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

Date: Wednesday 26 June 2019
Time: 12.30 – 15.30
Venue: Rooms 6.4/6.5 Delta House, Glasgow
Contact: Pauline Symaniak | boardadmin.his@nhs.net | 0131 623 4294

AGENDA

Item | Time | Agenda item                                | Lead officer       | Report        
--- | --- | ------------------------------------------ | ------------------ | ------------- 
1. OPENING BUSINESS
1.1 | 12.30 | Welcome and apologies                      | Chair              | BM2019/19     
1.2 |       | Register of Interests                      | Chair              | BM2019/20     
1.3 | 12.35 | Minutes of the Board meeting held on 20 March 2019 | Chair              | BM2019/21     
1.4 | 12.40 | Chair’s Report                             | Chair              | BM2019/22     
1.5 | 12.50 | Executive Report                           | Chief Executive    | BM2019/23     
2. STRATEGIC DIRECTION
2.1 | 13.00 | Workforce and Development Plan 2019-2022  | Associate Director of Workforce | BM2019/24     
2.2 | 13.15 | Proposal for Future Strategic Direction    | Chief Executive    | BM2019/25     
3. GOVERNANCE
3.1 | 13.30 | Revised Governance Committee Terms of Reference | Director of Finance and Corporate Services | BM2019/26    
3.2 13.40 Governance Committee Annual Reports 2018-2019  
   Director of Finance and Corporate Services  
   BM2019/27

3.3 13.50 Raising Concerns  
   - Sturrock Review Response  
   - Whistleblowing Annual Update  
   Associate Director of Workforce Whistleblowing Champion  
   BM2019/28

3.4 14.00 Annual Report and Accounts 2018-2019  
   - Annual Accounts 2018-19 including the Annual Performance Overview  
   Director of Finance and Corporate Services/ Chair of Audit and Risk Committee  
   BM2019/29

   - Report to those charged with governance (ISA 260)  
   Deloitte  
   BM2019/30

   - Significant issues that are considered to be of wider interest  
   Chair of Audit and Risk Committee  
   BM2019/31

14.20-14.35 Refreshment break

4. DELIVERING OUR CORPORATE PLAN
4.1 14.35 Financial Performance Report to 31 May 2019  
   Director of Finance and Corporate Services  
   BM2019/32

4.2 14.45 Risk Management Update  
   Director of Finance and Corporate Services  
   BM2019/33

5. 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
5.1 15.00 Scottish Health Council Committee: Key points from the meeting on 23 April 2019 and approved minutes from the meeting on 28 February 2019  
   Committee Chair  
   BM2019/34

5.2 Performance and Clinical and Care Governance Committee: key points from the meeting on 22 May 2019 and approved minutes from the meeting on 27 February 2019  
   Committee Chair  
   BM2019/35

5.3 Audit and Risk Committee: approved minutes from the meeting on 6 March 2019  
   Committee Chair  
   BM2019/36
5.4 Staff Governance Committee: key points from the meeting on 14 May 2019 and approved minutes from the meeting on 21 February 2019

6. ANY OTHER BUSINESS

7. DATE OF NEXT MEETING

7.1 15.20 The next meeting will be held on 25 September 2019, 12.30pm, Boardroom, Gyle Square, Edinburgh
SUBJECT: Register of Interests

1. Purpose of the report
To present the Register of Interests held at 17 June 2019 for Board Members 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 17 June 2019)

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>
<th>Compliance with the HIS Code of Conduct supports good governance which in turn ensures best use of resources.</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Enable people to make informed decisions about their own care and treatment;</td>
<td></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>
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</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>What Equality and Diversity considerations relate to the work. Advise how the work:</th>
<th>The Register of Interests does not relate to any policy or work programme that will impact on staff, volunteers or service users.</th>
</tr>
</thead>
<tbody>
<tr>
<td>• helps the disadvantaged;</td>
<td></td>
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<tr>
<td>• helps patients;</td>
<td></td>
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<tr>
<td>• makes efficient use of resources.</td>
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</tr>
<tr>
<td>NAME</td>
<td>CATEGORY</td>
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<td>--------------------</td>
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</tr>
<tr>
<td><strong>CHAIR</strong></td>
<td></td>
</tr>
<tr>
<td>Carole Wilkinson</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Note: * Remuneration relates to a daily rate payable</td>
<td></td>
</tr>
<tr>
<td><strong>NON-EXECUTIVE BOARD MEMBERS</strong></td>
<td></td>
</tr>
<tr>
<td>Dr Bryan Anderson</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>7</td>
</tr>
<tr>
<td>Jackie Brock</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>7</td>
</tr>
<tr>
<td>Notes: * Pagoda Public Relations Company has recently completed a strategic communications plan for SHTG</td>
<td></td>
</tr>
<tr>
<td>Suzanne Dawson</td>
<td>7</td>
</tr>
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<td></td>
<td>7</td>
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<tr>
<td></td>
<td>7</td>
</tr>
<tr>
<td>Name</td>
<td>1. <strong>Sole proprietor own Child Health Consultancy</strong></td>
</tr>
<tr>
<td>-----------------------------</td>
<td>---------------------------------------------------</td>
</tr>
<tr>
<td>Dr Zoë M. Dunhill MBE</td>
<td>1. <strong>Invited reviewer Royal College of Paediatrics and Child Health</strong></td>
</tr>
<tr>
<td></td>
<td>1. <strong>Professional Advisor CQC England in Paediatrics</strong></td>
</tr>
<tr>
<td></td>
<td>7. <strong>Member British Medical Association</strong></td>
</tr>
<tr>
<td>Paul Edie</td>
<td>1. <strong>Chair of the Care Inspectorate</strong></td>
</tr>
<tr>
<td></td>
<td>1. <strong>Non Executive Member of the Scottish Social Services Council</strong></td>
</tr>
<tr>
<td></td>
<td>7. <strong>Partner, The Place Store</strong></td>
</tr>
<tr>
<td>John Glennie OBE</td>
<td>1. <strong>Non Executive Board Member, NHS24</strong></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Gill Graham</td>
<td>No declared interests</td>
</tr>
<tr>
<td>Rhona Hotchkiss</td>
<td>No declared interests</td>
</tr>
<tr>
<td>Christine Lester</td>
<td>1. <strong>Commissioner, Audit Commission</strong></td>
</tr>
<tr>
<td></td>
<td>7. <strong>Volunteer Adviser, Citizens Advice Bureau</strong></td>
</tr>
<tr>
<td>Name</td>
<td>Position</td>
</tr>
<tr>
<td>--------------------------</td>
<td>--------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Kathleen Preston</td>
<td>*Honorary Contract with NHS Blood and Transplant (NHSBT) as a Lay Member of the Organ Donation Advisory Group (Kidney Advisory Group)</td>
</tr>
<tr>
<td></td>
<td>Member of the Law Society of Scotland</td>
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<tr>
<td></td>
<td>Member (Professional Associate) of the Health and Social Care Alliance</td>
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<tr>
<td>Notes:</td>
<td></td>
</tr>
<tr>
<td>Duncan Service</td>
<td>Evidence Manager, SIGN</td>
</tr>
<tr>
<td></td>
<td>Director and Company Secretary, SHU East District Ltd</td>
</tr>
<tr>
<td></td>
<td>UNISON Steward</td>
</tr>
<tr>
<td></td>
<td>Treasurer, Guidelines International Network (G-I-N)</td>
</tr>
<tr>
<td>EXECUTIVE BOARD MEMBER</td>
<td></td>
</tr>
<tr>
<td>Robbie Pearson</td>
<td>Chief Executive, Healthcare Improvement Scotland</td>
</tr>
<tr>
<td></td>
<td>Sister-in-law is nurse at St Columba’s Hospice (regulated by HIS)</td>
</tr>
<tr>
<td>SENIOR STAFF MEMBERS</td>
<td></td>
</tr>
<tr>
<td>Sybil Canavan</td>
<td>Associate Director of Workforce</td>
</tr>
<tr>
<td>Lynsey Cleland</td>
<td>Director of Community Engagement</td>
</tr>
<tr>
<td></td>
<td>*Lay Member, General Teaching Council for Scotland</td>
</tr>
<tr>
<td>Note:</td>
<td></td>
</tr>
<tr>
<td>Alastair Delaney</td>
<td>Director of Quality Assurance</td>
</tr>
<tr>
<td>Ruth Glassborow</td>
<td>Director of Improvement</td>
</tr>
<tr>
<td></td>
<td>GenerationQ Fellow with Health Foundation</td>
</tr>
<tr>
<td></td>
<td>Member of Managers in Partnership (MiP) Union</td>
</tr>
<tr>
<td></td>
<td>*Current participant in Sciana Network</td>
</tr>
<tr>
<td></td>
<td>Partner is a manager at NHS Tayside</td>
</tr>
<tr>
<td></td>
<td>In receipt of free coaching from Peter Hill, MD, Coaching for More Consulting Ltd</td>
</tr>
<tr>
<td>Note:</td>
<td></td>
</tr>
</tbody>
</table>
### Ann Gow
1. Director, Nursing, Midwifery and Allied Health Professionals
7. Member of Royal College of Nursing

### Karen Ritchie
1. Acting Director of Evidence
5. Shares held as part of NHS Scotland pension scheme
7. Trustee of Exchange Scotland

### 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. Member of Unison

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

### Explanation of Categories

<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>
MINUTES – Draft

Meeting of the Board of Healthcare Improvement Scotland
Date: 20 March 2019
Time: 13.30–3.15pm
Venue: Room 6.4/6.5, Delta House, Glasgow

Present
Carole Wilkinson, Chair
Robbie Pearson, Chief Executive
Dr Bryan Anderson
Suzanne Dawson
Dr Zoë M Dunhill MBE
Paul Edie
Rhona Hotchkiss
Gill Graham
Kathleen Preston
Duncan Service

In Attendance
Alastair Delaney, Director of Quality Assurance
Ruth Glasborow, Director of Improvement
Ann Gow, Director of Nursing, Midwifery and Allied Health Professions
Sandra McDougall, Acting Director, Scottish Health Council
Richard Norris, Honorary Fellow, University of Edinburgh
Dr Sara Twaddle, Director of Evidence
Maggie Waterston, Director of Finance and Corporate Services

Apologies
George Black CBE
Jackie Brock
John Glennie OBE
Dr Brian Robson, Medical Director

Committee Support
Pauline Symaniak, Governance Manager

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.
### 1. OPENING BUSINESS

#### 1.1 Chair’s welcome and apologies

The Chair opened the meeting of the Board by extending a warm welcome to all in attendance.

The Chair noted the contribution over several years of George Black, Non-Executive Director, whose appointment would end on 31 March 2019. The Chair thanked on behalf of the Board, Richard Norris and Sara Twaddle for their contribution to the organisation over many years. They will both retire in April.

The Chair advised that a presentation had been made before the public meeting commenced to the Focus on Dementia team, winners of the Margaret McAlees Award. The Board wished to extend their congratulations to the team.

Apologies were noted as above.

#### 1.2 Minutes and Action Points of the meeting on 5 December 2018

The minutes of the public meeting held on 5 December 2018 were accepted as an accurate record.

The action point register was reviewed and accepted. All actions were noted as complete.

In response to a question from the Board about the work to review performance reporting, the Director of Finance and Corporate Services advised that a Short Life Working Group, which included two Non-Executive Directors, had been convened and was undertaking initial scoping with a view to test proposals with the Board.

#### 1.3 Chair’s Report

The Board received a report from the Chair updating them on recent developments. The Chair made two corrections to the report in respect of the proposed new membership of the Governance Committees:

- a) John Glennie was no longer a member of the Quality Committee.
- b) Rhona Hotchkiss would also join the Executive Remuneration Committee and become Vice Chair of that Committee.

#### 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) Preferred candidates had been identified for the posts of Director of Evidence and Director of Community Engagement, and an announcement would be made in due course.
- b) The Making a Difference awards had been made in recognition of colleagues displaying behaviours that support the shared values of the organisation. There had been a high standard of nomination with 27 recommendations from which eight winners were chosen.
c) The remodelling work in Delta House was now complete resulting in a more equitable and flexible use of the space. Thanks were extended to all staff who have accommodated all of the changes with particular recognition of Brian Ross for managing the project so well.

d) The work of Diana Hekerem was noted as part of the Transformational Redesign workstream within the National Boards’ Collaborative.

In response to questions from the Board, the Executive Team provided the following information:

e) The aim of the work that HIS is leading on the Single National Formulary is to achieve consistent therapeutic pathways across Scotland. It was a commitment made within the Programme for Government and would not replicate the British National Formulary. The work would link well to the Area Drug and Therapeutics Committee Collaborative, the Scottish Medicines Consortium and SIGN.

f) The agreed Operating Framework with Scottish Government would now be implemented to ensure a consistency in commissioning of new work and clarity on managing escalations.

The Board noted the content of the report.

2. STRATEGIC DIRECTION

2.1 Integrated Planning 2019-2020: Operational, Financial and Workforce Plans

The Board received a paper from the Chief Executive setting out the Operational and Financial Plans for 2019-2020 for approval and the draft Workforce Plan for comment.

The Chief Executive noted that the Quality Management System (QMS) was central to the plans presented and the integrated planning had been an excellent example of cross-organisational working.

The Director of Finance and Corporate Services delivered a presentation to support the papers, the key points of which were as follows:

a) The Operational Plan had already been scrutinised by the Quality Committee and at the Board Seminar in February.

b) Feedback from those meetings, from Scottish Government and from staff had been incorporated into the revised plans.

c) The work programmes had been more comprehensively aligned to the Cabinet Secretary priorities.

d) The plans were underpinned by strengthening the role of QMS, working collaboratively and engaging with stakeholders.

e) It would be essential to make best use of resources. To enable this, capacity planning work was underway, a strategic internal change programme would be delivered and the use of secondments and Fixed Term Contracts would be reviewed.

f) Recruitment and retention of staff would be reviewed to ensure the organisation has the right skills to deliver the work plan. This would include planning to retain skills for critical roles and to introduce more creative recruitment campaigns to attract more candidates.

g) The work would be delivered in Partnership.
h) A short life working group has been convened with board representatives to ensure reporting meets requirements for performance management and assurance purposes. This work will measure progress toward delivery of the plans.

i) The next steps in the integrated planning process would be:
   - Approval of the Operational and Financial Plans by the Board at the meeting that day with onward submission to Scottish Government prior to 31 March 2019.
   - Submission of the Workforce Plan to the Staff Governance Committee meeting on 14 May 2019.
   - Approval of the Workforce Plan by the Board at its meeting on 26 June 2019 for submission to the Scottish Government by 30 June 2019.

The Board noted the excellent work delivered by staff to create the Operational Plan and a Finance Plan that sustainably underpins the work of the organisation.

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

j) The planning process was led by members of the Senior Leadership Group which included events with function leads to ensure staff supported and were engaged with the plan.

k) The Cabinet Secretary priorities and the organisation’s strategic objectives are connected. The links would be made more explicit in the Operational Plan.

l) The work to support Health and Social Care Partnerships includes Living Well in Communities and Transformational Redesign. In future, quality assurance and improvement in this area would be more aligned.

m) Financial allocations related to the Safe Staffing Bill were an additional allocation for 2019-2020 but were added to baseline for 2020-2021.

n) The Performance and Development Reviews would be guided by the Operational Plan and the training budget would be centralised to ensure it was used on the basis of agreed training plans.

The Board approved the Operational Plan and the Financial Plan, and noted that the Workforce Plan would undergo further refinement before being submitted to the Board meeting in June 2019 for approval within timescales set by Scottish Government.

3. DELIVERING OUR CORPORATE PLAN

3.1 Financial performance report

The Board received a report from the Director of Finance and Corporate Services setting out the financial performance as at 28 February 2019. The following points were highlighted:

a) All financial allocations from Scottish Government had now been received.

b) The savings target of £1.9m had been achieved, largely through non-recurring sources.

c) Much of that was staff turnover which had been static at 3% and savings from pay costs due to not filling vacancies.
d) Agreement had been reached with Scottish Government to carry forward up to £400k to the next financial year. This represents 1% of total budget plus an additional £100k.
e) By the end of March, HIS will have contributed £600k to the National Boards’ savings target of £15m. It had been agreed with Scottish Government that any additional surplus from any of the National Boards would be transferred to this savings target.
f) It was proposed that £1.3m of cash be returned to Scottish Government to reduce the cash balance at the year end to around £1m in line with financial good practice. The Code of Corporate Governance states that any transactions above £1m require the approval of the Board. The Board approved the transaction and requested that the Director of Finance & Corporate Services action the transfer of funds.

### 3.2 Organisational Performance Report

The Board received a report on performance from the Director of Finance and Corporate Services. The following points were highlighted:

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<table>
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<tbody>
<tr>
<td>a)</td>
<td>A detailed report was provided to the Executive Team who then provided an exceptions report to the Quality Committee. The Committee reviewed this performance report at its meeting on 27 February 2019 and agreed the information that should be included in the report for the Board.</td>
</tr>
<tr>
<td>b)</td>
<td>The report highlights work programmes with red or amber status which align to the risk register, achievements and horizon scanning.</td>
</tr>
<tr>
<td>c)</td>
<td>The Short Life Working Group will review performance reporting to the Board and recommend a revised approach in order to meet the assurance requirements of the Board.</td>
</tr>
</tbody>
</table>

The Director of Nursing, Midwifery and Allied Health Professionals provided an update on the programme with red status, the Scottish Morbidity and Mortality Programme. The programme would transfer to the Quality Assurance Directorate to align with adverse events and the Duty of Candour.

The Board scrutinised the report and noted the performance.

### 3.3 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 very high risks from the Operational Risk Register.

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

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<table>
<thead>
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<tbody>
<tr>
<td>a)</td>
<td>The Audit and Risk Committee scrutinise the risk reports in detail.</td>
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<tr>
<td>b)</td>
<td>Consideration would be given to holding an annual exercise for the Board to undertake a detailed review of the risks on the register.</td>
</tr>
<tr>
<td>c)</td>
<td>Risk 874, related to the Access QI programme, would be reviewed to ensure it accurately reflects the risks. It was noted that there were two factors at play – the unattractiveness of short-terms jobs and the intense pressure to deliver the work without funding, leaving many posts without backfill.</td>
</tr>
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</table>

Director F&CS

Director of Improvement
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<tbody>
<tr>
<td><strong>d)</strong> Risk 840, related to Mental Health Access, would be reviewed to ensure it accurately reflects the risk. It was noted that the factors contributing to this risk demonstrate the need to apply the new Operating Framework with Scottish Government. The Board reviewed the risk registers and gained assurance that risks were being effectively treated, tolerated or eliminated.</td>
<td><strong>Director of Improvement</strong></td>
<td></td>
</tr>
</tbody>
</table>

### 4. ADDITIONAL ITEMS OF GOVERNANCE

#### 4.1 Scottish Health Council Committee

The Board noted the key points report from the meetings on 27 November 2018 and 27 February 2019, and the approved minutes from the meeting on 27 November 2018.  

The Acting Director of the Scottish Health Council highlighted the following points:

- a) There was significant focus on the change implementation plan.
- b) The Committee discussed how volunteering might be further promoted and supported.
- c) Examples were shared of SHC local offices working collaboratively with colleagues in the ihub, the Evidence Directorate and the Quality Assurance Directorate.

#### 4.2 Quality Committee

The Board noted the key points report from the meeting on 27 February 2019 and the approved minutes from the meeting on 31 October 2018. 

The Board noted that the Committee had discussed the setting up of the National Hub for Child Deaths and the work of the technology groups.

#### 4.3 Audit and Risk Committee

The Board noted the key points report from the meeting on 6 March 2019 and the approved minutes from the meeting on 15 November 2018.  

The Board noted that the Committee had discussed financial planning, the current financial position and the complaints process for Independent Healthcare.

#### 4.4 Staff Governance Committee

The Board noted the key points from the meeting on 21 February 2019 and the approved minutes from the meeting on 10 October 2018.  

The Chair of the Committee advised that the Committee had discussed the approach to the drafting of the Workforce Plan.

#### 4.5 Register of Interests

The Board received the current register of interests from the Director of Finance and Corporate Services. The Board approved the register. Board Members and the Executive Team were reminded to provide any changes to the Corporate Governance Office within one month of them occurring.
### 5. ANY OTHER BUSINESS

The Director of Finance and Corporate Services advised that work would take place to review the format of the cover paper for Board and Committee business. This would include better articulation of equality and diversity information, and which meetings or Committees had already reviewed the paper.

There was no reserved business but the Board approved the minutes from the reserved meeting on 5 December 2018 with the following amendment: Susan Walsh to be removed from the attendance list.

### 6. DATE OF NEXT MEETING

6.1 The next meeting would be held on 26 June 2019 in Delta House, Glasgow.
## ACTION POINT REGISTER

**Meeting:** Healthcare Improvement Scotland Board Meeting  
**Date:** Wednesday 20 March 2019

<table>
<thead>
<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>2.1</td>
<td>Integrated Planning 2019-20</td>
<td>Make more explicit the links in the Operational Plan to the Cabinet Secretary priorities and the organisation’s strategic objectives.</td>
<td>Immediate</td>
<td>Director of Finance and Corporate Services</td>
<td>Complete</td>
</tr>
<tr>
<td>3.3</td>
<td>Risk Management</td>
<td>Consider holding an annual exercise for the Board to undertake a detailed review of the risks on the register.</td>
<td>End of 2019</td>
<td>Director of Finance and Corporate Services</td>
<td>Complete – added to Board business planning schedule for Board Seminar in August 2019.</td>
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<td></td>
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<td>Risk 874 (Access QI) and risk 840 (Mental Health Access) would be reviewed to ensure they accurately reflect the risks.</td>
<td>Immediate</td>
<td>Director of Improvement</td>
<td>Complete – both risks reviewed.</td>
</tr>
</tbody>
</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) NHS Scotland Board Chairs Group
      Since my last report to the Board, the Board Chairs group have met on 25 March and 20 May 2019. The themes through the meetings have been the Blueprint for Good Governance action plans and progress reports from the Chairs’ thematic groups. Ruth Glassborow, the HIS Director of Improvement, attended both meetings to discuss work with Integration Joint Boards (IJBs), Integration and Innovation. The meetings with the Cabinet Secretary have continued to focus on her four priorities. Of these, Mental Health is particularly prominent at the moment and will be the main agenda topic for the Chairs’ next meeting in June. The May meeting also discussed the Sturrock Report about cultural issues in NHS Highland.

   b) National Boards Collaboration Chairs’ and Chief Executives’ Meeting
      The Chief Executive and I attended the joint workshop on 26 March 2019. The workshop was aimed at engaging the Chief Executives and Chairs in exploring and articulating a Collaborative Programme Vision. The intention is that this will drive the programme implementation and aid communications with staff and key stakeholders.

   c) Ministerial Strategic Group for Health and Community Care
      I attended the latest meeting on 29 May 2019 which included a positive discussion on integration and an agreement on areas of focus for maintaining progress. The meeting also discussed Adult Social Care Reform, noting the co-production approach, and national care standards. There was a discussion of our joint work with the Care Inspectorate and how we might use improvement and scrutiny to better support the work of IJBs. The next meeting will be on 18 September 2019 and will focus on Mental Health.

4. Stakeholder engagement

   a) Meeting with Malcolm Wright, Director-General Health and Social Care/Chief Executive of NHS Scotland
      This joint meeting with the Chief Executive on 30 April 2019 allowed us to share updates on the organisation’s work. Our discussion included the Operating Framework with Scottish Government, the role of HIS in innovation and the latest position on the implementation of the review of the Scottish Health Council. We also talked about how we might jointly manage Scottish Government commissions to ensure we focus on priorities and have the resources for the work commissioned. Finally, we discussed the vacant post for the Medical Director.
b) Meeting with Donald Macaskill, Chief Executive, Scottish Care
I met with Donald Macaskill on 2 May 2019. Our discussion covered the progress that HIS has made working in the care sector. We also discussed how we might improve our partnership working with private and third sector social care providers to deliver better outcomes and increase the visibility of HIS in the independent sector.

c) Meeting with David Stewart MSP
The Chief Executive and I had a very positive meeting on 9 May 2019 with David Stewart MSP who is a member of the Health and Sport Committee. He had a lot of interest in our work and our responsibilities, particularly in relation to regulation.

d) NHS Scotland Event
Along with several Board members, I attended the NHS Scotland event on 30 and 31 May 2019. This was an excellent event with a co-ordinated approach to our engagement. As well as attending the conference sessions, we also attended the HIS stand. This provided a very good opportunity to meet staff and hear from some of our key stakeholders. Of particular note are the co-ordination by Lynda Nicolson and the Communications Team to ensure we made good use of our presence at the HIS stand, and the enthusiasm of staff who provided their time at the stand during the 2 days.

e) Meeting with Sandy Riddell, Chair, Mental Welfare Commission for Scotland
This meeting with Sandy Riddell was held on 13 June 2019. We had a very good discussion about broadening the links between partner organisations, particularly those involved in assurance. We also talked about Integration Joint Boards and the progress with integration.

f) Other External Engagement
I delivered the welcoming address at the annual Research Symposium on 25 April 2019 and attended the IHI international forum in Glasgow at the end of March 2019, the International Learning Exchange event on 9 May 2019 and the Strategic Stakeholder Advisory Group meeting on 16 May 2019.

g) Internal Engagement
I have attended a number of internal events which continue to provide the opportunity to learn more about our work and engage with our staff. These have included a visit to the Death Certification Review Service at South Queensferry, the Function Leads planning event, the Living Well in Communities Advisory Group, the Partnership Forum and the Children and Young People Working Group. In respect of the latter, a future session for the Board will be timetabled on Corporate Parenting.
5. Our governance

a) Board Development Session
   A board development session was held on 15 May 2019 attended by non-executive
   Board members and the Executive Team. The Scottish Human Rights Commission
   delivered training on the human rights based approach and the results of a skills
   analysis of Board members were reviewed.

b) Non-Executive Director Appraisals and Induction
   I have completed all of the meetings with the relevant non-executive Board members for
   their 2018-19 appraisals. The induction programmes for the new non-executive Directors
   appointed in March and April, are well advanced.

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 Performance and Clinical & Care Governance Committee)
- external developments of relevance to HIS, and
- stakeholder engagement

RECOMMENDATION

The HIS Board is asked to note the content of this report.

REPORT FROM THE CHIEF EXECUTIVE

Healthcare Improvement Scotland Operational Plan

On 17 June we published our Operational Plan for 2019/20, which sets out our priorities and work programme over the coming year. This followed receipt of a letter from the Director-General Health and Social Care in Scottish Government providing his sign-off of the Plan, which was presented to the Board at its March meeting.

Sharing Intelligence for Health and Social Care

I was pleased to also receive a letter from the Director-General Health and Social Care recognising the valuable work of the Sharing Intelligence for Health and Social Care Group which is jointly chaired by HIS and NHS Education for Scotland, and I look forward to further discussions with him on this key area of work.

Recruitment

I am pleased to advise that Lynsey Cleland took up post as Director of Community Engagement on 3 June. Lynsey joined us from the General Pharmaceutical Council where she held the role of Director for Scotland. Safia Qureshi will be taking up post as Director of Evidence in July, following her role as Programme Director for the Public Health Reform Programme at NHS National Services Scotland.

Expressions of interest are being sought for an interim Medical Director pending a process for a substantive appointment.
Professor Angela Timoney has been appointed as Chair of the SIGN Council and will be taking over from Professor John Kinsella who is stepping down after six years at the end of June. Professor Timoney is currently Director of Pharmacy with NHS Lothian and was a former Chair of the Scottish Medicines Consortium.

iMatter

All Healthcare Improvement Staff have been encouraged to participate in the annual iMatter staff experience survey. I am pleased to report that, at the time of writing, we have exceeded the 86% response rate which we achieved in 2018. We will be running sessions for all members of staff as well as managers to support them in participating in and hosting effective team discussions of iMatter survey results.

Complaints reporting (June 2019)

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

In April 2019 we received a complaint from an independent healthcare provider regarding the way in which Healthcare Improvement Scotland handled a complaint made against that provider. As the regulator of independent healthcare services in Scotland, HIS has a responsibility to handle complaints about the services of the independent healthcare providers we regulate.

The complaint was formally investigated at Stage 2 and no aspects of the complaint were upheld. The complaint was resolved within the 20 day timescale specified by the NHSScotland Model Complaints Handling Procedure.

A summary of all complaints received by Healthcare Improvement Scotland is formally reported in our Complaints and Feedback Annual Report, as submitted to the Performance and Clinical & Care Governance Committee.

DIRECTORATE ACHIEVEMENTS & CHALLENGES

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

QUALITY ASSURANCE DIRECTORATE

Death Certification Review Service (DCRS)

A recent external review by Dr Michael Winter, Medical Director, Procurement Commissioning and Facilities, NHS National Services Scotland, of the DCRS has just been concluded. The review has made a number of recommendations regarding the staffing and structure of the service in order to manage the demands on the team. Calls to the DCRS enquiry line continue to grow, increasing by 19.4% on the previous year.

Infections at Queen Elizabeth University Hospital – progress update

The Quality Assurance directorate responded swiftly in undertaking a safety and cleanliness inspection of the Queen Elizabeth University Hospital (QEUH), Glasgow following the high profile and ongoing press coverage of infections reported within the QEUH and the Princess Royal Maternity Hospital, Glasgow. Our inspection report for the QEUH was published on
Friday 8 March. To date, Healthcare Improvement Scotland has received 3 updates on progress against the Board’s action plan. Future monitoring requirements are currently being determined.

The Health and Sport Committee led a short inquiry on Health Hazards in the Healthcare Environment at a meeting on 19 March 2019. Alastair Delaney, Director of Quality Assurance, gave evidence on behalf of Healthcare Improvement Scotland and a number of written submissions were also provided to the inquiry.

CORPORATE SERVICES DIRECTORATE

A successful Directorate away day was held on 8 May 2019 which focussed on team work and building relationships with colleagues across the organisation in order to improve knowledge and to support their needs. Action plans will be agreed by using the Quality Management System and they will be implemented by each team with learning being shared.

Finance
The Annual Accounts process has been completed and the financial result was within the parameters agreed with Scottish Government. The draft accounts and associated assurance papers were reviewed at the Annual Accounts Workshop on 6 June.

Planning and Performance
The first phase of producing a HIS capacity planning tool is complete and is being trialled within the Quality Assurance directorate, which will test the system functionality and ensure it meets business requirements. Following testing and learning an approach to sharing elsewhere in the organisation will be agreed.

Work has taken place to gather measures and key performance indicators to support the revised performance management reporting for the organisation. The reporting process is under development and is being designed to collect information once and use it many times. Engagement with staff, ET and some Board members has taken place to establish the needs of the different audiences and to ensure that the reporting is fit for purpose.

Organisational Development and Learning
As noted above we have seen a high level of staff engagement with the iMatter survey. In addition, the Maternity and Children Quality Improvement Collaborative (MCQIC) team presented their iMatter story at the NHSScotland Conference, which was well received.

A successful event for Function Leads across HIS was held on 29 May to explore the delivery of our Operational Plan and demonstrating our impact. Some valuable output was derived from this event which will help us to develop our performance measurement.

Corporate Governance
Revision of the terms of reference for all Governance Committees is complete. We are also contributing to the development of Model Standing Orders for NHSScotland boards as part of work to implement the Blueprint for Good Governance. These will be incorporated within the revised HIS Code of Corporate Governance once complete.
There have been challenges around staffing within the team which include the departure of an experienced member of staff and high levels of sickness absence. A plan is in place to recruit to the vacant post and to cover the sickness absence.

**Internal Improvement**

A number of improvements have been tested and introduced recently including: an electronic recruitment authorisation process; the re-imbursement process for non-staff professional colleagues and maintaining the ‘Awesome Network’ which enables admin and project management staff to share ideas and learning.

We have also established links between the Internal Improvement leads across the 8 National Boards to support learning and to minimize duplication and waste.

We conducted an after action review around the Information Strategy for the Steering Group and this has led to a leaner approach to managing the Strategy.

**PEOPLE AND WORKPLACE**

The draft Workforce Plan presents a comprehensive overview of the workforce across Healthcare Improvement Scotland and provides a detailed action plan for the organisation looking forward, and will be considered by the Board at its June meeting.

We are moving ahead with implementation of Job Train, the new NHS Scotland recruitment system, which is due to go live across the organisation at the end of July. This is a digital system which will provide applicants and hiring managers with improved accessibility, functionality and tracking systems for applications and responses to advertised posts.

Discussions in relation to Shared Services recruitment arrangements are progressing at a regional level and HIS is actively engaging in the dialogue moving forward.

**SCOTTISH HEALTH COUNCIL**

**Public engagement in general practice**

During May, the Scottish Health Council invited all 932 general practices in Scotland to take part in an online survey about how they engage with the public and their practice population. The Scottish Health Council intends to use the information to develop and test new engagement approaches for use across primary care. The survey has attracted a 41% response rate and a report of the results will be published over the summer.

**Gathering Views on Standards for Neurological Care and Support**

The Community Engagement & Improvement Support function collaborated with the Evidence Directorate recently to gather patient views on the draft neurological standards. All Local Offices took part and feedback was gathered from 542 people. The report *Gathering Views on Neurological Standards Care and Support* was published at the end of March 2019 and is available on the Scottish Health Council’s website.
NHS Highland – Modernising Health and Social Care Services in Caithness
The Cabinet Secretary gave support to the above proposal on 2 May 2019. NHS Highland plan to undertake additional engagement activity on areas identified in the recommendations within the Scottish Health Council (SHC) report: *A report on NHS Highland's consultation on proposals to redesign health and social care services in Caithness, January 2019.*

Monklands Replacement/Refurbishment Project
The Scottish Health Council has undertaken an assessment of how NHS Lanarkshire followed national guidance in relation to engaging and consulting with local people on Monklands service change proposals. As an Independent Review Team is considering all aspects of the proposed change and the process, including engagement and consultation, consideration will be given to the publication of the Scottish Health Council’s quality assurance report once the Independent Review Team’s report publication date has been confirmed.

EVIDENCE DIRECTORATE

Access to medicines – relationship with boards
The policy position in relation to increased access to new medicines has led to significant funding challenges for health boards, which has then impacted to a degree on the relationship between boards and the Scottish Medicines Consortium (SMC) over recent years. The Chair of SMC and members of the SMC Executive have visited all Area Drug and Therapeutics Committees over the past 18 months to promote the work of the SMC and feedback indicates that this has been helpful. In the coming year the SMC Executive is planning to identify further opportunities to improve understanding and awareness of the work of SMC.

Incorporating patient experience and public involvement in guidelines
Patient and public involvement is an integral part of the SIGN guideline development process and, with an increased emphasis on shared decision making, there is a need to review how we present patient and public involvement in SIGN guidelines. An approach to incorporate patient stories in the body of the guideline and to highlight opportunities for shared decision making has been piloted with the Epilepsy in Children guideline. The inclusion of patient quotes and experiences was well received at peer review and the guideline is due for publication in July.

Scottish Antimicrobial Prescribing Group Global Health project
The Scottish Antimicrobial Prescribing Group (SAPG) has been awarded a global volunteering grant from the Fleming Fund’s Commonwealth Partnerships for Antimicrobial Stewardship (AMS) initiative. SAPG will support development of antimicrobial stewardship in two hospitals in Ghana. An initial scoping visit to two hospitals in Ghana by three HIS team members took place in May. Two pharmacists from Ghana will visit Scotland in August and the HIS team will return to Ghana in October to deliver education sessions.

EU withdrawal
The anticipated exit from the EU is expected to present challenges for the health technology assessment of new medicines. The vast majority of medicines regulation is currently conducted through the European Medicines Agency which will cease in the event of the UK leaving the EU. As medicines regulation is a reserved function, the Medicines and Healthcare Products
Regulatory Agency (MHRA) is likely to assume this function for the UK, with the potential for delays in licensing and patient access.

Over the past four years a number of regional country collaboratives have evolved, with a view to policy exchange, sharing expertise on methodology as well as pricing and reimbursement (one such collaborative is known as the Beneluxai group). The SMC Executive discussed this at its most recent meeting and agreed there would be merit in exploring the benefits of more active participation.

NURSING, MIDWIFERY AND ALLIED HEALTH PROFESSIONALS (NMAHP) DIRECTORATE

Over the course of the last few months the NMHAP Directorate has been focused on developing a number of areas where the professionals within the Directorate can offer support and guidance to the wider organisation. This has been supported by the launch of the NMHAP Vision which can shared on request.

Care and Clinical Governance
Areas of particular growth include agreement of terms of reference for the Care and Clinical Governance Steering group. A plan to raise awareness and ownership of Care and Clinical Governance across HIS has been established and a standardised template to support Directorates with reporting to the group is in development.

Professional Regulation and Revalidation
The Directorate has been linking with all registered nurses and midwives within HIS to offer support and guidance in relation to both regulation and the process of revalidation. A presentation delivered at the NMHAP Forum outlined how the directorate can assist and supporting documentation has also been made available to all registered staff. A registered staff database is maintained and used to send staff reminders of the requirements and specific timings for their individual revalidation.

Nursing and Midwifery Workforce and Workload planning
Angela O’Neill joined the organisation on 1 April as Head of Nursing and Midwifery, having previously been the Associate Nurse Director for Acute Services within NHS Ayrshire and Arran. Ruth Thompson also joined the organisation on 1 April as Head of Nursing for the Safe Staffing programme. Ruth’s background is as a senior nurse in NHS Lanarkshire.

Staff from the Nursing and Midwifery Workload and Workforce Planning Programme (NMWWPP) in Scottish Government transferred to HIS on 1 April. The team will continue to grow and is currently recruiting to fill existing vacancies and to support Quality of Care reviews.

The programme name will be changed to reflect the multi-professional developments included in the Health & Care (Staffing) (Scotland) Bill which was recently passed subject to Royal Assent. The purpose of the programme is to support NHSScotland and care providers to meet the requirements of the Bill, through application of the common staffing methodology to ensure staffing is appropriate to deliver safe, high quality care. The legislation provides for HIS to undertake the following activities:
- Monitor the compliance of Health Boards with duties of the legislation
- Monitor and review the common staffing method
- Monitor existing and develop new staffing level tools and professional judgement tools as required
- Consider a multi-disciplinary approach in development of new staffing level tools and professional judgement tools
- HIS may require Health Boards to provide them with information

The development of digitally enabled, multi-professional workload tools will require engagement with multi-professional leads and professional organisations, evaluation of existing methodologies and undertaking research to understand what is happening elsewhere in the country and internationally.

**HIS Formal Escalation Process**
Members of the NMHAP Directorate have been working closely with colleagues in the Quality Assurance Directorate to develop the approach to be used within HIS to the process of escalation to Scottish Government of concerns regarding unregulated services provided by NHSScotland. The group is focusing on the development of a Risk Assessment Matrix for assessing any concerns that HIS may wish to formally escalate.

**Growing Older in Scotland**
Draft versions of the *Growing Older in Scotland* report have now been presented to the Executive Team and the Performance and Clinical & Care Governance Committee, following which further work is being undertaken, in particular on the recommendations section of the report.

**ihub**

**Focus on Dementia – involving people with dementia and carers as equal partners**
The Focus on Dementia team have been working together with the Scottish Dementia Working Group and National Dementia Carers Action Network to involve people with dementia and carers in the selection of a test site for a new commission on Care Co-ordination from Scottish Government. People contributed to the selection process as equal partners and the successful demonstrator site – Inverclyde Health and Social Care Partnership – showed a strong commitment to the inclusion of people with dementia and carers. This is a model that the ihub would like to incorporate into all of its work streams and will be exploring how best to do that throughout 2019.

**Value Management – launch of national collaborative**
HIS, working in partnership with NHS Education for Scotland (NES) and the Institute for Healthcare Improvement (IHI), has launched the recruitment process for NHS boards to participate within a new Value Management Collaborative running until March 2022. Working with NHS Highland and 5 other boards the collaborative aims to test and spread an innovative model developed within NHS Highland that supports clinical, care and finance teams to apply quality improvement methods with combined cost and quality data at team level to deliver improved patient outcomes, experience and value.
The collaborative will formally launch in autumn 2019. The successful NHS boards will receive:
- Funds to support local improvement resources and participation within the national collaborative.
- Quality improvement capacity and capability building for teams testing the approach.
- Improvement coaching to support ongoing delivery and progress at ward, service, middle and executive leadership level.
- Improvement coaching capability building to embed a sustainable approach beyond the collaborative.

**Approaches to Transformational Redesign – improving mental health and wellbeing for children and young people in Midlothian**
The ihub has partnered with Nesta to use their “100 day challenge” approach to support Midlothian in co-producing with their young people preventative approaches in children’s mental health and wellbeing. 100 Day Challenges are intensive periods of action and collaboration where practitioners and citizens set ambitious goals, and develop and test creative solutions.

Following a period of exploration and preparation, three teams (made up from Local Authority children’s services, health, third sector, education and police) from across Midlothian were established to focus on areas data identified as a priority for improvement: Primary transitions; Secondary transitions and looked after children. The teams, along with the young people in these areas, began to set goals, develop their ideas and agree work plans to help them take action over 100 days.

Teams have now presented their recommendations, evidence and requests from their tests of change to the cross organisational leadership group, including elected members and executives from Midlothian at a review event, who gave commitment to scale and spread of the interventions from the teams.

**Evidence and Evaluation for Improvement Team (EEvIT) – East Ayrshire HSCP Case Study**
EEvIT has recently published a case study sharing what East Ayrshire Heath and Social Care Partnership (HSCP) did to reduce the total time patients spend delayed in hospital, whilst also increasing the reliability of systems delivering safe, legal and person-centred discharge. It describes improvement initiatives the Partnership took, and aspects of leadership and organisational culture enabling this progress and continued commitment to improvement. This case study can inform work by other HSCPs to help them develop their own approaches to reducing both delayed discharge and the risks to patients from unnecessary time spent in hospital.

**Access QI**
Access QI is a new programme of work focused on supporting NHS Boards to deploy quality improvement (QI) expertise to meet the challenge of delivering sustainable improvements in waiting times whilst maintaining or improving the quality of care.
The programme has four components:

- Building the capability within teams and across pathways of care to deploy QI to improve waiting times whilst maintaining or improving the quality of care.
- Providing support to ensure infrastructures and culture enable application of QI expertise to priority areas of access improvement work.
- Developing new and strengthening existing systems to share learning about what is and isn’t working.
- Working with the existing national programmes to ensure readily accessible information and guidance is available on High Impact Changes, Change packages and Measurement.

The design of the programme has been agreed with Scottish Government and we are currently awaiting final confirmation of funding. As part of the Access QI offering, once funding arrangements are finalised, we will be recruiting three NHS boards to become accelerator sites. These boards will be provided with more intensive external support to demonstrate impact and provide accelerated learning that can then be spread across Scotland.

**Primary Care Improvement Portfolio – Practice Administrative Staff Collaborative (PASC)**

The collaborative involved four multidisciplinary teams from six Health and Social Care Partnerships. The aim of the collaborative was to develop the quality improvement skills and enhance the role of practice administrative teams in GP practice settings, and it focused on two main areas:

- Workflow optimisation – to reduce the amount of time GPs spend on correspondence management
- Improving care navigation – to make the best use of practice appointments and resources in order for patients to be seen by the right person, right time and right place.

Since the collaborative started, workflow optimisation data from 17 practices have demonstrated an average reduction of 44% less documents going to GPs and 5,258 less documents being seen by GPs each week. PASC has also had a range of positive unanticipated benefits, including a clearer understanding of how the GP quality cluster should work. The digital care navigation and workflow optimisation toolkits are now available on the ihub website.

Key challenges for the ihub directorate at present are:

- Ongoing issues around vacancies, associated in part to the turnover rates. However, at the beginning of June we were down to 15 vacancies (9%) of which 10 were associated with new commissions and 5 were business as usual. The latter is the lowest number of vacancies since the start of the ihub in April 2016.
- Ongoing delays in confirmation of funding for key commissions. For existing programmes of work, late decisions have a particularly significant impact for staff on fixed term contracts and can result in HIS losing experienced staff which then impacts on our ability to deliver in the desired timelines. For new pieces of work, delays in funding decisions impact on the start date which can present challenges when there are expectations...
around delivery at pace.

- The amount of requests for scoping new programmes of work, often at short notice. We are not currently resourced to undertake the level of scoping and design work that is being requested.

**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 Forum**
Staff from Healthcare Improvement Scotland were involved in delivering a number of workshops at the International Forum for Quality and Safety which was held this year in Glasgow. A half day workshop was held on HIS’ Quality Management System jointly with colleagues from IHI and with NHS Highland around Value Management. The feedback was excellent with significant interest internationally in the approach being developed in Scotland. Follow-up calls have been held with colleagues from NHS England and relevant information has been shared.

**Royal Free London NHS Foundation Trust**
A joint “think session” was held with quality improvement colleagues from the Royal Free in London who were in Scotland for the International Forum. This provided the opportunity to share approaches to embedding quality improvement into health services and discuss common challenges. A key message from the session was the importance of enabling middle managers to work in partnership with clinicians to both redesign and continuously improve care.

**NHS Chairs**
The Director of Improvement and the Living Well in Communities portfolio lead attended the April NHS Chairs meeting along with colleagues from NHS National Services Scotland to present on our work with Integration Joint Boards. There was a particular focus on our work around improving services for people with frailty. The Director of Improvement also attended the May meeting of NHS Chairs to present on Access QI. Both presentations were well received and generated useful discussions and reflections from the Chairs.

**Focus on Dementia: Executive Nurse Director Engagement**
On 31 May the portfolio lead for Focus on Dementia, together with the Chair of Alzheimer Scotland Dementia Nurse Consultants Group, presented to the Scottish Executive Nurse Directors Group (SEND) on priorities for the new Scottish Government commission on hospital based dementia care. Positive feedback was received with endorsement of priority areas outlined. A co-design event is taking place on 19 July 2019 to plan the approach and measurement for this new commission.
SUBJECT: Healthcare Improvement Scotland Workforce and Development Plan 2019 - 22

1. Purpose of the report

The Workforce and Development Plan accompanying this represents the final version of a previous document presented in draft format to the Healthcare Improvement Scotland Board. This plan requires Board approval prior to submission to Scottish Government by the end of June 2019.

2. Key Points

The document presented represents a significant piece of work undertaken by Ian Haxton, who was recently engaged to complete the compilation of a detailed Workforce Plan for Healthcare Improvement Scotland. This work was undertaken with support from a range of colleagues within the organisation, most particularly within both the People and Workforce Team, Planning and also colleagues within Finance.

The Workforce and Development plan has been presented both to the Staff Governance Committee and also most recently to the Partnership Forum within the organisation and has been positively reviewed by both of these governance forum and ultimately agreed as a suitable plan for Healthcare Improvement Scotland.

The plan details the Healthcare Improvement Scotland workforce that is required to deliver the Operational Plan within the financial resources available to the organisation, and details the actions required to provide the right people, the right roles and the right skills within the organisation at the right time.

The document includes detail on the workforce profile for the organisation and, since compilation of the year-end figures provided, there is now an established process of workforce reconciliation and alignment in place to ensure ongoing accuracy of data which is available to managers. The plan also details absence levels within the organisation, references talent management and succession planning requirements and also reports on learning and development activity alongside engagement arrangements across the organisation.

The preparation of the plan has ensured that there is an organisational overview presented in a variety of formats of the makeup of the workforce, improvement opportunities and confirms actions to address a range of workforce issues over the next 3 years. As detailed above and in the body of the document, the plan is linked to the corporate strategy and operational plan for Healthcare Improvement Scotland.

Section 6 of the plan provides a detailed action plan which also contains timescales for delivery which will be reviewed and reported on regularly to the Staff Governance Committee. Following discussion at the Staff Governance Committee in May, work is already underway to establish an appropriate monitoring and reporting process to ensure service involvement to achieve the actions required and enable the plan to remain ‘live’ and updated to represent the workforce and service requirements going forward.
3. **Actions/Recommendations**

The Healthcare Improvement Scotland Board is asked to

- Receive and note the content of the report
- Review and approve the Workforce and Development Plan for Healthcare Improvement Scotland for submission to Scottish Government.

**Appendix:**

Appendix 1 – Workforce Plan

If you have any questions about this paper please contact Sybil Canavan, Associate Director of Workforce, sybil.canavan@nhs.net, 0141 241 6307 ext. 8640

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**SUPPORTING INFORMATION**

**RISK**

<table>
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<tr>
<th>Do the key points represent a risk to the organisation?</th>
<th>If yes, has a risk been raised on the Compass Risk Management System</th>
<th>If yes, provide the risk number, risk description and risk rating</th>
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<tbody>
<tr>
<td>yes</td>
<td>yes</td>
<td>872 - There is a risk that teams within the Corporate Services Directorate are under resourced because of the growth and changing profile of the organisation's work resulting in a reduction in the service provided across the organisation. Rated medium.</td>
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<td>246 - 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. Rated medium.</td>
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<td>634 - 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. Rated medium.</td>
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### OTHER CONSIDERATIONS

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

The detail presents an organisational position to ensure that from a staffing and workforce perspective, we make best use of all resources.

<table>
<thead>
<tr>
<th>Resource Implications</th>
<th>Ensure effective workforce planning is in place and therefore appropriate resourcing across the organisation</th>
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<td>What engagement has been used to inform the work?</td>
<td>The plan has been shared and agreed with the Staff Governance Committee and the Partnership Forum</td>
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<tr>
<td>What Equality and Diversity considerations relate to the work?</td>
<td>The Workforce Plan enables the organisation to respond to workforce issues and therefore make efficient use of resources available.</td>
</tr>
<tr>
<td>Advise how the work:</td>
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<td>- helps the disadvantaged;</td>
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<td>- helps patients;</td>
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<td>- makes efficient use of resources.</td>
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Supporting better quality health and social care for everyone in Scotland

Workforce & Development Plan 2019 - 22

May 2019
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4. 2019/20 Forecast Workforce
5. Development Plan
6. Action Plan

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Appendix D – Example Paper Based Assessment
Summary

This three year Workforce & Development Plan is aligned to Healthcare Improvement Scotland’s Corporate Strategy and Operational Plan to *Making Care Better* which wholly factor in the agreed national priorities. The plan provides a view of our current state, our challenges and proposals to ensure our workforce supports future capacity and capability to deliver priorities and to support health and social care organisations improve health and wellbeing outcomes for the people of Scotland.

The overarching aim for our workforce is to ensure Healthcare Improvement Scotland has the right people, in the right roles with the right skills at the right time and to maximise the potential of our people. This will enable the organisation to continue achieving our strategic and operational priorities.

1. **Factors influencing the Workforce Plan:** The national priorities are threaded through our strategy and operational plan. This plan is aligned to support the achievement of those and further factors in our financial challenges arising from the pay award and flat baseline contribution over the next 3 years. This will be done through upgrading our people management information, focusing on capacity planning and upskilling our workforce to work flexibly across the organisation.

2. **Workforce profile:** We have been delivering increasing demand more efficiently during a period of 3 years when our workforce numbers have levelled out. On 31 March 2018 we reported our total workforce (payroll and non-payroll) as 472, compared to 471 at 31 March 2019. Our payroll employees have increased by 14 over the past year (437 at 31 March 2019) whilst non-payroll numbers have decreased by 12 (34 at 31 March 2019).

Whilst our overall numbers have been stable over the course of ‘18/19, there has been significant movement; 40 internal staff have been successful in securing new jobs in HIS. Simultaneously 47 staff have left the organisation – an attrition rate of 10.9%. In an attempt to address this significant movement, this plan proposes approaches to reduce the number of vacancies, decrease the recruitment cycle time and extend our advertising / market reach.

Our contract mix continues to be sufficiently flexible to support the complex and changing nature of project assignments; 17% of our workforce operate on fixed term contracts or are seconded in from other NHS organisations.

Whilst our age demographic is relatively stable we aim to increase the number of younger employees through extending our Modern Apprentice scheme and commencing Graduate intake to further grow our talent pipeline.
3. **Absence:** We have a positive sick absence performance of 3.4% against the NHS target of 4% and have plans to reduce that rate with a review of our main cause of absence – anxiety, stress, depression / other psychiatric illnesses.

4. **Talent:** We have in place some key work to support our talent in the organisation. Significant work will continue supporting staff in their self-development through our Career Pathways programme, promoting access across a range of National development programmes which support leadership and talent management. We are also aiming to increase our younger talent numbers through Graduate intake and an improved Modern Apprentice programme. This will be underpinned by our continued succession planning work to manage risk for critical roles.

5. **Learning:** Key focus is on ensuring we capture strategic and directorate development priorities which in turn will drive our OD & Learning Team’s priorities. We will continue supporting cross organisational working, career progression and organisational flexibility through initially designing a skills framework for Project, Quality and Inspection roles. In addition, we will be supporting the Primary Care project, aimed at consolidating work being undertaken in this theme throughout the whole organisation.

6. **Engagement:** Last year’s engagement score of 80% was 1% higher than the previous year. The plan focuses on further improving that score through (i) continued work on Engagement action plans; (ii) supporting our newly formed Internal Change Programme, which aims to optimally engage available resources; and (iii) rolling out a bespoke culture survey designed to provide data to ensure the staff experience continues to improve.

7. **Action Planning:** We have identified 14 Workforce activities and 20 Development activities in the action plan which are key to supporting our strategic and operational aims over the course of the next 3 years. Proposals to prioritise these will be presented by our new Associate Director of Workforce who commences in April.
1. Introduction

1.1 The Workforce & Development Plan 2019-2022 builds on previous plans. It draws together several Human Resource development strands and is designed to ensure our workforce is supported and capable of delivering the agreed national priorities which are integrated into both our Corporate Strategy for 2017/20 – *Making Care Better*, and our Operational Plan. It is underpinned by the three year Financial Plan to ensure there are sufficient resources to support the delivery of work.

1.2 This plan establishes the current make-up of the workforce to identify good practice, improvement opportunities and to confirm actions to address these over the course of the next three years. Specific goals are to ensure:

- we know the size of our workforce and vacancies, and that we have the resource in place, aligned to budget, to deliver against current and forecast demands
- we can make strategic ‘people’ decisions based on accurate workforce data
- we close the gap between current supply and future requirement, using optimum mix of workforce types
- our recruitment methodology is fair, equitable and is agile enough to meet the growing demand for resource when it is required
- we work with the Partnership Forum to agree changes to policies and procedures and, in particular to reduce bureaucracy, for example, in recruitment
- there are robust processes in place for critical roles to be appropriately resourced in a timely fashion. This includes looking at alternative ways of recruiting to posts where skills are scarce
- we improve flexibility of working across the organisation and adapt practices, roles and structures to deliver agility and match demand at an acceptable level of risk
- we continually improve management capability and set clear expectations around roles and responsibilities
- we identify and nurture our talent, supporting career progression through our Career Pathways, succession planning and provision of appropriate learning
- our workforce operate in a positive and fulfilling environment
- our workforce are fully engaged in delivering our strategy and operational plan; and
- we retain people through development, engagement and living our values

1.3 The Workforce & Development Plan will be used to inform Scottish Government of Healthcare Improvement Scotland’s workforce profile, our requirements and our workforce projections
1.4 Delivery of the Workforce and Development Plan is the responsibility of the Executive Team and will be led by the Associate Director of Workforce. Progress will be measured and reported through the Staff Governance Committee and the Board via the Executive Team.

1.5 Regular reporting will be closely aligned with financial reporting and performance reporting relating to delivery of the Operating Plan.
2. Factors influencing the Workforce Plan

Strategy 2017-22, Structure, External & Internal Factors

2.1 Strategic Plan 2017-22

Our aim is: better quality health and social care for everyone in Scotland.

Healthcare Improvement Scotland is an organisation with many parts and one purpose. We are ambitious about our organisation’s role in supporting the successful integration of health and social care to provide high quality and compassionate services for people in Scotland. *Making Care Better – Better Quality Health and Social Care for Everyone in Scotland*, is our strategy for 2017–2022 and reflects the changing strategic context within which we support improvement in health and social care.

Specifically, our strategy is underpinned by five priorities:

- Enabling people to make informed decisions about their care and treatment.
- Helping health and social care organisations to redesign and continuously improve services.
- Provide evidence and share knowledge that enables people to get the best out of the services they use and helps services improve.
- Provide quality assurance that gives people confidence in the services and supports providers to improve.
- Making the best use of resources, we aim to ensure every pound invested in our work adds value to the care people receive.

The overarching aim for our workforce is to maximise the potential of our people to enable our organisation to achieve our strategic priorities. This means ensuring we have people with the right skills, in the right place at the right time.

2.2 Organisational Structure

The current organisational structure to support our Strategic and Operational Plans is as follows:

- **Evidence Directorate** serves a dual role in Healthcare Improvement Scotland (HIS) developing and disseminating evidence-based advice for NHSScotland and providing internal evidence development, research, health economics and knowledge support for other functions in the organisation.
- **Quality Assurance Directorate (QAD)** works with colleagues across HIS and external partners to deliver programmes of quality assurance activity, including inspections and reviews. QAD reports and publishes findings on
performance and demonstrates accountability of these services to the people who use them.

- **Medical Directorate** ensures clinical quality and governance across HIS Directorates in relation to medical and pharmacy professionals. The Directorate is also responsible for the delivery of the Strategic Delivery Plan for Medicines, the Business Intelligence Strategy, the Clinical Engagement Strategy, the delivery of the Death Certification Review Service and the arrangement of #HISgoingglobal international events.

- **Nursing, Midwifery and Allied Health Professionals (NMAPH)** supports nurses, midwives and allied health professionals within HIS to be a visible, cohesive community, celebrating the value of their clinical input in the programmes of work to support organisations to continuously improve.

- **Improvement Support (ihub)** works with Health and Social Care Partnerships, local authorities, NHS boards, third and independent care sector organisations and housing organisations. The ihub supports organisations by helping them to redesign and continuously improve their health and social care services.

- **Corporate Services** includes our central support functions - Finance, ICT, HR, Planning & Performance, OD&L, Corporate Governance and Internal Improvement teams.

- **Scottish Health Council** works at local and national level with a wide range of stakeholders to support improvements in how people and communities are engaged in shaping health and care services, and policy. Its local office network includes staff based in each NHS Board area.

### 2.3 External & Internal Factors impacting on the Workforce & Development Plan

#### 2.3.1 National Priorities:

To help us plan our work, we have a clear focus on the priorities to help make care better. We have embedded these priorities into our Operational Plan:

- Integration of health and social care services - a stronger focus on involving people in their care, delivering care closer to where people live, and to try and prevent illnesses and problems before they become more serious.

- Access to care – to ensure a sustained reduction in waiting times over the medium and longer terms.

- Mental health - transforming services across Scotland for people with mental ill-health – including children and young people.

- Governance of the quality of care - our external quality assurance work continues to include a focus on the robustness of NHS boards’ governance structures, and their systems and processes to support staff to consistently deliver safe, effective, compassionate and person-centred care.
• Ensuring the effective engagement of individuals in the design and provision of their care - Our Scottish Health Council local office network will continue work to enable local communities to participate in the planning, development, and delivery of services. In addition, the ihub are also incorporating the Scottish Approach to Service Design, which aims to empower and support the people of Scotland to actively participate in the definition, design and delivery of their public services.

2.3.2 Financial challenges: Healthcare Improvement Scotland faces financial challenges in line with all public services in Scotland. In the main, the challenges arise from the increased 3 year pay award, managing our contribution to the National Board savings targets and managing a flat baseline funding model over the next 3 years. Consequently, a good deal of work has been undertaken to match our operational plan to available resources, ensuring we maximise return on investment and that our ambition does not outstrip our capacity to deliver.

2.3.3 Operational Plan 2019 -2020: Our Operational Plan details the work we will be carrying out in 2019 – 2020 and illustrates how this supports key national priorities outlined in the Health and Social Care Delivery Plan, the Programme for Government and the Quality Strategy.

The plan describes our work in relation to these priorities, illustrating how our workforce and functions need to work in an increasingly collaborative way to maximise our impact and make best use of limited resources. We have taken a new approach for developing our operational, financial and workforce plans which supports engagement and collaboration across the functions. We will continue to develop this. As the approach matures it will enable us to rebalance our overall programme of work so that it best reflects the needs of health and social care across Scotland and the needs of those using the services. This will enable us to deliver on our strategy - Making Care Better.

The Operational Plan 2019 – 2020 reflects how we are testing out the Quality Management System within our own organisation by using it as a framework to describe and shape our programme of work. We will continue to build on this throughout the year and embed it within the organisation for the future.

2.3.4 Organisational Changes: During 2018-19 our Quality Assurance Directorate have implemented organisational changes to improve responsiveness and agility and to support personal development through matrix management and cross functional working. These changes have been successfully implemented and will require further building throughout the course of this plan.
The Scottish Health Council have agreed a set of proposals to refocus the directorate following the integration of health and care, and will be concentrating on strengthening the engagement of people and communities. A phased implementation approach will be taken during 2019/20 with investment in the directorate’s senior management structure to ensure readily available strategic leadership for staff and external stakeholders. The changes include development of a more systematic approach to supporting and disseminating good engagement practice across health and care, and the further embedding of national thematic work programmes delivered by re-focused local office network roles.

2.3.5 Efficiency: It is important that we balance our budget with the operational plan, make best use of our resources and ensure return on investment whilst sustaining the HIS brand and continuing to support our people who work in a complex and broad operation. Capacity Planning is a supportive approach to achieve this. A system currently operates in the Quality Assurance Directorate (QAD) which is being enhanced prior to testing for organisation wide roll out. Arrangements are in hand for the Internal Audit Team to review the methodology adopted here to inform that potential for corporate roll out.

2.3.6 Staff Governance Standard: We embrace the declared system of “corporate accountability for the fair and effective management of staff.” Key points impacting on the Workforce & Development Plan are:
- Ensuring staff are well informed
- Ensuring staff are appropriately trained and developed
- A requirement for staff to:
  - Keep themselves up to date with development relevant to their job
  - Commit to personal & professional development
  - Actively participate in discussions on issues that affect them either directly or via their trade union / professional organisation

These aims are incorporated throughout this plan and support the work of the Staff Governance Committee and Partnership Forum.

2.3.7 Headcount control & forecasting: Provision of monthly data to control and forecast headcount / WTE in the organisation has been designed. This is essential to ensure we clearly understand the composition of the workforce at a given time and the potential risks that are being carried around vacancies and skills gaps. In addition, a national reporting system is being developed to enhance the visuals, functionality and access to high level data in HIS. Provision of this data will enable the Executive Team to make timely strategic people decisions throughout the year to continue to meet our strategic and operational priorities. This national system is expected to be available at the end of quarter 1 of 2019-20
2.3.8 **Workforce Equality Monitoring Report**

Our ‘18/19 Workforce Equality Monitoring Report is due to be reviewed and updated from 1 April. This information is fundamental to understanding the composition of the workforce and to devising strategies for improving its balance. Last year’s report was fully endorsed through the HIS Governance structure and published on the organisation’s website. This year’s plan will cover:

- The number of staff identifying as having a disability
- Ethnic data
- Gender split
- Gender mean and median pay gap; and
- Applications in the recruitment pipeline from applicants with protected Characteristics
- Age data

2.3.9 **Internal Change Programme**

A formal internal change programme is being created to concentrate on improving efficiency within the organisation. The aim is to ensure that HIS works in a more connected and deliberate way to support the provision of higher quality care, whilst making the best use of the available resources at our disposal. The programme formalises the significant internal improvement work within HIS and the importance of it being valued as part of the planning for the whole organisation. We understand the importance of integrating the Workforce & Development Plan with the Internal Change Programme and this is evident in a number of the actions we are presenting.
# 3. Workforce Profile

## 3.1 Headcount & Whole Time Equivalents (WTE)

Headcount and WTE numbers are displayed as a trend over the past 3 years - 31 March 2017 to 31 March 2019, in an effort to understand if past performance might impact on future performance, establish strengths and lingering risks, or issues to inform appropriate actions. This timeline has also been used for the attrition / leavers and age demographic sections. Dates used for other tables / charts are detailed appropriately.

Headcount at 31 March 2019 forms the baseline from which to assess capacity against future workforce needs.

### 3.1.1 Total current HIS workforce (payroll & non payroll*) (review period 31 March 2017 – 31 March 2019)

*Data sourced from eESS*

- Payroll = permanent and fixed term contracts.
- Non payroll = external secondees from other NHS Boards recorded in eESS.
- Data in table excludes Agency
- *Figures exclude staff on secondments outwith HIS

<table>
<thead>
<tr>
<th></th>
<th>Apr '17</th>
<th>May '17</th>
<th>Jun '17</th>
<th>Jul '17</th>
<th>Aug '17</th>
<th>Sep '17</th>
<th>Oct '17</th>
<th>Nov '17</th>
<th>Dec '17</th>
<th>Jan '18</th>
<th>Feb '18</th>
<th>Mar '18</th>
</tr>
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<tr>
<td>Headcount (inc non payroll)</td>
<td>472</td>
<td>472</td>
<td>467</td>
<td>462</td>
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<td>466</td>
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<td>463</td>
<td>472</td>
<td>476</td>
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<tr>
<td>Headcount (payroll)</td>
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<td>430</td>
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<td>432</td>
<td>434</td>
<td>434</td>
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<td>WTE (inc non payroll)</td>
<td>415.3</td>
<td>418.6</td>
<td>413.3</td>
<td>408.3</td>
<td>408.5</td>
<td>414.3</td>
<td>415.1</td>
<td>411.1</td>
<td>415.8</td>
<td>418.1</td>
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<td>WTE (payroll)</td>
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<td>396.2</td>
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<td>401.9</td>
<td>404.8</td>
<td>406.3</td>
<td>406.1</td>
</tr>
</tbody>
</table>

*Additional Finance data:*

- Agency WTE: Mar ’18 = 12 WTE v Mar ’19 = 10 WTE
3.1.2 **Current HIS workforce by Directorate (Payroll & Non Payroll) (review period 31 March 2017 – 31 March 2019)**

**Analysis**

3.1.3 There has been no substantial movement in the overall Headcount / WTE numbers over the three year review period to 31 March 2019 during a time of known increased demand. Total headcount stands at 471 compared to 472 at the end of 2017/8. The most noteworthy movement is in the payroll workforce which increased by 14 (detailed in 3.3.1). Simultaneously there has been significant recruitment activity totaling 122 campaigns resulting in 120 new starts.

Throughout ‘18/19, activity has been as a result of 47 permanent and fixed term contract employees leaving the organisation, new Scottish Government commissions requiring resource and a requirement to backfill one or more
vacancies when an internal candidate is successfully recruited into a role. There is also significant (unreported) inter / intra Directorate movement.

### 3.2 Recruitment

#### 3.2.1 Recruitment activity. (Review period 1 April 2018 – 31 March 2019)

<table>
<thead>
<tr>
<th>Role</th>
<th>Total Campaigns</th>
<th>Campaigns Advertised</th>
<th>No Jobs Filled</th>
<th>Internal Starters</th>
<th>External Starters</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chief Executives Office</td>
<td>4</td>
<td>1</td>
<td>3</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Evidence</td>
<td>28</td>
<td>22</td>
<td>26</td>
<td>6</td>
<td>20</td>
</tr>
<tr>
<td>Finance &amp; Corporate Services</td>
<td>7</td>
<td>7</td>
<td>4</td>
<td>1</td>
<td>3</td>
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<tr>
<td>ihub</td>
<td>45</td>
<td>44</td>
<td>47</td>
<td>19</td>
<td>28</td>
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<tr>
<td>Medical</td>
<td>8</td>
<td>8</td>
<td>5</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>NMAHP</td>
<td>12</td>
<td>10</td>
<td>10</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>Quality Assurance</td>
<td>12</td>
<td>12</td>
<td>24</td>
<td>8</td>
<td>16</td>
</tr>
<tr>
<td>Scottish Health Council</td>
<td>6</td>
<td>5</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>122</strong></td>
<td><strong>109</strong></td>
<td><strong>120</strong></td>
<td><strong>40</strong></td>
<td><strong>80</strong></td>
</tr>
</tbody>
</table>

***Data sourced from RMS

#### 3.2.2 Recruitment Timelines (Review period 1 April 2018 – 31 March 2019)

<table>
<thead>
<tr>
<th>Role</th>
<th>Advert to offer - Days</th>
<th>Advert to start - Days</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Min</td>
<td>Mean</td>
</tr>
<tr>
<td>Chief Executives Office</td>
<td>0</td>
<td>42.5</td>
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<td>Evidence</td>
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<td></td>
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<tr>
<td>Finance &amp; Corporate Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ihub</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NMAHP</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quality Assurance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scottish Health Council</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>0</strong></td>
<td><strong>42.5</strong></td>
</tr>
</tbody>
</table>

*** Data sourced from RMS

#### 3.2.3 Hard to recruit roles (Review period 1 April 2018 – 31 March 2019)

Three “hard to recruit” roles have been identified, from length of time to recruit data, as follows:

<table>
<thead>
<tr>
<th>Role</th>
<th>No of Campaigns</th>
<th>No advertised</th>
<th>No Jobs filled</th>
<th>Days to offer</th>
<th>Days to Start</th>
<th>Successful</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pharmaceutical Analyst</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>33</td>
<td>56</td>
<td>106</td>
</tr>
<tr>
<td>Associate Improvement Advisor</td>
<td>7</td>
<td>7</td>
<td>11</td>
<td>37</td>
<td>51.3</td>
<td>82</td>
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<tr>
<td>Improvement Advisor</td>
<td>4</td>
<td>4</td>
<td>6</td>
<td>28</td>
<td>51.0</td>
<td>79</td>
</tr>
</tbody>
</table>

***Data sourced from RMS

#### 3.2.4 Analysis

We continue to support career progression with 40 posts resourced by internal staff out of the 120 filled, a total of 33%.

During ‘18/19, recruitment performance for average days from advert to offer is 42.5, whilst maximum days to the same stage totals 106. Although this performance would not generally be concerning, given the level of recruitment activity and number of consequent jobs left vacant as a result of successful internal candidates, we believe there are improvement opportunites in the end
to end process, particularly once the maximum days performance is factored in.

The introduction of a new National Recruitment System is imminent. Similar to the approach we will be taking for other HR activities, we will be project managing the deployment of the system and integrating formal service level timelines for each stage of the process to ensure supplier and internal customer rigour. We believe this transparency could have a positive impact on recruitment timelines.

The timelines for resourcing vacancies are, in part, masking a separate issue. Where internal employees are successful at assessment, with their job in turn resourced by an internal candidate, closing down this vacancy chain takes time. For example, the average time from advert to offer, for 2 consecutive backfills could take circa 4 – 9 months (to resource 3 vacancies in total).

A Recruitment Review Options paper has been written which reviews the approach for HIS assessments and provides a recommendation to replace the need for staff to undergo internal interviews in favour of building a portfolio of skills required for the role in line with their chosen Career Pathway. This has the potential to speed up the end to end recruitment process. The full paper will be presented to the Executive Team early in the financial year.

The data indicates there are challenges in resourcing to 3 key roles – Pharmaceutical Analysts, Improvement Advisors and Associate Improvement Advisors. It is further known, from previous experience, that Senior / Health Economist, Head of Improvement and Portfolio Lead roles can be difficult to fill. Given we can advertise on more than one occasion to fill these posts we are researching how we can increase our market reach for these roles through initially scoping use of University Careers Advisory Services. Initial contact with the University of Edinburgh Careers Advisory Service has been encouraging. We will now be registering on their site to access their advertising channels in an attempt to target specific groups such as recent post graduate alumni. Further scoping, piloting and use will be required to understand if this renders results.

Interesting informal feedback and a review of our adverts indicates we have opportunity to enhance our external marketing profile to combat the higher salaries on offer from other organisations, particularly for the hard to recruit roles. We believe there is opportunity to reach out to people who want to work with the health service through positively marketing why HIS should be an organisation of choice.
Working with our Communications Team we see opportunities to use our website to market, as examples, virtual job fairs, post podcasts with high profile beneficiaries of our work, profiling the impact our efforts have on the health of the nation and why this is a great place to work.

Focusing on the ihub Directorate, which has the highest number of vacancies and recruitment campaigns. The ihub recruited, during ’18/19, 24 new permanent / fixed term employees v 15 employees leaving the organisation. Locally recorded information from July ‘19 indicates, in total, that 40 vacancies were resourced. Of these, 15 were resourced with ihub staff resulting in recruitment work required to backfill the consequent internal vacancy.

A comprehensive paper has been produced detailing the ihub recruitment challenges. The challenges cover, as examples, the methodology of how we market our vacancies, the often temporary nature of the roles, the high level of movement both internally and externally, perceived complexity of job descriptions, the fact that roles are central belt centric and the market supply. This is summarised in Appendix C. Whilst the ihub experience these challenges more often than other Directorates, a number of these issues are organisation wide. Some potential solutions to address our recruitment collateral and offering can be project managed with a working group. We estimate the work could be completed in about 4-6 weeks. This project will link in with the Internal Change Programme ensuring this fits with our strategic plan.

**Actions – Priority HIGH**

3.2.5 Arrange for a working group to review the organisation’s recruitment collateral and offering, factoring in the challenges detailed in the ihub Recruitment Paper. The organisation as a whole would benefit from the outputs. The project will include a review of our market offering to include piloting use Careers Advisory Services, extending advertising channels including scoping fuller use of LinkedIn and establishing the opportunity to advertise roles with a home base in other parts of Scotland. The project will also review the opportunity for enhancing our offering both in adverts and on our website.

3.2.6 Deploy the new National Recruitment System including implementation of service level timelines for each major stage of the end to end process

3.2.7 In tandem with establishing the level of vacancies, and anticipated vacancies with new commissions as at 1 April, decide early in ’19/20 on the selection policy based on the Recruitment Review Option Paper which may help, medium to long term, reduce the end to end recruitment timelines.

3.2.8 To help reduce the constant high level of recruitment of vacancies / backfills and ensure focus is on achieving the Operational Plan, some exceptional
“one off” suggestions to stimulate innovation and a final decision to be considered could be:
- Exceptionally, for an agreed window of time, use paper based appointment boards. See Appendix D as an example
- Contracting in professional assessors with successful candidates having a subsequent short chair type interview by HIS line managers
- Contracting in assessors to carry out short listing exercises to speed up the overall process and reduce line manager handling time
- Adopting the Recruitment Review Option proposal for staff to be considered for roles based upon a portfolio of skills

3.3 New Starts v Leavers

3.3.1 New starts v leavers data (review period 1 April 2018 – 31 March 2019)

Permanent & Fixed Term Contracts

<table>
<thead>
<tr>
<th>Directorate</th>
<th>Joiners</th>
<th>Leavers</th>
<th>Variance</th>
</tr>
</thead>
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<tr>
<td></td>
<td>Fixed</td>
<td>Permanent</td>
<td>Total</td>
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<td>Chief Executives Office</td>
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<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Evidence</td>
<td>9</td>
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<td>12</td>
</tr>
<tr>
<td>Finance &amp; Corporate Services</td>
<td>2</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>ihub</td>
<td>9</td>
<td>15</td>
<td>24</td>
</tr>
<tr>
<td>Medical</td>
<td>4</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>NMAHP</td>
<td>2</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Quality Assurance</td>
<td>1</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Scottish Health Council</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Total</td>
<td>27</td>
<td>34</td>
<td>61</td>
</tr>
</tbody>
</table>

Data sourced from eESS
3.3.2 The variance between permanent / fixed term contract (payroll) joiners v leavers during '18/19 is +14 indicating significant recruitment activity for limited gain. This is pivotal data which emphasises the requirement for the recruitment actions described in sections 3.2.5 – 3.2.8. This data does not account for internal movement (inter/intra Directorate), which is unreported in eEES, but known to be significant, hence the earlier reported figure of 122 recruitment campaigns.

3.3.3 Key data is that of the 47 '18/19 leavers, 34 (72.3%) were permanent employees, including 8 (17%) retirees. Of these retirees, 3 held positions that could be considered challenging to resource – Pharmaceutical Analyst, Portfolio Lead and Finance Manager – which emphasises the need for succession planning.

3.3.4 It is worthy of note that 7 leavers were Administrative Officers and 11 were Senior/Project Officers, contributing to 38.3% of the total. This data lends itself to considering resourcing to forecast leavers for these roles based on turnover, but that presents budgetary risk. The combination of staff leaving the organisation, internal movement and resourcing new commissions, which produces a constant high level of vacancies, could however be alleviated in part by the transfer of funding for new work into our baseline more rapidly to enable us to optimally commence the resourcing process.
3.3.5 The level of attrition over the past 3 years remains relatively high at over 10%. This can present risk of loss of key expertise / knowledge. There is therefore the imperative need to (i) have an understanding of those staff in critical roles who may have plans to progress elsewhere ensuring potential successors are identified for business continuity (addressed in the Talent section); and (ii) a requirement to understand if there are underlying work related issues.

**Actions – Priority MEDIUM**

3.3.6 A proposal is being developed to reinvigorate a robust system to capture and summarise reasons for leaving from exit interviews. This should be with an independent manager to better understand if there are common organisational reasons for leaving that can be addressed to reduce the attrition rate. This should also provide important data to develop a robust retention strategy, if required.

3.4 **Contract Mix** (detail as at 31 March 2019 with comparison v 31 March 2018)

<table>
<thead>
<tr>
<th>Directorate</th>
<th>Fixed Term</th>
<th>Secondees In</th>
<th>Permanent</th>
<th>Internal Secondees</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>CEO</td>
<td>4</td>
<td>18</td>
<td>1</td>
<td>23</td>
<td></td>
</tr>
<tr>
<td>Evidence</td>
<td>11</td>
<td>6</td>
<td>68</td>
<td>91</td>
<td></td>
</tr>
<tr>
<td>F&amp;CS</td>
<td>5</td>
<td>35</td>
<td>1</td>
<td>41</td>
<td></td>
</tr>
<tr>
<td>ihub</td>
<td>15</td>
<td>22</td>
<td>82</td>
<td>129</td>
<td></td>
</tr>
<tr>
<td>Medical</td>
<td>2</td>
<td>3</td>
<td>33</td>
<td>42</td>
<td></td>
</tr>
<tr>
<td>NMAHP</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>QAD</td>
<td>3</td>
<td></td>
<td>70</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>SHC</td>
<td>2</td>
<td></td>
<td>56</td>
<td>61</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>44</strong></td>
<td><strong>34</strong></td>
<td><strong>366</strong></td>
<td><strong>27</strong></td>
<td><strong>471</strong></td>
</tr>
<tr>
<td>Mar ’17/18</td>
<td>44</td>
<td>46</td>
<td>345</td>
<td>37</td>
<td>472</td>
</tr>
<tr>
<td><strong>Variance</strong></td>
<td>0</td>
<td>-12</td>
<td>21</td>
<td>-10</td>
<td>-1</td>
</tr>
</tbody>
</table>

Data sourced from eESS

**Analysis**

3.4.1 The complex project nature of the organisation requires a flexible workforce and this is well reflected with 17% of the workforce operating on Fixed Term Contracts and secondments from other NHS organisations. Vacancies are not included in that figure. Work is in hand to update eESS with budgeted vacancies to monitor the workforce more precisely.

3.4.2 Interestingly, over the course of ’18/19 the contract mix has altered slightly with permanent employees increasing by 21 with secondments into HIS and
fixed term contracts simultaneously decreasing by a combined 12, without compromising the operational and financial challenges.

3.5 Efficiency

3.5.1 Whilst recognising HIS is not a manufacturing, production line organisation there remains a requirement to understand and manage workload v resource. As mentioned in section 2.3.5, we are reviewing the QAD methodology for Capacity Planning to establish compatibility for corporate roll out. We will use the Internal Audit as a critical friend to help assess organisational requirements. This is key work in hand to help control headcount v demand whilst simultaneously maintaining budgetary rigour.

Analysis

3.5.2 HIS will base the future approach on five key pillars we believe would support this aim – (i) the design and roll out of an agreed, pragmatic Capacity Plan; (ii) establishing roles that could work cross organisationally; (iii) gathering and maintaining data on technical skills, knowledge and leadership behaviours; (iv) establishing metrics / measures for all project and recurring work; and (v) resource and structure in place to administer and manage the approach.

Action – Priority HIGH

3.5.3 Build on the Internal Audit testing of QAD methodology with a view to cascading throughout the organisation. Any design and cascade will be supported with clear specification, project management, a phased roll out and a robust change management plan (which has been drafted)

3.6 Age Demographic (review period 31 March 2017 – 31 March 2019)

Data sourced from eESS
Data sourced from eESS

Analysis

3.6.1 The age demographic has been similar year on year for the past 3 years to date. A key challenge remains to increase the number of young employees. A proposal to increase the number of our Modern Apprentices is due to be reviewed by the Executive Team. This would commit HIS to increasing the length of the initial programme from one year to two, with apprentices working towards achieving an SVQ Level 3 award in Business & Administration and opportunity to progress to band 4.

3.6.2 Design work is underway for recruitment of graduates to further support our talent pipeline, ensuring selection is underpinned by potential, constructing development that is supportive and systematic, and that progression is linked to achievement of an agreed plan.

3.6.3 It is pleasing to report a good retention rate of staff aged over 60. An aspect we will monitor is whether or not there may be an increase in staff leaving when they reach the new national pension retirement age of 66; we currently have 23 staff between the age of 60-64 and 2 staff aged 65+.

3.6.4 Further information which feeds into the necessity of our succession planning links to the current 55-59 age group, in which 4 managers at band 8D are in posts which could be challenging to recruit should they decide to leave the organisation.

Actions – Priority MEDIUM
3.6.5 Once the final version of the Modern Apprentice proposal is endorsed by the Executive Team arrange deployment of the policy

3.6.6 Continue with development of the Graduate intake proposal towards Executive Team endorsement

3.7 Workforce Management Information
3.7.1 Work has been completed to ensure that jobs listed in eESS precisely match budgeted jobs from 1 April 2019. These budgeted jobs will be “locked down” so that accurate monthly reviews can take place to understand jobs resourced v target and number of vacancies.

3.7.2 Management information has been designed and will be available on a monthly basis for Executive Team review. From May (reporting on April) this information will be automatically available from the HR system adopting both OBIEE and Tableau functionality which will provide ease of access to management reporting / information.

Analysis

3.7.3 The provision of salient data and the requirement to review that on a regular basis at Executive Team level will provide the opportunity to establish opportunities and risks allowing for strategic people decisions

Actions – Priority HIGH

3.7.4 Agreed, appropriate and actionable workforce / WTE information will be presented to the Executive Team by an HR representative on a monthly basis.

3.7.5 eESS needs to be precisely maintained ensuring only budgeted jobs are in the system, with the template / establishment locked down at 1 April and variances (filled v vacancies) monitored against that.

3.7.6 Introduce the combined systems of OBIEE and Tableau to provide appropriate people management information.

3.8 EU Nationals
The Government has introduced the EU Settlement Scheme (EUSS) to help transition from EU free movement to a domestic system of skills-based immigration for future migrants. Under this scheme, all EU nationals (along with EEA and Swiss citizens) living in the UK have the right to register for pre-settled or settled status, which would allow them to continue living and working in the UK. We know we have 12 EU nationals working in HIS who have initially indicated they wish to remain in employment with the organisation. Given the current state of uncertainty, we are currently unable to confirm our plans to support this category of staff, other than to state we will follow legislation and NHS policy as soon as they are both known.
3.9 Sick Absence

3.9.1 Sick Absence rate (1 April 2018 – 31 March 2019)

<table>
<thead>
<tr>
<th>Directorate</th>
<th>Rate</th>
<th>Days Lost</th>
<th>S/T</th>
<th>L/T</th>
<th>Instances</th>
<th>No by length of absence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chief Executives Office</td>
<td>4.6%</td>
<td>264</td>
<td>2.3%</td>
<td>2.3%</td>
<td>36</td>
<td>2 1 1</td>
</tr>
<tr>
<td>Evidence Directorate</td>
<td>3.6%</td>
<td>719</td>
<td>1.3%</td>
<td>2.2%</td>
<td>85</td>
<td>12 5 1</td>
</tr>
<tr>
<td>Finance &amp; Corporate Services</td>
<td>4.4%</td>
<td>439</td>
<td>2.2%</td>
<td>2.2%</td>
<td>71</td>
<td>2 1 1</td>
</tr>
<tr>
<td>ihub</td>
<td>1.5%</td>
<td>401</td>
<td>0.5%</td>
<td>0.9%</td>
<td>70</td>
<td>3 1 1</td>
</tr>
<tr>
<td>Medical</td>
<td>3.4%</td>
<td>283</td>
<td>1.2%</td>
<td>2.2%</td>
<td>38</td>
<td>4 1 1</td>
</tr>
<tr>
<td>NMAHP</td>
<td>0.1%</td>
<td>2</td>
<td>0.1%</td>
<td>0.0%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Quality Assurance</td>
<td>5.4%</td>
<td>982</td>
<td>2.5%</td>
<td>2.9%</td>
<td>132</td>
<td>14 5 1</td>
</tr>
<tr>
<td>Scottish Health Council</td>
<td>3.8%</td>
<td>553</td>
<td>1.8%</td>
<td>1.9%</td>
<td>59</td>
<td>8 4 1</td>
</tr>
<tr>
<td>Total</td>
<td>3.4%</td>
<td>3643</td>
<td>1.5%</td>
<td>1.9%</td>
<td>492</td>
<td>45 17 5 5</td>
</tr>
</tbody>
</table>

Data sourced from eEES & SSTS

3.9.2 Sick Absence Reasons (as at 31 March 2019)

**Data sourced from eESS**

Analysis

3.9.3 Full year '18/19 cumulative sick absence rate at 3.4% is a positive variance against the NHS threshold of 4%. We know some sick absence is unreported as a result of lack of access to the system; this level cannot not be estimated. Indicative days lost sits at 3643. Applying a £35k average rate against these days lost, results in a potential cost to the business of circa £349k. Whilst this cost is high, a further concern is the pressure on employees who are covering absentees workload.
3.9.4 Anxiety / stress / depression / other psychiatric illnesses is the main cause of sick absence.

3.9.5 There is a system issue resulting in a lack of overview on whether or not conversations are taking place when employees’ absence meets or exceeds the policy thresholds. This is an important intervention in supporting employees who experience a high rate of sick absence to establish underlying causes, provide appropriate support and reduce consequential workload on colleagues.

Actions

3.9.6 Establish the reasons for some line managers’ inaccessibility to sick absence reporting.

PRIORITY – MEDIUM

3.9.7 Arrange a review of the main cause of sick absence – anxiety / stress / depression / other psychiatric illnesses.

PRIORITY – HIGH

3.9.8 Investigate the opportunity for system change to provide information that appropriate conversations have taken place when sick absence thresholds are met and record these using the functionalities that are available in the systems.

PRIORITY – MEDIUM

4. ‘19/20 Forecast Headcount (Payroll & Non Payroll)

The forecast ‘19/20 year end WTE number is predicated on (i) the WTE / staff in post as at 31 March 2019; (ii) the limited movement of +1.8 WTE during ‘18/19; and (iii) known new projects to be resourced throughout ‘19/20. The assumptions therefore are that limited WTE movement will take place on current work and that the new work in ‘19/20 will be necessarily be resourced. This is a methodology which will be scrutinised on a monthly basis with management accountants and Directors. On that basis the assumed WTE forecast is as follows:

<table>
<thead>
<tr>
<th>Directorate</th>
<th>18/19 Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>July</th>
<th>Aug</th>
<th>Sept</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chief Executives Office</td>
<td>22.0</td>
<td>22.0</td>
<td>22.0</td>
<td>22.0</td>
<td>22.0</td>
<td>22.0</td>
<td>22.0</td>
<td>22.0</td>
<td>22.0</td>
<td>22.0</td>
<td>22.0</td>
<td>22.0</td>
<td>22.0</td>
</tr>
<tr>
<td>Evidence</td>
<td>79.1</td>
<td>79.1</td>
<td>79.1</td>
<td>80.1</td>
<td>80.1</td>
<td>80.1</td>
<td>80.1</td>
<td>80.1</td>
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<td>80.1</td>
<td>80.1</td>
<td>80.1</td>
<td>80.1</td>
</tr>
<tr>
<td>Finance &amp; Corporate Services</td>
<td>38.6</td>
<td>38.6</td>
<td>38.6</td>
<td>38.6</td>
<td>38.6</td>
<td>38.6</td>
<td>38.6</td>
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<td>38.6</td>
<td>38.6</td>
<td>38.6</td>
</tr>
<tr>
<td>iHub</td>
<td>112.6</td>
<td>112.6</td>
<td>112.6</td>
<td>113.9</td>
<td>117.9</td>
<td>117.9</td>
<td>117.9</td>
<td>120.9</td>
<td>120.9</td>
<td>120.9</td>
<td>120.9</td>
<td>120.9</td>
<td>120.9</td>
</tr>
<tr>
<td>Medical</td>
<td>32.6</td>
<td>32.6</td>
<td>32.6</td>
<td>40.3</td>
<td>40.3</td>
<td>40.3</td>
<td>40.3</td>
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<td>40.3</td>
<td>40.3</td>
<td>40.3</td>
<td>40.3</td>
</tr>
<tr>
<td>NMAHP</td>
<td>8.6</td>
<td>20.2</td>
<td>20.2</td>
<td>20.2</td>
<td>20.2</td>
<td>20.2</td>
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<td>20.2</td>
<td>20.2</td>
<td>20.2</td>
<td>20.2</td>
</tr>
<tr>
<td>Quality Assurance</td>
<td>70.2</td>
<td>70.2</td>
<td>70.2</td>
<td>72.7</td>
<td>72.7</td>
<td>72.7</td>
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<td>72.7</td>
<td>72.7</td>
<td>72.7</td>
<td>72.7</td>
</tr>
<tr>
<td>Scottish Health Council</td>
<td>56.6</td>
<td>56.6</td>
<td>56.6</td>
<td>56.6</td>
<td>59.6</td>
<td>59.6</td>
<td>59.6</td>
<td>59.6</td>
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<td>59.6</td>
<td>59.6</td>
<td>59.6</td>
<td>59.6</td>
</tr>
<tr>
<td>Total</td>
<td><strong>420.4</strong></td>
<td><strong>432.1</strong></td>
<td><strong>432.1</strong></td>
<td><strong>444.5</strong></td>
<td><strong>451.4</strong></td>
<td><strong>451.4</strong></td>
<td><strong>451.4</strong></td>
<td><strong>454.4</strong></td>
<td><strong>454.4</strong></td>
<td><strong>454.4</strong></td>
<td><strong>454.4</strong></td>
<td><strong>454.4</strong></td>
<td><strong>454.4</strong></td>
</tr>
</tbody>
</table>

*Figures based on original data sourced from eESS*
5. Development Plan

5.1 Introduction

The Organisational and Learning Development Plan is a three year plan which focuses on three key strategic workforce themes:

- How we support, retain and make best use of talent across the organisation
- How we support a learning culture and access to learning
- How we engage staff and support them to have a positive work experience.

5.2 Talent - Critical Activity

5.2.1 Succession planning critical roles: We aim to strengthen our approach to succession planning in order to build organisational resilience and to reduce the potential risk that is created by the loss of critical skills and expertise. The data in the workforce sections above indicates:

- high levels of recruitment activity for a virtually break even outcome (paragraph 3.3.5)
- Potential flight risks (paragraph 3.3.6) in relation to a high level of retirees (section 3.6) and, within the ihub directorate in particular, the contract mix with a high level of fixed term contracts (section 3.4).
- Hard to recruit to roles such as those of Improvement Advisor, Associate Improvement Advisor, Pharmaceutical Analysts and Health Economists (paragraph 3.2.4) which require specialist skill sets.

We have identified business critical roles and during 2019 – 2020 we will focus on identifying employees with capability for these roles immediately, or with potential for these roles within the next one to two years given appropriate development. Work is also underway to identify alternative solutions to meet the potential gaps. (ref section in workforce section)

Actions 2019 – 2020

5.2.2 Conduct a cross-organisational analysis around ‘Critical Posts’ to agree the talent pipeline and required development requirements, ensuring alignment and linkage with the career pathways work, development of the skills framework and the National talent management programme ‘Project Lift’.

PRIORITY – HIGH
Actions 2020 – 2022

5.2.3 Review the process for identifying critical roles to improve it and ensure it remains fit for purpose.

**PRIORITY – MEDIUM**

5.2.4 **Career pathways:** This work supports staff development and staff retention through enabling people to have a clearer understanding about how they might move roles across the organisation or how they can develop within their existing role. This includes opportunities for promotion. During 2018 - 2019 work has been undertaken to develop an area on the Source (intranet) that will support staff to plan their career within HIS. The focus in 2018 – 2019 has been on project roles as these represent a significant part of the organisations’ workforce. The Career Pathways site will continue to develop in 2019 – 2022 initially for Improvement Advisors, Associate Improvement Advisors, Inspectors, Senior Inspectors. This work will be supported by the development of a skills frameworks.

Actions 2019 – 2020

5.2.5 Test and launch the career pathways area on the Source and continue to improve the content on an iterative basis.

**PRIORITY – HIGH**

5.2.6 Work with staff in Improvement Advisor, Associate Improvement Advisor, Inspector and Senior Inspector roles to develop content for the career pathways area.

**PRIORITY – MEDIUM**

Actions 2019 – 2020

5.2.7 Continue to build information for other roles over 2020 – 2022.

**PRIORITY – MEDIUM**

5.2.8 **National development programmes:** Healthcare Improvement Scotland will continue to promote and support staff to access a range of National development programmes that support leadership and talent management. These include programmes such as Leading for the Future, Project Lift and the Scottish Improvement Leadership Programme. In 2019 – 2020 we will increase our focus on supporting consolidation of learning through these programmes and making best use of the skills that have been developed.
Actions 2019 – 2020

5.2.9 Engage our leadership alumni and lean practitioners in leading and supporting the internal strategic change programme. This work is being led by ET but facilitation around organisational development and learning will be required. PRIORITY – MEDIUM

5.2.10 Increasing the percentage of young talent in the workforce: Section 3.6 refers to two initiatives that will help increase the percentage of young people coming into the organisation. Development programmes are being designed to support development and retention of these groups.

5.3 Learning

5.3.1 Learning Organisation
An important feature of learning organisations is that they are organised to enable learning to occur at five levels:

5 Levels of learning

<table>
<thead>
<tr>
<th>Strategic Organisational Learning</th>
<th>• Learning to deal with significant changes in the environment which affect the overall strategy of the organisation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operational Organisational Learning</td>
<td>• Focusing on improving practice, increasing effectiveness and efficiency</td>
</tr>
<tr>
<td>Cross Functional Learning</td>
<td>• Sharing lessons between departments or sections e.g. between operational staff groups</td>
</tr>
<tr>
<td>Team or Work Group Learning</td>
<td>• Sharing lessons between individuals working together in permanent work groups or temporary teams</td>
</tr>
<tr>
<td>Individual Learning</td>
<td>• Reflecting upon, acting upon, and sharing personal learning and experiences</td>
</tr>
</tbody>
</table>

Source: Bruce Britton, 2012

5.3.2 Individual
We believe that for an organisation to learn it must support its workforce to learn. This is an area of focus for the next three years. Current evidence is
that withdrawal rates from classroom learning is running at 20.7% of planned participants. This represents 30% less hours of learning than had been planned by staff members. This impacts on how we are able to make best use of resources in relation to:

- Effective use of the learning and development budget
- Ensuring staff are equipped to carry out their roles and deliver work effectively
- Ensuring staff are able to develop within the organisation

5.3.3 All staff members are responsible for ensuring they have an agreed Personal Development Plan in place and that they work towards achieving these goals throughout the year supported by their line manager. Policy and process is in place for staff members and line managers to have regular career discussions to maximise their potential within the organisation and this includes during regular one to one meetings. We recognise that not everyone will want to change their job role, but they can still build on their skill and expertise to maximise their impact and work satisfaction.

5.3.4 The Organisational Development and Learning (OD&L) team will ensure access to a targeted range of learning opportunities and will promote these to staff through the Source (intranet) and through notifications and blogs. An evaluation of the Coaching Skills for Managers programme will be carried out to measure the benefits and to inform whether to invest further in this area. Anecdotal evidence to date is that this is an area to build on for the future.

**Actions 2019 - 2020**

5.3.5 Report data monthly regarding training uptake and cancellations from courses to line managers and through governance structures.

**PRIORITY – MEDIUM**

5.3.6 Evaluate the benefits of the Coaching Skills for Managers to inform further investment.

**PRIORITY – MEDIUM**

5.3.7 **Group and team /Directorate development plans**

Representatives from each directorate will be piloting use of the Quality Management System and sharing learning during 2019 – 2020. The team coaches who were trained during 2018 – 2019 will be supporting these teams to test out the model, share their learning and agree ways to embed this system throughout the organisation.

5.3.8 Team development will be supported through the use of iMatter results and through agreed approaches eg.the Affina Team Journey. These methods
emphasise leadership and team contribution to achieve collective development.

5.3.9 Directorates will be supported to implement prioritised and efficient development plans which focus on the key areas identified from use of the skills framework and agreement of personal development plans. The budget for these plans will be centralised and drawn down through the Organisational Development and Learning Team.

**Actions 2019 - 2020**

5.3.10 Support Team Coaches through providing professional coaching supervision as they support internal organisational team development including the piloting of the QMS system.

**PRIORITY – MEDIUM**

5.3.11 Support team and directorate development through enabling access to a range of development approaches including iMatter and Affina Team Journey based on relevant diagnostics.

**PRIORITY – HIGH**

**Actions 2020 - 2022**

5.3.12 Evaluate impact of training methods eg Affina Team Journey and Coaching training to embed within the organisation and improve where necessary.

**PRIORITY – MEDIUM**

5.3.13 **Cross-functional**

During 2018 – 2019 we have piloted work with the Primary Care Cross-Organisational Group to:

- increase understanding of the total Healthcare Improvement Scotland offering in Primary Care
- develop clear strategic priorities in relation to Primary Care
- map our current work to identify alignment to Primary Care strategic priorities, areas of overlap, duplication or areas for increased collaboration both internally and with external partners
- understand how we can best support networks such as this to work in tandem with the hierarchy to improve a joined up, effective and efficient way of delivering our work and sharing our learning.

Key learning from this pilot is being gathered to share as part of the Strategic Change Programme to assist with building this thematic approach across the organisation where appropriate.

**Actions 2019 - 2020**

5.3.14 Support organizational culture change as a result of Strategic Change

**PRIORITY – HIGH**
5.3.15 Operational: We will develop further a skills framework to support people to progress from one role to another and/or from one part of the organisation to another. This is key to supporting a more flexible and sustainable workforce and for supporting career progression. In 2019 – 2020 the focus will be on building frameworks around the following roles:

- Project roles (specifically Administrators; Project Officers; Senior Project Officers; Programme Managers and Senior Programme Managers)
- Quality improvement roles (specifically Associate Improvement Advisors; Improvement Advisors)
- Inspection roles (specifically Inspectors; Senior Inspectors)

In 2020 – 2022 we will review how effectively these skills frameworks are in enabling us to capture existing skills, identify skill gaps and support individual development and progression. During this period we will agree how skills frameworks should develop for a wider range of roles.

**Actions 2019 - 2020**

5.3.16 Develop skills frameworks to support Project roles, Quality Improvement roles and Inspection roles.

**PRIORITY – HIGH**

**Actions 2020 - 2022**

5.3.17 Review skills frameworks and agree development and roll out for wider skills framework development

**PRIORITY – HIGH**

5.3.18 **Strategic organisational**

To support organisational change it will be important to build on some key skills at strategic organisational level. This includes:

- Development of improved skills and understanding in gathering, analysis and use of data to support capacity / demand planning.
- Development of senior leadership potential to support succession planning and strengthen the organisation’s resilience. Areas of focus will include advanced influencing and negotiating skills; promoting ‘Project Lift’; developing the Senior Leadership Group through ongoing commissions and shared learning from these.
- Development of people as managers and how they support their staff to develop and grow. This includes supporting and empowering people to find their own solutions, supporting personal and team development, encouraging people to manage their career proactively and thinking corporately about how we can manage our programmes and people flexibly to deliver on key priorities.
- Development of Improved budget management and forecasting to support achievement of a balanced budget and realise recurrent savings.
Actions 2019 – 2020

5.3.19 Develop and implement accessible approaches to support learning in relation to the strategic organisational learning priorities  
**PRIORITY – HIGH**

5.3.20 Develop impact measures and monitor progress.  
**PRIORITY – HIGH**

5.4 Engagement

We are committed to engaging our people in delivering our work and continuously improving our organisation. This is fundamental to enabling effective working to achieve our ambitions for *Making Care Better*. We will continue to measure staff experience and to try to continuously improve over the next three years in the following ways:

- **Employee Experience Surveys and Action Plans**: The iMatter employee experience survey will be rolled out in May/June of each year with team reports available in July and team meetings to discuss and agree action plans between July and September. In 2018 our EEI score was 80% which was 1% higher than in the previous year and evidences already high levels of employee engagement.

- **A bespoke culture survey** will be developed and rolled out during 2019 – 2020 to support an organisational culture temperature check and focus, in particular, on areas such as equality and diversity and identifying the underlying issues where staff feel they have been treated unfairly. This survey will be rolled out in September with the analysis and report available October / November 2019. This, along with information from the iMatter survey will inform more detailed actions to underpin improving staff experience.

Actions 2019 – 2020

5.4.1 Develop, roll out and analyse the results from the culture survey to inform meaningful actions for improvement as part of the Staff Governance Action Plan and build on the iMatter stories and examples of good practice to support teams in using this approach to drive improvement at team level.  
**PRIORITY – MEDIUM**

Actions 2020 – 2022

5.4.2 Continue to roll out, monitor, analyse and report on iMatter and the culture survey, using the results to measure progress and inform further action.  
**PRIORITY – MEDIUM**

5.4.3 **Staff Governance**: A new operational delivery group will be formed in 2019 – 2020 to support our focus on delivering the Staff Governance Standard through development and delivery of the Staff Governance Action Plan.
Elements of culture, values and behaviours will fall within the remit of this group. The group will report into the Partnership Forum.

**Actions 2019 – 2020**

5.4.4 Set up and monitor progress of the new Staff Governance Operational Delivery Group and publicise the Staff Governance and Staff Engagement sections on the Source (intranet) and continue to develop these.

**PRIORITY – HIGH**

5.4.5 **Internal change:** An internal change/improvement programme will be developed during 2019 – 2021. This aims to bring together various change and improvement initiatives and to consolidate and prioritise areas for action. The programme will engage staff across the organisation. The priority areas of focus in relation to the internal change programme will be determined in June 2019.

5.4.6 **Engagement in corporate planning and cross-organisational working:** During the planning process for 2019 – 2020 the Senior Leadership Group has engaged with Function Leads and the wider staff group in a different approach to planning our work plan for the year ahead. The approach has sought to help people identify the connectivity between pieces of work and different parts of the organisation with a view to working more coherently and efficiently. We will continue to build on this work throughout 2019 – 2020 with a view to further aligning this in 2020 – 2021 to meet key strategic commitments.

**Actions 2019 – 2021**

5.4.7 Continue the engagement and collaboration approach started in 2018 – 2019 by the Senior Leadership group to support the development and delivery of a cohesive, collaborative, prioritised work programme over 2019 – 2021.

**PRIORITY – HIGH**
## 6.1 Actions 2019-20

<table>
<thead>
<tr>
<th>Section</th>
<th>Action</th>
<th>Priority</th>
<th>Lead</th>
<th>Timescale</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.2.5</td>
<td>Arrange for a working group to review the organisation’s recruitment collateral and offering, factoring in challenges detailed in the ihub Recruitment Paper. Review and modernise the external marketing offering for our vacant positions</td>
<td>High</td>
<td>Associate Director of Workforce</td>
<td>August 2019</td>
</tr>
<tr>
<td>3.2.6</td>
<td>Deploy the new National Recruitment System including implementation of service level timelines for each major stage of the end to end process</td>
<td>High</td>
<td>Associate Director of Workforce</td>
<td>July 2019</td>
</tr>
<tr>
<td>3.2.7</td>
<td>Review the selection policy based on the Recruitment Review Option Paper early in ‘19/20</td>
<td>High</td>
<td>Associate Director of Workforce</td>
<td>July 2019</td>
</tr>
<tr>
<td>3.2.8</td>
<td>To help reduce the constant high level of recruitment of vacancies / backfills and ensure focus is on achieving the Operational Plan, consider some exceptional “one off” suggestions</td>
<td>High</td>
<td>Associate Director of Workforce</td>
<td>August 2019</td>
</tr>
<tr>
<td>3.3.6</td>
<td>Reinvigorate a robust system to capture and summarise reasons for leaving from exit interviews with an independent manager</td>
<td>Medium</td>
<td>Associate Director of Workforce</td>
<td>July 2019</td>
</tr>
<tr>
<td>3.5.3</td>
<td>Decide on the approach for capacity planning after considering the Internal Audit review of QAD methodology</td>
<td>High</td>
<td>Executive Team</td>
<td></td>
</tr>
<tr>
<td>3.6.5</td>
<td>Deploy Modern Apprentice policy</td>
<td>Medium</td>
<td>Associate Director of Workforce</td>
<td>March 2020</td>
</tr>
<tr>
<td>3.6.6</td>
<td>Design Graduate recruitment and development proposal</td>
<td>Medium</td>
<td>Associate Director of Workforce</td>
<td>March 2020</td>
</tr>
<tr>
<td>3.7.4</td>
<td>Headcount / WTE information should be presented to the Executive Team by an HR representative on a monthly basis where the key relevant data for the period is highlighted</td>
<td>High</td>
<td>Associate Director of Workforce</td>
<td>June 2019</td>
</tr>
<tr>
<td>3.7.5</td>
<td>eESS needs to be precisely maintained ensuring only budgeted jobs are in the system with the template locked down at 1 April and variances (filled v vacancies) monitored against that.</td>
<td>High</td>
<td>Associate Director of Workforce</td>
<td>In place</td>
</tr>
<tr>
<td>3.7.6</td>
<td>Introduce the combined systems of OBIE and Tableau to provide appropriate people management information.</td>
<td>High</td>
<td>Associate Director of Workforce</td>
<td>June 2019</td>
</tr>
<tr>
<td>3.9.6</td>
<td>Establish the reasons for some line managers’ inaccessibility to sick absence reporting</td>
<td>Medium</td>
<td>Associate Director of Workforce</td>
<td>Complete Regular, ongoing review required</td>
</tr>
<tr>
<td>3.9.7</td>
<td>Arrange a review of the main cause of sick absence – anxiety / stress / depression / other psychiatric illnesses</td>
<td>High</td>
<td>Associate Director of Workforce</td>
<td>October 2019</td>
</tr>
<tr>
<td>3.9.8</td>
<td>Investigate the opportunity for system change to provide information that appropriate conversations have taken place when sick absence thresholds are met</td>
<td>Medium</td>
<td>Associate Director of Workforce</td>
<td>Locally: December 2019 Nationally: as per Once for Scotland agenda</td>
</tr>
<tr>
<td>5.2.2</td>
<td>Conduct Cross-organisational analysis of ‘Critical Post’ work to agree the talent pipeline and development requirements, ensuring alignment and linkage with the career pathways work, the skills framework development and the National talent management programme ‘Project Lift’.</td>
<td>High</td>
<td>Executive Team / Head of OD&amp; Learning</td>
<td>September 2019</td>
</tr>
<tr>
<td>5.2.5</td>
<td>Test and launch the career pathways area on the Source and continue to improve the content on an iterative basis</td>
<td>High</td>
<td>Head of OD &amp; Learning</td>
<td>Launch April 2019</td>
</tr>
<tr>
<td>5.2.6</td>
<td>Work with staff in Improvement Advisor, Associate Improvement Advisor, Inspector and Senior Inspector roles to develop content for the career pathways area on the Source</td>
<td>Medium</td>
<td>Head of OD&amp; Learning</td>
<td>December 2019</td>
</tr>
<tr>
<td>5.2.9</td>
<td>Engage our leadership alumni in leading and supporting the internal change programme</td>
<td>Medium</td>
<td>Head of OD &amp; Learning</td>
<td>July 2019 – June 2021</td>
</tr>
<tr>
<td>-------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------</td>
<td>-------</td>
<td>----------------------</td>
<td>----------------------</td>
</tr>
<tr>
<td>5.3.5</td>
<td>Report data monthly regarding training uptake and cancellations from courses to line managers and through governance structures.</td>
<td>Medium</td>
<td>Head of OD &amp; Learning</td>
<td>July 2019 onwards</td>
</tr>
<tr>
<td>5.3.6</td>
<td>Evaluate the benefits of the Coaching Skills for Managers to inform further investment.</td>
<td>Medium</td>
<td>Head of OD &amp; Learning</td>
<td>November 2019</td>
</tr>
<tr>
<td>5.3.10</td>
<td>Support team coaches through providing professional coaching supervision as they support internal organisational team development, including the piloting of the QMS system</td>
<td>Medium</td>
<td>Head of OD &amp; Learning</td>
<td>April 2019 onwards</td>
</tr>
<tr>
<td>5.3.11</td>
<td>Support team and directorate development through enabling access to a range of development approaches including iMatter and Affina Team Journey based on relevant diagnostics.</td>
<td>Medium</td>
<td>Head of OD &amp; Learning</td>
<td>April 2019 – March 2020</td>
</tr>
<tr>
<td>5.3.14</td>
<td>Support organisational culture change as part of the Strategic Change Programme</td>
<td>High</td>
<td>Executive Team / Head of OD &amp; Learning</td>
<td>March 2021</td>
</tr>
<tr>
<td>5.3.16</td>
<td>Develop skills frameworks to support Project roles, Quality Improvement roles and Inspection roles.</td>
<td>High</td>
<td>Head of OD &amp; Learning / Directors</td>
<td>December 2019</td>
</tr>
<tr>
<td>5.3.19</td>
<td>Develop and implement accessible approaches to support learning in relation to the strategic organisational learning priorities</td>
<td>High</td>
<td>Head of OD &amp; Learning / Directors</td>
<td>April 2019 onwards</td>
</tr>
<tr>
<td>5.3.20</td>
<td>Develop impact measures and monitor progress.</td>
<td>High</td>
<td>Head of OD &amp; Learning</td>
<td>October 2019</td>
</tr>
<tr>
<td>5.4.1</td>
<td>Deliver the Culture Survey and create an action plan in partnership and across the organisation.</td>
<td>Medium</td>
<td>Head of OD &amp; Learning</td>
<td>May 2020</td>
</tr>
<tr>
<td>5.4.4</td>
<td>Set up and monitor progress of the new Staff Governance Operational Delivery Group</td>
<td>High</td>
<td>Employee Director</td>
<td>June 2020</td>
</tr>
</tbody>
</table>
### 5.4.7 Continue the engagement and collaboration approach started in 2018 – 2019 by the Senior Leadership Group to support the development and delivery of a cohesive, collaborative, prioritised work programme over 2019 – 2021

<table>
<thead>
<tr>
<th>Section</th>
<th>Action</th>
<th>Priority</th>
<th>Lead</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.2.3</td>
<td>Review the process for identifying critical roles to improve it and ensure it remains fit for purpose.</td>
<td>Medium</td>
<td>Head of OD &amp; Learning</td>
</tr>
<tr>
<td>5.2.7</td>
<td>Continue to build information for other roles over 2020 – 2022</td>
<td>Medium</td>
<td>Head of OD &amp; Learning</td>
</tr>
<tr>
<td>5.3.12</td>
<td>Evaluate impact of training methods eg Affina Team Journey and Coaching training to embed within the organisation and improve where necessary</td>
<td>Medium</td>
<td>Head of OD &amp; Learning</td>
</tr>
<tr>
<td>5.3.17</td>
<td>Review skills frameworks and agree development and roll out for wider skills framework development.</td>
<td>High</td>
<td>Head of OD &amp; Learning / Directors</td>
</tr>
<tr>
<td>5.4.2</td>
<td>Continue to roll out, monitor, analyse and report on iMatter and the culture survey, using the results to measure progress and inform further action</td>
<td>Medium</td>
<td>Head of OD &amp; Learning</td>
</tr>
</tbody>
</table>

#### 6.2 Actions 2020 – 2022
## Prioritised Workforce Actions

<table>
<thead>
<tr>
<th>Section</th>
<th>Action</th>
<th>Risk Analysis</th>
<th>Organisational imperative / impact</th>
<th>Risk analysis x organisational imperative</th>
<th>Priority</th>
<th>Lead</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.2.5</td>
<td>Appoint a Project Lead to manage the ihub / corporate resource challenges. Review and modernise the external marketing offering for our vacant positions</td>
<td>4</td>
<td>2</td>
<td>8</td>
<td>1</td>
<td>Associate Director of Workforce</td>
</tr>
<tr>
<td>3.2.6</td>
<td>Deploy the new National Recruitment System including implementation of service level timelines for each major stage of the end to end process</td>
<td>2</td>
<td>3</td>
<td>6</td>
<td>2</td>
<td>Associate Director of Workforce</td>
</tr>
<tr>
<td>3.2.7</td>
<td>Review the selection policy based on the Recruitment Review Option Paper and recruitment processes to reduce the vacancies in the pipeline</td>
<td>2</td>
<td>2</td>
<td>4</td>
<td>7</td>
<td>Associate Director of Workforce</td>
</tr>
<tr>
<td>3.2.8</td>
<td>To help reduce the constant high level of recruitment of vacancies / backfills and ensure focus is on achieving the Operational Plan, consider some exceptional “one off” suggestions</td>
<td>2</td>
<td>2</td>
<td>4</td>
<td>7</td>
<td>Associate Director of Workforce</td>
</tr>
<tr>
<td>3.3.7</td>
<td>Reinvigorate a robust system to capture and summarise reasons for leaving from exit interviews with an independent manager</td>
<td>3</td>
<td>1</td>
<td>3</td>
<td>11</td>
<td>Associate Director of Workforce</td>
</tr>
<tr>
<td>3.5.3</td>
<td>Decide on the approach for capacity planning after considering the Internal Audit review of QAD methodology</td>
<td>3</td>
<td>2</td>
<td>6</td>
<td>2</td>
<td>Executive Team</td>
</tr>
<tr>
<td>3.6.5</td>
<td>Deploy Modern Apprentice policy</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>12</td>
<td>Associate Director of Workforce</td>
</tr>
<tr>
<td>3.6.6</td>
<td>Design Graduate recruitment and development proposal</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>12</td>
<td>Associate Director of Workforce</td>
</tr>
<tr>
<td></td>
<td>Description</td>
<td>Factor</td>
<td>Impact</td>
<td>Cost</td>
<td>Owner</td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>-----------------------------------------------------------------------------</td>
<td>--------</td>
<td>--------</td>
<td>------</td>
<td>-----------------------------</td>
<td></td>
</tr>
<tr>
<td>3.7.4</td>
<td>Headcount / WTE information should be presented to the Executive Team by an HR representative on a monthly basis where the key relevant data for the period is highlighted</td>
<td>3</td>
<td>2</td>
<td>6</td>
<td>Associate Director of Workforce</td>
<td></td>
</tr>
<tr>
<td>3.7.5</td>
<td>eESS needs to be precisely maintained ensuring only budgeted jobs are in the system with the template locked down at 1 April and variances (filled v vacancies) monitored against that.</td>
<td>3</td>
<td>2</td>
<td>6</td>
<td>Associate Director of Workforce</td>
<td></td>
</tr>
<tr>
<td>3.7.6</td>
<td>Introduce the combined systems of OBIE and Tableau to provide appropriate people management information.</td>
<td>2</td>
<td>2</td>
<td>4</td>
<td>7 Associate Director of Workforce</td>
<td></td>
</tr>
<tr>
<td>3.9.6</td>
<td>Establish the reasons for some line managers' inaccessibility to sick absence reporting</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>12 Associate Director of Workforce</td>
<td></td>
</tr>
<tr>
<td>3.9.7</td>
<td>Sponsor a LEAN review of the main cause of sick absence – anxiety / stress / depression / other psychiatric illnesses</td>
<td>3</td>
<td>2</td>
<td>6</td>
<td>2 Associate Director of Workforce</td>
<td></td>
</tr>
<tr>
<td>3.9.8</td>
<td>Investigate the opportunity for system change to provide information that appropriate conversations have taken place when sick absence thresholds are met</td>
<td>2</td>
<td>2</td>
<td>4</td>
<td>7 Associate Director of Workforce</td>
<td></td>
</tr>
</tbody>
</table>
### New projects

<table>
<thead>
<tr>
<th>Directorate</th>
<th>Project</th>
<th>Job Title</th>
<th>Band</th>
<th>Contract Type</th>
<th>Headcount</th>
<th>WTE</th>
<th>Date funding potentially available from</th>
<th>Forecast employee start date</th>
</tr>
</thead>
<tbody>
<tr>
<td>QAD</td>
<td>Primary Care</td>
<td>Senior Reviewer</td>
<td>B8A</td>
<td>Fixed Term / Secondment</td>
<td>1</td>
<td>0.5</td>
<td>April</td>
<td>June</td>
</tr>
<tr>
<td>QAD</td>
<td>Primary Care</td>
<td>Programme Manager</td>
<td>B7</td>
<td>Fixed Term / Secondment</td>
<td>1</td>
<td>0.5</td>
<td>April</td>
<td>June</td>
</tr>
<tr>
<td>QAD</td>
<td>Primary Care</td>
<td>Project Officer</td>
<td>B5</td>
<td>Fixed Term / Secondment</td>
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<td>1</td>
<td>April</td>
<td>June</td>
</tr>
<tr>
<td>QAD</td>
<td>Primary Care</td>
<td>Project Administrator</td>
<td>B4</td>
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<td>0.5</td>
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<td>June</td>
</tr>
<tr>
<td>ihub</td>
<td>Value Management</td>
<td>Improvement Advisor</td>
<td>B8A</td>
<td>Fixed Term / Secondment</td>
<td>1</td>
<td>1</td>
<td>April</td>
<td>July</td>
</tr>
<tr>
<td>ihub</td>
<td>Value Management</td>
<td>Programme Manager</td>
<td>B7</td>
<td>Fixed Term / Secondment</td>
<td>1</td>
<td>1</td>
<td>April</td>
<td>July</td>
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<tr>
<td>ihub</td>
<td>Value Management</td>
<td>Analyst</td>
<td>B5</td>
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<td>1</td>
<td>April</td>
<td>July</td>
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<tr>
<td>ihub</td>
<td>Value Management</td>
<td>Administrative Officer</td>
<td>B4</td>
<td>Fixed Term / Secondment</td>
<td>1</td>
<td>1</td>
<td>April</td>
<td>July</td>
</tr>
<tr>
<td>ihub</td>
<td>Care Coordination for Focus on Dementia</td>
<td>Administrative Officer</td>
<td>B5</td>
<td>Fixed Term / Secondment</td>
<td>1</td>
<td>0.5</td>
<td>April</td>
<td>June</td>
</tr>
<tr>
<td>ihub</td>
<td>Care Coordination for Focus on Dementia</td>
<td>Senior Project Officer</td>
<td>B6</td>
<td>Fixed Term / Secondment</td>
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<td>0.5</td>
<td>April</td>
<td>June</td>
</tr>
<tr>
<td>ihub</td>
<td>Care Coordination for Focus on Dementia</td>
<td>Health Services Researcher</td>
<td>B7</td>
<td>Fixed Term / Secondment</td>
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<td>June</td>
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<td>National Clinical Lead</td>
<td>Other</td>
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<td>June</td>
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<td>Care Coordination for Focus on Dementia</td>
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<td>B7</td>
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<td>June</td>
</tr>
<tr>
<td>ihub</td>
<td>Living Well in Communities on Care Home</td>
<td>Associate Improvement Advisor</td>
<td>B7</td>
<td>Fixed Term / Secondment</td>
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<td>3</td>
<td>October</td>
<td>Possibly earlier than October</td>
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<tr>
<td>Medical</td>
<td>Off label &amp; Off Patent Cancer Medicines</td>
<td>Pharmacist</td>
<td>B8A</td>
<td>Fixed Term</td>
<td>1</td>
<td>0.5</td>
<td>April</td>
<td>June</td>
</tr>
<tr>
<td>Medical</td>
<td>Off label &amp; Off Patent Cancer Medicines</td>
<td>Health Services Researcher</td>
<td>B7</td>
<td>Fixed Term</td>
<td>1</td>
<td>0.7</td>
<td>April</td>
<td>June</td>
</tr>
<tr>
<td>Medical</td>
<td>Off label &amp; Off Patent Cancer Medicines</td>
<td>Senior Project Officer</td>
<td>B6</td>
<td>Fixed Term</td>
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<td>0.5</td>
<td>April</td>
<td>June</td>
</tr>
<tr>
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<td>Clinical Lead Pharmacy</td>
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<td>0.2</td>
<td>April</td>
<td>June</td>
</tr>
<tr>
<td>Medical</td>
<td>HEPMA</td>
<td>Programme Manager</td>
<td>B7</td>
<td>Fixed Term</td>
<td>1</td>
<td>0.5</td>
<td>April</td>
<td>June</td>
</tr>
<tr>
<td>Medical</td>
<td>HEPMA</td>
<td>Health Services Researcher</td>
<td>B7</td>
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<td>2</td>
<td>1.5</td>
<td>April</td>
<td>June</td>
</tr>
<tr>
<td>Medical</td>
<td>Single National Formulary</td>
<td>Clinical Lead Pharmacy</td>
<td>B8C</td>
<td>Fixed Term / Secondment</td>
<td>1</td>
<td>0.4</td>
<td>April</td>
<td>June</td>
</tr>
<tr>
<td>Medical</td>
<td>Single National Formulary</td>
<td>Pharmacist</td>
<td>B8C</td>
<td>Fixed Term / Secondment</td>
<td>2</td>
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<td>April</td>
<td>June</td>
</tr>
<tr>
<td>Medical</td>
<td>Single National Formulary</td>
<td>Health Service Researcher</td>
<td>B7</td>
<td>Fixed Term / Secondment</td>
<td>1</td>
<td>0.4</td>
<td>April</td>
<td>June</td>
</tr>
<tr>
<td>Medical</td>
<td>Single National Formulary</td>
<td>Health Economist</td>
<td>B7</td>
<td>Fixed Term / Secondment</td>
<td>1</td>
<td>0.2</td>
<td>April</td>
<td>June</td>
</tr>
<tr>
<td>Medical</td>
<td>Single National Formulary</td>
<td>Programme Manager</td>
<td>B7</td>
<td>Fixed Term / Secondment</td>
<td>1</td>
<td>1</td>
<td>April</td>
<td>June</td>
</tr>
<tr>
<td>Medical</td>
<td>Single National Formulary</td>
<td>Project Manager</td>
<td>B5</td>
<td>Fixed Term / Secondment</td>
<td>1</td>
<td>0.6</td>
<td>April</td>
<td>June</td>
</tr>
<tr>
<td>Evidence</td>
<td>Information Governance</td>
<td>Project Manager</td>
<td>B5</td>
<td>Fixed Term / Secondment</td>
<td>1</td>
<td>1</td>
<td>April</td>
<td>June</td>
</tr>
<tr>
<td>NMAHP</td>
<td>Workforce Planning</td>
<td>Senior Programme Advisor</td>
<td>B8A</td>
<td>Permanent</td>
<td>2</td>
<td>1.6</td>
<td>April</td>
<td>April</td>
</tr>
<tr>
<td>NMAHP</td>
<td>Workforce Planning</td>
<td>Programme Advisor</td>
<td>B8A</td>
<td>Permanent</td>
<td>4</td>
<td>4</td>
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<td>April</td>
</tr>
<tr>
<td>NMAHP</td>
<td>Workforce Planning</td>
<td>Programme Assistant</td>
<td>B7</td>
<td>Permanent</td>
<td>4</td>
<td>4</td>
<td>April</td>
<td>April</td>
</tr>
<tr>
<td>NMAHP</td>
<td>Workforce Planning</td>
<td>EIC / Quality Aspect of Staffing</td>
<td>B8A</td>
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<td>2</td>
<td>2</td>
<td>April</td>
<td>April</td>
</tr>
<tr>
<td>SHC</td>
<td>Organisational change</td>
<td>Senior Programme Manager</td>
<td>B8A</td>
<td>Permanent</td>
<td>3</td>
<td>3</td>
<td>July</td>
<td>July</td>
</tr>
</tbody>
</table>

**Total** 46 34.1
### Identified Issues

<table>
<thead>
<tr>
<th>Issue</th>
</tr>
</thead>
<tbody>
<tr>
<td>Difficulties with standard recruitment form</td>
</tr>
<tr>
<td>Lack of understanding from some applicants on the roles</td>
</tr>
<tr>
<td>Job descriptions too long</td>
</tr>
<tr>
<td>Recruitment restricted to the central belt of Scotland</td>
</tr>
<tr>
<td>Attractiveness of roles – we don’t sell them as well as we could</td>
</tr>
<tr>
<td>Limited market supply</td>
</tr>
<tr>
<td>Level of temporary posts</td>
</tr>
<tr>
<td>Several organisations competing for the same skills</td>
</tr>
<tr>
<td>The Improvement Advisor role is broad requiring operational management, people management, quality improvement expertise, programme management and highly developed relationship management skills</td>
</tr>
<tr>
<td>The high level of travel can be off putting to some</td>
</tr>
<tr>
<td>Growth in demand from Scottish Government creates a requirement for additional posts</td>
</tr>
</tbody>
</table>

### Possible Solutions to be Scoped

<table>
<thead>
<tr>
<th>Solution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use case studies to ensure high quality applicants from other sectors provide salient evidence for the shortlisting stage</td>
</tr>
<tr>
<td>Using more concise alternative job descriptions for recruitment</td>
</tr>
<tr>
<td>Advertising beyond the central belt of Scotland scoping out potential remote working</td>
</tr>
<tr>
<td>Reviewing recruitment collateral</td>
</tr>
<tr>
<td>Developing training roles for Improvement Advisors</td>
</tr>
<tr>
<td>Reviewing contractual status of fixed term employees on baseline projects</td>
</tr>
<tr>
<td>Modernising market offering to sell the organisation, the impact of jobs, our value and make HIS an employer of choice</td>
</tr>
<tr>
<td>Knowledge, skills, Leadership behaviours</td>
</tr>
<tr>
<td>----------------------------------------</td>
</tr>
<tr>
<td>Be able to demonstrate a clear grasp of quality improvement concepts and their practical application in a health care setting</td>
</tr>
<tr>
<td>Have the ability to develop others through a range of teaching approaches from formal teaching to less formal methods such as coaching, mentoring and consulting</td>
</tr>
<tr>
<td>Have undertaken a management role in the NHS or equivalent health sector</td>
</tr>
<tr>
<td>Have broad experience and understanding of the operations of the NHS</td>
</tr>
<tr>
<td>Experience of successfully engaging and collaborating with diverse groups of stakeholders in the development and delivery of improvement initiatives including</td>
</tr>
<tr>
<td>Ability to work effectively with a range of stakeholders to secure their engagement in improvement work including: Clear, confident and influential communicator, adept at facilitating and training groups</td>
</tr>
<tr>
<td>----------------------------------------------------------</td>
</tr>
<tr>
<td>Effective networking capabilities and an ability to develop and maintain effective positive relationships with key partners</td>
</tr>
<tr>
<td>Have a sound understanding of the challenges and opportunities associated with implementing improvement programmes and experience of having applied this in practice.</td>
</tr>
<tr>
<td>Have a sound understanding of the benefits is using data and its practical application to bring about improvements in care</td>
</tr>
<tr>
<td>Ability to produce high quality written reports and papers</td>
</tr>
<tr>
<td>Self aware and authentic – understands and can articulate own strengths, motivations, patterns, needs and limitations. Able to engage in open and honest discussions of own performance and can use feedback constructively to improve performance</td>
</tr>
<tr>
<td>Be experienced in preparing and delivering presentations to a wide range of audiences</td>
</tr>
<tr>
<td>IT literate including ability to use MS Outlook, Word, Excel and Powerpoint</td>
</tr>
<tr>
<td>Ability to operate effectively under pressure and to deliver within tight timescales</td>
</tr>
</tbody>
</table>
SUBJECT: Refreshing the Future Strategic Direction for Healthcare Improvement Scotland

1. Purpose of the report
To gain the commitment of the Board to invest time to refresh the future strategic direction of Healthcare Improvement Scotland (HIS). In order to make progress, this will require the Board to spend time with the Executive team (ET) to consider the many opportunities and to make best use of knowledge, skills and resources.

2. Key Points
ET met on 13 June 2019 to begin the operational planning process for 2020-21. During the discussion, it was recognised that there was an opportunity for HIS to refresh its future strategic contribution to the health and social care system to ensure that it continues to make a difference to the quality of care in Scotland.

This would provide a much more connected narrative around the priorities and focus to meet the future needs of the population of Scotland.

It was agreed that this should be appropriately ambitious, whilst reflecting the strategic and operational context and taking into account future long term trends. We would consider this alongside the imperatives that have to be managed before agreeing the organisation’s future offer including:

- availability of key skills and capability to deliver our work including the wider/global workforce challenges;
- the impact of real terms reductions in base line funding and future scarcity of additional funding;
- embedding the approach set out in the Quality Management System across HIS to connect all of its assets to ensure that healthcare is improved;
- the impact of the external political and policy environment within which we operate.

The intention is to actively change the focus of our work to become more proactive in explicitly defining priorities, to reduce how often we are reactive and to anticipate the support required by the system. This would enable us to deliver within the resources that we have. This ‘self – sufficiency’ is fundamental to enhancing our reputation and ensuring the future sustainability of our work. It will require us to divest work where appropriate and to reset the balance of design v delivery.

It is proposed that time is set aside during the autumn of 2019 to agree a vision for the future of HIS. This will require input from the Board and the Executive Team to set the direction and will include staff engagement as the vision is developed. This work would be undertaken as a separate exercise to the current planning process.

Actions/Recommendations

The Board are asked to consider this proposal and to agree to devoting time during autumn 2019 to developing the future strategic direction for Healthcare Improvement Scotland.

If you have any questions about this paper please contact Robbie Pearson, Chief Executive Officer. email: 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>no</td>
<td>yes/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>
<th>This proposal is to review the strategic direction of the organisation</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>

Resource Implications

Resources will be taken into account as part of the process

What engagement has been used to inform the work.

Staff and stakeholder engagement plans will be developed as part of this work

What Equality and Diversity considerations relate to the work.

Advise how the work:

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

Development of this work will be equality impact assessed.
SUBJECT: Governance Committee Terms of Reference

1. Purpose of the report
To provide revised terms of reference for the Board and its Governance Committees for approval by the Board.

2. Key Points
   a) The Healthcare Improvement Scotland Code of Corporate Governance sets out the governance framework of the Board. It details the Governance Committees appointed by the Board to assist it to discharge its duties and includes terms of reference for each of those Committees.
   
b) In response initially to recommendations in an Internal Audit report and latterly to the publication of the NHS Scotland Blueprint for Good Governance, all of the terms of reference have been revised to accurately reflect the roles of the Committees. This work has been delivered in liaison with Committee Chairs, Committee members, Lead Officers and the Governance Committee Chairs.
   
c) Alongside this, terms of reference have been created for the first time for the Board and the Governance Committee Chairs’ meeting which align with those for the individual Committees.
   
d) These terms of reference will be incorporated into an updated Code of Corporate Governance which will be provided to the Audit and Risk Committee and the Board in Autumn 2019.
   
e) The Board is asked to note that national work in response to the NHS Scotland Blueprint for Good Governance is ongoing to create a suite of standardised governance products. This includes the creation of an agreed list of mandatory committees and terms of reference for those committees. Therefore, future adjustments may be required to the terms of reference presented in the appendices below.

3. Actions/Recommendations
   The Board is asked to approve the terms of reference presented for incorporation into an updated Code of Corporate Governance.

Appendices:

Terms of reference for:
1. Board
2. Governance Committee Chairs
3. Audit and Risk Committee
4. Executive Remuneration Committee
5. Performance and Clinical and Care Governance Committee
6. Scottish Health Council Committee
7. Staff Governance Committee
SUPPORTING INFORMATION

RISK

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

OTHER CONSIDERATIONS

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

The terms of reference are part of the HIS Code of Corporate Governance which supports delivery of the strategic plan.

Resource Implications

No additional implications.

What engagement has been used to inform the work.

There has been internal engagement with the Governance Committee Chairs.

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

The terms of reference are part of the Code of Corporate Governance which supports efficient use of resources.
The Board - Terms of Reference

Purpose

The purpose of the Board is set out in the Operating Framework¹ between Healthcare Improvement Scotland and Scottish Government:

- ensure efficient, effective and accountable governance of the organisation;
- provide strategic leadership and direction;
- determine the risks the organisation is willing to take in pursuit of its strategic objectives; and
- focus on agreed outcomes.

Remit

The remit of the Board shall be in line with the Audit Scotland Role of Boards and the NHS Scotland Blueprint for Good Governance².

The Board delegates several areas of its work to Governance Committees. However, decisions reserved for the Board are as follows but not restricted to:

Setting the Direction

- Approval of the organisation’s strategy, corporate plan, annual operational plan, financial plan and workforce plan.
- Oversight and approval of high level plans that support delivery of the organisation’s strategy.
- Approval of new areas of work to ensure they fit with the organisation’s strategy. Endorsement of joint plans with NHS Boards, Care Inspectorate and other partners.

Holding to account

- Scrutiny and monitoring of operational performance having received recommendations from the Quality Committee on this.
- Scrutiny and monitoring of financial performance having received recommendations from the detailed scrutiny by the Audit and Risk Committee.

Assessing Risk

- Scrutiny and monitoring of risk management having received recommendations from the detailed scrutiny by the Audit and Risk Committee.

1. The Operating Framework was published on 18 March 2019.
2. The NHS Scotland Blueprint for Good Governance was published on 1 February 2019.
Engaging Stakeholders

- Engage with external stakeholders to ensure their views are taken into account when designing policies and services.
- Communicate priorities to stakeholders and establish confidence in the organisation.

Influencing Culture

- Influencing the Board's and the organisation’s culture through its values and behaviours.
- Oversight of the results of staff satisfaction surveys.

Finance and resource

- Approval of the financial transactions reserved for the Board set out in the Standing Financial Instructions.
- Approval of the annual fees for regulation of Independent Clinics.

Governance

- Approval of the Annual Accounts, the Annual Report and the Governance Statement.
- Monitoring of compliance with the Clinical and Care Governance Framework.
- Establishment of sub-committee including the Scottish Health Council Committee.
- Approval of the Code of Corporate Governance including the terms of reference of the Governance Committees and the Standing Financial Instructions.
- Approval of the Board Members’ Code of Conduct.
- Approval of arrangements for the appointment and removal of key staff, in particular the Chief Executive.
- Approving publication of the Register of Interests.
- Approval of the schedule of meeting dates for Board and Governance Committees.
- Oversight of the Governance Committee Annual Reports and approval of the Annual Reports action plan.

The Board will review regularly its own effectiveness including external peer review.

Membership

Membership of the Board is as follows:
- Chair (non-executive)
- Chair of the Care Inspectorate (non-executive)
- 11 non-executive members, including the Employee Director (non-executive), and the Chair of the Scottish Health Council (non-executive)
- Chief Executive (executive member).

The following officers of HIS will be in attendance:
- Executive Team
- other officers of HIS will be invited to attend as required
Quorum

A minimum of 50% of non-executive members shall constitute a quorum and no business shall be transacted unless this minimum number of members is present. For the purposes of determining whether a meeting is quorate, members attending by either video or teleconference link will be determined to be present.

Meetings

The Board shall hold a minimum of four business meetings in each financial year as well as seminar and development sessions as required. The purpose of these different meetings is as follows:

<table>
<thead>
<tr>
<th>Meeting</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Board Meeting</td>
<td>To undertake formal governance requirements as listed above in Decisions reserved for the Board.</td>
</tr>
<tr>
<td>Reserved Board Meeting</td>
<td>To undertake formal governance requirements as listed above in Decisions reserved for the Board, but where those matters are of a sensitive nature. Meetings will be reserved in exceptional circumstances and justified by the inclusion of the reserved paper cover sheet. This can be due to staffing information, commercial in confidence information or where the information is otherwise prejudice to public interest, for example, where draft information is presented prior to publication.</td>
</tr>
<tr>
<td>Board Seminar</td>
<td>To receive papers and presentations in respect of specific topics related to key items of strategic business but which are not at that time presented as part of the formal governance requirements or for a decision reserved by the Board. These will be:</td>
</tr>
<tr>
<td></td>
<td>- Emerging issues that will influence the organisation’s future strategic planning and operation, for example, national initiatives, new legislation, significant organisational change.</td>
</tr>
<tr>
<td></td>
<td>- Briefing on new / developing areas of work that will be provided to the Board in future for their decision but which require early input or comment from Board members.</td>
</tr>
<tr>
<td></td>
<td>- Information and presentations on the organisation’s work, impact and stakeholder engagement which support the Board’s assurance role.</td>
</tr>
<tr>
<td>Board Development Session</td>
<td>To undertake activities related to the development of the skills, knowledge and effectiveness of the Board as individuals, as a collective Non-executive cohort and with the Executive Team. This will include regular joint sessions with the Board and senior team of the Care</td>
</tr>
</tbody>
</table>
Inspectorate to expand members’ knowledge of joint areas of working.

Where decisions reserved for the Board arise between Board meetings and require urgent approval, they will be dealt with by email correspondence or a teleconference. The outcomes will be shared in the Matters Arising section of the next Board meeting to ensure they are placed on public record.

**Information requirements**

For each meeting the Board will be provided with:

- risk management report including all of the risks on the Corporate Risk Register and the very high risks on the Operational Risk Register.
- an operational performance report.
- the financial performance report.
- a report from the Chair providing an update on key strategic and governance issues
- a report from the Chief Executive and Directors on key areas of work not covered by the operational performance report.
- register of interests for Board members and senior staff.
- approved minutes and key points reports from the Governance Committees except the Executive Remuneration Committee which will provide abridged minutes to Non-executive Directors only.

As and when appropriate the Board will also be provided with:

- changes to the Code of Corporate Governance.
- the organisation’s corporate, operational, financial and workforce plans.
- the Annual Accounts and Governance Statement.
- proposals for setting the annual fees for regulation of Independent Clinics.
- Board Members Code of Conduct.
- annual schedule of meeting dates for Board and Governance Committees.
- Governance Committee Annual Reports or Annual Reports action plan.
- Annual Review Self-assessment Submission
Governance Committee Chairs’ Meeting – Terms of Reference

Purpose

The purpose of the Governance Committee Chairs meeting is to take a co-ordinated and strategic approach to the business of the Board and its Governance Committees.

Remit

The Governance Committee Chairs will:

- Review the business planning schedules of the Board and its governance committees.
- Ensure the work programmes of the Committees and Board are correctly aligned and take a collective view on the handling of new / emerging strategic issues.
- Ensure that correct lines of assurance are in place for governance and statutory reporting requirements.
- Provide updates on the work of their committees to highlight common areas of interest and identify any areas of duplication or best practice.
- Maintain oversight of the governance functions with the organisation.

Membership

The Governance Committee Chairs meeting will comprise:

- HIS Chair
- Chairs of all Governance Committees – Audit and Risk, Performance and Clinical and Care Governance, Staff Governance, Scottish Health Council and Executive Remuneration
- Officers of HIS will be invited to attend as appropriate

Meetings

The Governance Committee Chairs shall hold at least two meetings in each financial year.

Information requirements

For each meeting the Governance Committee Chairs will be provided with:

- Business planning schedules for the Board and Governance Committees.
- Any relevant updates to the delivery of the governance function within HIS.
Audit and Risk Committee – Terms of Reference

Purpose

The purpose of the Audit and Risk Committee is to assist the Board to deliver its responsibilities for the issues of risk, control and governance and associated assurance through a process of constructive challenge.

Remit

The remit of the Committee shall be in line with the Scottish Government Audit Committee Handbook. The Audit and Risk Committee will advise the Board and Accountable Officer on:

Governance, risk and control

- to review the Annual Governance Statement prior to approval and consider whether it properly reflects the risk environment and supporting assurances, taking into account internal audit’s opinion on the overall adequacy and effectiveness of the framework of governance, risk management and control
- to consider arrangements to secure value for money
- to monitor the effective development and operation of risk management and to monitor progress in addressing risk-related issues reported to the committee
- to consider reports on the effectiveness of internal controls and monitor the implementation of agreed actions;
- anti-fraud policies, whistle-blowing processes, and arrangements for special investigations.

Internal and external audit

- to consider proposals for tendering for either internal or external audit services or for purchase of non-audit services from contractors who provide audit services;
- to commission work from internal and external audit;
- to approve the risk-based internal audit plan, including internal audit’s resource requirements, the approach to using other sources of assurance and any work required to place reliance upon those other sources
- to receive and approve internal audit progress reports and review action on audit recommendations
- to consider the external auditor’s annual letter, relevant reports and the report to those charged with governance
- to consider specific reports as agreed with the external auditor
- the adequacy of management response to issues identified by audit activity, including external audit’s management letter/report;
Financial reporting

- To undertake detailed scrutiny of financial performance and make recommendations on this to the board.
- To review the annual statement of accounts. Specifically, to consider whether appropriate accounting policies have been followed, the process for review of the accounts prior to submission for audit, levels of error identified, and management’s letter of representation to the external auditors.
- To consider the external auditor’s report to those charged with governance on issues arising from the audit of the accounts.

The Audit and Risk Committee will review its own effectiveness and report the results of the review to the Board and Accountable Officer through submission of an annual report.

The Committee will report to the full Board on a regular basis on the Committee’s activity in relation to the terms of reference.

Membership

The committee will comprise:

- Non executive Board members x 4
- the following officers of HIS will be in attendance:
  - Chief Executive (Lead Director)
  - Director of Finance and Corporate Services
  - Representation from the ET
  - Internal Audit representative and a representative of External Audit
  - other officers of HIS will be invited to attend as required

A lead officer selected from the ET will be appointed to support the committee. This appointment will be made jointly by the CEO and the Chair of the committee.

The Audit and Risk Committee Chairman shall not be a Chairman of another committee. At least one member of the Audit and Risk Committee should have recent and relevant financial experience.

The Board Chairman and Executive Directors of the Board are explicitly excluded from being members of the Audit and Risk Committee.

Quorum

A minimum of 50% of non-executive members of the committee shall constitute a quorum and no business shall be transacted unless this minimum number of Members is present. For the purposes of determining whether a meeting is quorate, members attending by either video or teleconference link will be determined to be present.
Meetings

The committee shall hold four business meetings in each financial year and an additional meeting specifically to consider the requirements to meet the Governance Statement and Annual Accounts. Meetings will be held at a place and time as determined by the Committee. The External Auditors may request a meeting if they consider that one is necessary.

It is anticipated that Internal Audit representative(s) will attend each meeting of the committee and External Audit representative(s) will attend at least two meetings per financial year.

The committee should meet individually with the Internal Auditors and with the External Auditors, at least once per year, without any Executive Directors present.

The committee should meet with the Director of Finance and Corporate Services once per year without any other Directors or Auditors present.

The Board or the committee Chairman may convene additional meetings of the committee to consider business which may require urgent consideration.

Information requirements

For each meeting the Audit Committee will be provided with:

- a report summarising any significant changes to the organisation’s Risk Register
- monthly financial performance report
- a progress report from Internal Audit
- a progress report from the External Audit
- a report summarising fraud and Information Governance

As and when appropriate the Committee will also be provided with:

- proposals for the Terms of Reference of Internal Audit
- the Internal Audit Strategy
- the Head of Internal Audit’s Annual Opinion and Report
- internal audit reports / quality assurance reports on the internal audit function
- the draft accounts of the organisation
- changes to the Code of Corporate Governance
- the organisation’s corporate and operational plans (in draft form)
- the draft Governance Statement
- a report on any changes to accounting policies
- External Audit’s plan and annual report
- a report on any proposals to tender for audit functions
- a report on co-operation between Internal and External Audit
- annual progress reports on key strategies / changes to the strategies
Executive Remuneration Committee – Terms of Reference

Purpose

The Executive Remuneration Committee (‘the Committee’) is appointed by the Board to assist it in discharging its responsibilities for staff employed on executive and senior management terms & conditions and remuneration arrangements (‘Executive Cohort’) and to maintain the highest possible standards of corporate governance in this area. In addition, the Committee takes an overview of the wider Executive Team, some of whom are employed on ‘Agenda for Change’ terms & conditions and remuneration arrangements. The Committee is also required to ensure that any associated risks assigned to the Committee are managed.

Remit

- Involvement in the design and implementation of executive level appointments
- Agree all terms & conditions of employment for all staff on the Executive Cohort, including job description, job evaluation, terms of employment, basic pay, performance pay and benefits (including pension or superannuation arrangements and motor cars).
- Agree the performance plan for all staff on the Executive Cohort and review the performance arrangements for those members of the wider Executive Team employed on ‘Agenda for Change’ terms & conditions. In exceptional circumstances, consider revisions to performance plans/arrangements during the course of an assessment year.
- Review the performance of all Executive Team members against their performance plans (Executive Cohort) or in line with their performance arrangements (Agenda for Change).
- Agree the Board’s arrangements for job evaluation of staff on the Executive Cohort and to oversee these arrangements with the assistance of the Board’s designated lead HR officer.
- To act as the appeals body for those on the Executive Cohort who have a grievance concerning their Terms and Conditions of Service and in relation to disciplinary matters.
- Give final procedural authorisation to any individual voluntary redundancy and/or premature retirement arrangements for staff on Executive Team terms & conditions recommended via the organisation’s established provisions.

The Executive Remuneration Committee will review its own effectiveness and report the results of the review to the Board and Accountable Officer through submission of an annual report.

The Committee will report to the non-executive members of the Board on a regular basis on the Committee’s activity in relation to the terms of reference through submission of an abridged version of the record of business under the reserved business of the Board.

Membership

The committee shall be appointed by the Board from amongst the non-executive members of the Board and shall comprise a minimum of four members (including the Chair of the Board and the Employee Director).

The Chief Executive and designated lead HR officer shall normally attend meetings other than when their own performance and remuneration (if applicable) is being considered.

---

1 The Healthcare Improvement Scotland Risk Management Strategy describes how each risk raised on the corporate risk management system is assigned to the appropriate governance committee, dependent on its description and the context of the risk.
Quorum

A minimum of 50% of non-executive members of the Committee shall constitute a quorum and no business shall be transacted unless this minimum number of Members is present. For the purposes of determining whether a meeting is quorate, members attending by either video or teleconference link will be determined to be present.

Meetings

Meetings shall be held not less than twice per year.

Record of business

The Head of People and Workplace will:
- have oversight of the preparation and quality assurance of documentation for annual and mid-year appraisals, and annual objectives.
- prepare papers for the ERC including the annual report.
- co-ordinate communications between the ERC, the National Performance Management Committee and Scottish Government in relation to executive and senior management pay arrangements.
- provide end of year appraisal documentation as requested by the Scottish Government and the National Performance Management Committee.

The Corporate Governance Office will:
- collate and issue papers and prepare a record of the business from the meeting.
- hold the record of business in the Corporate Governance Office confidential files which will be available for review as permitted.

Information requirements

For each meeting the Executive Remuneration Committee will be provided with:
- the Committee risk register prepared by the Corporate Governance Office
- the business planning schedule prepared by the Corporate Governance Office
- performance summaries for the Chief Executive and Executive Team at every mid-year meeting of the Committee
- end of year performance reports and next year performance objectives for the Chief Executive and Executive Team at every year end meeting

As and when appropriate the Committee will also be provided with:
- Scottish Government circulars related to executive level pay and conditions
Performance and Clinical and Care Governance Committee - Terms of Reference

Purpose

The Committee shall be responsible for providing assurance to the Board in relation to progress against delivery of the organisational Strategy: Making Care Better (2017-2022). The Committee will assure the Board that the organisation is delivering to the highest quality, including the appropriate provision of clinical and care expertise.

Remit

The Committee is responsible for considering, on the Board’s behalf, progress being made by the organisation to deliver the Strategy, exploring any issues of performance and managing any associated risks assigned to it. The Board could commission the Committee to scrutinise work where further assurance is required.

The Committee will be outcomes focused and will provide appropriate clinical and care assurance underpinned by HIS’ Clinical and Care Governance Framework (see Annex 1).

In particular, the Committee will:

- assure the quality of strategically and/or operationally significant areas of work, by undertaking detailed scrutiny of these (including management of risk and delivery of stated outcomes) and escalating concerns to the full Board as required
- guide the strategic direction of new work or the refocusing of existing work, taking account of the external policy environment and issues in the system
- assure that clinical and care governance arrangements are in place in all programmes of work
- assure the governance and internal alignment of the work of the technologies groups (see Annex 2)
- assure that effective partnership working is in place with other national organisations involved in supporting improvement across health and social care
- assure that systems are in place for managing and responding to stakeholder engagement, feedback and complaints
- assure the systems and processes for the regulation of independent healthcare in line with legislation and codes of practice
- approve annual reports in relation to the Death Certification Review Service, the ihub Impact Report, the Complaints and Feedback Annual Report and other reports as delegated by the Board.

The Committee will review its own effectiveness and report the results of the review to the Board and Accountable Officer through submission of an annual report.

---

1 The Healthcare Improvement Scotland Risk Management Strategy describes how each risk raised on the corporate risk management system is assigned to the appropriate governance committee, dependent on its description and the context of the risk.
The Committee will report to the full Board on a regular basis on the Committee’s activity in relation to the terms of reference, and specifically on its consideration of performance against the Operational Plan.

The Terms of Reference of the Committee shall be reviewed after 12 months in the first instance.

Note:

Annex 1 sets out the purpose of the Healthcare Improvement Scotland Clinical and Care Governance Framework.

Annex 2 provides further detail on the responsibility for the provision of independent advice to NHSScotland based on health technology assessment (clinical and cost effectiveness) which is delegated to the following health technologies groups: Scottish Medicines Consortium (SMC), Scottish Intercollegiate Guidelines Network (SIGN), Scottish Health Technologies Group (SHTG) and the Scottish Antimicrobial Prescribing Group (SAPG).

Membership

The Committee will comprise:

- Non-executive Board members x 6 (one of whom will be the Chair of the SHC)
- The Chair of SMC
- The Chair of SAPG
- The Chair of SIGN
- The Chair of SHTG
- Public Partners
- the following officers of HIS will be in attendance:
  - Chief Executive
  - Director of NMAHP (Lead Director)
  - Representation from the ET
  - other officers of HIS will be invited to attend as required.

A lead officer selected from the ET will be appointed to support the committee. This appointment will be made jointly by the CEO and the Chair of the committee.

Quorum

A minimum of 50% of non-executive members of the committee shall constitute a quorum and no business shall be transacted unless this minimum number of members is present. For the purposes of determining whether a meeting is quorate, members attending by either video or teleconference link will be determined to be present.
Meetings

The committee shall hold at least four business meetings in each financial year to fulfil its remit. Meetings will be held at a place and time as determined by the Committee.

Information requirements

For each meeting the Committee will be provided with:

- the performance report against the operational plan
- the Committee risk register
- reports from the Clinical and Care Governance Group
- updates from the Health Technologies Groups
- updates from the Strategic Stakeholder Advisory Group

As and when appropriate the Committee will also be provided with:

- the Corporate and Operational Plans (draft stage)
- reports in relation to the regulation of independent healthcare
- the Death Certification Review Service Annual Report
- the Complaints and Feedback Annual Report
- the Clinical and Care Governance Framework (revisions to)
- annual progress reports on key strategies
Annex 1

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

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

Our framework is based around seven broad principles:

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

Health Technologies Groups
Scottish Health Technologies Group (SHTG), Scottish Intercollegiate Guidelines Network (SIGN), Scottish Medicines Consortium (SMC) and Scottish Antimicrobial Prescribing Group (SAPG).

The Public Services Reform (Scotland) Act, 2010, specifies functions for HIS in relation to the evaluation and provision of advice to the health service on the clinical and cost effectiveness of new and existing health technologies including drugs (hereafter described as medicines). NHS HDL (2005) 41 specifies that standards for quality and care set for NHSScotland apply to services contracted from the independent sector.

Responsibility for the provision of independent advice to NHSScotland based on health technology assessment (clinical and cost effectiveness) is delegated to the health technologies groups. SAPG provides the national framework for antimicrobial stewardship. The work of the groups is supported by HIS staff based in the Evidence Directorate.

The appointment process for the Chairs is by open competition and the appointment panel will include the HIS Chair or their nominated deputy.

SHTG provides advice on the evidence about the clinical and cost effectiveness of existing and new non medical technologies likely to have significant implications for patient care in Scotland. Members of SHTG are nominated by NHS Boards. SHTG also includes public partners and representation from the Association of British Healthcare Industries (ABHI), Life Sciences Advisory Board, Directors of Public Health, Planning and Finance groups, Board Chief Executives and the Scottish Association of Medical Directors.

SIGN produces evidence based clinical guidelines. Members of SIGN Council are nominated by the Royal Colleges and professional organisations. SIGN Council also includes three public partners.

SMC produces clinical advice about the clinical and cost-effectiveness of all new medicines. SMC is a consortium of stakeholders from Area Drug and Therapeutic Committees (ADTCs) and representation is derived from ADTCs across NHSScotland. SMC also includes three representatives from the Association of British Pharmaceutical Industry (ABPI) and three public partners.

SAPG is a national clinical multi-disciplinary forum which co-ordinates and delivers a national framework for antimicrobial stewardship. This comprises information (surveillance data on antimicrobial use and resistance), quality improvement interventions to optimise prescribing, and education for health and care staff, patients and the public. Members of SAPG include national stakeholders, representatives from NHS board Antimicrobial Management Teams and two public partners.

All members of SHTG, SIGN, SMC and SAPG must abide by the HIS Code of Conduct.

The governance reporting route for the four groups is through the Performance and Clinical
and Care Governance (PCCG) Committee to the HIS Board. The Chair of the Committee provides a specific point of contact for the four chairs regarding any concerns or threats to the independence of the groups.

- HIS is responsible for:
  - Implementation of the methodologies approved by the four groups.
  - Management of the processes used to produce the advice by the four groups.
- Response to legal challenge (to both the advice and also in relation to legal challenges to governance and internal controls). A letter of comfort was provided by Scottish Government to HIS on 23 April 2013 specifically regarding potential legal challenge.
- Contribution to the annual appraisal process in the home NHS Board by the Medical / NMAHP Director for the clinical chairs of the groups. The chairs are able to request professional support at any time from the Medical / NMAHP Directors.

The following table identifies the accountability lines for the three technology groups and SAPG.

<table>
<thead>
<tr>
<th></th>
<th>Methodology</th>
<th>Advice</th>
<th>Governance and internal controls</th>
<th>Legal challenges</th>
<th>Clinical assurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>SHTG</td>
<td>SHTG</td>
<td>SHTG</td>
<td>HIS</td>
<td>HIS</td>
<td>PCCG Committee</td>
</tr>
<tr>
<td>SIGN</td>
<td>SIGN Council</td>
<td>SIGN Council</td>
<td>HIS</td>
<td>HIS</td>
<td>PCCG Committee</td>
</tr>
<tr>
<td>SMC</td>
<td>SMC</td>
<td>SMC</td>
<td>HIS</td>
<td>HIS</td>
<td>PCCG Committee</td>
</tr>
<tr>
<td>SAPG</td>
<td>SAPG</td>
<td>SAPG</td>
<td>HIS</td>
<td>HIS</td>
<td>PCCG Committee</td>
</tr>
</tbody>
</table>
Scottish Health Council Committee – Terms of Reference

Purpose

The Committee shall be responsible for oversight of the governance and assurance of the statutory duties of the Scottish Health Council as set out in the National Health Service (Scotland) Act 1978 as amended by the Public Service Reform (Scotland) Act 2010:

- ensuring, supporting and monitoring NHS Boards compliance with the duty to involve the public
- ensuring, supporting and monitoring the NHS Boards compliance with the duty of Equal Opportunities (in relation to the provision of services and public involvement)

The Committee will assure the Board that HIS is meeting its duties in respect of: (i) patient focus and public involvement¹ (ii) equalities (excluding staff governance) (iii) User Focus and (iv) Corporate Parenting.

Remit

The duties of the Scottish Health Council Committee are:

- approval of the Scottish Health Council’s strategic objectives, priorities and workplan for recommendation for inclusion in the HIS strategy, corporate and operational delivery plans and to ensure convergence between these plans
- detailed scrutiny of performance against the workplan and delivery of outcomes
- the establishment of terms of reference, membership, and reporting arrangements for any sub committees acting on behalf of the Committee
- approval of systems and processes by which the organisation makes assessments of performance in relation to patient focus and public involvement in health services
- hold to account all HIS Directorates for performance in relation to Patient and Public Involvement, the Duty of User Focus, Corporate Parenting and Equalities Duties in the delivery of HIS functions, excluding Equalities Duties relating to workforce which fall within the remit of the Staff Governance Committee.

The Committee will manage any associated risks assigned to it². The Committee will review its own effectiveness and report the results of the review to the Board and Accountable Officer through submission of an annual report.

¹ The term ‘community engagement’ may be used to signify the duties of patient and public involvement.
² The Healthcare Improvement Scotland Risk Management Strategy describes how each risk raised on the corporate risk management system is assigned to the appropriate governance committee, dependent on its description and the context of the risk.
Membership

The Chair of the Committee shall be the Chair of the Scottish Health Council as appointed by Scottish Ministers. There shall be up to eight other members of the Committee, two of whom shall be members of, and appointed by, the HIS Board on the recommendation of the Chair of the Scottish Health Council, and up to six who shall be members of the public appointed by the Chair of the Scottish Health Council. Committee members can serve a maximum of two four year terms. The Director of Community Engagement is expected to attend meetings.

The Healthcare Improvement Scotland Chair cannot be a member of the Committee but has the right to attend.

The Chair of the Scottish Health Council shall be a member of the Performance and Clinical and Care Governance Committee.

A Vice-Chair will be appointed by the Chair, who will deputise for the Chair in their absence.

Quorum

Meetings of the Committee shall be quorate when at least 50% of members are present, including at least one HIS non-executive board member.

For the purposes of determining whether a meeting is quorate, members attending by either video or teleconference link will be determined to be present.

Meetings

The Council will meet a minimum of four times a year. Meetings will be held at a place and time as determined by the Committee.

Information requirements

For each meeting the Scottish Health Council Committee will be provided with:

- Business Planning Schedule
- Operational Plan
- Risk register

As and when appropriate the Committee will also be provided with:

- Equality mainstreaming reports
- Corporate Parenting progress reports
Staff Governance Committee – Terms of Reference

Purpose

The NHS Scotland Staff Governance Standard (‘the Standard’) defines staff governance as, “a system of corporate accountability for the fair and effective management of all staff.” To this end, and as part of its overall corporate governance approach, HIS has established a Staff Governance Committee.

The Committee holds the organisation to account in terms of meeting the requirements of the Standard. More specifically, the role of the Committee is to support and maintain a culture where the delivery of the highest possible standard of staff management is understood to be the responsibility of everyone working within the organisation and is built upon partnership and collaboration. Finally, the Committee ensures that robust arrangements to implement the Standard are in place and monitored, and that any associated risks assigned to the Committee are managed.

Remit

The duties of the Committee are as follows:

- monitor and evaluate structures and processes which ensure that delivery against the standard is being achieved
- monitor and evaluate strategies and implementation plans relating to people management
- propose and support any policy amendment, funding or resource submission to achieve the Standard
- take responsibility for the timely submission of all staff governance information required for national monitoring arrangements
- monitor benefits realisation processes, where applicable
- provide staff governance information for the Statement of Internal Control
- review the Medical, Nursing and Pharmacy Revalidation Reports
- review the Equality Mainstreaming Report.

The Staff Governance Committee will review its own effectiveness and report the results of the review to the Board and Accountable Officer through submission of an annual report.

The Committee will report to the full Board on a regular basis on the Committee’s activity in relation to the terms of reference. In particular, the Committee is authorised to consider the annual organisational workforce plan and gain assurance regarding its content in the context of other corporate plans (e.g. the operational and financial plans), before making a recommendation to the Board for its approval.

Membership

The Committee is appointed by the Board. It comprises a minimum of four non-executive Board members (one of which should be the Employee Director). The Board appoints one non-executive Board member as Chair of the Committee.

The membership also includes:

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1 The Healthcare Improvement Scotland Risk Management Strategy describes how each risk raised on the corporate risk management system is assigned to the appropriate governance committee, dependent on its description and the context of the risk.
• Chief Executive
• Director of Finance and Corporate Services (or designated deputy)
• Two staff representatives from trade unions/professional organisations nominated by the HIS Partnership Forum
• Appropriate representation from Human Resources

Other NHS Officers are invited to attend as required. All Board members, Executive and Non-Executive, have access to papers and where appropriate may be invited to attend specific meetings of the Committee.

Quorum

A quorum shall be at least 50% of Non-Executive members and the Chief Executive and/or the Director of Finance and Corporate Services (or designated deputy).

Meetings

The Committee shall hold four business meetings a year.

Information requirements

For each meeting the Staff Governance Committee will be provided with:

• the Staff Governance Action Plan
• the Staff Governance Monitoring Return
• minutes / reports from the Partnership Forum

As and when appropriate the Committee will also be provided with:

• the Workforce Plan
• reports on Whistleblowing
• reports on adverse events or serious concerns raised relating to staffing issues
• Equalities Mainstreaming Report
• Medical, Nursing and Pharmacy Revalidation Report
SUBJECT: Governance Committee Annual Reports 2018/19

1. Purpose of the report

To provide the Board with:

- A summary of the key points identified in the 2018/19 annual reports
- An action plan arising from the key actions within the 2018/19 annual reports

2. Key Points

   a) The Code of Corporate Governance requires that each Governance Committee produces an annual report which summarises its activities during the course of year, how it has met its remit and what future actions are proposed. All Committees of the Board have prepared an annual report for 2018/19 which has been agreed by the Committee Chair and members.

   b) Key points from the 2018/19 annual reports are as follows:
      
      I. The Committees all advised that they met their remit for 2018/19 and provided examples against each part of the remit, except where it was not applicable in 2018/19.
      II. As a result of defining the new terms of reference for the Quality Committee, it has been renamed as the Performance and Clinical and Care Governance Committee to better reflect its new remit.
      III. Several of the Committees have identified areas for development in 2019/20 and these are set out in the appendix.
      IV. Each Committee reviewed throughout the year, the risks or issues within its remit.

   c) The actions identified for each Committee in the 2018/19 annual reports are summarised in Appendix 1 and progress against these actions will be reported to the Board during 2019/20.

   d) All Committees have developed new terms of reference during 2018/19 (as set out in agenda item 3.1). The Committees will work to these terms of reference during 2019/20.

3. Actions/Recommendations

   The Board is asked to:

   - consider the actions identified in the 2018/19 annual reports
   - note that copies of the detailed annual reports are available on request
   - note that a report of progress against the actions will be presented to the Board during the course of 2019/20

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

### RISK

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

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

<table>
<thead>
<tr>
<th>What engagement has been used to inform the work.</th>
<th>This is an internal governance document not requiring engagement.</th>
</tr>
</thead>
</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;</td>
</tr>
<tr>
<td>• helps patients;</td>
</tr>
<tr>
<td>• makes efficient use of resources.</td>
</tr>
</tbody>
</table>

| No additional requirements. | |
|-----------------------------||
### Appendix 1: Summary of key actions for 2019/20 from the Governance Committee Annual Reports 2018/19

<table>
<thead>
<tr>
<th>Committee</th>
<th>Action</th>
<th>Lead Officer</th>
<th>Due Date</th>
<th>Status (to be updated during 2019/20)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Performance and Clinical and Care Governance Committee</td>
<td>Continue to provide scrutiny of performance against the operational plan, assure strategic fit of new work and highlight significant issues to the Board.</td>
<td>Director NMAHP</td>
<td>31 March 2020</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Clarify its relationship with the remit of the Scottish Health Council.</td>
<td>Director NMAHP</td>
<td>30 September 2020</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Terms of reference will be updated in line with the Governance Blueprint.</td>
<td>Policy and Governance Manager</td>
<td>n/a</td>
<td>Complete – all revised Committee terms of reference provided to the Board for approval in June 2019</td>
</tr>
<tr>
<td>Staff Governance Committee</td>
<td>Joint development session to be held with SHC Committee members.</td>
<td>Associate Director of Workforce</td>
<td>30 September 2019</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Continue to monitor values and behaviours and in particular, the results of the Culture survey that will take place during 2019.</td>
<td>Associate Director of Workforce</td>
<td>31 March 2020</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Take action to close the gap between developing the Staff Governance Action Plan and keeping a proactive focus on delivering the action; ongoing monitoring and reporting of progress; and more robust evaluation of the impact of delivering this action.</td>
<td>Associate Director of Workforce</td>
<td>31 March 2020</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Aim to streamline the many plans and reporting requirements to Scottish Government colleagues into one plan to make clearer the actions and responsibilities regarding developing and governing the workforce.</td>
<td>Associate Director of Workforce</td>
<td>31 March 2020</td>
<td></td>
</tr>
<tr>
<td>Committee</td>
<td>Action</td>
<td>Lead Officer</td>
<td>Due Date</td>
<td>Status (to be updated during 2019/20)</td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>------------------------------------------------------------------------</td>
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<td>-----------------------</td>
<td>------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Executive Remuneration Committee</td>
<td>Consider whether the performance plans and performance of the Executive Team reflect and deliver the Organisation's corporate strategy, with an emphasis on continuing to work more corporately across the Organisation</td>
<td>Chief Executive</td>
<td>30 September 2019</td>
<td>Individual and Team objectives for the Executive were reviewed at the Executive Remuneration Committee meeting on 23 May 2019</td>
</tr>
<tr>
<td>Audit and Risk Committee</td>
<td>Actively monitor risks and provide constructive challenge.</td>
<td>Committee Chair</td>
<td>31 March 2020</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Review the financial position and progress toward achieving a sustainable financial position.</td>
<td>Director of Finance and Corporate Services</td>
<td>31 March 2020</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Review the updated Code of Corporate Governance and the revised Risk Management Strategy.</td>
<td>Director of Finance and Corporate Services</td>
<td>30 September 2019</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hold a development session for members of the Committee during the Autumn of 2019 based on the self-assessment in the Audit Committee Handbook, issued October 2018.</td>
<td>Director of Finance and Corporate Services</td>
<td>30 November 2019</td>
<td></td>
</tr>
<tr>
<td></td>
<td>An external review of the Committee will be undertaken by internal audit as part of their 2019-20 audit plan.</td>
<td>Director of Finance and Corporate Services</td>
<td>31 March 2020</td>
<td></td>
</tr>
<tr>
<td>Scottish Health Council Committee</td>
<td>Ensure that the agreed way forward following the reflective review and the Healthcare Improvement Scotland review does not lose momentum.</td>
<td>Director of Community Engagement</td>
<td>31 March 2020</td>
<td></td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>------------------------------------------------------------------------------------------------------------------</td>
<td>---------------------------------</td>
<td>---------------</td>
<td></td>
</tr>
<tr>
<td>Timely delivery of the change implementation plan for 2019-20 is critical.</td>
<td>Director of Community Engagement</td>
<td>31 March 2020</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
SUBJECT: Sturrock Review – HIS Organisational Response

1. Purpose of the report

Healthcare Improvement Scotland are required to provide an organisational response to the letter from the Cabinet Secretary regarding the recommendations from the Sturrock Review into events in NHS Highland. This report details a range of information and detail in response to the letter received from the Cabinet Secretary which is attached in Appendix 1.

2. Key Points

In November 2018, John Sturrock QC was asked by the Cabinet Secretary for Health and Sport to undertake a fully independent external review into allegations of a bullying culture at NHS Highland. The purpose of the review was to:

- Create a safe space for individual and/or collective concerns in NHS Highland to be raised and discussed confidentially with an independent and impartial third party
- Understand what, if any, cultural issues have led to any bullying or harassment and a culture where such allegations apparently could not be raised and responded to locally and
- To identify proposals and recommendations for ways forward which help to ensure the culture within NHS Highland in the future is open and transparent and perceived by all concerned in this way.

The Independent Review report looking at cultural issues related to allegations of bullying and harassment in NHS Highland by John Sturrock, (‘The Sturrock Review’) was published on 9 May 2019.

Following this, Jeane Freeman, Cabinet Secretary published a detailed Scottish Government response to the Sturrock Review and also wrote to all Boards within NHS Scotland to ensure that they reflect on and learn from the findings of the Review. Senior leadership within all boards has been asked to consider the recommendations from this report and provide where appropriate

- Details of immediate actions each Board has taken/plans to take on the back of the recommendations made in the Sturrock report
- Outline what support is in place/ will be put in place for any member of staff who has been affected by bullying and harassment
- Details of the Board’s plan for staff engagement to consider these recommendations and a timeline of when this will be carried out.

Specific assurance was requested in response to six separate areas of activity, and these are detailed in the attached document in Appendix 2. To enable this response detail to be compiled, initial discussions regarding the Sturrock Review have taken place within the Executive Team and the Partnership Forum to ensure a range of views regarding current activity and also the challenges that are in place within Healthcare Improvement Scotland are captured.

Further detailed consideration of the Review report will be undertaken within both the Partnership Forum and also within a future development session of the Board. The response to the Cabinet Secretary’s letter is to be returned by Friday 28 June 2019.
3. **Actions/Recommendations**
The Healthcare Improvement Scotland Board is asked to

- Receive and note the content of the report
- Review and approve the detail of Appendix 2 as the organisational response on behalf of Healthcare Improvement Scotland in response to the Cabinet Secretary’s letter of 20 May 2019.

**Appendix:**

Appendix 1 – Letter from Cabinet Secretary – 20 May 2019  
Appendix 2 - Healthcare Improvement Scotland proposed response

If you have any questions about this paper please contact Sybil Canavan, Associate Director of Workforce, sybil.canavan@nhs.net, 0141 241 6307 ext. 8640
### 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>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>
<th>The detail presents an organisational position to ensure that from a staffing and workforce perspective, our staff are able to enable health and social care organisations to redesign and continually improve.</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>
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<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>Support and maintain the staff Governance Standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>What engagement has been used to inform the work?</td>
<td>Engagement is underway with the Partnership Forum, Executive Team and Board</td>
</tr>
<tr>
<td>What Equality and Diversity considerations relate to the work? Advise how the work:</td>
<td>Provides an overview of the organisational response to the Sturrock Report and how we support our staff.</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>
Dear Colleague,

Scottish Government Response to the Sturrock Review into Cultural Issues related to allegations of Bullying and Harassment in NHS Highland

As you may be aware, I recently announced in parliament, the actions the Scottish Government will take in response John Sturrock QC’s Review of cultural issues in NHS Highland. The full report and Scottish Government response are published on the Scottish Government website.

Whilst the Review only considered matters in Highland, it is clear to me that there are important issues raised that require serious reflection across the health service more broadly. What the Review articulates about how we work to build supportive cultures to engender and encourage behaviour that reflects our NHS values is of general application. I am clear that Mr Sturrock’s review provides not just an opportunity for NHS Highland, but an opportunity for us all in NHS Scotland.

My response sets out in full a package of measures I will implement to support positive workplace culture across the whole of the NHS. Furthermore, I have undertaken to write to all NHS boards to ensure that they reflect on and learn from the findings of the Sturrock Review. With this in mind I am asking that senior leadership of all Boards consider the recommendations falling from this report (contained within the Scottish Government’s response), and noting the points raised at Annex A, that you provide, where appropriate:

- Details of immediate actions your Board have taken/plan to take on the back of the recommendations made in the Sturrock report.
- What support the your Board have put in place/will put in place for any member of staff who has been affected by bullying and harassment.
- Details of your Board’s plan for staff engagement to consider these recommendations and a timeline of when this will be carried out.
I ask that you provide this information directly to Anna Gilbert, Head of Staff Governance, Health Workforce Directorate [anna.gilbert@gov.scot](mailto:anna.gilbert@gov.scot) by Friday 28 June 2019.

I am committed to ensuring that everyone in the NHS in Scotland feels valued, safe and supported and that they can raise any concerns that they have, no matter what they may be. This is not only important to every member of staff in our NHS, but it also matters greatly to the patients that we serve.

I hope this letter is helpful in clarifying my position.

[Signature]

JEANE FREEMAN
Annex A

We will explicitly look for assurance that all boards:

- Are fostering opportunities for open and active dialogue with all staff, in the spirit of our Everyone Matters Workforce Vision and Values;

- Senior leaders are challenging themselves and their teams to ensure that a culture in which our vision and values are routinely modelled, and that positive behaviours permeate throughout the whole organisation;

- Remain assured that their local Staff Governance Monitoring arrangements effectively scrutinise implementation of the Staff Governance Standards, in particular that staff continue to be treated fairly and consistently, with dignity and respect, in an environment where diversity is valued;

- Are using systems for staff engagement and feedback, including iMatter, effectively and that boards continue to take action where issues are identified;

- That boards review the implementation of workforce policies relating to bullying and harassment and whistleblowing; that they promote staff awareness of these policies including how they can safely and confidentially raise concerns, the sources of support available and that staff are supported throughout the process;

- That boards review their existing workforce training and development needs and make use of the talent development and management programmes NHS Scotland has in place, including Project Lift, to ensure that we are equipping all our staff with the skills and abilities they need to be effective managers of people.
<table>
<thead>
<tr>
<th>Agenda item 3.3, Appendix 2</th>
</tr>
</thead>
</table>

**Healthcare Improvement Scotland Response to Scottish Government Sturrock Review June 2019**

Assurance that Boards are:

- Fostering opportunities for open and active dialogue with all staff in the spirit of our Everyone Matters for Workforce Vision and Values

**Comments**

- Regular All Staff Huddles – participation is encouraged as an opportunity to both gather and share information. It is an opportunity to hear directly from the Executive team, in both Delta House and Gyle Square locations, with a Tele-Huddle for remote staff.
- The Source – an important platform for internal communication and cohesion. All staff are encouraged to use it, not only for drawing information but also for sharing and actively engaging in discussion and comment.
- Partnership Forum – each directorate has a representative, through which staff are encouraged to feed their views and opinions, and have the key decisions or points of debate fed back. In addition, the Staff News circulated after each meeting helps ensure everyone is kept informed.
- The ongoing challenge of operating within a number of sites across Scotland is recognised and whilst activity is in place to respond to this e.g. Tele-Huddle, further consideration will be given to responding to this matter.

Senior Leaders are challenging themselves and their teams to ensure that a culture in which our vision and values are routinely modelled and that positive behaviours permeate throughout the whole organisation

**Comments**

- The Staff Governance Standard is highlighted at Corporate Induction and is prominent on the Source, providing a consistent benchmark for all to refer to.
- The Local Staff Governance Monitoring Returns require Directorates to reflect and consider their activities in a more focussed manner.
- Individual Directorate Events generally already include at least a short session reflecting on values and behaviours, and this should be encouraged at all levels.
- Organisationally, we launched the “Making a Difference Awards” which encouraged nominations by staff of colleagues who particularly modelled the values and behaviours.
- Additionally, the Margaret McAlees Award was developed to be awarded, again to those nominated by staff, who went ‘beyond’ in relation to the support of equality and diversity.
- In 2018, a blog series highlighting and exploring the 13 Behaviours of High Trust and then another later examining the 9 NHS Shared Values were published, generating some thoughtful reflection and comment.
- A Coaching Skills for Managers programme was commissioned and implemented to support the skills development of our people managers. Over 100 participants, including the Executive Team members, are now applying these skills and a thriving peer support network continues to help shape our culture, conversation by conversation.

Remain assured that their local Staff Governance Monitoring Arrangements effectively scrutinise implementation of Staff Governance Standards, in particular that staff continue to be treated fairly and consistently, with dignity and respect, in an environment where diversity is valued

**Comments**

- The Staff Governance Monitoring Process and Directorate Local Monitoring, as well as the iMatter annual cycle, helps ensure that the Standards are upheld.
The Partnership Forum and Executive Team’s desire to properly understand organisational issues regarding both real and perceived unfair treatment has led to the commissioning and development of a bespoke culture survey, due to be issued in September 2019.

All staff are encouraged to Speak Up, and the Coaching Skills for Managers programme was put in place to help managers to create environments where people feel they can.

Are using systems for staff engagement and feedback, including iMatter, effectively and that boards continue to take action where issues are identified

Comments

A dedicated Staff Experience section has been created on The Source to gather together and reinforce the relationship and links between the Staff Governance Standard, iMatter, Joy in Work, Partnership Forum and signpost to relevant resources.

iMatter as a process for monitoring our application of the Staff Governance Standard is now well embedded across the organisation with high response rates (86% in 2018). Despite moving to smaller teams where anonymity might be compromised, this was a 6% increase in response on 2017.

So far in 2019, again with even more, smaller teams, we have - so far - achieved 86% again with 46 teams achieving 100% response rates. It is hoped that this will lead to more meaningful conversations and increased commitment to act at a team and directorate level.

With clearly communicated roles, responsibilities and timelines for iMatter, as well as signposting to support as well as complementary resources, such as IHI Joy in Work Framework; What Matters to You; Affina OD; and Team Coaching our rate of submission of Action Plans within the 12 week window is also high. Teams are then encouraged to act on their commitments throughout the year.

A HIS Team story was voted for by the National iMatter Op Leads group to be represented at the NHS Event in May 2019.

The focus will now be on gathering more stories, which will support and be supported by the Directorate based local monitoring arrangements.

HIS is the National Lead for the annual What Matters to You Day and undertakes activities in all sites to encourage open conversation.

As mentioned previously, a bespoke Culture Survey has been designed, in partnership, to support increased understanding and to enable more targeted actions to be taken.

Staff Huddles provide a platform for raising issues, such as bike storage, and then the Source complements that by providing a response available to all – with space for comment.

Staff views are frequently invited on other issues, such as the recent survey to assess the new intranet, which was followed up with detailed actions to be taken.

A further example of staff engagement and encouraging staff views would be the workshops held in summer 2018 regarding the Future of Healthcare Improvement Scotland – to which over 50 members of staff contributed.

iMatter continues to have a high level of response within Healthcare Improvement Scotland, and further analysis of reports from the 2019 cycle will be undertaken to review the actual impact and effectiveness of action planning within the organisation.

That Boards review the implementation of workforce policies relating to bullying and harassment and whistleblowing; that they promote staff awareness of these policies, including how they can safely and confidentially raise concerns, the sources of support available and that staff are supported throughout the process

Comments

A slide pack regarding “Whistleblowing – Speaking Up and Raising Concerns” has been published which includes signposting to a variety of resources and forms of support.

There has been recent communication to all staff reminding them of how to speak up and raise concerns about any issues within the organisation.

The existing Dignity at Work arrangements within the organisation are currently being reviewed, recognising the need to strengthen the number and the role of the Dignity at Work advisors across the organisation.
- The closing page of the culture survey includes a selection of direct links to both external sites and support, such as the Staff Governance Standard and Breathing Space Scotland, as well as to existing contacts and resources already available on The Source, such as the Staff Experience section, our Policies, Employee Assistance Programme.
- The series of blogs exploring Trust and then Values also aimed to raise awareness and signpost to relevant support and resources, such as the RCN developed Working with Care.
- It is recognised that a number of workforce policies are out of date within the organisation and action, in tandem with the expected outputs of the ‘Once for Scotland’ activity, will take place within the organisation to ensure that policies are reviewed and updated to ensure they are relevant and reflect current best practice.

| That boards review their existing workforce training and development needs and make use of the talent development and management programmes NHS Scotland has in place, including Project Lift, to ensure we are equipping all our staff with the skills and abilities they need to be effective managers of people. |

**Comments**

- An exercise to identify ‘high risk’ posts has been undertaken in a proactive move to protect the organisation against a lack of suitable successors.
- The Career Pathways programme, now housed in a dedicated section of The Source, has worked hard to highlight the breadth of roles in the organisation and the frequently non-linear trajectory of career progression. Role Outlines, Career Stories and more all provide information to support both managers and individuals in reflecting and preparing for meaningful and constructive conversations regarding career development. The Coaching Skills for Managers programme has also equipped many managers with the skills and confidence to hold these types of discussions.
- We have been an active participant in the development of the Management Matters site (hosted on TURAS Learn) which provides access to a range of resources clustered around Managing Self, Managing Teams, and Leading and Managing in Organisations.
- This tiered approach is consistent with the Leadership Cubed Programme for selected Project Lift participants, and it is also reflected on our Organisational Development and Learning page of the Source.
- Encouraging a self-reflective approach to development in this way enables a levelling of status and hierarchy that can sometimes get in the way of relationships – we are all human and it starts with us, our values, our skills, our abilities and our resilience and wellbeing. If we look after ourselves, we will be better placed to look after each other and therefore become better and more effective leaders.
- Further work is planned to refresh and re-establish Exit interview processes across the organisation to ensure that learning and feedback is available to services and management across the organisation as individuals move to new roles out with the organisation.
SUBJECT: Healthcare Improvement Scotland Annual Report and Accounts 2018-19

1. Purpose of the report
To present to the Board for adoption, the final version of the Annual report and Accounts for 2018/19.

2. Key Points
The Annual report and Accounts to March 2019 have been considered in detail by the Audit and Risk Committee on two occasions. The Accounts Workshop that was held on 6 June 2019 provided an informal environment for the Committee to scrutinise the draft accounts and to ask any questions to enable their understanding and assurance of internal control. Those present at the workshop in addition to Committee members, included the Executive Team and representatives from internal and external audit.

Following that workshop, the accounts were finalised and formally presented to the Audit and Risk Committee at their meeting on 19 June 2019. The final accounts were reviewed alongside a movement schedule of changes that had been made since the workshop on 6 June 2019.

During review of the accounts at its formal meeting on 19 June 2019, the Committee agreed to some changes to the performance report to remove duplication and to correct some grammatical errors. These changes have been made and the Committee were content to recommend the Annual Report and Accounts to 31 March 2019 to the Board for adoption at its meeting on 26 June 2019.

The Annual Report and Accounts to 31 March 2019 are now presented to the Board for their review and adoption (Appendix 1). To support review of the accounts, the Board are asked to consider the Report to those Charged with Governance (ISA 260) which is prepared by Deloitte who conducted the audit of the accounts (Appendix 2).

The Board are also asked to approve the Letter of Representations (Appendix 3) which will be signed by the Accountable Officer on behalf of the Board.

The Chair of the Audit and Risk Committee will sign a letter to the Scottish Government Health and Social Care Assurance Board (Appendix 4) advising them that there are no significant disclosures to be made eg fraud, that are in the wider interest. This is a requirement set out in the Scottish Public Finance Manual. The Board are asked to agree with this disclosure or to advise of any issues they know that should be disclosed.
3. **Actions/Recommendations**  
The Board are asked to:

a. Consider the final version of the Annual Report and Accounts for 2018-19 (Appendix 1) and the associated ISA 260 (Appendix 2)

b. If content with the Annual report and Accounts 2018-19, to formally adopt them for submission to Scottish Government by 30 June 2019.

c. Review the Letter of Representations (Appendix 3) and authorise the Accountable Officer to sign this on behalf of the Board.

d. Review the Letter of Significant Issues (Appendix 4) which will be signed by the Chair of the Audit and Risk Committee and to advise if there are any issues that ought to be disclosed.

**Appendices:**

2. Report to those Charged with Governance (ISA 260)
3. Letter of Representations
4. Statement of Significant Issues

**If you have any questions about this paper please contact Maggie Waterston, Director of Finance & Corporate Services. email: margaret.waterston@nhs.net Tel: 0131 623 4608**
SUPPORTING INFORMATION

RISK

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<thead>
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OTHER CONSIDERATIONS

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

The Annual Accounts underpin delivery of the strategic plan. They have been audited to provide necessary assurances that systems of internal control are in place that support good management of the organisation’s resources.

Resource Implications

All work associated with producing the annual accounts is included within the budget and resource plan for HIS

What engagement has been used to inform the work.

ET members and Function leads have supported the production process. The Annual Accounts workshop provided the ARC members with time to scrutinise and assure themselves of the internal controls in place to support the final accounts.

What Equality and Diversity considerations relate to the work.

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

This work reviews best value across the organisation including how the operational plan is delivered. The Annual Accounts are returned to the Scottish Government with the external audit assurances prior to being set before Parliament in a formal process.
SUBJECT: Financial Performance Report

1. Purpose of the report
To provide an update to the Board of the financial position at 31 May 2019.

2. Key Points
The financial position at 31 May 2019 is presented at a relatively high level for first two months of the financial year. The Board are asked to note:

   - The phasing of budgets is being revised as part of the data collection exercise around the revised process for reporting of performance. This should better align proposed spend with proposed activity/outputs.
   - We are in discussions with Scottish Government colleagues about the outstanding funding allocations and receiving confirmations as soon as possible.
   - An internal oversight board is being created to manage through the delivery of internal improvement/efficiencies, aspects of the workforce and finance plans and changes to the working environment. This is to enable the future sustainability of the organisation that is recognised throughout the planning framework.
   - Future financial reports will be revised to include more graphical/visual data to ease understanding of the information.
   - Future reports will separate out information regarding the regulation of Independent Health Care where turnover is expected to be in the region of £1m for 2019-20.
   - At this stage, it is predicted that Healthcare Improvement Scotland will meet its financial obligations and targets agreed for 2019-20.

3. Actions/Recommendations
The Board are asked to review the financial information and to ask any questions to gain assurance.

Appendix:

1. Financial Performance Report as at 31 May 2019

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

RISK

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<tr>
<td>yes</td>
<td>yes</td>
<td>635</td>
</tr>
</tbody>
</table>

OTHER CONSIDERATIONS

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

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

The financial performance report is a progress report which underpins how the financial resources are used to deliver the strategic plan.

Resource Implications

None

What engagement has been used to inform the work.

The report is shared with ET, Audit and Risk Committee and the Board. Verbal updates are provided to the Partnership Forum

What Equality and Diversity considerations relate to the work.

Advise how the work:

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

The finance report is measuring the financial plan which is developed to support best use of resources and to meet the organisation's strategic intent.
Healthcare Improvement Scotland

Financial Performance Report as at 31 May 2019

Overview
The 2019-20 revenue budget was agreed by the Board in 20 March 2019. The first funding allocation letter from Scottish Government (SG) was received on 3 June 2019. This set the revenue resource limit (RRL) for 2019-20 to be £24.859 m, which reflects the prior year baseline £24.732 m uplifted for the 18/19 and 19/20 pay award £0.4 m less National Boards savings of £0.3 m. It also included earmarked recurring allocations of £0.010 m, plus non-recurring allocations worth £0.039 m. At this point in the year a number of allocations have not yet been included in the allocation letter. Table C below outlines this position, in addition to this HIS still has to receive confirmation that its baseline allocation will be uplifted to reflect additional pension contributions of £0.9 m.

Whilst we have loaded the 19/20 budget to the ledger, further work is currently underway to refine the profiling, which will enable improvements in financial control, specifically our ability to enhance forecasting.

Financial Position
At 31 May the total RRL received is £24.908m. Of this HIS has spent £4.980 m, some £556k more than the budget for the first two months.

However, as noted above HIS has not yet received any of the additional allocations expected from SG; When current spend against these allocations is taken into account HIS has spent £106k less than budget.

Table A - Financial position at 31 May 2019

<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>942,976</td>
<td>830,276</td>
<td>142,663</td>
<td>112,700</td>
<td>29,963</td>
<td>0</td>
<td>29,963</td>
</tr>
<tr>
<td>Office of the Medical Director</td>
<td>363,999</td>
<td>241,943</td>
<td>83,893</td>
<td>122,156</td>
<td>(38,263)</td>
<td>38,133</td>
<td>(130)</td>
</tr>
<tr>
<td>Office of the NMAHP Director</td>
<td>2,564,288</td>
<td>2,306,147</td>
<td>184,147</td>
<td>258,141</td>
<td>(73,994)</td>
<td>73,619</td>
<td>(375)</td>
</tr>
<tr>
<td>Corporate Provision</td>
<td>(3,351,682)</td>
<td>(3,393,843)</td>
<td>38,833</td>
<td>42,161</td>
<td>(3,328)</td>
<td>0</td>
<td>(3,328)</td>
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<tr>
<td>Evidence</td>
<td>5,334,458</td>
<td>4,386,149</td>
<td>885,054</td>
<td>948,309</td>
<td>(63,255)</td>
<td>61,129</td>
<td>(2,126)</td>
</tr>
<tr>
<td>Finance &amp; Corporate Services</td>
<td>1,741,591</td>
<td>1,368,296</td>
<td>327,785</td>
<td>373,295</td>
<td>(45,510)</td>
<td>9,834</td>
<td>(35,676)</td>
</tr>
<tr>
<td>People &amp; Workforce</td>
<td>662,587</td>
<td>577,273</td>
<td>92,418</td>
<td>85,314</td>
<td>7,104</td>
<td>0</td>
<td>7,104</td>
</tr>
<tr>
<td>Improvement Support and iHub</td>
<td>7,899,442</td>
<td>6,263,416</td>
<td>1,266,035</td>
<td>1,636,027</td>
<td>(369,992)</td>
<td>442,862</td>
<td>72,870</td>
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<td>Property</td>
<td>1,302,970</td>
<td>1,087,347</td>
<td>217,162</td>
<td>215,623</td>
<td>1,539</td>
<td>0</td>
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<td>Scottish Health Council</td>
<td>2,961,035</td>
<td>2,517,231</td>
<td>445,965</td>
<td>443,804</td>
<td>2,161</td>
<td>0</td>
<td>2,161</td>
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<td>Quality Assurance</td>
<td>4,485,981</td>
<td>3,743,173</td>
<td>740,391</td>
<td>742,808</td>
<td>(2,418)</td>
<td>36,559</td>
<td>34,141</td>
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<tr>
<td>Total</td>
<td>24,907,645</td>
<td>19,927,308</td>
<td>4,424,345</td>
<td>4,980,337</td>
<td>(555,993)</td>
<td>662,136</td>
<td>106,143</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 a RRL baseline budget for 2019-20 of £24.908 m, we anticipate that this will be increased by a further £0.9m to reflect increases in employer pension contributions from 14.9% to 20.9%.

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 Table B.
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>
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<tbody>
<tr>
<td>Baseline 1 April 2019</td>
<td>24,859</td>
<td>-</td>
<td>-</td>
<td>24,859</td>
<td>72.9</td>
</tr>
<tr>
<td>Received to date</td>
<td></td>
<td>10</td>
<td>39</td>
<td>49</td>
<td>0.1</td>
</tr>
<tr>
<td><strong>Allocation at 31 May 2018</strong></td>
<td>24,859</td>
<td>10</td>
<td>39</td>
<td>24,908</td>
<td>73.1</td>
</tr>
<tr>
<td>Future SG funding - confirmed</td>
<td>-</td>
<td>5,140</td>
<td>5,140</td>
<td>15.1</td>
<td></td>
</tr>
<tr>
<td>Future SG funding - unconfirmed</td>
<td>-</td>
<td>-</td>
<td>4,043</td>
<td>4,043</td>
<td>11.9</td>
</tr>
<tr>
<td><strong>Anticipated total 2018-19</strong></td>
<td>24,859</td>
<td>10</td>
<td>9,222</td>
<td>34,091</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Table C below shows the details of the outstanding allocations and income categorised in terms of confirmation status and associated risk.
### Table C Revenue Resource Allocations – Detail

<table>
<thead>
<tr>
<th>Anticipated Allocations</th>
<th>Directorate</th>
<th>Anticipated Allocation £</th>
<th>Spend to Date £</th>
<th>Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Confirmed</strong></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>Montgomery Review</td>
<td>Evidence</td>
<td>299,328</td>
<td>1,292</td>
<td>Green</td>
</tr>
<tr>
<td>MESH</td>
<td>Evidence</td>
<td>54,344</td>
<td>1,648</td>
<td>Green</td>
</tr>
<tr>
<td>FOD - Diagnosis and Post Diag</td>
<td>ihub</td>
<td>70,432</td>
<td>5,335</td>
<td>Green</td>
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<tr>
<td>Older People in Acute Care</td>
<td>ihub</td>
<td>102,400</td>
<td>8,842</td>
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<tr>
<td>SPSP MCQIC</td>
<td>ihub</td>
<td>41,496</td>
<td>1,380</td>
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<tr>
<td>Value Management</td>
<td>ihub</td>
<td>548,841</td>
<td>878</td>
<td>Green</td>
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<tr>
<td>Outcome Based Commissioning - External</td>
<td>ihub</td>
<td>300,000</td>
<td>29,962</td>
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<tr>
<td>QI Board Development</td>
<td>ihub</td>
<td>-</td>
<td>70,000</td>
<td>Green</td>
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<tr>
<td>ATDC</td>
<td>Medical</td>
<td>200,000</td>
<td>23,460</td>
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<td>National Review Panel</td>
<td>Medical</td>
<td>101,000</td>
<td>14,673</td>
<td>Green</td>
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<tr>
<td>Off Label Cancer Medicines</td>
<td>Medical</td>
<td>66,518</td>
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<td>HEPMA</td>
<td>Medical</td>
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<td>98,570</td>
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<tr>
<td>NMHAP External</td>
<td>NMAHP</td>
<td>326,427</td>
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<td>NMWWPP</td>
<td>NMAHP</td>
<td>492,317</td>
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<td>Carry Forward</td>
<td>Corporate Provisions</td>
<td>257,000</td>
<td></td>
<td>Green</td>
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<tr>
<td>NMAHP</td>
<td>Corporate Provisions</td>
<td>1,977,298</td>
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<td>Green</td>
</tr>
<tr>
<td>National Hub</td>
<td>QA</td>
<td>71,253</td>
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<td>IRMER</td>
<td>QA</td>
<td>105,108</td>
<td>9,514</td>
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<tr>
<td>SHC National Office</td>
<td>SHC</td>
<td>15,000</td>
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<td>Green</td>
</tr>
</tbody>
</table>

| Total Confirmed Allocations | 5,140,332 | 177,853 |

<table>
<thead>
<tr>
<th>Anticipated Income</th>
<th>Directorate</th>
<th>Anticipated Income £</th>
<th>Spend to Date £</th>
<th>Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>QI Connect</td>
<td>ihub</td>
<td>33,444</td>
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<td>Green</td>
</tr>
<tr>
<td>Rheumatology - HF</td>
<td>Medical</td>
<td>13,961</td>
<td></td>
<td>Green</td>
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</tbody>
</table>

| Total Anticipated Income | 47,405 |

<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 2019-20**

In order to achieve a balanced budget the financial plan was the subject of various internal savings targets £1.275 million. In all instances savings are to be sought from recurrent sources wherever possible.

Table D shows the current position at 31 May 2019. This shows that savings of £51k have been achieved in the first two months of the financial year which represents 4.0% of the overall target for the year.
A detailed review of savings is currently underway as part of the budget re profiling exercise.

The above figures do not include any contribution to the National Boards Support Services Collaboration for 2019-20.

**Outturn Prediction for 31 March 2020**

As outlined in the Medium Term Health and Social Care Financial Framework, the new planning and performance cycle will apply from 2019-20 and require Boards to deliver break-even over a three-year period. Where Boards are able to demonstrate financial balance over the period, additional flexibility to under or overspend by up to one per cent of annual resource budgets will be provided. In HIS case this reflects circa +/- £0.3m.

Increased focus will therefore be applied to the full year forecast which will be refreshed on a monthly basis by the end of the 2nd quarter, this contrasts with previous practice of formally forecasting only at the mid-year review.

The Executive Team will continue to regularly monitor the financial position and manage any associated risks. They are committed to delivering a position at 31 March 2020 that meets the tolerance levels outlined above which accords with the current expectation of HIS from Scottish Government.
SUBJECT: Risk Management Update

1. Purpose of the report

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

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 Board is asked to note that the risk report is considered later in the agenda for two reasons:
   i) When placed earlier in the agenda, it was found that discussion of the risk report pre-empted discussion around the subsequent agenda items.
   ii) When placed towards the end of the agenda, it allowed a review of risk with the benefit of having already covered the other agenda items, discussion of which may have identified new risks, changes to risk ratings or risk closures.

c) The corporate risks (Appendix 1) and very high operational risks (Appendix 2) have been reported from the Compass system as at 10 June 2019. There are 14 corporate risks compared to 12 on the March report. There are 6 very high operational risks on the report compared to 1 on the March report.

d) The movement schedule at Appendix 3 summarises the risks which are new on the report and those which have left the report since the March Board meeting.

e) A grid showing the risk appetite and scoring is attached for reference at Appendix 4. This has been updated since the Board’s risk appetite workshop in February where it was agreed that risks which lead to incidents or adverse events that could cause injury (health and safety) would move from the Operational category to the Compliance/regulatory and Legal Requirements category.

f) The Board is asked to note that the Audit and Risk Committee received a paper at its meeting on 19 June 2019 which provided the output report of the Board’s risk appetite workshop. The report found that the risk appetite for the Compliance/Regulatory and Legal Requirements Category should change from a “minimalist” risk appetite to a “cautious” risk appetite. This change has been made on the Compass system. The following risks on the report are assigned to this category:
   - Risk 759, Information Governance - the rating has not changed as a result of the appetite change.
   - Risk 890, Regulation of Independent Healthcare – this is a new risk raised and accordingly the new appetite has been applied to its rating.

g) The Board is asked to note that a “deep dive” into the risk registers is scheduled for the August 2019 Board seminar and that the risk management strategy is currently being revised and will be provided in the autumn.
3. Actions/Recommendations

The role of the Board in relation to risk is set out in the NHS Scotland Blueprint for Good Governance and is as follows:

- Agree the organisation's risk appetite.
- Approve risk management strategies and ensure they are communicated to the organisation's staff.
- Identify current and future corporate, clinical, legislative, financial and reputational risks.
- Oversee an effective risk management system that assesses level of risk, identifies mitigation and provides assurance that risk is being effectively treated, tolerated or eliminated.

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
## SUPPORTING INFORMATION

### RISK

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

### OTHER CONSIDERATIONS

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

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

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.

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.

Advise how the work:

- helps the disadvantaged;
- helps patients;
- makes efficient use of resources.
## Appendix 1 – Corporate Risks

<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>May - 2019</th>
<th>Apr - 2019</th>
<th>Mar - 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reputational / Credibility</td>
<td>Data Measurement &amp; Business Intelligence</td>
<td>693</td>
<td>Karen Ritchie</td>
<td>There is a risk that we do not have a good awareness of 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>Some important measures are considered by different programs of work within HIS, but not collectively. The Information Services Division and Audit Scotland report on some key metrics via the Sharing Intelligence for Health &amp; Care Group.</td>
<td>To address this risk, and to move emphasis away from a single measure (HSNIR), a SLWG was convened 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 starting May 2018. DMBl have developed an Excel workbook to analyse these measures both over time and in comparison with Scotland. The analysis is being shared at internal sharing meetings and is being tested by the Quality of Care organisational reviews.</td>
<td>From July 2019 DMBl will start reviewing patterns across the set of indicators for all NHS boards and following this expect the likelihood to reduce further. The likelihood of this risk has already reduced because key metrics have been agreed and testing has begun with the Quality of Care Reviews and Internal Intelligence Sharing work.</td>
<td>Audit and Risk Committee, 19/6/19</td>
<td>Medium - 9</td>
<td>Impact - 3</td>
<td>Likelihood - 3</td>
<td></td>
</tr>
<tr>
<td>Financial / Value for Money</td>
<td>Finance Strategy</td>
<td>635</td>
<td>Margaret Waterston</td>
<td>There is a risk of not meeting our budgeted commitments because of changing and competing priorities around work, 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. Sharper focus during 2019-20 on initial budget phasing leading to monthly forecasting based on interpretation of monthly spend patterns, commitments raised and understanding of changes to workplan. Monthly information will be a mix of narrative and graphical to assist with understanding.</td>
<td>Training for all new budget holders and refresher training for all existing budget holders. Timeous financial information to be available for ET to consider Financial position to be a regular item on DMT agenda. Management Accountants to attend DMT meetings</td>
<td>The 2018-19 budget challenges are close to being met and we are predicting financial balance at 31/3/19. Regular discussions with SG colleagues take place to discuss risks around the HIS financial position. We have agreed a carry forward into 2019/20 of between £300k and £400k to alleviate known pressures during 2019/20.</td>
<td>Audit and Risk Committee, 19/6/19</td>
<td>Medium - 10</td>
<td>Impact - 5</td>
<td>Likelihood - 2</td>
<td></td>
</tr>
<tr>
<td>Reputational / Credibility</td>
<td>ihub directorate wide risk</td>
<td>874</td>
<td>Ruth Glassborow</td>
<td>There is a risk of that existing programmes of work are adversely impacted because of the requirement to prioritise resources to contribute to the urgent design of the new Access Qi Programme leading to negative impacts on staff morale, sickness rates and the delivery of current programmes of HIS work resulting in a negative impact on organisational reputation.</td>
<td>“Agreement with Scottish Government that this is a priority and understanding that this may then impact on delivery of other programmes of work”</td>
<td>“Identify additional resources to bring in to support this work”</td>
<td>“Identify existing programmes of work which can be focused down on Access Qi so not fundamentally changing the focus but rather narrowing the scope”</td>
<td>“Identify existing individuals who could be released to focus on this work”</td>
<td>“Set up Advisory Group to ensure key leads in NHS Boards and UOs are involved in the design of the work”</td>
<td>“Design of programme completed by beginnings of April and approved by SG operational performance Board on 17th April. However additional resources not yet agreed so not able to commence recruitment. Timelines for launch are such that considerable preparation work needs to be completed before we will have individuals in post so having to look at interim arrangements. NES have released Head of Qi to”</td>
<td>Audit and Risk Committee, 19/6/19</td>
<td>High - 16</td>
</tr>
</tbody>
</table>
work with HIS for three days a week to support design phase however original plans for backfill have not worked out so revisiting backfill options. Currently negotiating with SG to release one of their IAs to support work for next three months. Unit Head for Safety and Improvement re-prioritised some work to release some time to support Access QI. Director of Improvement re-prioritised work to provide 1-2 days a week to support. Close working relationships being formed with SG programme leads who have also been requested through SG to supply key information to support design of programme. However, the workload attached to the design of this programme at the pace required is considerable and risks remain around impact on other areas of work.

| Compliance / Regulatory Information Governance Strategy | 759 Karen Ritchie | 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 | Staff uptake of data protection training has increased to 65% from below 50%. All corporate privacy notices and the data protection policy is under routine review which once accepted by policy sub-group will be implemented with a communications plan. Risk level reduced in light of increased uptake of training. | Audit and Risk Committee, 19/6/19 | Medium - 6, Impact - 3, Likelihood - 2 |
| Operational Making Care Better Strategy 2017-2022 | 883 Robbie Pearson | There is a risk that the lease for Delta House Glasgow, will expire in March 2021 before we have made alternative arrangements due to the short supply of options for accommodation potentially resulting in short term expensive arrangements that we will struggle to afford and which will not suit the needs of our workforce. | Currently working with SFT and National Boards programme to understand alternative options Contacting current landlord to understand potential for various types of lease extension and associated cost Working with National Boards on potential consolidation of office space in Glasgow and associated co-location opportunities and potential impact | Work is underway to look at alternatives. This should provide sufficient time for options appraisals and decision making to allow an orderly transfer of staff to alternative accommodation | Discussions are taking place between national boards who also have lease expiry during 2021 to understand potential options. Options appraisal will be prepared for the autumn which will include potential to extend the lease at Delta House until a solution for West of Scotland materialises | Audit and Risk Committee, 19/6/19 | High - 9, Impact - 5, Likelihood - 0 |
**Operational**

<table>
<thead>
<tr>
<th>Making Care Better Strategy 2017-2022</th>
<th>737</th>
<th>Robbie Pearson</th>
</tr>
</thead>
<tbody>
<tr>
<td>There is a risk that we do not have sufficient internal capacity to support the work of the National Board Delivery Plan and savings targets because of the substantial input that is required from a small group of people resulting in staff becoming over burdened, stressed and concerned about their futures.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Designated roles have been agreed within the organisation to represent HIS and to support the national work. A principle of working with colleague boards is to re-use as much information as possible i.e. not to collect same information twice. Work closely with Employee Director to ensure that staff side are aware of any potential changes to reduce costs and that their input is possible.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oversight of required capacity is being led by Director of Finance and Corporate Services. Work with staff to re-prioritise workload. Recruit additional support staff with agreement of ET Re prioritise HIS work programme.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A plan to share transactional processing within Finance and HR is being developed between the National Boards. This is being produced in partnership and staff are contributing to the process. The leads for this work are from other boards and so the capacity required from within HIS has been minimised.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Audit and Risk Committee, 19/6/19 |
| Medium - 12 | Impact - 4 | Likelihood - 3 |

**Operational**

<table>
<thead>
<tr>
<th>SMC Product Assessment</th>
<th>454</th>
<th>Karen Ritchie</th>
</tr>
</thead>
<tbody>
<tr>
<td>There is a risk that SMC is unable to accept new medicines for use in a timely manner because of the sustained volume of submissions, leading to political and/or public criticism and resulting reputational damage.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Horizon Scanning Schedule planning Published prioritisation criteria</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medicine scheduling is monitored and communicated to Scottish Government and Industry. Long term business case for additional resource supported by Scottish Government from April 2019.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SMC follow a strict prioritisation criteria for scheduling medicine submissions. Scottish Government and Industry are kept informed of deferrals of submissions. If recruitment to new posts is successful there will be additional capacity in the assessment team later in 2019 which should reduce this risk. The risk score has been increased due to number of submissions which have been unable to be scheduled and as such, have been deferred.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Audit and Risk Committee, 19/6/19 |
| Very High - 20 | Impact - 4 | Likelihood - 5 |

**Reputational / Credibility**

<table>
<thead>
<tr>
<th>Strategic Delivery Plan: Medicines</th>
<th>721</th>
<th>Ann Gow</th>
</tr>
</thead>
<tbody>
<tr>
<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></td>
<td></td>
</tr>
<tr>
<td>- Media management strategy as part of overall communications plan which is supported by Scottish Government and NHS Boards. - FAQ document (public) and FAQs for clinicians in place</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Engagement on, and sign off, for media management strategy with NHS Boards, SG and NHS Scotland comms teams</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Ongoing support from HIS communications team</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Updating of the National Patient Information Leaflet</td>
<td></td>
<td></td>
</tr>
<tr>
<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></td>
<td></td>
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</table>

| Audit and Risk Committee, 19/6/19 |
| Low - 6 | Impact - 3 | Likelihood - 2 |

**Operational**

<table>
<thead>
<tr>
<th>Strategy 2017-2022 Making Care Better</th>
<th>697</th>
<th>Robbie Pearson</th>
</tr>
</thead>
<tbody>
<tr>
<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></td>
<td></td>
</tr>
<tr>
<td>Clinical engagement strategy and associated activity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Engagement with other UK HTA agencies to influence policy re medicines regulation mechanisms Monitoring of changes in workforce profiles in HIS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>With the increasing likelihood of a new deal withdrawal from the EU, the Scottish Government has established an EU Exit Response Hub which to coordinate and provide policy and response expertise including support to NHS Boards has issued further advice to Boards. This has included organising EU Exit Resilience Workshops at which HIS was represented. Advice is being provided by the Hub</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Audit and Risk Committee, 19/6/19 |
| Medium - 12 | Impact - 3 | Likelihood - 4 |
| Reputational / Credibility | Strategy 2017 - 2022 Making Care Better | 10 Robbie Pearson | 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. | Strategy and Workforce Development Plan | Re-focus of ET meetings to be more strategic. Directorate team meetings will formally cascade information from ET. Capability plan being created as part of workforce plan. A Senior Leadership Group has been created. They are being commissioned by ET to deliver significant projects/programmes of work and are being supported by ‘Function Lead Events’ to improve organisational understanding and networking. An after action review took place around the planning for 2019-20 and this has led to improvements in approach for future commissions agreed with the Senior leadership group. This different way of working has released capacity within ET and encouraged senior members of staff to consider cross organisational solutions. | Audit and Risk Committee, 19/6/19 | Low - 6 Likelihood 10 - 6 Impact - 3 | Medium - 9 |
| Operational | Workforce Strategy | 872 Sybil Canavan | There is a risk that teams within the Corporate Services Directorate are under resourced because of the growth and changing profile of the organisation's work resulting in a reduction in the service provided across the organisation. | 2019/20 Operational Plan and Finance Plan have been prepared to align with funding allocation and required workforce and these have been reviewed and approved by ET and the Board. The integrated plan identifies level of corporate resource required and agreement in principle with SG to allocate some corporate overhead to additional allocations. New post of Associate Director of Workforce will join HIS on 29 April 2019 to lead this work and delivery of the workforce plan for 2019-20 | Workforce reporting from eEES is being put in place to measure achievement of the workforce plan. Discussions with SG to agree additional corporate support to underpin new commissions where appropriate Internal improvement Programme Board to focus on reducing waste and variation across the organisation for processes and procedures Corporate Services to enable staff, wherever possible to be self-sufficient eg basics of HR, IT and Finance | Associated Director of Workforce joins us on 29 April 2019 to provide additional capacity and experience around management of the workforce and implementation of the workforce plan. Additional resource has been approved within Workforce and ICT until 31 March 2020 to enable a full review of structure and capacity required and potential solutions. Agreement in principle with SG to absorb some overhead costs within existing additional allocations to represent the extra capacity required to support the workforce in providing the output from the non recurring allocations. | Audit and Risk Committee, 19/6/19 | Medium - 12 Likelihood 10 - 12 Impact - 4 |
| 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 Workforce policies (aligned to national Partnership Information Network - PIN - policies & guidelines) | Workforce Plan 2018/19 The workforce plan 2019-22 has been approved by the Board and includes actions that address retention and development of skills as well as more flexible working across directorates. The implementation of the plan and measurement of its delivery is in place. In | Audit and Risk Committee, 19/6/19 | Medium - 10 Likelihood 10 - 10 Impact - 5 | Medium - 10 |
### Operational Workforce Strategy

<table>
<thead>
<tr>
<th>ID</th>
<th>Resource</th>
<th>Impact</th>
<th>Likelihood</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>634</td>
<td>Sybil Canavan</td>
<td>High</td>
<td>Medium</td>
<td>The Workforce Plan 2019-2022 includes mitigating actions for this risk. It includes better workforce planning regarding succession planning and hard to find skills. It also includes a move to better cross organisational working and capacity planning around generic posts. These will be led and implemented by the Director of Workforce who has been recruited to increase capacity and strategic implementation of workforce planning.</td>
</tr>
</tbody>
</table>

There is a risk that HIS is improving and becoming more transparent and part of a negotiation in line with the operating framework.

- Support for workforce planning has been sourced to produce a sustainable plan for the organisation. The Officer is working on a number of areas to ensure that a long term planning mechanism is in place. 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.

### Compliance/Regulatory Regulation of Independent Healthcare

<table>
<thead>
<tr>
<th>ID</th>
<th>Resource</th>
<th>Impact</th>
<th>Likelihood</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>891</td>
<td>Sandra McDougall</td>
<td>Medium</td>
<td>Medium</td>
<td>Audit and Risk Committee, 19/6/19</td>
</tr>
</tbody>
</table>

Currently IHC meets separately with all of the above directorates. A first meeting of the internal group will be set up shortly.

There is a risk that HIS is not able to meet its statutory obligations in relation to regulation of independent healthcare services because of the unpredictability of the sector and growth in the market, resulting in the current delivery model being unsustainable.

- IHC senior inspectors currently review regulatory activity with the programme manager on a weekly basis. This highlights any issues or areas of concern that we cannot deal with as a team and these items are then taken to the operational programme group of which IHC is a member for discussion and resolution and if required to the QAD programme Board. IHC meetings regularly with Finance, IT and HR to discuss relevant issues relating to the delivery model.

- An internal group consisting of senior QAD input, IT, Finance, HR, Planning and IHC representation will be established to fully assess the sustainability of the current model of regulation.

### Operational Quality of Care Reviews

<table>
<thead>
<tr>
<th>ID</th>
<th>Resource</th>
<th>Impact</th>
<th>Likelihood</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>894</td>
<td>Sandra McDougall</td>
<td>Medium</td>
<td>Medium</td>
<td>Audit and Risk Committee, 19/6/19</td>
</tr>
</tbody>
</table>

Currently, work with SG sponsor around commissioning work from HIS is improving and becoming more transparent and part of a negotiation in line with the operating framework.

- The after action review process will identify internal/external assurance checks.

A wider after action review of internal and external stakeholders will allow HIS to reflect and improve our methods.

- Some work has been undertaken to reflect on the QoC approach and methodology in NHS Orkney. This work will inform an after action review method that will bring together learning from NHS A&A and the Golden Jubilee Foundation (when complete) as well as the current ongoing external review into the QoC approach.

n/a – new risk raised
## Appendix 2 Very High Operational Risks

<table>
<thead>
<tr>
<th>Category</th>
<th>Project/Strategy</th>
<th>Risk No</th>
<th>Risk Director</th>
<th>Risk Description</th>
<th>Current Controls</th>
<th>Current Mitigation</th>
<th>Current Update</th>
<th>Date Last Reviewed by Committee</th>
<th>Current Risk Level</th>
<th>May - 2019</th>
<th>Apr - 2019</th>
<th>Mar - 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compliance/Regulatory</td>
<td>Regulation of Independent Healthcare</td>
<td>890</td>
<td>Alastair Delaney</td>
<td>There is a risk that HIS may not be able to pursue enforcement of unregistered independent healthcare services because of a lack of capacity resulting in both reputational risk to HIS and a potential public safety risk.</td>
<td>We have enforcement policies and procedures for unregistered services. In addition, we have a list of services who have told us they do not require to register with us and a list of services we have had no response.</td>
<td>We believe there are currently at least 29 unregistered services that require to be registered and a number of unregistered training providers using live models that make them providers of an independent healthcare service.</td>
<td>Audit and Risk Committee, 19/6/19</td>
<td>Very High - 16 Impact – 4 Likelihood - 4</td>
<td>-</td>
<td>-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reputational/Credibility</td>
<td>Death Certification Review Service</td>
<td>887</td>
<td>Alastair Delaney</td>
<td>There is a risk the service is unable to deliver its statutory role, because NHS24 are unable to support ECS access on service laptops using the new Zscaler security programme. The service continues to use the old Bloxx security system which NHS24 have deemed 'not fit for purpose' and out of support. This is resulting in staff working off site. * breaching NHS24 compliance and regulatory requirements * feeling unnecessary stress. There is also a risk of reputational damage to HIS/DCRS.</td>
<td>NHS24 have confirmed the solution is complex requiring involvement with both NHS24 and SWAN. They have however given no assurances around when this issue will be resolved.</td>
<td>Staff will work off site when necessary, however the service does have an Out of Hours service which may be impacted.</td>
<td>A meeting has been requested with NHS4 to resolve this issue as a matter of urgency.</td>
<td>Audit and Risk Committee, 19/6/19</td>
<td>Very High - 20 Impact – 4 Likelihood - 5</td>
<td>-</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Operational</td>
<td>Focus on Dementia</td>
<td>818</td>
<td>Ruth Glassborow</td>
<td>There is a risk that we are unable to take forward any work to support improvements in dementia care in hospital settings as funding has not been agreed by Scottish Government.</td>
<td>We will not start the work until we have confirmation of funding for the wider programme. Regular meetings with Scottish Government colleagues</td>
<td>Baseline funding has now been agreed for an Improvement Advisor for Acute Care in dementia. Further funding for the prevention and management of stress and distress collaborative had been secured by Scottish Government but due to change in policy area (dementia policy team moving from integration division to Mental Health), funding</td>
<td>Design phase of proposal underway, co-design event held on 21 March and next session planned for 19 July 2019. An SBAR developed for HIS ET to agree final commission was approved by ET. Presenting to SEND 31 May 2019. Associate Improvement Advisor post requires to be extended again</td>
<td>Audit and Risk Committee, 19/6/19</td>
<td>Very High - 20 Impact – 5 Likelihood - 5</td>
<td>Very High - 3</td>
<td>Low - 3</td>
<td>Low - 3</td>
</tr>
</tbody>
</table>

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10/06/2019
Operational | Mental Health Access | 840 | Ruth Glassborow | There is a risk that MHAIST will not be able to provide the agreed support to NHS Boards because of the turnover of staff on fixed term contracts which could lead to services not improving waiting times as quickly as they might with support and also reputational damage to HIS.

Regular review of contract situation with key personnel to ensure recruitment processes are started immediately when a staff member departs

* Negotiate extension of funding with Scottish Government so can increase length of fixed terms and ideally agree that funding moves into baseline so can appoint permanent staff.
* Capturing and evaluating the impact of MHAIST to support conversations with SG.

Funding for two additional IA posts has been approved by SG until 30/06/19. One post will be resourced via extension of the existing post holder’s secondment. The second post has been extended until this date but any further extension will require to be filled through a full recruitment process. In addition, one IA post that was funded through the existing allocation is leaving on June 21st and recruitment to fill this post will also need to take place. Recruiting to short term contracts maintains the risk of staff leaving prior to contract termination.

Audit and Risk Committee, 19/6/19

Operational | Mental Health Access | 841 | Ruth Glassborow | There is a risk that MHAIST cannot provide the necessary analytical input to understand service and system performance due to the current data available from ISD analytical support which could impact on our ability to support Boards to understand their improvement priorities and to demonstrate credible understanding of local and national mental health services.

An SLA between HIS and ISD for 19/20 is being developed which sets out expectations on both sides.

HIS and ISD are working to create a minimum national dataset that will be collated monthly to provide ongoing data and intelligence about performance per Board.

HIS and ISD are creating a development plan for all analysts and IAs to ensure common practice around collation, analysis and visualisation of a commonly agreed dataset.

Improvement and analytical leads are working to ensure analysts have clear work objectives.

On-going work to automate analysis so NHS boards and H&SCPs are less dependent on the ISD analytical resource.

The development of an ISD analytical post within HIS linking the ISD MHAIST analyst team, HIS DMBI and the HIS MHAIST Improvement team is intended to support consistency in approach and output from the diagnostic framework and collaborative activity. An action plan to upskill the ISD analytical team to present data for improvement is in development with the aim of ensuring that all analysts can collate, analyse and visualise data in a consistent and meaningful way.

Audit and Risk Committee, 19/6/19
| Operational SM Product Assessment | 479 | Karen Ritchie | There is a risk that SMC staff are affected by additional work demands and poor work-life balance due to sustained heavy workload and staff shortages resulting in loss of capacity, increased work related staff absence and the potential for operational failure. | Confidential employee counselling service available through HIS HR dept. Time management and stress training management available through HR Vacancy management Internal communications iMatters initiative Weekly all staff huddles Monthly one to one meetings between line managers and direct reports | Staff training Review of assessment timelines at pressure points to allow adequate time for assessments. Recruitment for additional health economics resource underway in Evidence Directorate. Bid to Scottish Government for resources for Montgomery Review implementation supported for 2019/20 and will be baselined. | The risk score has been increased as there is a particular pressure at present on health economics resource due to staff turnover and difficulties in recruiting suitably experienced candidates. | Audit and Risk Committee, 19/6/19 | Very High - 20 | Very High - 4 | Medium - 9 | Medium - 9 |
1. Corporate Risks

<table>
<thead>
<tr>
<th>New risks on the report since March</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>883</strong> Making Care Better Strategy 2017-2022</td>
</tr>
<tr>
<td><strong>891</strong> Regulation of Independent Healthcare</td>
</tr>
</tbody>
</table>

Risks that have left the report since March

None

2. Very High Operational Risks

<table>
<thead>
<tr>
<th>New risks on the report since March</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>479</strong> SMC Product Assessment</td>
</tr>
<tr>
<td><strong>818</strong> Focus on Dementia</td>
</tr>
<tr>
<td><strong>841</strong> Mental Health Access</td>
</tr>
<tr>
<td>Code</td>
</tr>
<tr>
<td>------</td>
</tr>
<tr>
<td>887</td>
</tr>
<tr>
<td>890</td>
</tr>
</tbody>
</table>

**Risks that have left the report since March**

None
Risk appetite is the amount of risk we are prepared to accept, tolerate or be exposed to at any point in time. To facilitate this, we must take balanced decisions which weigh the long term rewards against any short term costs.

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

**Risk appetite (classification)**

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

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

<table>
<thead>
<tr>
<th>Risk category</th>
<th>Description (can include but not limited to):</th>
<th>Risk appetite</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operational</td>
<td>• risks which impact on the ability to meet project/programmes objectives (including impact on patient care)</td>
<td>Open</td>
</tr>
<tr>
<td></td>
<td>• risks which could impact on the availability of business systems and therefore the organisation’s ability to perform key functions (technological)</td>
<td></td>
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<tr>
<td></td>
<td>• risks which impact on the implementation of staff governance.</td>
<td></td>
</tr>
<tr>
<td>Financial/value for money</td>
<td>• risks which impact on financial and operational performance (including damage / loss / fraud).</td>
<td>Cautious</td>
</tr>
<tr>
<td>Reputational/credibility and Strategic</td>
<td>• risks which have an impact on the reputation/credibility of the organisation.</td>
<td>Open</td>
</tr>
<tr>
<td></td>
<td>• Could also include uncertainties caused by changes in health policy and government priorities.</td>
<td></td>
</tr>
<tr>
<td>Compliance/ regulatory and legal requirements</td>
<td>• risks which impact on achieving compliance with legislation, regulation, legal requirements.</td>
<td>Cautious</td>
</tr>
<tr>
<td></td>
<td>• risks which lead to incidents or adverse events that could cause injury (health and safety)</td>
<td></td>
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<tr>
<td>---------------------</td>
<td>--------------------------</td>
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</tr>
<tr>
<td>20-25 – Very High</td>
<td>Intolerable level of risk exposure which requires immediate action to be taken to reduce risk exposure</td>
<td>16-25 – Very High</td>
</tr>
<tr>
<td>13-19 – High</td>
<td>Significant level of risk exposure that requires constant active monitoring and action to be taken to reduce exposure</td>
<td>11-15 – High</td>
</tr>
<tr>
<td>8-12 – Medium</td>
<td>Acceptable level of risk exposure subject to regular active risk monitoring measures</td>
<td>6-10 – Medium</td>
</tr>
<tr>
<td>1 – 7 - Low</td>
<td>Acceptable level of risk exposure on the basis of normal operation of controls in place.</td>
<td>1 – 5 - Low</td>
</tr>
</tbody>
</table>
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 (SHC) Committee Meeting on 23 April 2019.

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

a) Scottish Health Council Change Implementation
The Committee were updated on progress with the SHC review and implementation process.

Proposed revisions to the Committee Terms of Reference, as recommended in the final report of the Short Life Governance Group, are to be submitted to the HIS Board as part of the wider review of the Code of Corporate Governance. Remaining recommendations will be considered further by HIS and SHC Chairs together with HIS Chief Executive and the new Director of Community Engagement.

A draft Change Implementation Plan was approved by the Committee subject to minor revisions. The Plan has been designed to promote openness, innovation and agile working that ensures collaboration within the Directorate and across HIS.

b) The Future of the Participation Standard
The Committee considered the future of the Participation Standard, which is the mechanism currently used to enable assessment of NHS Boards’ performance on meeting key aspects of their duties in respect of patient and public participation.

The Committee agreed that the Participation Standard should be replaced, in time, by a proposed new approach based on the Quality of Care approach. Further engagement with key stakeholders will be conducted in order to establish support for the proposed way forward, and agreement from Scottish Government for this change in approach will be required.

The Participation Standard will remain in place until such time as a proposed new approach is agreed and finalised.

c) Strengthening Patient and Public Involvement in Primary Care
The Committee was updated on how Scottish Health Council local offices continue to support public involvement in primary care. An enabling factor is the revised GP contract which encourages an open and innovative approach to engaging and involving communities.

To help build a picture on existing engagement activity a survey of Scotland’s GP practices is currently underway. The Committee will be updated on the results of the survey and next steps at a future meeting.

Suzanne Dawson
Chair, Scottish Health Council
MINUTES – V1.0

Meeting of the Scottish Health Council Committee
28/02/2019
Delta House West Nile Street, Glasgow G2 1NP

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

In attendance
Anthony McGowan (TMG) Review and Implementation Lead
Christine Johnstone (CJ) Community Engagement & Improvement Support Manager
Anthony McGowan (TMG) Review and Implementation Lead
Christine Johnstone (CJ) Community Engagement & Improvement Support Manager
Anthony McGowan (TMG) Review and Implementation Lead
Christine Johnstone (CJ) Community Engagement & Improvement Support Manager
Daniel Connelly (DC) Service Change Manager
Leslie Marr (LM) Service Change Manager
Lynda Nicholson (LN) Head of Communications
Mario Medina (MM) – item 3.1 Equality & Diversity Advisor
Pauline Symaniak (PS) Corporate Governance Officer
Richard Norris (RN) Honorary Fellow, University of Edinburgh
Robbie Pearson (RP) Chief Executive, HIS
Sandra McDougall (SMD) Acting Director

Apologies
Alison Cox (AC) Member
Elizabeth Cuthbertson (EC) Member
George Black (GB) Member

Committee support
Susan Ferguson Committee Secretary

<table>
<thead>
<tr>
<th>ITEM</th>
<th>NOTES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>WELCOME &amp; APOLOGIES FOR ABSENCE</td>
</tr>
<tr>
<td>1.1</td>
<td>Welcome</td>
</tr>
<tr>
<td></td>
<td>All were welcomed to the meeting. Introductions were made to Leslie Marr (LM) who has recently joined the Scottish Health Council as a Service Change Manager.</td>
</tr>
<tr>
<td>1.2</td>
<td>Apologies for Absence</td>
</tr>
<tr>
<td></td>
<td>Apologies were received from George Black, Alison Cox and Elizabeth Cuthbertson.</td>
</tr>
</tbody>
</table>
PW advised that the committee had three members in attendance which equated to 50% of the current membership, meaning the meeting was quorate.

1.3 Minutes of Previous Meeting (27/11/2018) & Matters Arising

Richard Norris (RN) added to ‘In attendance’.
Item 2.3 – text amended from ‘commission’ to ‘commissioned’.

Following the amendments above, the Minutes of the previous meeting were approved.

Matters Arising

Item 3.2 DC to update service change interim paper-this paper was superseded with a paper produced by RN, therefore no action required from DC.

Item 3.4 SMD had an action to establish if the transfer of Our Voice website had made an impact on the number of visits to the Scottish Health Council’s website. SMD advised that an assessment of this found there was no correlation between the increased visits to the Scottish Health Council website and the transfer of the Our Voice web content. It appeared that the increase may have been attributable to other factors, such as a relatively quiet previous reporting period in the summer months, and increased traffic linked to the publication of a Gathering Views report and the issuing of an eConnect newsletter which included links to the website.

JG asked if there was any update on item 2.2 Diversity in involving people and the improvement work on equality monitoring which was being supported by a Lean Practitioner. SMD advised this would be best addressed in item 3.1 of the Agenda, when the Equality and Diversity Advisor is present.

Business Planning Schedule - Date was corrected to read 28/02/2019

JG queried the dates of the 2019/20 Business Planning Schedule, advising there appeared to be some diary clashes.

2 STRATEGIC BUSINESS

2.1 Scottish Health Council Review

SMD noted that the Review overview paper had three papers attached: (1) Organisational change process, (2) Short life governance review and (3) a Communications update. SMD highlighted that a decision was required on the Organisational change paper. SMD noted that the other two papers required input from committee members rather than a decision.

RP gave an update on the recruitment of the new Director of Community Engagement, advising that the post had been re-advertised and interviews would take place in the middle of March.

PW noted that this was her last Scottish Health Council committee meeting, as her second term of appointment had come to an end, and she would now
retire as Chair after eight years. PW advised that there would be an announcement imminently of her replacement.

SMD noted that George Black (GB) was also retiring from being a member of the Scottish Health Council Committee and a replacement would require to be identified from the Healthcare Improvement Scotland Board.

TMG advised that a Programme Specialist, Angela Irving, has been appointed for three months to help recover the slippage of timescales associated with the review that occurred due to unplanned absence. TMG highlighted that Angela would focus on producing an updated review implementation plan and an internal directorate development plan.

Consultation Feedback response document

SMD advised that due to the volume of feedback received from staff with specific reference to job descriptions, TMG is reviewing this as a separate piece of work and it will form the basis of a supplementary response paper.

TMG gave an overview of the draft response document, noting that it was structured to align with the headings in the staff consultation document for consistency. Each of the headings was considered in turn, with both summarised feedback and the relevant response. TMG advised that they had received constructive and positive feedback from staff, with broad support for the direction of travel. Many of the points raised related to staff seeking to understand how the changes would impact on their day to day work and relationships.

SMD advised that the final structure was still to be confirmed and required to be considered in the context of ongoing budget discussions at the Executive Team. SMD also advised that the structure would be confirmed by the end of March.

RP noted that as the Board had previously committed to supporting the change proposals which were then set out in the staff consultation document, this would require the associated financial commitment to be made. PW thanked RP for this information.

Committee members discussed the consultation paper, and agreed that this was a very useful document.

PW noted that the usage of the title ‘Senior programme manager’ in the job descriptions had been queried by staff. TMG explained the rationale for using this title, in order to provide alignment with posts in the wider organisation and bearing in mind ongoing work on Career Pathways, and that this issue would be discussed further with Duncan Service, Employee Director.

IO queried the draft response which referenced Our Voice (page 24) and suggested that it would benefit from more detail around the role of Our Voice partners, including the Integration Joint Board Public Representative Network which is co-ordinated by the ALLIANCE. TMG agreed to amend this point.

PW asked if committee members were happy to approve the paper for sharing with staff, subject to the amendment discussed, committee members indicated their agreement.

TMG to amend wording re Our Voice in the response document & share document with staff
**Short life Governance Report**

RN gave an overview of the paper. It was agreed that the Committee would consider each of the recommendations in the final section in turn. The following points were noted:

Recommendation 1 - this needed to relate more explicitly to ‘Community Engagement’ and incorporate the words ‘holding to account’.

Recommendations 2 & 3 – the balance between Healthcare Improvement Scotland Board members and other committee members was discussed. It was suggested that the Vice-Chair of the Committee would not necessarily require to be a HIS Board member, though it would be necessary to have a HIS Board member at every meeting. The need for ‘independence’ of the committee was discussed in the context of it also being an integrated part of HIS. It was noted that the Chief Executive and the HIS Board are accountable for the Scottish Health Council and ‘independence’ needs to be considered with that in mind.

It was agreed that the option of including Public Partners in the committee membership was positive, and the inclusion of this in the recommendations was welcomed.

Recommendation 6 – this should be reworded to clarify that it is building on the existing stakeholder engagement strategy.

Recommendation 7 - it was agreed that minutes and meeting papers relating to the revised Scottish Health Council committee should be made available on the Scottish Health Council website in addition to the HIS website for ease of reference.

Recommendation 8 – it was suggested that local offices could support hosting and promotion of any ‘roadshows’. It was agreed that promotional activities such as roadshows could help establish greater visibility and transparency of the committee’s work.

Recommendation 9 - it was agreed that the Service Change Working Group should be established as a formal sub-committee of the main governance committee. A requirement of this would be formal minutes rather than the current practice of ‘action notes’.

RN agreed to revise the paper to reflect the changes agreed by the committee.

IO requested the revised paper to be sent to committee. PW agreed to this and thanked RN for his work on the paper.

**Communications update**

SMD gave a communications update highlighting that this paper was focused solely on the renaming of the Scottish Health Council, rather than addressing the wider communications activity. SMD stated that a name change, to make the role of the Scottish Health Council clearer, was supported by 59% of respondents to Healthcare Improvement Scotland’s
| 2.4 | consultation. Suggestions for the new name were submitted from both stakeholders and Scottish Health Council staff with a total of 50 suggestions being submitted, and then reduced to a short-list of five. |
|     | SMD asked the committee for their thoughts on the five options set out in the paper. |
|     | IO and JG agreed that the title ‘Engagement Hub’ was not desirable as the term ‘hub’ may cause confusion. |
|     | IO suggested a hybrid of two of the suggested options resulting in: ‘Engaging people and communities’. |
|     | LN noted that the selection of an appropriate name is very important, especially when the aim of the proposed change is to increase visibility and have a title that reflects the work the Scottish Health Council do. LN agreed to consider the options further from a communications perspective. |
|     | PW thanked committee members for their input. |

| 3.1 | **The Equality Mainstreaming Report** |
|     | SMD highlighted that publication of the Equality Mainstreaming Report is a legal requirement and Healthcare Improvement Scotland is required to publish the update report by April 2019. SMD thanked MM for the work that he has undertaken in the production of this report, which has required liaising with a range of colleagues across the organisation. |
|     | MM gave an overview of the report, highlighting that there were four equality outcomes, three of which related to the recruitment and retention of staff and had therefore been reported to the Staff Governance committee. MM also noted that the remaining equality outcome was set in relation to public involvement which falls under the Scottish Health Council committee remit. MM referred to the Margaret McAlees Award, which was introduced in 2018, to help raise the profile of the need to consider how we can use our position within NHSScotland to advance equality for everyone accessing health and care services. MM highlighted the positive effect this award had with staff within HIS as Margaret was a well-known, highly regarded colleague. |
|     | JG made reference to page 12 of the report, querying the report quoting percentages and not a more detailed breakdown. MM confirmed that due to confidentiality a more detailed breakdown was not possible in order to protect the identity of individuals. |
|     | IO thanked MM for the report, and enquired about the role of carers in the workforce, and how they are supported. TMG informed IO that this was something that HR had been looking into and he and MM would obtain an update on this in advance of the next committee meeting. |
|     | SMD asked if the committee was content to approve the report for publishing, and committee members indicated their approval. |
|     | JG referred to his earlier request for an update on Lean Practitioner activity with regard to equality monitoring. MM advised that there had been some slippage with the progress of this. DC explained that the Lean Practitioner |
|     | LN to share further views on the naming options with RP & SMD |
|     | TMG and MM to provide update on carers in the workforce |
had a substantive role as Service Change Advisor and had required to prioritise work related to a major service change in her area, which had meant less time available for other work. As the major service change had now concluded, the Lean equality monitoring work would now resume.

<table>
<thead>
<tr>
<th>3.2 Draft Annual Report 2018-19</th>
</tr>
</thead>
<tbody>
<tr>
<td>After reviewing the Scottish Health Council Committee Draft Annual report, PW asked committee members if they had any initial questions or thoughts. No points or actions were highlighted at this time.</td>
</tr>
</tbody>
</table>

JG enquired with PW retiring, who would who sign off this report. SMD suggested that both PW and the newly appointed Chair should jointly sign off the report, given the cross-over in terms of appointment during 2018-19. This was agreed by PW.

<table>
<thead>
<tr>
<th>3.3 Service Change update</th>
</tr>
</thead>
<tbody>
<tr>
<td>DC provided an update on the service change activity within the Scottish Health Council. DC gave a brief overview on the Service Change Working Group meeting which was held prior to the Scottish Health Council Committee meeting. DC highlighted that there was discussion around next steps for Regional Planning and consideration on whether or not this should remain an ongoing thematic area for the Scottish Health Council.</td>
</tr>
</tbody>
</table>

DC referred to service change activity within NHS Highland, advising that the Scottish Health Council published its quality assurance on the engagement and consultation undertaken by NHS Highland in January, and noted that NHS Highland’s engagement activities were in line with national guidance. DC also noted that the NHS Highland’s board met in January and supported the proposals which include the refurbishment of Caithness Hospital and the development of care hubs in both Wick and Thurso.

DC gave an update NHS Greater Glasgow and Clyde (Moving Forward Together programme) advising that both the Service Change Manager and Advisor had met with the Chief Operating Officer and the Moving Forward lead to discuss proposed engagement.

DC noted that the Service Change team participated in this year’s Firestarter festival, hosting a session on ‘Changing services in the NHS-supporting effective engagement’. DC advised that the session was attended by 20 participants involved in engaging people in change from across Health Boards, Health and Social Care, Scottish Government and academic institutions, highlighting that this provided a networking opportunity for those involved in the work and could act as a starting point for further networking to support developing practice further.

PW noted that support for developing practice in service change would be included in Key Points.

In light of the discussion on Regional Planning that the Service Change Working Group had earlier and further discussion with the committee, SMD proposed that the team would no longer continue with Regional Planning thematic, and would instead shift its focus to supporting the development and implementation of revised statutory guidance on community engagement.
which will be led by the Scottish Government and COSLA. The committee concurred with this proposal.

### 3.4 Community Engagement & Improvement Support update.

CJ gave an overview of how local offices have been working collaboratively with Healthcare Improvement Scotland. CJ highlighted the importance of the collaborative work between the different directorates, feeling that this approach could be beneficial in maximising resource, skills, knowledge and effectiveness. CJ provided examples where the local offices have worked collaboratively with various HIS directorates, including:

- the development of training for communities on Health and Social Care standards and Gathering Views on Standards for Neurological Care and Support - these were in collaboration with the Standards and Indicators team from the HIS Evidence Directorate,
- the Anchor Early Action Project in Shetland and the Transformation Programme for Adults with Complex Needs in collaboration with Transformational Redesign Unit in ihub
- supporting local engagement in Quality of Care reviews (in three local office area) in collaboration with Quality Assurance Directorate.

CJ noted that whilst there were significant benefits of working collaboratively with different parts of the organisation, capacity to support this going forward could be a challenge depending on the demands of other operational objectives at any particular time. This activity will be encouraged, though will be carefully monitored, to ensure staff are not overloaded.

CJ also thanked PW for the support received by local offices throughout PW’s appointment in Scottish Health Council.

SMD welcomed this collaborative working, highlighting that having local intelligence and contacts across the country is beneficial to the whole organisation. Strengthening connections between local staff and national teams will also enable all staff involved to have a better understanding of, and shared sense of identity with, their colleagues. SMD also noted the cross-organisational work that CJ has been involved in personally in relation to primary care.

RP thanked CJ for the paper. He noted that greater cross-organisational working is an organisational priority which has been supported by the HIS Board, and that seeing examples of how this is emerging at local level is extremely positive and encouraging.

IO also welcomed the paper and queried if it would be possible to see the feedback from the quality of care review local engagement which had been undertaken in collaboration with the Quality Assurance Directorate. CJ agreed to follow up directly with IO regarding this.

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<th>3.3</th>
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| SMD gave an update on Our Voice Citizens’ Panel and Jury explaining that both have different approaches. SMD advised that the Citizens Panel membership is due to be refreshed, with the aim of replacing panel members to ensure the panel continues to be representative of the whole Scottish population. The panel consists of approximately 1,000 people. SMD advised |}

CJ to follow up with IO re local engagement in Quality of Care reviews
that once the panel is refreshed it will be engaging in surveys on national health and social care topics. SMD advised that an Advisory Group is being established which will consist in a mix of stakeholders in health and social care to ensure the topics for panel surveys are current and relevant. SMD advised the first meeting is planned for March 2019 and that the new group will be responsible for identifying themes and priorities for ongoing development.

SMD also provided an update on the Citizens’ Jury, detailing the involvement it had on the topic of shared decision making, through a partnership with the Scottish Health Council, the Chief Medical Officer’s Realistic Medicines Team, the Person-Centred and Participation Team from Scottish Government and independent facilitators Shared Future. SMD highlighted that the work on the Jury process commenced in June 2018, with a citizens’ Jury of 24 members of the public being recruited and meeting on three separate days to deliberate the question ‘what should shared decision making look like and what needs to be done for this to happen?’ The Jury established 13 recommendations which were presented by the Jury to the Chief Medical Officer and health and social care professionals at an event in February. SMD noted that the Scottish Government had committed to consider the Jury’s recommendations and reply to them all.

These developments were welcomed by committee members. IO noted that she had been closely involved in these developments, through the involvement of the ALLIANCE as a delivery partner in the development of the Our Voice framework. She was pleased that the Jury had been a success and looked forward to the evaluation report.

3.4 2018/19 Operational Plan

SMD gave a brief update on the operational plan, noting that for the next Scottish Health Council committee meeting, there will be an overview with key highlights from the whole year.

3.5 Risk Register

The Committee reviewed the Risk Register with the following changes being agreed:

778 - Service Change – following discussion, it was agreed that this risk could be reduced in light of recent policy developments.

845 - Review – Risk still remains high. SMD noted this risk needs to be revisited in terms of looking ahead to 2019-20.

Any other business

Service Change Working Group action points from meeting on 25 September 2018 were noted.

Reflections from Pam

PW gave some reflections on her 8 years as Chair of Scottish Health Council, highlighting some key changes that has occurred during this time. PW thanked the committee, past and present who have supported and advised, in
<table>
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<th>their role as committee members. PW also thanked all at Scottish Health Council for the work and commitment they have displayed throughout her time as Chair. PW wished all of HIS best wishes and success for the future.</th>
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<td><strong>Date of next meeting</strong> –</td>
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<td>23 April 2019, 6th Floor, Delta House, 50 West Nile Street, Glasgow, G1 2NP.</td>
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SUBJECT: Performance and Clinical and Care Governance Committee: draft key points

1. Purpose of the report
This report provides the Healthcare Improvement Scotland Board with an update on key issues arising from meeting of the Performance and Clinical & Care Governance Committee on 22 May 2019.

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

a) The Quality of Care approach progress report and challenges, including risks in a number of areas (capacity, recruitment, training, managing expectations). The Committee highlighted the need to clarify the risks and were advised of a pause while the directorate determines next steps.

b) Support for the developing Growing Older in Scotland Report and the importance of how it is presented externally, specifically the need to develop a companion document for public use, the need to engage with stakeholders regarding publication and the need to develop HIS specific recommendations.

c) An overarching theme around workforce and capacity, particularly in the context of increasing new commissions from Scottish Government, and the importance of vigilance in relation to the Operating Framework and of monitoring and reporting on the impact on staff.

Zoë Dunhill
Committee Chair
MINUTES - Approved

Meeting of the Quality Committee
Date: Wednesday 27 February 2019
Venue: Meeting Room 6A and B Delta House, Glasgow

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

Present
Robbie Pearson  Chief Executive
Sara Twaddle  Director of Evidence
Alastair Delaney  Director of Quality Assurance
Maggie Waterston  Director of Finance and Corporate Services
Ann Gow  Director of Nursing, Midwifery & Allied Health Professionals
Ruth Glassborow  Director of Improvement
Jenny Bennison  Vice Chair SIGN, Deputy
Iain Robertson  Chair, SHTG
Alan MacDonald  Chair, SMC
Jacqui Sneddon  Project Lead SAPG, Deputy
Alex Jones  Public Partner
Susan Siegel  Public Partner
Roberta James  SIGN Programme Lead
Lynda Nicholson  Head of Communications
Chloe Wicksteed  Committee Secretary

Apologies
Zoë Dunhill  Board Member
Carole Wilkinson  HIS Chair
Laura McIver  Chief Pharmacist
Andrew Seaton  Chair, SAPG
John Kinsella  Chair, SIGN
Sandra McDougall  Acting Director, Scottish Health Council (SHC)
Brian Robson  Medical Director
### OPENING BUSINESS AND COMMITTEE GOVERNANCE

#### 1.1 Welcome

The Chair welcomed all present to the meeting and in particular to Lynda Nicholson the new Interim Head of Communications and Roberta James the SIGN Programme Lead who was joining the meeting to present item 3.3.

#### 1.2 Apologies for absence

Apologies were noted as above.

#### 1.3 Minutes of the meeting held on 31 October August 2019

An amendment was to be made under item 7.1 b) to change ‘all’ ihub risks to ‘some.’

The Committee approved the minutes as a true and accurate record. **Committee Secretary**

#### 1.4 Review of action point register: 31 October 2019

The Committee noted the status report against all actions, and that all actions were complete.

#### 1.5 Declarations of interest

None stated.

#### 1.6 Business Planning Schedule

The Director of Evidence presented the Business Planning Schedule. An updated version of the BPS for the new financial year was tabled. This schedule noted the standing items and the items which would be coming to the relevant Committee meetings at this stage. A more detailed BPS would be brought to the next Committee. It was noted that the item on "Growing Older in Scotland" was moved forward into the new financial year.

The Committee were content with the BPS. **Committee Secretary**

#### 1.7 Draft Annual Report 2018/19

**Annual Report 2017/18**

The Director of Evidence presented the first iteration of the draft annual report for 2018-19. The report outlines whether the Committee has met its remit for 2018-19, as set out in the code of corporate governance and provides commentary on what areas could be improved on.

It was suggested that the performance role of the Committee needs to be highlighted more in the report.

The Committee were asked to provide further comment by 20 April. The final draft will be sent around to the Committee for approval before the action/improvement plan is submitted to the June Board. **Director of Evidence Committee Secretary**

### DELIVERING OUR OPERATIONAL PLAN

#### 2.1 Operational plan: performance reporting

The Director of Finance and Corporate Services was invited to present this paper. The risk paper at item 5.1 was discussed in conjunction with this item and the following points were highlighted:

- **a)** This is an updated format of the report, and ET are still reviewing the full report to determine how best to report to this Committee.
- **b)** The report shows current project status and any new work that is being undertaken that was not part of the original Operational Plan. The report also highlights any specific achievements. The progress updates are aligned with the operational and corporate risk system.
- **c)** It was noted that only one of the 56 programmes was currently categorised as red.

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

- **d)** The action regarding the Board reviewing risk appetite and the impact on a
number of corporate risks was now complete, as this took place at the Board development session on 20 February.

e) Risks 490 and 815 are both related to staffing in the ihub directorate. Although the risk rating had decreased from red to amber, it was noted that these risks were raised two years ago and remain key risks. A number of the risks in ihub are attached to vacancies and the consequent impact on important areas of activity. There are currently 19 vacancies with no cover in place, 9 offers of employment have been given and 10 are in the recruitment process. There are a number of contributing factors, including short term funding, a shortage of improvement advisors across Scotland and the high specialized level of skill required in some posts.

f) The development of the workforce plan has been helpful and this may help/impact on how we will recruit.

g) The link between the project status and the risk register is not always clear; for example, the programme categorised as red on the performance report does not appear at all on the risk register. This will be clarified for future reports.

h) The mental health access risk is largely around funding. Scottish Government (SG) have verbally agreed the funding but this has not yet been formally confirmed. There is a risk around losing the current staff that are appointed fixed term, these staff have the skills we need but could leave while waiting for this confirmation. This area is also a Cabinet Secretary priority.

i) In regards to the service change programme it was agreed to make it clear that, although the publication of the quality assurance report for NHS Lanarkshire scheduled for 14th November 2018 did not go ahead, we will publish this.

The Committee noted the update and were content with the information provided.

2.2 New Work: Children’s Death Review hub

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

a) This is a newly established programme for reviewing and learning from child deaths in Scotland, which will be launched in April 2019. HIS are working in collaboration with the Care Inspectorate and the work will complement existing review arrangements. The programme will look to establish a minimum standard for carrying out reviews and identify trends that could alert professionals to possible areas of risk.

b) This work will use a multidisciplinary approach, focused on using evidence to deliver change, with the aim to reduce deaths and harm to children and young people.

c) SG are keen to announce a launch date, as soon as possible, to allow the National Hub to move forward. The launch message and language need to be clear to avoid confusion regarding what can be achieved and by when.

d) We are in the process of producing a project plan, for the first year, prior to the proposed launch date of 1 April 2019 and will consider how the aims can be achieved. Funding and staffing requirements have been formally agreed.

e) A baseline exercise will be carried out to investigate the different types of reviews being conducted and consider why some deaths are not currently reviewed.

f) It was noted that we will be clear with the Cabinet Secretary that the delay in implementation was not a delay by HIS.

g) A report will be brought back to the QC at the November 2019 meeting.

The Committee recognised the work which had gone into refining the proposal in order to secure the best outcome.
3. **STRATEGIC BUSINESS**

3.1 **Operational Plan 2019-2020**

The Director of Finance and Corporate Services was invited to present this item. It was noted that this was presented to the Board seminar on 20 February and the changes arising from that discussion were tabled. The following points were highlighted:

a) The work programme is based on the Cabinet Secretary priorities: Access – waiting times improvement plan; Mental Health – focus on Child and Adolescent Mental Health Services (CAHMS); Integration –older people and supporting spread and scale of best practice; Governance – Quality of Care approach

b) Following the discussions at the Board seminar the annex table was redeveloped and reordered so that the work is described through the outcomes we are setting to achieve.

c) The table now shows all of work mapped to the Cabinet Secretary’s priorities.

d) A column was added to provide details of stakeholders with whom we engage, and from whom we seek feedback and input to our work. A column was also added to provide more details of the internal HIS teams supporting the development and delivery of this work.

e) This will go to the Board formally on 20 March for final sign off in April.

f) The workforce plan is under development and will be shared with the Board on 20 March

g) The finance plan will be considered by the Audit and Risk Committee

h) The Committee noted that it was helpful to see there is no longer work categorised under the heading ‘other work’ and that the presentation of the plan was much clearer.

i) A draft of the operational plan is due to be sent to SG at the end of February

The Committee approved the changes to the operational plan and were content with this to be sent as a draft to Scottish Government.

3.2 **HIS Strategic Stakeholder Advisory Group update**

The Director of Improvement was invited to provide a verbal update. The following points were highlighted:

a) The Advisory Group meeting due to take place this month was cancelled due to the lack of attendance and internal work pressures. The next meeting will be in May

b) The point of this group is to look at all of HIS’ work in the integrated space. Stakeholders pick and vote on agenda items and the other items are chosen by HIS

c) From previous meetings valuable information has been communicated and collected but we need to look at how to best use this information and synthesise this to be of value and to inform decisions

d) We need to ensure there is a clear difference between clinical advice received in the Clinical and Care Forum and the advice and input from this Group, to ensure these are not overlapping and that they both add value.

e) ET have discussed the various ways by which HIS secures clinical advice and how this is brought into the organisation and agreed that a review is required.

The Committee noted the update.

3.3 **Rapid Evidence Reviews**

The project lead for SIGN presented this paper. The following points were highlighted:
a) The report outlined the development of a new evidence product – rapid evidence reviews. This is in response to a need, identified in the SIGN stakeholder survey, for a process to respond rapidly to a current issue. The process will involve staff from across the Evidence Directorate and is currently being piloted.

b) Methods for setting questions, literature searching, appraising and synthesising evidence and developing advice and recommendations from the evidence are all well established in the Evidence Directorate, so a cross-directorate approach, rather than SIGN developing a new product, ensures that the skill-mix across the Directorate is used to its full potential.

c) The main objective of the pilot is to ensure that Evidence Directorate products meet the need of NHS Boards and Integration, are timely and developed to appropriate timescales. In addition, it will ensure the correct topics are considered and that the most appropriate product is developed to address the need.

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

d) It was noted that it is up to the proposer to determine how quickly a response is required

e) The difference between what needs to be done rapidly compared to business as usual is crucial

f) The new process requires clear decision making to be able to say ‘this is more important and needs to be done rapidly’

The Committee welcomed the new process and its inclusion in the revised Guidance on Evidence Products which will be published at the end of March, but sought assurance that the demand for the product will be managed appropriately.

3.4 Status and definitions of Evidence products

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

a) As part of the HIS’s response to the Health and Sport Committee enquiry into governance, discussed at the December 2018 Board meeting, a need for clarity regarding our role in monitoring and inspecting standards and guidance was identified. As part of this, a refresh of the HIS advice on definitions and status document was proposed.

b) The final draft was shared and reviewed internally with key stakeholders in NHSScotland and SG, including from the Integration Division.

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

c) It was queried how we would know if any of the advice was being implemented. It was clarified that the Quality of Care review should pick this up. There is no way we can check compliance level but we could do a sample.

d) In Annex 1 the terminology of standards ‘expected’ was queried. We need to be clear what is expected and what the policy intent is for this. This requires further discussion with Scottish Government.

The Committee were content with the proposal.

4. REPORTS FROM GROUPS

4.1 Health Technology Groups

The Technology Group chairs and deputies highlighted a number of issues from the circulated reports.
SAPG

- A Penicillin prescribing steering group was set up to look at the role of SAPG in this work. A risk algorithm to identify patients who can safely be considered for de-labelling, a standard procedure for oral penicillin challenge, communication materials for patients and clinical teams and evaluation data collection tools have been developed. These will be piloted by the Steering Group members across a range of clinical areas in March and April 2019.
- SAPG is working with NES to develop an educational resource to support clinical teams reliably documenting review of intravenous antibiotic therapy and documenting duration for oral therapy.
- Scoping work has been done by SAPG on end of life antibiotics, an evidence review has been completed and clinicians with expertise in this area have been recruited to form a Steering Group. The aim of this work is to develop national consensus on when antibiotics should and should not be used in patients towards the end of life and the public perception around this.

SHTG

- SHTG has developed an action plan for 2019 to provide clarity and focus for the group moving forward.
- SHTG is finalising a range of HTA products to improve the Group's provision of evidence support and advice/recommendations for NHSScotland. Of particular note, SHTG will offer an Evidence Synthesis and SHTG Advice as separate products. Topic referrers are looking for a clear steer from the SHTG Committee as to the best course of action surrounding the technology. SHTG Advice will provide evidence-informed recommendations to help guide health technology purchasing, use, and management in Scotland.

SIGN

- Around 2012 NICE approached SIGN saying that they had been asked to develop guidelines around asthma and it was agreed that the remit would be limited to diagnosis. More recently NICE has developed a guideline on long-term management of asthma which included economic modelling, which is not routinely included in SIGN guidelines. There have been persistent requests to NICE from stakeholders especially the Primary Care Respiratory Society for there to be one guideline for the UK, which would take account of the modelling done by NICE.
- Representatives of SIGN, NICE and the British Thoracic Society have met on two occasions to discuss how to produce a unified guideline for the UK. The ultimate aim would be to have the three organisations contributing to a single guideline. SIGN Senior Management Team has concerns over the terms of joint working and the risk this poses to delivery of the next update of the guideline scheduled to publish in 2021, as well as potential reputational risk to SIGN and HIS. Committee noted this was achievable, but should come back to the Committee for discussion

SMC

- There have been some crucial team changes in the SMC Executive that were noted.
- The recommendations from the Review into access to new medicines (2016) that relate to SMC have now been implemented.
- A new scheme named the Voluntary Pricing and Access Scheme (VPAS) for branded medicines pricing and access has now been introduced, replacing the previous Pharmaceutical Price Regulation Scheme (PPRS). The VPAS has implications for the NHS and health technology assessment (HTA).
Scottish Government Medicines Policy Team has intimated that there has been a preliminary discussion with ABPI Scotland about the risks and opportunities of VPAS for NHSScotland. The SMC Executive will explore the implications in more detail and discuss at the next meeting with CMO/CPO.

The Committee noted the updates.

4.2 Healthcare Improvement Scotland's Clinical Forum

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

a) The Clinical and Care Forum involves all clinical professionals working with HIS.

b) It was noted that in regards to the IHC complaints work the Forum had an input into the consultation. As the response rate from the healthcare providers across Scotland had been disappointing the Forum offered its support going forward. It was agreed that an update on developments with this would be discussed at a future meeting.

c) The Forum has provided clinical input to the development of HIS’s operational plan

d) Work has been undertaken to align the topics discussed at the Forum with the planned agenda for each Quality Committee meeting. It was agreed that this would be reviewed on an ongoing basis to enable ongoing improvement.

e) There have been core group membership changes, it was noted there is only one social worker in the group

The Committee noted the update.

4.3 Research Strategy – progress update

The Director of Evidence was invited to present this paper which provides an annual update on progress towards the aims of the HIS Research Strategy 2016-2019, highlighting key developments over the past year. The following points were highlighted:

a) It was noted that this was the final year of the current strategy and a new strategy will be developed over the coming months.

b) There was a typo on page one it should read. 'The Research Management group are content with progress towards the aims of the strategy and do not note any particular issues of concern".

The Committee were content with the progress being made on the strategy.

5. CLOSING BUSINESS

5.1 Risk Management for the Quality Committee

The Director of Finance and Corporate Services presented the risk register. The risk report includes the corporate risks (Appendix 1) and the high/very high operational risks (Appendix 2) within the remit of the Committee. The Risk register discussions were captured alongside item 2.1.

5.2 Any other business: Changes to Committee membership

It was noted that due to Hamish Wilson and Pam Whittle retiring from HIS Board membership, new members would be joining the next Committee.

On behalf of the HIS Chair who was unable to attend, John Glennie thanked Hamish for his work as Chair of the Quality Committee and wished him well in his retirement from HIS. Hamish went on to thank and acknowledge Sara’s invaluable work in her role as lead officer for this Committee as Sara was retiring in April. The Committee noted that both Hamish and Sara will be greatly missed.
### 5.3 Board report: key points

1. Operation plan
2. Child’s Death Review hub
3. Rapid Evidence review
4. Technology Groups

### 6. DATE OF NEXT MEETING
15 August 2019, 10:30, Edinburgh
MINUTES – Approved

Meeting of the Healthcare Improvement Scotland Audit and Risk Committee at 10.30
6 March 2019
Meeting room 6A, Delta House, Glasgow

Present
George Black Board Member, Committee Chair
Kathleen Preston Board Member
Carole Wilkinson HIS Chair
Bryan Anderson Board Member
John Glennie Board Member
Rhona Hotchkiss Board Member
Gill Graham Board Member

Healthcare Improvement Scotland Officers
Robbie Pearson Chief Executive
Maggie Waterston Director of Finance and Corporate Services/Lead Officer
Sara Twaddle Director of Evidence
Kevin Freeman-Ferguson Deputy for the Director of Quality Assurance

In Attendance
Joanne Brown Grant Thornton
Angelo Gustinelli Grant Thornton
Pat Kenny Deloitte
Paul Wishart Finance Manager
David Rhodes Head of Finance & Procurement

Committee Support
Chloe Wicksteed Committee Secretary

Apologies
Jackie Brock Board Member
Alastair Delaney Director of Quality Assurance
1. **WELCOME AND APOLOGIES FOR ABSENCE**

1.1 All present were welcomed to the meeting and in particular to the following; Gill Graham and Rhona Hotchkiss, two of our new Non-Executive Directors; John Glennie and Bryan Anderson two existing Non-Executive Directors new to the Committee and Carole Wilkinson the Chair of the Board who was joining this meeting.

1.2 Apologies were noted as above.

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

2.1 **Minute of Audit and Risk Committee meeting on 15 November 2018**

The minute was approved as a true and accurate record of the meeting.

2.2 **Review of action point register of Audit and Risk Committee meeting on 15 November 2018**

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

4.3 – A development session would be set up in the near future now that we have all the new Non-Executive Directors in post and membership has been finalised.

The Committee were content with the progress against the action points.

3. **COMMITTEE GOVERNANCE**

3.1 **Business Planning Schedule**

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

The Resilience update will be scheduled for every meeting, although there may not be an item

The Committee were content with the Business planning schedule.

3.2 **Draft Annual Report 2018/19**

The Director of Finance and Corporate Services presented the first iteration of the draft annual report for 2018-19. The report outlines whether the Committee has met its remit for 2018-19, as set out in the code of corporate governance and provides commentary on areas that could be improved on.

The report for 2017/18 was provided for information so that the Committee can see progress against the recommendations.

The committee suggested that the risk section should include; IHC risks, workforce, financial position and financial sustainability.

The draft annual report would be sent around for comment before being reviewed and finalised at the Audit and Risk Workshop in June.

3.3 **Review of Independent Healthcare Clinics**

The deputy for the Director of Quality Assurance was invited to present this paper. The following points were highlighted:

a) On 7 January 2019, HIS issued a public consultation paper seeking the views of the public and stakeholders on changes to our complaints procedure for independent healthcare.

b) The procedure was developed using the model complaints handling procedure developed by the Scottish Public Services Ombudsman (SPSO). The current
procedure required to be reviewed and updated to keep HIS in line with other regulators and incorporate current best practice.

c) The key three changes were – refining the time to complain from 12 – 6 months from when the issue occurred; Introducing a post-investigation review stage in circumstances where a provider or complainant disagrees with an outcome decision, and publish complaint outcome decisions on the HIS website.

d) The consultation supported all three changes, there was a limited response by stakeholders as 22 out of 1000 responses came back. Next steps are to review and amend the IHC complaints procedure for providers and complainants accordingly.

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

e) It was clarified that although we don’t know why there was such a small response rate for the consultation we did encourage services to respond.

f) As part of the regulation and inspection process we ensure that information is provided to clients on how to complain and how to contact us.

g) The timescale to complain has reduced from 12 months to 6 months based on guidance from the Ombudsman and on the basis that a longer period of time can influence the recollection of events which can hinder an investigation. The Committee advised that in the title of the procedure ‘Independent Health Clinics’ should be written in full and that the foreword may not be clear enough for the public to easily understand. It was agreed to amend this.

h) It was suggested that consideration be made to align the process with the formal HIS complaints process and to be more clear around timescales for each stage of a complaint.

i) It was noted that encouragement should be given to people to complain to the provider in the first instance but without deterring complaints being made directly to HIS.

j) The changes agreed above would be circulated to the Committee priori to publishing the process.

The Committee approved the procedure subject to the agreed changes above being made.

3.4 Review of Gifts and Hospitality Register

The Director of Finance and Corporate Services presented the gifts and hospitality register.

The Committee noted the information provided on the register and approved the register for publication on the HIS website.

4. CORPORATE GOVERNANCE

4.1 Information Governance update

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

a) HIS have a 70% compliance rate on the mandatory training. Fortnightly updates are being provided on the status of training to the directors for action within their directorates. The risk rating for this will not yet be reduced as it is essential for all staff to complete this training.

b) SG eHealth requested that all boards provide their assessment of risk and mitigation plans in relation to data protection and possibility of a ‘No Deal’ Brexit. HIS do not transfer personal data to or from the EU/EEA so no risk is in place relating to data protection and Brexit and as such there are no implications of a ‘No Deal’ Brexit in this respect.

c) There were 19 incidents during this period, all were to do with human error, none had to be reported to the Commissioner as they are all low risk areas.

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

d) There is a problem with reporting from the national system and this is being addressed.
with a ‘workaround’ in place until the problem is solved.

e) It was confirmed that there is always an internal investigation for all incidents at all risk levels. The data protection officers and the Director of Evidence provide feedback and concerns go back to the Information Governance Group to agree how to take forward.

f) A suggestion was made to look at the near misses reported and send messages out to staff as reminders to ensure these don’t end up being reportable events. The Information Governance Group would pick this up

g) It was clarified that at the moment, there are no consequences for staff who don’t complete the mandatory training with non-compliance information being shared with ET.

h) The pattern of incidents reported is usually due to the high volume of requests that come into SMC and DCRS. The subject access requests have included up to 500 pages of information having to be redacted.

i) We encourage reporting of incidents and believe that under reporting is not an issue.

j) It was agreed that more background on the nature of incidents would be provided in future reports

The Committee were content with the information provided in the report.

### 4.2 National Boards Collaboration

The Chief Executive provided a verbal update on the National Boards Delivery Plan which has been published on our website.

A delivery plan covering the whole of the NHS in Scotland has not been produced. The National Boards are considering ways in which effective collaboration can take place.

The Committee noted the update.

### 4.3 Financial performance report to 31 January 2019 (period 10)

The Head of Finance and Procurement was invited to present this paper. The following points were highlighted:

- a) At 31 January, there is a variance of £0.053m surplus against budget.
- b) The baseline savings target for 2018-19 is 1.9 million and this has been achieved. It is anticipated that further savings will be released by 31 March 2019.
- c) We have agreed with Scottish Government that we can carry forward a surplus of up to £0.300m from 2018/19 into 2019/20. It is expected that HIS will meet this financial outturn at 31 March 2019. The Executive Team will continue to regularly monitor the financial position and manage any associated risks.
- d) During the course of 2019-20 a plan will be developed to deliver recurring savings to ensure financial sustainability for the future.

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

- e) It was clarified that the HIS contribution to the national savings target is £600k for 2018-19. It is unclear whether or not all Boards are making a realistic contribution as there is a shortfall on the £15m for 2018-19.
- f) .

The Committee noted the update and were content with the information provided

### 4.4 Financial planning 2019-2021

The Director of Finance and Corporate Services was invited to present the financial plan for 2019-2022 for discussion prior to it being approved by the Board. The following points were highlighted:

- a) The integrated planning process has been led by Senior Leadership Group looking at the; Operational Plan; Workforce Plan; Finance Plan
- b) Looking to balance ambition of delivery with available resources. 2018-19 has been difficult as we are getting savings from vacancies but still trying to deliver the work with

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<tr>
<td>4.2 National Boards Collaboration</td>
<td>4.2 National Boards Collaboration</td>
</tr>
<tr>
<td>The Chief Executive provided a verbal update on the National Boards Delivery Plan which has been published on our website.</td>
<td>A delivery plan covering the whole of the NHS in Scotland has not been produced. The National Boards are considering ways in which effective collaboration can take place.</td>
</tr>
<tr>
<td>The Committee noted the update.</td>
<td></td>
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<tr>
<td>4.3 Financial performance report to 31 January 2019 (period 10)</td>
<td></td>
</tr>
<tr>
<td>The Head of Finance and Procurement was invited to present this paper. The following points were highlighted:</td>
<td></td>
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<tr>
<td>a) At 31 January, there is a variance of £0.053m surplus against budget..</td>
<td></td>
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<tr>
<td>b) The baseline savings target for 2018-19 is 1.9 million and this has been achieved. It is anticipated that further savings will be released by 31 March 2019.</td>
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<tr>
<td>c) We have agreed with Scottish Government that we can carry forward a surplus of up to £0.300m from 2018/19 into 2019/20. It is expected that HIS will meet this financial outturn at 31 March 2019. The Executive Team will continue to regularly monitor the financial position and manage any associated risks</td>
<td></td>
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<tr>
<td>d) During the course of 2019-20 a plan will be developed to deliver recurring savings to ensure financial sustainability for the future.</td>
<td></td>
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<tr>
<td>In response to questions raised by the Committee the following was highlighted:</td>
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<tr>
<td>e) It was clarified that the HIS contribution to the national savings target is £600k for 2018-19. It is unclear whether or not all Boards are making a realistic contribution as there is a shortfall on the £15m for 2018-19.</td>
<td></td>
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<tr>
<td>f) .</td>
<td></td>
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<tr>
<td>The Committee noted the update and were content with the information provided</td>
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<tr>
<td>4.4 Financial planning 2019-2021</td>
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<tr>
<td>The Director of Finance and Corporate Services was invited to present the financial plan for 2019-2022 for discussion prior to it being approved by the Board. The following points were highlighted:</td>
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<tr>
<td>a) The integrated planning process has been led by Senior Leadership Group looking at the; Operational Plan; Workforce Plan; Finance Plan</td>
<td></td>
</tr>
<tr>
<td>b) Looking to balance ambition of delivery with available resources. 2018-19 has been difficult as we are getting savings from vacancies but still trying to deliver the work with</td>
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</table>

File Name: item 5.3 arc mins
Version: 1.0
Date: March 2019
Produced by: CW
Page: 4 of 8
Review Date: June 2019
the vacancies.
c) The plan does not yet include the funding for the implementation of the Safe Staffing Bill which is still being negotiated.
d) Overall objective remains to build, in future years, as much of the additional allocations into baseline funding in order to secure a stable operating platform for the organisation
e) The agreed surplus of c£300k from 2018-19 will be used to support a strategic change programme during 2019-20 to support realistic reorganisation and embedding of a Quality Management System across HIS
f) Any new commissions received that are not included in this budget will be agreed by the Executive Team and Sponsor – must include best use of resources and will be in accordance with the Operating Framework.
g) A budget will be agreed that is integrated with and fully supports the work programme and the workforce plan
h) Need to agree a policy with SG around incorporating full wage costs within additional allocations.
i) Plan to agree with SG the principle of absorbing some corporate services cost within additional allocations to reflect the additional work that is required from HR, IT and Finance to support the delivery of the work associated with the allocations. Further work to move non-recurring allocations from SG into baseline and to enable more workforce stability (£6.2m 2019/22)
j) Next steps are to meet with SG to discuss the plan and agree the principles discussed prior to approving this plan by March board.

In response to questions raised by the Committee the following was highlighted:
k) It was clarified that the potential charge out of corporate services against non-recurring allocations had been discussed at the Board Seminar. This will be discussed with SG at the next meeting on 14th March 2019. The rationale is that HIS have taken on a bigger organisation to accommodate the work attached to the additional allocations It was noted that the Chief Executive and Director of Finance and Corporate Services would agree this proposal in writing with SG.
l) It was clarified there is no formal confirmation of some additional allocations that are included in the budget and this confirmation is being requested. All financial risks are included within the plan
m) Committee noted that we have achieved a balanced budget for 2019-22 which is a good result.

The Committee noted the update.

4.5 Non-Competitive tender log

The Head of Finance and Procurement was invited to present this paper. The following points were highlighted:

a) For the period of this report we have received 4 non-competitive tender requests.
b) It was clarified that the ihub request in the primary care portfolio relates to a supply agreement for 3 years with 2018-19 being the second year of the contract.
c) All applications for non-competitive tenders are carefully scrutinised by the Procurement Manager, Director of Finance and the Chief Executive It was clarified that when the NCTs are received they include a full justification which is tested.
d) It was suggested that the report could list the criteria ET use to select the tender, as existing relationship with an organisation may not be value for money.
e) It was advised that a number of NCTs are rejected because the justification is not satisfactory.
f) It was agreed that the Committee need further assurance around this and more information will be provided on the report as above.

Head of Finance and Procurement
The Committee noted the Non-competitive tenders for this period.

4.6 Business Resilience including Counter Fraud

The Director of Finance and Corporate Services presented a verbal update on business Resilience. The following points were highlighted:

a) The Business Resilience Unit asked for a Public Sector Action Plan to be prepared with respect to HIS and this plan was considered by the Committee at during March 2018.

b) We assessed ourselves against criteria set out last year on the self-assessments for public sector organisations and created the action plan and presented this to the committee. The action plan included completing cyber essentials which has been completed by HIS.

c) Kathleen Preston acts as Counter Fraud Champion on behalf of the Board. The Annual meeting with Counter Fraud Services (CFS) took place in January 2019 and was attended by Kathleen Preston and the Fraud Liaison Officer (Maggie Waterston). No fraudulent activity has been detected within HIS during 2018-19 and it was agreed that the focus for HIS would be to concentrate on awareness raising of fraud with staff. It was noted that we need to stay vigilant on this.

d) It was clarified that the organisation’s Sustainability Champion is Brian Ross and HIS have an active sustainability group in place.

The Committee noted the update.

5. INTERNAL AUDIT

5.1 Internal Audit Progress Tracker

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

a) It was noted that there were 2 breached actions in ihub which were a result of the Operations Manager leaving. The deadline has been pushed out to 31 May 2019 and it is expected that this deadline will be met.

The Committee noted the update and were content with the progress on the audit actions.

5.2 Internal Audit draft plan for 2019/20

Grant Thornton presented the Internal Audit draft Plan. The following points were highlighted:

a) This update paper shows the proposed 2019/20 internal audit activity in the context of the three year strategic plan, updated to take account of the current corporate risk register (February 2019).

b) It was agreed to use 86 days to carry out the internal audit work with further work required to agree more detailed timelines for the work.

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

c) A theme in the risk register relates to capacity, skills and capability and competing priorities that impact on the delivery of the strategy. It was clarified that internal audit will be looking at the strategy to see how to better link the workforce and how to encourage more cross organisational working. Recommendations will be made which would not overlap with the Workforce Plan.

d) It was agreed that further discussion is required regarding how to approach the Quality of Care reviews.

The Committee were content with the information provided.

5.3 Internal Audit Progress update

Internal Audit progress reports: (Financial Sustainability; Financial Controls)

Grant Thornton presented the audit progress reports. The following was highlighted for each
area:

**Financial sustainability**

a) There were 9 recommendations 2 medium risks, 3 low risks and 4 advisory points

b) The two medium risk areas were that the recurring savings were mainly generated from staff turnover and saving targets are not built into individual budgets. The low risk areas were around limited flexibility built into budgets, the preparation of budget letters of delegation and projects budgetary control

c) The conclusion of the audit was partial assurance on financial sustainability

d) The action plan will be written up with dates that recommendations will be complied with

e) The move to HIS setting a balanced budget at the start of the financial year was welcomed.

f) It was noted that during 2019-20 budgets would be phased realistically and forecasting will be a part of the monthly management accounts.

**Financial controls**

g) This review looked at the PECOS system, the internal and outward secondments and IR35 legalisation

h) Each area received partial assurance

i) PECOS had a high risk around a control issue with adding users onto the system

j) One of the findings around secondments was that the policy doesn’t always cover inward secondments with outwards secondments not always following the procedures determined in the policy.

k) IR35 has a medium risk – the historic exposure to IR35 legislation is not yet known and a full review of IR35 is taking place with qualified support. It was noted that HIS have taken a good approach towards this as they have implemented a new process which was fit for purpose.

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

l) It was clarified that internal audit meet with leads of teams and Directors before the audits to see where a critical assessment would be useful, gaps are already suspected. Often teams and areas know of the gaps before undergoing the internal audit but internal audit provide helpful action plans to tackle these.

m) It was noted the secondment sample was small and retrospective work will take place with HR

n) In regards to the PECOS system which is a high risk, action has already been taken.

The Committee noted the update and were content with the information provided

6. **EXTERNAL AUDIT**

6.1 **External Audit**

*This item was taken out of order*

Deloitte was invited to present a verbal update on external audit.

There was nothing significant to report. The planning paper was presented at the November Committee and there are no significant risk areas. The Director of Finance and Corporate services would meet with the external audit team to go through the external audit plan in more detail.

A recommendation from the 2018-19 audit was to review the performance report to improve the presentation.

The Committee were content with the information provided by external audit.
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) **Risk 863** can come off the risk register, as the four board positions have now been filled including the SHC Chair.
- b) **Risk 849** a risk in regards to HIS not being able to robustly regulate digital primary care services due to the diversity of operating models, the pace of technological change and their location out with Scotland was discussed and assurance provided.
- c) Mental health access was highlighted as a key risk. There is a public and political interest in this and there has been a delay on what we said we would deliver on. It was clarified that Mental health access is of growing concern. ET have had a discussion on this risk and this will be raised to very high.
- d) In regards to the workforce theme across the risk register, the Workforce Plan should provide some mitigation.

Committee were content with the management of risk.

7.2 **Board Report 3 key points**

- 2. Financial position to Period 10
- 3. Complaints process for Independent Healthcare Clinics

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.

9. **ANY OTHER BUSINESS**

George Black was thanked by the HIS Chair for his hard work on the Committee and as the Committee Chair.

10. **DATE OF NEXT MEETING**

Audit and Risk Workshop 6 June 2019 in Meeting room 6A, Delta House
Audit and Risk Committee 19 June 2019 in the Boardroom, Gyle Square, Edinburgh
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 meeting held on 14 May 2019.

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

   a) **Staff Governance Action Plan** – this was reviewed by the Committee and a discussion took place about the duplication of actions with other plans that were considered on the agenda and particularly with the Workforce Development Plan 2019-2022. It was agreed that work should be undertaken to streamline the actions into one action plan to enable easier progress monitoring and to be clear about the owner/accountability of the actions.

   b) **Workforce Data** – the Committee received a comprehensive report showing workforce data for 2018-19. This also included a better standard of Health and Safety data than had been received at previous meetings. The Committee were pleased with this report and also with the progress being made to improve the service received from the Health and Safety provider. This data will be presented at each Committee meeting from now on and an ongoing review of the Health and Safety service is in place.

   c) **Whistleblowing/ Raising Concerns** – The Head of Organisational Development and Learning presented to the Committee a process that has been developed to assist staff to understand how to raise any concerns that they might have. The process is clear and signposts staff to their various options to help them to decide the most appropriate way to proceed eg whistleblowing v grievance processes. It also sets out informal v formal stages of the options and what to expect at each stage. This resource has been reviewed at the Partnership Forum who have also helped to shape the final output. The resource is now available to staff on The Source (intranet). The Committee also noted that Scottish Government intend to appoint a Whistleblowing Champion to each Board and further information will be shared when it is known.

Duncan Service
Chair
Staff Governance Committee
MINUTES - Approved

Meeting of the Healthcare Improvement Scotland Staff Governance Committee at 13:30
21 February 2019
The Boardroom, Gyle Square, Edinburgh

Present
Carole Wilkinson Chair of the Board
Bryan Anderson Board Member
Duncan Service Board Member, Committee Chair
Kathleen Preston Board Member
Robbie Pearson Chief Executive
Maggie Waterston Director of Finance and Corporate Services
Sandra McDougall Acting Director of Scottish Health Council
Alastair Delaney Director of Quality Assurance
Belinda Robertson Deputy for Director of Improvement

Belinda Henshaw Partnership Representative

In Attendance
Anne Lumsden Head of OD & Learning
Ann Laing Head of People & Workplace
Ian Haxton Workforce Planning Manager
Mario Medina Equality and Diversity advisor
Sybil Canavan Associate Director of Workforce

Committee Support
Chloe Wicksteed Committee Secretary

Apologies
Sara Twaddle Director of Evidence
Ann Gow NMAHP Director
Ruth Glassborow Director of Improvement
Brian Robson Medical Director
Kenny Crosbie Partnership Representative
### 2. WELCOME AND APOLOGIES FOR ABSENCE

2.1 The Chair welcomed all present to the meeting and in particular to Sybil Canavan who is the new Associate Director of Workforce and would be starting at HIS in April, introductions were made. Apologies were noted as above.

2.2 Declaration of interest

No declarations were noted.

### 3. MINUTES OF PREVIOUS MEETING/ACTION REGISTER

3.1 Minute of Staff Governance Committee meeting on 10 October 2018

The minutes of the meeting held on 10 October 2018 were approved as an accurate record of the meeting.

3.2 Review of action point register of Staff Governance Committee on 10 October 2018

The Committee reviewed the action point register from the meeting on 10 October 2018 and noted the status report against each action. The following action point was discussed:

7.4 – It was noted that more Board members were required to be on the selection panel for the Making a Difference Award Scheme, once the new Non-Executive Directors were in post volunteers would be requested.

The Committee were content with the progress made on the action point register.

### 4. COMMITTEE GOVERNANCE

4.1 Business planning schedule

The Chair presented the Business planning Schedule. The Committee was content with the business planning schedule.

4.2 Draft Annual Report 2018/2019

The first draft of the annual report was presented to the Committee for comment.

The 2017-18 annual report states improvements that would be made during 2018-19. Progress against these actions should be included within the 2018-19 Annual Report.

The Committee noted the information provided in the first draft of the Annual Report and that an action plan is to be agreed for 2019-20. This will be incorporated and the report prepared to a final draft for review by the Committee to finalise it.

### 5. CORPORATE

5.1 Workforce Plan 2019/20

The Chair invited the Workforce Planning Manager to present the current progress on the workforce plan including what information would be included in the report for the Board. The following points were highlighted:

a) The data for the workplace plan was being collected from a wide range of sources HR systems, Local Data, Recruitment, Operational Plan, Efficiency, Talent, Learning and Engagement and Finance systems. It had been hard to get statistics for efficiency and further work is required to see if this is possible.

b) The headcount is looking like it will flat line yet the remit and work at HIS is
increasing. The number of joiners in permanent posts was 50 whereas there were 41 leavers. Fixed term joiners were 54 with 52 leavers.

c) There are currently 82 recruitment campaigns to bring in 122 new staff members which is 25% of the head count. Timescales to recruit from advertisement to appointment is 44-48 days or up to 72 days. On average it is 144 day's resource to recruit to 2 jobs. An internal mapping process of recruitment will be undertaken during March to understand this better.

d) Internal audit are reviewing the method of the change process and review underway in QAD. This includes looking at recurring project work cycle times, how many people it actually takes to achieve the work, this needs to be researched to see that we are allocating resources adequately.

e) It was noted that there is a recruitment gap for health economists and improvement advisors and further work is taking place to understand the root cause.

f) In terms of succession planning there should be a 6 monthly review of critical roles with understanding of flight risk and a view of readiness of possible successors with their development progress

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

g) Ian Haxton was thanked for his work on pulling this information together in a helpful structured way. The Committee were confident with the figures that had been presented

h) 571 people were signed up to training and 30% cancelling their training last minute, it was noted that there was no statistics on the reason why staff had cancelled the training. Could only assume it was because of perceived pressure but more research is required on this.

i) Due to the difficulties with some recruitment it was queried whether HIS could look outwith the central belt to fill posts. It was noted that we are linking in with Edinburgh University and career advisors to talk about the services that could be available.

j) It was noted that the refresh of the agile working policy should help with working from home and make it easier to employ outside central belt as it will enable more flexible working patterns

The Committee noted the update and it was agreed that this would be on the agenda again at the May Committee.

5.2 Corporate Objectives

The Head of Organisational Development and Learning was invited to present this paper, the following points were highlighted:

a) Over the past few years corporate objectives have been in place that have been adopted by everyone in the organisation. The objectives have focused on demonstrating our values and behaviours. In October 2018 Partnership Forum, (PF) discussed the objectives and agreed that these should change this year.

b) The PF members were asked to submit their thoughts on what the Corporate Objective should be for 2019 – 2020. Partnership Forum agreed that there should just be one Corporate Objective this year and that it should be relate to demonstrating a commitment to cross-organisational working, which can be achieved in a number of ways.

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

c) It was clarified that each staff member would have different activities to achieve the objective agreed, these activities would be agreed with their line manager

d) HIS need to be clear that we are an organisation with one purpose and many parts and the objective should make this message more meaningful. There are
already good examples of cross-organisational working particularly with SHC, ihub, QAD and Evidence.

e) It was noted that in order for this to be valuable we need to ensure that staff are enabled to work cross-organisationally and that there is an equitable approach.

The Committee approved the Corporate Objective.

5.3 National Boards Collaboration

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

The following points were highlighted:

a) This paper was presented to provide an update on where HIS is currently at with shared services across the NHS and with the National Boards

b) A new Business Services suite of IT solutions is being developed which should improve the digital capability across all areas and assist with the sharing of systems which is currently one of the major barriers being faced.

c) Target Operating Models (TOMs) have been developed for the 4 work streams which set out the intent and some broad timescales for delivery.

d) Progress has been slow for a number of reasons which include: lack of capacity; lack of digital capability to enable more collaborative working to take place; interruption as a result of the leads for the work streams changing; eight different ways of working to be distilled into an adoption of best practice and the complexity of managing eight different requirements for a particular service.

e) Deloitte have been engaged for 6 weeks prior to the end of March, to review all of the TOMs, assess how realistic they are and how likely they are to return the required savings. Deloitte’s findings so far confirm what we already know, therefore we have deliberately paused this work so that we can take stock and agree how to proceed.

f) HIS are contributing to all of these work streams. It should be noted that HIS currently rely on a number of the other Boards to provide services across these areas for example IT services from SAS, NSS help provide Health and Safety services and Payroll services.

g) It was clarified that the timeline for this keeps being pushed out further and there is currently no timeline. The work needs a dedicated and stable team of people to make the change happen.

The Committee noted the update.

5.4 Draft Equality Mainstreaming Report – 2019 Update

The Equality and Diversity advisor was invited to present this paper. The following points were highlighted:


b) Three of our equality outcomes set in 2017 directly relate to the recruitment and retention of our staff, they are: Disabled staff and job applicants experience improved support and career opportunities within HIS; Lesbian, gay, bisexual and transgender (LGBT) people who currently work with Healthcare Improvement Scotland, who wish to work with us or wish to volunteer with us; HIS will maintain an inclusive culture and environment, where staff understand the importance of equality and diversity in their work and interactions with others, and feel valued, respected and supported

c) Since we published our Equality Mainstreaming Report in 2017: The percentage of successful job applicants that identified as having a disability has increased by 1.4%; The percentage of our staff who identify as having a disability increased by 1.09%; The percentage of job applicants that identified as lesbian, gay or
bisexual (LGB) has increased by 2.1%; The percentage of our staff who identify as LGB increased by 1.3%; Our mean pay gap has reduced by 1.65%, giving us a mean gender pay gap of 19.87%, these reductions are largely attributable to the more even gender split within the Senior Manager and Clinical pay band; Our equal pay statement, has been reviewed in partnership. We remain committed to what was set out in this statement and our work to close our gender pay gap will continue.

d) There are some very positive stories from our staff about their experience of working with us in the report. Our GCIL graduate, our Modern Apprentice and Intern have all been very pleased with their experience of working with us.

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

e) It was a well written report and the Committee thought the stories included were a great element.

f) It was agreed that some elements of this needs to be linked to the workforce plan

g) The Margaret McAlees award was highlighted as a positive initiative. It was suggested the next award should be in 18 months or every other year to give staff time to work towards this. However need to be mindful to not lose momentum. It was agreed that this will be looked at

h) A concern was raised around women being discouraged to apply for particular full time senior roles as they have a family and these roles are not available part time. It was noted that this is often at the discretion of the line manager. Some jobs may not be available part time because of the nature of the role however it can be a cultural issue on why this cannot be part time or job shared. It was noted that HR may not be challenging the refusal enough and can look at the process when the job is raised at the RAF stage.

i) Individuals classed as a minority ethnic were not completing applications to become public partners. It was suggested that this could be to do with the hours as public partners are required in normal working hours which is harder for people of working age. The recruitment cycle is 2 yearly so this could be a factor or it could be that a lot of people don't know about our work. This would be looked at by the SHC Committee.

The Committee noted the report.

6. WORKFORCE METRICS

6.1 Workforce Plan 2018/19

The Head of People and Workplace was invited to present this paper. The following points were highlighted:

a) The report provided statistics relating to staffing, absence, turnover and the age profile of the organisation

b) The reporting format and information provided is now closer to what the Committee has requested in the past and we are now able to produce trends from the data which has been very beneficial

c) It was noted a dashboard was underway for the Shared Services and this would change again in the next report.

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

d) The Committee were happy with the format and information provided, it was a lot more succinct

e) On page 9 it was noted that under sickness and absence by directorate that QAD have high percentage, it was clarified that this was because of long term
illness, as it is calculated on the % of days lost

f) Employee relations issues was quite high, this was an anomaly and wouldn’t expect this to continue to be this high

g) We need to include comparison data in the report in the future to understand context and make this more clear

The Committee noted the information provided.

6.2 **Medical Revalidation**

The Head of People and Workplace was invited to present this paper. The following points were highlighted:

a) Medical revalidation was the process by which doctors demonstrate to the GMC that they continue to be fit to practise. Since November 2009 all doctors on the Medical Register who wish to practise medicine have been required to have a Licence to Practise. Doctors are now required to revalidate every five years in order to maintain their licence to practise.

b) During the 1 April 2017 – 31 March 2018 reporting period HIS employed eight doctors. Of those, two doctors were due to revalidate and successfully achieved revalidation.

The Committee noted the Medical Revalidation arrangements and were content with the outcome of the Medical Revalidation self-assessment 2018.

6.3 **Nursing Revalidation**

This item was deferred to the next Committee meeting.

7. **VALUES BEHAVIOURS, ENGAGEMENT & COMMUNICATION (VBEC)**

7.1 **Staff Survey**

The Head of OD and L was invited to present this paper. The following points were highlighted:

a) Every board across Scotland has to submit iMatter survey results. HIS performed well in relation to other Boards in terms of the percentage of staff completing the survey, the number of teams submitting action plans and the overall Employee Engagement Index Score. The aim in 2019 is to further improve our performance.

b) Last year we undertook the National Dignity at Work Survey. A decision was taken that this survey would not run nationally this year and with no certainty that it would be run again in future years. The PF considered whether we should run the survey internally in 2018-2019. It was agreed that many of the questions are not worded in a way that helps gather useful information that can inform reliable actions leading to improvement. The survey questions do not include any free text options so information about underlying issues is very limited. A bespoke survey would be developed with open text questions. A survey is being worked on to capture issues like bullying and harassment regularly across HIS. This survey was going to be rolled out in March but want to work on this a bit longer to get the questions right.

c) This will be a true temperature check to see where we are. Want to be able to capture how safe people feel to speak up, why people don’t feel ok to speak up. It will also be good to see whether the culture is being observed in regards to the effort HIS are putting in to skills and coaching.

The Committee noted the information in the National Health and Social Care Employee Engagement Survey and the information provided on the development of
7.2 Agile Working

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

The following points were highlighted:
   a) It was clarified that the Delta House refurbishment project was only part of the move to agile working across HIS. It was noted that the work in Delta House had provided a better use of space and that staff were generally happy with the new space. A big thanks was made to Brian Ross for his project management of the work as he worked so hard on involving staff, answering their questions and resolving issues with the main contractor to keep the work to schedule.
   b) It was also noted that the agile working group for Delta House included representatives from each directorate and that they all stepped up to the challenge and made decisions as they were required..
   c) The Agile working policy is being developed this will go to policy review group.
   d) It was noted that there has been a good level progress on agile working with more openness across the organisation.

The Committee noted the update.

8. RISK MANAGEMENT

8.1 Risk Management Register

The Director of Finance and Corporate Services presented a report on the Corporate Risks relating to the remit of the Committee. The following points were highlighted:
   a) A new risk had been raised on the workforce strategy
   b) Will look at risks when we have final version of workforce strategy

The Committee were assured with the risk management.

9. PAPERS FOR INFORMATION

9.1 Partnership Forum Minutes – August 2018; October 2018; December 2018

The partnership representative was invited to provide a highlight of the topics or main areas in the previous PF meetings, the following was highlighted:
   a) The surveys with Partnership Forum
   b) The directors had all presented to the PF with their reps
   c) It was noted that Agile working moved with pace which was good to see
   d) The Margaret McAlees award was a positive thing lead by PF
   e) The PF over the last year has done and achieved a lot which us good to see
   f) It was agreed that the workforce report discussed at item 5.1 could be shared with PF to be discussed.

The Committee noted the update.

9.2 Partnership Forum 3 Key Points – October 2018; December 2018

The three key points from 4 October 2018 were:
1. Dignity at work
2. SHC review
3. Role of the PF

The three key points from 12 December 2018 were:
1. Dignity at work survey, looking at external contractor to create survey, analyse
results and feedback.
2. HIS – future direction – Collaborative working/skills matrix.
3. Career pathways – page dedicated to this on the SOURCE for staff. Good
   reference point for staff

The Committee noted the update

11. STANDING BUSINESS

11.1 Board report 3 key points

The Chair would prepare a report for the Board highlighting the key points from the
meeting. The key points were agreed as:
1. Staff Survey
2. Corporate Objectives
3. Workforce Plan
4. Equality Mainstreaming report

11.2 Feedback Session

12. DATE OF NEXT MEETING

The next meeting of the Staff Governance Committee will be held in the Boardroom
in Gyle Square on 14 May 2019 (re-scheduled)