Megan Lanigan SIGN Change Manager (for item 3.1 only)
Roberta James SIGN Programme lead (for item 3.1 only)

Apologies
Zoë Dunhill Board Member
John Glennie Board Member
Sandra McDougall Acting Director, Scottish Health Council (SHC)
Laura McIver Chief Pharmacist
Andrew Seaton Chair, SAPG
1. DEVELOPMENT SESSION

1.1 Committee development session

The Head of OD and L facilitated the session. The session focused on the Committee's role, remit and membership, particularly in the light of the dissolution of the ihub Committee, and the reporting requirements for the Board. The following points were highlighted:

a) With the dissolution of the ihub committee it was agreed that the Quality Committee membership needed to be reviewed. There was currently a lack of representation in the integrated space, the social care side and of the clinical community at large. Additionally, representation may need to be sought from a HIS Non-Executive Director, with experience of the integration space.

b) As the Stakeholder Advisory group (SSAG) spans across the whole organisation, it was agreed that the Quality Committee would receive the outcome report from the SSAG meetings. Reporting from the SSAG and the Clinical Forum needs to be meaningful to ensure it adds value.

c) There is not enough clarity on what the Committee members' role is when receiving some of the information, as some reports reflect completed work.

d) Health and Social care are still being addressed separately and the gap between these needs to be joined up.

e) The remit of the Committee is largely correct; the Committee need ensure that this remit is fulfilled. With the wide breadth of governance responsibilities of the Committee, it is important that there is a clear focus for the Committee's work.

f) The Committee needs to have a more substantial role in adding and analysing risk areas.

g) When discussing how to measure success, a measure could be when the work undertaken has a direct impact on patients and improving care for people. It was noted that that the Board routinely receives the report on impact. The use of KPIs or equivalent as tools to measure success required some caution to prevent it becoming a tick box exercise.

It was agreed that a report and recommendations from this development session will be discussed at the next meeting of the Committee.

Director of Evidence

2. OPENING BUSINESS AND COMMITTEE GOVERNANCE

2.1 Welcome

2.2 Apologies for absence

Apologies were noted as above.

2.3 Minutes of the meeting held on 30 May 2018

The minutes of the meeting held on 30 May 2018 were approved as an accurate record of the meeting.

2.4 Review of action point register: 30 May 2018

The Committee noted the status report against all actions, and that all actions were either complete or in progress.

2.5 Declarations of interest

None stated.

2.6 Business Planning Schedule

The Director of Evidence presented the Business Planning Schedule. It was noted the schedule needs to be reviewed in the context of the discussions in the Committee development session. The Committee were content with the
3. REPORTS FROM TECHNOLOGY GROUPS

3.1 Health Technology groups updates, including SIGN Change Programme

The Chairs of the Health Technologies Groups were asked to provide an update on their work areas. The Committee noted the update from SAPG.

SMC
The new ultra-orphan pathway was announced in June by the former Cabinet Secretary and any medicine that meets the definition of an ultra-orphan will be made generally available in NHS Scotland for a minimum 3 year period, while information on its effectiveness is gathered. This will take effect from 1 October 2018. After this time it is expected that SMC will review the evidence and make a final decision on the medicine’s routine use. SMC has worked closely with the Scottish Government and Central Legal Office to ensure the SMC components are robust. There has been an improved relationship with HIS and the Scottish Government on this work which has been positive to see.

SHTG
SHTG recently published advice surrounding the use of the Freestyle Libre device. The Freestyle Libre review was the first example of the recent proposals to broaden the SHTG assessment approach, with particular reference to their own analyses and patient and public involvement. According to the advice, diabetes patients who are actively engaged in the management of their condition with multiple daily insulin injections should have the opportunity to access Freestyle Libre, subject to further eligibility criteria. The SHTG Chair is currently undertaking a series of presentations with stakeholders surrounding proposed changes to SHTG methodology, whilst also highlighting the challenges of differing ‘value frameworks’ for health technologies.

SIGN
A report was presented on the 18 month change programme within SIGN. This programme covered three areas: internal change processes; comprehensive consultation with SIGN stakeholders and impact reporting. It was highlighted that SIGN now had a better understanding of stakeholders and what they seek from SIGN. There has been a positive culture shift in the SIGN team as a result of the change programme. An example of an impact report for the glaucoma guideline published in 2015 was presented to the Committee. The report showed that accuracy (completeness) of referrals from community optometrists has improved and rates of false positive referrals from community optometrists have decreased. In addition, community optometrists reported increased measurement and reporting of recommended parameters and increased confidence in their decision making and patient management. It was suggested that a more specific measure of the improvements be included in the report. It was agreed to report on this at the next Committee.

The Committee noted the information provided.

4. DELIVERING OUR OPERATIONAL PLAN

4.1 Operational plan: performance reporting

The Director of Evidence presented this paper. The following points were highlighted:

a) The mental health access project has the category red because the improvement targets in Child and Adolescent Mental Health Services

Chair of SIGN
(CAMHS) and psychological therapy (PT) waiting times are not yet at the level anticipated. The system issues are due to a combination of increased demand for CAMHS and PT services alongside reductions in capacity of services due to a combination of workforce shortages and financial constraints. The new CAMHS task force will help address some of the system wide issues which are impacting on achievement of the access target. The Director of Improvement and ihub will work on a report to go the Board explaining the red rating.

b) A new piece of work to develop best practice guidance for mortuaries was reported, following a commission from Scottish Government. This follows the Mortuary Review.

c) Staff vacancies remain an issue for programmes across the organisation.

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

d) In regards to staffing issues, there are high expectations to deliver the work and sometimes the organization does not have the expertise required, particularly in the Quality Assurance and ihub directorates.

e) It was agreed that it would be useful to highlight examples of the staffing and related issues which are being faced in this area and to discuss how best they might be tackled.

The Committee reviewed the remainder of the information provided and were content with the position.

5. STRATEGIC BUSINESS

5.1 Patient and Public Involvement in HIS work

Tony McGowan was invited to present this item. The following was highlighted:

a) The review of patient and public involvement in HIS work is looking at the way HIS engages with people across the range of its activities, set within the context of Duty of User Focus and Making Care Better. An overview of current approaches will be provided, looking at what is working well and what could be improved, and identifying what support is readily available for staff to engage with people.

b) Work undertaken so far included a staff survey, interviews with Directors and a facilitated session with the HIS Public Involvement Unit

c) Future work includes assessing feedback from public partners, reaching more staff through the engagement with Directorate Management Teams and looking at future governance arrangements. A further update will be provided at the Quality Committee on 31 October

The Committee were pleased to note the update provided.

6. REPORTS

6.1 Clinical and Care Governance Committee report

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

a) The first meeting of the Clinical and Care Governance Committee was held on 9 August

b) The Committee considered the results of a self-assessment exercise across HIS; the exercise mapped the current internal clinical and care governance position against the seven principles of the framework. It was agreed that more work is required to develop this further, with future meetings including
a deep dive on individual directorates to identify gaps and develop action plans.

- Further representation was required from a social care perspective, however, this is yet to be sourced. Representation from the corporate directorate will also be requested.

- The purpose of the group was discussed, and it was agreed this needed further work. It was proposed that the next meeting be a development session to support members of the group to understand the purpose and function of the CCG Meeting.

The Committee were content with the progress and approved the approach of the Clinical and Care Governance Committee.

### 6.2 Information Strategy Progress report

The Director of Evidence presented this paper. The paper outlined the progress update on the implementation of the information strategy. In February 2019 there will be a Board review of the programme.

In response to a question raised by the Committee it was highlighted that HIS is well placed in regards to progress on cyber security. Reports on cyber security are provided regularly at the Audit and Risk Committee with the next report provided on 5 September.

The Committee noted the update.

### 6.3 Death Certification annual report

The Medical Director was invited to present this paper. The following was highlighted:

- The Death Certification Review Service (DCRS) annual report marks the end of the service’s third year of operation, delivering a national system of proportionate, independent scrutiny of those deaths in Scotland not reported to the Procurator Fiscal.
- The Report demonstrates success over the year for the service. Data in the report show the improvements of the service over time.

In response to comments by the Committee the following was highlighted:

- It was good to see service users interviewed in the evaluation process
- It was noted that this service is not about scrutiny and improvement has been achieved by education
- The recommendation outlined in the report at point 8 - make use of feedback from our “gathering views” pilot - was positive to see

The Committee approved the report.

### 7. CLOSING BUSINESS

#### 7.1 Risk Management

The Director of Finance and Corporate Services presented the risk register

- It was discussed that the risk report needs to be used in a way to better influence the agenda at each meeting
- It was noted that the SMC product assessment risk 455, was raised to a high level following the Scottish Government announcement of the new ultra-orphan pathway, but this is likely to come down again
- In regards to risk number 821, this refers to the impact of delays in the roll out by ISD of SPIRE, which would enable roll out of the e-frailty index
which enables automatic assessment of patients on GP lists into mild, moderate or severely frail. This information forms the foundation of the work that is then undertaken by LWiC with local services to ensure effective management of individuals with frailty. The team have been working closely with ISD to ensure the relevant practices in the North are being prioritised for roll out.

The Committee were content with the update provided.

### 7.2 Board report: three key points

1. Committee Development session
2. SIGN Change programme
3. Clinical and Care Governance Committee
4. Health Technology Groups

### 7.3 Any other Business

### 8. DATES OF FUTURE MEETINGS

*Date in brackets is of Board meeting dates:*

- (26 September 2018)
- 31 October 2018, Delta House, Glasgow
- (5 December 2018)
SUBJECT: Audit and Risk Committee: key points

1. Purpose of the report
   This report provides the Healthcare Improvement Scotland Board with an update on key issues arising from the Audit and Risk Committee on 15 November 2018.

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

   a) Mid year review and financial sustainability
      The Committee discussed in detail, the financial sustainability of the organisation based on some high level financial modelling for the next three years. It noted that the savings target for 2018-19 will be met but that the mix of those savings is concerning ie 78% of the savings are ‘one off’ or non-recurring and therefore do not provide any relief to subsequent years’ budgets. There is now an urgent requirement for a sustainable savings plan to be developed that will see the organisation through the next few years.

      It was agreed that the financial strategy of increasing baseline funding and moving away from short term non-recurring funding should be vigorously pursued. It was also agreed that the delivery plan for the organisation should be prioritised toward work that will have the highest impact on improving health and social care to enable resources to be available within the scope of the financial constraints that are predicted for the next 3 years.

   b) Risk management and risk appetite
      The risk registers were reviewed by the Committee. A discussion took place about the risk appetites that are attached to the various categories of risk and that it is time to refresh this with the Board. This refresh requires to take place within the context of the planned turnover of Board members. It was agreed that a review of the appetite should take place with current members of the Board and then reviewed again 12 months later with the new members of the Board in order to provide continuity.

   c) Internal audit plan
      Grant Thornton presented the Internal Audit Plan and the progress that has been made. Pre-audit scoping work has taken place for a number of audits and the outcome will be presented to the next meeting. A review took place of the planned areas of focus for the audit work and the Committee were pleased to note that they were all areas of relevance in terms of risk to the organisation.

George Black
Committee Chair
MINUTES - Approved

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

Present
George Black Board Member, Committee Chair
Hamish Wilson Board Member
Kathleen Preston Board Member

Healthcare Improvement Scotland Officers
Robbie Pearson (via VC) Chief Executive
Maggie Waterston Director of Finance and Corporate Services/Lead Officer
Sara Twaddle (via VC) Director of Evidence
Ann Gow (via VC) Director of Nursing, Midwifery and Allied Health Professionals
Sandra McDougall Acting Director of Scottish Health Council
Kevin Freeman-Ferguson Deputy for Director of Quality Assurance
Jill Gillies Deputy for the Director of Improvement

In Attendance
Joanne Brown Grant Thornton
Angelo Gustinelli Grant Thornton
James Corrigan Deloitte
Brian Ward Head of Finance & Procurement
David Rhodes Head of Finance & Procurement

Committee Support
Chloe Wicksteed Committee Secretary

Apologies
Jackie Brock Board Member
Susan Walsh Board Member
Alastair Delaney Director of Quality Assurance
Brian Robson Medical Director
Ruth Glassborow Director of Improvement
Paul Wishart Finance Manager
### WELCOME AND APOLOGIES FOR ABSENCE

**1.1** The Chair welcomed all present to the meeting, in particular to Joanne Brown and Angelo Gustinelli from Grant Thornton and to James Corrigan who was attending for Deloitte.

A special mention and thanks was made to Brian Ward as it was his last Audit and Risk Committee meeting with HIS before his retirement. Brian has put a lot of hard work in over the years and has been extremely valuable, to HIS and to the Committee. The Committee has really appreciated Brian's input, he will be greatly missed.

**1.2** Apologies were noted as above.

### MINUTES OF PREVIOUS MEETING/ACTION REGISTER

**2.1** Minute of Audit and Risk Committee meeting on 21 June 2018

The Committee reviewed the minute from the previous meeting and it was accepted as a true and accurate record of the meeting.

**2.2** Review of action point register of Audit and Risk Committee meeting on 21 June 2018

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

The Committee was content with the information provided.

### COMMITTEE GOVERNANCE

**3.1** Business Planning Schedule

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

It was noted that the item ‘review the effectiveness of the Committee' was not assigned to any Committee meeting on the schedule. The TOR were due to come to the Committee meeting on 14 November and this item would be discussed in conjunction with this.

The Committee were content with the Business Planning schedule.

**3.2** Review of Independent Healthcare

Kevin Freeman-Ferguson was invited to present this paper, Tracy Birch joined this item and presented a power point presentation. The following points were highlighted:

- **a)** 291 clinics are now registered
- **b)** A high percentage of clinics are in the injectable cosmetic sector, providing cosmetic surgery like anti-wrinkle injections (Botox) and dermal fillers.
- **c)** The IHC team have agreed a pragmatic approach to regulatory overlap with Medicines and Healthcare products Regulatory Agency (MHRA) and Human Fertilisation and Embryology Authority (HFEA)
- **d)** The general rule to aid the interpretation of the definition of and independent clinic is that HIS do not pursue the registration of any service where the practitioner does not need to be one of the cited healthcare professionals to provide the treatment and the service or treatment is completely non-invasive. Services operated by a non-healthcare professional may need to
register if they have a doctor / nurse etc working with them, the individual or company that provides the wider aesthetic clinic chooses to register their whole operation including the activities of the doctor/nurse etc or the company may choose to register just the part that provides the medical / nursing etc services. The registering of clinics under the standard definition is a straight forward process, but it is more complicated where non healthcare professionals run and own services and ‘employ’ doctors or nurses etc.

e) Online services have been identified as a significant risk, more online services are becoming available. The services can be very diverse in nature and there may be no headquarters or substantial base in Scotland, a lot of services are based in England and it is not clear how HIS would be able to practically regulate them. Some services are already regulated through the CQC, and it would be a lot of extra work for the service to also register with HIS. The team is meeting with the central legal office this week to discuss the approach.

f) There is a potential for fraud within online services and with patients obtaining medication their regular GP would not prescribe as there may a risk to their health.

g) Another risk area is the restrictions around sharing of personal information between independent services and NHS Primary care services, as patients have to agree to share information and some patients may not want their doctors to know about other services they are receiving, for example cosmetic or weight loss procedures.

h) There are currently 2 online services in Scotland with fixed premises but services will be operating across borders and a system to deal with this needs to be put in place.

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

i) It was clarified registered clinics are identifiable by having a logo and link to HIS on their website. Services have stickers with the HIS logo on their building to announce that they are registered.

j) If a complaint is received about a service around negligence these are investigated if required. In some cases it is more appropriate for the service user to raise a complaint with the service directly.

k) There is a clear reputational risk evident in online services. This is a challenge and HIS need to focus on what we can do to best protect people living in Scotland using the services and the expectations around this.

l) There is a risk that if HIS refuse to register a service, there is no opportunity to stop services from providing treatment, as the current regulations do not permit entry and powers to require information for unregistered services which we may wish to do as part of enforcement action.

m) It would be helpful to make information available around risks of using unregistered services and what people need to be aware of when choosing a service. HIS can promote the registered clinics and find out more about services people want to use. HIS need to engage with stakeholders and encourage people to use health care professionals that have a good reputation.

n) Although there is currently no evidence that services are not intending to pay continuation fees, it is reasonably foreseeable that this issue may occur in the near future. In researching or contingency dealing with this we have discovered that there is nothing in the regulations to allow for HIS to remove services from the register for non-payment of annual continuation fees.
The Committee noted the information provided in the report.

### 4. CORPORATE GOVERNANCE

#### 4.1 National Board Delivery plan

The Chief Executive was invited to present this item. The regional plans and national plan have been prepared but not yet published or shared with CEOs to gain their viewpoint. The national plan, in our opinion, needs more work. The national transformation fund is unclear regarding allocations and more clarity is required. It was noted the progress on this was unsatisfactory.

The Committee noted the update.

#### 4.2 Information Governance update

The Director of Evidence was invited to present this paper. The following points were highlighted:

- a) During this reporting period 13 incidents have occurred
- b) In regards to the information Governance Work plan, risk 759 was still high due to the fact that the anticipated national data protection training module and data processing agreements for a range of national systems have not been released. Individual teams are receiving training or advice in the interim, with the iHub, DCRS and DMBI recently having sourced specific input from the corporate Data Protection Officer. This risk is outwith our control

It was highlighted that all the appropriate actions have been put in place to mitigate the issues that have arisen.

The Committee were content with the submitted information.

#### 4.3 Non-Competitive tender log

David Rhodes was invited to present this paper. It was noted there were no non-competitive tenders for this period.

The Committee noted the update.

#### 4.4 Financial performance report to 31 July 2018; August 2018 – verbal report

*Please note this item was addressed out of order and was presented before item 4.1*

David Rhodes was invited to present this paper. The following was highlighted:

- a) The latest funding allocation letter from Scottish Government (SG) was received on 1 August 2018. This set the baseline revenue resource limit (RRL) for 2018-19 to be £24.732 million, the same level as the prior financial year. It also included six additional non-recurring allocations worth £1.488 million increasing the total allocation to date to £26.220 million.
- b) At 31 July, the total HIS revenue budget for the year was currently £26.220 million. At the end of July, HIS had spent £8.905 million, some £0.755 million more than the budget for the first four months. However, HIS has only received six of the additional allocations expected from SG; an additional £3.979 million has still to be received. When current spend against all these allocations is taken into account HIS has actually spent £0.02 million less than budget.
- c) The transformation fund savings lead into the baseline figure contributing to the 50 million, HIS have confirmation of this from SG
- d) More will be known of the financial position from the mid-year review
In response to questions raised by the Committee the following was highlighted:

- On page 3 in reference to the National Board Collaboration, clarification was required. It was noted that HIS had assumed to contribute £600k to then national boards recurring savings target of £15m. This was after receiving no baseline uplift for 2018-19. To date, it has been agreed to release £200k to the National Boards and that the remaining £400k is required within HIS to ease other financial pressures. In addition, it is not yet clear how much Scottish Government will be passing to HIS to offset the recent pay agreement. This is expected to be known by the end of September and will be factored into the half year review.

The Committee noted the update.

### 4.5 Update on cyber resilience within HIS and Self – Assessment for Organisational Resilience

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

- At the last Committee meeting, an update was provided regarding the progress that is being made to achieve the requirements of the Scottish Public Sector Action Plan for Cyber Security 2017-18. A key requirement of the plan is for each organisation to achieve ‘Cyber Essentials’ certification by October 2018, to demonstrate that they have reached the minimum requirements expected for Cyber Safety. Since that meeting, a vulnerability scanning tool has been installed onto our systems which should ensure that we achieve Cyber Essential accreditation by October 2018. Confirmation of this will be provided to the next Committee meeting.

- Scottish Government have required all NHS organisations in Scotland to complete a self-assessment of organisational resilience. This was submitted on time and a copy was provided to the Committee.

In response to the comments from the Committee the following was highlighted:

- One action in the report at question number 31, was categorised as red on the first page in the summary section and green in the main part of the report, this would be checked and amended.

- It was suggested that ‘resilience’ would be put on the agenda as a future standing item, to address concerns and any related risks in this area.

The Committee were content with the progress on this work.

### 5. INTERNAL AUDIT

#### 5.1 Internal Audit Plan 2018-2021

Joanne Brown from Grant Thornton was invited to present this paper. The following was highlighted:

- The audit plan was a three year plan and the internal auditors have been working with HIS senior management to identify risk areas. The plan is flexible and can be adapted where required.

- Page 11 outlined a high level scope of the work that Grant Thornton will cover in the 86 days.

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

- It was clarified that the allocation of focus outlined in the report is based on priorities, some areas have more than one ‘yes’ as discrete parts will be focused on in the individual areas and will be able to pick up themes. It was noted that the National Board Collaboration (NBC) is a governance risk as a national board and as for HIS board. Then plan needs to reflect that the...
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|   | NBC is a top priority  
   | d) It was clarified on page 6 in regards to the SHC review the external review is a bigger risk. The internal review and redesign is about looking at how this is implemented. The risk and implications for HIS on this work would be made clearer.  
   | The Committee noted the update. |
| 5.2 Audit Actions Tracker  
   | The Director of Finance and Corporate Services was invited to present this paper. It was noted that the audit action tracker had been in place with Scott Moncrieff and Grant Thornton had agreed to keep this audit action progress tracker.  
   | There were 4 outstanding audit actions 3 were on track with one breached. The breached item is compliance with IR35, a plan is in place to deal with this.  
   | The Committee noted the update and were happy with the progress on the audit action tracker. |
| 5.3 Audit Scotland Report –National Fraud Initiative  
   | The Director of Finance and Corporate Services was invited to present this paper. The following was highlighted:  
   | a) The National Fraud Initiative (NFI) is a data matching exercise which matches electronic data within and between participating public bodies to prevent and detect fraud  
   | b) There are no new mandatory data requirements for NFI 2018/19 and the exercise is scheduled to start at the end of September 2018 with matching results available at the end of January 2019.  
   | c) The last exercise carried out within HIS identified 231 matches of which 30 were red flagged for investigation. HIS subsequently investigated all 231 matches with no fraud detected.  
   | d) It was confirmed that this area is still managed by external audit as part of the annual audit process.  
   | The Committee noted the update. |
| 6. EXTERNAL AUDIT  
   | 6.1 External Audit  
   | The NHS and Audit Scotland planning conference is coming up for 2018/19. The audit plan will be reviewed at the November Committee and Karlyn Watt will present this. Final audit timetables for HIS are still to be confirmed but likely to be the week of 6-7 May 2019. It was clarified that nothing new is expected to come from Audit Scotland.  
   | The Committee noted the update. |
| 7. STANDING BUSINESS  
   | 7.1 Risk Management update  
   | The Director of Finance and Corporate Services presented the Corporate Risks and the Operational Risks rated as high and very high and confirmed that any changes since the previous meeting were shown on the movement schedule included in the papers. The following points were highlighted:  
   | a) The workforce and capacity issue that comes across in the risk register needs to be focussed on by the Executive Team  
   | b) The IHC risk around online services needs to be raised as this is not |
c) In regards to risk 631 it was noted that the risk relates to our role in gathering a view on whether a service change is major or required. There has been an increased political interest to our role in a change progressing through a territorial NHS Board. This has resulted in parliamentary questions, freedom of information request seeking information on the Scottish Health Council involvement and advice provided to the NHS Board on engagement.

d) Risk ratings appear to be going up and there is a common theme across all areas. There is an issue with the lack of resource or ability to recruit and expectations around the ability to deliver. With respect to the ihub directorate it was noted that ihub have recently recruited new associate improvement advisors, 4 from their own cohort so now there is a gap for their previous roles. Career pathway and internal recruitments is good to see but it can leave gaps in other roles.

e) In regards to risk 734 there is an issue in relation to compliance and managing our capability if not given enough resource. It was noted that QAD are developing capability and if properly funded can do this work. For this work to be completed someone is needed for 2-3 days a week which is the current method for delivery but this is not sustainable. Not many people in QAD are specialised to do this, so specialised training and a more sustainable plan are required

f) The red categorisation of the mental health work in the performance report needs to be matched with the risk raised in this report, as the ratings are not linked, risk 801 is a medium risk on the register, but is a high risk in the Performance report.

g) It was noted that the risk register and areas of focus need to be looked at as some areas have multiple risks noted down more than once. The Executive Team will be reviewing all risks

The Committee were content with the update provided.

### 7.2 Board Report 3 key points

1. Independent Healthcare
2. Mid-Year Finance Review
3. Workforce and Succession Planning

### 7.3 Feedback session

Committee members were requested to send any feedback from the meeting to the Committee Chair.

### 8. PAPERS FOR NOTING

#### 8.1 Governance Committee minutes

This report was provided for noting. Committee were content with the minutes and key point reports.

#### 8.2 Performance Management report – for noting

This report was submitted to the Quality Committee on 22 August and was provided for noting only.

### 9. ANY OTHER BUSINESS

There were no items of any other business.

### 10. DATE OF NEXT MEETING

The next meeting is 15 November at 14:30 at the Golden Jubilee Conference Hotel
SUBJECT: Staff Governance Committee: key points

1. Purpose of the report
   This report provides the Healthcare Improvement Scotland Board with an update on key issues arising from the Staff Governance Committee on 10 October 2018.

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

   a) Workforce Plan
      Concerns were raised about the capacity of workforce planning. It was agreed that we would seek some additional resource to work on developing a more detailed plan which will take into account all the pressures on workforce, the work plan and the financial constraints.

   b) Career pathways
      The committee welcomed the progress that had been made with this. A substantial amount of work had been done by the group and this will feed into the long term workforce plan. There were a number of outstanding issues which also need to be resolved around job descriptions and approaches to recruitment, the partnership forum will be working on solving these issues.

   c) Workforce data – sickness absence
      The committee welcomed the new report format. There is concern about the number of cases of stress reported, it was pointed out that this was not solely work related stress, however this is still an area which we will need to monitor closely. The sickness levels are still below the national target of 4%.

Duncan Service Committee Chair
MINUTES - Approved

Meeting of the Healthcare Improvement Scotland Staff Governance Committee at
10:30
16 May 2018
The Boardroom, Gyle Square, Edinburgh

Present
Duncan Service  Board Member, Committee Chair
Kathleen Preston  Board Member
Susan Walsh  Board Member
Robbie Pearson  Chief Executive
Maggie Waterston  Director of Finance and Corporate Services
Ruth Glassborow  Director of Improvement Support and iHub
Sandra McDougall  Acting Director of Scottish Health Council
Sara Twaddle  Director of Evidence
Brian Robson  Medical Director

Belinda Henshaw  Partnership Representative

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

Committee Support
Chloe Wicksteed  Committee Secretary

Apologies
Bryan Anderson  Board Member
Alastair Delaney  Director of Quality Assurance
Ann Gow  NMAHP Director
Kenny Crosbie  Partnership Representative
1. **WELCOME AND APOLOGIES FOR ABSENCE**

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

1.2 **Declaration of interest**
No declarations were noted.

2. **MINUTES OF PREVIOUS MEETING/ACTION REGISTER**

2.1 **Minute of Staff Governance Committee meeting on 22 March 2018**
The minutes of the meeting held on 22 March 2018 were approved as a true and accurate record of the Committee. In the future the reference to previous action points in the minutes would be more detailed.

2.2 **Review of action point register of Staff Governance Committee on 22 March 2018**
The Committee reviewed the action point register from the meeting on 22 March 2018 and noted the status report against each action. The following action points were discussed:

5.3 - **Workforce data – Including Health and Safety** – some of the statistics would be reported on in the workforce plan presented at this meeting (item 5.2). There had been work underway around sickness and absence and interpreting these results, this would be brought to an ET meeting and then included for the Committee in September.

6.1 – **Dignity at Work Survey Results** – some of the survey results were incorporated in the Staff Governance Action Plan (item 5.3).

3. **PAPERS FOR INFORMATION**

3.1 **Partnership Forum Minutes – January 2018**
The Partnership Representatives were asked to provide information on the minutes from January.
The Committee noted the information provided in the minutes.

3.2 **Partnership Forum 3 Key Points – April 2018**
The Partnership Representatives were asked to provide information on the 3 key points from the Partnership Forum held in April 2018
The Committee noted the information provided.

4. **COMMITTEE GOVERNANCE**

4.1 **Business Planning Schedule**
The Chair presented the Business planning schedule
The Committee were content with the Business Planning Schedule.

4.2 **Annual Report Final draft 2017/18**
The Director of Finance and Corporate Services presented the final draft annual report for 2017/18.
The Committee was reminded of the new template of the annual report following the Corporate Governance internal audit recommendations. The report separated each part of the remit noting specific examples on how
the Committee had met its remit. There were sections of the remit where no examples were provided as these had not been covered this year. These were:

- propose and support any policy amendment funding or resource submission to achieve the standard policy amendment
- Monitor benefits realisation processes where applicable

The Committee were asked to provide comment on what had worked well, what could be improved and any future actions. Once these were included the annual report would be approved and be submitted to the Board in June.

In response to the Committee’s comments the following was discussed:

a) The development session held in November 2017 was very helpful in providing more clarity on the Committee remit and what information was important and appropriate for the Committee to be sighted on. It was agreed that this would be a good example to include in the report for what had gone well.

b) The following future actions were decided and agreed to be included in the final annual report:

- Monitoring the improvements on the development of the workforce plan
- The new workforce planning model for 2018/19
- Work on ensuring the Staff Governance Action Plan is more focussed and has a bigger impact
- Monitoring values and behaviours
- The approval of the annual action plan
- A Joint development session would take place with SHC members
- New risks would be raised around the national boards collaboration

The Committee agreed to include the above points in the report before being finalised and submitted to the Board meeting in June.

5. CORPORATE

5.1 Director of Workforce

The Chief Executive was invited to present this paper. The following points were highlighted:

a) The Executive Remuneration Committee approved the creation of a Director of Workforce post to be shared with NHS 24 at the meeting on 5 March 2018. The closing date for the post was May, 11 applications have been submitted with the intention to shortlist 4-5 candidates. The interviews were being held on 17 July. The interview panel would be Robbie Pearson (CE HIS), Angiolina Foster (CE NHS 24), John Glennie (Chair NHS 24), and Ian Reid (Executive Lead for HR, NHS 24). and the external member on the panel was Shirley Rogers from Scottish Government.

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

b) At the non-executive directors event a 5 stage process for recruiting senior posts was introduced. It was clarified that the
Director of Workforce would be recruited on a values based recruitment but the five stage process had not been rolled out yet, as this was still in discussion with Scottish Government

c) It was agreed that the 5 stage process and its relevance, should be brought to a future Staff Governance Committee with an update when this process model was rolled out

d) An update on this post would be provided to Executive Remuneration Committee on 8 June

The Committee noted the information provided in this report.

5.2 Workforce Plan 2018/19

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

The following points were highlighted:

a) The workforce development plan was agreed last year. It was noted that the current workforce model would need to change to accommodate the complex external environment and to create the flexibility required to deliver our cross organisational operational plan

b) Organisational change was currently taking place within the Quality Assurance Directorate to align with the introduction of Quality of Care Reviews. The Scottish Health Council would be undergoing organisational change during 2018-19 to incorporate the findings of the recent consultation

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

c) It was clarified the net 3.15 WTE quoted in the report (page 9) was included in the budget

d) In the sickness and absence data a large number of reported sickness and absence had the cause category of ‘unknown.’ It was not evident why staff were not reporting this and it was suggested that an analysis of each directorate should be undertaken to see if any trends exist. An all staff email reminder would be sent out to remind staff to add the reason for absence and the importance of this being filled out.

e) On page 22 under the indicators of success one indicator was—Volume and quality of nominations for staff recognition scheme. It was suggested that the text in the table be more focused

f) It was discussed that the structural diagram should include where we want to be in the future. Changes need to be outlined for 2019, 2020, 2021.

g) Expectations of our own work plan need to be managed with the national boards plan and with the government funding. The national boards work should provide a better position for sharing resources

h) The Committee acknowledged that the strategy was ambitious but it was clarified that this was just a point in time and the future position needs to be looked at. It was agreed that this report would be brought back to Committee in September.

The Committee considered this report and agreed for the report to go to the Board in June for final approval.

5.3 Staff Governance Action Plan
The Head of OD and L was invited to present this paper. The Committee were asked to consider and approve the final draft Staff Governance Action Plan 2018 – 2019.

The following points were highlighted:

a) The Action Plan for 2018 – 2019 had been developed in Partnership through a series of meetings in March / April 2018 with an invitation to all Partnership Forum members to attend. The data from iMatter and the staff survey was taken into consideration in development of this plan. It was agreed to focus on a few smaller areas the following aims were agreed to be focussed on; Well Informed: Treated Fairly and Consistently: Provided with an Improved and Safe Working Environment:

b) Internal communications have improved in this area

c) There were some concerns with bullying and harassment and more work was required to find out why people may not feel safe to speak up.

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

d) It was suggested that the two action plans at Appendix 2 and 3 should have similar headings in order to map the plans easily

e) On page 3 at Appendix 3 it stated that HIS wanted a 100% response rate for the three statements, it was noted that this was unrealistic and it was agreed to outline a more achievable aim

f) It was clarified that staff are entitled to not respond positively so the percentages should be changed accordingly

g) It was noted that it is every staff members responsibility to own the plan and sharing this plan with staff would be worthwhile

The Committee approved the final plan.

5.4 Staff Governance Monitoring Framework

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

a) The Staff Governance monitoring return is set nationally. The letter and template for the Scottish Government Staff Governance Standard Monitoring Framework was issued on 21 December 2017 with a return date to Scottish Government of 31 May 2018.

b) 2017 – 2018 is a further year of interim monitoring arrangements as the staff experience measures through iMatter supplemented by a short Dignity at Work Survey is established and evaluated.

c) This has been signed off by the CEO and Chair of SGC


5.5 National Boards Collaboration

The Director of Finance and Corporate Services provided a verbal update on the progress on collaboration between the National Boards to support the Health and Social Care Delivery Plan.

The following points were discussed:

a) There was a concern around whether the regional and national plans were being considered together

b) The amount for the transformation fund is now down to £20 million
and there is uncertainty around the allocation process

c) There is an ongoing risk around resource and staff pressures for this work

d) At the directorate away day for Finance and Corporate Services, the national boards' collaboration had been discussed. It was agreed that staff should consider their potential skills and development as part of the PDR planning;

e) Staff need to trust in the shared services and partnership involvement is required for this work.

f) Clarity is required on the needs of those using the services so that the redesign is fit for purpose.

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

g) In terms of this work, specification, design and delivery is important.

h) It was clarified that for this work Colin Sinclair is the sponsor in charge of the operating model for HR and oversight is provided by John Crichton.

i) There are clear risks and challenges for this work around staff pressure, resources, lack of specificity and unknown outcomes.

j) Robust governance is required around this work, responsibility and accountability is required

The Committee noted the update but wanted assurance that the associated risks on this work were raised.

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### 6. VALUES, BEHAVIOURS, ENGAGEMENT & COMMUNICATION (VBEC)

*This section was covered in the Staff Governance Action Plan and Monitoring Framework*

### 7. RISK MANAGEMENT

#### 7.1 Risk Register

The Director of Finance and Corporate Services presented this paper. The Committee received a report on the Corporate Risks relating to the remit of the Committee. The following points were highlighted:

a) Risk 737 still had a high rating as it was still unknown what the effect on HIS would be, HIS had no control over the transformation fund

b) It was agreed that the following risks should be raised in regards to the National Boards Delivery Plan:
   - a risk of uncertainty over the plan
   - a risk that HIS has no control over the work and approach that other boards have
   - a risk that services won’t meet our needs agreed in the future specification

c) Risk 10 - it was discussed that HIS was creating a smaller senior leadership team, the senior leadership proposal would be considered by ET.

d) Risk 634 - it was noted that the career pathways work would be brought back to the Committee in September

The Committee noted the risk update and agreed that the above additional
8. ANY OTHER BUSINESS

8.1 Joint Development session with the Scottish Health Council Committee on equalities

The Acting Director of the Scottish Health Council discussed that an internal audit was undertaken to assess the systems and processes that we have in place to ensure HIS meets its legal duties in relation to equalities. An action that was identified as a result of that process was to run a joint development session for members of the Scottish Health Council and Staff Governance Committees, given that both committees have particular responsibilities with regard to equalities.

A joint development session would be organised, the Committee Secretary would set up a doodle poll and would send around to the Committee members to find a suitable date.

8.2 Margaret McAlees award

The Partnership Forum Representative announced that a paper was being taken to the next PF meeting proposing the establishment of a Margaret McAlees award in order to further equality and diversity within the organisation and beyond, across NHS Scotland. Margaret McAlees, worked within Healthcare Improvement Scotland since 2007 and sadly passed away during 2017. During her ten years in the HIS family Margaret became synonymous with the word kindness and her concern and care for colleagues eventually led her to become a Unison steward in 2015. The award will recognise the commitment to promoting and ensuring equality and diversity within HIS/NHS Scotland. Teams and individuals can be nominated by staff, the paper will outline in more detail the criteria of the award.

9. STANDING BUSINESS

9.1 The Chair would prepare a report for the Board highlighting the key points from the meeting. The key points were agreed as:
   1. Workforce Plan
   2. Staff Governance Action Plan
   3. The National Boards Delivery Plan and associated risks

9.2 Feedback Session

The Chair invited the Committee to provide any relating to the meeting or papers. The partnership representative asked whether the health and safety reporting issues were going to be looked at again and it was discussed that an update would be provided at the next PF forum and therefore brought back to the Committee in September.

10. PAPERS FOR NOTING

10.1 Operational Plan 18/19

This paper was presented at the Board in April. This paper was provided for noting only.

11. DATE OF NEXT MEETING

The next meeting of the Staff Governance Committee will be held in the Boardroom in Gyle Square on 19 September 2018 at 10:30
SUBJECT: Register of Interests

1. Purpose of the report
To present the Register of Interests held at 23 November 2018 for non executive and senior staff members within the organisation.

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

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

Appendix 1: Register of Interests (as at 23 November 2018)

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

### RISK

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

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

| Compliance with the HIS Code of Conduct supports good governance which in turn ensures best use of resources. |

<table>
<thead>
<tr>
<th>Resource Implications</th>
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<tbody>
<tr>
<td>No additional resource implications.</td>
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<table>
<thead>
<tr>
<th>What engagement has been used to inform the work.</th>
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<tbody>
<tr>
<td>The Register of Interests does not relate to any policy or work programme that will impact on staff, volunteers or service users, and engagement is therefore not required.</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>What Equality and Diversity considerations relate to the work. Advise how the work:</th>
</tr>
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<tr>
<td>• helps the disadvantaged;</td>
</tr>
<tr>
<td>• helps patients;</td>
</tr>
<tr>
<td>• makes efficient use of resources.</td>
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</tbody>
</table>

| The Register of Interests does not relate to any policy or work programme that will impact on staff, volunteers or service users. |
## REGISTER OF INTERESTS – BOARD MEMBERS, EXECUTIVE TEAM AND SENIOR STAFF: Financial year 2018/19

### Appendix 1

<table>
<thead>
<tr>
<th>NAME</th>
<th>CATEGORY</th>
<th>INTEREST</th>
<th>Date interest commenced (if in FY 2018/19)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CHAIR</strong></td>
<td>1</td>
<td>*Lay Member, General Teaching Council</td>
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<tr>
<td></td>
<td>7</td>
<td>Board Member, Care Inspectorate</td>
<td></td>
</tr>
<tr>
<td>Carole Wilkinson</td>
<td>1</td>
<td>*Lay Member, General Teaching Council</td>
<td>10/10/18 (start of appointment)</td>
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<tr>
<td></td>
<td>7</td>
<td>Board Member, Care Inspectorate</td>
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**Note**
*Remuneration relates to a daily rate payable

### NON-EXECUTIVE BOARD MEMBERS

<table>
<thead>
<tr>
<th>NAME</th>
<th>CATEGORY</th>
<th>INTEREST</th>
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<tbody>
<tr>
<td>Dr Bryan Anderson</td>
<td>7</td>
<td>Member, British Medical Association</td>
<td></td>
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<td></td>
<td>7</td>
<td>Member, Royal College of GPs</td>
<td></td>
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<td></td>
<td>7</td>
<td>Member of Scottish Advisory Board for Marie Curie</td>
<td></td>
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<tr>
<td>George Black CBE</td>
<td>7</td>
<td>Member, Chartered Association of Certified Accountants</td>
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<td></td>
<td>7</td>
<td>Member, Chartered Institute of Public Finance Accountancy</td>
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<td></td>
<td>2</td>
<td>Trustee, Simon Community Scotland</td>
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<td></td>
<td>1</td>
<td>Director, George Black Solutions Ltd</td>
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<td></td>
<td>7</td>
<td>Member of the City of Glasgow College Management Board</td>
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<td></td>
<td>7</td>
<td>Visiting Professor, University of Strathclyde, International Public Policy Institute</td>
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<td></td>
<td>7</td>
<td>Professional relationship with Marc Mazzucco, RSM, one of the Internal Audit tenders</td>
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</tr>
<tr>
<td>Name</td>
<td>Number</td>
<td>Position / Role</td>
<td>Notes</td>
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<tr>
<td>Jackie Brock</td>
<td>1</td>
<td>Chief Executive, Children in Scotland</td>
<td>*Spouse is Chair of Pagoda Public Relations Company</td>
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<td></td>
<td>7</td>
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<tr>
<td>Dr Zoë M. Dunhill MBE</td>
<td>1</td>
<td>Sole proprietor own Child Health Consultancy</td>
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<td></td>
<td>1</td>
<td>Invited reviewer Royal College of Paediatrics and Child Health</td>
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<td></td>
<td>1</td>
<td>Professional Advisor CQC England in Paediatrics</td>
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<td></td>
<td>7</td>
<td>Honorary Fellow Royal College of Paediatrics and Child Health</td>
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<td></td>
<td>7</td>
<td>Fellow of Royal College of Physicians of Edinburgh</td>
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<td>7</td>
<td>Director Children’s Health Scotland</td>
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<td></td>
<td>7</td>
<td>Member British Medical Association</td>
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<td></td>
<td>7</td>
<td>Member of the Board of Governors of the Dean and Cauvin Trust</td>
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<td></td>
<td>7</td>
<td>Chair of the Editorial Board of REHIP for Health Scotland (2017-18)</td>
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<tr>
<td>Paul Edie</td>
<td>1</td>
<td>Chair of the Care Inspectorate</td>
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<td></td>
<td>1</td>
<td>Non Executive Member of the Scottish Social Services Council</td>
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<td></td>
<td>7</td>
<td>Member of the Scottish Liberal Democrats</td>
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<td>7</td>
<td>Member of the Institute of Directors</td>
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<td></td>
<td>1</td>
<td>Proprietor of Edie Associates</td>
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<tr>
<td>John Glennie OBE</td>
<td>1</td>
<td>Non Executive Board Member, NHS24</td>
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<td></td>
<td>7</td>
<td>Treasurer Friends of Borders General Hospital</td>
<td></td>
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<tr>
<td></td>
<td>1</td>
<td>Consultant Mentor, Celgene Ltd</td>
<td></td>
</tr>
<tr>
<td>Kathleen Preston</td>
<td>1</td>
<td>*Honorary Contract with NHS Blood and Transplant (NHSBT) as a Lay Member of the Organ Donation Advisory Group (Kidney Advisory Group)</td>
<td>*No remuneration will be received other than payment of expenses</td>
</tr>
<tr>
<td></td>
<td>7</td>
<td>Member of the Law Society of Scotland</td>
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<tr>
<td></td>
<td>7</td>
<td>Member (Professional Associate) of the Health and Social Care Alliance</td>
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</table>

Notes:
* Pagoda Public Relations Company has recently completed a strategic communications plan for SHTG
* No remuneration will be received other than payment of expenses
<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
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</thead>
</table>
| Duncan Service                | 1 Evidence Manager, SIGN
7 Director and Company Secretary, SHU East District Ltd
7 UNISON Steward
7 Treasurer, Guidelines International Network (G-I-N) |
| Pam Whittle, CBE              | 1 Chair, Scottish Health Council                                          |
| Dr Hamish Wilson, CBE         | 1 Lay Member, Scottish Dental Practice Board
1 Lay Member of the Assembly (the Governing body) of the Royal Pharmaceutical Society of Great Britain
7 Honorary Fellow of the Royal College of General Practitioners
7 Independent Governor of Robert Gordon University, Aberdeen |

**EXECUTIVE BOARD MEMBER**

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
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<tbody>
<tr>
<td>Robbie Pearson</td>
<td>1 Chief Executive, Healthcare Improvement Scotland</td>
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</table>

**SENIOR STAFF MEMBERS**

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
</tr>
</thead>
</table>
| Ruth Glassborow               | 1 Director of Improvement
7 GenerationQ Fellow with Health Foundation
7 Member of Managers in Partnership (MiP) Union
7 *Current participant in Sciana Network
7 Partner is a manager at NHS Tayside
7 In receipt of free coaching from Peter Hill, MD, Coaching for More Consulting Ltd |

**Note**

*Participation is fully funded by the Health Foundation and there is also potential to access further bursary funding.*
<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
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<tbody>
<tr>
<td>Alastair Delaney</td>
<td>Director of Quality Assurance</td>
</tr>
<tr>
<td>Ann Gow</td>
<td>Director, Nursing, Midwifery and Allied Health Professionals</td>
</tr>
<tr>
<td></td>
<td>Member of Royal College of Nursing</td>
</tr>
<tr>
<td>Sandra McDougall</td>
<td>Acting Director, Scottish Health Council</td>
</tr>
<tr>
<td></td>
<td>Volunteer Child Befriender, Barnardo’s Scotland</td>
</tr>
<tr>
<td></td>
<td>Member of OneKind (animal welfare charity)</td>
</tr>
<tr>
<td></td>
<td>Member of Managers in Partnership (MiP) Union</td>
</tr>
<tr>
<td>Richard Norris</td>
<td>Visiting Fellow, Academy of Government</td>
</tr>
<tr>
<td></td>
<td>Member, Board of Management of the Centre for Scottish Public Policy</td>
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<tr>
<td></td>
<td>Board Member, Scottish Improvement Science Collaborating Centre</td>
</tr>
<tr>
<td>Dr Brian Robson</td>
<td>Medical Director, Healthcare Improvement Scotland</td>
</tr>
<tr>
<td></td>
<td>Health Foundation College of Assessors</td>
</tr>
<tr>
<td></td>
<td>Clinical Practice – Mearns Medical Centre, Glasgow</td>
</tr>
<tr>
<td></td>
<td>*Institute for Healthcare Improvement (IHI) Faculty and Fellow</td>
</tr>
<tr>
<td></td>
<td>Royal College of General Practitioners - Fellow, West of Scotland Faculty</td>
</tr>
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<td></td>
<td>Scottish Council</td>
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<td></td>
<td>Royal College of Physicians of Edinburgh - Fellow</td>
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<td>British Medical Association (BMA) – Member</td>
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<td>Harvard School of Public Health – student ambassador support</td>
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<tr>
<td>Dr Sara Twaddle</td>
<td>Director of Evidence</td>
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<td></td>
<td>Member, UNISON</td>
</tr>
<tr>
<td></td>
<td>Spouse is General Medical Practitioner</td>
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<td></td>
<td>Member, Health Technology Assessment General Board, National Institute of Health Research</td>
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</tbody>
</table>

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

**29 October 2018**
Maggie Waterston          1          Director of Finance and Corporate Services
7          Member of Chartered Institute of Management Accountants
7          Member of Healthcare Financial Management Association
7          *Strategic Finance Leaders Programme: Scottish Public Sector
7          Board Member, Scottish Hockey
7          Member of Unison

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

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

Explanation of Categories