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

Date: Wednesday 27 April 2016
Time: 12.30 – 15.45
Venue: Rooms 6A/B, Delta House, Glasgow
Contact: Pauline Symaniak | p.symaniak@nhs.net | 0131 623 4294

AGENDA

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<th>Lead officer</th>
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<td>1. OPENING BUSINESS</td>
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<tr>
<td>1.1</td>
<td>12.30</td>
<td>Welcome</td>
<td>Chairman</td>
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<td>1.2</td>
<td></td>
<td>Apologies for absence</td>
<td>Chairman</td>
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<td>1.3</td>
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<td>Minutes of meeting held on: 24 February 2016</td>
<td>Chairman</td>
<td>BM2016/25</td>
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<tr>
<td>1.4</td>
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<td>Review of action point register: 24 February 2016</td>
<td>Chairman</td>
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<td>1.5</td>
<td></td>
<td>Minutes of Board Seminar in Committee: 30 March 2016</td>
<td>Chairman</td>
<td>BM2016/27</td>
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<tr>
<td>1.6</td>
<td></td>
<td>Register of interests</td>
<td>Director of Finance and Corporate Services</td>
<td>BM2016/28</td>
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<tr>
<td>2. CHAIRMAN’S REPORT</td>
<td></td>
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<td>3. EXECUTIVE REPORT</td>
<td></td>
<td></td>
<td>BM2016/30</td>
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<tr>
<td>3.1</td>
<td>12.50</td>
<td>Executive Report</td>
<td>Chief Executive</td>
<td>BM2016/31</td>
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<tr>
<td>3.2</td>
<td>13.05</td>
<td>Provisional Financial Outturn as at 31 March 2016</td>
<td>Director of Finance and Corporate Services</td>
<td></td>
</tr>
<tr>
<td>3.3</td>
<td>13.10</td>
<td>Risk Management Report</td>
<td>Director of Finance and Corporate Services</td>
<td>BM2016/32</td>
</tr>
<tr>
<td>3.4</td>
<td>13.25</td>
<td>2015/18 Local Delivery Plan Performance Report: March 2016</td>
<td>Director of Finance and Corporate Services</td>
<td>BM2016/33</td>
</tr>
<tr>
<td>4. STRATEGIC BUSINESS</td>
<td></td>
<td></td>
<td>BM2016/34</td>
<td></td>
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<tr>
<td>4.1</td>
<td>13.30</td>
<td>2015 Review of Public Health in Scotland</td>
<td>Director of Evidence</td>
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</table>
14.15 Refreshment break

4.2 14.30 Implementing Our Voice

Director of Scottish Health Council

BM2016/35

5. BOARD GOVERNANCE

5.1 15.15 Governance Committee Annual Reports 2015-16

Director of Finance and Corporate Services

BM2016/36

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

6.1 15.25 Audit and Risk Committee: key points from meeting on 16 March 2016 and approved minute from meeting on 11 November 2015

Committee Chair

BM2016/37

BM2016/38

6.2 Quality Committee: next meeting will be held on 19 May 2016

Committee Chair

6.3 Staff Governance Committee: key points from meeting on 23 March 2016 and approved minute from meeting on 18 November 2015

Committee Chair

BM2016/39

BM2016/40

6.4 Scottish Health Council: approved minute from the meeting on 2 February 2016

Committee Chair

BM2016/41

6.5 Improvement Hub Committee: key points from meeting on 15 March 2016 and approved minutes from meeting on 29 January 2016

Committee Chair

BM2016/42

BM2016/43

7. FEEDBACK SESSION

8. ANY OTHER BUSINESS

9. DATE OF NEXT MEETING 15.45

9.1 The next meeting will be held on Thursday 23 June 2016, at 12.30pm, Room 6A/B, Delta House, Glasgow.
Meeting of the Board of Healthcare Improvement Scotland

Date: 24 February 2016
Time: 13.30 – 16.45
Venue: Boardroom, Gyle Square, Edinburgh

Present
Denise Coia Chairman
Bryan Anderson
George Black CBE
Jackie Brock
Zoë Dunhill MBE
Paul Edie
Angiolina Foster CBE Chief Executive
Nicola Gallen
John Glennie OBE
Kathleen Preston
Duncan Service
Pam Whittle CBE
Hamish Wilson CBE Vice Chairman

In Attendance
Ruth Glassborow Director of Safety and Improvement
Richard Norris Director, Scottish Health Council (SHC)
Robbie Pearson Director, Scrutiny and Assurance
Brian Robson Executive Clinical Director
Sara Twaddle Director of Evidence
Maggie Waterston Director of Finance and Corporate Services
Brian Robson Executive Clinical Director

Apologies
None

Committee support
Natalie Hannigan Executive Assistant (Minutes)
Jane Illingworth Policy & Governance Manager

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

Registerable Interests
All Board members and senior staff are required to review regularly and advise of any updates to their registerable interests within one month of the change taking place. The register is available on the Healthcare Improvement Scotland website.
1. **WELCOME AND APOLOGIES FOR ABSENCE**

1.1 **Chairman's welcome and introduction**

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

A special welcome was extended to Ailsa Gormley (Tesco Bank), Donna Kerr (Lloyds Banking) and Norma Corlette (Scottish Through Care and After Care Forum), who were invited to observe the Board meeting as part of an initiative to support senior women to become public body Board members. A welcome was also extended to Lynn Manson, National Services Scotland (NSS), who was shadowing the Chief Executive.

The Chairman thanked the large number of staff members for attending the meeting.

The Chairman referred to the announcement last week that the Chief Executive, Angiolina Foster, would undertake a six to nine month secondment to NHS24, noting that this development signaled the excellent performance and reputation of the organisation and its staff. The Chairman noted the level of support offered to the Chief Executive from the Executive Team and wider staff, and shared her gratitude for the support. The Chairman welcomed Robbie Pearson as Acting Chief Executive and noted that the Director of Scrutiny and Assurance post would be backfilled.

The Chief Executive echoed the Chairman’s comments and shared her thanks for the support. She emphasised her commitment to HIS and intention to return to the organisation in due course.

1.2 **Apologies for absence**

No apologies were received.

1.3 **Minutes of meeting held on 25 November 2016**

The minutes of the public meeting held on 25 November 2015 were accepted as an accurate record with no amendments.

1.4 **Review of action point register: 25 November 2015**

The Board received for review the action point register from the meeting held on 25 November 2015. The Chairman noted against point 4.2 that changes had been made to the Executive Report in light of Board comments and that feedback at today's meeting would also be taken into account.

The Board noted the status report against each action and all forward planning actions.

1.5 **Minutes of Board in Committee – Board Seminar 27 January 2016**

The minutes of the Board Seminar held in committee on 27 January 2016 were accepted as an accurate record.
1.6 Register of Interests

The Board received the current Register of Interests from the Director of Finance and Corporate Services.

The Board approved the register as presented.

2. CHAIRMAN’S REPORT

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

a) The National Clinical Strategy had been published and would be a considerable driver of the work of HIS. It would be reviewed in more detail at the Board Seminar session on 30 March. The Chairman also noted that the Public Health Strategy had been published, and encouraged the Board to read this strategy.

b) The Chairman and Board had attended a Joint Development Session with the Care Inspectorate. This had been a very productive meeting which had focused on how HIS and the Care Inspectorate work together. The Chairman of the Care Inspectorate echoed this. He also noted that the duty of cooperation between the two organisations had been discussed and that, although there were not many areas of overlap, it was important to manage any issues at the interface between both organisations.

c) The Chairman highlighted the importance of the joint meetings with the sponsor division at Scottish Government, whilst continuing to meet with colleagues from the wider Scottish Government as the organisation moves into more areas that support delivery of improvements in the wider public services.

The Board noted from the report the discussion at the NHS Chairs meeting and in particular the latest update on the development of the Integration Joint Boards (IJBs) for health and social care, and how the governance of health and social care, particularly clinical governance, will work across Territorial Boards and IJBs. It was agreed that the complex governance arrangements, relationship building with the Chairs of the IJB’s and understanding of Scottish Government spending allocations would require more discussion and should be a topic for a future board seminar.

3. EXECUTIVE REPORT

3.1 Executive Report

The Board received a report from the Executive Team. The Chief Executive noted that this was in a new format, combining the individual Director reports and the Chief Executive report to give a more prioritised and streamlined report with a broader overview. Feedback on the new format was welcomed from the Board.

The Chief Executive highlighted the following points:

a) The 2015 NHS Scotland Staff Survey results were presented to the January meeting of the Partnership Forum. The results would be considered at the next meeting of the Staff Governance Committee and brought to the April meeting of the Board. The Chief Executive thanked
staff for participating and noted that the results were hugely encouraging but highlighted some areas for improvement.

b) The Chief Executive would be giving oral evidence to the Health and Sport Committee who were seeking an update on the effectiveness of the changes made to the Scottish Medicines Consortium’s (SMC) system for approving new medicines.

c) An Effective Care Programme was being developed following a request from NHS Board Chief Executives and with the agreement of Scottish Government to provide additional funding for the work. This would become an important driver of HIS work, especially following the launch of the National Clinical Strategy. HIS would develop a clinically led programme to drive out waste, harm and variation, which would provide a more explicit economic dimension to our work. The Director of Safety and Improvement added that colleagues were working rapidly to get the programme up and running, with support from the NHS Chief Executives, and work had started on identifying two to three pathways to focus on where it was possible to make a difference. This work would be collaborative across all directorates of HIS, and advice had been sought from AQuA, regional support in North West England, on how to apply this approach within the Scottish context. Both the Quality Committee and Integrated Improvement Resource Committee would be fully sighted.

The Chief Executive asked Directors for any additional areas they wished to raise.

The Clinical Director noted that the business intelligence and internal data sharing project was being developed and tested. Excellent progress had been made and HIS was working closely with NHS Forth Valley to develop the approach.

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

d) Regarding the Effective Care Programme, the Director of Safety and Improvement advised that the scoping work on the programme was underway. It was not yet confirmed if it would be a clinical or care focus but that within the first year the pathways identified would be likely to be clinical. Work would also continue to ensure open dialogue with the IJBs. The Director of Safety and Improvement would ensure the Board are updated on which pathways/segments of pathways are chosen for year one and the anticipated benefits.

e) The Director of Safety and Improvement advised that the Mental Health Access improvement support team was a new four-year commission from the Scottish Government. With ring fenced funding, it would support the NHS Boards to deliver a range of psychological therapies, diagnostic work with the IJBs and examine the factors that impact access times. Discussion took place around the scope of such commissions and the negotiating position of HIS when in discussion with the Scottish Government over these. It was noted that this was the first access support commission to date, and as such was of strategic importance to HIS.

f) Regarding the Health and Sport Committee request for evidence on access to medicines, the Chief Executive noted that the committee had a long standing interest in the SMC, following recommendations made in a previous Heath and Sport Committee Report. As SMC moved towards completion of this process, the Scottish Government had requested a
review of SMC progress to be carried out by Dr Brian Montgomery.

The Board noted the Executive Report and approved its new format.

3.2 2015/18 Local Delivery Plan Performance Report: January 2016

The Board received a report from the Director of Finance and Corporate Services outlining the progress made towards achieving the objectives agreed within the HIS Local Delivery Plan 2015-16.

The Board reviewed the performance against the LDP, noted that the objectives were cross referenced with the operational risks, as appropriate, and that the operational performance report was a standing item for noting at the Audit and Risk Committee. This report had been reviewed by the Quality Committee in December.

The Director of Finance and Corporate Services highlighted that the organisation was on track towards achieving the agreed objectives, whilst all high/very high risks had been recognised and mitigated against.

In response to a question from the Board about the report content, the Director of Finance and Corporate Services advised that work was underway on the development of an evaluation framework, that would be integrated with the performance management system, risk register and workforce and financial planning. The board would be sighted on this at the June meeting.

3.3 Financial Performance to 31 January 2016

The Board received a report from the Director of Finance and Corporate Services on the financial performance to 31 January 2016.

The Director of Finance and Corporate Services referred to the following key points within the report:

a) A full forecasting exercise was carried out during January based on the December outturn in order to manage the financial position to the required balance as at 31 March 2016
b) The January position shows a variance of a £92k under spend.
c) One allocation was awaited from the Scottish Government of £39,600 in relation to the primary care and out of hours work. It was expected to be received by the end of the financial year.
d) It had been agreed that a one-off return of £0.410million would be made to the Scottish Government for various non-recurring allocations where we had managed to deliver the work at a lower than predicted cost. It was noted that this would not impact upon the general fund reserve or general ongoing funding.
e) The general reserve was currently standing at £0.286million. With the return of the £0.410million to Scottish Government and the under spend of £92k, there would be a resulting deficit of £32k. The Director of Finance and Corporate Services assured the Board that this was manageable and on track to achieve a balanced budget.

In response to a number of questions from the Board, the following additional points were made:
f) Regarding the return of the £0.410million to Scottish Government, the Director of Finance and Corporate Services noted that due to financial regulations HIS was only permitted to carry forward up to 1% of the funding. Given that the funding highlighted for return comes from non-recurring allocations which are for specific purposes it was reasonable to return any funds not spent. The Director of Finance and Corporate services reassured the Board that this was an acceptable position.

g) Regarding the reduction of the share of recurrent savings from 87% to 50%, the Director of Finance and Corporate Services noted the concern and confirmed that this would be addressed within the 2016/17 budget exercise.

4. STRATEGIC BUSINESS

4.1 Draft Financial Plan 2016-2019

The Director of Finance and Corporate Services presented to the Board a draft financial plan for 2016-2019. The Board were referred to the paper issued in advance of the meeting and the following additional points were highlighted:

a) Clarity from the Scottish Government was awaited on the final funding allocation. The budget presented was based on the information currently available and although further information had been provided from Scottish Government colleagues, it was inevitable that amendments would be required once the final position became clear.

b) The draft 2016/17 budget would be presented to the Audit and Risk Committee on 16 March and submitted to the Board for approval at the Board Seminar on 30 March.

The Director of Finance and Corporate Services highlighted the following current planning assumptions used when developing the draft budget.

c) It had been agreed that an additional £8.8million would be added to the baseline funding allocation. This was a welcome development and demonstrated 54% uplift on the previous position.

d) A proposed baseline funding uplift of 1%.

e) Regarding efficiency savings required against non-recurring allocations, guidance from the Scottish Government was awaited to confirm requirements.

f) Budgetary pressures at this draft stage would result in a shortfall of £2.192million. The Executive Team were planning to address this through a number of budget reductions in relation to pay costs, delivery plan and variable non-pay costs.

In response to a number of questions from the Board, the following information was provided:

g) The reduction in pay costs would not impact on the delivery of programmes but would more likely be secured around new posts, e.g. the delay of filling vacancies; bringing in expertise and adopting a more flexible staffing model.

h) Recurrent savings would need to be identified to assist with future financial stability. Guidance from the Scottish Government was awaited on the various funding allocations and the requirements of the Outcome
Framework.

i) Any requirement for additional baseline savings could potentially be made through HIS carrying out additional work by absorbing the costs within the current budget. Careful monitoring of such projects would be required to ensure ‘savings’ were being demonstrated but with no detriment to the rest of the organisation’s work plan.

The Board approved the Draft Financial Plan 2016-2019, thanking the Executive Team for their work to date and noted that the final budget, including the operational plan and workforce plan, would be presented to the March Board Seminar.

4.2 Quality of Care Reviews Final Report

The Board received the final report from the Quality of Care Reviews from the Director of Scrutiny and Assurance. The Director of Scrutiny and Assurance extended his thanks to Tracy Cooper and HIS colleagues for their contribution to this piece of work. Much more work would be delivered in the implementation phase but this was an important area, serving as a major contribution to the National Clinical Strategy, service sustainability and service redesign.

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

a) A detailed communications plan would be central during the implementation phase to ensure continued engagement with all relevant groups.

b) Going forward, engagement with the Care Inspectorate around joint inspections would be important, as would consideration of how it will be applied in regulation of the independent sector.

c) An Implementation Programme Board would be established with a range of stakeholders, co-chaired by the Director of Scrutiny and Assurance and the Director of Safety and Improvement.

The Board noted the final report and thanked staff for an excellent piece of work.

The Board endorsed the proposals for further development and implementation.

4.3 Draft Information Strategy

This item was taken out of order on the agenda.

The Deputy Chief Executive referred to the draft Information Strategy issued in advance of the meeting and highlighted the following key points:

a) Data, information and knowledge were key assets of HIS and fundamental to driving improvement in health and social care. The Information Strategy would ensure activity was aligned to the delivery of strategic objectives, whilst supporting cross organisational working and the commitment to sharing information with other agencies.

b) This strategy would enable the best use of our resources and avoid duplication.

c) An implementation plan was being developed and would include opportunities for evaluation of impact to ensure best value for money.
In response to a number of questions from the Board, the following points were clarified:

a) Consideration would be given to inclusion of ‘integrated’ in the phrasing of section 4 of the Draft Information Strategy, “Seven contributions to transforming health and social care in Scotland and information strategy implications”.

b) HIS operated as a customer of data as well as an influencer on data collection practices.

c) There was a change from historic practice on what constitutes evidence and a potential shift in what the accepted standards were, which would be a challenge to strategic planning processes.

d) The strategy built upon work already being delivered, for example sharing intelligence with the Care Inspectorate, and was pulling together strands of work from across HIS.

e) A more detailed budget breakdown would be provided, enabling clarity on Information Governance spend, to alleviate concerns regarding potential low budget allocation.

The Board thanked staff for collating into a coherent single piece the numerous strands of complex work represented within the Strategy. The Board approved the draft Information Strategy.

4.4 Establishment of Nursing Director (including Midwifery) Post

The Board received a paper from the Chief Executive setting out proposals to establish a Nursing and Midwifery Director post. The Chief Executive highlighted the following points:

a) In response to stakeholder feedback and the retirement of the Chief Nursing Midwifery and Allied Health Professional (NMAHP) it was agreed that this provided an opportunity for the Executive Team to consider the impact of the departure and rethink the model of representation for this group within the leadership of HIS.

b) The report was seeking the Board’s approval in principle to the establishment of a Nursing and Midwifery Director post, and the Board’s approval of the proposal for the Quality Committee and the Executive Remuneration Committee to work together to finalise the details of the post.

In response to a number of questions from the Board, the following points were highlighted:

c) This post was needed within the organisation and would ensure that the organisation was seen as clinically led across the professions.

d) This post would also reiterate HIS support to the Chief Nursing Officer on the nursing improvement agenda.

e) The job description of the post would be scoped with the support of the Chief Nursing Officer, and assurance was provided that the post would be responsible for important areas of work and the right candidate sought for the role.

The Board approved the proposal for the establishment of a Nursing and Midwifery Director post.
5. **PRESENTATION – PATIENT OPINION**

Gina Alexander, Director, Patient Opinion Scotland, joined the meeting and delivered a presentation on Patient Opinion Scotland.

In response to a number of questions from the Board, the following points were highlighted:

a) Patient Opinion work closely with NHS Boards to raise awareness amongst the public. Working closely with healthcare providers, Patient Opinion wanted organisations to see the site as a useful tool for them as much as for the patient.

b) Patient Opinion was a very visible and transparent channel for sharing intelligence. Responses offered from Health Boards were now improving, and evolving from a previous corporate response to be more qualitative in approach.

c) Demographic information was not currently collected or collated widely.

d) Every story submitted to Patient Opinion was read by a person, with 95% of stories published to the website. If the reviewer had concerns regarding legal implications from the story, appropriate action was taken before publishing.

e) Patient Opinion was a useful tool in highlighting ‘bright spots’ and was keen to be viewed as a mechanism for sharing positive stories and a useful intelligence sharing tool. The information on the site should be used for improvement purposes, as opposed to highlighting mistakes.

f) The process for using and manipulating the data was very simple and not labour intensive, and as such allowed for qualitative insights to be easily found.

The Board thanked Gina Alexander for her presentation and welcomed the invitation to increase opportunities for working together.

*Gina Alexander left the meeting.*

6. **BOARD GOVERNANCE**

6.1 **Risk Management Report**

The Board received a report from the Director of Finance and Corporate Services on the current status of risk management as at 10 February 2016. This included all of the risks from the Corporate Risk Register and the very high risks from the Operational Risk Register.

The Director of Finance and Corporate Services highlighted the revision of the risks relating to SMC and the Strategic Delivery Plan for Medicines to better reflect the current situation, and noted that these would be added to the Compass system in due course. The recent review of the risk register had also allowed for consideration to be given to the impact of potential risks as well the likelihood to ensure consistency of scoring.

The Board was asked to review and endorse the risk registers and note that they had been aligned to the Strategic Plan: Driving Improvement in Healthcare 2014-2020.
In response to a number of questions from the Board, the following additional points were made:

a) The increase in risk level for the Business Intelligence Strategy from medium to very high was a result of the combination of two previous risks. This risk was specific to the data held. Work was ongoing with the Quality Committee and it would be discussed in detail at the Audit and Risk Committee meeting.

b) There was some confusion about the risk rating for risk no 238 and whether or not it was rated at medium or very high. The Director of Finance and Corporate Services undertook to review this and make any corrections in time for the Audit and Risk Committee.

The Board advised that they were content with the report on risk management and that they were assured that controls were appropriate and effective.

7. STANDING BUSINESS (BOARD COMMITTEES)

7.1 Audit and Risk Committee

The Chair of the Audit and Risk Committee noted that the next meeting was scheduled for 16 March 2016 therefore no report from the committee was to be considered at this meeting.

7.2 Quality Committee

The Chair of the Quality Committee referred to the paper issued in advance of the meeting and the approved minutes of the meeting.

7.3 Staff Governance Committee

The Chair of the Staff Governance Committee noted that the next meeting was scheduled for 23 March 2016 and no report from the committee was to be considered at this meeting.

7.4 Scottish Health Council

The Chair of the Scottish Health Council highlighted the following key points:

a) Following recent challenges that have highlighted the Scottish Health Council’s (SHC) role within NHS Board’s service change process, the committee had agreed to develop a more robust internal process with tighter governance arrangements.

The board agreed that this should be the focus of a future seminar session to ensure greater understanding of the changes and the impact upon SHC processes.
7.5 Integrated Improvement Resource Committee

The Chair of the Integrated Improvement Resource Committee highlighted the following key points:

a) The committee had held a very successful development session that offered the opportunity for members to explore expectations and effective working practices. The session had highlighted the breadth of experience that members offered from the wider sector and the balance to be achieved between this and the work of the committee. The broader role of the committee would require further reflection while the session had helped provide some clarity on operating within the complex internal and external environment.

b) The proposed terms of reference of the committee were presented to the board for consideration and these would continue to be reviewed as part of the overall committee review process. It was noted that the committee would need to be inclusive of all partners involved.

c) The committee had also discussed the proposed work programme for 2016/17, highlighting that it was a continuation and development of key programmes from HIS, JIT (Joint Improvement Team) and QuEST (Quality and Efficiency Support Team) work, recognising the importance of the range of inherited commitments. The programme would continue to be reviewed throughout the year.

The Board thanked the Chair of the Integrated Improvement Resource Committee and the Director for Safety and Improvement for their work to date, particularly for the progress made in building relationships.

The Board asked for the draft programme of work to be circulated for information.

8. FEEDBACK SESSION

The Board provided the following feedback on the meeting agenda and papers:

a) The revised format for the Executive report was welcomed and helped highlight the issues that the directorates were tackling.

b) The agenda items for the Local Delivery Plan and Risk Management Reports should be scheduled together on the agenda, to allow for a natural flow in discussion.

10. ANY OTHER BUSINESS

The Chair again thanked the public gallery for their attendance and their interest in the meeting.

11. DATE OF NEXT MEETING

The next meeting will be held on Wednesday 27 April 2016 at 12.30 in Room 6A/B, Delta House, Glasgow.
# Agenda item 1.4

## BM2016/26

### Board Meeting

27 April 2016

## Draft Action Point Register

**Meeting:** Healthcare Improvement Scotland Board meeting  
**Date:** Wednesday 24 February 2016

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<th>Heading</th>
<th>Action point</th>
<th>Timeline</th>
<th>Lead officer</th>
<th>Status</th>
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<tr>
<td>2</td>
<td>Chairman’s Report</td>
<td>Plan a future Board Seminar session about Integration Joint Boards and our interface with them.</td>
<td>25 May 2016</td>
<td>Director of Safety and Improvement/Policy and Governance Manager</td>
<td>Complete – planned for seminar on 25 May 2016</td>
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<tr>
<td>3.1</td>
<td>Executive Report</td>
<td>Effective Care Programme - ensure the Board are updated on which pathways/segments of pathways are chosen for year one and the anticipated benefits.</td>
<td>31 May 2016</td>
<td>Director of Safety and Improvement</td>
<td>Ongoing</td>
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<td>3.2</td>
<td>LDP Performance Report</td>
<td>Provide proposals for performance reporting and an evaluation framework to the Board.</td>
<td>23 June 2016</td>
<td>Director of Finance and Corporate Services</td>
<td>Noted as future item on Board strategic business planning schedule</td>
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<td>4.2</td>
<td>Quality of Care Reviews Final Report</td>
<td>Ensure ongoing engagement with the Care Inspectorate. Establish an Implementation Programme Board.</td>
<td>Immediate</td>
<td>Director of Quality Assurance</td>
<td>Expert reference group and quality framework short life working group in process of being established. Both will have Care Inspectorate representation. Communications and engagement plan for the implementation phase in development.</td>
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<td>Minute ref</td>
<td>Heading</td>
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<td>4.3</td>
<td>Draft Information Strategy</td>
<td>Consider amendment in section 4 to include “integrated”.</td>
<td>Immediate</td>
<td>Director of Quality Assurance</td>
<td>This will be addressed in the Implementation Plan for the Information Strategy</td>
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<td></td>
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<td>Create a more detailed budget breakdown providing clarity on Information Governance spend.</td>
<td>Immediate</td>
<td>Director of Quality Assurance</td>
<td>This will be incorporated into the budget monitoring of the delivery of the Information Strategy</td>
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<td>7.4</td>
<td>Scottish Health Council Committee</td>
<td>Future Board Seminar topic to be arranged to cover SHC service change.</td>
<td>1/7/16</td>
<td>Corporate Governance Officer/ Director SHC</td>
<td>Noted as future item on Board strategic business planning schedule</td>
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<td>7.5</td>
<td>Integrated Improvement Resource Committee</td>
<td>Circulate to the Board the IIR Work Plan 2016/17.</td>
<td>Immediate</td>
<td>Director of Safety and Improvement</td>
<td>Complete</td>
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<tr>
<td>8</td>
<td>Feedback session</td>
<td>Agenda items for the Local Delivery Plan Performance Report and the Risk Management Report to be scheduled together on future agendas.</td>
<td>20 April 2016</td>
<td>Corporate Governance Officer</td>
<td>Complete</td>
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**Meeting: Healthcare Improvement Scotland Board seminar**

**Date:** Wednesday 30 March 2016

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<th>Minute ref</th>
<th>Heading</th>
<th>Action point</th>
<th>Timeline</th>
<th>Lead officer</th>
<th>Status</th>
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<tr>
<td>2</td>
<td>7 Contributions Paper</td>
<td>Review content of summary document and circulate a revised version to Board members in advance of meeting with NHS Scotland Chief Executive</td>
<td>26/4/16</td>
<td>Acting Chief Executive</td>
<td>Ongoing – revision will be circulated week commencing 18 April.</td>
</tr>
</tbody>
</table>
MINUTES – Draft

Seminar Session of the Board of Healthcare Improvement Scotland

Date:  30 March 2016
Time:  12.30 – 16.00
Venue:  Delta House, Glasgow

Present
Denise Coia, Chairman
Bryan Anderson
George Black CBE
Zoë Dunhill MBE
Nicola Gallen
John Glennie OBE
Kathleen Preston
Duncan Service
Hamish Wilson CBE

In Attendance
Ruth Glassborow, Director of Safety and Improvement
Sandra McDougall, Head of Policy (deputy for Richard Norris)
Robbie Pearson, Acting Chief Executive
Brian Robson, Executive Clinical Director (for agenda item 4)
Sara Twaddle, Director of Evidence
Maggie Waterston, Director of Finance and Corporate Services
Jane Illingworth, Policy and Governance Manager
Laura McIver, Chief Pharmacist (for agenda item 2)
Tony McGowan, HR Manager (for agenda item 4)

Apologies
Jackie Brock
Paul Edie
Pam Whittle
Anne Lumsden
Richard Norris

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

Declaration of interests
Declaration(s) of interests raised are recorded in the detail of the minute. Declarations of interest were requested as the Board Seminar was sitting in committee for agenda item 3 to approve the 7 Contributions Paper, the Local Delivery Plan 2016/17 and the Financial Plan 2016-19.

Registerable Interests
All Board members and senior staff are required regularly to review and advise of any updates to their registerable interests within one month of the change taking place. The register is available on the Healthcare Improvement Scotland website.
1. WELCOME AND APOLOGIES FOR ABSENCE

Chairman’s welcome and introduction

The Chairman welcomed everyone to the meeting.

The Board noted that the meeting would be “in committee” for agenda item 3 to approve the 7 Contributions paper, the Local Delivery Plan 2016-17 and the Financial Plan 2016-19. Formal minutes would be recorded and ratified in public at the next Board meeting on 27 April 2016.

Apologies for absence

Apologies for absence were received as noted above.

2. Chief Pharmaceutical Officer

Professor Rose Marie Parr, Chief Pharmaceutical Officer (CPO), joined the meeting to deliver a presentation that set out the current context of her role, plans and priorities. The following key points were highlighted:

a) The National Clinical Strategy and the Chief Medical Officer’s report, Realistic Medicine, set the context for strategic change whilst the Quality Strategy set out the aim of safe, effective and person-centred care.

b) The several different strands of pharmacy (community, hospital, primary care) were underpinned by the Prescription for Excellence framework – there was an aim to refresh that document.

c) Key areas for developments were initiatives to support the safer use of medicines; the stages in medicines development and access to new drugs; safety; electronic prescribing; evidence and outcomes; an evolving role for pharmacists especially in primary care.

A discussion followed around the key linkages between the CPO, pharmacy services and HIS.

The Board thanked Professor Parr for her presentation.

Professor Parr left the meeting.

3. Approval of ‘7 contributions’ paper, Local Delivery Plan (LDP), Financial Plan and Workforce Plan and update on Evaluation Framework

3.1 Future Contributions to Transforming Health and Social Care in Scotland – the ‘7 contributions’

The Acting Chief Executive referred to the summary paper issued in advance of the meeting and delivered a presentation setting out the context and linkages to the LDP and the Evaluation Framework. The Acting Chief Executive highlighted that it was important that organisational design and engagement around the 7
contributions was reviewed to enable integrated working as the organisation moved forward.

In the discussion that followed the Acting Chief Executive’s presentation, a number of amendments were suggested by the Board to ensure linkages to the LDP, that value for money and sustainability were captured, and that the summary document accurately reflected the organisation’s unique role and was an effective communication medium for that role.

The Executive Team would review the content of the summary document and circulate a revised version to Board members for consideration in advance of the meeting arranged for the Chairman and the Acting Chief Executive with the NHS Scotland Chief Executive on 26 April 2016.

The Board approved the full version of the paper, Future Contributions to Transforming Health and Social Care in Scotland.

3.2 Local Delivery Plan 2016-17

The Director of Finance and Corporate Services referred to the paper issued in advance of the meeting and highlighted the following points:

a) The LDP had been mapped to the 7 Contributions.

b) The Workforce Plan would be a separate paper and a draft would be presented to the Staff Governance Committee in May and the Board in June.

The Board approved the LDP for 2016/17.

3.3 Financial Plan 2016-19

The Director of Finance and Corporate Services referred to the paper issued in advance of the meeting and highlighted the following points:

a) Since the early draft Financial Plan was presented to the Board on 24 February, certainty within the budget had been achieved and there was now in place a robust financial plan for the next three years.

b) The Financial Plan had been reviewed by the Audit and Risk Committee on 16 March and the only change was the incorporation of some iHub expenditure.

c) Baseline funding for 2015/16 was £15.3m and there had been a 1% uplift. Several funding streams had been added to baseline (improvement work, death certification, Scottish Medicines Consortium new medicines fund, Scottish Patient Safety Programme and Person Centred Care).

d) Additional allocation of £2.7m gave a total HIS funding for 2016/17 of £27.5m.

e) The expenditure to funding gap of £1.7m could be analysed as follows: the short fall in recurring savings from 2015-16 of £1m, the pay award of 1%, the 2% increase in national insurance contributions and incremental drift.

f) The Executive Team had agreed a 7.7% vacancy factor and savings of £460k from the delivery plan and £90k from non pay costs to achieve a balanced budget.
g) The budget would require careful management and to assist this there were several actions in place:

➢ There would be separate budgets for each project;
➢ Outcomes would be measured linked to the 7 contributions;
➢ A prioritisation model was being developed to apply to new work.
➢ Recycling of funds and budget management training would be re-introduced;
➢ Carry forward of the Change Management Fund had been agreed with Scottish Government and would support “invest to save” initiatives such as the Lean work.

The Board thanked the Executive Team for the excellent progress made with securing more funding within baseline and for the robust financial plan presented.

The Board approved the Financial Plan for 2016-19.

3.4 Workforce Plan 2016-17

This item was not discussed as the Workforce Plan would be submitted to the Board meeting in June.

3.5 Evaluation Framework

The Director of Evidence delivered a presentation providing an update to progress on the development of the evaluation framework:

a) Outcomes that could be effectively measured had been identified.
b) Work had been completed on short term outcomes and medium term outcomes would link with the 7 Contributions.
c) In the next few months, indicators for short term outcomes would be completed and work would begin on those for medium term outcomes.

4. National Clinical Strategy

The Executive Clinical Director delivered a presentation setting out the key points from the National Clinical Strategy and how these might impact on the work of HIS. The following elements of the Strategy were noted:

a) Shared decision-making between clinicians and patients requiring time and supporting technology.
b) The strategy was high level but there were some detailed aspects.
c) Quality, person centred care, effectiveness and safety were key features.
d) The Strategy aims to reduce waste and variation, and echoes aspects of the Realistic Medicine report.
e) Consideration would be required of the alignment of the Strategy with the 7 Contributions and the LDP.

The Board asked for more work to be undertaken to consider how HIS would engage with the National Clinical Strategy and how Quality of Care Reviews would link to that.
DATE OF NEXT MEETING

The next meeting will be held on 25 May 2016, Delta House, Glasgow
SUBJECT: DRAFT Register of Interests

1. Purpose of the report
To present the Register of Interests for non executive and senior staff members within the organisation.

2. Key Points
Board members have a responsibility to comply with the HIS Code of Conduct (approved at the Board meeting held on 24 June 2014). This requires Board members to review their entries in the Register of Interests and confirm compliance with the Code. The Register of Interests is a standing item on the Board public agenda. Board members and senior staff are asked to note that they have a duty to ensure 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 Model Code of Conduct and approve the Register of Interests as attached.

Appendix 1: Register of Interests (as at April 2016)

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

### RISK

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

<table>
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<tr>
<th>How do the key points relate to the Corporate Plan?</th>
<th>Compliance with the HIS Code of Conduct supports delivery of the strategic objectives ensuring that all interests are either registered or declared.</th>
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<tbody>
<tr>
<td>Resource Implications</td>
<td>No additional resource implications.</td>
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<tr>
<td>What engagement has been used to inform the work.</td>
<td>The Register of Interests does not relate to any policy or work programme that will impact on staff, volunteers or service users, and engagement is therefore not required.</td>
</tr>
<tr>
<td>What Equality and Diversity considerations relate to the work.</td>
<td>The Register of Interests does not relate to any policy or work programme that will impact on staff, volunteers or service users, and equality impact assessment is therefore not required.</td>
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</table>
## REGISTER OF INTERESTS – BOARD MEMBERS, EXECUTIVE TEAM AND SENIOR STAFF: Financial year 2016/17

### Appendix 1

<table>
<thead>
<tr>
<th>NAME</th>
<th>CATEGORY</th>
<th>INTEREST</th>
<th>Date interest commenced (if in FY 2016/17)</th>
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<tbody>
<tr>
<td><strong>CHAIRMAN</strong></td>
<td></td>
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<tr>
<td>Dr Denise Coia</td>
<td>1</td>
<td>Board member, Care Inspectorate</td>
<td></td>
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<tr>
<td></td>
<td>1</td>
<td>Chair, GMC Quality Scrutiny Group</td>
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<tr>
<td></td>
<td>7</td>
<td>Fellow of the Royal College of Psychiatrists</td>
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<tr>
<td></td>
<td>7</td>
<td>Honorary Fellow of College of Physicians and Surgeons, Glasgow</td>
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<td></td>
<td>7</td>
<td>Director, Tannoch Loch Company</td>
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<tr>
<td><strong>NON-EXECUTIVE BOARD MEMBERS</strong></td>
<td></td>
<td></td>
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<tr>
<td>Dr Bryan Anderson</td>
<td>7</td>
<td>Member, British Medical Association</td>
<td></td>
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<tr>
<td></td>
<td>7</td>
<td>Member, Royal College of GPs</td>
<td></td>
</tr>
<tr>
<td>George Black</td>
<td>7</td>
<td>Member, Chartered Association of Certified Accountants</td>
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<td></td>
<td>7</td>
<td>Member, Chartered Institute of Public Finance Accountancy</td>
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<td></td>
<td>2</td>
<td>Non Executive Director, Simon Community Scotland</td>
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<td></td>
<td>1</td>
<td>Member, Commonwealth Games Federation Co-ordination Commission for the 2018 Commonwealth Games</td>
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<td>1</td>
<td>Director, George Black Solutions Ltd</td>
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<td></td>
<td>7</td>
<td>Member of the City of Glasgow College Management Board</td>
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<td></td>
<td>7</td>
<td>Visiting Professor, University of Strathclyde, International Public Policy Institute</td>
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<tr>
<td>Jackie Brock</td>
<td>1</td>
<td>Chief Executive, Children in Scotland</td>
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<tr>
<td></td>
<td>7</td>
<td>Member, Scottish Food Commission</td>
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</tr>
<tr>
<td>Name</td>
<td>Position</td>
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<tr>
<td>Dr Zoë M. Dunhill MBE</td>
<td>Sole proprietor own Child Health Consultancy</td>
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<tr>
<td></td>
<td>Invited reviewer Royal College of Paediatrics and Child Health</td>
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<td></td>
<td>Professional Advisor CQC England in Paediatrics</td>
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<tr>
<td></td>
<td>Honorary Fellow Royal College of Paediatrics and Child Health</td>
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<td></td>
<td>Fellow of Royal College of Physicians of Edinburgh</td>
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<td></td>
<td>Director Action for Sick Children Scotland</td>
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<tr>
<td></td>
<td>Member British Medical Association</td>
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<tr>
<td>Paul Edie</td>
<td>Chair of the Care Inspectorate</td>
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<td></td>
<td>Non Executive Member of the Scottish Social Services Council</td>
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<td></td>
<td>City of Edinburgh Councillor</td>
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<td></td>
<td>Member of the Scottish Liberal Democrats</td>
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<tr>
<td>Nicola Gallen</td>
<td>Management Consultant, British Telecom</td>
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<td></td>
<td>Member, Institute of Chartered Accountants of Scotland</td>
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<tr>
<td>John Glennie OBE</td>
<td>Non Executive Board Member, NHS24</td>
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<td></td>
<td>Member, Doctors and Dentists Review Body</td>
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<td></td>
<td>Treasurer Friends of Borders General Hospital</td>
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<td></td>
<td>Consultant Mentor, Celgene Ltd</td>
<td></td>
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</tr>
<tr>
<td>Kathleen Preston</td>
<td>*Honorary Contract with NHS Blood and Transplant (NHSBT) as a Lay Member of the Organ Donation Advisory Group (Liver Advisory Group)</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>*Chair of the NHSBT Review into the National Organ Retrieval Service in the UK</td>
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<tr>
<td></td>
<td>Member of the Law Society of Scotland</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>**Currently assisting the Law Society of Scotland in reviewing its Guide for New In-House Lawyers</td>
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**Notes:**
*Remuneration relates only to payment of expenses
**Remuneration relates only to payment of a small honorarium
<table>
<thead>
<tr>
<th>Name</th>
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<tbody>
<tr>
<td>Duncan Service</td>
<td>Evidence Manager, SIGN</td>
</tr>
<tr>
<td></td>
<td>Director and Company Secretary, SHU East District Ltd</td>
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<tr>
<td></td>
<td>UNISON Steward</td>
</tr>
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<td></td>
<td>Board member, Guidelines International Network (G-I-N)</td>
</tr>
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<td>Treasurer – Guidelines International Network (G-I-N)</td>
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<tr>
<td></td>
<td>Member, NICE Accreditation Advisory Committee</td>
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<tr>
<td>Pam Whittle, CBE</td>
<td>Chair, Scottish Health Council</td>
</tr>
<tr>
<td></td>
<td>Advisory Council Member: Glasgow Centre Population Health</td>
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<tr>
<td></td>
<td>President, Royal Caledonian Horticultural Society</td>
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<td></td>
<td>Director, Gardening Scotland</td>
</tr>
<tr>
<td></td>
<td>Trustee of the Whitmuir Project, Scottish Charitable Incorporated Organisation (SCIO)</td>
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<td></td>
<td>Member, Scottish Food Commission</td>
</tr>
<tr>
<td>Dr Hamish Wilson, CBE</td>
<td>Lay Member, Scottish Dental Practice Board</td>
</tr>
<tr>
<td></td>
<td>Trustee of the GMC Pension Scheme</td>
</tr>
<tr>
<td></td>
<td>Lay Member of the Assembly (the Governing body) of the Royal Pharmaceutical Society of Great Britain</td>
</tr>
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<td></td>
<td>Member of Scottish Advisory Board for Marie Curie Cancer Care</td>
</tr>
<tr>
<td></td>
<td>Honorary Fellow of the Royal College of General Practitioners</td>
</tr>
<tr>
<td></td>
<td>Independent Governor of Robert Gordon University, Aberdeen</td>
</tr>
<tr>
<td>Angiolina Foster, CBE</td>
<td>Chief Executive, Healthcare Improvement Scotland</td>
</tr>
<tr>
<td></td>
<td>Chief Executive, NHS24</td>
</tr>
<tr>
<td></td>
<td>Member of Chartered Management Institute</td>
</tr>
<tr>
<td>SENIOR STAFF MEMBERS</td>
<td></td>
</tr>
<tr>
<td>----------------------</td>
<td>------------------------</td>
</tr>
</tbody>
</table>
| Ruth Glassborow      | 1 Director of Safety and Improvement  
|                      | 7 *GenerationQ Fellow with Health Foundation  
|                      | 7 Member of Institute of Healthcare Managers  
|                      | 7 Member of Managers in Partnership (MiP) Union  
|                      | 7 Board Member, UK Improvement Alliance  
| **Note:** *GenerationQ Fellow with Health Foundation:* this course is paid for by the Health Foundation up to certificate level. The individual is in receipt of a financial bursary to contribute to travel costs for the course, books for the course and fees for diploma/masters level. |
| Richard Norris       | 1 Director, Scottish Health Council  
|                      | 7 Member, Board of Management of the Centre for Scottish Public Policy  
|                      | 7 Non-member Director, VOX (Voices of eXperience)  
|                      | 7 Board Member, Scottish Improvement Science Collaborating Centre  
| **Note:** *Remuneration relates to £75 per half day compensation that is available.* |
| Robbie Pearson       | 1 Acting Chief Executive, Healthcare Improvement Scotland  
|                      | 1 *Lay Member of the General Teaching Council in Scotland  
| **Note:** *As an IHI Fellow and IHI Faculty Dr Robson can be occasionally offered subsidised attendance and accommodation at events. These subsidies are not always in place nor always accepted.* |
| Dr Brian Robson      | 1 Executive Clinical Director, Healthcare Improvement Scotland  
|                      | 1 Health Foundation College of Assessors  
|                      | 7 Clinical Practice – Mearsns Medical Centre, Glasgow  
|                      | 7 *Institute for Healthcare Improvement (IHI) Faculty and Fellow  
|                      | 7 Royal College of General Practitioners - Fellow, West of Scotland Faculty and Scottish Council  
|                      | 7 British Medical Association (BMA) – Member  
|                      | 7 Harvard School of Public Health – student ambassador support  
| **Note:** *As an IHI Fellow and IHI Faculty Dr Robson can be occasionally offered subsidised attendance and accommodation at events. These subsidies are not always in place nor always accepted.* |
| Claire Sweeney       | 1 Interim Director of Quality Assurance  
|                      | No other interests to declare  
| Dr Sara Twaddle      | 1 Director of Evidence, Healthcare Improvement Scotland  
|                      | 7 Member, UNISON  
|                      | 7 Spouse is General Medical Practitioner  
| **Note:** *As an IHI Fellow and IHI Faculty Dr Robson can be occasionally offered subsidised attendance and accommodation at events. These subsidies are not always in place nor always accepted.* |
Maggie Waterston | 1 | Director of Finance and Corporate Services  
7 | Member of Chartered Institute of Management Accountants  
7 | Member of Healthcare Financial Management Association  
7 | *Strategic Finance Leaders Programme: Scottish Public Sector 2015

**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

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<tr>
<th>Category Number</th>
<th>Category Type</th>
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<td>Related Undertakings</td>
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<td>3</td>
<td>Contracts</td>
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<tr>
<td>4</td>
<td>Houses, Land and Buildings</td>
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<tr>
<td>5</td>
<td>Interest in Shares and Securities</td>
</tr>
<tr>
<td>6</td>
<td>Gifts and Hospitality</td>
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<tr>
<td>7</td>
<td>Non-Financial Interests</td>
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</table>
SUBJECT: Chairman’s Report

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

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

3. Strategic issues

a) Meeting with NHS Scotland Chief Executive
Following the meeting with Paul Gray, NHS Scotland Chief Executive, on 2 December 2015, a paper setting out the organisation’s seven future contributions to transforming health and social care was compiled by the Executive Team in consultation with the Board. The paper was submitted to Paul Gray on 29 February 2016. A further meeting is arranged with him for 26 April 2016 to discuss the paper.

4. Stakeholder engagement

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

• Public Partners Conference, 10 March 2016
The Acting Chief Executive and I joined the Public Partners conference on 10 March 2016 at the Golden Jubilee Conference Hotel. As well as learning more about the essential work delivered by the organisation’s public partners, there were several key updates on Our Voice, public partners’ work with the Scottish Medicines Consortium and SIGN, and from the Living Well in Communities Team.

b) NHS Chairs Meeting, 21 March 2016
I attended the NHS Chairs meeting on 21 March 2016. The Ministerial remarks covered the following key areas:
    b. Flow issues in acute care (A&E, delayed discharge).
    c. Leadership for redesign and innovation.

Geoff Huggins, Director of Health and Social Care Integration, provided an update on integration and highlighted the following key points:

    d. The variation in the state of preparedness of individual Integrated Joint Boards for going live in April.
    e. The level of agreement of financial settlements.
    f. Models of commissioning and delivery and their capacity for innovation.

c) NHS Scotland Senior Leaders Forum, 22 February 2016
The latest NHS forum for senior leaders was held in February discussing issues raised through the National Conversation and links to the National Clinical Strategy.
d) Quality Portfolio Group, 15 March 2016
The NHS Chairs Quality Portfolio Group is a joint programme with Scottish Government to improve the training and development for Chairs and Non Executive Board members in relation to their governance role around the delivery of high quality healthcare. I attended the latest meeting which received a draft report from Dr Heather Shearer’s advisory group. The report set out a series of proposed learning opportunities with emphasis on practical application for Board members and was formally approved by the group to be taken forward by HIS. The programme will be a good opportunity for HIS colleagues to meet other non-executives.

e) Research Symposium, 17 March 2016
Hamish attended the 4th annual Research Symposium on my behalf in Edinburgh jointly hosted by Healthcare Improvement Scotland, the Health Services Research Unit and the Health Economics Research Unit at the University of Aberdeen. The symposium considered the role evidence can play in driving improvement in healthcare and beyond.

f) UK Clinical Leadership Fellows Event, 8 April 2016 – hosted by Scottish colleagues
This event featured a broad remit around health and social care integration in Scotland and included an overview of HIS and quality improvement from the HIS Executive Clinical Director. I delivered a presentation which addressed alternative models of effective governance in health and social care. Many Scottish Government colleagues attended and there was lively discussion and debate around the clinical voice being heard at Board level across the UK.

5. Our governance

a) Integrated Improvement Resource/Improvement Hub Committee
This new committee, chaired by Hamish Wilson, has now completed its transitional phase and from 1 April 2016 will function as a full governance committee of the HIS Board known as the Improvement Hub Committee. Four meeting dates have been scheduled through 2016/17 as well as further development sessions.

b) Board Development
Two events have been held since my last report to support the Board Development programme:
   i. A joint development session on 17 February 2016 with the Board of the Care Inspectorate reviewed the respective roles of both organisations, and examined areas of mutual interest as well as a draft document setting out a duty of co-operation.
   ii. A development session for Board members and the Executive Team was held on 25 February 2016. The main areas of focus were the Board Diagnostic, the organisation’s seven contributions to transforming health and social care services in Scotland and external engagement. An action plan to take forward external engagement has been created and will include visits to Integration Joint Boards by myself and the Acting Chief Executive.

Dr Denise Coia,
Chairman

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

1. Purpose of the report

This report from the Chief Executive and Directors is intended to provide the Healthcare Improvement Scotland Board with information on headline issues and key operational developments.

2. Recommendation

The Healthcare Improvement Scotland Board is asked to:

- note the content of this report

3. Introduction from the Acting Chief Executive

This section of the report will provide the Board with an overview of key internal developments.

Following Angiolina Foster’s move to support NHS 24 colleagues, I am grateful for the support of colleagues across the organisation and from outside Healthcare Improvement Scotland. I wish to thank the Executive team and the non-executives of the Board for their words of encouragement and continue to build on the successes of Angiolina’s leadership.

The Executive Team have finalised a balanced budget for 2016/17, as approved at last month’s seminar, and work is now focussed on scenario planning to support the delivery of savings required. We are also ensuring we are considering any potential risks associated with the substantial increase in our baseline budget to be able mitigate against those from an early stage.

The 2016/17 objective setting and performance review process is underway and colleagues across the organisation are working with their teams to develop their objectives in line with the ‘7 contributions’. Further work is underway on developing the 7 contributions at both Corporate Management and Executive Team levels, with a communications plan in development for the wider sharing internally and externally.

Name change: Quality Assurance Directorate

From 1st April 2016 our Scrutiny and Assurance Directorate has been renamed the Quality Assurance Directorate. We have changed the name to reflect the fact that the term ‘scrutiny and assurance’ no longer fully reflects the breadth of work we do in this vital area.

We remain fully committed to providing independent scrutiny of healthcare services across Scotland, however our activities have increased significantly in recent years and our role
continues to evolve. Increasingly, our focus is not solely on 'scrutiny', but on supporting healthcare providers to improve the quality of services.

**Interim Director of Quality Assurance**

Following open competition and interview, we have appointed Claire Sweeney as the Interim Director of Quality Assurance.

Claire comes to us on secondment from an Assistant Director post at Audit Scotland, leading major national reviews including Community Healthcare Partnerships, orthopaedic surgery, emergency care, integration of health and social care and most recently into new models of health and social care. Claire has also previously worked as a Clinical Governance Lead in the NHS in Northumberland.

**ihub Directorate Management restructure**

The first phase of the management restructure has completed the formal consultation process under the HIS Change Management process. There were no comments received on the overall proposal for six unit heads.

Three of the senior posts fall under the organisational change policy; two are covered on an interim basis through secondments; two are currently vacant and the aim is to commence recruitment processes in early May once graded job descriptions are available. Options for interim arrangements for the two vacant posts are being considered. The second phase consultation covering the Unit Heads direct reports is timetabled to commence by the end of May 2016.

**ihub launch**

The Improvement Hub (or ihub for short) was launched on Friday 1st April to support improvements in the quality of health and social care services across Scotland and will support a mixture of over 30 programmes of work.

Over 2016–2017, we will be working closely with Health and Social Care Partnerships and NHS boards to better understand the current priorities for national improvement support and adjusting our Improvement Hub programmes in light of this.

There was a wide range of activity that supported the launch of the ihub; including staff and stakeholder briefings, a web presence, social media campaign, introductory videos and documents for promoting the resource amongst staff and stakeholders.

The timescales from formal decision to merge to the launch of the new offering have been extremely tight (6 months). The fact that we were able to successfully launch on the 1st April is down to the hard work and commitment of staff involved directly from HIS, JIT and QuEST, all of the corporate services in HIS, and from a number of our partner organisations. The support and enthusiasm shown for this new resource to date bodes well for its future success.
**Staff Survey**

The 2015 Staff Survey has shown improvement in a number of key workforce priority areas over previous surveys. The survey ran from 10 August – 23 September 2015 and during that time 80% of Healthcare Improvement Scotland (HIS) employees provided feedback. This was down slightly on the previous year’s response rate but still represents an excellent participation rate. The results were discussed at the last Staff Governance Committee and the Partnership Forum. The results are being used to support the refresh of the Staff Governance Action Plan which will be considered by the Staff Governance Committee and the Partnership Forum during May 2016. The survey results and the Staff Governance Action Plan will be considered by the Board in June 2016. The headline results from the survey are as follows:

- A marked improvement in the perceptions of respondent staff about the help and support they receive from colleagues, and it is notable that all the least positive perceptions expressed by respondent staff saw improvement over the 2104 position.
- The results reflect a stronger focus on organisational change and consultation with directly-affected staff but there is work still to do as half of respondent staff feel either unsure or they are not consulted about changes.
- Perceptions relating to sufficient staff resources being available recovered in 2015 compared with 2014 but remain down compared to the position in 2013. This might be explained during a period of change where posts have been removed across the organisation to secure recurrent savings.
- Improvements have been noted with respect to the organisation acting fairly and offering equality of opportunity; colleagues understanding how their work fits into the aims of HIS; and colleagues being provided sufficient opportunities to put forward ideas and suggestions. These improvements reflect efforts made in relation to dignity at work, staff huddles, and other staff communication activities and we continue to concentrate in these areas.

**4. External engagement**

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

**NHS Board Chief Executives Group**

The NHS Board Chief Executives meetings took place in March and April. Robbie Pearson attended and the focus of the March meetings was the pending financial settlements and budget discussions. At the April meeting, Ruth Glassborow gave a presentation updating on progress to date of the Effective Care Pathways programme which was followed by a positive discussion.

**QI Connect 2016**

On 31st March 2016, we were delighted to host our third QI Connect session in 2016 with speaker Professor David Bates (Medical Director Partners Health Care Systems), an internationally renowned expert in patient safety and the use of information technology to improve care, quality-of-care, cost-effectiveness, and outcomes assessment in medical practice. David’s session explored the development of health information technology in the
United States and supporting integrated clinical care. Almost 200 people registered for this session across 17 countries. The final recording is available on our website.

**HIS Research Symposium**

The 4th Annual Research Symposium jointly organised by HIS and the Health Services and Health Economics Research Units in Aberdeen was held in the COSLA offices in March 2016. The theme this year was ‘Evidence for Improvement’ and around 120 delegates attended to hear presentations from Professor Mary Renfrew of the Scottish Improvement Science Collaborating Centre and Dr Helen Crisp, Deputy Director of Research at the Health Foundation on how to apply evidence and evaluation to improvement work.

Presentations included a stimulating talk on ‘Improve-mentation’ the intersection between improvement science and implementation science and on the evaluation of the SPSP VTE Sepsis collaborative. Post conference feedback has indicated that the conference was both relevant and topical and that participants enjoyed the format of the day. The presentations and posters will shortly be available on our website for future reference.

**Health and Social Care Engagement Leads Event**

The Scottish Health Council held an event on 30th March for 45 delegates who have a responsibility for public involvement and community engagement. This was an opportunity for them to network with public involvement colleagues across health and social care structures; update and obtain feedback on Our Voice; discuss emerging engagement models across Scotland; link with staff in our local offices and discuss future networking arrangements.

**International Forum on Quality & Safety in Healthcare: 12 - 15 April 2016, Gothenburg, Sweden**

Healthcare Improvement Scotland led the creation and operation of Team Scotland at this internationally recognised event. In addition to a number of Healthcare Improvement Staff presenting at workshops, sharing poster presentations and supporting the wider NHSScotland presence we also provided visibility and support for the NHSScotland staff at the event. In particular we supported the active involvement of Quality and Safety Fellows and Leadership Fellows in a range of activities. The Clinical Coordinator also provided a significant Twitter presence in support of Scottish presenters in Gothenburg. We have organised two WebEx teach back events for NHSScotland in May to further maximise return on investment in this conference.

5. **Engagement with Scottish Government and Parliament**

We continue to have constructive dialogue with our Scottish Government sponsor division. Recent discussion has focused on the 2016-17 budgets, Quality of Care Reviews and the Health and Sport Committee’s consideration of the Scottish Medicines Consortium and the new power to close wards (see below).
Health and Sport Committee evidence on access to medicines

The Chief Executive and the Chair of the Scottish Medicines Consortium gave evidence to the Health and Sport Committee alongside the Cabinet Secretary and Chief Pharmaceutical Officer on 1st March, as part of an update on the effectiveness of the changes made to the Scottish Medicines Consortium’s system for approving new medicines.

Following the session the Committee Convener wrote to the Cabinet Secretary noting ‘positive improvements in the access to new medicines system’ and seeking assurance that the issues raised by the Committee would be taken into account in the Scottish Government’s on-going work in this area. The Cabinet Secretary’s response gave this assurance and also highlighted the independent review (the Montgomery Review) of access to new medicines which is taking place.

Health and Sport Committee evidence on a new power to close wards

A Scottish Statutory Instrument has been introduced to give Healthcare Improvement Scotland the power to close hospital wards to new admissions where there is a serious risk to the life, health or wellbeing of persons. This legislation arose from a recommendation in the Vale of Leven Inquiry report. On 8 March the Acting Chief Executive and Head of Quality of Care gave evidence to the Health and Sport Committee on this legislation alongside the Minister for Public Health and Scottish Government officials. Discussion covered the frequency and situations in which this power would be used and the decision making process being put in place by Healthcare Improvement Scotland. The Order came into force on 1st April 2016.

Public Petition: A Sunshine Act for Scotland

The Scottish Health Council has published a report which gathered public views on the proposal for a ‘Sunshine Act’ for Scotland covering payments by pharmaceutical companies to healthcare professionals, currently the subject of a Public Petition. In March the Cabinet Secretary for Health and Wellbeing wrote to the chair of the Public Petitions Committee with this report advising that the Scottish Government “will discuss the contents of this report with the appropriate regulators and scope out options of how mandatory publication of payments to healthcare professionals from industry can be delivered.” Following this, on the 12th April, the Scottish Health Council Director participated in a UK wide discussion held by the General Medical Council on “Conflicts of Interest in the Healthcare System”.

6. Change Management Board

The Change Management Board met on 10th March and a revised meeting schedule has taken effect to align with the Executive Team meetings. The recent meeting heard from the Director of Safety and Improvement on the recent launch of the Improvement Hub and the associated directorate changes. Work will continue on reviewing agile and flexible working and will be taking forward a review of sickness absence and event management.

The next meeting will be a refocusing of the Change Management Board, including a review of the terms of reference and membership to focus on organisational change and internal
improvement activities to release time savings across the organisation. The Change Management Board will also be responsible for the appropriate use of the Change Fund which has been delegated to it for invest to save activity. The refocus will align the work of the organisation to drive Internal Improvement and innovative ways of working to support its future strategic direction.

7. Directorate developments

This section of the report is intended to provide an overview of key developments within Directorates, not covered elsewhere in this report or the Board agenda, on which it is important for Board members to be sighted.

SMC reviews

The independent review of access to new medicines, chaired by Dr Brian Montgomery, was launched by Scottish Government on 21st March. The remit of the Montgomery Review is significantly wider than a review of SMC, but does cover the new processes that SMC has introduced over the last two years for medicines used for rare diseases and at end of life. It also has implications for the work of the Area Drugs and Therapeutics Collaborative (ADTCC), which is coordinated by the Clinical Directorate. We welcome the Montgomery Review and look forward to working with Dr Montgomery over the coming months.

External Quality Assurance of HIS Inspection Reports

It has been agreed with Healthcare Inspectorate Wales that they will undertake a review of a sample of HIS reports from the Quality Assurance Directorate (maximum of 6 per annum).

This external review will:

- Provide an objective check on HIS own processes in relation to the application and quality assurance of the reporting process;
- Identify good practice and areas for improvement in HIS report writing;
- Give confidence to external bodies, for example, healthcare organisations, professional regulators, Scottish Government, in the quality and robustness of the reporting process.

Regulation of Independent Healthcare

Since registration of independent clinics commenced on 1st April 2016 the following milestones have been achieved.

- Healthcare Improvement Scotland can now accept registration for independent clinics.
- The application process is completely online.
- A number of types of service have been formally exempt from regulation.
- The IHC team now comprises of 13 people.
- A plan is in place to ensure that our existing regulatory work is completed on target.

Our best intelligence indicates that we should still expect somewhere in the region of 500 services to register in the year. We can see that a small number of services have started to
complete the registration form already. When we have more details about the nature of the services we will be regulating we will begin the fees setting process for 2017/2018. We expect this work to start in the summer.

The programme board has been very supportive and helpful during the preparatory phase and will continue to support the work, now meeting every other month.

**Quality of Care Reviews**

The internal quality of care reviews programme board has now been established and met for the first time on 11th April 2016. The purpose of the programme board will be to ensure cross-organisational ownership and provide a joined-up governance structure to underpin the development, testing and implementation of the operational model for the new comprehensive quality of care reviews. The programme board is co-chaired by the Director of Quality Assurance and the Director of Safety & Improvement and has cross-organisational membership.

**Development of Volunteering in Health and Social Care Integration Authorities,**

In March the Scottish Health Council published a new report, *Development of Volunteering in Health and Social Care Integration Authorities*, which contains the findings of work undertaken by Research Scotland into the aspirations and development needs of Scotland's health and social care integration authorities on the subject of volunteering. Research included the engagement of Chief Officers of integration authorities and found that they understood the benefits of volunteering to service users, to the organisations and to the volunteers themselves. This engagement and understanding is key as the strategic direction for volunteering is being set locally by the NHS Boards and local authorities, rather than at the level of the integration authorities.

The findings also state that there is a willingness to access local support through Third Sector Interfaces and to learn from the delivery of the *Volunteering in NHSScotland Programme*.

**iHub - Recruitment & Work Programme Update**

- **Vacancy Management**

Following the launch of the Improvement Hub on 1st April there remains a significant number of vacancies (26 posts) due to the following factors:
  a) new programmes of work for 16/17, the majority of which have additional funding attached to them and require new recruitment.
  b) The procurement and tax guidance on use of Improvement Associates means that some of the work that was previously undertaken by JIT Associates now needs to move into directly employed roles (either permanent, fixed term or secondments).
  c) Both JIT and QuEST are transferring vacancies. It was not possible to start recruitment to these vacancies until sufficient progress was made on the work plan for 2016/17 such that there was clarity that the roles were both needed and affordable.
At the point where it was clear that a balanced budget was achievable, agreement given to progress with recruiting to the majority of these posts. However, due to recruitment lead in times, this does mean that capacity is limited in some areas and accordingly some work is being held until new staff are in post.

- **Improvement Associate Model**

The procurement process for Improvement Associates is underway and we are on track for the Framework Agreement to go live during week commencing 16\textsuperscript{th} May 2016. Interview short-listing has taken place and an evaluation exercise is planned which will be critical both in terms of the Framework Agreement overall and the individual pieces of work commissioned through Improvement Associates. There is a deliberate, strong emphasis in the Framework Agreement specification that applicants demonstrate reflective practice and how they use that learning to inform their practice.

- **New Commissions**

In addition to the work designing new programmes attached to the additional allocation of £2.5m and the integration of HIS, JIT and QuEST, 2015/16 saw the highest ever level of new external commissions for HIS’ improvement support resource.

We have now received a further new commission to support the testing and evaluation of the Buurtzorg model of care. Buurtzorg is an approach that was developed in the Netherlands and seeks to deliver community care that is based on the principles of person centeredness, autonomy for professionals and a strong focus on the prevention of unnecessary admission to hospital. The commission is an extremely strong fit with our strategic priorities and comes with additional funding. The programme is in the early design phase and will sit within the Living Well in Communities Portfolio of work.

**QI Board Members**

The QI for NHS Board Members proposal has been approved by Quality Portfolio Group and the NHS Chairs and is moving into implementation phase. The feedback on the work to date has been very positive which is in large part down to the leadership provided by Heather Shearer who is on secondment with us from NHS Fife till the end of June 2016.

**Measurement of quality at organisational level**

The Data, Measurement & Business Intelligence team held an event on 21\textsuperscript{st} March 2016 bringing together over 30 colleagues from 9 NHS Boards. Public Health & Intelligence and Health Scotland also took part. The purpose of the event was to explore the measurement of quality of care at organisational level. There were presentations from NHS Fife and NHS Ayrshire & Arran, together with opportunities for all delegates to share and discuss their own experiences and ideas.

A follow up session is planned to take place on 16\textsuperscript{th} May 2016 and will focus on how best to create the conditions to stop measuring things that are of less importance, and also on what specific measures should be used at organisation level right across Scotland, (recognising that individual organisations would want to augment this to reflect their own local context).
SUBJECT: Provisional Financial Outturn as at 31 March 2016

1. Purpose of the report
The paper provides an update on the provisional financial outturn position for 2015-16 as at 31 March 2016 (period 12) together with details of the audit plan.

2. Key Points
The organisation’s most recent financial position is reported at each meeting of the Audit and Risk Committee and at all Board meetings. The management of the financial position during 2015-16 is particularly complex as it incorporates assumptions based on a two phase savings plan and on significant additional funding allocations for additional areas of work. This report separates out these different components of the plan to provide relevant status updates.

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

3. Actions/Recommendations
The Board are asked to:
- Note the provisional financial outturn position as at 31 March 2016.
- Note the audit plan schedule.
- Note the appointment of the external auditor for Healthcare Improvement Scotland for the five year period from 2016-17 to 2020-21.

Appendix:

1. Provisional Outturn Report (P12)

If you have any questions about this paper please contact Brian Ward, Head of Finance, email: brianward@nhs.net, direct dial: 0131 623 4329 extension: 8571
## SUPPORTING INFORMATION

### RISK

<table>
<thead>
<tr>
<th>Do the key points represent a risk to the organisation?</th>
<th>If yes, has a risk been raised on the Compass Risk Management System</th>
<th>If yes, provide the risk number, risk description and risk rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>yes</td>
<td>yes</td>
<td>11 – Short term funding – medium</td>
</tr>
<tr>
<td></td>
<td></td>
<td>245 – Insufficient Funding – medium</td>
</tr>
</tbody>
</table>

### OTHER CONSIDERATIONS

<table>
<thead>
<tr>
<th>How do the key points relate to the Corporate Plan?</th>
<th>Reference should be made to the Financial Plan that forms part of the Draft Corporate Plan 2015-18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resource Implications</td>
<td>None</td>
</tr>
<tr>
<td>What engagement has been used to inform the work.</td>
<td>The contents of the report are also shared with Scottish Government on a monthly basis through the Financial Reporting arrangements. The financial report is presented to ET and to CMT on a monthly basis. Quarterly strategic finance meetings are held between HIS and Scottish Government Finance and Sponsor Division colleagues to review the financial position and to review future commitments.</td>
</tr>
<tr>
<td>What Equality and Diversity considerations relate to the work.</td>
<td>None</td>
</tr>
</tbody>
</table>
Financial Performance Report

Provisional Outturn as at 31 March 2016 (P12)

Work is currently ongoing to finalise the outturn position for the financial year 2015-16. A number of adjustments are still outstanding but these are unlikely to have a serious impact on the final figure. Table A below shows the provisional position as at 31 March 2016. This demonstrates that after allowing for the Change Fund balance which is the subject of specific carry forward permission, a year to date surplus of £0.166million (or General Fund) is anticipated. This takes into account the outstanding return of the Our Voice non-recurring allocation (£20k) plus any anticipated P12 adjustments and is equivalent to 0.72% of the revised budget. This is within the carry forward ceiling of c£0.200million agreed with SGHSCD colleagues during March 2016.

Table A
Provisional Financial position at 31 March 2016

<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>Outstanding Allocations</th>
<th>Adjusted YTD Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chief Executive</td>
<td>320,894</td>
<td>5,821</td>
<td>320,894</td>
<td>315,073</td>
<td>5,821</td>
<td></td>
<td>5,821</td>
</tr>
<tr>
<td>Corporate Provision</td>
<td>1,166,712</td>
<td>322,574</td>
<td>1,166,712</td>
<td>844,138</td>
<td>322,574</td>
<td></td>
<td>-</td>
</tr>
<tr>
<td>Evidence</td>
<td>4,854,993</td>
<td>(10,116)</td>
<td>4,854,993</td>
<td>4,865,109</td>
<td>(10,116)</td>
<td></td>
<td>(10,116)</td>
</tr>
<tr>
<td>Finance &amp; Corporate Services</td>
<td>2,224,421</td>
<td>2,178</td>
<td>2,224,421</td>
<td>2,222,243</td>
<td>2,178</td>
<td></td>
<td>2,178</td>
</tr>
<tr>
<td>Property</td>
<td>1,389,649</td>
<td>13,137</td>
<td>1,389,649</td>
<td>1,376,512</td>
<td>13,137</td>
<td></td>
<td>-</td>
</tr>
<tr>
<td>Qi Allocation</td>
<td>1,516,322</td>
<td>14,137</td>
<td>1,516,322</td>
<td>1,502,185</td>
<td>14,137</td>
<td></td>
<td>-</td>
</tr>
<tr>
<td>Safety &amp; Improvement</td>
<td>3,524,242</td>
<td>1,240</td>
<td>3,524,242</td>
<td>3,523,002</td>
<td>1,240</td>
<td></td>
<td>-</td>
</tr>
<tr>
<td>Scottish Health Council</td>
<td>2,504,585</td>
<td>18,657</td>
<td>2,504,585</td>
<td>2,485,928</td>
<td>18,657</td>
<td></td>
<td>(20,000)</td>
</tr>
<tr>
<td>Scrutiny &amp; Assurance</td>
<td>3,060,690</td>
<td>34,559</td>
<td>3,060,690</td>
<td>3,026,131</td>
<td>34,559</td>
<td></td>
<td>-</td>
</tr>
<tr>
<td><strong>Sub-Total</strong></td>
<td><strong>23,000,916</strong></td>
<td><strong>438,909</strong></td>
<td><strong>23,000,916</strong></td>
<td><strong>22,562,007</strong></td>
<td><strong>438,909</strong></td>
<td></td>
<td><strong>(20,000)</strong></td>
</tr>
<tr>
<td><strong>Estimated Additional Adjustments</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>(14,000)</strong></td>
</tr>
<tr>
<td><strong>Provisional Outturn</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>404,909</strong></td>
</tr>
</tbody>
</table>

Revenue resource allocations

The only adjustment that is anticipated relates to Our Voice and is in respect of work that could not be progressed in 2015-16 and has been rescheduled for 2016-17. It has been requested that the allocation be transferred to reflect this situation.

Table B records the outstanding allocation.

Table C summarises the overall funding position to date.

Made up of:

- **Change Fund**
  - £238,632
- **General Fund**
  - £166,277
Table B
Revenue resource allocations - outstanding

<table>
<thead>
<tr>
<th>Project</th>
<th>Directorate</th>
<th>Anticipated Allocation</th>
<th>Spend to Date</th>
<th>Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Confirmed</td>
<td>SHC</td>
<td>(20,000)</td>
<td>-</td>
<td>Green</td>
</tr>
<tr>
<td>Our Voice</td>
<td></td>
<td>(20,000)</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Total Confirmed</td>
<td></td>
<td>(20,000)</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Unconfirmed</td>
<td></td>
<td>-</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Total Unconfirmed</td>
<td></td>
<td>-</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>(20,000)</td>
<td>-</td>
<td></td>
</tr>
</tbody>
</table>

Risk Key

<table>
<thead>
<tr>
<th>Color</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>

Table C
Revenue resource allocations – summary

<table>
<thead>
<tr>
<th>Allocations</th>
<th>Recurring £'000</th>
<th>Non-recurring £’000</th>
<th>Total £’000</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline 1 April 2015</td>
<td>15,341</td>
<td>-</td>
<td>15,341</td>
<td>66.8</td>
</tr>
<tr>
<td>Received to date</td>
<td>1,006</td>
<td>6,654</td>
<td>7,660</td>
<td>33.3</td>
</tr>
<tr>
<td><strong>Allocation at 31 March 2016</strong></td>
<td><strong>16,347</strong></td>
<td><strong>6,654</strong></td>
<td><strong>23,001</strong></td>
<td><strong>100.1</strong></td>
</tr>
<tr>
<td>Future SG funding - confirmed</td>
<td>-</td>
<td>(20)</td>
<td>(20)</td>
<td>(0.1)</td>
</tr>
<tr>
<td>Future SG funding - unconfirmed</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>0.0</td>
</tr>
<tr>
<td><strong>Anticipated total 2015-16</strong></td>
<td><strong>16,347</strong></td>
<td><strong>6,634</strong></td>
<td><strong>22,981</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

Audit Plan

Inter-board agreements associated with the National Finance System, provide that the period 12 will close on Thursday 21 April 2016 to allow submission of the Financial Performance Return to SGHSCD. All outstanding transactions will then be processed using Period 13 which will be locked down on 29 April after receipt of the final allocation letter and further access is restricted from this point onwards.

The audit fieldwork to be conducted by PricewaterhouseCoopers is scheduled to commence on Monday 9 May for a two week period with the necessary clearance meeting with management being held w/c 23 May 2016.

This will be followed by the Audit & Risk Committee Workshop on Wednesday 1 June where the 2015-16 accounts will be considered in detail. They will be formally considered by the Audit & Risk Committee on Wednesday 22 June and recommended for adoption by the Board at its meeting on Thursday 23 June 2016. This timetable supports the delivery of the signed audited accounts and consolidated template to SGHSCD before the deadline of 30 June 2016.
Future External Audit Appointment

Audit Scotland has advised that following a recent audit tender exercise on behalf of the Auditor General for Scotland it is proposed that the auditor for Healthcare Improvement Scotland for the five year period from 2016-17 to 2020-21 will be Deloitte. There are no known conflicts of interest between Healthcare Improvement Scotland and Deloitte. The handover of external audit work between PriceWaterhouseCoopers and Deloitte will be overseen by the Audit and Risk Committee.
SUBJECT: Risk Management Update

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

2. Key Points
a) The corporate and operational risk registers, which are aligned to Driving Improvement in Healthcare: Strategic Plan 2014-2020, 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. The corporate risks (Appendix 1) and the very high operational risks (Appendix 2) have been reported from the Compass system as at 12 April 2016.

b) There are 12 corporate risks on the report compared to 9 on the report submitted to the February meeting of the Board. There are 3 very high operational risks on the report compared to 4 on the February Board report.

c) The second last column on the report, “Risk Level February”, demonstrates the risk level presented to the previous Board meeting in February and arrows in the final column indicate if the risk rating has increased, decreased or not changed. The column headed “date last reviewed by committee” provides the date each risk was last reviewed at a committee meeting.

d) The movement schedule at Appendix 3 summarises the changes to the corporate and operational risk reports since these were presented to the February Board meeting.

e) A grid showing the risk appetite and scoring is attached for reference at Appendix 4.

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

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

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

### RISK

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

### OTHER CONSIDERATIONS

<table>
<thead>
<tr>
<th>How do the key points relate to the Corporate Plan?</th>
<th>All corporate risks recorded support the strategic objectives of the organisation and identify any threats or opportunities that might prevent their achievement. The Local Delivery Plan (performance report) to the Board provides a cross reference against the risk register of any programmes of work that are at risk of not being completed as planned.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resource Implications</td>
<td>The management and training of risk is conducted on a team basis and forms part of management responsibilities.</td>
</tr>
<tr>
<td>What engagement has been used to inform the work.</td>
<td>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.</td>
</tr>
<tr>
<td>What Equality and Diversity considerations relate to the work.</td>
<td>There are no specific equality and diversity issues as a result of this paper.</td>
</tr>
</tbody>
</table>
## Appendix 1 - Corporate Risks, 12 April 2016

<table>
<thead>
<tr>
<th>Category</th>
<th>Project / Strategy</th>
<th>Risk No.</th>
<th>Risk Dir.</th>
<th>Description</th>
<th>Risk Controls</th>
<th>Net Risk Level</th>
<th>Current Mitigation</th>
<th>Current Update</th>
<th>Date Last Reviewed by Committee</th>
<th>Risk Level February</th>
<th>Current Risk Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compliance / Regulatory</td>
<td>Information Governance Strategy</td>
<td>411 ST</td>
<td></td>
<td>There is a risk of legislative infringement because of lack of compliance with corporate procedure and policy resulting in reputational damage and possible financial penalty</td>
<td>IG policy, data protection policy, FOISA policy, records management plan, information governance group with organisation wide representation, IG representation at ICT/BI group</td>
<td>High - 8</td>
<td>Annual training updates for staff, information governance walkrounds, compliance checks, asset owner development</td>
<td>Annual training update for 2016/17 to be a campaign not module rollout; compliance checks for 2016/17 to be scheduled and implemented in high volume personal information areas such as complaints, HR; asset owner development continues and will be an ongoing mitigation/objective.</td>
<td>Audit and Risk Committee, 16/3/16</td>
<td>Low - 8</td>
<td>High - 8</td>
</tr>
<tr>
<td>Financial / Value for Money</td>
<td>Finance</td>
<td>367 MW</td>
<td></td>
<td>There is a risk that the organisation will not manage its various funding streams to the agreed year end balance because of the number and scale of some allocations for new and developing work resulting in reputational damage due to lack of financial management credibility</td>
<td>Regular Financial Forecasting Monthly budget meetings Monthly management accounts process</td>
<td>High - 15</td>
<td>Regular financial updates and forecasts for discussion to ET, Audit and Risk Committee and the Board</td>
<td>The year end financial position is currently being finalised. All funding streams have been received and the draft outturn is predicted to be within the forecast parameters previously agreed with SG finance colleagues.</td>
<td>Audit and Risk Committee, 16/3/16</td>
<td>Medium - 8</td>
<td>Low - 5</td>
</tr>
</tbody>
</table>
| Operational             | Driving Improvement in Healthcare Strategy 2014-2020 | 14 RG  |           | There is a risk that HIS fails to develop an organisational culture focused on continuous improvement because of lack of understanding of techniques and knowledge required to deliver the strategy resulting in HIS not becoming a high performing organisation. | Development of Lean practitioners to support internal improvement processes with the stipulation that 20% of their time should be given to this activity. Internal Improvement programme. Workforce Plan sets out QI development as a top priority. Commissioning of part time expert Lean consultancy for a five month period from 1 November 2015 - 31 March 2016. | High - 16       | 8 Lean practitioners to be trained and accredited by June 2016. All staff to undertake 2 QI Hub modules. Promotion of SIS and ScIL programmes with support for applicants via an internal panel process. Awareness raising on the principles of Lean for CMT members by end December 2015. Promotion of QI approaches and use of data to drive improvement through training in use of huddle boards. Lean Practitioner Steering Group to support development of an | The 8 Lean Practitioner Trainees are continuing to take forward their projects.  
- A training session on Lean was run for CMT during December as part of building the infrastructure and an Introduction to Lean has been developed and will be tested.  
- Further applications to the ScIl programme have been supported.  
- Four teams are piloting the Staff Governance Action Plan weekly pulse surveys.  
- Internal improvement strategy/plan is being renewed  
- In addition, work is starting with SMC on a lean project to support | Staff Governance Committee, 23/3/16 | Medium - 12 | Medium - 12 |

Printed on 12 Apr 2016 at 14:11
<p>| SMC Product Assessment | 454 ST | There is a risk that SMC is unable to accept beneficial new medicines for use in a timely manner because of sustained high level workload, leading to political and / or public criticism and resulting reputational damage. | Horizon Scanning Schedule planning Published prioritisation criteria | SMC workload remains at very high level. Improvement support received from HIS with programme of work planned for 2016. | Audit and Risk Committee, 16/3/16 | New risk raised on Compass | Medium - 9 |
|------------------------|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|Medium - 9 |
| 455 ST | There is a risk of stakeholders disengaging from the work of SMC because of lack of confidence in the assessment methodology (e.g. further external reviews of SMC), resulting in SMC being unable to deliver its functions. | Engagement with UK Health Technology Assessment agencies to inform and share best practice. Working with Area Drug and Therapeutic Committees through the ADTC collaborative Engagement with ABPI and industry Engagement with patient groups | Code of conduct for members. Training for SMC members. ADTC flash reports. Training for patient groups. Industry training events. | Montgomery review initiated on 21st March 2016 - independent Scottish Government review into access to new medicines. Dr Brian Montgomery aims to report within 4 months. Patient group event held on Thursday 17th March 2016. | Audit and Risk Committee, 16/3/16 | New risk raised on Compass | Medium - 8 |
| Workforce Strategy | 246 RP | 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. | Healthcare Improvement Scotland (HIS) has an Organisational Change Policy and associated procedures which fully reflect the NHS Scotland Partnership Information Network (PIN) policies agreed nationally between management representatives and trades unions &amp; professional organisations. The application of change management policy is in accordance with the organisation’s strategy. | The 2016/17 Workforce Plan includes information relating to key workforce priorities including our approach to flexible working, agile working, and the steps we are taking to realise the 2020 workforce vision. The Change Management Board continues its work to take an overview and support the organisation in successfully delivering change by ensuring all workforce-related aspects are delivered in accordance with established policy. This also includes partnership and wider staff engagement, and setting the approach to be used for internal communications. | Staff Governance Committee, 23/3/16 | Medium - 10 | Medium - 10 |
| Reputational / Driving | Improving in Healthcare Strategy 2014-2020 | 6 RP | There is a risk that the benefits of integrating our evidence, scrutiny and assurance and quality improvement implementation support functions will not be realised because of a lack of understanding, application and commitment resulting in a failure to deliver our strategy. | Decision matrix frameworks - risks and benefits matrix. | Cross organisational themes have been agreed as part of the Corporate Plan and require to be embedded within the organisation and its ways of working. | The board has produced a paper setting out the future contributions of Healthcare Improvement Scotland in supporting the transformation of health and social care in Scotland. A key aspect of this paper is demonstrating the strategic value of hosting the current range of functions in HIS. A final version of this paper has been shared with the Chief Executive of NHSScotland. | Audit and Risk Committee, 16/3/16 | Medium - 12 | Medium - 12 |
| Credibility | | 9 MW | There is a risk that our work does not take account of the longer term, wider and evolving external environment because of a lack of horizon scanning, organisational appetite or capacity for change resulting in missed opportunities and reputational damage. | Political and Environmental Horizon Scanning Quarterly strategic review meetings between CEO and Sponsor unit at SG Board Seminar agenda is being refreshed to ensure that better information and coordination of topics is possible | Discussions at Board Seminar to view political and policy outlook and potential impact Stakeholder engagement strategy which includes political engagement Work within Health and Social Care environment is clearly identified within our work eg Improvement and SHC | The strategy is being enhanced by adding the 7 contributions which update our positioning within the Health and Social Care environment. The LDP has been prepared to be measured against the 7 contributions and has been signed off by the Board. | Audit and Risk Committee, 16/3/16 | Medium - 8 | Low -4 |
| | | 10 RP | There is a risk that the Executive Team and the Corporate Management Team do not create leadership capability and capacity within the organisation resulting in reduced effectiveness in delivering the strategy. | Strategic Plan 2014-2020 2020 Workforce Vision ‘Everyone Matters’ action plan National leadership training programmes open across the organisation | Re-focus of ET and CMT meetings to be more strategic. Directorate team meetings will formally cascade information from CMT. Capability plan being created as part of 3 year corporate plan. | The final financial plan for 2016 - 17 was presented to the Board seminar meeting on 30 March 2016. In preparing the plan all directors undertook a combined workforce and financial assessment, which includes a review of capacity needs for the coming year. | Staff Governance Committee, 23/3/16 | Medium - 9 | Medium - 9 |</p>
<table>
<thead>
<tr>
<th>Risk ID</th>
<th>Risk Description</th>
<th>Mitigation Strategies</th>
</tr>
</thead>
</table>
| 13 AF   | Risk: Organisational planning for health and social care integration agenda due to lack of understanding of impact resulting in missed opportunities. | i) Discussions on integration picked up in Chief Execs and Chairs meetings  
ii) Board sighted on implications of integration  
iii) All staff briefings on integration.  
iv) Corporate plan and LDP to consider changes to work programmes in light of integration  
Work continues to ensure organisation is appropriately repositioned in light of integration including:  
a) Briefing pack on Health and Social Care Integration  
b) May Board Seminar to include presentation on governance of the integrated space and update on iHub including example of current work with a Health and Social Care Partnership  
c) Our Voice and iHub continuing to establish presence within the integrated space  
d) Review of joint inspection methodology  
e) Development of 7 contributions with a clear focus on supporting transformational change across health and social care  
f) Work initiated jointly between iHub, HIS Quality Assurance and Care Inspectorate around Strategic Commissioning. |
| 409 RP  | Risk: HIS will make an incorrect assessment/regulatory response, which we are unable to defend when challenged. This may result in loss of reduction in our credibility with stakeholders and/or legal action taken against us as an organisation. This may also result in a serious incident within a healthcare setting. | Policies and procedures relating to assessment, inspection and regulation of services. HIS action plans, following previous incidents.  
An evidence and judgement framework is being developed. Ensure policies and procedures are up-to-date and that all staff are trained in them and know how to use them competently. Ensure staff are supported in decision making, when necessary. Ensure IHC notifications are reviewed regularly and that RSA's of all services are undertaken on a regular basis.  
Work in respect of the evidence and judgement framework is progressing and on target across scrutiny and assurance activities. Policies are being updated as required and in particular as we prepare to commence the regulation of independent clinics. A further check and balance is being introduced by external quality assurance of our work by Healthcare Inspectorate Wales. |
| SMC Product Assessment | 453 | ST | There is a risk that a pharmaceutical company or other interested party will successfully challenge the outcome of an SMC assessment because of a failure to follow due process or disagreement with the published advice, resulting in major reputational damage to SMC and HIS | Standard operating procedures. QA procedures in place to review the final advice for each submission | Regular staff training and continued professional development. Plan to review Independent Review Panel process. Review of assessment timelines at pressure pts (e.g. Christmas & New Year) to allow adequate time for assessments. | SMC workload remains at a very high level. A meeting of the SMC Executive was held in March to identify potential options for reducing workload in the future. These are under active consideration. | Audit and Risk Committee, 16/3/16 | New risk raised on Compass | Medium - 8 |
### Appendix 2 – Very High Operational Risks, 12 April 2016

<table>
<thead>
<tr>
<th>Category</th>
<th>Project / Strategy</th>
<th>Risk No.</th>
<th>Risk Dir.</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compliance / Regulatory</td>
<td>Information Governance Strategy</td>
<td>342</td>
<td>ST</td>
<td>There is a risk that compliance with policy and legislation is not consistent across the organisation due to a lack of local leadership resulting in a failure to embed records management procedures.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>343</td>
<td>ST</td>
<td>There is a risk that compliance with policy and legislation is not consistent across the organisation due to a lack of shared learning and understanding of policy application resulting in varying practice.</td>
</tr>
<tr>
<td>Operational</td>
<td>Consolidation of Improvement Support across JIT/HIS and QUEST</td>
<td>490</td>
<td>RG</td>
<td>There is a risk that the level of vacancies that the Directorate is starting the year with will result in delays in delivering programmes leading to a loss of confidence in HIS ability to deliver an effective programme of improvement support for health and social care integration</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Risk Controls</th>
<th>Net Risk Level</th>
<th>Current Mitigation</th>
<th>Current Update</th>
<th>Date Last Reviewed by Committee</th>
<th>Risk Level February</th>
<th>Current Risk Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Records management policy, document naming and version control policy, retention schedule and retention policy, corporate records management plan.</td>
<td>Very High - 16</td>
<td>1. Development and embedding of Information asset owner network - Objective 1 - Records Management Plan 2. Participation and representation from all business areas in records management working group 3. Development of training and awareness raising module and materials for staff - objective 4 records management plan.</td>
<td>1. Asset owner role being enacted through changes to file structures and permissions approvals within S&amp;A and Evidence, development session to be held in Evidence in May. Records management module in final testing for roll out late April 2016</td>
<td>Audit and Risk Committee, 16/3/16</td>
<td>Very High - 16</td>
<td>Very High - 16</td>
</tr>
<tr>
<td>Records management policy, document naming and version control policy, retention schedule and retention policy, corporate records management plan.</td>
<td>Very High - 20</td>
<td>1. Procedures to support implementation of all RM policies to be developed. 2. development of peer network consisting of asset owners and appropriate others 3. sharing of learning through the network in form of case studies and experiences 4. participation and representation from all business areas in records management working group.</td>
<td>Procedures and briefings developed and being cascaded at information sessions with units. Asset owner session in Evidence to be held in May 2016 and Evidence improvement plan tabled for April DMT. This will act as a model for the rest of HIS. RM group met in March and agreed 2106/17 project plan.</td>
<td>Audit and Risk Committee, 16/3/16</td>
<td>Very High - 20</td>
<td>Very High - 20</td>
</tr>
</tbody>
</table>

Currently have approx 25% of posts vacant. i) Recruitment is top priority and process in place to ensure effectively project managed through to minimize delays. ii) Some work on hold until individuals recruited to post iii) Managing expectations by ensuring key...
stakeholders understand current situation and commissioners understand new programmes can't start until recruitment completed.

iv) Due to level of new posts, significant numbers of new job descriptions need developing and grading. Plan in place which identifies which JDs will be going to which panels with them going in order of risk associated with vacant post.

v) There remains a risk that we won't be able to recruit individuals with the right skills to the no of posts and currently developing contingency plans for this.
## 1. Corporate Risks

### New risks on the report since February

<table>
<thead>
<tr>
<th>Risk ID</th>
<th>Category</th>
<th>Description</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>411</td>
<td>Information Governance Strategy</td>
<td>There is a risk of legislative infringement because of lack of compliance with corporate procedure and policy resulting in reputational damage and possible financial penalty.</td>
<td>New risk raised on Compass</td>
</tr>
<tr>
<td>453</td>
<td>SMC Product Assessment</td>
<td>There is a risk that a pharmaceutical company or other interested party will successfully challenge the outcome of an SMC assessment because of a failure to follow due process or disagreement with the published advice, resulting in major reputational damage to SMC and HIS.</td>
<td>New risk raised on Compass following review of SMC risks</td>
</tr>
<tr>
<td>454</td>
<td>SMC Product Assessment</td>
<td>There is a risk that SMC is unable to accept beneficial new medicines for use in a timely manner because of sustained high level workload, leading to political and/or public criticism and resulting reputational damage.</td>
<td>New risk raised on Compass following review of SMC risks</td>
</tr>
<tr>
<td>455</td>
<td>SMC Product Assessment</td>
<td>There is a risk of stakeholders disengaging from the work of SMC because of lack of confidence in the assessment methodology (e.g. further external reviews of SMC), resulting in SMC being unable to deliver its functions.</td>
<td>New risk raised on Compass following review of SMC risks</td>
</tr>
</tbody>
</table>

### Risks that have left the report since February

<table>
<thead>
<tr>
<th>Risk ID</th>
<th>Category</th>
<th>Description</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>318</td>
<td>Independent Healthcare</td>
<td>There is a risk that the organisation will not be ready to regulate independent clinics when the regulation of this sector is commenced, because the required preparatory work (creation and revision of registration forms and guidance, inspection/self assessment guidance etc) has not been completed, resulting in the organisation being unable to process registrations in time and clinics remaining unregistered at the end of the transition period.</td>
<td>Risk closed 1 April 2016 as regulation of independent clinics commenced</td>
</tr>
</tbody>
</table>

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

No risks
## Risks with decreased risk level on report since February

<table>
<thead>
<tr>
<th>Risk ID</th>
<th>Sector</th>
<th>Description</th>
<th>Risk Level</th>
<th>Update</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>367</td>
<td>Finance</td>
<td>There is a risk that the organisation will not manage its various funding streams to the agreed year end balance because of the number and scale of some allocations for new and developing work resulting in reputational damage due to lack of financial management credibility.</td>
<td>Risk level reduced to low at April update</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Driving Improvement in Healthcare Strategy 2014-2020</td>
<td>There is a risk that our work does not take account of the longer term, wider and evolving external environment because of a lack of horizon scanning, organisational appetite or capacity for change resulting in missed opportunities and reputational damage.</td>
<td>Risk level reduced to low at April update</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## 2. Very High Operational Risks

### New risks on the report since February

<table>
<thead>
<tr>
<th>Risk ID</th>
<th>Description</th>
<th>Date Raised</th>
</tr>
</thead>
<tbody>
<tr>
<td>490</td>
<td>There is a risk that the level of vacancies that the Directorate is starting the year with will result in delays in delivering programmes leading to a loss of confidence in HIS ability to deliver an effective programme of improvement support for health and social care integration.</td>
<td>Compass in March</td>
</tr>
</tbody>
</table>

### Risks that have left the report since February

<table>
<thead>
<tr>
<th>Risk ID</th>
<th>Description</th>
<th>Update</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>238</td>
<td>There is a risk that we do not share, across the organisation, intelligence about the quality of patient care which is held in different functions (e.g. improvement, scrutiny) resulting in a fragmented and incomplete picture that will prevent us driving and supporting improvement in the quality of care provided by NHS Boards.</td>
<td>Risk level reduced to high at April update</td>
<td></td>
</tr>
<tr>
<td>469</td>
<td>There is a risk that our role in providing a view on major service change status to inform Scottish Government decisions is challenged because of a lack of public understanding of the major service change definition and the transparency of the advice we provide resulting in reduced credibility in our independent role and public assurance.</td>
<td>Risk level reduced to medium at April update due to mitigating actions</td>
<td></td>
</tr>
</tbody>
</table>

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

No risks
<table>
<thead>
<tr>
<th>Risks with decreased risk level on report since February</th>
</tr>
</thead>
<tbody>
<tr>
<td>No risks</td>
</tr>
</tbody>
</table>
Risk appetite is the amount of risk we are prepared to accept, tolerate or be exposed to at any point in time. To facilitate this, we must take balanced decisions which weigh the long term rewards against any short term costs.

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

**Risk appetite (classification)**

<table>
<thead>
<tr>
<th>Classification</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Open</td>
<td>Willing to consider all options and choose the one that is most likely to result in success, while also providing an acceptable level of reward.</td>
</tr>
<tr>
<td>Cautious</td>
<td>Preference for safe delivery options that have a low degree of inherent risk and may only have limited potential for reward.</td>
</tr>
<tr>
<td>Minimalist</td>
<td>Preference for ultra-safe business delivery options that have a low degree of inherent risk and only have a potential for limited reward.</td>
</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 lead to incidents or adverse events that could cause injury (health and safety)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• risks which could impact on the availability of business systems and therefore the organisation's ability to perform key functions (technological)</td>
<td></td>
</tr>
<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>Minimalist</td>
</tr>
<tr>
<td>---------------------</td>
<td>-------------------------------------------------------------------------------------------</td>
<td>---------------------</td>
</tr>
<tr>
<td>20-25 – Very High</td>
<td>Intolerable level of risk exposure which requires immediate action to be taken to reduce risk exposure</td>
<td>16-25 – Very High</td>
</tr>
<tr>
<td>13-19 – High</td>
<td>Significant level of risk exposure that requires constant active monitoring and action to be taken to reduce exposure</td>
<td>11-15 – High</td>
</tr>
<tr>
<td>8-12 – Medium</td>
<td>Acceptable level of risk exposure subject to regular active risk monitoring measures</td>
<td>6-10 – Medium</td>
</tr>
<tr>
<td>1 – 7 - Low</td>
<td>Acceptable level of risk exposure on the basis of normal operation of controls in place.</td>
<td>1 – 5 - Low</td>
</tr>
</tbody>
</table>

**Likelihood**

- **OPEN**
  - 5 10 15 20 25
  - 4 8 12 16 20
  - 3 6 9 12 15
  - 2 4 6 8 10
  - 1 2 3 4 5

- **CAUTIOUS**
  - 5 10 15 20 25
  - 4 8 12 16 20
  - 3 6 9 12 15
  - 2 4 6 8 10
  - 1 2 3 4 5

- **MINIMALIST**
  - 5 10 15 20 25
  - 4 8 12 16 20
  - 3 6 9 12 15
  - 2 4 6 8 10
  - 1 2 3 4 5

**Impact**

1. Purpose of the report
This report provides the Board with the information regarding the organisation’s progress towards achieving the objectives agreed within the Healthcare Improvement Scotland (HIS) 2015-16 Local Delivery Plan (LDP). This is the final report for 2015-16 and the report uses exception reporting to draw attention to areas of the LDP that have not gone to plan followed by more detail of the progress of all planned activity.

The content of the report is presented in the eight core themes agreed as part of the LDP for 2015-16.

2. Key Points
- The LDP Performance Report sets out the organisation’s core functions and key deliverables and is considered to be the contract between ourselves and Scottish Government regarding our work plan for 2015-16.
- It provides a framework against which our performance and contribution to the 2020 Vision will be measured and it will form the basis of our annual review by the Scottish Government during the course of 2016.
- Performance is reported against all projects currently being undertaken within the organisation.

3. Actions/Recommendations
The Healthcare Improvement Scotland Board is asked to:
- review the performance management report against the 2015-16 LDP
- note that LDP objectives are cross referenced with the operational risk register as appropriate

Appendix:
1. 2015/16 Corporate Plan Projects Completed

If you have any questions about this paper please contact Brian Ross, Planning & Performance Manager (brianross@nhs.net/ ext 0141 227 3254 or ext 8627)
SUPPORTING INFORMATION

RISK

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

OTHER CONSIDERATIONS

<table>
<thead>
<tr>
<th>How do the key points relate to the Corporate Plan?</th>
<th>The LDP Performance report is underpinned by the three year Corporate Plan and the annual local delivery plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resource Implications</td>
<td>The LDP Performance report reflects the project deliverables of HIS during 2015-16. The operational plan is secured within the organisations resource allocation.</td>
</tr>
<tr>
<td>What engagement has been used to inform the work?</td>
<td>LDP Performance report is subject to engagement with both internal and external stakeholders during its development</td>
</tr>
<tr>
<td>What Equality and Diversity considerations relate to the work?</td>
<td>Work is ongoing to ensure our commitment to equality and diversity is fully embedded within our work and ensures that our activity and recommendations promote equality and eliminate discrimination. These principles will be applied to all aspects of work added to the operational plan.</td>
</tr>
</tbody>
</table>
Healthcare Improvement Scotland
Board Performance Report
January - February 2016
## Contents

<table>
<thead>
<tr>
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<td>7</td>
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<tr>
<td>8</td>
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</tbody>
</table>

Appendix 1 Operational Plan Project Completed | 36
1.0 Introduction

This report tracks performance against the Local Delivery Plan (LDP) objectives for 2015-16 which were agreed with the Scottish Government. Section 4 of this report provides progress updates of work categorised by theme which form the 2015-16 LDP. There are currently 73 pieces of work detailed on the corporate plan.

2.0 Performance Report

The Healthcare Improvement Scotland LDP was agreed between the Board and the Scottish Government in March 2015. The Scottish Government will review our performance against this plan during the course of the year. In section 5, our performance is reported by exception only to draw attention to areas that have not progressed in accordance with the original plan.

2.1 Operational Summary by Theme (Update February 2016) – Refer to Section 7.0

<table>
<thead>
<tr>
<th>Theme</th>
<th>Complete</th>
<th>Scoping</th>
<th>Deleted</th>
<th>Planned</th>
<th>On target</th>
<th>On Hold</th>
<th>Changed Schedule</th>
<th>No budget assigned</th>
<th>Total Projects</th>
<th>New Work</th>
</tr>
</thead>
<tbody>
<tr>
<td>Building QI Capacity and Capability</td>
<td>2</td>
<td></td>
<td></td>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>Empowering People</td>
<td>1</td>
<td></td>
<td></td>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>Older Peoples Care</td>
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<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Innovation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Medicines</td>
<td></td>
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<td>8</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reviewing the Quality of Care</td>
<td>2</td>
<td></td>
<td>12</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td>14</td>
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</tr>
<tr>
<td>Regulation and Accreditation</td>
<td>2</td>
<td></td>
<td></td>
<td>6</td>
<td>1</td>
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<td>9</td>
<td></td>
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<tr>
<td>Safety</td>
<td>1</td>
<td>3</td>
<td>12</td>
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<td>17</td>
<td>1</td>
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<tr>
<td>Supporting work</td>
<td>5</td>
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<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td><strong>Total</strong></td>
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<td>7</td>
<td>0</td>
<td>69</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>89</td>
<td>16</td>
</tr>
</tbody>
</table>
2.2  Projects which have been re-planned this reporting period* (February 2016)

<table>
<thead>
<tr>
<th>Directorate</th>
<th>Project</th>
<th>Original End Date</th>
<th>Revised End Date</th>
<th>Output</th>
<th>Reasons</th>
</tr>
</thead>
<tbody>
<tr>
<td>NIL</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

* None to note this reporting period

2.3  New work added during 2015-16

<table>
<thead>
<tr>
<th>Theme</th>
<th>Project Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safety</td>
<td>SPSP Safer Medicines</td>
</tr>
<tr>
<td>Support Work</td>
<td>Local Delivery Plan</td>
</tr>
<tr>
<td>Support Work</td>
<td>Business continuity Annual Review &amp; Testing</td>
</tr>
<tr>
<td>Support Work</td>
<td>Sustainability Development Action Plan</td>
</tr>
<tr>
<td>Support Work</td>
<td>2015-18 Corporate Plan</td>
</tr>
<tr>
<td>Support Work</td>
<td>Internal Audit</td>
</tr>
<tr>
<td>Support Work</td>
<td>Board Governance</td>
</tr>
<tr>
<td>Support Work</td>
<td>Risk Management</td>
</tr>
<tr>
<td>Support Work</td>
<td>Delivering our Savings Targets</td>
</tr>
<tr>
<td>Support Work</td>
<td>Balanced Budget</td>
</tr>
<tr>
<td>Support Work</td>
<td>Governance of Annual Accounts</td>
</tr>
<tr>
<td>Support Work</td>
<td>Workforce Plan</td>
</tr>
<tr>
<td>Support Work</td>
<td>ICT Development</td>
</tr>
<tr>
<td>Support Work</td>
<td>e-health Development</td>
</tr>
<tr>
<td>Support Work</td>
<td>Policy and Parliament</td>
</tr>
<tr>
<td>Support Work</td>
<td>PFPI-Engaging People Strategy 2014-2020</td>
</tr>
</tbody>
</table>

3.0  2015-16 Projects Completed – (January - February 2016)

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

<table>
<thead>
<tr>
<th>Project Title</th>
<th>Planned Start Date</th>
<th>Planned Finish Date</th>
<th>Deliverable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delivering our Savings Targets</td>
<td>01/04/15</td>
<td>31/03/16</td>
<td>Annual/Corporate Report</td>
</tr>
</tbody>
</table>
4.0 Theme Highlights (Update February 2016)

This section provides a progress report of all activity within the LDP. The narrative has been provided by the project contacts and approved by the Function Leads and Directors.

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

4.1 Building Quality Improvement Capacity and Capability

<table>
<thead>
<tr>
<th>Project Title</th>
<th>Very High Risks</th>
<th>Progress Narrative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Building a QI Infrastructure- phase 1</td>
<td></td>
<td>• Complete</td>
</tr>
<tr>
<td>Building a QI infrastructure – phase 2</td>
<td></td>
<td>• This phase was completed by the 31st March. A final update has been sent to NHS Board Chief Executive Officers and QI executive leads. All resources are available on the QI Hub website</td>
</tr>
</tbody>
</table>
| Primary Care Out of Hours Quality Indicators - Improvement Support            |                 | • The final report was expected at the end of January 2016 but has been delayed due to changes in staff and ongoing discussions with Scottish Government in relation to the future support HIS may provide for primary care out of hours for implementing the recommendations of the national review.  
  • The final report will be complete by end of April 2016                       |
| QI Hub                                                                        |                 | • In light of the development of the new Improvement Hub for health and social care the QI Hub no longer has an active work plan. Discussions are underway with NHS Education in relation to the future of the QI Hub website |
| Living Well in Communities                                                    |                 | • The work is progressing with frailty, high resource individuals and anticipatory care planning.  
  • The new clinical lead for older people starts in April this will enable an increased pace in the frailty work stream.  
  • Intermediate Care and Re-ablement, previously led by the Joint Improvement Team, and a new commission from the Scottish Government on Buurtzorg model of service delivery have been added to Living Well in Communities. This has resulted in recruitment to expand the project team to deliver the additional work.  
  • Due to the creation of ihub, the priority areas have changed as delayed discharge and housing move to other programmes that are part of ihub. |
### 4.2 Empowering People

<table>
<thead>
<tr>
<th>Project Title</th>
<th>Very High Risks</th>
<th>Progress Narrative</th>
</tr>
</thead>
</table>
| Improving volunteering in NHSScotland             |                                                                                 | • Engagement of Integration Authorities on development needs for volunteering was completed in February (report published in March).  
• Volunteering information system in use in 14 NHS Boards and 104 individuals have been trained in its use.  
• Improvement activity is underway to reduce the length of time volunteer recruitment takes.  
• Agreement has been reached with Scottish Government for Voluntary Health Scotland to undertake work stemming from the Lampard report. |
| Person Centred Health and Programme               |                                                                                 | • There have been delays in starting pilot work with 2 out of the 4 boards we are working with due to local problems with recruiting staff to fixed term posts. Several options have been explored and we have now agreed with these boards that testing work will commence by end of April 2016. This highlights risks to programme delivery where fixed term recruitment is necessary although we have managed the risk and are confident we will still be able deliver the aims of the programme within the defined timescales.  
• We have started work to test the experience based co-design approach in collaboration with IRISS and North Lanarkshire Health and Care Partnership looking at improving experience of people attending A and E who have mental health needs. This partnership is a good example of progress in working with third sector and health and social care partnerships. |
| Decide                                            |                                                                                 | • The DECIDE website has been updated to describe outputs from the research [http://www.decide-collaboration.eu/](http://www.decide-collaboration.eu/)  
• WP3 paper has been published: Improving the user experience of patient versions of clinical guidelines: user testing of a Scottish Intercollegiate Guideline Network (SIGN) patient version |
| Community engagement and improvement support      |                                                                                 | Current projects local offices are involved in re gathering views in response to requests for support:  
• National Conversation: Healthier Scotland (Scottish Government) - Report prepared for participants (March 2016) and consideration being given to publication of report.  
• Maternity & Neonatal Services (Scottish Government) - Report of feedback being prepared (March 2016).  
• NHS Scotland Register of Interests (Scottish Petitions Committee) - Report prepared and submitted to Scottish Government (February 2016). Cabinet Secretary to share report with Petitions Committee post election period.  
• Model complaints procedure (Scottish Public Services Ombudsman) - Virtual Scotland wide reference group established comprising 28 people. Group will be ‘live’ to end May 2016. |
## Empowering People (cont)

<table>
<thead>
<tr>
<th>Project Title</th>
<th>Very High Risks</th>
<th>Progress Narrative</th>
</tr>
</thead>
</table>
| Participation network       |                                                                                 | • Development of Scottish Health Council CRM system (contacts database) to support more effective stakeholder engagement  
• Research consultants appointed to develop Our Voice Citizens’ Panel i.e. a representative sample of the Scottish population who will be engaged on a range of health and social care issues. Recruitment of members of the public to the Panel will proceed in May at the end of the election purdah period. |
| Our Voice                   |                                                                                 | • Activity on all work streams progressing.  
• Our Voice event was held in Inverness to engage with stakeholders in North of Scotland.  
• Sharing and learning meeting was held with leads from 3 geographic areas where we are supporting development of engagement models.  
• SHC representatives attended the Cabinet Secretary’s launch of the report of the ‘Creating a Healthier Scotland’ national conversation which featured input from Scottish Health Council engagement with seldom heard groups and an Our Voice sponsored project which also provided learning about engagement with young people who are marginalized and often excluded from mainstream public services. |
| Service Change              |                                                                                 | • In January, Scottish Health Council provided a view that National Services Division’s proposed changes to specialist surgical cleft lip and palate services are not major change, though the decision on this rests with Scottish Government. National Services Division is currently conducting a public consultation on their proposals. We have provided recommendations to support this work. We will review progress in May 2016.  
• Through our involvement in change proposals we understand that NHS Boards intend to move to public consultation on at least 5 proposals following the pre-election purdah period. Several of which have been acknowledged by the relevant NHS Boards as constituting major service change. |

### 4.3 Safety

<table>
<thead>
<tr>
<th>Project Title</th>
<th>Very High Risks</th>
<th>Progress Narrative</th>
</tr>
</thead>
<tbody>
<tr>
<td>SPSP – Mental health</td>
<td></td>
<td>• Improving observation practice improvement programme team are now in place and the programme has commenced.</td>
</tr>
<tr>
<td>SPSP – Maternity and children quality (McQIC)</td>
<td></td>
<td>• 2016-2019 Programme has been agreed. The work commences in April 2016.</td>
</tr>
</tbody>
</table>
### Safety (cont)

<table>
<thead>
<tr>
<th>Project Title</th>
<th>Very High Risks</th>
<th>Progress Narrative</th>
</tr>
</thead>
<tbody>
<tr>
<td>SPSP – Acute Adult</td>
<td>• NHS Borders have been appointed to complete VTE deep dive.</td>
<td>• This work commences in April 2016</td>
</tr>
<tr>
<td>SPSP – Primary care</td>
<td>• Dental Collaborative has launched.</td>
<td>• Teams are now implementing tests.</td>
</tr>
<tr>
<td>SPSP – Pharmacy in primary care</td>
<td>• The Health Foundation supported extension to community pharmacy programme from June 2016 to September 2016.</td>
<td>• Planning underway to develop programme beyond 2016</td>
</tr>
<tr>
<td>SPSP – Medicines</td>
<td>• One day national learning event focusing on medicines delivered on the 24th of February, with over 250 delegates in attendance.</td>
<td>• The event attracted delegates from all parts of the healthcare system (primary care, acute care, mental health and maternity and childrens services), to learn and share on the key priorities for SPSP Medicines from a whole system approach</td>
</tr>
<tr>
<td>SPSP – HAI Improvement</td>
<td>• Learning event was held to share learning from 1st year of programme with broader teams across Scotland</td>
<td></td>
</tr>
<tr>
<td>Suicide reporting and learning System</td>
<td>• Sustaining Change is the theme of our recently published Briefing Paper (February 2016).</td>
<td>• In this edition we aggregate learning themes from suicide reviews submitted during the reporting period 01 May-31 December 2015 and focus on supporting mental health services’ approaches to recurring improvement themes. To help services prioritise change areas we set out the specific issues we have identified under the six Key Quality Improvement themes within the reporting period and provide links to related resources available on the Suicide Reviews Community of Practice. In the Briefing Paper we also provide updates on the improvement programmes we are facilitating with NHS Tayside, NHS Grampian and NHS Greater Glasgow and Clyde, and we ask the community of practice for feedback on using the learning summary templates as a way of sharing learning points from reviews to help reduce suicide risk. • We presented on the delivery of Commitment 6 of the Suicide Prevention Strategy at January’s meeting of Scottish Government’s Suicide Prevention Implementation and Monitoring Group. This was well received and prompted useful discussion on areas such as the use of the Scottish Suicide Information Database to inform service improvement; GPs involvement in suicide and other adverse event reviews; and translating the principles set out in the draft national observation practice guidance revision into services provided by the voluntary sector. To further raise awareness and promote collaboration across services on the delivery of Commitment 6 we are running two workshops at the Suicide Prevention Strategy National Forum on 03 March 2016.</td>
</tr>
</tbody>
</table>
### Project Title: Diabetes – think, check, act

- The Strategic Implementation Group met on Friday 26th February. The group was supportive of the proposals to extend this work for a further year in 2016-17, subject to a confirmation of funding.
- The group continues to work with key strategic partners to take this work forward. This includes working with National Services Scotland around developing a data Dashboard and the Scottish Diabetes Group.
- The group received a report on the e-learning modules; these showed that the modules have been completed 4900 times. 782 staff have completed all 5 modules. Discussions are now ongoing as to how we can increase uptake.

### Project Title: Learning from adverse events

- We are continuing to meet with NHS boards with colleagues from COPFS in order to improve awareness of the national programme of work and the role of the PF and FAIs. These have been well received and will continue into the summer.
- We hosted a visit from colleagues in Northern Ireland on 12 February to share our work on learning from adverse events and improving safety. This was an interesting day of discussion which was helpful for both us and NI colleagues. We will continue to share approaches and learn from each other.
- We held the fourth meeting of the non-executive directors’ network on 29 February. There was good open discussion as well as presentations about the use of data and spread and sustainability.
- The Adverse Events Programme Board met on 9 March and is content with the continued work of the programme.

### Project Title: Sudden unexpected death in infancy (SUDI)

- Analysis of qualitative data continues. There has been a slight delay in the commencement of the analysis of quantitative data. SG are aware of the delay and the fact that the report a first draft of the report should be available at the end of March 2016.
<table>
<thead>
<tr>
<th>Project Title</th>
<th>Very High Risks</th>
<th>Progress Narrative</th>
</tr>
</thead>
</table>
| Scottish Antimicrobial Prescribing Group (SAPG)                               |                                                                                  | • Final report is being produced on pilot implementation and plan for spread of antimicrobial stewardship education resource for nurses and midwives.  
• Study has been completed to evaluate the feasibility of using C-reactive protein point of care testing in primary care settings. Feedback sought from participant practices.  
• Dissemination of the Primary Care Prescribing Indicators Report 2014-15 to provide detailed analysis of antimicrobial prescribing at board level.  
• Board level summary reports on carbapenems and piperacillin/tazobactam surveys have been disseminated to Antimicrobial Management Teams.  
• Ongoing data collection and reporting on measures for the CDI HEAT target prescribing indicator implemented focusing on documentation of antibiotic administration and review/duration.  
• Development of national antimicrobial app to provide mobile clinical decision support for prescribers in hospital and community settings. Ready for beta testing end of March.  
• Development of personalised GP Antibiotic feedback reports for sample of practices in 4 pilot boards.  
• National network event to discuss hospital antimicrobial prescribing and agree initiatives to address areas for improvement. |
| Hospital Standardised Mortality Ratio (HSMR)                                  |                                                                                  | • The latest HSMR figures for July-September 2015 were published by Public Health & Intelligence (PHI) on Tuesday 16 February 2016, and have been reviewed by Healthcare Improvement Scotland and PHI. We are currently having a formal dialogue with 2 NHS boards about high and/or increasing HSMR, including supportive on site meetings and WebEx sessions.  
• Our HSMR Review Group is meeting in April to consider progress on these two interactions.  
• We are still working with colleagues from PHI with input from Clinical Leads to explore the key patterns in HSMR data. |
| Scottish morbidity and mortality programme (SMMP)                             |                                                                                  | • Four pilot sites have been identified and we are looking at two specialities within these areas.  
• We are also trying to establish a network of clinicians via medical directors throughout Scotland, to champion the work and obtain feedback for learning.  
• At this time we are still awaiting the practice guidance.  
• An SMMP day is also booked for the 30th June. |
### Safety (cont)

<table>
<thead>
<tr>
<th>Project Title</th>
<th>Very High Risks</th>
<th>Progress Narrative</th>
</tr>
</thead>
</table>
| Improvement Fund                               |                 | • High level strategic paper has been signed off by Executive Team in January.  
• First meeting of Fund Advisory Panel was held in February to begin looking at operational processes and procedures.  
• Continued progress to deliver project plan with aims to communicate about the fund in the summer (with the proviso that the fund will not launch until adequate resources are in place to support the delivery of grants)  
• Plans to establish a working group which will include a representative from finance to ensure robust compliance measures are in place at the outset of the fund. |
| Tailored responsive improvement support team    |                 | • The Improvement Associates Framework Agreement procurement went live on the Public Contracts Scotland website; the deadline for applications was 8 March. On track with project plan for the Framework Agreement to be in place by late May 2016. The Non Competitive Tender route is being used as an interim route following Procurement and Finance advice.  
• Improvement Advisor and Associate Improvement Advisor recruited and due to be in post in April.  
• Continued development and testing of TRIST processes and templates with new requests and pieces of work. |
| Measurement and Monitoring of Safety Programme  |                 | • Dr Simon Mackenzie, the Medical Director, St Georges University Hospitals NHS Foundation Trust attended the January programme board meeting in Melrose as a ‘critical friend’. He reaffirmed the approach being taken and provided some suggestions of how to further increase the impact of this work, this will be reflected in the updated communications plan.  
• Focus on developing case studies as an output from the programme.  
• Liaising with the Health Foundation and other regional improvement bodies about a further phase of work. |
| Overarching Safety Programme                    |                 | • SPSP Programme Board supported recommendations for future content and delivery model for Acute Adult, Primary Care and McQIC  
• 2016/17 work plan including events, site visits and communication plans are under development |
4.4 **Reviewing the quality of care**

<table>
<thead>
<tr>
<th>Project Title</th>
<th>Very High Risks</th>
<th>Progress Narrative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of referral from National Confidential Alert Line (NCAL) and concerns passed to HIS under the Public Information Disclosure Act (PIDA)</td>
<td></td>
<td>• We continue to assess concerns that have been raised either through the NCAL or under PIDA by the internal HIS team. The NHS board where the concerns originate are given an opportunity to reply and the level of further review/investigation is decided following a detailed assessment.</td>
</tr>
</tbody>
</table>
| Quality of care reviews                                                     |                 | • The Healthcare Improvement Scotland Board endorsed the approach to delivering comprehensive quality of care reviews as outlined in the Design Panel final report and all of the recommendations to support development of the operational methodology, testing and implementation during 2016/2017.  
• The design panel final report and the report of the consultation exercise were published on the Healthcare Improvement Scotland website on 18th March.  
• The internal programme board met for the first time on 11th April 2016. |
| HAI Inspections                                                             |                 | • By the end of March, 10 inspections will have been undertaken in the last quarter of this year. We will be on target to deliver 31 inspections in the financial year.  
• A review of the self assessment and consultation with our stakeholders has been completed.  
• The public partner tools have been reviewed in partnership with our public partners and updated.  
• A new inspector started with the inspectorate to fill a vacant post. We are in the process of filling the second vacant post. |
| Inspection of services for older people in acute hospitals (OPAH)           |                 | • One OPAH inspection took place throughout January and February.  
• The next quarter’s inspections have been planned and we are now arranging to commence our board visits in November. |
| Assessment of the participation standard                                    |                 | • It has been agreed that, in line with normal practice, 2015-2016 will be considered an improvement year and there will be no Participation Standard self-assessment.  
• A review will be undertaken of NHS Boards’ Annual Complaints and Feedback Reports, due on 30 June 2016, with a focus on improvements demonstrated. |
## Reviewing the quality of care (cont)

<table>
<thead>
<tr>
<th>Project Title</th>
<th>Very High Risks</th>
<th>Progress Narrative</th>
</tr>
</thead>
</table>
| Joint inspection of adult services                 |                                                                                | - Final 2/6 inspections will complete in April with publication of reports to follow.  
- Only 3 inspections will be undertaken in the 2016/17 inspection programme due to a review and testing of revised methodology. Inspections will commence in the 2nd quarter of the inspection programme (July).  
- Induction for clinical partners completed in February and was well attended.  
- The review of inspection methodology continues. Six weekly Glennie/Wiseman (methodology) and advisory group meetings are in place.  
- Project managers from HIS and CI are undertaking the development of the methodology with dedicated resources (staffing and budget) being identified. |
| Inspection of children's services                  |                                                                                | - Children’s inspections for 2015/16 are now complete.  
- 2016/17 inspections x 6 commence in April and resources are being identified to support the inspections.  
- Induction was well attended by clinical partners from Boards to support this work. |
| Scrutiny of prisoner healthcare                    |                                                                                | - A senior inspector for prisoner healthcare commenced employment in February 2016.  
- A small group is currently reviewing the way in which direct feedback is given to the NHS Boards when a prison within their area is inspected.  
- In conjunction with HMIPS, a multidisciplinary/multiagency group will review the standards for prisoner healthcare late in 2016. |
| Scrutiny of mental health services                 |                                                                                | - Discussions are ongoing regarding a focused area of mental health services that could be used as the basis of the testing exercise for the new comprehensive quality of care reviews operational methodology. |
| SIGN Guideline programme                           |                                                                                | - The heart failure guideline was published on 11th March 2015.  
- Patient booklet to follow shortly.  
- The next in the suite of cardiovascular guidelines to be published is Acute Coronary Syndromes on 20th April with an accompanying patient booklet.  
- Reaccredited by NICE Evidence for 5 years and SIGN 50 has been refreshed and published to take account of this. |
| Scoping the development of standards & self assessment for general medical practice |                                                                                | - Due to changes with the GP contract and the phasing out of QOF, this project is not going ahead in 2015/16 as planned. |
Reviewing the quality of care (cont)

<table>
<thead>
<tr>
<th>Project Title</th>
<th>Very High Risks</th>
<th>Progress Narrative</th>
</tr>
</thead>
</table>
| Standards and Indicators Programme | | - Work is ongoing with Scottish Government – including recent negotiations re scoping to determine whether we should revise our neurology standards  
- Diabetic retinopathy screening standards are being prepared for publication – May 2016  
- Draft pressure ulcer standards are out for consultation  
- Draft post mortem standards are out for consultation |

4.5 Medicines

<table>
<thead>
<tr>
<th>Project Title</th>
<th>Very High Risks</th>
<th>Progress Narrative</th>
</tr>
</thead>
</table>
| Implementation and Improvement Support of Area Drug and Therapeutic Committees (ADTC) | | Medicines Fact sheet  
- The ADTC Collaborative (ADTCC) has worked with healthcare professionals and public partners across NHSScotland to prepare a medicines fact sheet for patients and the public. The fact sheet will replace the 2010 Health Rights Information Scotland leaflet and focuses on the patient journey starting at consultation and explains how healthcare professionals decide whether to prescribe a medicine and if so, which to prescribe. The draft fact sheet has been distributed to key stakeholders to give them an opportunity to share within networks for comment. It is planned to launch this at June’s NHSScotland event. |
| | | NHS board new medicines decisions template  
- The Scottish Government’s response to the Health and Sport Committee Inquiry called for ADTCs to publish SMC formulary decisions in a clear and systematic way with open and transparent information for the public. The ADTC Collaborative facilitated collaboration between ADTCs, SMC and public partners to develop a standard template and common language for the timely communication of patient-facing information on the availability of new medicines in NHSScotland. The template has been distributed to ADTCs for testing within NHS boards. The testing phase will allow us to understand logistics and challenges in making the information publically available at local level.  
- ADTCC with SMC has developed operational guidance for boards to support the introduction of medicines being introduced through the Early Access to Medicines Scheme (EAMS). This includes advice on the designation of the medicine, operational arrangements for obtaining free supply of a medicine prior to marketing and also between marketing authorisation and SMC advice, data collection and exit strategies. |
**Medicines (cont)**

<table>
<thead>
<tr>
<th>Project Title</th>
<th>Very High Risks</th>
<th>Progress Narrative</th>
</tr>
</thead>
</table>
| Strategic Delivery Plan: Medicines     |                                                                                | • The medicines team has worked collaboratively with Scrutiny and Assurance to facilitate an expert review panel for Systemic Anti Cancer Therapies (SACT) in NHS healthcare. Representatives of the three Regional Cancer Advisory Groups (RCAGs) attended this review meeting in January. The discussion allowed services to reflect on areas of strength and improvement as well as identifying where different regions can support one another in improving SACT governance. Some gaps were identified in NHS board self assessments and we have written to the chairs of RCAGs informing them of further information we require. A follow up review meeting will be held in September 2016.  
• Mary McLean has been appointed as clinical lead for cancer medicines and will take the lead on clinical assurance of SACT and work around off label cancer medicines.  
• The medicines team facilitated a collaborative session between SMC and SIGN to look at communication touch points as a means to improving consistency. The agreed action points will be approved by SMC Executive and SIGN Council with further work to be undertaken on the SIGN/SMC algorithm.  
• The medicines team has continued to provide clinical support and advice to scrutiny and assurance programmes: regulation of independent clinics, Joint Inspections, and Quality of Care reviews. |
| SMC – Horizon Scanning                 |                                                                                | • A quarterly update to the Forward Look 11 report was provided to NHS Boards in January 2016.  
• A draft list has been pulled together of medicines that are anticipated to become available in 2017.  
• Membership of the Horizon Scanning Clinical Review Group (CRG), and the Horizon Scanning Steering Group have been reviewed. A meeting has been arranged for the CRG to meet at the beginning of April 2016 to review non-cancer medicines anticipated to become available in 2017 and identify which are likely to have a high net budget impact. |
| SMC – Product Assessment               | From Jan-Feb 2016 SMC published advice on:                                     | • 9 Full Submissions  
• 2 Resubmissions  
• 2 Abbreviated Submissions |
### Medicines (cont)

<table>
<thead>
<tr>
<th>Project Title</th>
<th>Very High Risks</th>
<th>Progress Narrative</th>
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</thead>
<tbody>
<tr>
<td>Safe management of controlled drugs</td>
<td></td>
<td>• The new return has been issued and is now in use across the NHS, the independent sector and care homes. The information collected will be analysed on a national and local basis to inform improvement. A review of the system will be carried out in April 2016.</td>
</tr>
<tr>
<td>Implementation of hospital electronic prescribing medicines administration (HEPMA)</td>
<td></td>
<td>• An ADTC event for user testing of HEPMA will take place during 2016.</td>
</tr>
</tbody>
</table>
| SMC - Implementation of new medicines review recommendations                  |                 | • SMC chair, HIS Chief Executive, Cabinet Secretary for Health and Chief Pharmaceutical Officer met with the Health & Sport Committee on 1st March 2016.  
• Health & Sport committee has now closed petitions 1398, 1399 & 1401 brought by three patient groups that initiated the 2013 review into access to new medicines.  
• The new Scottish Government review into access to new medicines began on Monday 21st March at an open event in Edinburgh. A report is expected later this summer.  
• The SMC team continues to work at capacity to manage a high volume of monthly submissions and this is impacting on the team’s ability to progress key strategic and development issues. |

#### 4.6 Older peoples’ care

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<tr>
<th>Project Title</th>
<th>Very High Risks</th>
<th>Progress Narrative</th>
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</thead>
</table>
| Older people in acute care improvement programme (OPAC)                       |                 | • Analysis of frail older people’s pathway project in NHS Ayrshire & Arran is almost complete. The report highlights significant potential efficiency savings.  
• Continuing to support blended local collaborative approach with 3 NHS boards with local learning events and targeted support. Learning from this approach is being captured. Outcomes include increased awareness of delirium, increased use of delirium intervention strategies, improved staff engagement, reduction in falls in some areas.  
• Review of OPAC and OPAH to take place to inform how HIS can most effectively continue to support improvement and provide assurance in older people’s care. The review process will commence during April 2016. Review group to be co-chaired by the Chair of the Scottish Health Council and an executive nurse director. |
Older peoples’ care (cont)

<table>
<thead>
<tr>
<th>Project Title</th>
<th>Very High Risks</th>
<th>Progress Narrative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enabling best care for older people living with frailty</td>
<td></td>
<td>• This work now sits within the Living Well in Communities Portfolio</td>
</tr>
</tbody>
</table>

4.7 Innovation

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<thead>
<tr>
<th>Project Title</th>
<th>Very High Risks</th>
<th>Progress Narrative</th>
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</table>
| Scottish Health Technologies Group (SHTG)                                    |                 | • The consultation period on the non-medicine technologies (NMT) strategic plan closed on 11th March 2016. Responses are currently being assimilated and the final version will be presented to the Quality Committee in May 2016.  
• The SHTG meeting on 28th April 2016 will focus on agreeing the Outcome Performance Evaluation (OPE) framework for the NMT strategic plan and also potential options for the landing zones commission, a key action from the NMT strategic plan.  
• Healthcare Improvement Scotland will participate in the European Union network for Health Technology Assessment (EUnetHTA) Joint Action 3 in collaboration with NICE. Our focus is Work Package 7, relating to national implementation and impact and the feasibility of translating collaborative European evidence reviews to a local context. |

4.8 Regulation and accreditation

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<tr>
<th>Project Title</th>
<th>Very High Risks</th>
<th>Progress Narrative</th>
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</table>
| Human tissue bank accreditation                                              |                 | • The Accreditation Panel to review the 4 Regional Human Tissue Banks (HTB) in Scotland was held in February 2016. We are currently preparing a list of further questions for these HTBs to clarify some outstanding queries from panel members.  
• The second accreditation panel to review submissions from the satellite board areas is scheduled for 19th and 20th April 2016.  
• NHS Boards will be notified of their accreditation status by the end of August 2016. |
## Regulation and accreditation (cont)

<table>
<thead>
<tr>
<th>Project Title</th>
<th>Very High Risks</th>
<th>Progress Narrative</th>
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</thead>
<tbody>
<tr>
<td>Death certification review service</td>
<td></td>
<td>• 4061 cases were received as at 31.01.16.</td>
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<td></td>
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<td>• 47% of standard level 1 and level 2 cases ‘not in order’, 7% of which require a replacement MCCD. If no improvement noted in 1\textsuperscript{st} quarter of year 2, DCRS will target education.</td>
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<tr>
<td></td>
<td></td>
<td>• Advance registration applications continue to remain lower than expected at 3%, only 10% of which are for religion/faith reasons.</td>
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<td></td>
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<td>• 125 repatriation cases reviewed, of which 3 post mortem applications received (x1 approved, x2 declined as pm already done in originating country).</td>
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<tr>
<td></td>
<td></td>
<td>• Interested persons applications continue to remain lower than expected at only 5 applications in total.</td>
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<tr>
<td></td>
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<td>• Breached cases remain higher than expected at 3%, 51% of which are due to access to or response from certifying doctor delay, 38% of breaches due to cases subsequently reported by certifying doctor to procurator fiscal.</td>
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<tr>
<td></td>
<td></td>
<td>• January DCRS survey monkey results demonstrate 99% agree the conversation between the MR and CD is educationally focused, 90% agree the review process highlighted the importance of getting the MCCD accurate.</td>
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<td></td>
<td></td>
<td>• DCRS has picked up some prescribing governance issues during the review process. In agreement SG, DCRS will scope out a pilot project with one NHS Board to establish whether there is value in accessing ECS for both level 1 and level 2 reviews.</td>
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<tr>
<td></td>
<td></td>
<td>• DCRS font end data was deemed insufficient for analysis by ISD. The supply of back end data from NHS24 and the readiness of ISD in terms of automated data have caused delay. ISD have confirmed that the timeline for input to the DCRS annual report is achievable.</td>
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<tr>
<td></td>
<td></td>
<td>• 2016/17 DCRS baseline funding of £1.36m now confirmed by Scottish Government.</td>
</tr>
<tr>
<td>Quality assurance of medical out of hours services</td>
<td></td>
<td>• A proposal has been submitted to Scottish Government for a 3 year national quality improvement programme that will draw on 3 functions of HIS; improvement support, assurance, evidence; underpinned by the public voice in Scottish Health Council, and with clinical leadership and support, to work together to support this holistic approach to quality.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• In preparing this draft submission, we have consulted internally across HIS and also have had helpful input from the Executive Director of Strategy and Improvement at the Care Inspectorate.</td>
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</tbody>
</table>

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Produced by: Planning & Performance Management

Version: Final 1.0
Page: 20 of 36
Review Date: 27/4/16
**Regulation and accreditation (cont)**

<table>
<thead>
<tr>
<th>Project Title</th>
<th>Very High Risks</th>
<th>Progress Narrative</th>
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<tbody>
<tr>
<td>Quality assurance of medical revalidation</td>
<td></td>
<td><strong>HIS EQA Review</strong>&lt;br&gt;• Work continues on preparation for the 2015 – 2016 EQA Review of Medical Revalidation. The self assessment and relevant documentation is scheduled to be distributed by 31st March 2016 with a return date for completed submissions 31st May 2016. Simultaneous EQA Review Panels will take place on 4th and 5th July 2016. A national overview report and a compendium of local reports will be published November 2016.</td>
</tr>
<tr>
<td>Development of national care standards</td>
<td></td>
<td><strong>GMC Review</strong>&lt;br&gt;• By April 2016 the majority of licensed doctors will have been through the revalidation process. The GMC has advised that it considers this to be an appropriate time to review how the system has worked and to identify any changes or improvements that could be made to the process.&lt;br&gt;• This review will produce a report with recommendations designed to support the next phase of revalidation in fulfilling its aim of being a process through which doctors can show they continue to meet the standards of medical professionalism and patient care expected of them and patients can have confidence that their doctors are fit to practise, while minimising burdens on the profession and the system, and avoiding duplication with other processes.&lt;br&gt;• The GMC has appointed Sir Keith Pearson, Independent Chair of the GMC’s Revalidation Advisory Board to undertake this review which is expected to be completed by December 2016. Sir Keith has requested to attend the Healthcare Improvement Scotland EQA review panels as an observer and to discuss panel members’ experiences of the revalidation process in Scotland. Sir Keith has also requested to meet with the other three nations to inform his report from a UK perspective.&lt;br&gt;• Sir Keith will present his findings to the Council of the GMC, following which his report will be published.</td>
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<tr>
<td></td>
<td></td>
<td><strong>Development of national care standards</strong>&lt;br&gt;• The overarching principles relating to all health and social care services have been signed off by the Cabinet Secretary.&lt;br&gt;• Work is underway on the development of general and specialist standards – the first of 6 workshops were held on 1st April 2016.</td>
</tr>
<tr>
<td>Project Title</td>
<td>Very High Risks</td>
<td>Progress Narrative</td>
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</tbody>
</table>
| Quality assurance of cancer quality performance indicators       |                                                                                 | • The first meeting of the SACT review took place on the 19th January 2016. The group felt a national picture of SACT governance could not be established so a second meeting will take place in September 2016. This will afford regions time to undertake and finish governance reviews as set out in the SACT framework (2013).  
• The Cancer QPI team will now progress the breast QPI pilot review and undertake a review of the third year QPI data for breast cancer. This will mean that a published report considering three years worth of Breast data will be published during summer 2016.  
• Preparation is also taking place for two other tumour reviews. |
| Regulation of independent healthcare services                    |                                                                                 | • From 1 April 2016, independent clinics were able to register their services with HIS. They have until 31 March 2017 to be registered before it is an offence to operate an unregistered clinic.  
• The fees for 2016/17 and all associated registration documentation are available on our website.  
• The IHC Programme Board continues to meet and now meets on a bi-monthly basis.  
• The IHC team is in the processes of transferring our final documentation onto our upgraded Sharepoint system.  
• Regulation, which includes inspection, of the current independent hospitals continues.  
• One new inspector, one senior inspector and three new administrators have been appointed since the last update. |
| Quality assurance of national screening programmes                |                                                                                 | • HIS have now presented the approach to assurance of screening programmes to all screening governance groups. Two stakeholder workshops will take place in May. A project governance group has been established to ensure that the first review is delivered to quality.  
• The SG standing committee for screening will meet for the first time in May 2016. HIS will be presenting to the committee and SG is supportive of the assurance approach taken by HIS. It has been agreed that all screening programmes will be reviewed in order to establish a baseline. Thereafter reviews will be intelligence led. |
### 4.9 Supporting work update

<table>
<thead>
<tr>
<th>Project Title</th>
<th>Very High Risks</th>
<th>Progress Narrative</th>
</tr>
</thead>
</table>
| Business Intelligence                            |                 | • To inform the development of our approach for sharing data/information between Healthcare Improvement Scotland’s different functions, we are carrying out some tests with NHS Forth Valley.  
• Two meetings have taken place with NHS Forth Valley to discuss the data/information held about patient care across Healthcare Improvement Scotland – and the third and final meeting will take place in March. This work informs the development of a protocol for sharing intelligence around the quality of care between the different functions within Healthcare Improvement Scotland. The draft protocol will be published at the end of April.  
• Meetings of the Sharing Intelligence for Health and Care Group took place in December and February. The group has now completed its first full cycle of meetings to consider the shared intelligence about 14 territorial and 2 special NHS boards in 2015/16. A review of the methodology for 2016/17 has also taken place and an annual report for 2015/16 will be published in May.  
• There have been two meetings of the Business Intelligence eHealth Implementation Group in December and February. Following approval of an Information Strategy at the Board meeting in February, it is likely that this group will evolve into an Information Strategy Implementation Group. |
| Review of existing standards- Older People in Acute Care |                 | • This work has now been completed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Shared intelligence to support scrutiny           |                 | • In 2016/17 the Sharing Intelligence for Health and Care Group (SIHCG) will focus on sustaining and evolving the processes for sharing, considering and responding to collective intelligence on the quality of health and social care.  
• The SIHCG will seek to strengthen its existing mechanisms for engaging with front line service provider organisations when considering intelligence about them.  
• The group also aims to establish a more robust approach for identifying areas of good practice through the sharing intelligence process, and for translating this knowledge into action. |
## Supporting work update (cont)

<table>
<thead>
<tr>
<th>Project Title</th>
<th>Very High Risks</th>
<th>Progress Narrative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical engagement strategic delivery plan</td>
<td></td>
<td>• A key focus within our Clinical Engagement Strategy is on the need to have robust mechanisms for clinical assurance in place.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• We are currently working with programme leads to review their approach to securing appropriate clinical expertise based on the LDP 2015/16.</td>
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<tr>
<td></td>
<td></td>
<td>• This refresh of the Clinical Assurance Baseline Audit undertaken in 2014 will be presented to the Quality Committee in April 2016.</td>
</tr>
<tr>
<td>RARE-Best Practices</td>
<td></td>
<td>• The project is continuing on track. Our 36 month report was submitted to EC in January 2016. We are now working on our final task and deliverables and consolidating the work of the last 3 years</td>
</tr>
</tbody>
</table>
5.0 Risks narrative
The below risks have been identified through the compass risk management system. All narrative has been extracted from the compass system.

<table>
<thead>
<tr>
<th>Project Title</th>
<th>Risk reference</th>
<th>Compass Narrative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consolidation of Improvement Support across JIT/HIS and QUEST</td>
<td>490</td>
<td>There is a risk that the level of vacancies that the Directorate is starting the year with will result in delays in delivering programmes leading to a loss of confidence in HIS ability to deliver an effective programme of improvement support for health and social care integration</td>
</tr>
</tbody>
</table>

6.0 Impact and benefits realisation forms for completed operational projects

(January – February 2016)

To follow: Delivering our savings targets
7.0 Performance Reporting by Directorate (Update February 2016)

This section provides a progress report of all projects within the corporate plan. The projects highlighted in red have very high risks identified in the compass system which are detailed on page 23.

<table>
<thead>
<tr>
<th>Directorate</th>
<th>Function</th>
<th>Project</th>
<th>Target</th>
<th>Status</th>
<th>Start</th>
<th>End</th>
<th>Output</th>
<th>Team</th>
<th>Project Contact</th>
<th>Team Lead</th>
<th>Function Lead</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Directorate</td>
<td>Clinical Directorate</td>
<td>Scottish Morbidity and Mortality Review Group (SMMoRG)</td>
<td>2015/16 Q4</td>
<td>On Target</td>
<td>01/04/15</td>
<td>31/03/16</td>
<td>Improvement Support</td>
<td>Clinical Engagement Team</td>
<td>Jennifer Graham</td>
<td>Laura McIver</td>
<td>Brian Robson</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Measurement and Monitoring of Safety Programme</td>
<td>2016/17 Q2</td>
<td>On Target</td>
<td>01/04/15</td>
<td>30/06/16</td>
<td>Improvement Support</td>
<td>Measurement and Monitoring of Safety</td>
<td>Janet Heritage</td>
<td>Joanne Thomson</td>
<td>Joanne Thomson</td>
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<tr>
<td></td>
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<td>Implementation and Improvement Support of ADTC</td>
<td>2016/17 Q2</td>
<td>On Target</td>
<td>07/01/14</td>
<td>30/09/16</td>
<td>Improvement Support</td>
<td>Medicines Team</td>
<td>Richard Brewster</td>
<td>Laura McIver</td>
<td>Laura McIver</td>
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<tr>
<td></td>
<td></td>
<td>Strategic Delivery Plan: Medicines</td>
<td>2017/18 Q4</td>
<td>On Target</td>
<td>01/04/12</td>
<td>31/03/18</td>
<td>Policy and Strategy</td>
<td>Medicines Team</td>
<td>Richard Brewster</td>
<td>Laura McIver</td>
<td>Laura McIver</td>
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<td></td>
<td>HEPMA Phase 2</td>
<td>2017/18 Q4</td>
<td>On Target</td>
<td>01/04/15</td>
<td>30/03/18</td>
<td>Improvement Support</td>
<td>Medicines Team</td>
<td>Richard Brewster</td>
<td>Laura McIver</td>
<td>Laura McIver</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Death Certification Review Service</td>
<td>Ongoing</td>
<td>On Target</td>
<td>13/05/15</td>
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<td>Audit/Review Report</td>
<td>Death Certification</td>
<td>Rachel McArthur</td>
<td>Rachel McArthur</td>
<td>George Fernie</td>
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<td>Clinical Engagement Team</td>
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<td>Data Measurement and</td>
<td>Hospital Standardised Mortality Ratio</td>
<td>Hospital Standardised Mortality Ratio (HSMR)</td>
<td>2015/16 Q4</td>
<td>On Target</td>
<td>01/04/10</td>
<td>31/03/16</td>
<td>Improvement Support</td>
<td>Data Measurement</td>
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<td>Donald Morrison</td>
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<td>Business Intelligence</td>
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<td>31/03/17</td>
<td>Guidance</td>
<td>Data Measurement</td>
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<td>Standards and Indicators</td>
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<td>Clinical Directorate Total</td>
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<tr>
<td>Review of existing standards- Older People in Acute Care</td>
<td>2015/16 Q1</td>
<td>Complete</td>
<td>01/04/14</td>
<td>30/06/15</td>
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<td>Fiona Wardell, Karen Ritchie</td>
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<tr>
<td>Development of National Care Standards</td>
<td>2016/17 Q4</td>
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<td>01/04/15</td>
<td>31/03/17</td>
<td>Standards</td>
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<td>Ongoing</td>
<td>On Target</td>
<td>01/10/09</td>
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<td>Alastair McGown</td>
<td>Alastair McGown</td>
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<td>HEI and Independent Healthcare Total</td>
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<td>11/01/15</td>
<td>16/12/15</td>
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<td>Leslie Marr</td>
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<tr>
<td>Scoping the development of standards and self assessment for General Medical Practices</td>
<td>2015/16 Q4</td>
<td>On Target</td>
<td>08/07/15</td>
<td>31/03/17</td>
<td>Improvement Support</td>
<td>Service Review</td>
<td>Steven Wilson</td>
<td>Steven Wilson</td>
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<tr>
<td>Quality of Care Reviews</td>
<td>2015/16 Q4</td>
<td>On Target</td>
<td>01/04/15</td>
<td>31/03/16</td>
<td>Inspection Reports</td>
<td>Service Review</td>
<td>Jane Byrne</td>
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<td>Robbie Pearson</td>
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<td>2015/16 Q4</td>
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<td>01/04/15</td>
<td>31/03/16</td>
<td>Not Set</td>
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<td>2015/16 Q4</td>
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<td>02/06/14</td>
<td>31/03/16</td>
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<td>Service Review</td>
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<td>Scrutiny of Prisoner Healthcare</td>
<td>Ongoing</td>
<td>On Target</td>
<td>02/04/12</td>
<td>Inspection Reports</td>
<td>HEI and Independent Healthcare</td>
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<td>Jacqui Macrae</td>
<td>Jacqui Macrae</td>
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<td>Management of Controlled Drugs (Governance)</td>
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<td>On Target</td>
<td>01/04/12</td>
<td>Audit/Review Report</td>
<td>Supporting Good Clinical Practice</td>
<td>Nanisa Feilden</td>
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<td><strong>Quality of Care</strong></td>
<td><strong>Service Review</strong></td>
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<td>Joint Inspection of Adult Services</td>
<td>2019/20</td>
<td>On Target</td>
<td>01/04/15</td>
<td>31/03/20</td>
<td>Inspection Reports</td>
<td>Quality of Care</td>
<td>Morag Kasmi</td>
<td>Jacqui Macrae</td>
<td>Jacqui Macrae</td>
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<td>Multi agency Inspection of children's services</td>
<td>2019/20</td>
<td>On Target</td>
<td>01/04/15</td>
<td>31/03/20</td>
<td>Inspection Reports</td>
<td>Quality of Care</td>
<td>Morag Kasmi</td>
<td>Jacqui Macrae</td>
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<td>Inspections of services for older people in acute hospitals (OPAH)</td>
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<td>On Target</td>
<td>01/04/12</td>
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<td>Inspection Reports</td>
<td>Quality of Care</td>
<td>Ian Smith</td>
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<tr>
<td>Sudden Unexpected Death in Infants</td>
<td>2015/16 Q4</td>
<td>On Target</td>
<td>02/04/12</td>
<td>31/03/16</td>
<td>Audit/Review Report</td>
<td>Service Review</td>
<td>Leslie Marr</td>
<td>Leslie Marr</td>
<td>Robbie Pearson</td>
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<td>Assessment of referral from National Confidential Alert Line (NCAL) and concerns passed to HIS under the Public Information Disclosure Act (PIDA)</td>
<td>2015/16 Q4</td>
<td>On Target</td>
<td>01/04/14</td>
<td>31/03/16</td>
<td>Audit/Review Report</td>
<td>Service Review</td>
<td>Mark Aggleton</td>
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<tr>
<td>Suicide Reporting and Learning System</td>
<td>2016/17 Q3</td>
<td>On Target</td>
<td>01/04/08</td>
<td>31/03/17</td>
<td>Improvement Support</td>
<td>Service Review</td>
<td>Anna Wimberley</td>
<td>Jenny Long</td>
<td>Jenny Long</td>
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<tr>
<td>Assurance and scrutiny of national screening programmes</td>
<td>2017/18 Q4</td>
<td>On Target</td>
<td>01/04/14</td>
<td>31/03/18</td>
<td>Audit/Review Report</td>
<td>Service Review</td>
<td>Belinda Henshaw</td>
<td>Robbie Pearson</td>
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<tr>
<td>Scoping the Development of Guidance for Patients with Multi-Morbidities</td>
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<td>15/04/15</td>
<td>31/03/16</td>
<td>Guidance</td>
<td>Service Review</td>
<td>Robbie Pearson</td>
<td>Jacqui Macrae</td>
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<td>People with Dementia living in NHS Care</td>
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<td>Service Review</td>
<td>Jacqui Macrae</td>
<td>Jacqui Macrae</td>
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<td>Learning Disabilities</td>
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<td>Service Review</td>
<td>Jane Byrne</td>
<td>Jane Byrne</td>
<td>Jane Byrne</td>
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<tr>
<td><strong>Sharing Intelligence to Support Scrutiny</strong></td>
<td>Ongoing</td>
<td>On Target</td>
<td>04/08/14</td>
<td>Process Documentation</td>
<td>Service Review</td>
<td>Alan Ketchen</td>
<td>Steven Wilson</td>
<td>Steven Wilson</td>
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<tr>
<td><strong>National approach to learning from adverse events</strong></td>
<td>Ongoing</td>
<td>On Target</td>
<td>03/09/12</td>
<td>Improvement Support</td>
<td>Service Review</td>
<td>Leanne Hamilton</td>
<td>Jenny Long</td>
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**Service Review Total**

<table>
<thead>
<tr>
<th>Supporting Good Clinical Practice</th>
<th>Death Certification</th>
<th>2015/16 Q1</th>
<th>Complete</th>
<th>01/09/11</th>
<th>17/07/15</th>
<th>Audit/Review Report</th>
<th>Supporting Good Clinical Practice</th>
<th>Jane Byrne</th>
<th>Jane Byrne</th>
<th>Robbie Pearson</th>
</tr>
</thead>
<tbody>
<tr>
<td>Human Tissue Bank Accreditation</td>
<td>Ongoing</td>
<td>On Target</td>
<td>01/04/12</td>
<td>Audit/Review Report</td>
<td>Supporting Good Clinical Practice</td>
<td>Sharon Baillie</td>
<td>Sharon Baillie</td>
<td>Steven Wilson</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Supporting Good Clinical Practice Total**

| Scrutiny and Assurance Total | 2 |

| Grand Total | 89 |
8.0 Human Resources Summary

Sickness Absence Rate

8.1 Monthly & rolling annual reporting periods to March 2016*
*The latest ISD/Scottish Government absence rates available for our Board are shown, which are typically released a month in arrears (to allow for full recording of absence). The latest released figures are shown along with HIS ranking compared to other boards and the HEAT standard measure.

<table>
<thead>
<tr>
<th></th>
<th>Dec-15</th>
<th>Jan-16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly Sickness Absence</td>
<td>3.78%</td>
<td>2.75%</td>
</tr>
<tr>
<td>Ranking of HIS in comparison to other 22 Boards</td>
<td>Low (20/22)</td>
<td>Low (21/22)</td>
</tr>
<tr>
<td>Annual Sickness Absence</td>
<td>3.46%</td>
<td>3.35%</td>
</tr>
<tr>
<td>Ranking of HIS in comparison to other 22 Boards</td>
<td>Low (20/22)</td>
<td>Low (21/22)</td>
</tr>
<tr>
<td>HEAT Standard</td>
<td>4%</td>
<td>4%</td>
</tr>
</tbody>
</table>

8.2 Performance and Development Review Activity

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

Reporting period 1 April – 29th February 2016

<table>
<thead>
<tr>
<th>No. of AfC Staff *</th>
<th>330</th>
</tr>
</thead>
</table>
| No. of PDRs Completed | 279  
  (84.5% of all AfC staff & 100.0% of those due to have a full review) |
| No. of PDRs Recorded on e-KSF | 256  
  (77.6% of all AfC staff & 91.8% of those due to have a full review) |

* NB: of the 330 staff, only 279 are due to have a full review. This is because the other 51 staff members have either joined the organisation within the last twelve months, changed job role in the last twelve months, are on secondment or have been off work for an extended period due to sickness or maternity leave.

8.3 KSF Outline Status 29th February 2016

<table>
<thead>
<tr>
<th>Total No. of AfC Posts Required</th>
<th>120</th>
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<tbody>
<tr>
<td>No. of Approved KSF Post Outlines</td>
<td>109 (90.3%)</td>
</tr>
<tr>
<td>No. of Outstanding KSF Post Outlines</td>
<td>11 (9.7%)</td>
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</tbody>
</table>
### Appendix 1

2015-16 Projects delivered – (to 29 February 2016)

<table>
<thead>
<tr>
<th>Directorate</th>
<th>Function</th>
<th>Project</th>
<th>Output</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evidence</td>
<td>Knowledge and information</td>
<td>Review of existing standards – Older People in Acute Care</td>
<td>Standards</td>
</tr>
<tr>
<td>Safety and Improvement</td>
<td>Implementation and Improvement</td>
<td>Building a QI Infrastructure – Phase 1</td>
<td>Improvement Support</td>
</tr>
<tr>
<td>Scrutiny &amp; Assurance</td>
<td>Supporting good clinical practice</td>
<td>Death Certification – Phase 1</td>
<td>Audit/Review/Report</td>
</tr>
<tr>
<td>Finance &amp; Corporate Services</td>
<td>Planning &amp; Performance Management</td>
<td>Corporate Plan</td>
<td>Policy &amp; Strategy</td>
</tr>
<tr>
<td>Finance &amp; Corporate Services</td>
<td>Human Resource</td>
<td>Workforce Plan</td>
<td>Annual/Corporate Report</td>
</tr>
<tr>
<td>Finance &amp; Corporate Services</td>
<td>Planning &amp; Performance Management</td>
<td>Sustainability Development Action Plan</td>
<td>Policy &amp; Strategy</td>
</tr>
<tr>
<td>Safety and Improvement</td>
<td>Planned Improvement Programmes</td>
<td>Primary Care Out of Hours Quality Indicators - Improvement Support (Phase 2)</td>
<td>Improvement Support</td>
</tr>
<tr>
<td>Evidence</td>
<td>SIGN Guidelines</td>
<td>DECIDE</td>
<td>Guidance</td>
</tr>
<tr>
<td>Scrutiny &amp; Assurance</td>
<td>Supporting good clinical practice</td>
<td>Medical Revalidation</td>
<td>Audit/Review/Report</td>
</tr>
<tr>
<td>Safety and Improvement</td>
<td>Safety in Healthcare</td>
<td>SPSP Acute Adult Programme</td>
<td>Improvement Support</td>
</tr>
<tr>
<td>Finance &amp; Corporate Services</td>
<td>Finance</td>
<td>Delivering our savings targets</td>
<td>Annual/Corporate Report</td>
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</table>
1. Purpose of the report

To seek the views of the Board on the key opportunities and challenges for Healthcare Improvement Scotland resulting from the 2015 Review of Public Health in Scotland.

2. Key Points

The Review of Public Health in Scotland, chaired by Dr Hamish Wilson, defined public health as ‘the science and art of promoting and protecting health and wellbeing, preventing ill health and prolonging life through the organised efforts of society’. The review identified the need for public health to be clearer about its priorities and delivered in a more coherent manner, in the light of the changing organisational context. At the same time, there is a need to give highest priority to prevention to address major public health challenges. The review additionally comments on activities which underpin improvements in health services, including quality planning and screening services, which reflect closely the remit of HIS. The Executive summary of the report is provided in Appendix 1.

The review made a number of recommendations:

- Further work to review and rationalise organisational arrangements for public health in Scotland, including an enhanced role for public health specialists within Community Planning Partnerships (CPPs) and Integration Joint Boards (IJBs) and clarification and strengthening of the role of the Directors of Public Health;

- The development of a national public health strategy and clear priorities;

- Supporting more coherent action and a stronger public health voice in Scotland;

- Achieving greater coordination of academic public health, prioritising the application of evidence to policy and practice, and responding to technological developments;

- Planned development of the public health workforce and a structured approach to utilising the wider workforce.

Although HIS does not have a formal specific remit for public health, there are a number of implications of the report for our work, relating both to the major public health challenges identified and also in response to the recommendations and how we may work effectively in partnership with other organisations to address the recommendations. The proposed public health strategy should provide the framework for priority activities, but at present the contribution HIS is able to make to the public health agenda is for discussion.
Implications for HIS

It is now increasingly important that HIS considers adoption of a much stronger approach to tackling major public health challenges. This in turn will necessitate a much greater focus in public health.

Addressing major public health challenges

The report identifies a number of key public health challenges: high levels of preventable mortality and morbidity; increases in overweight and obesity; persisting health inequalities across a range of outcomes; high levels of multi-morbidity; enduring social inequalities in mental health and marked inequalities in dental health. As a result of these, the challenge for Scotland is to increase the numbers of years people live in good health, by giving priority to prevention.

Prevention

At a strategic level, the Seven Contributions paper (Contribution 3) highlights the importance of supporting transition to a system focused on prevention, early intervention and promotion of positive outcomes. The programme of work currently associated with this contribution is wide ranging, but few programmes of work specifically call out primary prevention.

To date, work on primary prevention (prevention of a disease or injury before it ever occurs) has been largely limited within HIS to consideration of specific interventions within our evidence products, and our role in quality assurance of the national screening programmes. More recently, there has been recognition of the impact of multi-morbidity on the effectiveness of any guidance and the Evidence Directorate is considering how best to tailor our products in the light of this.

Work on secondary prevention (to reduce the impact of a disease or injury that has already occurred) is much more prevalent within HIS and covers areas such as the Scottish Safety Programme and the work of the Scottish Antimicrobial Prescribing Group.

Inequalities

There have been few specific projects to address inequalities across HIS, although an analysis of equality impacts is undertaken for all projects, processes and policies. It is increasingly recognised as an issue that we need to address the full spectrum of our work in a meaningful manner. For example, the purpose statement for the Improvement Hub now formally incorporates the need to seek to reduce inequalities, but this needs to be addressed more widely.

This is now the opportunity for HIS to develop a more structured approach when addressing major public health issues. Moving towards a more structured approach to support NHS Boards and Integration Authorities in addressing these issues is an obvious next step for HIS, either alone or in partnership with other organisations. This would, however, require reshaping of our current work.

Supporting more coherent action and a stronger public health voice in Scotland

The 2015 National Conversation demonstrated that people in Scotland are concerned about public health issues, including a greater focus on preventing illness and the importance of mental health. Through the work of Our Voice, the Scottish Health Council and HIS are ideally placed to support communities to highlight the importance of these issues to NHS Boards and Integration Authorities.
Prioritising the application of evidence to policy and practice, and responding to technological developments

The Review highlights the need for activities being done ‘once for Scotland’ to achieve greater efficiencies and reduce duplication of effort. It also called for more coordination to ensure that such work is relevant to priorities, clearly presented and for research to address the gap in translation of evidence into practice. It identified opportunities for greater collaboration between staff in national organisations and public health staff in territorial NHS Boards and local authorities on major public health topics such as the current work on anticipatory care planning. This would support local decision making by drawing on the range of expertise that exists in Scotland including specialist expertise in health economics, rapid evidence synthesis and data analysis that is available within HIS, but also within Health Scotland and a number of territorial boards. There is scope for better coordination/partnership working that we could contribute to, particularly around the improving health services topics that would deliver the ‘once for Scotland’ desire.

Opportunities in the form of more networking and learning events for public health staff from across the system would support making links between teams and areas of work. HIS staff have already been involved in such initiatives and this brings benefits to our staff.

3. Actions/Recommendations

HIS contributes to the public health agenda in Scotland in a number of ways, and there is now scope to improve coordination and prioritisation of this work to maximise its impact. The Board are therefore asked to discuss a number of areas:

- Should HIS be prioritising work to address major public health issues?
- If so, what effect might this have on our current work programme?
- Should there be a greater emphasis on recognising and addressing inequalities?
- Is there a need for a public health lead within HIS to take this agenda forward?
- In what areas of work would partnership with other organisations be most effective?

Appendix 1:


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

RISK

<table>
<thead>
<tr>
<th>Do the key points represent a risk to the organisation?</th>
<th>If yes, has a risk been raised on the Compass Risk Management System</th>
<th>If yes, provide the risk number, risk description and risk rating</th>
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A risk register would be developed if the HIS Board supports a refocus of the work programme to reflect public health issues

OTHER CONSIDERATIONS

<table>
<thead>
<tr>
<th>How do the key points relate to the Corporate Plan?</th>
<th>More focus on public health issues will have an impact on the corporate plan and the resulting work programme</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resource Implications</td>
<td>These will depend on the degree to which we refocus our activities</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>What engagement has been used to inform the work</th>
<th>The National Conversation has shown that people in Scotland support more emphasis on prevention</th>
</tr>
</thead>
<tbody>
<tr>
<td>What Equality and Diversity considerations relate to the work</td>
<td>Reducing inequalities is the major focus of this paper</td>
</tr>
</tbody>
</table>
Conclusions and Recommendations

1. This Review of Public Health in Scotland has identified the need for the function to be clearer about its priorities and delivered in a more coherent manner. The changing organisational context (including the clear emphasis on partnership and integration and the importance of community empowerment and engagement) has implications for how public health is organised and operates. Major public health challenges such as obesity, mental health problems and inactivity, together with the persistence of health inequalities, require a concerted population health response, achieved through the organised efforts of society. They cannot be addressed solely through treatment. The evidence received by the review group emphasised the cost-effectiveness of preventive approaches and a wide appetite for a more active public health effort in Scotland. The Review Group’s recommendations seek to support that through:

   a) Further work to review and rationalise organisational arrangements for public health in Scotland. This should explore greater use of national arrangements including for health protection;
   b) The development of a national public health strategy and clear priorities;
   c) Clarification and strengthening of the role of the Directors of Public Health (DsPH), individually and collectively;
   d) Supporting more coherent action and a stronger public health voice in Scotland;
   e) Achieving greater coordination of academic public health, prioritising the application of evidence to policy and practice, and responding to technological developments;
   f) An enhanced role for public health specialists within Community Planning Partnerships (CPPs) and Integrated Joint Boards (IJBs); and
   g) Planned development of the public health workforce and a structured approach to utilising the wider workforce.

2. The Executive Summary outlines the review process and key themes which inform these recommendations. These are expanded on in the full report.

Public Health Review

3. The Public Health Review has been given a specific remit to examine public health systems and functions and their contribution to improving population health and reducing (health) inequalities. Ministers have asked for recommendations to seek to strengthen the contribution; maximise the effectiveness and efficiency; and ensure the responsiveness and resilience of the public health function in Scotland for the future.

4. The material described in the first part of this summary, and in Part 1 of the report, reflects the population health and policy analysis undertaken to ensure recommendations are made on the basis of a good understanding of public health. The second part of the summary, and Part 2 of the report, describe the key themes emerging from the engagement processes undertaken by the review (full report published separately at www.gov.scot/publichealthreview-analysisofresponses- engagementpaper), and the additional research evidence commissioned around the specific areas of public health leadership, partnership and workforce (summary report published separately at www.gov.scot/publichealthreviewresearchreport- keyfindings). Collectively this work reflects the review process and has been undertaken on behalf of the Review Group. The Group’s recommendations take account of all these strands of the review.
Population Health in Scotland

5. Good health is beneficial for individuals and families, and also strengthens capacity for participation in learning, employment, caring, and many other activities. In short, good health is a resource for society.

6. The population health challenge remains complex and persistent and current measures are not seen to be sufficiently accelerating improvement in the country’s public health:

- Life expectancy is increasing, but is not improving equally or improving to the levels seen in other Western European countries. Scotland continues to experience ‘excess’ mortality, even when deprivation is accounted for. There is no single explanation.

- The overall challenge is to increase the years of life that people in Scotland live in good health. Behaviours detrimental to health remain prevalent and the burden of disease is now with longer-term conditions and associated with lifestyle and economic and social circumstances. An increasing proportion of people live with multiple conditions including, in particular, concurrent physical and mental health conditions.

- The impact of the public health challenge is greater in the more deprived sections of the population than the more affluent. The importance of tackling poverty and inequalities is reiterated in this report given the clear links between social deprivation and poorer health outcomes. Greater equality in society is associated with better population outcomes on a range of domains. Scotland, like many countries, continues to see a stark difference in the life circumstances, experiences and outcomes of people in different groups. These differences are perpetuated across generations. The challenge of impacting on these inequalities has been identified as one of the top priorities for Local Government and Scottish Government.

7. Specific population health priorities in Scotland now encompass health inequalities with their social determinants, inactivity, nutrition, obesity, and poor mental wellbeing, concurrent with the demography of an ageing population. Solutions go beyond the direct control of public health and require work across complex systems, far beyond NHS and health boundaries, to influence wider agendas, policies and programmes, and these require new ways of working.

8. Addressing these challenges matters for individuals and communities as there is a significant burden of disease and suffering that is avoidable, especially among the less affluent, and having caring responsibilities can preclude carers from working or living full and meaningful lives. It matters for health and social care services and wider public services as the sustainability of services depends on improving population health. It matters for a flourishing and successful Scotland as a healthy working population contributes to sustainable economic growth.

9. In a number of areas of public health, both within the health sector and beyond, Scotland is recognised as being at the leading edge. In each case there has been bold, committed, leadership with local and national political support; effective partnership working; an applied evidence-base; clear accountability and monitoring
processes; a critical mass of effort and investment; and action at national, regional and local levels. Creating the conditions for similar success across the breadth of population health in Scotland is now the immediate task to enable effective responses to ongoing and emerging local, national and international challenges for the benefit of current and future generations.

10. At the centre of the public health endeavour is the core public health workforce, largely employed in the NHS in Territorial Health Boards and National Boards, but also within Local Authorities and Academia. Responsibility for public health action also rests with the wider NHS, with national and local governments, the pivotal role of CPPs and IJBs. The third sector, other public services, communities and the private sector make a major contribution, as does the wider workforce across the public sector and voluntary and community sectors. These are considerable organisational and people resources, but not all of the potential is currently being realised.

11. Public health supports the shift to prevention and to tackling the inequalities in our society with a wide-range of preventative approaches shown to be cost-effective. Given the significant and rising costs associated with ill-health, there is both an economic and health benefit from taking a public health approach.

12. The landscape of public sector reform provides new opportunities for Public Health to respond to both the persistent and the emerging challenges facing Scotland’s health. Responses to the engagement processes undertaken as part of this review indicate that the public health community in Scotland wants to be supported to capitalise on these opportunities.

**Public Health Review – Key Themes**

13. Some clear themes emerged from across the various sources - the material generated during the review from the engagement process supported by the research analysis and the population health and policy analysis. There were strong messages about the importance of both national and local perspectives and the need for greater coordination between these. The process highlighted the need for greater visibility and a clearer identity for the public health function. The challenges and opportunities for public health featured the need to respond more effectively to large-scale strategic challenges (such as the desired shift to prevention) and to focus more clearly on identified priorities. The desire for strengthened leadership from individuals and organisations was a reoccurring theme, including to increase impact in partnership areas including IJBs and CPPs. There was also clear support for the fundamental importance of effective partnership working as a prerequisite for better population health. The value of the existing workforce came through strongly, but the process also noted the changing nature of the workforce and the challenges of supporting and strengthening multi-disciplinary public health.

14. Many of the themes and issues are in fact interconnected. The main report presents these findings in more detail, with specific discussion on the key themes.

1. *Organisation* – the perception of there being a cluttered public health landscape; the need for greater efficiencies; more clarity on organisational roles; better links with Local Authorities and Community Planning; and taking forward those actions which could be categorised as ‘once for Scotland’ nationally.

2. *Strategy* – the need for a single, over-arching public health strategy for Scotland and clear priorities.
3. **Leadership** – the need for strengthened local and national leadership across the breadth of public health endeavour, including the role of Directors of Public Health (DsPH).

4. **Evidence** – the importance of data, information, intelligence, research and evidence as a basis for public health decision-making and action. **Partnership and collective responsibility** – the need for responsibility for public health to be shared widely across different organisations, sectors, communities and individuals to ensure we are able to address the determinants of population health, as well as particular health priorities. This includes Local Authorities and the third and voluntary sectors.

6. **Workforce** – the need to respond to the challenges associated with a dispersed workforce involving varied skills and professions to ensure a robust, resilient and competent workforce of the future, and that new talent can be attracted to the field of public health.

**Implementation**

15. Implementation of the recommendations in the report, and outlined at the start of this summary, will require an overarching implementation plan to ensure that all elements are taken forward as a subsequent phase of the public health review. Delivery of a future public health strategy will require the contribution and collaboration of many partners, recognising that responsibilities for addressing public health issues sit not only within the health sector but also with national and local governments; public, private and third sectors; and communities and individuals.
SUBJECT: Implementing Our Voice

1. Purpose of the report
   To provide the Board with an update on progress with the Our Voice framework.

2. Key Points

   Our Voice has now moved from scoping to implementation phase, and the Scottish Health Council are now developing the new framework, working collaboratively with other stakeholders.

   The Scottish Health Council has been commissioned to deliver key elements of the Our Voice Framework, but other elements remain with Scottish Government. One element is also being delivered by the Safety and Improvement Directorate of Healthcare Improvement Scotland.

   There are three levels to the framework:

1. The user / carer level - their personal interaction with services
2. The local community level
3. The national policy level

   The Scottish Health Council has been commissioned to deliver:
   - The Citizen Voice Hub
   - The Peer Network, and
   - Gathering and using people’s views about health and care services and policy to help drive improvement in policy and practice

   Healthcare Improvement Scotland has been commissioned to deliver:
   - improving services through responding to feedback

   An important point is that the Framework does not replace (or duplicate) the duty of health and social care organisations to engage with users, carers, communities and the wider public.

   The Our Voice framework will be informed by improvement approaches. It proposes tests of change at individual, local and national level that are intended to inform local and national decision making, add value to local planning processes, and build capacity in individuals and among communities to contribute in conversations about their care and support at the level they wish.

   We are currently in discussions with Scottish Government on the need for extra resourcing, and currently our expectations are that these will be in the region of £200k for the coming year. In the longer term a ‘taking stock review’ will examine the issue of resources to establish a more permanent structure of funding.
3. Actions/Recommendations

The Board is asked to note the attached report, and provide comment on the contents to help inform and build our shared understanding of the opportunities and challenges of this piece of work, and how Healthcare Improvement Scotland can best support this policy development.

Appendix 1: Implementing Our Voice

If you have any questions about this paper please contact Richard Norris, Director Scottish Health Council, richard.norris@scottishhealthcouncil.org 0141 241 6307

SUPPORTING INFORMATION

<table>
<thead>
<tr>
<th>RISK</th>
<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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<td>Yes</td>
<td>Yes</td>
<td>336 - There is a risk that the Our Voice framework will be delayed or not fully integrated due to problems involving timescales, unforeseen or new challenges in implementation, and stakeholder relationships and expectations, leading to perceived failure, loss of stakeholder support for a new system, and reputational damage. High - 16</td>
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OTHER CONSIDERATIONS

<table>
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<tr>
<th>How do the key points relate to the Corporate Plan?</th>
<th>This relates to our strategic purpose of empowering people, but will also relate to other aspects of the HIS work programme.</th>
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</thead>
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<tr>
<td>Resource Implications</td>
<td>This will entail a transfer/re-prioritisation of Scottish Health Council resource and extra funding from Scottish Government will be required.</td>
</tr>
<tr>
<td>What engagement has been used to inform the work.</td>
<td>This work has been based on extensive engagement across Scotland with a range of communities as well as past research into stakeholder views commissioned by the Scottish Health Council.</td>
</tr>
<tr>
<td>What Equality and Diversity considerations relate to the work.</td>
<td>A comprehensive equality impact assessment is being finalised, and we are working very closely with stakeholders from equalities groups to ensure that this work contributes to tackling inequalities.</td>
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</tbody>
</table>
Appendix 1  Implementing Our Voice

1. Introduction

This paper sets out:

- the background to development of the Our Voice framework
- the main elements of the framework
- the Scottish Health Council’s role in delivering key aspects of the framework, and
- Implications for the future role of the Scottish Health Council, given both the framework and the wider policy context.

2. Background

The Healthcare Quality Strategy (May 2010) highlighted the importance of person-centredness as one of the three key quality ambitions for NHS Scotland. This message has been reiterated through, for example, the 2020 Vision and Route Map to the 2020 Vision.

The issues of person-centred care, support to self-manage health, and the importance of taking a holistic approach to health and wellbeing were amongst the key themes emerging from people and communities who took part in the recent National Conversation on Creating a Healthier Scotland led by the Scottish Government. People also recognised the current pressures on the system and the need to set priorities for the future, welcoming opportunities for an open and honest debate involving all sectors of society.

Community engagement is also a guiding principle in health and social care integration legislation and policy. As integration authorities begin to operate fully for the first time from 1 April 2016, they will be required to effectively enable participation and involvement of the voice of lived experience at integration authority, strategic planning and locality planning levels.

The Community Empowerment Act also underscores the importance of participation with new community rights to request involvement.

The Our Voice framework represents a key means of achieving greater person-centredness by enabling purposeful engagement, and ensuring that gathering and acting on people’s views is seen as part of the core activity in services. This will be essential in achieving the transformation that is required in health and social care, and reflected in the Scottish Government’s National Clinical Strategy for Scotland.

In June 2014, the then Cabinet Secretary for Health and Wellbeing announced he wished to see a new system developed that could do more to “listen to, and promote, the voices of those we care for. We need the voices of our patients, those receiving care and their families, to be heard in a much clearer and stronger way.” The Cabinet Secretary said that that new proposals should be developed to support that.
The Scottish Health Council and Healthcare Improvement Scotland in partnership with key stakeholders including Scottish Government, COSLA (Convention of Scottish Local Authorities) and the ALLIANCE, undertook an extensive stakeholder engagement exercise that resulted in the development of a set of proposals for the Scottish Government’s consideration.

A Reference Group with a broad membership was set up to ensure that there was opportunity for deliberative reflection and engagement with service user and public representatives and other key stakeholders. The final proposals, supported by the Reference Group, were endorsed by the then Cabinet Secretary for Health and Wellbeing.

The Scottish Health Council subsequently received a commissioning request from Scottish Government to proceed with scoping and developing plans for implementing key elements of the Our Voice framework in partnership with stakeholders. Additional programme funding of £100,000 was provided to support this during 2015-16.

Our work in supporting delivery of the Our Voice framework is a key component of the first of Healthcare Improvement Scotland’s ‘Seven Contributions to Support Transformational Change in Health and Social Care in Scotland’:

“supporting person centred care, and empowering and enabling citizens to have a meaningful say in the design, planning and provision of health and social care services in Scotland”. This is a strategy that requires to be delivered across the range of Healthcare Improvement Scotland activities. Although the delivery of key elements of the Our Voice framework sits with the Scottish Health Council, the whole organisation requires to be involved in, and contribute to, this important and transformational policy development, which spans all seven of the Healthcare Improvement Scotland ‘contributions’.

For example the Our Voice framework will have significant potential in providing intelligence about public views and a channel for user/carer voices in assessing the future sustainability of services. The Citizens Hub can make a contribution in giving a national voice to assessment of service design through our quality of care reviews, and providing a sense of public values around evidence and priorities.

3. **Our Voice framework**

Our Voice is based on a vision that people who use health and care services, carers and the public will be able to engage purposefully at every level in health and social care, to continuously improve and transform services. People will be provided with feedback on the impact of their engagement, or a demonstration of how their views have been considered.

There are three essential levels:

4. The user / carer level - their personal interaction with services
5. The local community level
6. The national policy level
An important point is that the Framework does not replace (or duplicate) the duty of health and social care organisations to engage with users, carers, communities and the wider public. The Our Voice framework will be informed by improvement approaches. It proposes tests of change at individual, local and national level that are intended to inform local and national decision making, add value to local planning processes, and build capacity in individuals and among communities to contribute in conversations about their care and support at the level they wish.

3.1 Individual level – improving services through responding to feedback

At the individual user level, the framework will support health boards and integration partners to work together to develop systems for hearing and responding to feedback that are accessible, manageable for staff, and capable of being transferred across settings. Healthcare Improvement Scotland is leading on this work through its Person Centred Health and Care Programme.

Under this Programme, work is currently underway to test a range of methods and approaches for gaining a deeper understanding of people’s experiences of services at individual level across health and social care, and the impact of those services in supporting them to achieve their personal outcomes and live well. Healthcare Improvement Scotland is working with four NHS Boards and two integration authorities to develop and test systems for improvement activity, as part of its refocused programme of quality improvement support. For example, we have started work to test the experience based co-design approach in collaboration with other partners including North Lanarkshire Health and Care Partnership looking at improving experience of people attending Accident and Emergency who have mental health needs.

3.2 Local level – designing better services, and giving communities a stronger voice in that design

At local level, the framework is intended to complement and support the engagement mechanisms that local services have in place, or will develop, to ensure they are meeting their user and public involvement duties. The development of “peer networks” will support people to engage purposefully in local planning processes and to identify improvement opportunities. Guidance, tools and techniques will build people's capacity to get involved in, and to lead, local conversations. Particular support will be given to those whose voices are not always heard, and to develop local networks of people who are willing to get involved.

Through its 14 local offices, the Scottish Health Council will:
- provide advice and support to health and social care partners on engagement approaches, models and techniques
- gather information about engagement mechanisms and approaches and share practice with integration authorities across Scotland
- support the development of local peer and engagement networks working with communities and with integration authorities
- support the development of Peer Networks for ‘target specific’ groups such as Public Representatives on Integration Authorities and health and social care engagement leads
• build on existing relationships with seldom heard groups and work to promote equality and address discrimination through inclusive participation.
• provide training to deliver the Chest Heart & Stroke Scotland Voices Scotland programme
• build capacity for engagement with people and communities and provide support to get involved in health and care services
• gather views of local people to help shape and influence national initiatives.

Achievements to date include:
• supporting the development of health and social care engagement models for learning and sharing in Ayrshire & Arran, Dumfries & Galloway and Midlothian (December 2015)
• linking in and mapping other engagement structures emerging across Scotland (ongoing)
• bringing together patient, carer and third sector members of integration authorities who attended a broader Our Voice event to explore setting up a network for them
• organising an event for staff involved in supporting engagement across health and social care (March 2016)
• testing the development of other networks which bring together Patient Participation Groups in Grampian and in Lothian
• organising an event for young people to explore how they wish to be engaged (Ayrshire & Arran) and liaising through local schools in Argyll & Bute
• training materials developed for use with local communities and first round of training for Scottish Health Council and Alliance staff undertaken

Further work planned includes:
• local capacity building models are in place and being rolled out with 5 pilot sessions (June 2016)
• evidence of capacity building models, tools and techniques being used (December 2016)
• evidence of networking and network approaches in all areas (December 2016).

3.3 National level – gathering and using intelligence through the Citizens Voice Hub and Citizen Panel
At national level, the Citizens Voice Hub will tap into existing structures and networks, gathering intelligence on issues of concern and involving as wide a range of people as possible in improving services. Strategic gathering and analysis of people’s experience on topics of national interest will provide policy-makers and health and care providers with powerful evidence for improvement.

The Citizens Voice Hub operates in two key ways:

a) Gathering and using people’s views about health and care services and policy to help drive improvement in policy and practice
• The setting up within the Hub of a national Citizens’ Panel to survey a representative sample of the population (around 1,200 people) in Scotland on a range of priority issues, on an ongoing basis
• Exploring ways of making better use of existing data which captures people’s experiences of health and social care (including feedback mechanisms in place and research data) to identify common themes
• Testing other participatory approaches included in the Scottish Health Council’s Participation Toolkit, including Citizens’ Juries
• Signposting people to existing feedback mechanisms, such as the Patient Advice and Support Service (PASS), Patient Opinion Care Opinion
• Using people’s experiences of care as powerful and tangible evidence to inform those who plan and fund health and social care services
• Providing feedback to people on how their input has been used to close the loop.
• Support the engagement of communities in developing a better shared understanding in the area of service sustainability

b) Carrying out or supporting a broad mix of activities to help drive continuous improvement in engaging people and communities in health and social care services

• Conducting and co-ordinating research and evaluation to develop a sound basis for engagement
• Monitoring and influencing policy development
• Supporting the development and testing of innovative approaches including mechanisms for online engagement
• Testing approaches to recruiting and engaging with people from seldom heard groups
• Sharing good engagement practice through events, case studies, resources
• Bringing people together to collaborate and share knowledge and experience – either virtually or through traditional events
• Developing tools and guidance/standards for engagement.

Achievements to date include:
• First phase of the Hub website is now online at ourvoice.scot (December 2015).
• Scoping of online engagement tools completed (February 2016).
• Experiences of people who have used maternity and neonatal services gathered to inform national review (October 2015 to March 2016).
• Model for Citizens’ Panel agreed and commissioning process completed (March 2016).

Further work planned includes:
• The first national Citizens’ Panel will be recruited (June 2016)
• The Hub will develop processes to gather intelligence on issues of concern to people and to engage policy stakeholders in dialogue (June 2016). New and innovative approaches to involving the public in deliberating on national policy issues (including citizens’ juries and other forms of deliberative assembly) will be tested during 2016. The Hub will gather evidence of good practice and develop systems to share by the end of 2016.
3.4 Leadership Coalition – guiding development and implementation of the Our Voice framework
A Leadership Coalition is being established by Scottish Government to lead, direct and guide the development and implementation of the Our Voice framework. Its function is expected to evolve over time, to evaluating impact and maintaining momentum. The Coalition’s work will be supported and informed by the work of the Citizens Voice Hub. It will be convened by a member of the public, who is not currently or recently a healthcare professional. It will have a membership of up to 50 people, with the majority (around 35) being members of the public, especially those with direct experience of using health and care services and carers, and/or representatives from user and carer led organisations.

3.5 Partnership working with the ALLIANCE
The Scottish Health Council and the ALLIANCE have worked in partnership, with input from a range of key Our Voice delivery partners, to develop the initial stages of the Citizens Voice Hub and Peer Networks. It is anticipated that this partnership will continue to be developed moving forward, subject to resource requirements being met. Although different teams will lead on particular projects, there will be close collaboration across related work-streams.

4. Implications for the Scottish Health Council and Healthcare Improvement Scotland
The Scottish Health Council was established in 2005 to ‘support, ensure and monitor’ patient focus and public involvement activities by NHSScotland. The development of the Our Voice framework across healthcare and integrated services has meant that we have increasingly expanded our role, both in terms of gathering and presenting ‘public’ views, and working across health and social care. This trend is likely to continue, and in the longer term, the statutory role of the Scottish Health Council will need to be re-examined as part of a ‘taking stock’ review to also understand how best the Scottish Health Council can evolve its functions in the changing policy environment.

5. Governance and accountability
The Scottish Health Council’s work on Our Voice will be monitored and reported within the normal governance and accountability mechanisms of Healthcare Improvement Scotland, through the Scottish Health Council Committee.

Regular progress reports will also be produced for the Our Voice Development and Oversight Group and Leadership Coalition, both of which will play important roles in guiding the development of the Hub.
SUBJECT: Governance Committee Annual Reports 2015-16

1. Purpose of the report
   To provide Board members with the Governance Committee Annual Reports for the period 1 April 2015 - 31 March 2016.

2. Key Points
   - It is good governance practice for all Governance Committees to submit an Annual Report to the Board. The purpose is to assist the Board in conducting its review of the effectiveness of the organisation’s systems of internal control. The annual reports describe the outcomes from Committee business and provide assurance to the Board that the Committees have met their remit during the year. The Chairs of each of the Governance Committees have agreed the reports.

   - The following Governance Committee annual reports are attached for review:
     - Audit and Risk Committee
     - Quality Committee
     - Staff Governance Committee
     - Scottish Health Council Committee
     - Executive Remuneration Committee
     - Integrated Improvement Resource/Improvement Hub Committee

   - The Annual Reports for each Committee are attached and the Board is asked to note that the supporting appendices are not attached. The appendices cover the following categories and are available on request.
     1. Attendance schedule
     2. Business planning schedule
     3. Governance map
     4. Key areas of business arising from each meeting and reported to the Board

   - The Board may wish to consider the following common themes from the Committee annual reports:
     - Risk management - all committees except Executive Remuneration (no formal risks allocated) reviewed the relevant risks within their remit at each meeting. Both the Audit and Risk Committee and the Quality Committee discussed the risks associated with the Scottish Medicines Consortium.
     - Organisational change - the Staff Governance Committee, Quality Committee and Integrated Improvement Resource Committee reviewed the level of organisational change and expansion, in particular in relation to the new quality improvement resource and in relation to the organisational cost reduction programme in place during 2015-16. The need was noted for flexibility in these circumstances in relation to both staff and financial resources.
     - Internal Audit – the Audit and Risk Committee received all Internal Audit reports for review and maintained an oversight of the actions to address recommendations. In addition, the Staff Governance Committee received the Internal Audit reports that related to workforce matters.

3. Actions/Recommendations
   The Healthcare Improvement Scotland Board is asked to:
• Receive and approve the Governance Committee Annual Reports.

Appendix 1: Governance Committee Annual Reports 2015-16

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

SUPPORTING INFORMATION

RISK

<table>
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OTHER CONSIDERATIONS

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<tr>
<th>How do the key points relate to the Corporate Plan?</th>
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<tr>
<td>Resource Implications</td>
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<td>What engagement has been used to inform the work</td>
<td>Committee annual reports have been created in consultation with the Committee Chair, Lead Officer and committee members. The Internal Auditors were consulted on best practice for the standard content of annual reports.</td>
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<td>What Equality and Diversity considerations relate to the work.</td>
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AUDIT AND RISK COMMITTEE: Annual report

Introduction
In order to assist the Board in conducting a regular review of the effectiveness of the organisation's systems of internal control, it is good practice for Governance Committees to submit an annual report to the Board. The Annual Report describes the outcomes from the Committee during the year and provides assurance to the Board that the Committee has met its remit during the year.

This report is therefore submitted on behalf of the Audit and Risk Committee for the year 1 April 2015 to 31 March 2016.

Background
Briefly describe purpose and remit of this Committee

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.

Detailed terms of reference are contained within the Code of Corporate Governance.

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:

- the strategic processes for risk, control and governance and the Governance Statement;
- the accounting policies, the accounts, and the annual report of the organisation, including 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;
- the planned activity and results of both internal and external audit;
- the adequacy of management response to issues identified by audit activity, including external audit’s management letter/report;
- the effectiveness of the internal control environment;
- assurances relating to the corporate governance requirements for the organisation;
- proposals for tendering for either internal or external audit services or for purchase of non-audit services from contractors who provide audit services; and
- anti-fraud policies, whistle-blowing processes, and arrangements for special investigations.

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.
Reporting to the Board

The following appendices provide a summary of the work of the Committee during 2015-16:
Appendix 1 – attendance schedule
Appendix 2 - business planning schedule
Appendix 3 - Governance map
Appendix 4 – key areas of business arising from each meeting and reported to the Board

Summary of key outcomes in relation to purpose:

Outcomes in relation to each item of business are recorded in the full minutes of each meeting of the Committee. Among the principal outcomes this year were:

a) Oversight of the Annual Accounts process and Governance Statement to satisfy ourselves that the processes of internal control and financial management meet the required high standards.

b) Quarterly oversight of the organisation’s financial position and delivery of the stretching savings plan based largely on organisational change.

c) Quarterly review of the use of additional funding for Quality Improvement.

d) Reviewed the CLO advice regarding the functions and scope of Healthcare Improvement Scotland to ensure that the future strategic direction of the organisation is legitimate.

e) Reviewed the updated Code of Corporate Governance and recommended approval to the Board.

f) Reviewed and supported the refresh of the Risk Management Strategy including the revision of categories of risk and their associated appetites. Recommended risk appetites to the Board following work with the Board and Scott Moncrieff.

g) Reviewed the development of the Operating Framework between Healthcare Improvement Scotland and the Scottish Government.

h) Quarterly review of all non competitive tenders and pleased to note the reduction in the number of these transactions.

i) The Committee received updates regarding fraud prevention and the work of CFS.

Risks
(highlight any risks that need to be considered by the Committee)

During 2015-16 the Audit and Risk Committee reviewed at each of its meetings:

- all corporate risks
- all high and very high operational risks

In addition the following key points relating to risk management and specific risks were noted for consideration by the committee:

- Funding from Scottish Government
  The Committee spent a portion of each meeting reviewing the proportion of allocations which had been received from the Scottish Government. In addition to the recurring level of funding, there was an additional allocation of £2.5M for Improvement work. Whilst HIS was in the fortunate position of receiving monies, the piecemeal nature of the inflows was at times a cause for concern, making budgeting and scheduling of work irregular.

- Scottish Medicines Consortium
  The policy framework in Scotland has raised expectations that the changes to SMC processes will lead to more approvals for medicines for rare conditions and those used at end of life. This expectation and the level of additional work now undertaken by SMC have combined to create
pressure on the staff in this area which present potential risks to the organisation. The Committee recognises that staff are operating at full capacity and will keep a watching brief on SMC and the mitigation of risk.

**Recommendations: (consider purpose of committee in relation to key business and terms of reference) (include areas for improvement and what should be highlighted to the Board for its future operation)**

The Committee will continue to highlight areas of risk to the Board and if necessary request external written evidence.

We shall remain vigilant about monitoring the risks and issues relating to the Scottish Medicines Consortium.

**Conclusion: (include what worked well/not well)**

**Did the Audit and Risk Committee meet its remit for the year 1 April 2015 to 31 March 2016?**

Yes

Commentary:

A change in Board membership during 2015/16 and new members for the Audit & Risk committee provided an opportunity to reflect on how far HIS has come since its inception in 2011.

Part of this internal reflection included a refresh of the Risk Management Strategy, in which the whole Board participated. We were able to discuss where the organisation is now and the risks it currently faces.

One of these risk areas is Fraud, which we take extremely seriously as a Committee and Counter Fraud is a standing agenda item at each Committee meeting.

Cyber security is also an area of concern, given recent high profile attacks on public and private sector organisations. We plan to hold a board seminar on cyber security during 2016/17.

Internally, the financial position is more stable, although externally there were still concerns about the timings of allocations from the Scottish Government. Thankfully, these were resolved during the course of the year, but at time of writing HIS, will go into the new financial year without budget confirmation from the Scottish Government. This uncertainty makes planning of work and resources more difficult and we trust that it will be resolved during May.

The Committee will continue to actively monitor risks and provide constructive challenge, and report regularly to the Board.

**Sign-off details:**

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<th>Person responsible</th>
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<tr>
<td>Committee Chair:</td>
<td>Nicola Gallen</td>
<td>31/3/16</td>
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<td>Lead Director:</td>
<td>Angiolina Foster</td>
<td>31/3/16</td>
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<td>Lead Officer:</td>
<td>Maggie Waterston</td>
<td>31/3/16</td>
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QUALITYCOMMITTEE: Annual report

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<th>Committee:</th>
<th>Quality</th>
<th>Chair:</th>
<th>Dr Hamish Wilson</th>
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<td></td>
<td></td>
<td>Lead Director:</td>
<td>Angiolina Foster, Chief Executive</td>
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<td>Lead Officer:</td>
<td>Dr Sara Twaddle, Director of Evidence</td>
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**Introduction**

In order to assist the Board in conducting a regular review of the effectiveness of the organisation’s systems of internal control, it is good practice for Governance Committees to submit an annual report to the Board. The Annual Report describes the outcomes from the Committee during the year and provides assurance to the Board that the Committee has met its remit during the year.

This report is therefore submitted on behalf of the Quality Committee for the year 1 April 2015 to 31 March 2016.

**Background**

Briefly describe purpose and remit of this Committee

**Purpose**

The Committee will assure the Board that the organisation is focusing on the right priorities and delivering them to the highest quality.

The detailed Terms of Reference for the Quality Committee are available within the Code of Corporate Governance.

**Remit**

The Committee is responsible for oversight of the governance and assurance of the strategic fit of the work of the organisation with its Strategy: Driving Improvement in Healthcare 2014-2020. The committee is outcomes focused and provides appropriate clinical assurance.

**Duties**

The key duties of the committee are to assure:

- the strategic fit of new work into the organisation and the required focus of existing work
- the quality of strategically and / or operationally significant areas of work
- the governance and internal alignment of the work of the Scottish Medicines Consortium (SMC), the Scottish Health Technologies Group (SHTG) and the Scottish Intercollegiate Guidelines Network (SIGN)
Reporting to the Board

- The Committee reports to Healthcare Improvement Scotland Board
- The Committee provides a summary report to each meeting of the board (3 key points)
- Following a meeting of the Committee, the approved minutes of that meeting are presented at the next Healthcare Improvement Scotland Board meeting.

The following appendices provide a summary of the work of the Committee during 2015-2016.

Appendix 1 – attendance schedule
Appendix 2 - business planning schedule – a report of the business conducted
Appendix 3 - Governance map - aligned to the business planning scheduled provided as Appendix 2 and provides an overview of the committee business.
Appendix 4 – key areas of business arising from each meeting (3 key points) and reported to the Board.

Summary of key outcomes in relation to purpose:

Outcomes in relation to each item of business are recorded in the full minutes of each meeting of the Committee. Among the principal outcomes this year were:

- Quarterly detailed oversight of the local delivery plan (LDP) delivery report to ensure that the work of the organisation is consistent with its strategy
- Quarterly oversight of reports from the three technology groups to assure the governance and alignment of their work
- Consideration of the plans for Quality of Care reviews and the response from the Delivery Group to the consultation
- Advice on the direction of travel for the new Information Strategy to ensure cohesion and alignment of all information related activities, prior to its consideration by the HIS Board
- Consideration of the new arrangements for the governance of the integrated improvement resource, including the synergies with the work of the Quality Committee
- Advice on the focus of the work underway to develop a Primary Care Strategy to ensure that it identifies areas of work which may have the greatest impact
- Advice on the revised Strategic Delivery Plan for Research to ensure that it fully reflects the needs of the organisation that uses research, but is not a research organisation
- Review of a number of evaluation and after action reports and the planned implementation of the recommendations made

Risks

(highlight any risks that need to be considered by the Committee)

During 2015-2016 the Quality Committee reviewed at each of its meetings:

- all corporate risks related to committee remit
- All high and very high operational risks related to committee remit

In addition the following key points relating to risk management and specific risks were noted for consideration by the Committee:

- The Committee gave detailed consideration to the risks associated with SMC prior to their consideration by the full HIS Board
- The Committee noted that there is a need for Directors and managers to ensure that risks are consistently scored across all programmes of work
Recommendations: (consider purpose of committee in relation to key business and terms of reference) (include areas for improvement and what should be highlighted to the Board for its future operation)

What has worked well:

- The Committee has benefitted from the inclusion of the Chairs of the three technology groups as attendees at the meetings, as they provide an external clinical view of the totality of the work of the Committee, as well as offering detailed insight into their own areas.
- The detailed consideration of the LDP delivery report had led to a reduction in the number of individual papers received by the committee on individual pieces of work.

What could be improved:

- Further refinement of the agenda and routinely collected monitoring information to ensure that the Committee is able to focus on its key duties.

Future aspirations:

- To ensure that the Committee is able to offer assurance to the HIS Board that all work undertaken is aligned with its strategic direction and of high quality and makes a demonstrable contribution to the 9 health and wellbeing outcomes for Scotland.

Conclusion:

Did the Quality Committee meet its remit for the year 1 April 2015 to 31 March 2016?

Yes

Commentary:

The Committee has been actively working to develop its role during 2015/16. A conscious effort has been made to reduce the burden of reporting by increasing its consideration of the LDP delivery report and encouraging managers to use this as the major source of information for the Committee. This has been largely successful, but requires further refinement. Discussions are underway to develop the format of the committee meetings, focusing on the contribution pieces of work make to achieving HIS' strategic aims and ultimately on the 9 health and wellbeing outcomes.

The formal governance role of the Quality Committee for the three technology groups has been successful in further integrating their work into HIS and the inclusion of the chairs at meetings has provided a useful external view of aspects of HIS' work.

HIS' work continues to expand at a high rate and the Committee needs to ensure that it can balance the need for sufficient detail on individual projects and programmes of work, with the need to address the breadth of its work.

Sign-off details:

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<th>Person responsible</th>
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<tr>
<td>Committee Chair:</td>
<td>Dr Hamish Wilson</td>
<td>31/3/16</td>
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<tr>
<td>Lead Director:</td>
<td>Angiolina Foster/Robbie Pearson</td>
<td>31/3/16</td>
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<tr>
<td>Lead Officer:</td>
<td>Dr Sara Twaddle</td>
<td>31/3/16</td>
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STAFF GOVERNANCE COMMITTEE: Annual report

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<tr>
<th>Committee: Staff Governance</th>
<th>Chair: Duncan Service</th>
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<tr>
<td>Lead Director: Maggie Waterston</td>
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<td>Lead Officers: Tony McGowan, Anne Lumsden</td>
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Introduction

In order to assist the Board in conducting a regular review of the effectiveness of the organisation’s systems of internal control, it is good practice for Governance Committees to submit an annual report to the Board. The Annual Report describes the outcomes from the Committee during the year and provides assurance to the Board that the Committee has met its remit during the year.

This report is therefore submitted on behalf of the Staff Governance Committee for the year 1 April 2015 to 31 March 2016.

Background

Briefly describe purpose and remit of this Committee

Purpose

The Committee shall hold the organisation to account in terms of meeting the requirements of the NHS Scotland Staff Governance Standard (the Standard).

Detailed terms of reference are contained within the Code of Corporate Governance

Remit

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.

Duties

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.

The Governance map (Appendix 3) provides an overview of the committee business as well as the identification of gaps against its terms of reference. The map is aligned to the business planning schedule provided as Appendix 2.
Reporting to the Board

- The Committee reports to Healthcare Improvement Scotland Board
- Following a meeting of the Committee, the approved minute of that meeting is presented at the next Healthcare Improvement Scotland Board meeting.
- The Committee should annually and within three months of the start of the financial year provide a work plan detailing the work to be taken forward by the Committee
- The Committee produces an annual report for presentation to Healthcare Improvement Scotland Board. The annual report describes the outcomes from the Committee during the year and provides assurance to the Board that the Committee has met its remit during the year.

The following appendices provide a summary of the work of the Committee during 2015-16:
Appendix 1 – attendance schedule
Appendix 2 - business planning schedule
Appendix 3 - Governance map
Appendix 4 – key areas of business arising from each meeting and reported to the Board

Summary of key outcomes in relation to purpose:

Outcomes in relation to each item of business are recorded in the full minutes of each meeting of the Committee. Among the principal outcomes this year were:

- Establishment and oversight of three-year Staff Governance Action Plan to satisfy ourselves that the organisation is meeting its commitments in relation to the Staff Governance Standard.
- Quarterly oversight of the completion rate on Performance Development and Reviews (99.6%) that ensure effective performance management, celebration of successes, and focus on development needs across the organisation.
- Oversight of organisational change impact on workforce, with quarterly updates on supportive interventions such as delivery of emotional aspect of change and careers in transition training in partnership with NHS National Services Scotland, and updates on voluntary redundancy and premature retirement take up.
- Reviewed internal audit report relating to workforce management and appraisal with recommendations being implemented.
- Reviewed internal audit report relating to internal communications with recommendations being implemented.
- Reviewed progress with iMatter roll out monitored via Board reporting on a quarterly basis.
- Received Staff Survey results showing year-on-year improvement on a variety of issues of importance to the workforce.
- Received feedback relating to the October 2015 all-staff event which was successfully held and brought all employees together to share awareness of organisational priorities, successes, and to establish new networking opportunities.

Risks
(highlight any risks that need to be considered by the Committee)

During 2015-16 the Staff Governance Committee reviewed at each of its meetings:

all corporate risks related to committee remit
all high and very high operational risks related to committee remit
In addition the following key points relating to risk management and specific risks were noted for consideration by the committee:

- Workforce capacity and capability issues with respect to service redesign – the Staff Governance Committee was able to discuss themes relating to this via reporting from the Change Management Board in terms of specific changes
- The need to develop a flexible workforce approach – this is currently being addressed by the Change Management Board

**Recommendations: (consider purpose of committee in relation to key business and terms of reference) (include areas for improvement and what should be highlighted to the Board for its future operation)**

- An area for improvement is to refine the reporting of progress against the Workforce Plan. This requires the Workforce Plan to be presented in a way that more readily gives details of outcomes, measures and timescales related to critical workforce priorities.
- Consideration of at least two Staff Governance Committee Development Sessions per year in order to promote ideas for improvement and provide opportunity for deeper insight into identified workforce priorities (e.g. flexible resourcing, workforce policy, workforce data measurement & intelligence).
- The organisation continues to have a high response rates with the national Staff Survey and with iMatter. Issues from the 2015/16 Staff Survey were highlighted to the Committee in March 2016, and these will directly inform any necessary revisions to our three-year Staff Governance Action Plan. At this time, it is recommended that the outcome measures related to each action are reviewed to ensure continued relevance, which will in turn support exception reporting.

**Conclusion: (include what worked well/not well)**

**Did the Staff Governance Committee meet its remit for the year 1 April 2015 to 31 March 2016?**

Yes

**Commentary:**

- The organisation agreed and established a three-year Staff Governance Action Plan and reported against this throughout 2015/16. The Staff Governance Action Plan contains specific actions relating to all parts of the Staff Governance Standard, and prioritised in line with elements flagged through the 2014 Staff Survey.

- The integrated planning approach used to inform the 2015/16 Workforce Plan ensured the production of a more detailed & relevant document that was referenced throughout the year by a variety of audiences, including the Staff Governance Committee.

- A Change Management Board has been established in Partnership to have oversight of all organisational change activities within Healthcare Improvement Scotland, and the Staff Governance Committee receives an update on progress at each of its meetings. This supports the Staff Governance Committee’s remit relating to ensuring effectively managing staff through change.

- The Staff Governance Committee received assurance regarding the organisational approach and practice with respect to workforce management and appraisal and internal communications via respective internal audit reports. All highlighted recommendations are being implemented in line with agreed timescales.
The Staff Governance Committee also ensured that oversight of Healthcare Improvement Scotland’s approach to the Staff Governance Standard was being maintained via the annual information return to the Scottish Government, the feedback from which was favourable.

**Sign-off details:**

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<th>Person responsible</th>
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<tr>
<td><strong>Committee Chair:</strong></td>
<td>Duncan Service</td>
<td>14/04/16</td>
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<tr>
<td><strong>Lead Director:</strong></td>
<td>Margaret Waterston</td>
<td>14/04/16</td>
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<td><strong>Lead Officer:</strong></td>
<td>Anthony McGowan</td>
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<tr>
<td><strong>Lead Officer:</strong></td>
<td>Anne Lumsden</td>
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Scottish Health Council Committee: Annual report

Committee: Scottish Health Council
Chair: Pam Whittle
Lead Director: Richard Norris
Lead Officer: Sandra McDougall

Introduction

In order to assist the Board in conducting a regular review of the effectiveness of the organisation’s systems of internal control, it is good practice for Governance Committees to submit an annual report to the Board. The Annual Report describes the outcomes from the Committee during the year and provides assurance to the Board that the Committee has met its remit during the year.

This report is therefore submitted on behalf of the Scottish Health Council Committee for the year 1 April 2015 to 31 March 2016.

Background

Briefly describe purpose and remit of this Committee

Purpose

The main purpose of the Scottish Health Council as currently set out in the Code of Corporate Governance and in statutory legislation is to support, ensure and monitor NHS Boards’ activities regarding patient focus and public involvement. In addition its purpose, as set out in the Code of Corporate Governance, is to support and ensure Healthcare Improvement Scotland meets its duties in respect of patient focus, public involvement, equalities (excluding staff governance), and user focus as well as contributing to the development of person centred services in NHS Scotland.

Remit

The remit of the Council, as detailed in the Code of Corporate Governance, reflects the key activities for the committee including approval, oversight and reviewing performance of objectives, priorities, delivery and outcomes and approval of any reports or self-assessments to the Board of Healthcare Improvement Scotland on its Duty of User Focus.

Reporting to the Board

The following appendices provide a summary of the work of the Committee during 2015-16:
Appendix 1 – attendance schedule
Appendix 2- business planning schedule
Appendix 3 – key areas of business arising from each meeting as reported to the Healthcare Improvement Board

Summary of key outcomes in relation to purpose:

Outcomes in relation to each item of business are recorded in the full minutes of each meeting of the Committee. Among the principal outcomes this year were:
a) The development of Our Voice (initially referred to as Stronger Voice) and complimentary developments such as the Scottish Health Council’s ‘Gathering Public Views’ activities
b) Focusing on improving complaints and feedback within the NHS, in particular via Listening and Learning report follow up and the Participation standard mechanism.
c) An increasing focus on all NHS service change processes actively embracing public engagement processes.
d) The support given to the Scottish Medicines Consortium to develop its engagement with patients and the public.
e) The support given via the Volunteering Programme to the NHS across Scotland to ensure best practice in volunteering.

Risks
(highlight any risks that need to be considered by the Committee)

During 2015-16 the Scottish Health Council Committee reviewed at each of its meetings:
- all corporate risks/all corporate risks related to committee remit
- all high and very high operational risks/all high and very high operational risks related to committee remit

The following key areas were noted as key risks during the year:
- Clarity of remit, decision making and funding with regard to Our Voice development
- NHS service change issues within territorial boards including the lack of clarity about the Council’s remit in respect of Integration Joint Boards.

Recommendations: (consider purpose of committee in relation to key business and terms of reference) (include areas for improvement and what should be highlighted to the Board for its future operation)

The Council is keen to ensure that it is well-placed to respond to the:
- establishment of Integration Joint Boards,
- the rolling out of the ‘Our Voice’ framework

Following a process of review it will consider and make any recommendations to the Healthcare Improvement Scotland Board

Conclusion: (include what worked well/not well)

Did the Scottish Health Council Committee meet its remit for the year 1 April 2015 to 31 March 2016?

Yes

During the past year the Scottish Health Council has been reshaped with increased non-Healthcare Improvement Scotland Board member representation. The aim of strengthening the public perspective is particularly important as the ongoing development of Our Voice and the introduction of Integration Joint Boards is ongoing.
### Sign-off details:

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<tr>
<td>Committee Chair:</td>
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<td>18 April 2016</td>
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<tr>
<td>Lead Director:</td>
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<td>18 April 2016</td>
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<td>Lead Officer:</td>
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EXECUTIVE REMUNERATION COMMITTEE: Annual report

Committee: Executive Remuneration
Chair: Kathleen Preston

Lead Director:
Lead Officer:
Angiolina Foster
Anthony McGowan

Introduction
In order to assist the Board in conducting a regular review of the effectiveness of the organisation’s systems of internal control, it is good practice for Governance Committees to submit an annual report to the Board. The Annual Report describes the outcomes from the Committee during the year and provides assurance to the Board that the Committee has met its remit during the year.

This report is therefore submitted on behalf of the Executive Remuneration Committee for the year 1 April 2015 to 31 March 2016.

Background
Briefly describe purpose and remit of this Committee

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 and 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.

Detailed terms of reference are contained within the Code of Corporate Governance.
Remit

- Agree all terms and 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 and conditions before the start of the year in which performance is assessed. 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 Cohort terms and conditions recommended via the organisation’s established provisions.

Reporting to the Board

The following appendices provide a summary of the work of the Committee during 2015-16:
Appendix 1 – attendance schedule

Summary of key outcomes in relation to purpose:

Outcomes in relation to each item of business are recorded in the full minutes of each meeting of the Committee. Among the principal outcomes this year were:

- Executive and Senior Manager appraisals.
- Consideration of relevant Voluntary Redundancy and Early Retirement Application.
- Consideration of the proposal to create a Director of Nursing and Midwifery Post.
- Executive Remuneration Reporting.
- Changes to the scope of the Director of Improvement Support post and consideration of the potential impact on other executive posts.
- Support for the temporary transfer of the Chief Executive to NHS 24 on an interim basis and the required backfill arrangements at HIS: creation of an Interim Chief Executive post at HIS and recruitment on a secondment basis to the Director of Quality Assurance post.

Risks

(highlight any risks that need to be considered by the Committee)

During 2015-16 there were no formal risks raised to be considered by the Executive Remuneration Committee.
Recommendations: (consider purpose of committee in relation to key business and terms of reference) (include areas for improvement and what should be highlighted to the Board for its future operation)

During the course of 2015-16 it has become clear that two meetings per annum of the Executive Remuneration Committee are unlikely to be sufficient to keep pace with the changes that are occurring across the NHS in Scotland and with the growing remit of the organisation across public services. It has been agreed that quarterly meetings will be arranged in an attempt to remove the need for short notice meetings. We will report at the end of 2016-17 about whether or not this has been successful.

The different terms and conditions of the Executive Team could become problematic in terms of equity and this will be reviewed during 2016. In particular, the comparative arrangements between Agenda for Change and the Executive Cohort will be considered.

Conclusion: (include what worked well/not well)

Did the Executive Remuneration Committee meet its remit for the year 1 April 2015 to 31 March 2016?

Yes

Commentary:
The Executive Remuneration Committee was satisfied that the frequency of meetings, the breadth of the business undertaken and the range of attendees at meetings of the Committee during 2015/16 allowed us to fulfil our remit as detailed in the committee terms of reference within the Code of Corporate Governance, however would look to the recommendations above for 2016/17.

Sign-off details:

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<tr>
<td>Committee Chair:</td>
<td>Kathleen Preston</td>
<td>20/04/16</td>
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<tr>
<td>Lead Director:</td>
<td>Angiolina Foster</td>
<td>20/04/16</td>
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<tr>
<td>Lead Officer:</td>
<td>Anthony McGowan</td>
<td>20/04/16</td>
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INTEGRATED IMPROVEMENT RESOURCE COMMITTEE: Annual report

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<tr>
<th>Committee:</th>
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<tr>
<td>Chair:</td>
<td>Hamish Wilson</td>
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<td>Lead Director:</td>
<td>Angiolina Foster</td>
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<tr>
<td>Lead Officer:</td>
<td>Ruth Glassborow</td>
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Introduction

In order to assist the Board in conducting a regular review of the effectiveness of the organisation’s systems of internal control, it is good practice for Governance Committees to submit an annual report to the Board. The Annual Report describes the outcomes from the Committee during the year and provides assurance to the Board that the Committee has met its remit during the year.

This report is therefore submitted on behalf of the Integrated Improvement Resource Committee for the year 1 April 2015 to 31 March 2016. It has existed in “shadow form”, as agreed by the HIS Board, from November 2015. The Committee will be renamed the Improvement Hub (ihub) Committee from April 2016.

Background

Briefly describe purpose and remit of this Committee

Purpose of Improvement Hub

The Improvement Hub supports and facilitates Integration Authorities, Third Sector, Independent Sector, Housing and NHS Boards to jointly improve health and wellbeing outcomes for people, families and communities, whilst seeking to reduce inequalities through:

a) Supporting the development of cultures of continuous quality improvement so that every person working in health and social care is engaged in the work of improving their day to day practice

b) Supporting the work to design systems, services and processes which enable people to receive the right support and care, in the right place, at the right time whilst also reducing harm, waste, duplication, fragmentation and inappropriate variation.

We support improvement work across integrated health and social care services, and also provide a national improvement offering for NHS Boards. Therefore any services designed and delivered by public, third, independent and housing sector partners which come under the remit of either Integration Authorities and/or NHS Boards are within our potential remit. We relate to NHS Boards and Local Authorities equally on matters pertaining to the ‘integrated space’, we also have a wider role with NHS Boards as the national NHS improvement body.

We recognise that to deliver on the above we need to develop strong and effective partnership working with a wide range of other national organisations.

Remit of Improvement Hub Committee

The Improvement Hub committee shall be responsible for oversight of

a) the governance of the Improvement Hub
b) the strategic focus of the Improvement Hub
The Improvement Hub committee is responsible for considering, on the Board’s behalf, progress being made by the organisation to deliver effective improvement support and to manage any associated risks. The Board could commission this committee to scrutinise any work where further assurance is required. In particular, the Committee will assure:

- the Improvement Hub is focusing on the right priorities to effectively support health and social care services in their work to develop both cultures of continuous quality improvement and to transform/redesign pathways of care
- the strategic fit of new commissions for improvement support work
- the quality of strategically and/or operationally significant areas of work
- that effective partnership working is in place with other national organisations involved in supporting improvement across health and social care, including the Care Inspectorate, which has a statutory role to support improvement in social care (addition proposed to committee and in process of sign off).

The Committee will have a specific role in guiding the strategic direction of new work or re-crafting the strategic direction of existing work. This Committee will use the organisation’s decision making/development framework that is aligned with the strategy. The Committee will be outcomes focused and will provide appropriate clinical and care assurance.

The Chair of the Improvement Hub shall be a member of the Quality Committee.

### Reporting to the Board

- The Committee reports to the Healthcare Improvement Scotland Board
- The Committee provides a summary report (key points) to each meeting of the Board
- Following a meeting of the Committee, the approved minutes of the meeting are presented at the next Board meeting

The following appendix provides a summary of the work of the Committee during 2015-16:

#### Appendix 1 – key areas of business arising from each meeting and reported to the Board

### Summary of key outcomes in relation to purpose:

Outcomes in relation to each item of business are recorded in the full minutes of each meeting of the Committee. Among the principal outcomes this year were:

- Successful bringing together of the three organisations to form the integrated improvement resource (now ihub).
- Putting in place agreed terms of reference, scope and membership.
- Signing off a work plan for 2016/17 which builds on the priorities from the predecessor bodies and meets the initial requirements of the wide range of stakeholders.
- Overseeing the development of an Improvement Framework which draws the strengths of the different approaches used across JIT, HIS and QuEST under one cohesive framework. In doing this it supports those working in the Improvement Hub who may come from different backgrounds and with different skill sets to understand how their respective approaches align under a common approach.
- Initial work on a development programme for the Committee and its members.
### Risks
(highlight any risks that need to be considered by the Committee)

During 2015-16 the Integrated Improvement Resource Committee reviewed at each of its meetings:

- all corporate risks related to committee remit
- all high and very high operational risks related to committee remit

In addition the following key points relating to risk management and specific risks were noted for consideration by the committee:

- The potential impact of vacancies on the work plan and its delivery
- The need to have flexibility in the use of resources, both human and financial
- The variation in the stage of development reached by the various IJBs and the uncertainties surrounding their specific needs
- Transitioning the 2016-17 work programme to a robust and credible programme from 2017-18 onwards with agreed criteria and outcomes
- Demonstrating best value

### Recommendations: (consider purpose of committee in relation to key business and terms of reference) (include areas for improvement and what should be highlighted to the Board for its future operation)

- Important to ensure effective corporate functioning of the Committee as a key part of HIS
- Continuing development needs of the Committee as a whole and of individual members to ensure effective working.
- Ensure clarity of inter-relationship with the Quality Committee
- Developing future work plans which reflect more fully the policy agenda on community based and integrated care.
- Developing our “measures of success” for all programmes with a focus on outcomes reporting.
- Getting the balance right between planned and responsive work, with a view that over the next year we need to see a greater proportion of resources focused on responsive support.
- Getting the balance right between work focused on supporting improvements in specific aspects of care delivery and work focused on developing the capacity and capability of the system to lead and do the work of improvement, with a view that over the next year we need to see a greater proportion of resources focused on the later.
- At its heart, health and social care integration is about designing joined-up services around a person's circumstances and their personal outcomes, ensuring people experience the right care and support whatever their needs, at any point in their care journey. The ihub work programme needs to reflect this aspiration as, whilst improvement to Health services or to Social Care services is important in its own right, the reforms will not be a success unless they lead to improved integrated services.
Did the Integrated Improvement Resource Committee meet its remit for the year 1 April 2015 to 31 March 2016?

Yes

Commentary:

The Committee has been in existence for only four months and has been able to function well because of the commitment of the members (many of whom are new to the HIS ways of working) and the very significant contribution of the officers from the three organisations.

The work plan for 2016/17 is in place, building on previous priorities and beginning to demonstrate the added value of the new resource, as reflected also in the draft Improvement Framework.

Sign-off details:

<table>
<thead>
<tr>
<th>Person responsible</th>
<th>Signature</th>
<th>Date</th>
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<tbody>
<tr>
<td>Committee Chair:</td>
<td>Hamish Wilson</td>
<td>18/4/16</td>
</tr>
<tr>
<td>Lead Director:</td>
<td>Angiolina Foster</td>
<td>18/4/16</td>
</tr>
<tr>
<td>Lead Officer:</td>
<td>Ruth Glassborow</td>
<td>18/4/16</td>
</tr>
</tbody>
</table>
SUBJECT: Audit and Risk Committee Meeting, 16 March 2016: Key points

1. Purpose of the report
   This report provides the Healthcare Improvement Scotland Board with an update on key issues arising from the meeting of the Audit and Risk Committee on 16 March 2016.

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

   a) Draft Financial Plan 2016-19
      The draft financial plan had been substantially updated in the period between the Board Meeting in February and the ARC meeting in March. The Committee received a detailed update on the revised plan, noting that following conversations with the Scottish Government, clarity had been obtained on a number of items, meaning that the financial plan was now more robust. The Committee welcomed the revised plan, noting the increased baseline funding, the smaller proportion of non-recurring allocations, the proposed savings plan and the impact of recurring and non-recurring savings. This will be discussed in more detail at the Board Seminar at the end of March.

   b) Internal Audit Reports
      The Committee received Scott Moncrieff’s reports on Financial Systems and Performance Management and was pleased to note the positive reports. The Committee noted the recommendations and will continue to monitor the implementation of these and all audit actions.

   c) Annual Accounts Process
      The Committee reviewed the timetable for the annual accounts in June and requested that Committee members confirm their attendance at the Accounts Workshop and the Committee meeting so that both meetings will be quorate. PwC are completing their final year as external auditors and their replacement will be notified to HIS in the next few weeks. It was agreed that, as the external auditors are changing it would be prudent to extend Scott Moncrieff’s contract for a further 2 years to maintain continuity. The contract will then be recompeted in open competition during 2018.

Nicola Gallen
Committee Chair
MINUTES - Approved

Meeting of the Healthcare Improvement Scotland Audit & Risk Committee at 10.30 am
11 November 2015
MR 6A, Delta House, Glasgow

Present
Nicola Gallen  Chair
Pam Whittle  Board Member
Kathleen Preston  Board Member
George Black  Board Member

Healthcare Improvement Scotland Officers
Angiolina Foster  Chief Executive
Maggie Waterston  Director of Finance and Corporate Services
Ruth Glassborow  Director of Safety and Improvement (until 11.15am)
Robbie Pearson  Director of Scrutiny and Assurance
Richard Norris  Director of Scottish Health Council
Sara Twaddle  Director of Evidence

In Attendance
Chris Brown  Scott Moncrieff
David Eardley  Scott Moncrieff
Martin Pitt  PricewaterhouseCoopers
Pauline Symaniak  Corporate Governance Project Officer
Denise Coia  Chairman
Roberta James  Budget Holder
Jo Matthews  Head of Safety (deputising for the Director of Safety & Improvement)
Laura McIver  Chief Pharmaceutical Advisor (deputising for the Executive Clinical Director)

Apologies
Hamish Wilson  Board Member
Brian Robson  Executive Clinical Director

Committee Support
Christine Hill  Committee Secretary

ACTION

1. WELCOME AND APOLOGIES FOR ABSENCE

1.1 The Chair welcomed all present to the meeting, particular mention was given to those deputising for Directors and Roberta James, attending as a budget holder.

Due to another commitment, the Director of Safety & Improvement left the meeting at 11.15am. In order to accommodate this early departure, items 4.1 and 4.3 were brought forward on the agenda for discussion.

1.2 Apologies received from Hamish Wilson and Brian Robson.
2. **MINUTES OF PREVIOUS MEETING/ACTION REGISTER**

2.1 **Minute of Audit and Risk Committee meeting on 19 August 2015**
The minute of the meeting held on 19 August 2015 was approved as an accurate record.

2.2 **Review of action point register of Audit and Risk Committee meeting on 19 August 2015**
The Committee reviewed the action point register from the meeting on 19 August 2015 and noted the status report against each action and all forward planning actions.

The Committee advised that not all actions from the meeting on 19 August were noted on the action point register and the date was incorrect.

3. **COMMITTEE GOVERNANCE**

3.1 **Business Planning Schedule**
The business planning schedule was reviewed by the committee.

The Committee noted it was content with the schedule.

3.2 **Code of Corporate Governance**
The Committee received a movement schedule of changes made to the draft Code of Corporate Governance since it was last viewed by the Committee at the August meeting.

The Committee was asked to recommend to the Board the change to procurement limits for the Chief Executive and Director of Finance and Corporate Services which aligns them with the process for European tendering.

The Committee were content to note the revisions and to recommend approval by the Board at its meeting on 25 November 2015.

3.3 **HIS/Scottish Government: Corporate Governance Framework document**
The final version of the draft Operating Framework between Healthcare Improvement Scotland and the Scottish Government was discussed.

The Chief Executive advised that the operating framework between HIS and Scottish Government remained a working document and would be subject to change to reflect any future changes in our role, particularly around the integration of public services.

The Committee commented that the narrative in paragraph 31 should be reworded to clarify that all work commissions for the organisation should be known by the senior Executive Team and Board.

It was agreed that the document would be amended to reflect the comments received from the Committee.

The Committee was happy to endorse the document subject to the changes mentioned above.
3.4 **Audit & Risk Committee Annual Report**

The Committee received the first draft of the revised template for governance committee annual reports for 2015/16. The Committee was asked to review the outline draft provided.

The Committee concluded that this was a good first draft and suggested a minor amendment to move the statement that “the Committee has met its remit during the year” to the conclusion at the end of the document.

It was agreed that a draft report will be returned to the next meeting on 16 March 2016. This will be led by the Chair of the Audit and Risk Committee with the support of the Corporate Governance project Officer and the Director of Finance and Corporate Services.

4. **CORPORATE GOVERNANCE**

4.1 **Risk Management update: Corporate and operational risk registers**

**Risk Management update**

The Director of Finance and Corporate Services introduced the corporate and operational risk registers and provided the Committee with a background of the work that had been undertaken to date. The Committee was asked to note that an exercise is taking place across the organisation to review all of the corporate and operational risks on the Compass system to assess their relevance, wording and scoring. This review will be completed during the November cycle for updating the Compass system.

**Corporate Risk Register – Questions from the Committee**

**New Risk No 367 - Finance**
The Director of Finance & Corporate Services advised that the risks were reviewed on a regular basis and the organisation was in continued discussions with Scottish Government to mitigate the risk. The Committee agreed with the risk score.

**New Risk - Regulation of Independent Clinics**
The Director of Scrutiny & Assurance advised the Committee that this new risk represented a broader risk of the organisation being challenged over the outcome of an investigation. This could result in a loss of credibility with other stakeholders or legal action being taken against the organisation. The Committee noted the risk.

**New Risk – Incomplete Stakeholder Management Strategy**
The Chief Pharmaceutical Advisor advised the Committee that this work was incomplete due to ongoing discussions around allocations and resources. The Executive Clinical Director was working with Internal Audit to progress this work further. The Committee requested that an update report be returned to the next meeting on 16 March 2016.

**Operational Risk Register**

**Scottish Medicines Consortium (SMC) Risks**
The Director of Evidence advised the Committee that she would give a verbal update on the SMC risks to the Board at the meeting in February and apologised that she was unable to update the Committee today. She had discussed this matter...
separately with the Chair who accepted her apologies and commented that she understood the issues involved. The Committee looks forward to an update when this becomes available.

**Risk 2.20 – SPSP Programme Board**
The Director of Safety & Improvement advised the Committee that it has been agreed the risk will be split into two risks (risk no 216) and that work was ongoing to mitigate the risk.

**Risk 216 – SPSP Programme Board**
The Director of Safety & Improvement advised the Committee that progress on this work had been slower than expected and there had been slippage due to capacity issues within the team. Going forward a new evidence and evaluation team will be set up and will take forward this work. The risk score should be lower in the longer term.

**Risk No 79 - Older People in Acute Care (Phase 1)**
The Director of Safety & Improvement advised that this was not a new risk, but the score had increased to a high level. Due to the nature of the funding which is not recurrent, staff working on this project are fixed term and the organisation is unable to extend such contracts until confirmation around the work programme is received from Scottish Government. There is a risk to the work that the fixed term staff could leave the organisation for new roles. The Committee noted that discussions were underway with Scottish Government with a proposal to have the funding on a ring-fenced recurrent basis to mitigate this risk.

**Risk No 361 – Consolidation of Improvement Support across JIT/HIS and QUEST**
The Director of Safety & Improvement advised the Committee that this risk will remain high and additional resources for the work were being sourced.

**Risk No 327 – Death Certification Review Service**
The Chief Pharmaceutical Advisor advised the Committee that there was a revised budget and the Executive Clinical Director had raised the issue with Healthcare Improvement Scotland’s Human Resources Unit and Scottish Government. The Chief Executive advised the Committee that a solution to the problem had not yet been identified. It was agreed that, in order to be more specific, the wording for the risk should be amended to reflect the issue is around funding for the necessary clinicians. The Director of Finance & Corporate Services agreed to discuss this matter with Scottish Government finance colleagues at the quarterly review meeting.

**Risk No 336 – Our Voice**
The Director of the Scottish Health Council (SHC) provided an update for the benefit of the Committee. High level discussions with Scottish Government are ongoing, together with work which is underway with joint Boards to build a peer network. The SHC is only commissioned to undertake a proportion of the work and the risk was around the delivery element.

**Risk – Information Governance Strategy**
The Committee expressed concern that this was a new risk and if the scoring remained high it posed a substantial risk to the organisation as a whole. The Director of Evidence responded that duplicate risks have been removed in order to make the risks more explicit, there are three key tasks which explained why the
risk was appearing as a new one. She advised that the Information Governance Group meet every six weeks and work is currently underway in the records management process.

**Risks 72 and 74 – Joint Inspection of Adult Services**

The Director of Scrutiny & Assurance provided an update to the Committee. The risk score for no.74 had been lowered due to the redesign work on the approach to join inspections. Healthcare Improvement Scotland and the Care Inspectorate were in discussions at the moment with regards to a recent joint inspection.

**Risk Management Strategy**

The Committee was presented with a revised Risk Management Strategy for review and to consider the allocation of risk appetites to risk categories following the discussion at the Board seminar in August 2015.

**Table 5 – Risk Appetite**

The Committee agreed the following scoring:

- Operational – open
- Financial/value for money – cautious
- Reputational/credibility and Strategic – open
- Compliance/regulatory and Legal requirements – Minimalist – subject to review

It was agreed that the definitions should be amended and reworded to reflect that their function was to provide guidance rather than fixed definitions. All risk appetites can be revisited and reviewed at a later date.

The Director of Finance & Corporate Services advised the Committee that the revised Risk Management Strategy will be presented and reviewed at the Board meeting in November 2015.

**4.2 Information Governance**

The Committee was presented with an update against progress with the information governance strategy implementation, a summary of information incidents and requests, together with an overview of security measures to mitigate against cybercrime.

The Committee expressed concern at the risk posed to the organisation through a potential cyber attack. The Director of Finance & Corporate Services assured the Committee that some “systems penetration” testing had taken place.

The Committee was clear that this is an area of particular concern for them and it was agreed that this will be kept under review.

**4.3 Financial Performance Report to 30 September 2015**

The Director of Finance & Corporate Services provided the Committee with detail of the financial position as at 30 September 2015.

The following key points were noted by the Committee:
• Outstanding allocations from Scottish Government are still a cause for concern, however verbal and written confirmation of these monies had been received from Scottish Government. The Director of Finance & Corporate Services advised the Committee that this topic would be included within the discussions at the quarterly finance review with Scottish Government finance colleague. Savings targets are being met. Further analysis is taking place around pay savings and planning for next year is currently underway.
• The 7% vacancy savings target will be achieved.

The Committee requested the following information:

• Further information on the recent severance packages, particularly assurance that the agreed frameworks were being used and that no severance agreements were being reached without being approved through the agreed governance route. The Director of Finance & Corporate Services advised that a paper covering the work of the Change Management Board would be considered by the Board at its meeting in November. The paper would not include names of staff members. The Committee requested that the policy framework that has been agreed by governance committees be circulated to members as a reminder of the framework in which these decisions have been made.
• It was suggested that the budget remaining information in Table A should be made clearer.

**Quality Improvement (QI) Monies**
The Committee was provided with an update on the QI monies. The Director of Improvement & Safety advised the Committee that a full review of the monies will take place before a discussion with Scottish Government at the end of November to agree the potential for returning any under spend to them for 2015-16 and on the understanding that the organisation will require the full amount of £2.5m next financial year.

The Chief Executive advised the Committee that the organisation remained on track for the integration of QuEST and JIT to go ahead in April 2016. The level of engagement and team building had remained high, with some of the staff from QuEST and JIT attending the All Staff event on 28 October. The first Committee meeting of the Integrated Improvement Resource will take place on 24 November, 2015.

The Director of Finance & Corporate Services provided a verbal update on the financial position as at 31 October 2015 where the draft position is currently an over spend of £40k.

4.4 **Audit Scotland: NHS Financial Performance**

The Committee received the Audit Scotland’s annual report “NHS in Scotland 2015”.

The Committee discussed the performance of Boards against key targets.

The Chief Executive advised that this item and the role the organisation will play in assisting Boards with improvement will be included as part of the Board Development Session in November.
4.5 National Shared Services Update and Service Level Agreements

The Committee was provided with information about the re-orientation of the National Shared Services programme; the current and proposed involvement of Healthcare improvement Scotland, together with a summary of current service level arrangements agreed between the organisation and other Health Boards.

4.6 Non competitive Tender Log

The Committee noted the nil return.

5. INTERNAL AUDIT

5.1 Internal Audit Progress Report

The Committee received the Internal Audit Progress report providing a summary of the status of the 2015/16 Internal Audit Programme.

The Committee was content with the report.

5.2 Internal Audit Report Updates

The Committee received the following reports:

**Strategic & Directorate Planning**

Internal Audit commented that this report had been very positive with a clear link between vision and operational planning. However, more work was required to measure the impact of the organisation’s work. The Director of Finance & Corporate Services advised that work is underway with creating the outcomes evaluation framework to support measurement of the impact of our work as a dedicated resource has been allocated to this project.

The Committee noted the positive report.

**Workforce Management & Appraisals**

Internal Audit advised that the overall findings had been very positive and Performance Development Reviews had a high completion rate, especially in comparison to other organisations and NHS Boards. However, the measurement of progress with the workforce plan was informal and some further work was required to ensure that proper measures are in place.

The Committee noted the positive report and the significant progress that had been made in this work.

5.3 Audit Actions Follow-up Report

The Director of Finance & Corporate Services advised the Committee that actions from the Internal Audit reports would be added to the Audit Action follow-up report.

The Committee noted the contents of the report.
6. **EXTERNAL AUDIT**

6.1 **External Audit Report**

External Audit advised the Committee that Audit Scotland have issued their guidance for consultation 2015-16 will be the final year for PWC to Audit the annual accounts of Healthcare Improvement Scotland, as their tenure ends and Audit Scotland would advise of who would replace them in due course. The Committee thanked External Audit for the update.

7. **STANDING BUSINESS**

7.1 **Operational Plan Performance Management Report (July)**

The Committee received the LDP Performance Management Report (July) for noting.

The Committee noted that sixteen new pieces of work were on the report and asked for clarification on where this work has come from, together with an indication of the impact on the organisation. The Director of Finance & Corporate Services advised that the report was enhanced for the internal delivery plan and completeness. Only SHC People Engagement Strategy and Safer Medicines were new work.

The Committee noted the contents of the report.

7.2 **Governance Committee Minutes**

The Committee received the most recent minutes and key point reports from the other Governance Committees.

7.3 **Board 3 Key Points**

The Chair will prepare a report for the board highlighting the key points from the meeting. Chair

- Internal Audit reports
- Audit Scotland: NHS Financial Performance Report
- Operating Framework between Healthcare Improvement Scotland and Scottish Government

7.4 **Feedback Session**

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

8. **ANY OTHER BUSINESS**

No items of any other business were discussed.

9. **DATE OF NEXT MEETING**

The next meeting of the Audit and Risk Committee will be held in Delta House at 10.30am on 16 March 2016.
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 Staff Governance Committee.

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

a) Workforce Plan
   The committee received a presentation on the formation of the workforce plan and discussed the principals around which it had been constructed. The committee will receive the final plan for examination at the May meeting of the Committee. It will then come to the Board in June for approval. The committee welcomed the progress that had been made over the last few years in developing a plan that fitted the needs of Healthcare Improvement Scotland.

b) iMatter/Staff Survey – relationship between them
   The committee discussed iMatter and the staff survey results. The staff survey is broadly positive although there are some areas in which we could improve. The staff survey results will directly influence the 2016/17 Staff Governance Action Plan, which will be presented to the committee in May 2016 with highlights presented to the Board in June 2016. The Committee discussed the relationship between iMatter and the staff survey with iMatter being aimed at team improvement and the staff survey providing an organisational overview.

c) Our Voice
   The committee discussed the Our Voice proposals and would like to see this process accelerated with the impact on staffing being reflected in the full workforce plan. An updated version of the plan reflecting this content will be forwarded to the committee in time for its August 2016 meeting.

Duncan Service
Committee Chair
MINUTES

Meeting of the Healthcare Improvement Scotland Staff Governance Committee
18 November 2015 10.30 – 12.30
Gyle Square (Boardroom)

Present
Duncan Service Board Member / Employee Director (Chair)
Bryan Anderson Board Member

Partnership Representatives
Margaret McAlees UNISON

In attendance
Anne Lumsden Organisational Development & Learning Manager
Anthony McGowan Human Resources Manager
Sara Twaddle Director of Evidence (VC)
Maggie Waterston Director of Finance & Corporate Services
Robbie Pearson Director of Scrutiny & Assurance
Jo Matthews Deputy for Director of Safety & Improvement
Jacqui Macrae Head of Quality of Care (Item 4.4)
George Fernie Deputy for Clinical Directorate
Dougie Craig HR Resource Specialist

Apologies
Belinda Henshaw UNISON
Hamish Wilson Board Member
Kathleen Preston Board Member
Angiolina Foster Chief Executive
Ruth Glassborow Director of Safety and Healthcare
Richard Norris Director of Scottish Health Council
Brian Robson Executive Clinical Director
Denise Coia Chair (Healthcare Improvement Scotland)

Committee support
Eleanor Mackenzie Committee Secretary

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<th>ACTION</th>
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<tbody>
<tr>
<td>1.</td>
<td><strong>WELCOME AND APOLOGIES FOR ABSENCE</strong></td>
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<tr>
<td>1.1</td>
<td><strong>Welcome</strong></td>
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<td>The Chair welcomed everyone in attendance. It was confirmed that although a number of Board Members were unable to attend, the committee was still quorate.</td>
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<tr>
<td>1.2</td>
<td><strong>Apologies for absence</strong></td>
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<td>Apologies for absence were received as noted above.</td>
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1.3 Declarations of conflicts of Interest
No declarations of interest were declared.

2. MINUTES OF PREVIOUS MEETING/ACTION POINT REGISTER

2.1 Minutes of Previous meeting
The minutes of the meeting of 19 August 2015 were agreed as accurate.

2.2 Review of Action Point Register
All items had been noted as complete.

3. COMMITTEE GOVERNANCE

3.1 Business Planning Schedule
The Chair confirmed that the Business Planning Schedule was still a work in progress, however asked the Committee to advise if they had any queries or noted any items that were missing and which should be present.

3.2 Risk Management/Risk Register
The Director of Finance and Corporate Services confirmed that the risks referred to were under the original strategy. There was a revised strategy being presented to the Board on Wednesday 25 November 2015. Currently the risks noted required to be updated by the end of November 2015. The risks that were relevant to the Staff Governance Committee were noted on the Agenda and could be discussed under that item.

The Director of Finance and Corporate Services also noted that a meeting had been arranged with the HR Manager and OD & Learning Manager with regard to discussing these risks and the updating of some new risks.

3.3 Annual Report
The HR Manager advised that a draft report would be circulated electronically to the Committee in the New Year for feedback for final approval at the next Staff Governance Committee meeting in March 2016. It was agreed that this report would build on the information that was put forward in the report in 2014/2015.

The Director of Finance and Corporate Services confirmed that there had been an internal audit review last year which noted that not all Committees were consistent with their reporting. A revised format had been put in place which would hopefully address that matter.

The Board would like to see comments with regard to improvements and learning going forward and to highlight what had been done well and what needed to be improved on.

4. WORKFORCE PLAN AND WORKFORCE MONITORING
4.1 Workforce Plan 2015-2016

The HR Manager advised that at the finalisation of the 2015/16 Workforce Plan, the implications of the integrated improvement work and Our Voice had not been sufficiently clear and it had been agreed that an update would be provided to the Staff Governance Committee in November to confirm the impacts those work streams would have on the Workforce Plan.

The HR Resource Specialist provided a presentation to the Committee. He reiterated that there was a continual monitoring of the workforce profile. The Local Delivery Plan was currently being prepared by the directorates with the support of the planning, finance and human resources teams and this would then be linked into the budget agreement later in the year.

It was also highlighted that the lean practitioner and skill training programmes were now in place and this would have an impact on resourcing and recruitment over the next year or so which would provide a more efficient process.

The OD & Learning Manager also noted that through the Change Management Board they were looking to support the workforce to be more agile and work differently and to use resources more efficiently and productively.

The presentation covered a snapshot of this year’s projections. The Resourcing Specialist confirmed that we were currently not looking to go further than the end of the year until the Local Delivery Plan and budgets had been completed later in the financial year.

A number of the changes within the directorates were self explanatory with the move of Human Resources team into the Finance and Corporate Services directorate and Death Certification into the Clinical Directorate.

There was a question raised with regard to slide 8 in relation to the drop in the number of staff at Grade 8C and 8B. It was noted that when the organisation changed from Quality Improvement Scotland to Healthcare Improvement Scotland the organisation was top heavy and as time has progressed this has improved through change and planning. The drop in WTE has been a mixture of issues including voluntary redundancy and retirement.

There was further discussion on whether this projection was comparable with other Health Boards. It was noted that due to the nature of our organisation it was not easy to compare on a like for like basis. However it was noted that ISD would be looking to produce a report in the future which may help draw comparisons. It was also noted that our organisation had a number of higher bands due to the specialist nature of the roles that the organisation was requested to undertake.

The other aspects to take into consideration were:

1. Increase in internal secondments, which shows staff are being
given the opportunity to develop within the organisation

2. With regard to turnover this was normally higher at the end of the financial year due to projects ending on 31 March. The turnover for fixed term contacts was questioned due to the fact the majority of funding stream projects had been marked as non-recurring. The number of fixed term contracts could also be related to backfill of internal secondment posts.

3. Previously reporting has shown that we have had no staff under the age of 25, however we currently had 3 members of staff who come under this category.

4. The sickness absence was still low however it was noted that there had been a shift in the absence reason and this would require to be addressed. The highest percentage for absence recording was now “Anxiety/stress/depression/other psychiatric illnesses” whereas previously this had been recorded as the third contributory factor. The second and third reasons are under “Other” options which would also need further investigation.

It was confirmed that by the end of November there would be a clearer picture. The HR Advisors would work closely with the Managers to ensure there was clarity with regard to any posts that require extensions or otherwise. The Director of Finance & Corporate Services asked for a breakdown of those who are currently on fixed term contracts.

It was requested by a Board Member that the narrative be more explicit to show movement and changes within the departments, this would let the board see more clearly where movement was happening within the directorates.

It was agreed to circulate the presentation to the Committee.

The Committee discussed the aspect of the increase in absence due to stress. It was agreed that a group working in partnership would be set up to try and identify the reasons for staff being on sick leave and ensure that sickness absence was recorded correctly by line managers.

It was noted that there may not be an obvious link to areas where staff numbers were being reduced due to the change programme or a decision to not fill posts, however there may be an underlying link. It was agreed that the group would look at:

1. SSTS training for managers
2. Ensure managers were recording sickness absence correctly.
3. The use of “Other” was being used correctly
4. Ensure support was in place for staff and managers who were facing real issues
5. Look at flexi time and additional hours staff were accruing.
6. Look at delays in recruitment and establish if this was due to staff being too busy to undertake the recruitment cycle.
7. Look at ID badges and signing in and out of the buildings.

The Chair has asked that a sub committee be set up to report back to the Staff Governance Committee.
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<th>4.2</th>
<th><strong>Change Management Board</strong></th>
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<td>The Deputy Chief Executive talked to the paper which referred to the role and remit of the Change Management Board and the communication strategy that sits behind the Change Management Board.</td>
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<td>The Change Management Board were looking at how to adopt a flexible approach as an organisation and moving to look at agile working within the organisation. The focus since March/April had been with regard to Phase 1 and Phase 2 savings to which they had made good progress, however a large part of this saving has been non-recurring.</td>
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<td>The Change Management Board was now looking towards organisational change and a paper was being presented to the Board on 25 November 2015 which would capture the changes within Healthcare Improvement Scotland. It was also noted there were opportunities for greater integration and redesign of services within Health and Social Care within Scotland. The Change Management Board was working closely with public partners and staff side.</td>
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<td>The Chair asked the Committee if there was anything that they wanted to highlight that was particularly relevant to the Staff Governance Committee.</td>
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<td>The Chair advised that from his perspective the event went very well on the day and wished to thank those staff who had been involved in bringing the event together.</td>
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<td>It was noted that there had been more than 80% positive feedback from the event and that an After Action Review had been set up to see what positive actions could be taken forward from the event.</td>
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<td>Some negative feedback had been noted and this would be looked at along with the positive feedback at the after action review.</td>
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<td>The HR Manager also noted thanks to Sara Twaddle for hosting the event at short notice on his behalf.</td>
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<th>4.4</th>
<th><strong>Nursing Revalidation</strong></th>
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<td>The Head of Quality of Care talked to the paper. The Nursing Revalidation was due to take effect from April 2016. This would be an extensive change to what had previously been undertaken.</td>
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</table>
A board member asked what Healthcare Improvement Scotland would be doing to support staff to achieve their revalidation. The Head of Quality of Care confirmed that there was a working group in place to work with the affected staff. There would be a significant requirement for additional time to reflect and undertake their CPD and write up and maintain a portfolio. The Committee discussed the requirement to build in work plans for staff and ensure managers were supportive for staff. It was confirmed that if staff do not complete the revalidation exercise, they would be struck off and required to undertake a “return to practice” course to rejoin the register. The HR Manager confirmed that there were currently different approaches by all the health boards with regard to staff whose professional registration had lapsed. A paper was currently being prepared to be discussed at the Deputy HR Directors Group, with Partnership Forums and professional bodies encouraged to establish what should be appropriate in those circumstances.

It was also noted that for other staff who are governed by professional bodies there was a requirement to provide evidence and undertake a review each year to ensure membership of their professional body was maintained. Staff in these situations had normally completed this in their personal time. The HR Manager confirmed that the organisation would need to be thoughtful on how to apply consistency across the organisation for all staff members who require to undertake personal development plans to ensure membership of professional bodies. It was also noted that there may be a knock on effect to recruitment with nursing staff into posts where a nursing qualification & background is not essential, and the successful candidates would not wish to lose their nursing registration.

### 4.5 Living Wage

The HR Manager talked to the paper. There was currently a sense from the HR Directors for all boards to move together or not at all, however some boards would have to compel external contractors employed by the boards to sign up to the living wage. There was also a legacy with some boards with regard to ancillary work. With the driver for the Living Wage coming from Scottish Government, it had been suggested that the Scottish Government was ideally placed to take forward an NHSScotland-wide accreditation, as they set the terms and conditions for the health boards. The Chief Executive was enthusiastic for Healthcare Improvement Scotland to move forward. Currently no NHSScotland employer had requested accreditation, although Health Scotland and one other large board have completed (but not yet submitted) their accreditation applications. There was no barrier presently for our organisation not to take this forward.

The Committee discussed the pros and cons of taking this forward. It was agreed that the HR Manager would report back to the Chief Executive with the confirmation that the organisation was completely compliant and ready to submit the request for accreditation however that she may wish to discuss this further with other CEO’s with regard to
### 4.6 eESS Update

The HR Manager confirmed that an independent consultant had been engaged to provide an objective review and confirm the feasibility to continue with this system. There was a paper being produced for the Chief Executives meeting in January 2016. The proposed options would be to continue, pause or scrap the system. An update on this would follow at the next meeting.

### 5 STAFF GOVERNANCE ACTION PLAN

#### 2014-2015 Reporting

#### 5.1 Staff Governance Action Plan 2015/16

Due to time constraints the OD & Learning Manager give a quick overview of the Staff Governance Action Plan. She confirmed that the plan had been updated to clarify the aims and highlighted three areas that required focus over the coming months:

1. **Pulse survey** – this was currently in the testing stage with 4 teams with their reviews and comments being collated along with how the teams were using the information themselves. This would determine how the pulse survey was rolled out across the organisation. They were currently looking at staff engagement and building engagement from the bottom up. However they had received different responses from different teams, which shows that one size does not fit all. As an improvement organisation this was a way of testing information with the staff. It was hoped that this would provide a positive response.

2. **Linking with the iMatter System** - Values and behaviours was ongoing with the roll out of iMatter. This was going well however there was a need to ensure that the conversations and feedback were happening within the teams and ensure that this supports the values and behaviours of the organisation. The VBEC Group required to be reinvigorated.

3. **The Change Management Board work** was to put focus on how to support the workforce to be more agile and ensure resources are where they were needed and build capacity to meet work demands without staff becoming stressed.

### 6. Values Behaviours Engagement and Communication

#### 6.1 Staff Survey update

The HR Manager provided a verbal update with regard to the National Staff Survey. The initial analysis was currently with the Cabinet Secretary to review with the results proposed to be released before the end of November 2015. However it was thought these were more likely to be circulated in December 2015. It was currently proposed that there would not be a survey in 2016 although the Cabinet Secretary reserved the right once they have absorbed the results from this survey.
The Chair would reflect with regard to what we would report on next year however it was noted that there were still concerns with regard to bullying and harassment and this would still require to be reported on next year.

### 6.2 iMatter

| The OD & Learning Manager confirmed that iMatter was being rolled out across the organisation. There had so far been a good response rate for the survey with an 87% response rate, especially as a number of questions overlap with the National Staff Survey. The feedback from iMatter and the pulse surveys should ensure that the Staff Governance Action Plan was focusing on the correct areas for the organisation. |
| **Chair** |
| What would the Committee wish to see reported on? It was agreed that it would be useful to have a summary of the big issues and what has been undertaken to address these issues. It was noted that there were low scores with regard to staff being involved in decisions. |
| **OD & Learning Manager** |
| A requirement for iMatter was to ensure that all teams and directorates have completed their storyboards. |
| **Director of Safety & Improvement** |
| Over time the teams would prepare storyboards which would help provide some visual data for the Committee, this would also inspire conversations with staff. |
| **Director of Safety & Improvement** |
| It was noted by the Chair of the committee that there had been a lack of internal communication for the organisation and this would require to be addressed. It was proposed that an action for the Director of Safety and Improvement to take this forward as Director for the communications team. |
| **Director of Safety & Improvement** |
| The OD & Learning Manager also advised that prior to the next Staff Governance Committee meeting, iMatter would be rolled out to the non executive directors. It was agreed that although the questions may not specifically be relevant to the non executive directors, these could be interpreted in different ways. |
| **Director of Safety & Improvement** |

### 6.3 2020 Workforce Vision

| Due to the time constraints it was agreed to put this back on the Agenda for the meeting in March 2016. |
| **Committee Secretary** |
| The OD & Learning Manager confirmed that agreement from the Committee would be required prior to the next Staff Governance Committee meeting. It was agreed to resend the 2020 Workforce Vision to the Committee and to ask for their feedback at the next Board Seminar. |
| **Committee Secretary** |

### 6.4 Partnership Forum Minutes – 17 June 2015

| The Chair advised these were for information. |
| **OD & Learning Manager** |
### 6.5 Partnership Forum Key Points – 5 August 2015

The Chair asked the Committee to note the three points.

It was noted by UNISON that they do not feel that staff were aware of the enormity of these new pieces of work coming into the Directorates and the impact these would have on staff. This needs to be communicated to staff.

### 7. WORKFORCE METRICS

#### 7.1 HR Metrics – KSF Update

The OD & Learning Manager confirmed that she was addressing the issues and this was now in hand.

### 8. CLOSING BUSINESS

#### 8.1 Board Report: 3 Key points

1. Workforce Projections
2. Living Wage
3. All Staff Event

#### 8.2 Feedback

The Chair asked for feedback from the Committee.

The Chair apologised for the meeting running on today.

A suggestion was made that to ensure items that required full discussion were given priority on the Agenda.

**HR Manager/Committee Secretary**

#### 8.3 Any Other Business

None

### 9. DATE OF NEXT MEETING

23 March 2016 – Delta House 10.30 – 12.30
Meeting of the Scottish Health Council
2 February 2016
Meeting Room 4, Delta House, 50 West Nile Street, Glasgow G1 2NP

Present
Pam Whittle Chair
John Glennie Member
Irene Oldfather Member
Alison Cox Member
Kim Schmulian Member
Elizabeth Cuthbertson Member

In attendance
Richard Norris Director
Sandra McDougall Head of Policy
Robbie Pearson Director of Scrutiny & Assurance
Maggie Waterston Director of Finance & Corporate Services
Christine Johnstone Community Engagement Manager

Apologies
George Black
Marianne Wong

Committee support
Linda Bickerton Committee Secretary

1 WELCOME AND APOLOGIES FOR ABSENCE

1.1 The Chair welcomed everyone and introduced the two Healthcare Improvement Scotland Directors who were joining us today. Robbie Pearson, Director of Scrutiny and Assurance and Maggie Waterston, Director of Finance and Corporate Services.

1.3 Minutes of Meeting held on 3 November 2015

The minutes of the meeting held on 3 November 2015 were approved following a slight amendment at Item 3.2 – Participation Standard reporting.

1.4 Matters Arising

The Chair asked for any matters arising. The Director gave a brief update on the status of the “Our Voice” project. He explained we had submitted a report on anticipated resource requirements to the Scottish Government and were awaiting feedback. We have made it clear that we cannot provide all of the expectations for “Our Voice” without some additional resources. The Director of Finance & Corporate Services commented that if we really need to do this work then we should find the money in the organisation, perhaps utilise the 5% savings we are required to generate for reinvestment within Healthcare Improvement Scotland.
The Director added that Scottish Government had suggested it would be a good time for the Scottish Health Council to have a review, given that the Scottish Health Council had been in existence for 11 years, and the policy environment and expectations on the organisations were changing.

The Director of Scrutiny & Assurance noted that he thinks we have enough expertise around the table to carry out our own review rather than wait for Scottish Government to commence something. We need to look at formulating terms of reference for the review so that we can strike quickly.

No further matters were raised which were not on the agenda later in the meeting.

2 STRATEGIC BUSINESS

2.1 Service Change

The Chair reported that all new Committee Members had taken part in an induction session in January to introduce our Service Change responsibilities and procedures.

The Chair added that we had then decided to establish a Service Change Working Group in order to help the Service Change Manager, Daniel Connelly, to shape processes going forward. The Group would include Pam Whittle, John Glennie, Alison Cox and Elizabeth Cuthbertson.

The Head of Policy noted that the Service Change Manager produced a monthly report summarising current work and noting advice given to various Boards. This report is shared with Scottish Government and also circulated to other directorates for information.

2.2 Public Partners Roles and Support

The Head of Policy summarised the current Public Partner recruitment exercise. We had received 36 applications to date which were currently being shortlisted. Whilst the standard of applications is high there is a sense that it is not a very diverse group. We have had a lot of interest from retired professionals which is a similar demographic to the existing pool of Public Partners. As the recruitment process has just started, the Head of Policy will be in a better position to report more fully at the next Committee Meeting.

We have an Induction Day planned for 9th March with new recruits being invited to stay on for the Annual Public Partners Event on 10th March. The Chair asked if we knew what the geographical spread was? The Head of Policy explained that applications have only recently been received and have not yet been analysed.

John Glennie suggested that once this exercise is finished it would be good for our new Committee Members to look at the overall process for us with fresh eyes in order to gather an independent viewpoint on our historical methods.
The Head of Policy explained the background to the paper on Evaluation of Support provided to Public Partners and Staff which had been circulated previously. The evaluation survey had been carried out for 3 years with comparisons noted for 2013, 2014 and 2015. At present there was no intention to compile the survey in 2016.

The Chair agreed that was understandable for this year but one will need to be done for the new Public Partners being recruited at present.

Elizabeth Cuthbertson suggested it would be a good idea to survey new members when they first start in order to give us a base line which can be measured again once they have been with us longer.

Alison Cox would like to commend the authors of the report on their clarity.

### 2.3 National Volunteering Programme

The Head of Policy confirmed that we have had short term funding for this project since 2011. The Scottish Government have found this National Programme very valuable and a National Database system has now been developed.

The Programme is currently funded to March 2016 and we are in discussion with Scottish Government to either extend the programme for a further 3 years or to integrate it within core working practices. A written proposal with various options will be submitted to Scottish Government shortly and final decisions shared.

The Committee will be kept informed of developments.

### 2.4 Gathering Public Views

The Community Engagement Manager explained that in 2013 we had started to get requests for support from various sources who wished to gather different information from patients and public. These request have now been banded together under the banner of “Gathering Public Views” and we have covered 32 to date.

Following each project a report is produced which is published on the Scottish Health Council website. Today’s draft report summarised the feedback gathered from the public on the potential for developing a Register of Interests for Scotland. We still have one other engagement event to carry out after which the full report for publication will be produced. The report will also be sent to the Scottish Government Petitions Committee. These reports purely express the views/opinions of the people consulted.

Some members commented that there are existing Registers of Interest, i.e. Boards/Public Bodies have to record receipt of gifts or hospitality and are bound by the Bradbury Report.
There was also discussion about whether the Scottish Health Council should adopt a policy view on this topic. The public views in this case are fairly clear, but the issue is one where there is some complexity around policy options, which still need to be explored. At this stage the Scottish Health Council needs to demonstrate that it carried out the engagement work impartially. It is up to the Scottish Government to decide how to take matters forward.

3  COMMITTEE GOVERNANCE

3.1  Operational Plan 2015/2016

The Director confirmed that we would discuss items from this report on an exceptions basis. Due to the redesign of the Agenda most of the routine queries arising from the Operational Plan have already been discussed via previous agenda items.

Supplementary information was provided regarding the Service Change Team – NHS Lanarkshire have advised that they will carry out an acute services review and have asked Scottish Health Council staff to attend a meeting with them, which includes their internal auditor, to provide advice and support.

3.2  Risk Register Update

The Chair noted that the Guide Page was missing, we would need to ensure this is available in future.

The Director explained that that this register was purely for the Scottish Health Council. There is a more comprehensive overall Corporate Risk Register compiled for the Healthcare Improvement Scotland Board.

All agreed some of the wording was a bit confusing and that comments could be made more specific.

The Head of Policy reported that sometimes it was difficult to record up to date mitigating actions due to the constraints of when we could update the register. If more recent information had been added to the Register before the Committee Meeting it would have recorded reduced levels of risk on some items.

3.3  Committee Annual Report

The Chair explained the process whereby each Committee of Healthcare Improvement Scotland submits an annual report for the main Board. The Chair would compile the initial draft then circulate this to Committee Members for information.

4.  ANY OTHER BUSINESS

The Chair thanked everyone for their attendance and valued input.
The Chair then went round the table to carry out a “How was it for you” session to ascertain everyone’s opinions on the meeting content, etc.

The Director of Scrutiny and Assurance and the Director of Finance and Corporate Services both enjoyed the opportunity to join in and appreciated the open approach and the sense that everyone’s opinion was valued.

John Glennie thought it was good for Executive Team Members to see the Committee process in action.

Alison Cox wished to congratulate the Chair and her team on the work done to recruit new committee members, she appreciated the time spend on inductions and sharing information. She definitely feels much more informed now and is encouraged at how participative the meetings are.

Kim Schmilian felt that it’s starting to come together.

Elizabeth Cuthbertson feels things are making more sense and found it interesting to see the interface with other directorates.

Irene Oldfather felt we had a very good, productive afternoon. She feels she has gained a lot of very valuable experience. She also felt that the Chair and team have done very well to have coped with such a major change in membership.

As there was no further business the Chair formally closed the meeting.

5. DATE OF NEXT MEETING

Tuesday 19 April 2016

Meeting Room 4, Delta House, West Nile Street, Glasgow

Please note the start time of 12.30pm preceded by lunch at 12.00
SUBJECT:  Improvement Hub 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 Improvement Hub Committee meeting on 15 March 2016.

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

   a) Terms of Reference
      It was noted that the title of the Committee would be changed from April 2016 to reflect the agreement that the integrated improvement resource would now be called “The Improvement Hub” (ihub). The Committee discussed how best to reflect the statutory role of the Care Inspectorate to support improvement in social care and this issue is currently being taken forward in discussions with Care Inspectorate colleagues. The revised terms of reference, scope and membership were agreed by the Committee, and will be kept under review to ensure that they remain fit for purpose.

   b) Work Plan 2016/17
      There was detailed discussion on the work plan for 2016/17, particularly in the recognition that the plan was building on the work of the predecessor elements of the ihub. It was noted that there was an opportunity to present the programme in a way which gave greater focus on the integrated approach to a range of key priorities and on the outcomes which they were intended to achieve. The Committee agreed that it should review the programme during the first half of 2016/17 to consider priorities for 2017/18, particularly reflecting the policy direction of greater emphasis on community based and integrated care. It also wished to ensure that some flexibility was retained during 2016/17 to respond to new or changing requirements and the most cost effective use of resources.

   c) Risk Management
      The Committee discussed the risks facing the ihub, including the impact of current vacancies and the ability to fill these, and the uncertainty of demands from engagement with the JJBs. It commended the work being undertaken to address the risks and the efforts of staff from all three predecessor organisations to deliver the work plan.

Dr Hamish Wilson
Committee Chair
MINUTES - Approved

Meeting of the Healthcare Improvement Scotland Integrated Improvement Resource Committee at 13.15
29 January 2016
Delta House, Glasgow

Present
Hamish Wilson Chair/HIS Board Member
Irene Oldfather Deputy for Ian Welsh, Chief Executive, Health and Social Care Alliance
Lucy McTernan Deputy Chief Executive, SCVO
Mary Taylor Chief Executive, Scottish Federation of Housing Associations
Rami Okasha Deputy for Chief Executive, Care Inspectorate
Ranald Mair Chief Executive, Scottish Care
Annie Gunner Logan Director, Coalition of Care and Support Providers in Scotland
Tracey Gillies Medical Director, NHS Forth Valley
Howard McNulty Public Partner

Healthcare Improvement Scotland Board members
Angiolina Foster Chief Executive

Healthcare Improvement Scotland Officers
Maggie Waterston Director of Finance and Corporate Services
Ruth Glassborow Director of Safety and Improvement
Sara Twaddle Director of Evidence
Anne Lumsden Organisational Development and Learning Manager

JIT Officers
Gerry Power Director of JIT

In attendance
Mairi Macpherson Head of Person-Centred and Quality Unit, Scottish Government Health Directorates
Denise Coia HIS Chairman

Apologies
George Black HIS Board Member
Jackie Brock HIS Board Member
Karen Reid Chief Executive, Care Inspectorate
Paula McLeay Chief Officer, Health and Social Care, COSLA
Robbie Pearson HIS Director of Scrutiny and Assurance
Richard Norris HIS Director, SHC
Paul Hawkins Chief Executive, NHS Fife
Brian Robson Executive Clinical Director
Myra Lamont Public Partner

Committee Support
Pauline Symaniak Corporate Governance Officer
1. **WELCOME, INTRODUCTIONS AND APOLOGIES FOR ABSENCE**

1.1 The Chair welcomed all present to the meeting.

Apologies were noted as above.

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

2.1 **Minutes of meeting on 24 November 2015**

The minutes were accepted as an accurate record.

2.2 **Action Point Register**

The Committee received for review the action point register from the meeting held on 24 November 2015.

The Committee noted the status report against each action and all forward planning actions. The following additional points were noted:

- a) Scottish Government representation would continue at committee meetings, the role being as an active participant but not a full member.
- b) A Memorandum of Understanding was already in place between HIS and COSLA.
- c) Action point 2.5 was noted as not being fully complete but that a process for prioritisation of work had commenced and would be developed over the coming year to guide decision-making.

3. **COMMITTEE GOVERNANCE**

3.1 **Draft Terms of Reference Update**

The Chair referred to the terms of reference document issued at the previous meeting and re-iterated that the remit of the committee would reach across the full improvement programme. The Chair highlighted that the intent was to revise the draft after today’s meeting so that any issues raised at the development session could also be taken into account.

It was highlighted that while the work plans in place were appropriate, the current wording of the purpose of the IIR did not sufficiently capture the cross-sectoral nature of the work and the partnership model previously recommended by the advisory group. In particular there was a need to ensure the purpose statement clearly indicates parity of esteem for third sector, independent sector and housing.

It was agreed that the purpose statement would be amended to reflect this. It was noted that there is an urgency to agreeing the purpose statement as this would underpin a range of communication materials that are currently being prepared. It was agreed that the revised wording would be circulated to the committee for
3.2 **Risk Management**

The Chair referred the Committee to the paper issued in advance of the meeting. He advised that the Committee’s role was to consider if the risks and their mitigations were seen to be appropriate.

The Director of Finance and Corporate Services advised the Committee that it would receive the high and very high rated risks within its remit at each meeting.

It was agreed that the date of the risk report would be added to the top of the report.

The Committee noted the report, and the actions being taken to mitigate the risks listed.

3.3 **Financial Update**

The Chair advised the Committee that a verbal update would be provided due to the current complexity of the financial situation in the public sector.

The Director of Finance and Corporate Services highlighted the following key points:

a) The budget had not yet been agreed with Scottish Government but work was progressing based on assumptions that had been checked with Scottish Government. Clarity had been expected by the end of January.

b) HIS expected the £2.5m quality improvement and the transfer of funding associated to JIT and QuEST to be incorporated into its baseline.

c) HIS would be expected to release 5% of its efficiency saving from the baseline and use that for additional work.

d) All special Boards were subject to a 10% reduction on additional allocations which had not been baselined. There was currently uncertainty around the classification of some of the IIR funding streams and whether they would be viewed as baseline or additional allocations.

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

e) It was anticipated that a full budget would be available by the time of the next Committee meeting on 15 March 2016 and this would provide an opportunity for the Committee to comment on the proposed budgeted IIR work plan prior to submission to the HIS Board.

f) The timelines were outlined as

- A balanced budget would be submitted to the HIS Board at the end of March for approval.
- A final Local Delivery Plan including workforce and financial plans would be submitted to Scottish Government by 31 May 2016.
- Final sign-off by Scottish Government would be received by 30 June 2016.

The Committee noted the update.
4. COMMITTEE BUSINESS

4.1 IIR Strategic Plan and Work Programme Development

The Director of Safety and Improvement referred the Committee to the paper issued in advance which provided a high level summary of how the new integrated improvement resource would work.

The Committee reviewed each section of the paper and the following amendments and comments were noted.

Section 2 Our Purpose

a) Para 2 – the issues around wording of the first sentence to ensure housing, third sector and independent sector have parity of esteem had already been noted in the earlier discussion.

b) Para 2a – the phrase “staff member” to be changed to “person” to include volunteers working in the third sector.

c) Para 2b – the term “unwarranted variation” to be changed to “inappropriate variation” to reflect that some variation can be positive.

d) Para 2b – order of wording to be changed to place “harm” first. It was agreed that the wording would in future be aligned to the National Care Standards draft principles which had been submitted for Ministerial approval. It was also agreed that there should be a reference to human rights based approaches.

Sections 3 and 4 Our Guiding principles for how we work

a) The following points would be incorporated: human rights principles; prioritisation to ensure that what was offered was relevant and addressed known needs; more inclusive wording capturing people and communities; affordability.

b) Para 5 – wording to be changed to include all of the health and social care workforce and “professionals” to be changed to “practitioners”.

c) Para 8 – wording to be changed to focus on concept of maximising value.

Section 5 How we interface with the care delivery providers

The Director of Safety and Improvement advised that in relation to this section there were three high level functions:

a) Planned improvement programmes.

b) Tailored and Responsive Improvement Support Team (TRIST) which was being piloted during its first year of operation and was delivering 30 pieces of work of variable input.

c) Grants and allocations which would be received to address common problems across Scotland lacking solutions or to engage an organisation to deliver improvement guidance.

All three functions were interrelated and planned programmes would possibly emerge from responsive work.
Section 6 Proposed strategic priorities for 2016/17

Alternative wording to be provided for “care planners and staff”, “activating individual” and “failure demand” to ensure the use of plain English.

Planned Programmes

In response to a number of questions from the Committee, the Director of Safety and Improvement highlighted the following points:

a) There were some templates outstanding and checks would be completed for consistency and plain English.
b) Named contacts for each programme would be included.
c) A piece of work to map the programmes to the strategic priorities would take place. However the challenging timelines this year meant that the work programme had had to be developed in parallel to the development of strategic priorities so there had not yet been the opportunity to formally map between the two.
d) An analysis of the fit of current work programmes with the strategic priorities would be undertaken for the June 2016 meeting.

The Committee agreed the priorities as set out in the workplan and that the amendments above would be incorporated into the final document.

The Director of Safety and Improvement tabled a revised version of Integrated Improvement Resource Draft Work Programme 2016-17. This version had been revised to show visually which of the programmes where funded through direct commissions (and hence there was less flexibility around moving resources). In response to a number of questions from the Committee, the following points were clarified.

a) The document would in future demonstrate the timelines for the programmes and the budgets attached to each.
b) The Work Programme document would be reviewed annually and as necessary when there were changes to programmes.
c) The Self-directed Support lead was a secondee from Scottish Government whom HIS had been asked to host in 2016/17.
d) A paper would be submitted to the Committee meeting on 15 March 2016 setting out indicative budget amounts.

The Committee noted the paper and thanked staff for the work completed to date to deliver the new resource.

_Irene Oldfather left the meeting._

4.2 Development of IIR Update

The HIS Director of Safety and Improvement referred the Committee to the update paper issued in advance of the meeting and highlighted the following points from within the paper:

a) Of the eight JIT and QuEST staff eligible to transfer to the IIR, six have confirmed acceptance of the one year secondment offer. Some of those staff were beginning to work from HIS offices to assist the transition.
b) Procurement for the Improvement Associate model went live the previous day. A rigorous selection process would be in place but once people were appointed the framework agreement would then allow them to be procured in a flexible and rapid manner.

c) There would be a period during April and May when there would be no framework available to enable continuation of current work being undertaken by JIT associates but the non-competitive tendering process could be used as an interim arrangement as long as the amounts were not excessive.

d) A one year agreement would be in place with the option of a one year extension to allow testing of this new model.

e) The proposed management structures at unit head level had been issued for consultation and the consultation on the restructure at the next level would be held in May. At present, there were a number of vacant posts which were particularly challenging in terms of the workload. Options for interim arrangements were being assessed.

f) A shortlist of alternative names for the Integrated Improvement Resource would be issued to a wide group of stakeholders including the IIR Committee and a decision would be made within two weeks.

g) A range of materials to support effective communication around the new resource was being developed. A programme of stakeholder engagement was being developed.

h) Work was progressing to integrate the web presence of HIS, JIT and QuEST and a new web presence would go live on 1 April 2016. Further content would be built thereafter. It was agreed that the JIT website would remain open for a limited period after 31 March 2016 to ensure content was available to stakeholders.

Ranald Mair and Lucy McTernan left the meeting.

5. STANDING BUSINESS

5.1 Board 3 Key Points
The Chair proposed that the three key points for submission to the HIS Board would be:

- Feedback from the development session.
- Terms of reference and purpose of the Committee.
- Work programme for 2016/17.

6. ANY OTHER BUSINESS
The Chair noted that the HIS Organisational Learning and Development Manager would contact Committee members with proposals following the morning development session and that suggestions would be collated for holding some meetings on the 2016/17 schedule in partner premises.

7. DATE OF NEXT MEETING
The next meeting of the Integrated Improvement Resource Committee will be held on 15 March 2016 in the Children in Scotland offices, Edinburgh at 13.30 to 16.00.