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

<table>
<thead>
<tr>
<th>Date:</th>
<th>Wednesday 17 December 2014</th>
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<tbody>
<tr>
<td>Time:</td>
<td>12.30pm</td>
</tr>
<tr>
<td>Venue:</td>
<td>HIS Boardroom, Gyle Square, Edinburgh</td>
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<tr>
<td>Contact:</td>
<td>Pauline Donald</td>
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**AGENDA**

<table>
<thead>
<tr>
<th>Item</th>
<th>Time</th>
<th>Agenda item</th>
<th>Lead officer</th>
<th>Report</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td><strong>1. OPENING BUSINESS</strong></td>
<td></td>
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<tr>
<td>1.1</td>
<td>12.30</td>
<td>Welcome</td>
<td>Chairman</td>
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<tr>
<td>1.2</td>
<td></td>
<td>Apologies for absence</td>
<td>Chairman</td>
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<tr>
<td>1.3</td>
<td></td>
<td>Minutes of meeting held on: 24 September 2014</td>
<td>Chairman</td>
<td>BM2014/74</td>
</tr>
<tr>
<td>1.4</td>
<td>12.40</td>
<td>Review of action point register: 24 September 2014</td>
<td>Chairman</td>
<td>BM2014/75</td>
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<td></td>
<td></td>
<td><strong>2. CHAIRMAN’S REPORT</strong></td>
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<td>BM2014/76</td>
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<td><strong>3. CHIEF EXECUTIVE’S REPORT</strong></td>
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<td>BM2014/77</td>
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<td><strong>4. BOARD GOVERNANCE</strong></td>
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<tr>
<td>4.1</td>
<td>1pm</td>
<td>Risk management report</td>
<td>Director of Finance and Corporate Services</td>
<td>BM2014/78</td>
</tr>
<tr>
<td>4.2</td>
<td>1.10pm</td>
<td>Governance review: update</td>
<td>Director of Finance and Corporate Services</td>
<td>BM2014/79</td>
</tr>
<tr>
<td>4.3</td>
<td>1.20pm</td>
<td>Register of interests</td>
<td>Director of Finance and Corporate Services</td>
<td>BM2014/80</td>
</tr>
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<td></td>
<td><strong>5. STRATEGIC BUSINESS</strong></td>
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<tr>
<td>5.1</td>
<td>1.25pm</td>
<td>Death Certification Review Programme: update to end November 2014</td>
<td>Director of Scrutiny and Assurance</td>
<td>BM2014/81</td>
</tr>
<tr>
<td>5.2</td>
<td>1.35pm</td>
<td>Vale of Leven Inquiry report</td>
<td>Director of Scrutiny and Assurance</td>
<td>BM2014/82</td>
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<tr>
<td>5.3</td>
<td>1.50pm</td>
<td>Stronger Voice</td>
<td>Director, Scottish Health Council</td>
<td>BM2014/83 to follow</td>
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<td><strong>2pm Refreshment Break</strong></td>
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6. PRESENTATION

2.15pm Building a Quality Improvement Infrastructure: HIS QII visit 2 December 2014

7. STANDING BUSINESS

Corporate

7.1 2.35pm Financial Performance to 30 November 2014 Director of Finance and Corporate Services BM2014/84 to follow

7.2 2.45pm 2014/15 Local Delivery Plan: performance report Director of Finance and Corporate Services BM2014/85

8. STANDING BUSINESS (GENERAL)

Director reports: key points

8.1 2.50pm Clinical Executive Clinical Director BM2014/86

8.2 3pm Evidence Director of Evidence BM2014/87

8.3 3.10pm Safety and Improvement Director of Safety and Improvement BM2014/88

8.4 3.20pm Scrutiny and Assurance Director of Scrutiny and Assurance BM2014/89

8.5 3.30pm Scottish Health Council Director of Scottish Health Council BM2014/90

8.6 3.40pm Finance and Corporate Services Director of Finance and Corporate Services BM2014/91

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

9.1 3.50pm Audit and Risk Committee: to receive the key points from the meeting on 3 December 2014 and the approved minute from 3 September 2014. Committee Chair BM2014/92 BM2014/93

9.2 3.55pm Evidence, Improvement and Scrutiny Committee: meeting takes place on 18 December 2014 Committee Chair

9.3 4pm Staff Governance Committee: to receive the key points from the meeting on 5 November and the approved minute from 6 August 2014. Committee Chair BM2014/94 BM2014/95

9.4 4.05pm Scottish Health Council: to receive the key points from the meeting on 4 November and the approved minute from 9 September 2014 Committee Chair BM2014/96 BM2014/97

10. ANY OTHER BUSINESS

10.1 NHSScotland Staff Survey: HIS results
11. DATE OF NEXT MEETING

11.1 4.15pm The next meeting will be held on Wednesday 25 February 2015, at 12.30pm, Gyle Square, Edinburgh.
MINUTES – draft

Meeting of the Board of Healthcare Improvement Scotland
Date: 24 September 2014
Time: 12.30pm – 4.30pm
Venue: Meeting room 6a/b, Delta House, Glasgow

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

In Attendance
Ruth Glassborow   Director of Safety and Improvement
Richard Norris   Director, Scottish Health Council (SHC)
Jo Matthews      Head of Safety (representing Ruth Glassborow)
Tony McGowan     Acting Head of Human Resources
Robbie Pearson   Director, Scrutiny and Assurance
Brian Robson     Executive Clinical Director
Sara Twaddle     Director of Evidence
Maggie Waterston Director of Finance and Corporate Services
Fraser McKinlay  Director, Performance Audit and Best Value, Audit Scotland (agenda item 6)
Gareth Brown     Scottish Government (agenda item 5.1)
Donald Henderson Head of Public Health Division in Scottish Government (agenda item 5.1)
Dr P Mishra      Senior Medical Officer, Scottish Government (agenda item 5.1)
George Fernie    Senior Medical Reviewer, Death Certification, HIS (agenda item 5.1)
Jayne Byrne      Programme Manager, Death Certification, HIS (agenda item 5.1)
Carol Lawrence   NHS 24 (agenda item 5.1)

Apologies
Zoë Dunhill MBE  Non Executive Board member
John Glennie OBE  Non Executive Board member
Kathlyn McKellar  Head of Human Resources
Peter Johnstone  Non Executive Board member

Committee support
Pauline Donald        Corporate Governance Manager (Minute Secretary)
Tracey Mitchell       PA to Chairman’s office (Admin support)

Declaration of interests
Declaration(s) of interest(s) raised are recorded in the detail of the minute.
Registerable interests
All Board members and senior staff are required to continually review and immediately advise of any updates to their registerable interests. The register is available on the Healthcare Improvement Scotland website.

ACTION

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 staff and members of the public in attendance. She welcomed back Sara Twaddle following her recent absence. She introduced and welcomed Tony McGowan who has taken up the role of Acting Head of Human Resources. Finally, she extended congratulations to Ruth Glassborow on her appointment as Director of Safety and Improvement.

Declaration of interests

Paul Edie declared the following interests at the start of the meeting:

a) As Chairman of the Care Inspectorate he is a member of the Strategic Scrutiny Group (agenda item 6) and
b) As an elected council member he has an interest in Death Certification (agenda item 5.1).

As per the HIS Code of Conduct (Section 5), he did not consider that the interest was so significant that it was likely to prejudice discussion or decision making in his role as a member of HIS and that there was no requirement to withdraw from the meeting room during discussion of these agenda items.

1.2 Apologies for absence

Apologies for absence were received as noted above.

1.3 Minutes of meeting held on 25 June 2014

The minutes of the meeting held on 25 June 2014 were accepted as an accurate record.

1.4 Review of action point register: 25 June May 2014

The Board received for review the action point register from the meeting held on 24 September 2014.

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

4.2 Code of Conduct
Board members and senior staff were reminded to review their registered interests as per the HIS Code of Conduct. An updated register will be
7.2 Knowledge into action
This item will be considered by the EIS Committee and brought back to the Board if required.

2. CHAIRMAN’S REPORT

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

a) NHSChairs/Scottish Government Quality Portfolio Group
The Chairman advised that she had received very positive feedback from the NHSScotland Chairs’ group on the first meeting of the Non Executive Director Development working group. The Group had advised that they considered this an extremely helpful network.

a) Children and Young People (Scotland) Act 2014/National Corporate Parenting Guidance Advisory Group
The Chairman advised that Zoë Dunhill represented the Board on this group. It was noted that the Chief Executive will consider the operational impact for HIS following receipt of the guidance.

The Board noted the report.

3. CHIEF EXECUTIVE’S REPORT

The Board received a report from the Chief Executive. The Chief Executive advised of the following additional developments:

Post referendum
The Chief Executive provided an update from recent engagement with the Scottish Government; noting the caveat that the post referendum environment is still stabilising.

a) The wider policy environment may be influenced by Scotland’s future commitment to social justice and the extent that this will play into the wider health inequality agenda.

b) The increased civic engagement that was evident during the Scottish Referendum campaign demonstrates the potential opportunity for involving the public in decisions which affect them. The avenues to engagement with the public, including social media, are being considered in relation to how they can be rendered more sustainable in the future.

Staff appointments
The organisation has agreed to move to recruitment to the Director of Evidence post and it is hoped to make an appointment prior to the year end.

The Board noted the report.
4. BOARD GOVERNANCE

4.1 Risk management

The Board received a report from the Director of Finance and Corporate Services on the current status of the management of risk. The Board was asked to review and endorse the corporate risk register noting that it had been aligned to the Strategic Plan: Driving Improvement in Healthcare 2014-2020 and was presented in the revised format produced by the new risk management system – Compass. The Board noted that the corporate risk register had been thoroughly reviewed and approved at the A&R Committee meeting on 3 September 2014.

In relation to corporate risk No 11, the Board queried whether the status and the level of risk was appropriately reflected given the discussions that are currently taking place with the Scottish Government in relation to finance. It was noted that the next review of this risk will reflect further discussions eg the Chief Executive and Director of Finance and Corporate Services are due to meet with the Scottish Government finance directorate tomorrow, 25 September 2014.

The Director of Finance and Corporate Services advised that the Audit and Risk Committee (A&R) had received, by email, an update report on the status of all high and very high operational risks as requested at their meeting held on 3 September 2014.

The Chair of the Audit and Risk committee commended the efforts of Pauline Donald, Corporate Governance Manager and Stephen McLaren, Business Analyst who had worked to develop the Compass risk management system. She advised that the committee will receive a presentation on the system at their next meeting. She asked the Board to note the new draft format of the register advising that the format will be further reviewed to reflect all comments received. The Board noted that the final format will look to ensure that the information presented is sufficient to provide assurance that risk is being effectively managed across the organisation. The final format will be submitted for endorsement by the Board in December 2014.

The Board acknowledged the progress to date in the management and integration of risk across the organisation.

The Board noted that a demonstration on the Compass system will also be provided to the EIS Committee in December 2014.

The Board advised that they were content with the report on risk management.

4.2 Governance review

The Board received a report from the Vice-Chairman (Chair of the short-life working group) on progress with the two governance reviews that had taken place within the organisation, ie Board governance review and SMC governance review.

The Vice-Chairman thanked the members of the working group for their contribution in developing the recommendations. He commented that it was important that the principles were established and approved, prior to the detail.
Thereafter, the Code of Corporate Governance will be updated accordingly.

In relation to the SMC review of governance, he advised that this had been an area of work commissioned by the Board and he referred members to Appendix 4 of the report. He reported that a significant amount of the actions detailed had been implemented. He acknowledged the cooperation and support of the SMC Chair and deputies in working to achieve a very positive outcome from this review. Additionally, the Board noted that the arrangements put more robust systems in place to manage SMC operational risks.

The Board was asked to review the recommendations for the changes to the governance committee structure, agree the Board and governance committee meeting dates 2015/16, review and agree the board governance action plan, consider the SMC governance recommendations and action plan and approve implementation effective 1 January 2015.

The following was noted:

a) **Appendix 4:** The actions as detailed in Appendix 4 will be reviewed for accuracy having been transcribed from an external report. In response to a question, the Executive Clinical Director clarified that he was not a member of SMC but represented HIS in his capacity as a clinician and as an observer.

b) The Chair of the EIS committee acknowledged his support for the recommendations. He commented that the Chairs of SMC, SIGN and SHTG had welcomed the invitation to attend all EIS committee meetings and their participation was proving to be very positive.

c) The Chair of the Scottish Health Council supported the recommendation that the SHC was represented at the Quality Committee. She also commented that the development of the work on the Stronger Voice programme may present the opportunity to review the remit of the SHC.

The Board thanked the working group for the efforts involved in undertaking the governance review. They acknowledged that the action plans remain work in progress but advised that they were content to support all recommendations.

The Board acknowledged the reports from Jan Polley and Scott Moncrieff (Internal Auditors) that had informed the review.

5. **STRATEGIC BUSINESS**

5.1 **Death Certification**

The Chief Executive introduced the Scottish Government representatives attending the meeting for this item. The Chief Executive asked the Board to note the progress that is being made in relation to the key operational aspects of this work programme. This includes business processes, establishment of the review team and delivery of the IT and technical infrastructure. She advised that the July 2014 iteration of the Strategic Communications plan was a welcome development.

Scottish Government representatives provided a summary report on the overall implementation of the programme which they considered was progressing well.
A robust discussion took place during which Board members highlighted the significant risks that HIS is managing to ensure reliable and credible implementation of the work. The Scottish Government representatives acknowledged the risks outlined by HIS but believed that the risk ratings that had been assigned by HIS are too high. They acknowledged the tight timelines in terms of IT but advised that these were on track, will be closely monitored and that business continuity plans are being developed. They supported the requirement to continue to work closely with all key stakeholders to ensure delivery of the work and provided an update on the communications approach.

Following discussion, the Chief Executive thanked Scottish Government representatives for their attendance.

The following was noted:

a) Business continuity and fail safe arrangements are a priority. Both organisations acknowledged that they will continue to work diligently together to give assurance that these are in place, if required.

b) The go live date of 29/4/2014 was confirmed.

c) The Board noted progress in the development of the communications plan.

d) The Board considered the need for continued management of risk.

The Chairman thanked all present for their continued support in working to deliver this programme of work. She thanked Scottish Government representatives for their attendance and for the level of discussion that had taken place. She advised that the Board will continue to be advised of progress.

5.2 QI Hub review

The Board received an update from the Director of Safety and Improvement on the NHSScotland Quality Improvement Hub (QI Hub) and the outcomes of the review of its remit.

The Board reviewed the revised Memorandum of Understanding as presented and noted the key changes related to remit, membership, approach, principles, workplan, resources, funding and governance. They also noted the ongoing work by QI Hub partners to agree priorities and outcomes from the workplan.

The Director of Safety and Improvement commented that the QI Hub is voluntarily resourced by its partners with HIS fully resourcing the core infrastructure. She advised that HIS is currently mapping what each partner currently brings in terms of resources but that primary funders are currently HIS and Quest. She commented that there is a recognition that the current funding model is challenging; with issues identified in relation to the demands on the system and the resources to meet these demands in order to allow the Hub to reach its full potential.

The Board raised the following in terms of the report presented:

a) The governance and reporting arrangements in relation to the QI hub and its activity in terms of the responsibilities of the HIS Board require to be further clarified to avoid any misinterpretation.

b) The Board noted that the relationship between the QI Hub partners and other ‘clients’ continues to evolve and the longer term approach requires to be considered.

c) The Board noted that a performance measurement framework will be
developed to support the workplan and that there was a commitment to commission an evaluation process.

The Board commended the Director of Safety and Improvement for the report which provided clarity of the future approach for the Qi Hub. They were pleased to note the continued progress.

5.3 Strategic delivery plan for clinical engagement 2014-2017

The Board received the refreshed Clinical Engagement Strategy 2014-2017 and the associated strategic delivery plan which were presented by the Executive Clinical Director.

The Executive Clinical Director advised that the EIS committee had reviewed and approved the Strategy and delivery plan in August for submission to the Board.

The Board commended the work undertaken to develop the Strategy. The following was noted:

a) In accordance with the Governance Review, they advised that the Board will commission the EIS committee to define the governance and future reporting schedule for this programme of work.

b) Section 9 of the summary report should record that public partners are represented on the EIS committee.


6. PRESENTATION

Strategic Scrutiny Group in Scotland

The Chairman introduced and welcomed Fraser McKinlay, Director of Performance Audit and Best Value who attended to present on the work of the Strategic Scrutiny Group in Scotland.

The Director of Scrutiny and Assurance set the context for the presentation from Mr McKinlay advising that it reflected the work of the new national Strategic Scrutiny Group and the opportunities for this group to provide a cohesive approach to the scrutiny of the public sector in Scotland.

Mr McKinlay advised that the membership of the group involved senior colleagues from a range of scrutiny bodies including the Scottish Government. He provided an outline of the work of the group advising that it is underpinned by the principles of scrutiny (public, focus, independence, proportionality, transparency and accountability) and the obligations of the Public Services Reform (Scotland) Act. He highlighted that the specific benefits of the group included the promotion of collaboration in areas of shared interest where working together adds greater value and collaborative gain; whilst acknowledging the specific and distinctive statutory roles and responsibilities of each organisation and their respective governance and accountability structures.
The Chairman advised that Healthcare Improvement Scotland was delighted to be part of this agenda. The Board acknowledged the approach of the group which will look to drive change in communities and development of services through partnership working at all levels specifically including local community, service user and staff engagement. The requirement to incorporate the improvement agenda and the use of intelligent data into the work of the group was also acknowledged.

It was noted that the Director of Scrutiny and Assurance is the ‘sponsor’ of the public service reform strand of work of this group.

The Chief Executive welcomed the renewed focus of the Strategic Scrutiny Group and in particular the alignment of its key work streams with the core principles of the Christie Commission.

In discussion, the relevance of this work to health and social care integration was noted, as was the challenge for all scrutiny bodies to become skilled in evaluating aspects of local systems that do not lend themselves to traditional methods of measurement eg the quality of collaboration between partner organisations.

The Board thanked Mr McKinlay for his presentation and advised that they looked forward to being informed of future progress.

7. STANDING BUSINESS (CORPORATE)

7.1 Financial Performance to 31 August 2014

The Board received a report from the Director of Finance and Corporate Services on the financial performance to 31 August 2014.

The Board was asked to note the financial position at 31 August 2014, progress with regard to efficiency savings targets and ongoing discussions with Scottish Government colleagues regarding the allocation of funding for 2014-15 and final budget allocations for 2015-16.

The following points were noted:

• The Board noted receipt of 87% of anticipated resources. They acknowledged the significantly improved position from previous years and commended the effort undertaken to achieve this position.

• The Director of Finance and Corporate Services advised that plans for capital spend for IT will be submitted to the Board in due course.

• The Board referred to the draw down of resources as required for Death Certification and SMC New Medicines Review and queried whether this approach will continue in 2015-16. They were advised that once these areas of work stabilise in terms of recruitment, the funding associated with them will be easier to plan and agree with Scottish Government colleagues.

• Regarding the overall financial position, the Board noted the significant proportion of spend that is associated with staffing. This provides limited scope to flex budgets appropriately to meet savings targets and to direct
funding to emerging work. A discussion took place with regard to managing the skill mix and work plans of staff within the organisation to ensure that work is resourced effectively. The Board remain concerned at the significant proportion of staffing costs compared with other Boards and made it known that they expect this to be resolved as part of the ongoing budget discussions with Scottish Government colleagues. The Board advised that they were content with the report.

7.2 2014/15 Local Delivery Plan: performance report August 2014

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

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

The Board raised the following points:

- New work as recorded under section 2.3 should be reflected in the narrative (sections 4.1-4.3).

- All Board reports are published on our website and available to the public. Narrative reports should be succinct but informative and recorded in a format that is easily understandable to a wide range of audiences and to the wider public.

- The report is very ‘clinically’ focussed. There is no ‘feel’ for how a programme of work is progressing eg the challenges of delivery, management of resources etc.

  It was agreed to consider presentations to the Board from the teams directly involved in delivering projects. This will be an approach considered for each Board meeting.

- The Board noted the very high level of risk recorded against the Endorse project (S16) and requested further clarification. The Director of Scrutiny and Assurance advised that the status of this programme had been raised with the Scottish Government and a response was awaited.

  The Board highlighted the need to consider how the LDP and the supporting report to the Board allow the Board to take informed decisions/raise appropriate queries/receive assurance.

The Board was asked to note that there continued to be very high risks associated with the Death Certification programme of work. These were discussed in full during the earlier agenda item of this meeting.

The Board advised that they were content with this report subject to the above comments.
8. STANDING BUSINESS (GENERAL)

8.1 Executive Clinical Director: key points

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

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

- **Report of 90 day process on developing indicators on quality at NHS Board level**
  The EIS committee recommended wider awareness of this work.

- **NHS Grampian review**
  It was noted that the Grampian review has placed a significant draw on the data measurement and business intelligence team resources.

- **Health Foundation Measurement and Monitoring of Safety**
  The application for funding (£600k for 18 months) to test a framework for measuring and monitor patient safety had been successful. This work will commence during October/November.

- **QI connect series**
  Board members were reminded that they are very welcome to join the WebEx sessions. All details on the sessions are circulated to the Board via the communications update.

The Board extended their congratulations to the team in securing the funding from the Health Foundation and for the very successful QI connext series.

8.2 Director of Evidence: key points

The Board received a report from the Interim Director of Evidence, which provided a high level update on recent activity and key developments within the Directorate. She expressed her thanks to Maggie Waterston, Director of Finance and Corporate Services and Dr Karen Ritchie, Head of Knowledge Management for their support in providing cover in her absence.

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

- The Director of Evidence commended the efforts of SMC staff in what has been a very resource intensive period required to meet the implementation of the new medicines review recommendations.
- The Board noted that the resulting decisions from the first two medicines considered under the Patient and Clinical Engagement process will be made public in October.
- The Chairman commented that the current position provides assurance to the Board on progress and, on behalf of the Board, she very much acknowledged the significant amount of work that has been and is continuing to be done by the SMC staff.
- The Board also commended the success in achieving the strategic alliance
with the Health Services Research Unit, University of Aberdeen and HIS.

8.3 Director of Safety and Improvement: key points

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

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

- **FOI request:** The Director of Safety and Improvement reported on a recent FOI request related to a primary care culture survey which had been considered by the Information Commissioner. The Board noted that the Commissioner had upheld the decision taken by HIS not to release the information requested.

  The Board advised that they were pleased to receive this assurance.

8.4 Director of Scrutiny and Assurance: key points

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

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

- The Director of Scrutiny and Assurance drew the Board’s attention to the decision that a stand alone Scrutiny and Inspection Plan will not be required and that this will be incorporated into the corporate delivery plan.

  The Board welcomed and endorsed this approach.

8.5 Scottish Health Council: key points

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

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

- **Stronger voice programme:** the associated engagement work for this programme has received a very positive response – all involved have been very busy but energetic and enthusiastic.

  An engagement event will be held for the Board at the Board seminar on 26 November 2014.

- Two service change reports are due to be published around major service change in NHS Highland. Discussions are taking place with the Scottish Government related to how this aligns to health and social care integration. The Board will be kept informed of progress with these discussions.
8.6 **Finance and Corporate Services: key points**

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

No points were raised related to the information in the report.

9. **GOVERNANCE COMMITTEES**

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

a) **Audit and Risk Committee**
   No further points were raised in addition to the key points presented.

b) **EIS Committee**
   The Chair of the EIS Committee commented on the work undertaken to date to refocus the agenda of the EIS committee. In addition, he commented on:
   
   • The commitment to extend professional engagement as detailed in the Clinical Engagement Strategy; particularly in the social care sector. He acknowledged the challenges to deliver the Clinical Engagement Strategy and wished the team well in undertaking this work.
   
   • The involvement of the public in the scrutiny process in independent settings was a consideration and could be an area for the Scottish Health Council to be involved in.
   
   • The Chair commended the 90-day process report to the Board noting that it would be key to the ability to provide assurance to the people of Scotland about how effectively services are operating. A copy will be circulated to Board members.
   
   • The Board requested that the Business Intelligence business plan is submitted to the next meeting of the Board.
   
   • The Board also requested that the Committee consider providing an update to the Board on HIS’s relationship with the independent healthcare sector and the proposed outcomes/impact.

c) **Scottish Health Council**
   
   • Stronger Voice: Board members were advised that they will be welcome to attend the next meeting of the Scottish Health Council on 4 November 2014 should they wish to inform discussion on this agenda.
   
   • The Board noted the outcome from the EQIA audit of Board papers which recorded every paper submitted to the Board had complied with EQIA requirements.

No other additional points were raised in relation to the governance committee reports or minutes.

10. **ANY OTHER BUSINESS**

No other items of business were raised.

11. **DATE OF NEXT MEETING**

The next meeting will be held on Wednesday 17 December 2014, at 12.30pm, Boardroom, Gyle Square, Edinburgh.
## ACTION POINT REGISTER

### Meeting:
Healthcare Improvement Scotland Board meeting

### Date:
Wednesday 24 September 2014

<table>
<thead>
<tr>
<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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<tbody>
<tr>
<td>1.4</td>
<td>Review of Action point register 25 June 2014</td>
<td>4.2 Code of Conduct: Board members and senior staff were reminded to review their registered interests as per the HIS Code of Conduct. An updated register will be submitted to the December Board meeting. 7.2 Knowledge into action: this item will be considered by the EIS Committee and brought back to the Board if required.</td>
<td>ASAP 17 Dec 2014 17 Dec 2014</td>
<td>Corporate Governance Manager Corporate Governance Manager Director of Evidence</td>
<td>All to note. Agenda item, 17/12/14 Will be taken forward by the Director of Evidence and reported back to the Board, if required.</td>
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<td>5.3</td>
<td>Clinical Engagement Strategy</td>
<td>In accordance with the Governance Review, the Board will commission the EIS committee to define the governance and future reporting schedule for this programme of work. Section 9 of the summary report should record that public partners are represented on the EIS committee.</td>
<td>Sept 2014</td>
<td>Executive Clinical Director Executive Clinical Director</td>
<td>Noted. Noted.</td>
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<td>7.2</td>
<td>2014/15 Local Delivery Plan: performance report</td>
<td>New work as recorded under section 2.3 should be reflected in the narrative (sections 4.1-4.3). Narrative reports should be succinct but informative and recorded in a format that is</td>
<td>17 Dec 2014 17 Dec 2014</td>
<td>Director of Finance and Corporate Services All</td>
<td>Actioned. Noted for Executive Team action.</td>
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<tr>
<td>Minute ref</td>
<td>Heading</td>
<td>Action point</td>
<td>Timeline</td>
<td>Lead officer</td>
<td>Status</td>
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<td>easily understandable to a wide range of audiences and to the wider public. Consider presentations to the Board from the teams directly involved in delivering projects. This will be an approach considered for each Board meeting.</td>
<td>17 Dec 2014</td>
<td>Executive Team/ Director of Scrutiny and Assurance</td>
<td>Noted for Executive Team action.</td>
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<tr>
<td>8.5</td>
<td>Scottish Health Council: key report</td>
<td>Presentation on Stronger Voice work programme to be held at the Board Seminar on 26 November 2014.</td>
<td>26 Nov 2014</td>
<td>Director, Scottish Health Council</td>
<td>Actioned.</td>
</tr>
<tr>
<td>9.2</td>
<td>EIS Committee</td>
<td>Business Intelligence Strategy: Business Case to be submitted to the December Board meeting. Independent Healthcare Sector: consideration to be provided to the Board on HIS’s relationship with the independent healthcare section and the proposed outcomes/impact.</td>
<td>17 Dec 2014</td>
<td>Executive Clinical Director</td>
<td>Presentation was provided at the Board seminar on 26 November 2014. Noted for Executive Team action.</td>
</tr>
<tr>
<td>9.4</td>
<td>Scottish Health Council</td>
<td>Board members welcome to attend the next meeting of the Scottish Health Council on 4 November 2014 should they wish to inform discussion on this agenda.</td>
<td>4 Nov 2014</td>
<td>Board members</td>
<td>Noted for Board member action.</td>
</tr>
</tbody>
</table>
SUBJECT: Chairman’s report

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

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

3. Strategic issues
   a) National and local (HIS) publications
      Recent national and local (HIS) publications have resulted in discussions in the Scottish Parliament and have been highlighted through various media, eg publication of the report on the Vale of Leven Inquiry, report on the review on the quality of care at Aberdeen Royal Infirmary.

      HIS continues to work with our stakeholders to consider the recommendations from the Vale of Leven Inquiry and will also work to support the development of NHS Grampian’s action plan to implement the recommendations set out in this report.

      An update on progress related to Quality of Care Reviews with NHS Boards is provided under item 4(a).

   b) Scottish Patient Safety Programme - Conference: 11 and 12 November 2014
      Both myself and a number of our Board members were able to take the opportunity to attend this event. I would like to acknowledge the work of our Director of Safety and Improvement, Ruth Glassborow; Joanne Matthews, Head of Safety and all staff in the SPSP team for delivering an outstanding two day event. Feedback received from across NHS Boards in Scotland has been exceptional.

   c) Guiding coalition event: 12 November 2014
      Taking place concurrently with the SPSP Conference was a guiding coalition event for NHS Board Chief Executives, Chairs and Scottish Government Health and Social Care Directors. The key aim of this event was to provide a forum to collectively discuss the strategic challenges faced across NHSScotland. These discussions have resulted in development of an oversight group to ensure momentum is maintained. The oversight group has identified key workstreams and a lead has been identified for each. The workstreams will progress discussion on the following areas:

      • Social care funding
      • 2020 vision
      • Shared services
      • Service change
      • National clinical strategy
      • Costs, Drug Costs and Target Flexibility

      Healthcare Improvement Scotland is involved in the work with medicines in partnership with National Services Scotland (NSS).
d) **Scottish Medical Leadership Conference: 28 November 2014**
I very much welcomed the opportunity to be invited to speak at the above Conference in my role as Chairman of Healthcare Improvement Scotland. The Conference was also supported by the Scottish Government, Royal Colleges (across all clinical disciplines), the National Leadership Unit, NHS Education Scotland and the Faculty of Medical Leadership and Management.

The Conference was well attended by medical staff from across NHSScotland who had a keen interest in quality, improvement and leadership. There was significant interest from medical staff who wished to be involved or have further involvement with Healthcare Improvement Scotland.

e) **Annual appraisal**
I met with the Director-General Health and Social Care and Chief Executive, NHSScotland to receive my annual appraisal. We have agreed three priority areas which will be addressed throughout 2015-16 and which focus on the following areas of our work: a) Stronger Voice b) Quality of Care Reviews c) Driving quality improvement capacity. I will also be working to raise the visibility and demonstrate the value of the organisation with both the parliament and the public.

4. **Stakeholder engagement**

a) **Joint engagement: Chairman and Chief Executive – key issues**
   - **Quality of Care Reviews with NHS Boards**
     The Chief Executive and I have been undertaking a programme of visits to meet with NHS Board Chairs and Chief Executives to discuss and inform our approach to Quality of Care Reviews. To date, these visits have been welcomed and Chairs and Chief Executives have been very supportive of our direction of travel. We have emphasised our approach to linking of improvement and scrutiny. NHS Boards have particularly commented on the value of the Healthcare Environment Inspectorate. A number of common themes are emerging together with additional ideas and suggestions. A summary report on the visits and our reflections will be submitted to the Chair of the Review Group, Dr Tracey Cooper, Chief Executive of Public Health Wales, for consideration within the formal review process.

   - **Strategic meeting with Sponsor Division**
     The Chief Executive and I met with the sponsor division on 21 October 2014. Our discussions considered areas related to development of synergies across the improvement landscape, quality assurance as we move forward into integration, resource and workforce issues and the draft operating framework between HIS and the Scottish government. The next meeting with the sponsor division will take place in January 2015.

b) **NHSScotland chairs meetings: key issues**
Discussion at NHSScotland Chairs’ meetings continue to be focussed on current and future funding across the Scottish Health Service including funding related to health and social care integration. Future developments related to the Chancellor’s recent announcement of additional NHS funding will be relayed to the Board as and when this is made available.
c) **NHSChairs/Scottish Government Quality Portfolio Group**

The NHS Chairs Quality Portfolio Group continues to consider areas to improve training and development for Chairs and Non Executive Board members. The group meets in mid-December and will consider recommendations for training around quality improvement, clinical governance and how Board members seek assurance from across their organisations.

d) **Scottish Health Service Awards**

Healthcare Improvement Scotland sponsored the Quality Champion of the year at the Scottish Health Service Awards and Dr Brian Robson hosted a table at the awards on behalf of HIS. The evening was reported as a great success with HIS recognised across many areas of work. The Quality Champion of the Year, Jennifer Taggart from NHS Ayrshire and Arran acknowledged the support received from the Older People in Acute Care (OPAC) team at HIS and specifically expressed thanks to Penny Bond and Karen Goudie from the OPAC team.

5. **Our governance**

a) **Annual review**

Healthcare Improvement Scotland welcomed the recently appointed Minister for Public Health, Maureen Watt who led the review of our work during 2013–2014. The review recognised the achievements of the organisation and its staff, looked at how our work has contributed to improved patient experiences across NHSScotland and how the organisation continues to learn and improve.

The review was very successful and I would like to thank the Executive Team and all staff involved for the hard work in arranging the review. We received positive feedback from the Minister. She did however look for us to further consider how we address areas of equality within the organisation and how we strengthen opportunities to promote our strategic approach and the work of the organisation externally.

b) **Non Executive Member appointment process**

We are currently looking for three new non executive members to join our Board. The appointments process for these posts is managed by the Public Appointments, Wellbeing and Diversity (PAWD) Unit, Scottish Government. The application process is accessible at: [Public Appointments website](#). The closing date of 19 December 2014. A copy of the advert is available on our website: [Non-executive member appointments](#).

c) **Governance committee membership**

There have been a number of amendments to the membership of our governance committees both as a result of changes but also due to current non executive member vacancies. Until we appointment to current vacancies, I will attend all governance committee meetings, where possible.

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**Dr Denise Coia**
**Chairman**

**Social media**

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

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

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

3. Business updates

Building a Quality Improvement Infrastructure – critical friend visit 2 December
The diagnostic exercise is a mechanism to support NHS boards to assess their current QI infrastructure and help focus discussion about next step priorities.

A QII visit to Healthcare Improvement Scotland took place on 2 December 2014 to complement and augment the QI diagnostic exercise process. The visit was led by the QI Hub and conducted in partnership with NHSScotland QI Hub Strategic Partners and experts from other quality improvement fields.

The focus of the discussion was based on the outcome of the diagnostic exercise, and provided an opportunity for the board to gain an external perspective on areas of strength and opportunities for improvement.

The visit was well attended by staff and the level of participation enabled valuable and productive discussions to take place that will help develop Healthcare Improvement Scotland to become a high performing organisation.

Quality of Care Reviews Design Panel Meetings
To date, there have been two meetings of the Quality of Care Reviews Design panel, chaired by Dr Tracey Cooper, Chief Executive of Public Health Wales. The level of engagement from stakeholders is excellent.

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

NHS Chairs’ Away Day – 27 October
A joint meeting of the NHS Chairs and Chief Executives took place on 27 October. The aim of the session was to bring Chief Executives and NHS Chairs together informally to discuss, review and share thinking on critical areas in current models of care delivery and explore potential opportunities for delivering high quality care that promotes health and well being across the country and is sustainable and affordable.

This work has now produced a number of important workstreams and these are detailed in Section 3 c) of the Chairman’s Report.
4. Our Workforce

Staff appointments
I would like to take the opportunity to congratulate Sara Twaddle on her appointment as Director of Evidence with effect from 25 November 2014.

Staff Huddles
The November All Staff Huddle was conducted entirely by WebEx and hosted by the Clinical Directorate. Staff were able to participate in the meeting from their own desks using their laptops or gather together in meeting rooms. We continue to explore new avenues in our endeavours to improve the quality of our Staff Huddles.

Formal Staff Survey
At the time of writing, the results of the annual staff survey are expected imminently. I shall update the Board verbally if we receive them by 17 December.

Angiolina Foster
Chief Executive
SUBJECT: Risk Management report

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

2. Recommendation
   The Healthcare Improvement Scotland Board is asked to:
   • review the corporate risk register (Appendix 1) and the very high operational risks (appendix 2).
   • the Chair of the Audit and Risk Committee will report on any key issues related to the management of risk that were considered at the Audit and Risk Committee meeting held on 3 December 2014.

3. Background and key issues
   a) A key responsibility of the Board is to provide leadership within a framework of prudent and effective controls which allow risk to be assessed and managed. The Board therefore receives, as a standing agenda item, a status report on the management of risk. The Board is asked to review and assess the corporate risks and very high level operational risks at each meeting.
   b) The Board is asked to note that the corporate risk register and all very high and high operational risks were considered by the Audit and Risk Committee at their meeting held on 3 December 2014. The Executive Team provided an update on issues raised. All changes will be reflected in the December risk management review period which runs from 1 December – 21 December 2014.
   c) The Board is therefore asked to note that Appendix 1 and Appendix 2 presents a report from the Compass system as of 8 December 2014 and may not as yet reflect any changes agreed at the Audit and Risk Committee. The Executive Team will provide verbal assurance to the Board, as required.

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

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

5. Measures for improvement
   The implementation of this revised approach to managing risk within the organisation will be subject to regular review to ensure that any further improvements can be made as necessary.

6. Risk and legal implications
   By reviewing risk and implications on a regular basis, the organisation is demonstrating good governance which should reduce the likelihood of a significant risk occurring.
7. **Resource implications**
   It is planned that the management and training of risk is conducted on a team basis and forms part of management responsibilities.

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

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

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

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

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

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

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Angiolina Foster  
Chief Executive

Maggie Waterston  
Director of Finance and Corporate Services

Lead Director  
Lead Officer

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**Appendices:**

1. Corporate risk register
2. Operational risk register (very high risks)
## Corporate Risks

<table>
<thead>
<tr>
<th>Category</th>
<th>Project / Strategy</th>
<th>Risk No.</th>
<th>Risk Dir.</th>
<th>Description</th>
<th>Risk Controls</th>
<th>Net Risk Level</th>
<th>Current Mitigation</th>
<th>Current Update</th>
<th>Current Risk Level</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Financial / Value for Money</strong></td>
<td>Driving Improvement in Healthcare Strategy 2014-2020</td>
<td>11</td>
<td>MW</td>
<td>There is a risk that we will be unable to deliver our work due to the current short-term funding arrangements that are in place resulting in inability to plan for longer term delivery against our objectives.</td>
<td>Regular meetings with Scottish Government finance colleagues. Budgetary control procedures Standing Financial instructions Scheme of Delegation Mid-year finance review Budget holder attendance at audit and risk committee meetings</td>
<td>High - 12</td>
<td>•Negotiating with Scottish government colleagues about transfer of non-recurring funds to our baseline. •Regular financial performance reports to ET, Audit and Risk Committee and the Board. •Early confirmation of allocations due by Scottish Government.</td>
<td>Close working with SG finance and sponsor colleagues is taking place. Baseline discussions are currently under way and there is an understanding by SG colleagues that current funding arrangements are not sustainable.</td>
<td>High - 12</td>
</tr>
<tr>
<td><strong>Operational</strong></td>
<td>Driving Improvement in Healthcare Strategy 2014-2020</td>
<td>14</td>
<td>RG</td>
<td>There is a risk that HIS fails to develop an organisational culture focussed on continuous improvement because of lack of understanding of techniques and knowledge required to deliver the strategy resulting in HIS not becoming a high performing organisation.</td>
<td>Improvement Advisors within the organisation to provide support. Driving Improvement sub group (VBEC)</td>
<td>High - 16</td>
<td>•Creation of a capability and capacity plan to identify the gaps. •Develop a supporting action and communications plan. Development of QI Framework for HIS. Building a QI Infrastructure process. Internal Improvement Plan, QI Capacity and Capability plan</td>
<td>QI Infrastructure ‘critical friends’ visit on 2nd December QI Capacity and Capability plan went to Nov CMT and in process of being finalised Revised internal improvement plan produced that combines the internal driving improvement work and the agreed actions from the QI Infrastructure diagnostic work and discussed at November CMT</td>
<td>Medium - 12</td>
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<td></td>
<td></td>
<td>12</td>
<td>MW</td>
<td>There is a risk that we fail to meet the requirements of stakeholders and manage their expectations because of a lack of understanding of their needs resulting in missed opportunities and under delivery of our strategic objectives.</td>
<td>Regular meetings with Sponsor division at Scottish Government. Regular meetings with Scottish Government finance colleagues. Stakeholder evaluation following internal and external events. Current collaborations across NHSScotland and the wider healthcare environment. NHSScotland Chairs and Chief Executive meetings. Participation Standard.</td>
<td>Medium - 12</td>
<td>•Development of a decision making framework which identifies stakeholders. •Negotiate deliverable set of expectations and strategic priorities with stakeholders at planning stage. •Finalise and share within the organisation an external engagement strategy.</td>
<td>The decision making framework is almost complete and will be presented to next Board seminar in November. ET will agree workplan during December 2014 which will include management of stakeholder’s expectations. SG sponsor decision and finance colleagues are supportive of this approach</td>
<td>Medium - 12</td>
</tr>
<tr>
<td><strong>Reputational / Credibility</strong></td>
<td>Driving Improvement in Healthcare Strategy 2014-2020</td>
<td>8</td>
<td>RP</td>
<td>There is a risk that we are challenged by a healthcare provider on our findings and are unable to defend the challenge which will lead to a reduction in our credibility with the service and with the public, therefore improvements in healthcare that we recommend, will not be implemented.</td>
<td>Implementation of action plan in response to Ninewells review. Existing factual accuracy sign-off process.</td>
<td>Medium - 12</td>
<td>Development of evidence and judgement framework</td>
<td>We have strengthened the clinical expertise and seniority of input to our scrutiny activities. We are developing an evidence and judgement framework that will underpin future reviews. This will ensure that all reports are underpinned by robust evidence and professional judgement. We continue to ensure all reports are subject to factual accuracy checking by NHS</td>
<td>Medium - 12</td>
</tr>
<tr>
<td>No.</td>
<td>Executive</td>
<td>Issue Description</td>
<td>Plan Details</td>
<td>Risk Mitigation Details</td>
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<td>6</td>
<td>MW</td>
<td>There is a risk that the benefits of integrating our evidence, scrutiny and assurance and quality improvement implementation support functions will not be realised because of a lack of understanding, application and commitment resulting in a failure to deliver our strategy.</td>
<td>Strategic Plan 2014-2020 LDP/Operational Plan</td>
<td>Develop worked examples to support the organisational message about alignment for a purpose. Development of outcome framework and decision making framework to align work to delivering the strategy (Board seminar 27 August 2014). Plan to improve stakeholder engagement (part of work programme for the Driving Improvement working group).</td>
<td>An outcomes chain has been agreed which is supporting our decision making to produce the integrated 3 year corporate plan. Work is ongoing with support services to equip them to support change within the organisation.</td>
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<td>10</td>
<td>AF</td>
<td>There is a risk that the Executive Team and the Corporate Management Team do not create leadership capability and capacity within the organisation resulting in reduced effectiveness in delivering the strategy.</td>
<td>Strategic Plan 2014-2020 2020 Workforce Vision 'Everyone Matters' action plan National leadership training programmes open across the organisation</td>
<td>• Refocus content of ET and CMT meetings to be more strategic. • Directorate team meetings will formally cascade information from CMT. • Capability plan to be created.</td>
<td>Content for ET and CMT meetings has been revised and is currently being tested.</td>
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<tr>
<td>9</td>
<td>MW</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>Strategic Plan 2014-2020 LPD/Operational Plan Workforce Plan Regular meetings with sponsor division to consider future outlook Policy Analyst political horizon scanning</td>
<td>• Horizon scanning exercise being undertaken by Executive Team. • Systematic horizon scanning to be developed. • Development of 3-year corporate planning process.</td>
<td>ET and CMT meetings have been changed to incorporate more horizon scanning/business development time to enable better planning for the future. This includes new initiatives and preparation of the 3 year corporate plan. Political horizon scanning is also taking place.</td>
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<tr>
<td>13</td>
<td>RG</td>
<td>There is a risk that the organisation does not effectively plan for health and social care integration agenda because of lack of understanding of the impact resulting in missed opportunities to drive improvement in health and care.</td>
<td>Joint inspection programme with the Care Inspectorate. Joint Board seminar with Care Inspectorate. HIS Chairman is a member of the Care Inspectorate Board. HIS represented at national meetings. Care Inspectorate Chairman is member of HIS Board.</td>
<td>Identify Lead Director within HIS. Include within 3-year corporate plan. Horizon scanning by Executive Team. Ensuring HIS has individuals linked into key forums nationally looking at integration. Proactively identifying which work programmes need to extend focus to include social care and agreeing how to make that transition and then implement.</td>
<td>Executive Team now routinely consider impact of health and social care in discussions around key programmes of work. Active discussions taking place with key stakeholders to identify which work programmes need to move into the integrated space. Joint Improvement Team joined QI Hub HIS leading on development of proposal for a whole system (health and social care) frailty pathway improvement programme.</td>
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## Operational Risks: Very High

<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>Current Risk Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compliance / Regulatory</td>
<td>Death Certification</td>
<td>108</td>
<td>RP</td>
<td>There is a risk that: the existing functioning system for death certification is replaced by a new system that fails at transition. Because of: a number of factors: including a solution for the eCMS not being implemented and a team of suitable skilled MRs not being recruited in time. Resulting in: there being no scrutiny of the death certification process AND the organisation failing to deliver its responsibilities as stated in the Certification of Death (Scotland) Act 2011, therefore leading to a detrimental impact on the reputation of HIS.</td>
<td>Death Certification Review Programme Board Deliverable operating model Death Certification PID eCMS PID Technical Options Appraisal Testing strategy Business requirements and Business processes Contingency model to be used in the event of system failure</td>
<td>High - 9</td>
<td>Detailed business requirements and business processes will be agreed with stakeholders to ensure a suitable system is implemented Effective project management and liaison with technical suppliers by HIS/NSSIT Contingency plan developed to be used in the event that the new system is not ready for go-live Regular monitoring of progress through the Death Certification Review Programme Board and National Advisory Group</td>
<td>Business continuity plans are being developed for the eCMS system, resources and people. These will included any additional resourcing requirements. Process maps which have already been developed will be used to inform the development of these plans.</td>
<td>Very High - 16</td>
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<tr>
<td></td>
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<td>92</td>
<td>RP</td>
<td>There is a risk that: Healthcare Improvement Scotland (HIS) is unable to implement a working system for review of medical certificates of cause of death (MCCD) by April 2015. Because of: inability of any or all of the interdependent stakeholders to deliver their component parts to timescale and quality. Resulting in: the organisation failing to deliver its strategic objective and statutory responsibilities and a detrimental impact on the organisation’s reputation and potentially on stakeholder organisations and the public.</td>
<td>Detailed operational plan. Monitoring of risks through the risk register. HIS DC review programme board which focuses on HIS responsibilities and brings together all interdependent stakeholders and receives status update reports. Regular reports on progress, risks and issues to relevant HIS governance committees (eg HIS Board, EIS committee, executive team etc) HIS representation and regular reporting to Scottish Government (SG) established National Advisory Group (NAG) and linking with sponsor division at SG as required.</td>
<td>Very High - 15</td>
<td>Development of a deliverable operating model and achieveable implementation plan for the new system by HIS Effective project management and liaison and management of supplier organisations during implementation by HIS and NSSIT Ongoing close liaison with the interdependent stakeholders Effective programme oversight during implementation by SG. Early consideration of contingent options to be invoked in the eventuality that one or more of the interdependent stakeholders is unable to deliver.</td>
<td>This remains a highly interdependent programme with a number of organisations (HIS, NRS, NSSIT, NES, SG, NHS24) requiring to deliver the component parts to timescale. The SG established NAG is continuing to oversee the programme from the national perspective. The operationally focused stakeholder group meets regularly and includes all key delivery organisations. This group has developed a joint reporting template and arrangements have been firmed up to ensure that interdependencies, progress, risks and issues are reported on a monthly basis to SG. SG has a policy lead who is dedicated full time to the implementation of the review programme and positive operationally focused meetings continue to be held with the policy lead and the HIS team.</td>
<td>Very High - 15</td>
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</table>
Work is progressing well, in combination with stakeholders, to ensure that functioning systems will be in place for commencement of the scrutiny system on 29 April 2015. Contingency plans have been discussed and are currently being formalised and documented.

The current discussions regarding TCS for medical reviewers (see risk 107) may have a bearing on ability to establish the full complement of WTE staff by the beginning of April 2015. His issue has been prioritized for urgent action.

<table>
<thead>
<tr>
<th>107</th>
<th>RP</th>
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<tr>
<td>There is a risk that: HIS is unable to recruit and train an appropriate number team of Medical Reviewers with the necessary skills and experience required to operationalise the review system from April 2015. Because of: lack of clarity on the sample size prior to recruitment activity; and/or insufficient interest from the medical profession in the posts advertised (due to uncertainty of implementation date during the first round of recruitment activity). Resulting in: the organisation failing to deliver its responsibilities as stated in the Certification of Death (Scotland) Act 2011, therefore leading to a detrimental impact on HIS’s reputation.</td>
<td>National Advisory Group Death Certification Review Programme Board Recruitment plan Workforce plan Medical Reviewer Induction Programme Statement of intent/resource agreement Death Certification PID</td>
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<td>A recruitment and workforce plan will ensure recruitment activity commences far enough in advance for MRs to be in post by April 2015 An induction programme will be developed to ensure MRs are trained prior to the go-live date Details of candidates from initial recruitment exercise retained for future reference A signed statement of intent will be obtained from SG to ensure a commitment to fund the programme Regular monitoring of the review system’s requirements through governance committees and SG’s National Advisory Group</td>
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<tr>
<td>Medium - 5</td>
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<td>The interviews for medical reviewers which finished on 28 October identified eleven preferred candidates for the medical reviewer posts equating to the 6 whole time equivalents required to staff the service. The preferred candidates are from a mixture of primary and secondary care backgrounds and discussions are underway to determine appropriate Terms and conditions of service (TCS). Advice from Scottish Government is that new national TCS would be the preferred approach however the timescales available may be insufficient for successful completion of such an exercise in time to get MRs into post by April 2015. Liaison is ongoing with medical recruitment specialists, Scottish Government death certification and workforce policy colleagues and the NHSScotland Management Steering Group (MSG) to urgently determine an appropriate strategy to ensure that a core team of MRs is in place by the beginning of April 2015. The preferred candidates are being communicated with regularly by HR and the SMR as these discussions progress.</td>
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<td>Very High - 15</td>
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<td>Operational Programmes</td>
<td>SPSP Programme Board</td>
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<tr>
<td><strong>ENDORSE – (Endoscopy: Raising Standards and Effectiveness)</strong></td>
<td>5</td>
</tr>
<tr>
<td>risk of non delivery of the ENDORSE Programme due to lack of existing resources with national stakeholders resulting in NHS boards not being in a position to gain accreditation by 2015 due to inability of national organisations to support the programme</td>
<td>Detailed PID for ENDORSE with identified costs in place. Each workstream has its own PID and costs identified</td>
</tr>
<tr>
<td>There is a risk of non delivery of the ENDORSE Programme due to lack of existing resources with national stakeholders resulting in NHS boards not being in a position to gain accreditation by 2015 due to inability of national organisations to support the programme</td>
<td>Very High - 25</td>
</tr>
<tr>
<td><strong>Making Measurement Count (MMC)</strong></td>
<td>55</td>
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<tr>
<td>risk that the data measurement and business intelligence team does not have the capacity to fully meet the level of support required by Healthcare Improvement Scotland resulting in an inability to support the delivery of the organisations priorities.</td>
<td>We are progressing with our Making Measurement Count Action plan, we proactively engage with other parts of the organisation to try and understand their priorities so that we can make sure we are focusing on key business needs. We have monthly team meetings where we discuss new requests for support.</td>
</tr>
<tr>
<td>There is a risk that the data measurement and business intelligence team does not have the capacity to fully meet the level of support required by Healthcare Improvement Scotland resulting in an inability to support the delivery of the organisations priorities.</td>
<td>Very High - 25</td>
</tr>
<tr>
<td><strong>Support for NHS Scotland Volunteers</strong></td>
<td>83</td>
</tr>
<tr>
<td>Board partners fail to engage in a timely way with the implementation process that could result in a failure to deliver implementation by March 2015 leaving some boards without access to the system</td>
<td>Update on system deployment and training included in each e-newsletter communication. Liaison with NHS Boards continues.</td>
</tr>
<tr>
<td>Board partners fail to engage in a timely way with the implementation process that could result in a failure to deliver implementation by March 2015 leaving some boards without access to the system</td>
<td>Very High - 20</td>
</tr>
<tr>
<td>Late requests to change the agreed specification of the database, as a result of low levels of board responses during the planning stage, result in a failure to deliver implementation by March 2015 leaving some boards without access to the system</td>
<td>Deployment schedule produced and revised regularly. Other Programme activity sidelined with VIS taking priority.</td>
</tr>
<tr>
<td>Late requests to change the agreed specification of the database, as a result of low levels of board responses during the planning stage, result in a failure to deliver implementation by March 2015 leaving some boards without access to the system</td>
<td>Very High - 20</td>
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<tr>
<td>Reputational / Credibility</td>
<td>SPSP Programme Board</td>
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<tr>
<td>in errors and the potential for organisational failure.</td>
<td>HIS Exec Team Approval granted to bring forward appointment date for acting up band 8B pharmacist post. 8B pharmacist now in place. HIS Exec Team have agreed to allow SMC to appoint an additional temporary band 4 administrator until the end of the financial year from pool of candidates selected for interview for SMC admin post on 21st August 2014. Internal resource has been diverted to the change programme and some outputs, e.g. horizon scanning, have been scaled back.</td>
</tr>
<tr>
<td>33</td>
<td>ST</td>
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<tr>
<td>SMC- Implementation of new medicines review recommendations</td>
<td>35</td>
</tr>
<tr>
<td>32</td>
<td>ST</td>
</tr>
<tr>
<td>Risk Area</td>
<td>Risk Description</td>
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<tr>
<td>-----------</td>
<td>------------------</td>
</tr>
<tr>
<td><strong>30 ST</strong></td>
<td>There is a risk that the high volume of end of life and orphan medicine submissions cannot be assessed quickly enough to meet public expectation due to capacity issues for clinicians required to attend Patient and Clinician Engagement groups, the Committee, and SMC staff resulting in increased pressure on the Scottish Government from pharmaceutical companies and patient groups with subsequent negative media publicity and loss of reputation for Healthcare Improvement Scotland.</td>
</tr>
<tr>
<td><strong>Very High</strong></td>
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</table>

New staff employed through the improving access to medicines programme are being inducted into SMC. All medicines considered at PACE meetings to date and meetings planned for November and December 2014, have had and are expected to have appropriate clinical representation.
SUBJECT: Governance Review: update on action plan

1. Purpose of the report
   To provide the Board with the revised terms of reference for the Committee structure that was proposed as part of the governance review action plan.

2. Recommendation
   The Healthcare Improvement Scotland Board is asked to:
   • Approve the revised Terms of Reference for the governance committees of the Board. (Appendix 1)
   • Approve the governance structure and responsibilities of the three technology groups of HIS. (Appendix 1, Annexe 1, Page 4)
   • Approve the inclusion of the above into the Code of Corporate Governance.

3. Background and key issues
   At the Board meeting on 24 September 2014, the Board received a report from the short life working group on the review of the Board and committee structure and also an update from the working group set up to consider the governance structure of the Scottish Medicines Consortium (SMC).

   The Board agreed the recommended Committee structure and it was proposed that revised terms of reference would be prepared for adoption at the December board meeting. The revised terms of reference were to include the governance structure and responsibilities of the three health technology groups: Scottish Intercollegiate Guidelines Network (SIGN); the Scottish Medicines Consortium (SMC); and the Scottish Health Technologies Group (SHTG).

   The terms of reference and governance structure for the three health technology groups are provided in Appendix 1.

4. Strategic objectives/Local Delivery Plan
   The review of governance supports the delivery of the organisation’s strategic objectives.

5. Measures for improvement
   The governance review is aimed at making improvements to the ways of working of the organisation.

6. Risk and legal implications
   The recommended changes and action plans ensure greater focus on strategic delivery and management of the legal environment around the organisation.

7. Resource implications
   All work will be undertaken within existing resources

8. Workforce implications/consultation
   All work will be undertaken by using existing structures.

9. User involvement and person centredness/public consultation
   All recommendations and changes are internal to the organisation and do not require external consultation.
10. **Equality and diversity**  
There are no specific equality and diversity issues as a result of this paper.

11. **Governance and future reporting schedule**  
The Board is asked to note that it will continue to receive progress reports on the action plans related to the above areas of work.

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**Hamish Wilson**  
Vice Chair  
Lead Director

**Maggie Waterston**  
Director of Finance and Corporate Services  
Lead Officer

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**Appendix:**
Extracts from the extant Code of Corporate Governance related to the review of governance committees of the Board

**Appendix 1, Annex 1**
Health Technologies Groups (Scottish Health Technologies Group (SHTG), Scottish Intercollegiate Guidelines Network (SIGN), Scottish Medicines Consortium (SMC)
Appendix 1

Extracts from the extant Code of Corporate Governance related to the review of governance committees of the Board

- Revised terms of reference
- For review and approval by the Board

6. Our governance committees of the Board
The Board shall create such governance committees, as are required by statute, guidance, regulation and Ministerial direction and as are necessary for the economical efficient and effective governance of its business.

The Board shall appoint:
- Audit and Risk Committee
- Quality Committee
- Staff Governance committee
- Scottish Health Council Committee
- Remuneration Committee

The Board can also appoint other committees, as it thinks fit, subject to any direction issued by the Scottish Government. The remit of governance committees, their quorum and reporting arrangements to the Board shall be subject to Board approval.

7. Section 7 of the extant Code provides a standard section relevant to the terms of reference for all governance committees of the Board. It is recommended that this section is moved to Section 13.
8. Audit and Risk Committee: terms of reference

8.1 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.

8.2 Remit

The remit of the Committee shall be in line with the NHSScotland Audit Committee Handbook 2008 [NHSScotland Audit Committee handbook.pdf]. The Audit 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.

8.3 Membership

a) The committee will comprise:

- Non executive Board members x 4
- the following officers of Healthcare Improvement Scotland will be in attendance:
  - Chief Executive (Lead Director)
  - Director of Finance and Corporate Services
  - Representation from the Executive team
  - Internal Audit representative and a representative of External Audit
- other officers of Healthcare Improvement Scotland will be invited to attend as required
- A lead officer selected from the Executive team will be appointed to support the committee. This appointment will be made jointly by the CEO and the Chair of the committee.

b) The Audit and Risk Committee Chairman shall not be a Chairman of another committee.

c) At least one member of the Audit and Risk Committee should have recent and relevant financial experience.

d) The Board Chairman and Executive Directors of the Board are explicitly excluded from being members of the Audit Committee.
8.4 Quorum

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

8.5 Meetings

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

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

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

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

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

9.1 Purpose

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

9.2 Remit

The Quality Committee is responsible for considering, on the Board’s behalf, progress being made by the organisation to deliver the strategy and to manage any associated risks. The Board could commission this committee to scrutinize any work where further assurance is required.

In particular, the Committee will assure:

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

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 have a decision making/development framework that is aligned with the strategy. The committee will be outcomes focused and will provide appropriate clinical assurance.

Note: Annex 1 provides further detail on the responsibility for the provision of independent advice to NHSScotland based on health technology assessment (clinical and cost effectiveness) which is delegated to the three health technologies groups noted above, ie Scottish Medicines Consortium (SMC), Scottish Intercollegiate Guidelines Network (SIGN) and the Scottish Health Technologies Group (SHTG).

9.3 Membership

a) The Committee will comprise:

- Non executive Board members x 4 (one of whom will be the Chair of the Scottish Health Council)
- the following officers of Healthcare Improvement Scotland will be in attendance:
  - Chief Executive (Lead Director)
  - Representation from the Executive Team
  - The Chair of SMC
  - The Chair of SIGN
  - The Chair of SHTG
- other officers of Healthcare Improvement Scotland will be invited to attend as required.
- A lead officer selected from the Executive Team will be appointed to support the committee. This appointment will be made jointly by the CEO and the Chair of the committee.
9.4 Quorum

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

9.5 Meetings

The committee shall hold at least four business meetings in each financial year to fulfil its remit. Meetings will be held at a place and time as determined by the committee.
Annex 1

Health Technologies Groups (Scottish Health Technologies Group (SHTG), Scottish Intercollegiate Guidelines Network (SIGN), Scottish Medicines Consortium (SMC))

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

Responsibility for the provision of independent advice to NHSScotland based on health technology assessment (clinical and cost effectiveness) is delegated to the three health technologies groups. The work of the three groups is supported by Healthcare Improvement Scotland staff, based in the Evidence Directorate.

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

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

- SMC produces clinical advice about the clinical and cost-effectiveness of all new medicines. SMC is a consortium of stakeholders from Area Drug and Therapeutic Committees (ADTCs) and representation is derived from ADTCs across NHSScotland. SMC also includes three representatives from the Association of British Pharmaceutical Industry (ABPI) and three public partners. SMC additionally hosts the Scottish Antimicrobial Prescribing Group (SAPG) a national clinical multi-disciplinary forum who co-ordinate and deliver a national framework for antimicrobial stewardship.

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

The governance reporting route for the three groups is through the Quality Committee to the Healthcare Improvement Scotland Board. The Chair of the Quality Committee provides a specific point of contact for the three chairs regarding any concerns or threats to the independence of the groups.

Healthcare Improvement Scotland is responsible for:

- Implementation of the methodologies approved by the three groups.

- Management of the processes used to produce the advice by the three groups.
- Response to legal challenge (to both the advice and also in relation to legal challenges to governance and internal controls). A letter of comfort was provided by Scottish Government to Healthcare Improvement Scotland on 23 April 2013 specifically regarding potential legal challenge.

- Contribution to the annual appraisal process in the home NHS Board by the Executive Clinical Director for the clinical chairs of the groups. The chairs are able to request professional support at any time from the Executive Clinical Director.

**Accountability**

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

<table>
<thead>
<tr>
<th>Methodology</th>
<th>Advice</th>
<th>Governance and internal controls</th>
<th>Legal challenges</th>
<th>Clinical assurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>SHTG</td>
<td>SHTG</td>
<td>HIS</td>
<td>HIS</td>
<td>Quality Committee</td>
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<tr>
<td>SIGN</td>
<td>SIGN Council</td>
<td>SIGN Council</td>
<td>HIS</td>
<td>Quality Committee</td>
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<tr>
<td>SMC</td>
<td>SMC</td>
<td>HIS</td>
<td>HIS</td>
<td>Quality Committee</td>
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</table>
10. Staff governance committee: terms of reference

10.1 Purpose

The purpose of the committee is to hold the organisation to account in terms of meeting the requirements of the NHSScotland Staff Governance Standard (the Standard).

10.2 Remit

- commission the introduction of 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 Staff Governance 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.

10.3 Membership

b) The committee will comprise:

- Non executive Board members x 4 (one of whom should be the Employee Director)
- the following officers of Healthcare Improvement Scotland will be in attendance:
  - Chief Executive (Lead Director)
  - Head of Human Resources
  - Representation from the Executive Team
  - two staff representatives from the trade unions and professional organisations (acting in an ex officio capacity), nominated by the Partnership Forum.
- other officers of Healthcare Improvement Scotland will be invited to attend as required.
- A lead officer selected from the Executive team will be appointed to support the committee. This appointment will be made jointly by the CEO and the Chair of the committee.

10.4 Quorum

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

10.5 Meetings

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

11.1 Purpose

The purpose of the Scottish Health Council is to:

- support, ensure and monitor NHS Boards’ activities regarding patient focus and public involvement
- support and ensure that Healthcare Improvement Scotland meets its duties in respect of:
  (i) patient focus, public involvement
  (ii) equalities (excluding staff governance),
  (iii) User Focus, and
- contribute to the development of person centred services in NHSScotland.

11.2 Remit

The duties of the Council are:

- approval of the Council’s strategic objectives, priorities and workplan
- review performance against workplan and delivery of outcomes.
- arrangements for the appointment/removal of key staff
- The establishment of terms of reference, membership, and reporting arrangements for all sub committees acting on behalf of the Council
- approval of systems and processes by which the organisation makes assessments of NHS Boards’ performance in patient focus and public involvement
- approval of any reports or self assessments to the Board of Healthcare Improvement Scotland on the Duty of User Focus, Equalities Duties or Person Centredness.
- The Chair of the Council shall be a member of the Quality Committee where progress of the Scottish Health Council will be reported.

11.3 Membership

The Chair of the Council shall be appointed by Scottish Ministers. There shall be five other members of the Committee, two of whom shall be members of, and appointed by, the Healthcare Improvement Scotland Board on the recommendation of the Chair, and three members who shall be members of the public appointed by the Chair of the Scottish Health Council. The Director of the Scottish Health Council is supported by the Head of Operations (Scottish Health Council) and the Head of Policy (Scottish Health Council). All are expected to attend meetings.

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

11.4 Quorum

Meetings of the Committee shall be quorate when at least three members are present, including at least one Healthcare Improvement Scotland non-executive board member. In the absence of the Chair either of the non-executive board members may deputise. For the purposes of determining whether a meeting is quorate, members attending by either video or teleconference link will be determined to be present.

11.5 Meetings

The Council will meet approximately six times a year and not less than four times a year. Meetings will be held at a place and time as determined by the Committee.
12. Remuneration committee: terms of reference

12.1 Purpose

The Committee is appointed by the Board to assist it in discharging its responsibilities for executive and senior management remuneration and to maintain the highest possible standards of corporate governance in this area.

12.2 Remit

- Agree all terms and conditions of employment for all staff on the executive and senior management pay scales, 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 and senior manager pay scales before the start of the year in which performance is assessed, and consider and agree, in exceptional circumstances, the revision of the performance plan in the course of an assessment year.
- Review the performance of all staff on the executive and senior manager pay scales against their performance plans.
- Agree the Board’s arrangements for job evaluation of staff on the executive and senior manager pay scales and to oversee these arrangements with the assistance of the Board’s Head of Human Resources.
- To act as the appeals body for those on the executive and senior manager pay scales who have a grievance concerning their Terms and Conditions of Service and in relation to disciplinary matters.

12.3 Membership

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

The Chief Executive and Head of Human Resources shall normally attend meetings other than when their own remuneration is being considered.

12.4 Quorum

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

12.5 Meetings

Meetings shall be held not less than twice per year.

12.6 Record of business

The Head of Human Resources will prepare a record of the business from the meeting. This will be held in the Human Resource confidential files but will be available for review as permitted. An abridged version of the record of business will be submitted as an agenda item under the reserved business of the Board.
13. Terms of Reference for all governance committees of the Board

(the following information applies as standard to the Terms of Reference for all of the governance committees of the Board)

13.1 Authority

13.1.1 Each governance committee (the committee) is authorised by the Board, within its terms of reference, to investigate any activity in the operations of Healthcare Improvement Scotland. It is authorised to seek and obtain any information it requires from any employee and all employees of Healthcare Improvement Scotland are directed to co-operate with any request made by the committee.

13.1.2 The committee is authorised by the Board to procure external legal or other independent professional advice and to secure the assistance of people from outside Healthcare Improvement Scotland or the wider NHS, with relevant expertise, if it is considered necessary.

13.1.3 The committee is authorised by the Board to co-opt additional members for a period not exceeding a year to provide specialist skills, knowledge and experience.

13.1.4 The committee is authorised by the Board to appoint sub-committees, as considered necessary.

13.2 Membership

13.2.1 The Board shall appoint the membership of the governance committees. By virtue of their appointment the Chairman of the Board is an ex officio member of all committees except the Audit and Risk Committee.

13.2.2 Any committee, shall include at least one non executive member of the Board, and may include persons, who are co-opted, and may consist wholly or partly of members of the Board.

13.2.3 In determining the membership of the committees, the Board shall have due regard to its purpose, role and remit, and accountability requirements. Certain members may not be appointed to serve on a particular committee as a consequence of their positions.

13.2.4 The Board shall appoint Chairmen and Vice-Chairmen of committees who shall hold office for two years. In the case of members of the Board, this shall be dependent upon their continuing membership of the Board.

13.2.5 The persons appointed as a committee Chairman shall usually be a non executive member of the Board and only in exceptional circumstances shall the Board appoint a Chairman of a committee who is not a non executive member. Such circumstances are to be recorded in the minutes of the Board meeting making the appointment.

13.2.6 The Board has the power to vary the membership of committees at any time, provided that:
• in any case this is not contrary to statute, regulation or direction by Scottish Ministers, and
• each member of the Board is afforded proper opportunity to serve on committees.
13.2.7 Casual vacancies occurring in any committee shall be filled as soon as may be by the Board after the vacancy takes place.

13.2.8 Membership of the committees shall be disclosed in the Annual Report and Accounts.

13.2.9 Appropriate training and development will be provided to ensure that members of the committee have the skills and knowledge to carry out their role.

### 13.3 Quorate

Refer to individual governance committee terms of reference.

### 13.4 Annual report

**13.4.1** The committee will review its own effectiveness and report the results of the review to the Board and Accountable Officer through submission of an annual report. The annual report will describe the outcomes from the committee during the previous financial year and provide assurance to the Board that the committee has met its remit during the year.

**13.4.2** The timing of this will align to the Board’s consideration of the Chief Executive’s Governance Statement for the associated financial year.

### 13.5 Record of business and related process

**13.5.1** The committee Chairman in conjunction with the Lead Director and/or Lead Officer will set the agenda for meetings.

**13.5.2** The agenda and supporting papers will be sent out at least five working days in advance of the meeting.

**13.5.3** All papers will clearly state the agenda reference, the Lead Director and Lead Officer, the purpose of the paper, the action and recommendations the committee is asked to consider and provide the relevant level of information in order that the committee can effectively discharge its remit.

**13.5.4** A record of business undertaken at each meeting shall be produced. The record of the meeting will clearly and succinctly record what was decided, why it was decided, what action will be taken, by whom and by when and how this will be reported back to the Committee. The record of business will be recorded by applying the principle of collective responsibility or by referencing the job title against the relevant staff member concerned (relates to officers of Healthcare Improvement Scotland) or otherwise as agreed by the committee members.

**13.5.5** The first draft of the record of the meeting will be electronically submitted to the Lead Director and/or the Lead Officer for initial review and approval within 5 working days of the meeting date. Thereafter, the draft record of the meeting will be electronically submitted to the Chairman of the committee for further review and approval within 5 working days.

**13.5.6** The draft record of the meeting will be approved by the Committee at the next meeting.

**13.5.7** The Corporate Office will provide the committee with a secretariat function.
13.6  Reporting to the Board

13.6.1 The Committee will formally report in writing to the Board. A copy of the record of the meeting will form the basis of this report.

13.6.2 The approved record of the meeting will be presented at the next meeting of the Board. A short paper listing the key issues arising from each meeting will also be presented to the Board by the Chairman of the committee.

13.6.3 In the event of the record of the meeting not being available at the next Board meeting, a verbal update on the business of the committee shall be provided to ensure that any questions members of the Board may have can be addressed promptly or other matters highlighted.

13.7  Annual schedule of meeting dates

13.7.1 An annual schedule of Board and committee meeting dates (per financial year) will be developed and submitted to the Board for approval at the Board meeting scheduled for December of each year.

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

13.8  Best Value

The committees of the Board have a responsibility to review progress against the duty of Best Value as set out in the Scottish Public Finance Manual (SPFM) and recent guidance from Scottish Government Health and Social Care Directorate ‘Best Value in public services: Guidance for Accountable Officers’, March 2011. Specifically, there is an individual and corporate responsibility on the Directors and non executive members to promote the efficient and effective use of staff and other resources in accordance with Best Value principles.

Assurance of this area of responsibility to the Chief Executive should be included as an explicit statement in the Annual Report of the committee.
SUBJECT: Register of Interests

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

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

3. Background
   The Board approved the HIS Code of Conduct at the Board meeting held on 24 June 2014. As a result, Board members were asked to review their entries in the Register of Interests and confirm compliance with the new Code. It was agreed that a revised register would be submitted to the December meeting of the Board for approval.

   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. The Register of Interests will be submitted annually to the June Board meeting for review and approval.

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

5. Measures for improvement
   The Register of Interests is submitted for approval to the Board on an annual basis. An audit trail of all interests received is held to ensure compliance with the timeline for submission of interests.

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

   The Standards Commission for Scotland deals with alleged breaches of the Code.

7. Resource implications
   Not applicable.

8. Workforce implications/consultation
   Not applicable.

9. User involvement and person centredness/public consultation
   Not applicable.
10. Equality and diversity
   The Register of Interests does not relate to any policy or work programme that will
   impact on staff, volunteers or service users, and equality impact assessment is therefore
   not required.

11. Governance
   The Board of Healthcare Improvement Scotland will receive an updated Register of
   Interests annually at the June Board meeting. The register forms part of the Governance
   Statement for the organisation.

Maggie Waterston
Director of Finance and Corporate Services
Lead Director

Pauline Donald
Corporate Governance Manager
Lead Officer

Appendix:
Register of Interests as at December 2014
<table>
<thead>
<tr>
<th>NAME</th>
<th>CATEGORY</th>
<th>INTEREST</th>
<th>Date interest commenced (if in FY 2014/15)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CHAIRMAN</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr Denise Coia</td>
<td>1</td>
<td>Board member, Care Inspectorate</td>
<td></td>
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<tr>
<td></td>
<td>1</td>
<td>Chair, GMC Quality Scrutiny Group</td>
<td></td>
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<tr>
<td></td>
<td>7</td>
<td>Fellow of the Royal College of Psychiatrists</td>
<td></td>
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<tr>
<td></td>
<td>7</td>
<td>Honorary Fellow of College of Physicians and Surgeons, Glasgow</td>
<td></td>
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<td></td>
<td>7</td>
<td>Director, Tannoch Loch Company</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>01/12/14</td>
</tr>
<tr>
<td><strong>NON-EXECUTIVE BOARD MEMBERS</strong></td>
<td></td>
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</tr>
<tr>
<td>Dr Zoë M. Dunhill MBE</td>
<td>1</td>
<td>Sole proprietor own Child Health Consultancy</td>
<td></td>
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<tr>
<td></td>
<td>1</td>
<td>Invited reviewer Royal College of Paediatrics and Child Health</td>
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<tr>
<td></td>
<td>1</td>
<td>Professional Advisor CQC England in Paediatrics</td>
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<tr>
<td></td>
<td>7</td>
<td>Fellow of Royal College of Paediatrics and Child Health</td>
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<td></td>
<td>7</td>
<td>Fellow of Royal College of Physicians of Edinburgh</td>
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<td></td>
<td>7</td>
<td>Director Action for Sick Children Scotland</td>
<td></td>
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<td></td>
<td>7</td>
<td>Member British Medical Association</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>June 2014</td>
</tr>
<tr>
<td>Paul Edie</td>
<td>1</td>
<td>Chair of the Care Inspectorate</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>Member of the Board of Scottish Social Services Council</td>
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<tr>
<td></td>
<td>1</td>
<td>City of Edinburgh Councillor</td>
<td></td>
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<tr>
<td></td>
<td>7</td>
<td>Member of the Scottish Liberal Democrats</td>
<td></td>
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<tr>
<td><strong>Nicola Gallen</strong></td>
<td>1</td>
<td>Management Consultant, British Telecom</td>
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<tr>
<td><strong>John Glennie OBE</strong></td>
<td>1</td>
<td>Non Executive Board Member, NHS24</td>
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<td></td>
<td>7</td>
<td>Member, Doctors and Dentists Review Body</td>
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<tr>
<td></td>
<td>7</td>
<td>Treasurer Friends of Borders General Hospital</td>
<td></td>
</tr>
<tr>
<td><strong>Cllr Peter Johnston</strong></td>
<td>1</td>
<td>Elected Member, West Lothian Council</td>
<td></td>
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<td></td>
<td>1</td>
<td>Non-Executive Director, NHS Lothian</td>
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<td></td>
<td>7</td>
<td>Member of Scottish National Party</td>
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<td></td>
<td>7</td>
<td>COSLA Health and Wellbeing Spokesperson</td>
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<tr>
<td><strong>Marian Keogh</strong></td>
<td>1</td>
<td>Non Executive Member, Board of Balhousie Holdings Limited</td>
<td></td>
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<tr>
<td></td>
<td>7</td>
<td>Member of the Board of Greater East Arts Company, Glasgow</td>
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<tr>
<td></td>
<td>10/09/2014</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Kathleen Preston</strong></td>
<td>1</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>
</tr>
<tr>
<td></td>
<td>1</td>
<td>*Chair of the NHSBT Review into the National Organ Retrieval Service in the UK</td>
<td></td>
</tr>
<tr>
<td></td>
<td>7</td>
<td>**Member of the Law Society of Scotland</td>
<td></td>
</tr>
<tr>
<td><strong>Notes:</strong></td>
<td></td>
<td>*Remuneration relates only to payment of expenses</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td><strong>Kathleen Preston holds a Practising Certificate to practise as a solicitor in Scotland, although she is not currently practising.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Duncan Service</strong></td>
<td>1</td>
<td>Evidence Manager, SIGN</td>
<td></td>
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<tr>
<td></td>
<td>7</td>
<td>Director and Company Secretary, SHU East District Ltd</td>
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<td>7</td>
<td>UNISON Steward</td>
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<td></td>
<td>7</td>
<td>Board member, Guidelines International Network (GIN)</td>
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<td></td>
<td>7</td>
<td>Treasurer – Guidelines International Network (G-I-N)</td>
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<tr>
<td>Name</td>
<td>Role</td>
<td>End Date</td>
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</tr>
<tr>
<td>Pam Whittle, CBE</td>
<td>Chair, Scottish Health Council</td>
<td></td>
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<tr>
<td></td>
<td>Advisory Council Member: Glasgow Centre Population Health</td>
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<tr>
<td></td>
<td>President, Royal Caledonian Horticultural Society</td>
<td></td>
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<td></td>
<td>Director, Gardening Scotland</td>
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<tr>
<td></td>
<td>Trustee of the Whitmuir Project, Scottish Charitable Incorporated Organisation (SCIO)</td>
<td></td>
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</tr>
<tr>
<td>Dr Hamish Wilson, CBE</td>
<td>Council Member, General Medical Council</td>
<td>Will conclude 31/12/14</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Lay Member, Scottish Dental Practice Board</td>
<td></td>
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<tr>
<td></td>
<td>Trustee of the GMC Pension Scheme</td>
<td></td>
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<tr>
<td></td>
<td>Lay Member of the Assembly (the Governing body) of the Royal Pharmaceutical Society of Great Britain</td>
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<tr>
<td></td>
<td>Member of Scottish Advisory Board for Marie Curie Cancer Care</td>
<td>6/11/2014</td>
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</tr>
<tr>
<td></td>
<td>Honorary Fellow of the Royal College of General Practitioners</td>
<td></td>
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<tr>
<td></td>
<td>Chair, Public Health Review Group</td>
<td></td>
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<tr>
<td></td>
<td>Independent Governor of Robert Gordon University, Aberdeen</td>
<td>Will commence 1/1/15</td>
<td></td>
</tr>
</tbody>
</table>

**EXECUTIVE BOARD MEMBER**

<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Angiolina Foster, CBE</td>
<td>Chief Executive, Healthcare Improvement Scotland</td>
<td>14/4/2014</td>
</tr>
<tr>
<td></td>
<td>Member of Chartered Management Institute</td>
<td></td>
</tr>
<tr>
<td>SENIOR STAFF MEMBERS</td>
<td>1</td>
<td>7</td>
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</tr>
<tr>
<td>Susan Brimelow</td>
<td></td>
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<tr>
<td>Chief Inspector, HEI, Healthcare Improvement Scotland</td>
<td></td>
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</tr>
<tr>
<td>Director on Board of Directors for Volunteer Glasgow Trustee of Abbeyfield, Bearsden</td>
<td></td>
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<tr>
<td>Member of the Royal College of Nursing</td>
<td></td>
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<tr>
<td>Member of the Institute of Healthcare Managers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-Executive Director Community Integrated Care UK</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Honorary clinical appointment, NHS Glasgow &amp; Clyde</td>
<td></td>
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<tr>
<td>Ruth Glassborow</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Director of Safety and Improvement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>*GenerationQ Fellow with Health Foundation</td>
<td></td>
<td></td>
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<tr>
<td>Member of Institute of Healthcare Managers</td>
<td></td>
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<tr>
<td>Member of Managers in Partnership (MiP) Union</td>
<td></td>
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</tr>
<tr>
<td>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.</td>
<td></td>
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<tr>
<td>Anthony McGowan</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acting Head of Human Resources, Healthcare Improvement Scotland</td>
<td></td>
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<tr>
<td>Member of Scottish National Party</td>
<td></td>
<td></td>
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<tr>
<td>Kathlyn McKellar</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Head of Human Resources, Healthcare Improvement Scotland</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No other interests to declare</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Richard Norris</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Director, Scottish Health Council</td>
<td></td>
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</tr>
<tr>
<td>Member, Board of Management of the Centre for Scottish Public Policy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-member Director, VOX (Voices of eXperience)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Board Member, Scottish Improvement Science Collaborating Centre</td>
<td></td>
<td></td>
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<tr>
<td>Robbie Pearson</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Director of Scrutiny and Assurance, Healthcare Improvement Scotland</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No other interests to declare</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name</td>
<td>Position</td>
<td>Details</td>
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</tr>
<tr>
<td>Dr Brian Robson</td>
<td>Executive Clinical Director, Healthcare Improvement Scotland</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Advisor, Health Foundation</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Clinical practice at Mearns Medical Centre, 30 Maple Avenue, Newton Mearns,</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Glasgow, G77 5BQ.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>*Institute for Healthcare Improvement (IHI) Fellow and Faculty</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Scottish Council Royal College of General Practitioners (RCGP)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Member, British Medical Association</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Board Member of International Society of Rapid Response Systems</td>
<td></td>
</tr>
<tr>
<td>Note:</td>
<td>As an IHI Fellow Dr Robson can be occasionally be offered subsidized</td>
<td></td>
</tr>
<tr>
<td></td>
<td>attendance at events and occasional overnight/residential expenses.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>However, these are not always accepted.</td>
<td></td>
</tr>
<tr>
<td>Dr Sara Twaddle</td>
<td>Director of Evidence, Healthcare Improvement Scotland</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Member, UNISON</td>
<td></td>
</tr>
<tr>
<td>Maggie Waterston</td>
<td>Director of Finance and Corporate Services</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Member of Chartered Institute of Management Accountants</td>
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<tr>
<td></td>
<td>Member of Healthcare Financial Management Association</td>
<td></td>
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<tr>
<td></td>
<td>Independent Examiner Crichton Collegiate Trust</td>
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<td>24/11/2014</td>
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<td>1/10/14</td>
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File Name: agenda item 4.4 register of interests  
Version: 0.6  
Date: 20141208  
Produced by: PD  
Page: 7 of 7  
Review Date:
SUBJECT: Death Certification Review Programme: Update (to end November 2014)

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

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

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

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

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

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

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

   • IT and technical infrastructure: this includes specification, development and
     implementation of an electronic case management system (eCMS) with the capability
     to receive and send MCCDs and associated data electronically from/to the National
     Records of Scotland (NRS)\(^1\) forward electronic registration (FER) system.

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\(^1\) The Act confers a statutory responsibility on the Registrar General to ensure that randomly selected MCCDs are referred to
HIS for review.
Programme management of the delivery of the eCMS has been outsourced to NHS National Services Scotland Information Technology (NSSIT). The eCMS will be hosted within NHS 24 using existing technical infrastructure including telephony.

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

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

6. Risk and legal implications
A Programme risk register is in place and as this Programme is a legislative requirement, for a number of the identified risks the Board’s risk appetite is classed as minimalist. A number of the operational risks are currently scored as ‘very high’ (92, 94, 107, 108). The position of these risks and the mitigation actions in place are regularly reported to the Board and the HIS Audit Committee.

Central Legal Office is advising on legal implications.

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

8. Workforce implications/consultation
This Programme requires the appointment of 6 WTE doctors as reviewers. Operational management staff (projected at 1.5 WTE (AfC band 6-8a), and support staff (maximum 6 WTE AfC band 4). Recruitment started in August 2014.

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

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

11. Governance and future reporting schedule

<table>
<thead>
<tr>
<th>Key milestone to be reported against in forthcoming year:</th>
<th>To be reported to:</th>
<th>Date presented/to be presented:</th>
<th>Version number</th>
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</thead>
<tbody>
<tr>
<td>Implementation of the Death Certification Review Programme by April 2015</td>
<td>Board, Executive Team and EIS Committee</td>
<td>Each meeting</td>
<td>Ongoing</td>
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</table>
Appendices:
1. Update Report (to end November 2014)
2. HIS Briefing Note 2
Healthcare Improvement Scotland: Death Certification Review Programme: Update (to end November 2014)

1. Background and context

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

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

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

Healthcare Improvement Scotland (HIS) is named in the Act as the organisation responsible for the DCRS and the review of MCCDs will be carried out by experienced and trained doctors. The Senior Medical Reviewer, Dr George Fernie, was appointed in December 2013. The DCRS will commence reviewing MCCDs on 29 April 2015. The service will also manage the process of administering and authorising the burial and cremation of those who have died outside the UK and are returned (repatriated) for burial or cremation in Scotland from that date.

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

2. Key elements

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

- Development of death certification review programme business processes (for both MCCD reviews and repatriation cases): this includes appropriate procedures guidance and training (for the HIS employed staff) and communication with the service and other key stakeholders in respect of HIS’ role.
• **Establishment of the death certification review team:** this includes recruitment of a senior medical reviewer (SMR), medical reviewers and operational management and support staff and establishment of the required office space, infrastructure and equipment to accommodate the medical review teams which will be located within NHS 24 premises.

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

3. **Current status of the programme**

The new national DCRS is only one aspect of a number of reforms to death certification, burial and cremation that are currently underway in Scotland. This is a complex programme of work which is reliant on a number of interdependent stakeholder organisations also delivering their component responsibilities to quality and timescale. While we are making steady progress with our areas of responsibility, delivery of the DCRS by 29 April 2015 remains a high risk for the organisation due to the interdependencies involved. In light of this the HIS Board has been fully briefed about the various risks and issues over the course of the last 12–18 months and a number of key issues have been formally raised with Scottish Government at the request of the Board. A status update on the HIS programme follows.

3.1 **HIS programme update**

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

The suite of standard operating procedures (SOPs) for the review service have been shared with policy colleagues at Scottish Government for feedback and agreement. The SOPs are currently undergoing a final quality and consistency check.

An external quality assurance review of the SOP for level 1 and 2 reviews was undertaken at the request of Scottish Government at the beginning of November. This exercise was requested primarily to provide an assurance to Scottish Ministers with regard to the robustness of the proposed approach to using electronically available patient information for the purposes of completing level 2 reviews. The independent reviewers concluded that the SOP is generally fit for purpose. The exercise also ratified the findings of the qualitative testing undertaken by the HIS team in the summer. Specifically, that the amount of information available via the Emergency Care Summary (ECS), electronic Palliative Care Summary (ePCS) and Key Information Summary (KIS), supplemented by a discussion with the certifying doctor or a member of the team with access to the clinical records, is appropriate and adequate to successfully conclude the majority of level 2 reviews. The exercise findings indicated that more information from the hard copy patient notes may be required for a small proportion of deaths (mainly in secondary care). We are working with the local implementation leads to ensure that all NHS boards have processes in place to supply these in a timely way when required.

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\(^1\) The Act confers a statutory responsibility on the Registrar General to ensure that randomly selected MCCDs are referred to HIS for review.
3.1.2 Establishment of the death certification review team

Operations Manager
The operations manager for the new service Rachel McArthur took up post on 3rd November 2014.

Medical Reviewers
The financial memorandum contained in the explanatory notes that accompanied the Certification of Death Bill (SP Bill 58–EN) estimated costs for the MRs based on an assumption that they are paid at the upper end of a consultant’s salary scale. To reflect the involvement of both primary and secondary care doctors issuing death certificates with 60% of deaths occurring in hospital and 40% in the community, it was agreed by the Programme Board that MRs should be recruited from backgrounds reflective of this. The recruitment exercise took cognisance of these stipulations. Applications were welcomed from doctors in both primary and secondary care and the remuneration for the posts was based on the consultant salary scale.

Over 40 applications were received and interviews took place in October 2014. Eleven preferred candidates equating to the six whole time equivalent staff required to run the service were identified. As anticipated the preferred candidates are from a range of primary and secondary care backgrounds.

Policy colleagues at Scottish Government advised in November 2014 that the MR cohort should be appointed on harmonised set of terms and conditions of service (TCS). This would require a new set of national TCS to be developed and agreed. It is envisaged that this process would take between 6–12 months to complete and therefore is not viewed as a viable option in the shorter term.

In order to secure sufficient MRs to staff the service adequately by April 2015, the intention is to appoint all preferred candidates on the same pay scale but initially with a combination of contracts (salaried GP and consultant). A variation order application will be submitted to the NHS Management Steering Group (MSG) for consideration in January 2015, and meantime work will be initiated with MSG to commence negotiations on national TCS for the MR role.

Any further delay to the recruitment process will impact on the ability of HIS to establish a sufficiently staffed MR team by the commencement date for the new service. Discussions are underway in conjunction with health workforce and death certification policy colleagues at Scottish Government with regard to agreeing this approach.

The Medical Reviewer’s Assistants posts will be advertised mid-January 2015.

3.1.3 IT and technical infrastructure
Connectivity to the NRS FER system allowing transfer of data and scanned documents was established at the end of September 2014. Functional test cycles are currently running on a test environment and good progress has been made. System defects are being managed via three-times weekly defect management sessions.

The production environment within NHS24 is now available ahead of NHS24’s winter change freeze. Regression testing is scheduled to be carried out on the production environment throughout December.

User acceptance testing is scheduled for January 2015 and will be carried out on the production environment.
3.1.4 Implementation phase 2014/2015 and ongoing operational and financial plan

The Death Certification Review Programme implementation phase 2014/2015 operational plan and service running costs projections from April 2015 were approved by the HIS Executive team on 02 September 2014. The paper covers:

- the approach that HIS has adopted to deliver its responsibilities under the Act
- the current status of the Death Certification Review Programme
- the operational plan, timescales and financial assumptions for 2014/15, and
- year on year projected running costs for the Death Certification Review Service post April 2015

Scottish Government provided initial feedback on the plan and a second iteration with recently received updated costing information related to the IT infrastructure and projected staffing costs is in development.

3.2 Key issues update

3.2.1 Coordination and programme management

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

The stakeholder group (HIS, NRS, NHS Education for Scotland (NES), NSSIT and NHS 24) continues to meet monthly to facilitate operational planning and delivery during the 2014/15 implementation phase. This group continues to report jointly to Scottish Government on the overall status of the programme, and the various interdependencies.

3.2.2 National Communications

An updated version of Scottish Government’s ‘Certification of Death (Scotland) Act 2011 Strategic Communications Plan’ was presented to the Death Certification National Advisory Group (DCNAG) in November 2014. The plan is a living document and continues to be updated and input to by all key stakeholders in the run up to the commencement of the DCRS. Scottish Government has stated its intention to publish the plan on the Scottish Government website as a key reference resource to provide stakeholders and interested members of the public with communication information. The plan outlines January 2015 as the delivery date for a range of public communications activity including:

- presentation of a detailed public awareness raising plan to the Death Certification National Advisory Group
- ‘When someone has died’ updated and printing timetable
- what to do after a death in Scotland ‘WTDAADIS’ updated and online publication timetable
- public information leaflet(s) drafted, and
- on-line public information draft (SG website).

A jointly facilitated communications and engagement workshop was delivered by the HIS team and Scottish Government in November 2014. Participants included representatives from most NHS boards, the funeral industry, NRS, the Association of Registrars of Scotland, and bereavement services. The workshop feedback will be used to develop key messages for a variety of audiences including the general public, professionals, faith communities and
relevant industries and to inform the content and format of a range of written information for both professionals and the public.

Each of the key implementing organisations (HIS, NRS and NES) is continuing to input to the overarching plan and to undertake organisational specific communications activity. The second HIS briefing note was published at the beginning of November 2014. HIS is producing a set of ‘Questions and Answers’ to provide information on the new arrangements to key audiences, particularly the public. These have been shared with stakeholders for comment, with a view to publishing them on the HIS website before the end of the December 2014.

3.3 Other updates

3.3.1 Local implementation leads network
All NHS boards have nominated a local implementation lead to drive developments locally in preparation for commencement of MCCD reviews in April 2015. The leads have now met nationally three times and a regular schedule of meetings is in place over the coming months. Most NHS boards have established local implementation groups and the SMR is continuing to meet with each of the leads and attend local implementation group meetings where possible.

3.3.2 New Chief Medical Officer Guidance
A Chief Medical Officer (CMO) letter (SGHD/CMO(2014)27 was issued jointly by the Deputy CMO and The Registrar General and Keeper of the Records of Scotland in October 2014. This included the updated ‘Guidance for Doctors Completing Medical Certificates of the Cause of Death (MCCD) and its Quality Assurance’.

3.3.3 Outcomes planning and evaluation: The meeting with key stakeholders, clinicians, registrars and public partners due to take place in September to formulate the framework had to be postponed due to unforeseen circumstances. This has been rescheduled for January 2015.

3.3.4 User involvement
Two further engagement sessions to specifically gather the views of faith communities were held in November 2014. Five such sessions have been held in total.

4. Conclusion

Our work on this programme continues to progress well and implementation of the HIS related aspects of the review programme are currently on track for the April 2015 target. As previously noted however, any further delay to the MR recruitment process will impact on the ability of HIS to establish a sufficiently staffed MR team by the commencement date for the new service. Board members are asked to note this and the continued reliance on partner organisations meeting their obligations in order to ensure successful implementation in April 2015.

This remains a high risk programme of work for HIS and we will continue to update the Board on progress at regular intervals.
Welcome to the second issue of our Death Certification Briefing Note. In the first issue, published in May 2014 (available at www.healthcareimprovementscotland.org/deathcertification), we outlined the changes due to take place as a result of the Certification of Death (Scotland) Act 2011 coming into force in April 2015.

These changes include the establishment of a new national review service led by Healthcare Improvement Scotland. One of the main functions of this service will be to check the quality and accuracy of completion of a sample of Medical Certificates of Cause of Death (MCCDs).

Reviews will fall under one of two categories. For Level 1 reviews, a Healthcare Improvement Scotland Medical Reviewer will check the MCCD and speak to the certifying doctor. For Level 2 reviews, the Medical Reviewer will speak to the certifying doctor and check relevant medical records.

This issue provides an update on recent implementation activity. More information about the new arrangements can be found at www.scotland.gov.uk/Topics/Health/Policy/BurialsCremation/Death-Certificate

If you have any comments on the Briefing Note please contact Rob MacPhail, Senior Communications Officer, Healthcare Improvement Scotland (rob.macphail@nhs.net)
Launch date confirmed for new review service

A number of important milestones relating to the new arrangements around death certification and registration have been reached since our first Briefing Note was published earlier this year.

In a key development, it has been confirmed that the new review service will launch on 29 April 2015.

This followed on from the announcement this spring that the system will randomly select approximately 10% of all deaths for Level 1 review with additional Level 2 reviews. These deaths exclude those reported to the Procurator Fiscal. In practice, this means that Healthcare Improvement Scotland will review approximately 6,000 MCCDs a year.

Senior Medical Reviewer Dr George Fernie says: “Since the last briefing note was published, the sample size of MCCDs to be reviewed and the launch date have both been confirmed. There is a real sense that the key components are coming together and we are completely focused on ensuring that the new service is ready to hit the ground running on 29 April 2015.”

The arrangements for death certification and registration are changing to improve the quality and accuracy of MCCDs and to provide improved public health information about causes of death in Scotland.

New MCCD rolled out across Scotland

Certifying doctors are now completing a new MCCD form when someone dies.

The MCCD provides a permanent legal record of the fact of death, and allows the family to register the death, enabling the disposal of the body and settlement of the deceased’s estate.

The new MCCD form – which is also known as ‘Form 11’ – was successfully rolled out on 6 August 2014 by National Records of Scotland (NRS), which oversees the registration system in Scotland, including death registration. It has been introduced to assist in the implementation of the Certification of Death (Scotland) Act 2011, which will take effect from 29 April 2015.

Key changes include:

• an improved layout to make the new form easier to complete
• the addition of the deceased person’s Community Health Index (CHI) number
• the name of the NHS board area where the death occurred
• the inclusion of the certifying doctor’s business contact telephone number (which will help the review service to contact them if an MCCD they have completed is chosen for review), and
• additional information on the presence or otherwise of hazardous implants and public health risks; this is to assist funeral directors and crematoria staff in determining whether it is safe to cremate.

An electronic version of the MCCD form is due to be introduced for the launch of the new review system in April 2015, and gradually rolled out to other healthcare settings across Scotland (more details on page 4).
NHS Local Implementation Leads prepare for launch

While many of the actions relating to the new death certification system are being taken forward nationally, NHS boards are laying the groundwork for smooth implementation at a local level in April 2015.

Every NHS board in Scotland has now appointed a Local Implementation Lead to take overall responsibility for implementation of the new system within their area.

Each lead chairs a Local Implementation Group which should, at a minimum, include:

- local NHS board and hospice bereavement services
- health records managers
- staff involved in training
- primary and secondary care doctors
- members of the Local Medical Committee
- local authority/local funeral industry staff/crematoria and burial group, and
- faith/belief communities.

The main purpose of the Local Implementation Groups is to ensure that all certifying doctors and other relevant staff are fully aware of all of the changes and receive the necessary training, for example using training packages produced by NHS Education for Scotland. Groups will also develop co-ordinated processes to interact with people experiencing bereavement.

The group will also ensure the practical implications of operating the new system within the NHS board are met by 29 April 2015.

Local Implementation Leads from every NHS board meet on a regular basis to provide an update on progress, share good practice and lessons learned, and to ensure a consistent approach is developed throughout NHSScotland.

Healthcare Improvement Scotland provides the secretariat for the national group of Local Implementation Leads. For further information contact Project Officer Tammy Fenton (tammy.fenton@nhs.net)

Education and learning resources to support the new review service

NHS Education for Scotland (NES) has been commissioned by the Scottish Government to develop educational resources to support the implementation of the new national review service.

NES is currently working with a Death Certification Medical Advisory Group, which includes a wide range of clinicians from different areas of expertise, to develop online educational modules for medical staff which will be available from January 2015. In addition, a dedicated website for non-certifying staff will be available early next year. A link to the new website will also be available on the NHS Inform webpage (www.nhsinform.co.uk).

For further information please contact Dr Janice Turner (janice.turner@nes.scot.nhs.uk)
Electronic MCCD system on track

NHS National Services Scotland (NSS), which provides advice and services to NHSScotland, is responsible for developing and implementing various technology solutions that will support the implementation of the legislation and the running of the new review service.

A team from NSS Information Technology (NSSIT) has been developing a system to enable electronic completion of an MCCD, or eMCCD, by certifying doctors when someone has died.

The eMCCD can be pre-populated with details about the deceased and the certifying doctor submitting the information.

After completing the onscreen form, including information about the cause of death, the certifying doctor will print out the MCCD, sign it, and give it to the deceased’s next of kin or nearest relative.

At the same time, the eMCCD will be transmitted to NRS. If the eMCCD is randomly selected for review at this point, the relevant details will be passed to the Healthcare Improvement Scotland review service.

The eMCCD is being rolled out to all GP Practices from 29 April 2015. It will then be rolled out to secondary care thereafter.

NHS boards will use the printed MCCD prior to the introduction of the eMCCD in their area and the printed MCCD will remain available as a back-up facility.

NSSIT Programme Manager Maggie Young, who leads on this specific part of the programme, explains: “One of the main challenges for us is the fact that each NHS board has its own patient management systems in place, and no two boards are the same in this respect. As a result, we have to develop specific solutions that suit the existing systems in each NHS board.”

Once introduced, the new system will deliver a much quicker transfer of information between the certifying doctor and NRS, should be readily decipherable and, it is believed, will lead to fewer errors in the completion of MCCDs.
Other developments

Healthcare Improvement Scotland welcomes new additions to the project team

Healthcare Improvement Scotland is delighted to welcome two new additions to the Death Certification project team. Operations Manager Rachel McArthur joins us from NHS Fife where she was a Practice Manager. Project Officer Rebecca Smith was formerly an Administrative Officer with the Scottish Patient Safety Programme.

Medical Reviewers

Healthcare Improvement Scotland has recently completed interviews for Medical Reviewers, who will support the Senior Medical Reviewer in reviewing MCCDs. The successful applicants are due to take up their posts in early 2015. More details will follow in the next issue of the Briefing Note.

Scottish Government

Outstanding legislation
The Scottish Government is currently working on key secondary legislation to enact parts of The Certification of Death (Scotland) Act 2011 and supporting regulations in time for the launch date on 29 April 2015.

Public Communication
It is critically important that people in Scotland who may be affected by the changes are provided with clear, timely information and support. In addition, professionals who work within the sector and those who work directly with those who may be affected will be equipped to communicate the changes and implications of the new system.

The Scottish Government is currently working with stakeholders to produce information about changes to the system.

Information about the new arrangements can be found at: www.scotland.gov.uk/Topics/Health/Policy/BurialsCremation/Death-Certificate

If you have any enquiries please contact the death certification implementation team at:

Burial, Cremation and Death Certification Team
Scottish Government
St Andrew’s House (3EN)
Regent Road
Edinburgh
EH1 3DG
email: certificationofdeath@scotland.gsi.gov.uk
SUBJECT: Vale of Leven Inquiry Report

1. Purpose of the report
   To provide a summary on the key findings from the Vale of Leven Inquiry Report.

2. Recommendation
   The Healthcare Improvement Scotland Board is asked to:
   • Note the attached summary
   • Agree that a fuller paper is developed setting out key issues and opportunities for Healthcare Improvement Scotland arising from the recommendations of the Inquiry

3. Background and key issues
   The Vale of Leven Inquiry was set up by Scottish Ministers to investigate the occurrence of C. difficile infection at the Vale of Leven Hospital from 1 January 2007 onwards. The Inquiry began its work on 1 October 2009. The Chairman of the Inquiry is the Rt. Hon. Lord MacLean. The report of the Inquiry was published on 24 November 2014.

   The attached summary prepared by Jane Illingworth (Policy Analyst) captures the key messages from the Vale of Leven Inquiry report and the recommendations arising from it.

   The Director of Scrutiny and Assurance sits on the National Implementation Group – chaired by the Interim Chief Nursing Officer – which has been tasked with assessing the implementation of recommendations from the report.

3. Strategic objectives/Local Delivery Plan
   The inspection programme for monitoring the safety and cleanliness of hospitals was commenced in 2009, following the establishment of the Healthcare Environment Inspectorate. The Inspectorate has played a significant part in reducing healthcare associated infections (HAIs).

   The Inquiry report highlights a range of deficiencies covering basic nursing care, leadership, governance and infection control procedures. It therefore remains important that our scrutiny is not limited to infection control procedures and cleanliness, but also takes a broader perspective of the system of care, including leadership.

4. Measures for improvement
   Measures have been in place since the outset of the Healthcare Environment Inspectorate such as the reduction in HAIs as well as monitoring the number of requirements and recommendations arising from inspection reports.

5. Risk and legal implications
   The First Minister has made a commitment to implement the recommendation – contained in the Inquiry report – to give the Healthcare Environment Inspectorate the power to suspend admissions to hospital wards. The announcement to give this power through legislation was made in the Programme for Government published on 26 November 2014.
6. **Resource implications**
   There is a need to carry out a fuller review of the resource implications of the Inquiry report across the breadth of Healthcare Improvement Scotland’s activities – including evidence and improvement, as well as scrutiny. This will need to be factored into the wider corporate planning process.

7. **Workforce implications/consultation**
   Healthcare Improvement Scotland will consult regarding any further implications arising from an extension to the inspection programme. This will include the operational circumstances regarding the decision to suspend to a hospital ward.

8. **User involvement and person centredness/public consultation**
   Healthcare Improvement Scotland has a duty of user focus in relation to its scrutiny work and to ensure close involvement and consultation in the design of inspection activities. Any changes will be subject to such consultation.

9. **Equality and diversity**
   A full impact assessment will need to be carried out regarding any extension of powers.

10. **Governance and future reporting schedule**

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Robbie Pearson
Director of Scrutiny and Assurance
Lead Director

Susan Brimelow
Chief Inspector, HEI
Lead Officer

**Appendix**
1. The Vale of Leven Inquiry report
The Vale of Leven Hospital Inquiry Report

Introduction

The Vale of Leven Inquiry was set up by Scottish Ministers to investigate the occurrence of C. difficile infection at the Vale of Leven Hospital from 1 January 2007 onwards. The Inquiry began its work on 1 October 2009. The Chairman of the Inquiry is the Rt Hon Lord MacLean. The report of the Inquiry was published on 24 November 2014.

The conclusion to the report states that ‘the Inquiry has unearthed serious personal and systemic failures’, that patients were ‘badly let down’ by people at different levels in NHS Greater Glasgow and Clyde, and that ‘even at the level of the Scottish Government the systems were simply not adequate to tackle effectively an HAI like CDI’. The Chairman comments that the recommendations of the Inquiry ‘are designed to encapsulate a concept of patient care that includes skilled and considerate medical and nursing care, transparency, candour, effective systems of infection prevention and control, and strong and dedicated leadership’.

In a Scottish Government news release published on the same day as the report, the Cabinet Secretary for Health and Wellbeing has apologised to the patients and families affected by the outbreak and accepted all 75 recommendations in the report. An implementation group will be established to take them forward and a full response to the report will be published in Spring 2015. The Cabinet Secretary and Chief Executive of NHSScotland have also written to all health boards to ensure they review their services against the report and respond to the Government by 19 January 2015.

The report includes references to Healthcare Improvement Scotland, its predecessor NHS Quality Improvement Scotland, and a number of bodies and programmes which are part of the organisation. This paper is intended to provide an overview of the key themes of the report with particular relevance to Healthcare Improvement Scotland.

Structure of the Report

The report contains 18 chapters plus chapter 19 which contains a brief conclusion and the recommendations. Chapter 3 provides information on Clostridium difficile required for a proper understanding of what follows and subsequent chapters set out much of the historical background to events at the Vale of Leven Hospital. Chapters 3 to 18 contain the Inquiry’s conclusions on the material considered in each chapter.

The chapters contained in the report are as follows:

1. Introduction
2. How the inquiry worked
3. Healthcare Associated Infection and Clostridium difficile
4. The number of patients with CDI and those who died
5. C.difficile infection rates and undeclared outbreaks
6. National structures and systems
7. National policies and guidance
8. Changes in services at the Vale of Leven Hospital from 2002
9. The creation, leadership and management of the Clyde directorate
Key findings and themes relevant to Healthcare Improvement Scotland

- The Healthcare Environment Inspectorate, operation and independence

Chapter 6 (National Structures and Systems) describes the background to the establishment of the Healthcare Environment Inspectorate (HEI) in April 2009 and the original inspection methodology, with frequent references to evidence given by Susan Brimelow, Chief Inspector. The report notes that the HEI is independent of the Scottish Government and health boards but also part of HIS ‘and is not an independent body in the strict sense’. It describes the Inspectorate’s powers of escalation, the scope of the inspection regime, and the influence of the Vale of Leven on this, as well as subsequent HEI inspections which have taken place at the hospital. With reference to the Inspectorate’s sanctions, the report notes the lack of an enforcement process as found in other scrutiny bodies, referring to the Chief Inspector’s evidence that while this is not necessary, she would welcome the power to stop admissions to a ward.

The report finds it regrettable that an effective inspectorate system was not in place sooner and suggests that if there was an effective regime in place at the time of the outbreak, the scale of the problem would have been significantly reduced. The swift response by the Scottish Government in setting up the HEI in response to the Vale of Leven is described as ‘highly appropriate’.

The Inquiry does consider that it is vital that there is an effective independent body responsible for hospital inspection and monitoring of standards. While noting that the HEI is not a truly independent body, the Inquiry believes it is clear that it operates in an independent and transparent way and does not see any need to make any recommendations on the status of the HEI.

However, it sees it as important that an organisation such as the HEI is given appropriate powers to take proactive action to protect patient safety and notes the considerable pressure which exists on staff and managers within hospitals not to close wards to admissions if they can avoid doing so.

The Inquiry recommends that the powers of the HEI should be extended to include a power to close a ward to admissions, following discussion with those on site, if there is a real risk to the safety of patients.
• **National structures, systems, policies and guidance**

Chapter 6 includes details of NHS Quality Improvement Scotland (now Healthcare Improvement Scotland) as one of the relevant national agencies in place at the time of the outbreak, and one of its predecessor organisations, the Clinical Standards Board for Scotland (CSBS), which had a remit to develop and run a national system of quality assurance of clinical services. The CSBS standards for HAI infection control (2001) and revised standards (2008) are discussed, as well as the CSBS review in 2002 of the Argyll and Clyde Acute Hospitals NHS Trust. It notes the 2003 national overview reporting on performance in Scotland against the standards, which concluded that ‘the real challenge for NHSScotland is to introduce a culture of surveillance and vigilance’.

Chapter 7 also notes the national guidance on cleaning in place before 2008: the CSBS standards in cleaning services (2002).

Chapter 7 goes on to refer to the Scottish Patient Safety Programme (SPSP), launched in 2007, its background, the focus on HAI and alignment with the work of the HAI taskforce. It notes that the C. difficile associated disease (CDAD) bundle was published by Health Protection Scotland in 2008 when it was agreed that the care bundle should be introduced as quickly as possible and co-ordinated with the SPSP to ensure consistency with its care bundle approach.

• **Implementation**

One of the key conclusions of chapter 7 (National policies and guidance) is the importance of the monitoring and implementation of guidance. The Inquiry notes that, ‘although there was a range of guidance available at national level, the persisting CDI problem in the Vale of Leven…shows that not enough attention was paid to the implementation of such guidance’ and refers to a 2008 meeting of the HAI Task Force where concerns were raised that, ‘although good guidance was in place across Scotland, the tools for implementation were not always in place’.

One of the recommendations in chapter 7 is that the Scottish Government should ensure that policies and guidance on healthcare associated infection are accompanied by an implementation strategy and that implementation is monitored.

• **Clinical Governance**

Chapter 10 describes what is meant by clinical governance and its impact on NHS Greater Glasgow and Clyde’s approach. It refers to the NHS QIS 2005 standards for clinical governance, and approach to policing the standards, including self assessment and peer review. It quotes the report of the September 2006 review visit: that ‘clinical governance and quality assurance systems and processes were not monitored throughout the Board area’. The Inquiry found that the clinical governance system in NHS Greater Glasgow and Clyde was not operating effectively and that ultimately the Board remained in ignorance of the system failures. The report recommends that health boards should ensure that infection prevention and control is explicitly at all clinical governance committee meetings, at all levels.
• Patient care

Chapter 11 (the experience of patients and relatives) includes descriptions of the failures of care in relation to those patients affected, as well as failures in relation to communication and various infection control practices, including hand hygiene, laundry and movement of patients. Chapter 7 noted the NHS QIS HAI standards which required health boards to provide patient information and the lack of information provided to relatives regarding the washing of patients’ clothing.

Chapter 12 (Nursing care) also ‘identifies a catalogue of failures in fundamental aspects of nursing care’. This is detailed in relation to key areas of the care of older people including nutritional screening, falls, care planning, fluid balance and pressure damage. The chapter ends with 21 recommendations for health boards on this area, in relation to patient notes, tissue viability, nutritional screening, staffing and skills mix and complaints.

In his conclusions (chapter 19), the Chair of the Inquiry ‘notes from the important inspection work being carried out by Healthcare Improvement Scotland’ that aspects of basic nursing care ‘still feature as sources of criticism’ and includes recommendations on these issues to reinforce how critical they are to good quality care.

• Antibiotic prescribing, with reference to the SMC and SAPG

Chapter 13 refers to the establishment of the Scottish Medicines Consortium and its role in relation to antimicrobial agents. It also describes the establishment of the Scottish Antimicrobial Prescribing Group (SAPG) to improve the quality of antimicrobial prescribing and management. The conclusion of the chapter notes that the failure to implement guidance on prudent antibiotic prescribing should have been identified by the Scottish Government and remedied. The Inquiry recommends that health boards should implement changes in policy or guidance without delay and that the Scottish Government should monitor implementation and seek assurance in relation to this. Chapter 14 (Medical Care) also includes sections on antibiotic prescribing.

• Infection prevention and control, and surveillance

Chapter 15 sets out structures, policies, training and roles and responsibilities in relation to infection control. It includes reference to the CSBS standards which required Boards to have in place surveillance systems so that they could respond rapidly to outbreaks and minimise the risk of infections. The Inquiry describes personal and system failures in infection prevention and control and includes 25 recommendations for health boards in relation to infection control and the healthcare environment.

• Death certification

Chapter 16 discusses how death certification was carried out at the Vale of Leven Hospital and the importance of its accuracy. It describes guidance at the time was inadequate and outdated and also notes the introduction of a new system (by Healthcare Improvement Scotland) of independent scrutiny of death certification. One of the recommendations for the Scottish Government in this chapter is that a national agency should be identified ‘to undertake routine national monitoring of deaths related to CDI’.
• **Learning from experience**

Chapter 18 focuses on whether lessons could have been learned from experiences elsewhere in Scotland and the UK. In particular it considers the Stoke Mandeville, and Maidstone and Tunbridge Wells reports and the responses to these by NHS Greater Glasgow and Clyde, the Scottish Government and other agencies. In relation to NHS Quality Improvement Scotland, it notes that the reports were referenced in revised infection control standards published in 2008, but that ‘no guidance appears to have been issued, or review conducted, by NHS QIS specifically in the light of [these] reports’. The Inquiry acknowledges the time taken in producing documents such as the NHS QIS standards and Health Protection Scotland guidance, but ‘sees no reason, however, why advice to Boards to review their own facilities, systems and practices in the light of the Stoke Mandeville report could not have been issued within weeks of its publication’.

The Inquiry recommends that ‘the Scottish Government (whether through HPS, HIS, the HAI Task Force or otherwise) should as a matter of standard practice ensure that reports published in the United Kingdom and in other relevant jurisdictions on infection prevention and control and patient safety are reviewed as soon as possible, and that, as a minimum, any necessary interim guidance is issued within three months.’
SUBJECT: Local Delivery Plan Performance November 2014

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

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

2. Recommendation
The Healthcare Improvement Scotland Board is asked to:
• review the performance management report against the 2014-15 LDP
• note that LDP objectives are cross referenced with the Operational risk register as appropriate
• note that the operational performance report will be considered by the Audit and Risk Committee at its meeting on 3rd December 2014

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

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

5. Measures for improvement
The performance report highlights the planned finish dates and the status of the projects on schedule and changed schedule. It also includes key Human Resource information such as absence rates. Ongoing review of the LDP will ensure that the work undertaken by Healthcare Improvement Scotland is focused on the key priorities for the organisation and NHSScotland to ensure continuous improvement in the quality and safety of healthcare. During 2014 we will realign our work activity with our new 3 strategic objectives and focus on the development of our integrated corporate plan.

6. Risk and legal implications
Where performance is not progressing to schedule, there is a corresponding cross-reference to the relevant very high risk in the operational risk register.

7. Resource implications
The LDP reflects the core deliverables of Healthcare Improvement Scotland during 2014-15, secured against the resource allocation.
8. Workforce implications/consultation
The LDP was subject to engagement with stakeholders in its development. The workforce implications of the priorities identified were funded either from core allocation or short-term programme monies from Scottish Government.

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

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

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

<table>
<thead>
<tr>
<th>Key milestone to be reported against in forthcoming year:</th>
<th>To be reported to: Board, Governance Committee, Executive Team meeting, Group etc</th>
<th>Date presented/to be presented:</th>
<th>Version number</th>
</tr>
</thead>
<tbody>
<tr>
<td>LDP Performance</td>
<td>Healthcare Improvement Scotland Board</td>
<td>17 December 2014</td>
<td>1.0</td>
</tr>
</tbody>
</table>

Maggie Waterston
Head of Finance and Corporate Support
Lead Director

Brian Ross
Planning & Performance Manager
Lead Officer

17 December 2014

Appendix:
1. 2014/15 Operational Plan Projects Completed
# Healthcare Improvement Scotland

## LDP Performance Report

### November 2014 Contents

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<tr>
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<td>27</td>
<td>7. Appendix 1 – 2014/15 Operational Plan Projects Completed</td>
</tr>
</tbody>
</table>
Performance Report – November 2014

1.0 Introduction

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

2.0 Local Delivery Plan Performance Report

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

2.1 LDP Summary by Quality Ambition (Update November 2014)

<table>
<thead>
<tr>
<th>Quality Ambition</th>
<th>Complete</th>
<th>On Schedule</th>
<th>On Hold</th>
<th>Changed Schedule</th>
<th>Total Projects</th>
<th>New Work</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safe</td>
<td>17</td>
<td>17</td>
<td></td>
<td></td>
<td>17</td>
<td>2</td>
</tr>
<tr>
<td>Effective</td>
<td>10</td>
<td></td>
<td></td>
<td></td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Person Centred</td>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>33</td>
<td></td>
<td></td>
<td></td>
<td>33</td>
<td>3</td>
</tr>
</tbody>
</table>

2.2 LDP Projects which have changed schedule (April 2014 - date)

<table>
<thead>
<tr>
<th>LDP Ref</th>
<th>LDP Project</th>
<th>Operational Plan Project Title</th>
<th>Planned Finish Date</th>
<th>Revised Planned Finish Date</th>
<th>Explanatory Narrative</th>
<th>Reference to the Operational risk register</th>
</tr>
</thead>
</table>

NOTE: No projects have changed schedule this reporting month.

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

<table>
<thead>
<tr>
<th>LDP Ref</th>
<th>Operational Plan Project Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>S18</td>
<td>Aberdeen Royal Infirmary - short life review of safety and quality (S&amp;A)</td>
</tr>
<tr>
<td>S18</td>
<td>Development of Methodology for Quality of Care Reviews (S&amp;A)</td>
</tr>
<tr>
<td>P4</td>
<td>Stronger Voice (SHC)</td>
</tr>
</tbody>
</table>
3.0  2014-15 LDP Projects Completed – (September - October 2014)

There were no projects completed during this reporting period.

<table>
<thead>
<tr>
<th>Project Title</th>
<th>Planned Start Date</th>
<th>Planned Finish Date</th>
<th>Deliverable</th>
<th>Actual Finish Date</th>
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</table>

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

4.0  LDP Highlights (Update November 2014)

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

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

4.1  Safe

<table>
<thead>
<tr>
<th>Ref</th>
<th>Project Title</th>
<th>Very High Risks</th>
<th>Highlights (September - October 2014)</th>
<th>Accountable Director</th>
</tr>
</thead>
<tbody>
<tr>
<td>S1</td>
<td>Scottish Patient Safety Programme</td>
<td></td>
<td><strong>Overarching Safety Programme</strong></td>
<td>Director of Safety &amp; Improvement</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Strategic Delivery Plan Workplan prioritisation completed and approved by SPS Programme Board on October 3rd. Focus for the remainder of 2014/15 will be finalising SPS Data systems recommendations and specification and production of national reports, initially focusing on the programmes main outcome measures but in line with NHS Board requests will include comparative board level information.</td>
<td></td>
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<tr>
<td></td>
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<td></td>
<td>On the request of NHS Tayside the integrated site visit has been postponed until 2015.</td>
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<td></td>
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<td></td>
<td>National Safety event 11th and 12th November, registration has now closed. Delegates numbers each day is 700, there is good spread and representation across boards and programmes.</td>
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<td></td>
<td></td>
<td></td>
<td>Recruitment for HAI Improvement support to commence November 2014.</td>
<td></td>
</tr>
<tr>
<td>Safe</td>
<td>Project Title</td>
<td>Very High Risks</td>
<td>Highlights (September - October 2014)</td>
<td>Accountable Director</td>
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<td>Ref</td>
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<tr>
<td>S1 (cont)</td>
<td>Scottish Patient Safety Programme</td>
<td></td>
<td></td>
<td>Dir of Safety &amp; Improvement</td>
</tr>
</tbody>
</table>

**SPSP – Mental Health**
- Work stream development subgroups continue to meet and develop aims which feed into the national SPSP-MH programme.
- Three regional events were undertaken during September in the north, east and west of Scotland, with feedback being very positive.
- Planning has commenced for SPSP-MH National Learning Session 5 taking place on 4th March 2015.
- Patient Safety Climate Tool and Staff Safety Survey Tool being used by eleven boards currently.

**SPSP – MCQIC**
- LS4 was successfully delivered on 30th September 2014 with 289 attendees. Initial feedback is positive. Further analysis of feedback is currently underway.
- MCQIC support visits to NHS Boards continue (Highland; Shetland; Greater Glasgow and Clyde; Dumfries & Galloway).
  - Key messages include:
    - integrated learning across the MCQIC programme
    - challenges with capacity and data burden
    - Boards using improvement methodology to drive local priorities, in addition to national priorities.
- A schedule of combined IHI / SPSP WebExs is confirmed through to March 2015.
- Assessment of progress from NHS boards continues.

**SPSP – Acute Adult**
- The Sepsis VTE Learning Session is coming to an end in December 2014. The Acute Adult Programme are holding a Sepsis VTE Learning Session on 24 November to celebrate the successes of the collaborative and discuss how to hold the gains that have been made.
- Work on collating data for a Sepsis Outcome Measure has been completed, with data collected and analysed for 14 boards. The findings from this were presented at the final Sepsis VTE Learning Session in November.
<table>
<thead>
<tr>
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</tr>
</thead>
</table>
| S1 (cont) | Scottish Patient Safety Programme | | - Representatives from NHS Scotland’s boards visited UCL partners in October, building on previous jointed learning opportunities with UCL and Salford, focussing on deteriorating patients. There was also the opportunity to explore organisational strategies for patient safety.  
- A regional learning session for the North of Scotland was held in Inverness on 7 & 8 of October, this local event enabled more front line clinical staff members to attend, with many delegates attending that had not previously attended an Acute Adult learning session.  
- The Acute Adult Team delivered sessions on the Acute Adult Programme, Deteriorating Patients and Teamwork and Communication at the SPSP National Event in November  
- The central team have continued with a programme of 4 monthly board data assessment reports and fed back to each board  

**SPSP – Primary Care**  
- Work to prioritise topics for Phase 2 of the programme is being finalised and will be ratified at December’s Delivery Group meeting. The internal evaluation of the scoping exercise report, will consider the following.  
  o Manageability in the context of the SPSP – Primary Care team workload.  
  o Scottish Government policy priorities.  
  o If the work can be completed in appropriate timescales (2014–2016).  
  o NHS Board capacity.  
  o Involving community staff beyond GP practices, and  
  o alignment with the wider SPSP programme priorities.  

- Most site visits have now taken place. After the final visit to NHS Ayrshire & Arran in December, a short report highlighting successes and challenges will be produced. | Director of Safety & Improvement |
<table>
<thead>
<tr>
<th>Ref</th>
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<th>Highlights (September - October 2014)</th>
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</tr>
</thead>
</table>
| S1 (cont) | Scottish Patient Safety Programme | | • Following our successful network meeting in September, the team is progressing actions around the trigger tool, data & measurement and safety climate survey.  
• A number of NHS boards have joined our Data & Measurement, Reporting and Assessment Group. Five NHS boards are testing the measurement framework. This is supported by phone calls, WebEx and meetings. The group will continue to meet every 6-8 weeks. | Director of Safety & Improvement |

**SPSP – Pharmacy in Primary Care**

• From September 2014, the Steering Group meets 6-weekly with representatives from each NHS board attending. As well as the national team, group membership currently includes the national clinical leads, a public partner and evaluation team representatives from NHS Education for Scotland and the University of Strathclyde.

• In total, the four NHS boards have recruited over 25 pharmacy teams to take part in the collaborative. There is representation from both independent and multiple pharmacies in urban and rural locations.

• The SPSP – Pharmacy in Primary Care launch event will take place in Edinburgh on 25-26 November.

• The team is finalising the safety climate survey that pharmacy teams will complete as part of the project. This is a validated tool, based on the questionnaire used in the main primary care programme.

• Along with developing a safety culture, the focus for the first year of the collaborative is interventions for high risk medicines.
<table>
<thead>
<tr>
<th>Ref</th>
<th>Project Title</th>
<th>Very High Risks</th>
<th>Highlights (September - October 2014)</th>
<th>Accountable Director</th>
</tr>
</thead>
</table>
| S2  | Joint Inspection of Adult services | **Very High 74** | • Inspection reports for the inspections to Fife and Angus are being finalised.  
• Inspections to Falkirk, Glasgow, Shetland and Highland are underway. | Director of Scrutiny & Assurance |
|     |               |                 | **Risk 74**  
There is a risk that we do not have joint ownership of the joint inspections of adult services, because we are new to joint working with the Care Inspectorate, resulting in us not having shared control of decision making and publication of inspection reports |          |
| S3  | Joint Inspection of Children’s Services |                 | Two clinical experts have joined Healthcare Improvement Scotland on secondment and are supporting children’s inspections. | Director of Scrutiny & Assurance |
| S4  | National approach to Learning from Adverse Events |                 | Progress meetings with all NHS boards have now taken place. These aimed to:  
• discuss work taking place to implement the national framework,  
• identify areas of good practice to share nationally, and  
• identify where further national support would be useful.  
All NHS boards have improvement plans in place to address the recommendations from their review, and are working to embed the national framework in their local context.  
We published a Learning and Improvement Summary on 7 November. This summary paper provides an overview of the work to date, including areas of good practice we have seen across NHSScotland and an update on the national activities that are aimed at supporting local implementation of the national framework for learning from adverse events. | Director of Scrutiny & Assurance |
<p>| S5  | Clinical Governance Arrangements for the Supervision of Management and Use of Controlled Drugs |                 | Task and Finish Group being convened to develop and implement a single quarterly occurrence reporting tool for reporting adverse events and/or concerns regarding the management or use of controlled drugs within independent healthcare services to NHS board Controlled Drugs Accountable Officers, Healthcare Improvement Scotland and the Care Inspectorate. First meeting scheduled for November 2014. | Director of Scrutiny &amp; Assurance |</p>
<table>
<thead>
<tr>
<th>Ref</th>
<th>Project Title</th>
<th>Very High Risks</th>
<th>Highlights (September - October 2014)</th>
<th>Accountable Director</th>
</tr>
</thead>
</table>
| S6  | Death Certification           | Very High 92 & 94| Go live date for new review service officially confirmed by Scottish Government as 29 April 2015  
Electronic case management (eCMS) build complete and system in test phase. Electronic transfer of data between National Records of Scotland and the eCMS operational.  
Operations manager post appointed to. Candidate will take up post on 3rd November 2014.  
Medical reviewer interviews complete. 10 high calibre preferred candidates identified equating to approximately the 6 whole time equivalents required to staff the service. Contractual negotiations have commenced.  
**Risk 92**  
There is a risk that: Healthcare Improvement Scotland (HIS) is unable to implement a working system for review of medical certificates of cause of death (MCCD) by April 2015.  
**Risk 94**  
There is a risk that: National Records of Scotland is unable to implement the required mechanisms for randomly selecting a sample of eligible MCCDs for review and electronically transmitting a copy of the MCCDs and associated data to HIS including developing the required two way system connectivity between FER and HIS's eCMS. | Director of Scrutiny & Assurance         |
<p>| S7  | Healthcare Associated Infection (HAI) Inspections |                  | Between September and October, there were 5 inspections to 3 hospitals. All of the inspections were unannounced.                                                                                                                                                                                                                                                                                                                                                                                                         | Director of Scrutiny &amp; Assurance         |
| S8  | Human Tissue Bank Accreditation |                | Proposal to extend the regional human tissue bank accreditation process to include the satellite NHS boards’ tissue collections has been formally accepted by the Chief Scientist Office (CSO). A joint letter from CSO and HIS is currently being drafted to circulate to all NHS Scotland board chief executives, liaison coordinators and directors of R&amp;D to provide information on this next phase of work.                                                                                                                                         | Director of Scrutiny &amp; Assurance         |</p>
<table>
<thead>
<tr>
<th>Ref</th>
<th>Project Title</th>
<th>Very High Risks</th>
<th>Highlights (September - October 2014)</th>
<th>Accountable Director</th>
</tr>
</thead>
<tbody>
<tr>
<td>S9</td>
<td>Regulate Independent Healthcare Services</td>
<td></td>
<td>During September and October there were 4 unannounced inspections. There were no complaints received between September and October.</td>
<td>Director of Scrutiny &amp; Assurance</td>
</tr>
<tr>
<td>S10</td>
<td>Readiness for revalidation</td>
<td></td>
<td>National report and compendium of local summary reports were published on 31st October 2014. This phase of external quality assurance (EQA) was again commended by the national revalidation delivery board. Scottish Government has requested a further round of EQA in 2015/16.</td>
<td>Director of Scrutiny &amp; Assurance</td>
</tr>
</tbody>
</table>
| S11 | Older People in Acute Care (OPAC)           |                  | OPAC team member presented in partnership with the Scottish Delirium Association at the European Delirium Association's 9th annual international conference in Cremona Italy in Sep 2014  

The OPAC team co-produced an improvement-focused day of sharing and learning on frailty (CPD Accredited) for NHS Fife, attended by over 90 NHS Fife staff. Learning from the day will be used to inform opportunities to develop a more integrated and focused approach to improvement support for Older People within NHS Fife.

OPAC team continue to work with colleagues in Scrutiny and have supported 4 board strategic visits to NHS Fife, GGC, Dumfries & Galloway and Highland. These visits have provided an opportunity to hear from boards about their improvement activity and about specific challenges and areas where there may be opportunities to share good practice. Web-ex improvement clinic – with presentations from inspection team and clinical colleagues in NHS GGC focusing on revised inspection process and opportunities for improvement from scrutiny - 40 participants from across NHS Scotland.

Older People in Acute Hospitals overview report published in November 2014 includes explicit reference to improvement activity and improvement highlights from across Scotland. The NHS Ayrshire & Arran Frail Older Person’s Pathway team, Cross-house Hospital – won the Scottish Health Award - Integrated Care for Older People Award and acknowledged the support they’d received from HIS in their achievements in improving the experience of... | Director of Safety & Improvement                                                      |
## Safe

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<tr>
<th>Ref</th>
<th>Project Title</th>
<th>Very High Risks</th>
<th>Highlights (September - October 2014)</th>
<th>Accountable Director</th>
</tr>
</thead>
<tbody>
<tr>
<td>S11</td>
<td>Older People in Acute Care (OPAC)</td>
<td>frail older people admitted to hospital. Funding negotiated from QuEST to support the economic analysis work of NHS Ayrshire &amp; Arran’s on the Frail &amp; Elderly Pathway. The key output from this work will be a complete economic analysis and report based on robust six month data, directly compared with a similar control period from 2012/13. Work will complete in March 2015. OPAC team co-facilitated (HIS and Joint Improvement Team) a scoping workshop for key stakeholders focused on Improving Care for Frail Older People. This workshop was designed to engage key stakeholders in discussions about improving quality and experience at ‘point of care’ for frail older people, across community and acute care. HIS and JIT will continue to work together and with other national partners to develop proposals for a coherent programme of work to improve quality at ‘point of care’ for people living with frailty. OPAC. Discussions are ongoing with SG colleagues for a further phase of work for 2015/16 focused on acute hospital care. This will build on progress to date and design and test a blended local collaborative approach which aims specifically to support the alignment or integration of a number of national improvement initiatives (frailty, delirium, person-centred care, SPSI) to facilitate a joined up approach to care.</td>
<td>Director of Safety &amp; Improvement</td>
<td></td>
</tr>
<tr>
<td>S12</td>
<td>Older People in Acute Hospitals (OPAH)</td>
<td>During September and October, we have completed 3 board visits and one unannounced OPAH inspection. A further 4 board visits will take place in November and the remaining 8 board visits will take place in April/May 2015. The 6 monthly overview report will publish in November 2014.</td>
<td></td>
<td>Director of Scrutiny &amp; Assurance</td>
</tr>
<tr>
<td>S13</td>
<td>Primary Care Out of Hours Indicators</td>
<td>The start of this project has been delayed due to changes to the agreed scope and subsequent delays in recruiting staff with appropriate skills for the newly defined scope. The project will start in December 2014.</td>
<td></td>
<td>Executive Clinical Director</td>
</tr>
<tr>
<td>Ref</td>
<td>Project Title</td>
<td>Very High Risks</td>
<td>Highlights (September - October 2014)</td>
<td>Accountable Director</td>
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<tr>
<td>S14</td>
<td>Building Capacity and Capability in Quality Improvement (QI Hub)</td>
<td></td>
<td><strong>Spreading Sustainability</strong></td>
<td>Director of Safety &amp; Improvement</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Delay in publication of practice review report due to time required to synthesis data and agree publication format, planned publication date is now February 2015.</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>• HIS received an invitation to present to the Swiss Society for Quality Management in September 2014 on the work undertaken by the QI Hub on spread and sustainability and Improving care for patients with Diabetes in Scottish Hospitals</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><strong>Hub Implementation and Strategic Development</strong></td>
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<tr>
<td></td>
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<td></td>
<td>• Strategic partners from the QI Hub attended a development event with representatives from across the UK in October 2014. A number of areas of common interest were identified including: building a QI infrastructure and capacity and capability.</td>
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<td></td>
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<td></td>
<td>• Discussions are ongoing with the Health Foundation in relation to the scope and remit of the UKIA with a proposal for funding support to go back to the Health Foundation in March 2015</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td><strong>Building a QI Infrastructure</strong></td>
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<td></td>
<td>• By March 2015, 14 visits in total (including the test visits) will have taken place. Each visit is designed and co-produced with the board.</td>
<td></td>
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<tr>
<td></td>
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<td></td>
<td>• Response to Board visits is positive with QI exec leads reporting an increased level of engagement and discussions in relation to:</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>o Clinical engagement for QI</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>o Building capacity and capability for QI</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>o System design for delivering QI”</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>o QI Infrastructure visit to HIS was carried out on 2nd Dec. A report on the visit and implications for HIS internal improvement plan will be submitted to the Quality Committee on the 18 Dec</td>
<td></td>
</tr>
</tbody>
</table>
### Safe

<table>
<thead>
<tr>
<th>Ref</th>
<th>Project Title</th>
<th>Very High Risks</th>
<th>Highlights (September - October 2014)</th>
<th>Accountable Director</th>
</tr>
</thead>
</table>
| S15 | Suicide Reporting and Learning System             | Very High Risks | Following a programme of progress meetings with NHS boards, we have published a learning report on our Suicide Reviews Community of Practice. The report includes information on improvements and challenges with suicide reviews and mental health service improvements. Together with Scottish Government and other priority stakeholders we are working towards:  
  • revising the Good Practice Statement on observation of people with acute mental health problems, and  
  • developing a discussion framework for mental health service teams to support the reduction of suicide risk.  

Together with the mental health safety programme (SPSP-MH), we are leading a test of change with three NHS boards to use learning from Mental Health adverse events to drive service improvement.  

At the Suicide Review Team Network meeting on 24th October we focussed on access to medication as a means of suicide. There was agreement on key areas that could be improved relating to risk assessment, care planning, acute and primary care communication, and disposal of medication. Network members took actions back to their service for discussion, and national actions were proposed for discussion with Healthcare Improvement Scotland’s Medicines Strategy team, and the Scottish Patient Safety Programme (Mental Health / Primary Care).  

All of the above is working towards delivering commitment 6 in the Scottish Government’s Suicide Prevention Strategy.  

| S16 | ENDORSE – (Endoscopy: Raising Standards and Effectiveness) | Very High Risk 5 | The October census for the Global Rating Scale is underway and will be reported in December 2014  
**Risk 5**  
There is a risk of non delivery of the ENDORSE Programme due to lack of existing resources with national stakeholders resulting in NHS boards not being in a position to gain accreditation by 2015 due to inability of national organisations to support the programme | Director of Scrutiny & Assurance |
### Safe

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>S17</td>
<td>Mental Health Strategy 2012 -15: Review of Commitment One – Reviewing the state of mental health services in Scotland</td>
<td></td>
<td>Visits to NHS boards completed in September 2014. Report now in the process of being drafted by the Mental Health Foundation.</td>
<td>Director of Safety &amp; Improvement</td>
</tr>
</tbody>
</table>
| S18 | Quality of Care Reviews                                                        |                 | **Aberdeen Royal – Short life review of safety & quality**  
Healthcare Improvement Scotland has recently published its report (2\textsuperscript{nd} December 2014) of the NHS Grampian short-life review of the safety and quality of care at Aberdeen Royal Infirmary. The review follows an earlier validation visit undertaken by Healthcare Improvement Scotland in March 2014 on behalf of the Scottish Government. In mid August members of the review team visited Aberdeen Royal Infirmary over a 3 day period which the main focus was on the culture, leadership, values and behaviours aspect of this review. The service specific areas were visited in September 2014 as well as an unannounced inspection of Older Peoples in Acute Hospital (OPAH) in October 2014. This review has been wide ranging and comprehensive in nature.  
The report highlights a number of significant areas for improvement with related recommendations. | Director of Scrutiny & Assurance                           |

### Effective

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<tr>
<th>Ref</th>
<th>Project Title</th>
<th>Very High Risks</th>
<th>Highlights (September - October 2014)</th>
<th>Accountable Director</th>
</tr>
</thead>
<tbody>
<tr>
<td>E1</td>
<td>Cancer Quality Performance Standards and Indicators Programme</td>
<td></td>
<td>• Following the Stakeholder Workshop it has been agreed that a pilot review will be undertaken in March 2015. This will be based on breast QPI data for the previous two years. A Chair has been agreed for the review.</td>
<td>Director of Scrutiny &amp; Assurance</td>
</tr>
<tr>
<td>Ref</td>
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<tr>
<td>E1 (cont)</td>
<td>Cancer Quality Performance Standards and Indicators Programme</td>
<td></td>
<td>• The project team are now considering whether to approach the SCT to request HIS representation on the group.</td>
<td>Director of Scrutiny &amp; Assurance</td>
</tr>
</tbody>
</table>
| E2 | Improving diabetes care in Scottish hospitals |  | • A new brand for this work has been developed; **diabetes – think, check act** and was launched in November 2014  
• NHS Greater Glasgow and Clyde implemented ‘hypo boxes’ across the board on World Diabetes Day, 14\(^{th}\) November. | Director of Safety & Improvement |
| E3 | Review of Quality Indicators and Best Practice Statement for Learning Disabilities |  | HIS is working with the Keys to Life, Learning Disabilities strategy national Steering group to determine the most appropriate next steps | Director of Evidence |
| E4a | Evidence for Medicines and Technologies Programme |  | **Scottish Antimicrobial Prescribing Group (SAPG)**  
• Primary care prescribing indicators report 2013-14 published.  
• Testing of revised HEI Antimicrobial Inspection tool underway.  
• A self care tool has been adapted to use in consultations with patients to manage their expectations of illness duration and alert them to symptoms which warrant further review.  
• The Clostridium difficile infection (CDI) decision aid is being distributed to all care homes for older people as part of European Antibiotic Awareness Day activities.  
• Work has started on an education resource to support the role of nurses and midwives with antimicrobial stewardship. | Director of Evidence/ Executive Clinical Director |
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<tr>
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</thead>
</table>
| E4a (cont) | Evidence for Medicines and Technologies Programme | Very High 30, 32 and 35 | **SM- Implementation of new medicines review Recommendations**  
- SMC have now held 7 meetings in public. Each meeting has had the maximum number of 20 public observer places allocated.  
- 6 medicines have now been considered through the new Patient and Clinician Engagement (PACE) process.  
- From November sponsor company representatives now join SMC meetings to answer specific product related queries  
- Public Involvement Review complete and approved. Implementation Plan in progress including formation of new Public Involvement Network. | Director of Evidence/Executive Clinical Director |

**Risk 30**
There is a risk that the high volume of end of life and orphan medicine submissions cannot be assessed quickly enough to meet public expectation due to capacity issues for clinicians required to attend Patient and Clinician Engagement groups, the Committee, and SMC staff resulting in increased pressure on the Scottish Government from pharmaceutical companies and patient groups with subsequent negative media publicity and loss of reputation for Healthcare Improvement Scotland.

**Risk 32**
There is risk of negative media representation and disengagement from clinicians surrounding decisions for End of Life/orphan medicines that have not been accepted for use where they have had a PACE meeting, as a result of increased expectations that higher numbers of End of Life/orphan medicines would be accepted through the new processes, resulting in a loss of reputation for Healthcare Improvement Scotland.

**Risk 35**
There is a risk that the policy intent to increase access to new medicines will not be met within the Cabinet Secretary's timelines due to lack of capacity in the existing SMC staff team resulting in delays to the agreed delivery dates for engagement with manufacturers.
<table>
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<tr>
<th>Ref</th>
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</table>
| E4a (cont) | Evidence for Medicines and Technologies Programme | Very High 25 and 33 | **Scottish Health Technologies Group**  
- Following OMTG consideration of implications for SMC following the New Medicines Review, a letter has been received from the Sponsor Division advising that no change in policy is required for SHTG.  
- Piloting of the innovative medical technology overview (IMTO) process is now underway. SHTG considered the first IMTOs in October 2014 which will be published shortly.  

**SMC Horizon Scanning**  
- SMC Horizon Scanning Forward Look report due to be published in November 2014.  

**SIGN Guideline Programme**  
- Refreshes of SIGN 50, 118 and SIGN 122 were published in October  
- SIGN 141: British guideline on the management of asthma and patient versions was published 8th Oct 2014  

**Scottish Medicines Consortium Product Assessment**  
From August 2014 – November 2014 SMC reviewed the following:  
- 24 Full Submissions  
- 8 Resubmissions  
- 11 Abbreviated Submissions  
- 6 Non Submissions  

**Risk 25**  
There is risk that SMC 'Business as usual' is significantly disrupted due to excessive pressure on the existing staff team to deliver Business as Usual whilst implementing an extensive change programme resulting in errors and the potential for organisational failure.  

**Risk 33**  
There is a risk that the requirement to introduce multiple changes to process in short timelines without sufficient capacity will lead to external stakeholder disengagement (e.g. the...
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<tbody>
<tr>
<td>E4a</td>
<td>Evidence for Medicines and Technologies Programme</td>
<td></td>
<td>pharmaceutical industry and patient groups resulting in a range of consequences including potential legal challenge from pharmaceutical companies over transparency and fairness of process.</td>
<td>Director of Evidence</td>
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<td></td>
<td>(cont)</td>
<td></td>
<td><strong>Overarching Medicines &amp; Technologies Group (OMTG)</strong>&lt;br&gt;Non Medicine Technology Strategy - in development for March 2015 with a coordinating group formed.</td>
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<td>Work progressing on following areas:&lt;</td>
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<td></td>
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<td></td>
<td>- Clarifying differences between SMC and NICE processes</td>
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<td>- Adopting NICE guidelines where not a SIGN priority</td>
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<td></td>
<td></td>
<td></td>
<td>- Promoting the Clinical Engagement Strategy with professional bodies</td>
<td></td>
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<tr>
<td>E4b</td>
<td>Clinical Leadership for Medicines and Technologies Programme</td>
<td></td>
<td><strong>Medicines: implementation and strategic development</strong>&lt;br&gt;- Current Strategic Plan is progressing to schedule and due for completion in March 2015.</td>
<td>Director of Evidence / Executive Clinical Director</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- The 2015-18 Strategic Delivery Plan for Medicines is currently out for consultation and is to be presented to EIS Committee in December 2014</td>
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<td></td>
<td></td>
<td></td>
<td><strong>Responses to the new medicine reviews (non-SMC)</strong>&lt;br&gt;- A clinical lead and project Officer have been appointed and Clinical Advisor appointment awaiting confirmation. Networking event for ADTCs taking place on 20th November.</td>
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**Effective**

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<tr>
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</thead>
</table>
| E5  | Data Measurement & Business Intelligence Programme | Very High 55 | **Hospital Standardised Mortality Ratios (HSMR)**  
- Work is continuing in relation to the HSMR recommendations HIS published in June 2014  
- HIS continues to engage with NHS boards about high and/or increasing HSMR  

**Making Measurement Count (MMC)**  
- Good progress continues to be made in relation to the MMC action plan for 2014/15  
- Some key developments in Sept-Oct include: securing input from NSS/eHealth to review information systems that NHS boards are using for SPSP; providing ongoing support to the ARI review, and: as part of our work on business intelligence, having a leading role in establishing the work of the Sharing Intelligence for Health and Care Group.  

**Risk 55**  
There is a risk that the data measurement and business intelligence team does not have the capacity to fully meet the level of support required by Healthcare Improvement Scotland resulting in an inability to support the delivery of the organisations priorities.  

**Sharing intelligence to support Scrutiny & Assurance**  
- Additional work has recently been carried out to support the prioritisation of joint adult assessments to be carried out by HIS and the Care Inspectorate | Executive Clinical Director |
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<tbody>
<tr>
<td>E6</td>
<td>Review of Standards</td>
<td></td>
<td><strong>Revision of existing hospital acquired infection standards</strong>&lt;br&gt;- Publication date reviewed (by SG). Project group currently revising the document in light of the comments received. Publication is planned for January <strong>Review of existing Food, Fluid and Nutrition Standards</strong>&lt;br&gt;- Final standards published. Complex nutritional care standard(s) to be developed – in initial planning phase and likely completion date July 2015. <strong>Review of existing standards- Older People in Acute Care</strong>&lt;br&gt;- Draft standards will be out for consultation in November-December 2014. Review of the standards following consultation comments will take place in January-February with publication of the final standards in March 2015.</td>
<td>Director of Evidence</td>
</tr>
<tr>
<td>E7</td>
<td>Research</td>
<td></td>
<td><strong>DECIDE Work package 3</strong>&lt;br&gt;- A research paper is currently being written for publication. Research is being undertaken on the usability of the patient’s version of the Glaucoma guideline developed using the findings from the research carried out. <strong>Knowledge into Action</strong>&lt;br&gt;- National development days to support the skills required as part of the adverse event work planned for December. Delays in relation to original timeline. Evaluation data will not be available at close of Q4. Tenders issued and closed to deliver aspects of the search and synthesis work. High engagement from boards in all processes.</td>
<td>Executive Clinical Director</td>
</tr>
<tr>
<td>E8</td>
<td>Indicators of Healthcare Practice</td>
<td></td>
<td><strong>Indicators Programme</strong>&lt;br&gt;- Following discussion with SG and the Clinical Directorate a new approach has been developed which will review the ‘safety’ of each extant standard. Contact will be made with each respective royal college, and NHS board clinical/nursing lead for each speciality to review each standard. A panel (internal and external members) will review the submissions in February 2015.</td>
<td>Director of Evidence</td>
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## Effective

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<tr>
<th>Ref</th>
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</table>
| E9  | National Screening Programmes |                       | **Bowel Screening Programme Standards**  
- The project group is preparing the draft standards for publication. The consultation will run December – January. Final standards publication date is March 2015. | Director of Scrutiny & Assurance |
| E10 | Improving Quality in Primary Care |                       | **Developing a Quality Framework for General Practice in Scotland**  
- Work has begun on scoping the development of standards and a self assessment to support the Quality Framework for General Practice in Scotland. | Executive Clinical Director |

### 4.3 Person Centred

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<th>Ref</th>
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<tbody>
<tr>
<td>P1</td>
<td>Participation Network</td>
<td></td>
<td>Engagement activity for stronger voice is coming to an end. The information and findings are being analysed and the themes emerging are being discussed. Proposals are being shaped with partners and we are on target for draft proposals to be submitted to SG in mid December.</td>
<td>Director of Scottish Health Council</td>
</tr>
</tbody>
</table>
| P2  | Service Change      |                 | Two reports have been published relating to major service changes in NHS Highland:  
1. Proposed modernisation of community and hospital services in Badenoch & Strathspey  
2. Proposed modernisation of community and hospital services in Skye, Lochalsh & South West Ross  
<table>
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<tbody>
<tr>
<td>P3</td>
<td>Participation Standard</td>
<td></td>
<td>A letter was sent to NHS Chief Executives, PFPI Designated Directors/Leads and Person Centred Care Directors in October providing an update on plans for the Participation Standard process for 2014-15. The focus will be on complaints and feedback, and assessment will be based on complaints and feedback annual reports for 2014-15 rather than completion of a separate self-assessment.</td>
<td>Director of Scottish Health Council</td>
</tr>
</tbody>
</table>
| P4  | Community Engagement and Improvement Support |                 | 21 local discussion groups complete to support stronger voice activity. Findings will be published in December. National requests for other engagement support at local level continue and are evaluating well. Support for NHS Scotland Volunteers  
• Evaluation of Current Volunteering programme is now complete and the draft report has been received and will be considered by the National Group for Volunteering. Phase 2 discussions progressing well for 15-18 financial years.  
• Volunteer Database for NHS Scotland now being rolled out to boards | Director of Scottish Health Council   |
| P5  | Public Involvement Unit               |                 | A survey was carried out with public partners and staff who work with them to get feedback on the information and support they receive to carry out their roles. This has helped to identify a need for a training session for staff on good practice in working with volunteers which will be held in December.  
A Public Involvement Review has been carried out in the Scottish Medicines Consortium seeking feedback from a range of stakeholders. Recommendations for strengthening patient and public involvement have been approved by the Scottish Medicines Consortium and agreed by the Scottish Health Council Committee. | Director of Scottish Health Council   |
| P6  | Person Centred Care                   |                 | The following small number of interventions have been identified from current testing activity reported by the boards:  
• What Matters and Who Matters to me  
  o A reliable process for finding out what matters and who matters to people using services  
  o Personal goal setting/ Person-centred care plans | Director of Safety and Improvement    |
### Person-Centred Care

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</table>
| P6 (cont) | Person Centred Care |                 | • Nothing About Me without Me and What Information Do I need  
                o Person-Centred Ward Rounds and Handovers  
                o Shared Decision Making  
• Personalised Contact or Service Flexibility  
                o Flexible Appointments  
                o Flexible Visiting  

Future activity, including learning events, will now focus on these interventions.

A recent one day national learning event for programme managers and key frontline staff was held at the Beardmore Hotel and Conference Centre. This event hosted by HIS as an alternative to a large 2 day learning session at the SECC evaluated very well with 98% of delegates saying they would recommend the event to others.

A poster sharing the learning on the Collaborative’s development of the 5 must do with me framework for Person-Centred Care was accepted for Isqua in October 2014.

5.0 Impact and Benefits Realisation for completed projects

NOTE: there are no completed LDP projects for this reporting period.
6.0 Human Resources Summary

Sickness Absence Rate

Monthly & rolling annual reporting periods to Sept 2014*
*The latest ISD/Scottish Government absence rates available for our Board are shown, which are typically released a month in arrears (to allow for full recording of absence). The HIS ranking compared to other boards are also shown along with the HEAT standard measure.

| Monthly Sickness Absence rate (Sept 2014) | 2.90% |
| Monthly Sickness Absence rate compared to other 22 Boards (Sept 2014) | Low (20/22) |
| Annual Sickness Absence rate (12 months rolling) | 2.79% |
| Annual Sickness Absence rate compared to other 22 Boards (12 months rolling) | Low (20/22) |
| HEAT Standard | 4.00% |

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 working towards achieving a 100% participation rate of those eligible to have a review during this 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 January to 31 October 2014

| No. of AfC Staff * | 279* |
| No. of PDRs Completed | 279 (100.0%) |
| No. of PDRs Recorded on e-KSF | 256 (91.8%) |

* adjusted to reflect all eligible AfC staff at 31 October 2014.

KSF Outline Status 31 October 2014

| Total No. of AfC Posts Required | 112 |
| No. of Approved KSF Post Outlines | 105 (93.8%) |
| No. of Outstanding KSF Post Outlines | 7 (6.2%) |
## Appendix 1

### 2014-15 Operational Plan Projects delivered – (April - October 2014)

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<tr>
<th>Directorate</th>
<th>Function</th>
<th>Project</th>
<th>Output</th>
<th>LDP Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Directorate</td>
<td>Data, Measurement &amp; Business Intelligence</td>
<td>National Clinical Data Advisory Group (NCDAG)</td>
<td>Improvement Support</td>
<td>E5 – Data Measurement and Business Intelligence</td>
</tr>
<tr>
<td>Evidence (Interim)</td>
<td>Evidence &amp; Technologies</td>
<td>Revision of Cancer Referral Guidelines</td>
<td>Guidance</td>
<td>E4a – Evidence for Medicines and Technologies Programme</td>
</tr>
<tr>
<td>Scrutiny &amp; Assurance</td>
<td>Service Review</td>
<td>Investigation into concerns regarding NHS Grampian Eye Service</td>
<td>Inspection Report</td>
<td>S18 – Quality of Care Reviews</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Investigation into concerns - NHS Tayside Mental Health Service</td>
<td>Inspection Report</td>
<td>S18 – Quality of Care Reviews</td>
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<tr>
<td></td>
<td></td>
<td>Adverse Events Management</td>
<td>Audit/Review Report</td>
<td>S4 – National approach to learning from adverse events</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Developing a Quality Framework for General Practice in Scotland</td>
<td>Policy &amp; Strategy</td>
<td>S18 - Quality of Care Reviews</td>
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<tr>
<td></td>
<td></td>
<td>NHS Lanarkshire Rapid Review Assessment</td>
<td>Audit/Review Report</td>
<td>S18 - Quality of Care Reviews</td>
</tr>
</tbody>
</table>
SUBJECT: Executive Clinical Director: key points

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

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

3. Key points
a) Annual Review 2014: Clinical Forum session
As part of this year’s annual review on 27 November, a sub-group of HIS’ Clinical Forum met with the Minister for Public Health and colleagues from the Scottish Government.

Displaying data and photos around the room brought to life the ‘extension’ model we operate within Healthcare Improvement Scotland from a small employed clinical team to include our network of national clinical leads, SPSP Fellows and national clinical strategic groups.

There was a very positive and high energy discussion touching on key issues such as: the development and implementation of our Clinical Engagement Strategy; the use of cost effective technologies to learn and share nationally and internationally; local pressures for clinicians getting involved in national quality improvement activities, and the current and potential role of Healthcare Improvement Scotland in relation to health & social care integration. It was extremely valuable to hear patient stories and case studies ‘from the front line’ and the Minister encouraged wider publicity and communications of the positive work we are involved in within the public and professional media. Members of the Clinical Forum reported that being involved in this event was a very positive and encouraging experience.

b) QI Connect: 2014
Our final QI Connect session in 2014 took place on 27 November with Elaine Inglesby Burke, Executive Nurse Director, Salford Royal NHS Foundation Trust. Looking back over the 10 sessions in our series, we are delighted to highlight that QI Connect is now reaching 184 organisations (including 17 universities – from Dundee to Harvard) spanning across 42 countries. Recordings are available to watch, however we are seeking new ideas to increase numbers of live attendees in 2015 with additional communication and media support.

We are currently planning ten sessions for our 2015 series and have a number of high profile speakers lined up to present, including;
• Dr David Grayson, Clinical Lead, 20,000 Days Campaign, Ko Awatea
• Dr Beth Lilja, Executive Director, Danish Society for Patient Safety
• Prof. Mary Dixon Woods, Professor of Medical Sociology, University of Leicester
• Maureen Bisognano, CEO, Institute of Healthcare Improvement
• Jennifer Dixon, CEO, The Health Foundation

c) Area Drugs & Therapeutics Committee: Patient & Public Involvement Networking Event 2014

An Area Drugs & Therapeutics Committee (ADTC) networking event took place on 20 November 2014. A total of 35 attendees participated - clinicians, chairs and public representatives - to look at how public engagement in their work can be improved. The event heard both from public representatives and professionals and was designed as a means of taking practical actions forward. There was a particular focus on evidence of the benefits of participation and the Stronger Voice to ensure that our services are co-produced with the communities they serve, build on people’s assets and support the health and wellbeing of the whole person and their family.

Three key themes emerged from the discussion:

• There is a need to improve how we support public representatives on ADTCs and ensure that they have clarity about their role and what to expect;
• There is potential to make better use of existing networks to recruit public partners onto ADTCs, and;
• Further work will be undertaken to develop a national best practice statement to bring better clarity of expectations in relation to how we involve public partners in the work of ADTCs.

Dr Brian Robson
Executive Clinical Director
SUBJECT: Evidence Directorate: key points report

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

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

   a) Scottish Medicines Consortium – progress on implementation of the new medicines review recommendations

   Implementation of the recommendations is continuing at pace, as highlighted below and recruitment to the new posts to support this work is nearing completion.

   Four sessions of the Patient and Clinician Engagement Meetings (PACE) have now been held to consider a total of nine medicines. These have involved 20 clinicians and 15 patient groups in total. Advice is in the public domain for six of the nine medicines considered; four have been accepted and two not recommended. Overall the media coverage of the decisions was balanced and the television interview with the chair of SMC on the day of release of the first decisions was received positively.

   Since November, pharmaceutical companies have been invited to attend SMC meetings for the discussion of their submissions. Committee members now have an opportunity within the meeting to seek clarification and company representatives are invited to respond to specific inquiries to address any outstanding issues, as directed by the Chair. The experience from the first two meetings in this format has been positive and suggests that it will add value to the process.

   SMC’s Public Involvement review was approved by the Scottish Health Council in November. The recommendations, including the creation of a Public Involvement Network (PIN), are now being implemented. The PIN will advise on improving public involvement in SMC. A total of 137 public observers attended the first 6 SMC meetings in public, May – November 2014, with members of the public and patient group representatives accounting for 30% of observers. Feedback has been very positive with 76% of observers stating that the meetings had helped them to understand how SMC assesses new medicines.

   b) Standards and Indicators

   The updated Food, Fluid and Nutritional Care standards were published on 30 October 2014. The six topic areas covered by the 2003 standards have been broadly retained as these standards are widely implemented and, in the opinion of the National Nutritional Care Advisory Board (NNCAB), continue to reflect the key areas of quality for food, fluid and nutritional care. In October 2014 the production of the standards and their role in improving care was presented at the Scottish Faculty of Public Health Conference in Aviemore during a parallel session devoted to nutrition.
Following publication, we have been commissioned by the Scottish Government to develop standards for both Complex Nutritional Care and Hydration. These standards will apply to the care of all patients, both paediatric and adult, in community settings and acute hospitals across Scotland, in recognition of the integration of health and social care services. The work on developing standards for hydration will contribute to the response to the Vale of Leven report where failures in ensuring adequate levels of hydration amongst patients affected by the *Clostridium difficile* outbreak were highlighted.

c) **Innovative Medical Technology Overviews**

As reported to the Board in March, the Scottish Health Technologies Group (SHTG) have developed a pilot process to encourage developers of innovative technologies to submit for SHTG assessment the available evidence on their technology and make a direct case for its adoption within NHSScotland. In this way it is hoped to expedite assessment of innovative non-medicine technology developments and reap the potential health benefits for NHSScotland as soon as possible.

SHTG published the first two innovative medical technology overviews (IMTOs) in November. The products considered were a haemoglobin spray for the treatment of chronic venous leg ulcers which have failed to heal with standard care and a non-invasive disposable medical device which attaches lines, drains and catheters to a patient, and is suitable for use in a variety of clinical settings.

The pilot of the IMTO process will continue until June 2015, when an evaluation will take place about the value to NHSScotland of these products.

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**Sara Twaddle**

**Director of Evidence**
SUBJECT: Director of Safety and Improvement: key points report

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

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

a) SPSP National Event
The first National Safety Conference, “Driving improvements in Patient Safety” was held on 11 and 12 November 2014 at the EICC in Edinburgh. Over 860 delegates attended across the two days with representation from each of the NHS Boards in Scotland, the four corners of the UK, Europe and wider.

The purpose of the event was to bring all those supporting the work of the four safety programmes together to learn, share and celebrate Scotland’s safety journey with the ultimate aim of enabling an increase in the pace of improvement. This was the first time that all four safety programmes have come together in this way and the benefits around cross programme fertilisation both locally and nationally were evident.

Feedback to date, both anecdotal and through the formal evaluation, has been excellent with 86% of responders agreeing or strongly agreeing that the event helped create a greater focus on safety work within their organisation and 81% feeling the event increased their confidence in taking patient safety work forward locally.

b) Pharmacy in Primary Care Collaborative
The Pharmacy in Primary Care Collaborative was launched on 25 and 26 November 2014 with representation from across the participating NHS Boards and supporting pharmacies. The feedback from the two days was extremely positive with excellent engagement from all those attending.

The aim of this programme is to improve patient safety by strengthening both the contribution of pharmacists in primary care and improving communication within a more integrated primary care team. It recognises that pharmacists have a unique role to play in patient safety within the wider primary care team and that effective communication between GPs, hospital staff and pharmacists is key to delivering safer care.

The programme will run from July 2014 for two years, supported by funding from the Health Foundation’s Closing the Gap in Patient Safety Programme.

Four NHS boards across Scotland have been recruited to participate;
- NHS Fife
- NHS Grampian
- NHS Greater Glasgow and Clyde
- NHS Highland
Each Board has identified between five and ten pharmacies to work with during the collaborative and this is the first time the safety programme is targeting services delivered outside of the NHS.

c) **Building a Quality Improvement Infrastructure**

The focus of this work, led by the Quality Improvement (QI) Hub, is to support NHS boards to undertake a diagnostic current state assessment of their local QI infrastructure with the aim of then identifying priority areas for development. The process includes a ‘critical friends visit’. This is a small team of experienced quality improvers from outwith the organisation who meet with the NHS board senior leadership team to discuss the findings from the diagnostic process and provide constructive support and challenge on the Board’s next steps. The overall aim is to support NHS boards to develop QI infrastructures that help to accelerate the pace and scale of improvement.

Seven visits have been completed to date, five with territorial boards and two with special boards. A further seven visits are planned for the last quarter of 2014/15. The feedback has been extremely positive around the impact of this process with comments including:

- “The process has begun some rich discussions on clinical engagement for QI; building capacity and capability for QI and system design for delivering QI”
- “Early indicators are of increased energy to bring intentional focus to development of QII”
- “Advice from others really valuable and inspiring”

On the back of the NHS Fife visit, I was invited to lead a development session with their NHS Board on Quality Improvement Methodologies.

A formal evaluation has been put in place to systematically capture the feedback from NHS boards and to inform planning around next steps.

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**Ruth Glassborow**  
**Director of Safety and Improvement**
SUBJECT: Director of Scrutiny and Assurance: key points report

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

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

a) Joint Inspections

Children
   - The recent increase in clinical expertise to the strategic inspection of services for
     children has enabled us to have a nurse consultant on each of the inspections. The
     increase also means that health is now represented as a full partner – not just per
     inspection, but in the development of the methodology for future inspections.

Adult
   - Strategic inspection of older people’s inspections continue (6 per year)
     - Fife and Angus due for publication,
     - Glasgow and Falkirk reports are at an early draft stage and,
     - Shetland and Highland inspections are now under way.
   - A prioritisation exercise has been undertaken jointly with the Care Inspectorate, using
     available health and social care data and intelligence, to determine the areas for
     inspection of older people’s services for 2015-16.
   - Resourcing - we continue to develop the role of the clinical experts who are supporting
     the strategic inspection of older people’s services with a focus on increasing the
     engagement of the health service. In addition, we are developing a business case to
     ensure we have the right number and level of skill for our strategic inspectors.

b) Quality of Care Reviews

The design panel has met on two occasions, 31 October and 28 November, with further
meetings scheduled for 9 January, 13 February and 20 March 2015.

The group have considered the current landscape of scrutiny activity within HIS as well as
several models of external scrutiny (worldwide comparator organisations). Further
evaluation of these systems of scrutiny will be considered and to support this, Wendy
Nicklin CEO and President from Accreditation Canada has been invited to attend the 9
January design panel via video conference.

Two main strands of work have been determined; methodology and assessment
framework. Joint chairs have been appointed to the assessment framework strand, and
chair of the methodology group will be announced shortly. In each of the two sub-groups
there will be membership from Corporate Management Team and nominations have been
sought from within the membership of the design panel and further nominations from
external groups.

Richard Norris (SHC) provides input into the design panel as part of the Stronger Voice
campaign.
Next steps of the design panel are:

- Develop a communications and stakeholder plan
- Undertake a literature review
- Draft work plans for both work streams

c) Short Life Review of Quality and Safety in Aberdeen Royal Infirmary

The report published on Wednesday 2 December and received wide media coverage

The Interim Chief Executive of NHS Grampian will provide a written update on any actions taken as well as the wider development of the improvement plan to address the recommendations set out in the report by Wednesday 7 January 2015.

There will be a follow-up meeting between the Interim Chief Executive of NHS Grampian and members of the Expert Advisory Group to discuss any further support Healthcare Improvement Scotland can provide.

Robbie Pearson
Director of Scrutiny and Assurance
SUBJECT: Scottish Health Council: key points report

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

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

   a) Stronger Voice
      The engagement work has now been completed. The resulting proposal is at an advanced stage and is on track to be submitted to the Cabinet Secretary before the end of the year. The proposal is ‘high level’ and does not allocate work or contain detail about delivery mechanisms. It is the result of a huge range of activities by Scottish Health Council staff across Scotland and an engaged and inclusive conversation with key stakeholders including service users and the public, the Alliance/third sector, health and care staff, Scottish Government and COSLA. The decision on how to proceed will lie with the Cabinet Secretary.

   b) Major Service Change
      
      We have published two major service change reports, both for changes in NHS Highland:
      
      • The proposed modernisation of community and hospital services in Skye, Lochalsh and South West Ross.
      • The proposed modernisation of community and hospital services in Badenoch and Strathspey.

      Both of these consultations involved working closely with communities to achieve a reconfiguration of community hospital services and the Scottish Health Council gave advice and support, particularly around the involvement of service users and carers in the development and appraisal of options as well as around the formal consultation.
The Scottish Health Council has confirmed that NHS Highland has complied with Scottish Government guidance on public involvement, and NHS Highland has now submitted its proposals to the Cabinet Secretary for approval. Both publications can be accessed on our website at:

http://www.scottishhealthcouncil.org/publications/major_service_change_reports.aspx#.VIWLN9KsUk0

c) Participation Standard

Following the Listening and Learning Report published in April 2014, the Participation Standard assessment for 2014/15 will focus on how NHS Boards have improved in this area and in particular on:

• analysis of complaints and feedback reports and information gathered from the patient feedback process;
• how the involvement of patients and the public has informed the improvement work around feedback and complaints;
• reporting on governance arrangements relating to feedback and complaints, including accountability, clear schemes of delegation and incorporation of complaints and feedback data for improvement.

Boards have been advised that the annual complaints and feedback reports they are required to produce by the Scottish Government will be used to inform the Scottish Health Council assessment, and there will be no requirement to produce a separate Participation Standard self assessment.

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

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

   a) Development of the Three Year Corporate Plan 2015-2018 and the Local
      Delivery Plan (LDP) for 2015-16
   The development of the corporate plan is progressing. The benefits criteria within the
decision making framework have been defined in relation to agreed outcomes for the
organisation. Papers will be provided to the Executive Team prior to the Christmas
break detailing the risks and benefits for each potential programme of work. ET will
meet on 6th January to agree the work plan using the output from the decision
making framework.

   Following this meeting, detailed plans will be prepared to allocate workforce and
finance and to recognise any potential risks. It is intended to share with the Board the
work in progress at the January 2015 Board Seminar.

   The draft LDP will also be prepared and is to be submitted to the Scottish
Government by 18th February 2015. It is intended that the Final LDP and the three
year corporate plan will be ratified by the Board at the meeting in March 2015.

   b) e-Health Strategy 2013 – 2015
   The current e-Health strategy has been reviewed to assess progress against it and to
re-set what is required to be delivered by 2015. This was considered by the Audit and
Risk Committee at its meeting on 3rd December 2014. The revised national e-Health
strategy for the NHS will be issued shortly and this will provide the basis for revising
the HIS e-Health strategy from 2015 onwards. This will be presented to the Board to
be ratified at its September 2015 meeting.

   c) Human Resources and Organisational Development (HR & OD)
   Work is underway to redirect the work of the HR & OD team toward leading the
change in organisational culture and outlook that is required to deliver our strategy.
The aims of the work are to:
   o increase the resilience and capability of the HR & OD team to rise to the
     challenge of managing cultural change
   o align the work of the HR & OD team to delivering the challenges of the
     strategy within the context of a rapidly changing external environment.

   Development sessions are taking place with the team and a plan outlining the way
forward will be prepared by mid January 2015.
SUBJECT: Audit and Risk Committee Meeting, 3 December 2014: 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 3 December 2014.

2. Recommendation
   The Healthcare Improvement Scotland Board is asked to receive and note the key points outlined.
   
   a) Death Certification
      The Committee received a report from the Internal Auditors on Death Certification which concluded that “the governance arrangements have been identified, documented and are working effectively. The roles and responsibilities of the Programme Board, National Advisory Group and the Programme Implementation Team are well defined and risk management processes are adequate in ensuring key risks are identified, recorded and reviewed with appropriate frequency. Risk reporting is sufficient and allows the Programme Board to provide effective oversight”. The parts of the programme over which HIS has direct control are working well.

      However, the Committee would draw attention to the final part of the statement “these arrangements in themselves can only go some way to mitigating the real and highly-rated risks faced by HIS in relation to Death Certification….There are ongoing and substantial risks in terms of adverse reputational impact, ambiguity across external stakeholders over roles and responsibilities, risks of recruiting and financing highly skilled positions and risks of interdependence putting much of the control beyond HIS directly… the risk ratings are high but do not appear unreasonable.”

   b) Risk Management
      The Committee received a presentation on the new COMPASS system, which we agree, will help to navigate risk and direct improvement. We would like to formally record our thanks to Pauline Donald and Stephen McLaren for all their hard work in building, testing and improving the system.

      The Committee agreed to use the new COMPASS reports for the corporate and operational risk registers, safe in the knowledge that we can interrogate the COMPASS system for additional information not shown on the face of the report.

      Our review of the Corporate Risk Register and the high and very high risks on the Operational Risk Register led to a sense of resources stretched to their limit in a number of areas. We recognise that this is not sustainable over the long term and will continue to monitor the situation.

   c) Counter Fraud
      The Committee would like to thank Gordon Young, Head of Counter Fraud Services for an informative and thought-provoking presentation.

      We would also like to notify Board Members that Kathleen Preston is HIS’ new Counter Fraud champion.

Nicola Gallen
Committee Chair
MINUTES - Approved

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

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

Healthcare Improvement Scotland Officers
Angiolina Foster  Chief Executive
Maggie Waterston Director of Finance and Corporate Services
Ruth Glassborow  Director of Safety and Improvement
Sara Twaddle     Director of Evidence (Interim)

In Attendance
Pauline Donald   Corporate Governance Manager
Brian Ward       Finance General Manager
Laura Molcer     Chief Pharmacist (representing Brian Robson)
Jacqui Macrae    Head of Quality of Care (representing Robbie Pearson)
Chris Brown      Scott Moncrieff
David Eardley    Scott Moncrieff
Martin Pitt       PricewaterhouseCoopers
Claire Connor    PricewaterhouseCoopers
Brian Ross       Planning and Performance Manager (Budget Holder)
Stephen McLaren  Business Analyst (for agenda item 4.1)

Committee Support
Rachael Lee      Committee Secretary

Apologies
Brian Robson     Executive Clinical Director
Richard Norris   Director of Scottish Health Council
Kathlyn McKellar Head of Human Resources
Robbie Pearson   Director of Scrutiny and Assurance

ACTION

1. WELCOME AND APOLOGIES FOR ABSENCE

1.1 The Chair welcomed all present to the meeting. She introduced Hamish Wilson and Kathleen Preston who were attending their first meeting as new members of the Audit and Risk Committee. She also welcomed Claire Connor from PricewaterhouseCoopers to her first meeting of the committee.

The Chair welcomed Stephen McLaren, Business Analyst and advised that he was present for discussion of Agenda Item 4.1 and would then leave the meeting.
1.2 Apologies for absence were received as noted above. Laura McIver and Jacqui Macrae were introduced as deputising for the Executive Clinical Director and Director of Scrutiny and Assurance respectively.

2. MINUTES OF PREVIOUS MEETING/ACTION REGISTER

2.1 Minute of Audit and Risk Committee meeting on 23 June 2014

The minutes of the meeting held on 23 June 2014 were accepted as an accurate record.

2.2 Review of action point register of Audit and Risk Committee meeting on 23 June 2014

The Committee received for review the action point register from the meeting held on 23 June 2014.

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

The committee were assured that the non competitive tender made by the Scottish Health Council request should not have been recorded as a ‘one off’.

2.3 Minute of Finance and Performance Committee meeting on 5 March 2014

Hamish Wilson explained to the Committee that an initial recommendation from the review of governance was to disband the Finance and Performance Committee with the work of the committee re-distributed. To ensure due process, the minutes and action point register from the final meeting of the F&P committee are presented for approval.

The Audit and Risk Committee approved the minutes of the F&P Committee meeting held on 5 March 2014 on the recommendation of the previous Chair (Hamish Wilson).

2.4 Review of action point register of Finance and Performance Committee meeting on 5 March 2014

The Audit and Risk Committee approved the minutes of the F&P Committee meeting held on 5 March 2014 on the recommendation of the previous Chair (Hamish Wilson).

3. GOVERNANCE

3.1 Business Planning Schedule 2013/14

The Director of Finance and Corporate Services explained that although the schedule was blank regarding eHealth, this will be an item of business at future meetings. The business planning schedule will be updated accordingly.

Members noted that the current eHealth strategy, which runs up to next year, will be aligned with National eHealth strategy. They noted that there had been a six month production delay of the national strategy and that this had impacted on HIS work.

The Committee confirmed that they were content with the business planning
schedule subject to the agreed updates

3.2 Code of Corporate Governance

The Committee received a verbal update from the Director of Finance and Corporate Services on the Code of Corporate Governance. She advised that the Code will be updated to reflect the recommendations from the governance review and will also reflect any other updates required. A further status report will be provided at the next meeting.

4. STRATEGIC BUSINESS

4.1 Risk Management

The Committee received a report from the Director of Finance and Corporate Services on progress with the management of risk across the organisation.

The committee noted that the organisation is still in a transitional state when it comes to formally reporting on operational risk but the Corporate Risk register was now aligned and operational in the new system.

The Committee was content with the new layout which they considered was clearer and easier to read than previous reports. The Committee suggested that more indicators could be added but were aware that this was a draft report which could be adapted to meet the needs of the organisation and provide the right level of assurance for the Board and governance committees. They cautioned against returning to a format that was unmanageable.

It was agreed to receive a presentation on the new COMPASS system at the next meeting. It was considered that this will allow the committee to consider the available options for reporting.

The Committee was pleased to hear that feedback on the Compass, had been very positive. The Chair formally thanked Pauline Donald and Stephen McLaren on behalf of the committee for their work on this programme.

The committee reviewed the Risk Register papers and a question was raised regarding Risk numbering. The committee were happy with the clarification from that the risks are automatically allocated a number when entered into the system. The risks in the report are presented by category and the number is just a guideline.

In discussion of the registers, the following amendments were requested:
- Reputation/Credibility Risk Register ID1: An update to be provided.
- Reputation/Credibility Risk Register ID2: Interim Director of Evidence advised that this risk had been reduced to ‘high’. The committee were pleased to hear that this was being actively managed.
- Operational Risk Register ID2: An update to be provided.
- Operational Risk Register ID4: An update to be provided.
- Compliance/Regulatory ID2: An update to be provided.

The Committee was content following review of the SMC and the SPSP risk registers.
4.2 Audit Actions Follow-Up Report

The Director of Finance and Corporate Services provided a status report on the implementation of all outstanding Internal Audit Recommendations. The committee was asked to note for assurance the progress being made and the Internal Audit opinion in response to the recommendations.

The Committee were assured by Internal Audit that progress being made is good with 15 recommendations either completed or on track. The Committee acknowledged the efforts in achieving a more satisfactory position in relation to follow-up of audit actions.

4.3 Counter Fraud Services

The Director of Finance and Corporate Services acknowledged the need to ensure that this item was included as a standing item on the agenda. The Committee reviewed for information the Annual Report from Counter Fraud Services. The Committee considered that they would benefit from a presentation on the work of Counter Fraud Services. The Director of Finance and Corporate Services agreed to arrange this for the next meeting, if possible.

The Committee thanked Kathleen Preston for accepting the role of Counter Fraud Champion – a role which has been vacant since Hamish Hamill’s retirement from the Committee.

5. INTERNAL AUDIT

5.1 Internal Audit progress report and audit plan

The Committee reviewed the report and audit plan which were provided by Internal Audit. The Committee was advised that Internal Audit report on the Death Certification programme of work will be presented at the next meeting. The Committee agreed that they were content to review the report at the December meeting.

Internal Audit explained to the Committee that the Audit Plan had been approved at the last Committee meeting although changes had been made after various discussions with management. The Committee were content with the changes which had been made and were assured that the organisation’s systems are effective.

The Director of Finance and Corporate Services agreed to look at parts of the organisation which are not already covered by the annual report or service audit to establish which systems are still at risk.

Internal Audit agreed that they would look at the date of their last review report and make this available to the Committee, who would then make a decision on how to proceed.

External Audit agreed to share their review checklist with the Committee. The checklist is distributed independently by Audit Scotland every two years. The Committee were assured that External Audit would be happy to share the results of their last review with the Committee.
5.2 **Property Transaction Monitoring**

The Committee was assured that this is a report required by the Scottish Government which complies with the Property Transactions handbook. Internal Audit confirmed to the Committee that there had not been any transactions.

6. **STANDING BUSINESS**

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

The Finance General Manager provided an update on the financial position at 31 July 2014. The Committee were advised that the meeting fell too early in the month to have figures for the end of August.

The Committee was assured by the Finance General Manager that while figures show that financial performance is slightly behind target as of 31 July 2014, the final target is achievable.

The Director of Finance and Corporate Services suggested that it might be useful for new members of the Committee to meet with her and her team to gain a more detailed overview of financial operations.

6.2 **Operational Plan Performance Management Report**

The Director of Finance and Corporate Services presented the Operational Plan Performance Management Report to the Committee. It was explained that the purpose of the report is to advise the Committee of the performance against the 66 projects incorporated within the Healthcare Improvement Scotland 2014-15 operational plan. The Committee was asked to review the report and acknowledge the new automated performance management process.

The Committee also noted that, where appropriate, the report is cross-referenced with the corporate or operational risk register. The Committee suggested that more work should be done to make the linkage between reports more overt. The Planning and Performance manager was asked by the Committee to think about how this could be highlighted more clearly in the report.

6.3 **Non-competitive tender log**

The Finance General Manager explained to the committee that there were issues with the log at the last meeting but that it is now more robust in terms of providing information.

The Committee requested an update on the number of budget holders who have authorisation up of up to £50,000. The Finance General Manager explained that there are 16 people with that level of authorisation but out of 2507 Purchase Orders in 2013/14 only 28 fell between the higher authorisation bracket. The Committee was assured that procurement training, which is currently provided by NSS, had helped to ensure that no serious under spend situations occur. A refresher budget holder course will take place during the second half of the year in order to ensure all budget holders are aware of current procedures.

6.4 **Governance Committee minutes and key points**
The Committee noted the content of the minutes of Healthcare Improvement Scotland’s governance committees. No questions were raised.

6.5 **Board report: 3 key points**

The Chair advised that the following key points would be reported to the Board:

- Risk management
- Financial position as of 31 July 2014
- Operational plan

7. **ANY OTHER BUSINESS**

There was no further business noted.

8. **DATE OF NEXT MEETING**

10:30 – 13:00, 3 December 2014, Meeting Room 6b, Delta House
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 meeting held on 5 November 2014.

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

   a) The Committee has held two development sessions which have been successful in
      refocusing the work of the activity of the committee. This will result in revised terms of
      reference and a change of focus on the business of the committee, along with improved
      reporting arrangements around staff governance action plan and workforce strategy.

   b) The national HR shared service is progressing and an option appraisal will be
      completed in January. As a small Board we need to be aware of both the potential
      problems and opportunities that may come with any new model. It is likely that
      recruitment will be the first stage to be implemented.

   c) The Committee received a presentation on the progress of the values and behaviours
      work. This is an excellent piece of work in addressing the culture within the organisation.
      The Committee would also like to highlight that this is something that the whole Board
      should be aware of and involved in.

Duncan Service
Staff Governance Chair
MINUTES – approved

Meeting of the Healthcare Improvement Scotland Staff Governance Committee
06 August 2014  14.00-16.00
Delta House (Meeting Room 6A)

Present
Duncan Service  Employee Director (Chair)
Hamish Wilson  Board Member
Marian Keogh  Board Member

Healthcare Improvement Officers
Fiona Dagge-Bell  Royal College of Midwives
Prince Obike  Unison

In attendance
Anne Lumsden  Organisational Development and Learning Manager
Ruth Glassborow  Director of Safety and Improvement
Sandra McDougall  Head of Policy
Anthony McGowan  Human Resources Manager
Robbie Pearson  Director of Scrutiny and Assurance
Karen Ritchie  Head of Knowledge & Information
Brian Robson  Executive Clinical Director
Maggie Waterston  Director of Finance and Corporate Services
Jeniffer Kibagendi  Equality and Diversity Advisor

Committee support
Carolyn Roper  Committee Secretary

Apologies
Denise Coia  Chairman (Healthcare Improvement Scotland)
Sara Twaddle  Interim Director of Evidence
Angiolina Foster  Chief Executive
Kathlyn McKellar  Head of Human Resources
Richard Norris  Director of Scottish Health Council

ACTION

1. WELCOME AND APOLOGIES FOR ABSENCE

1.1 Welcome

The Chair welcomed everyone to the meeting. He congratulated the Director of Safety and Improvement on her appointment. He introduced Jeniffer Kibagendi who was attending to talk to the item on the Equalities
Outcomes and Sandra McDougall who was attending as Chair of the Driving Improvement Workforce Planning Group.

No declarations of interest were declared.

1.2 Apologies for absence

Apologies for absence were received as noted above.

2. MINUTES OF PREVIOUS MEETING/ACTION POINT REGISTER

2.1 Minutes of previous meeting

The minutes of the meeting held on 21 May 2014 were agreed as an accurate record of the meeting subject to the following minor amendment:

- Correct Karen Ritchie’s job title.

Members noted that there is a need to look at how attendees/roles are categorised in the minutes. There is also a need to agree a consistent approach to whether members are identified in minutes or not. Both of these issues will be incorporated in the governance review of the Committee.

2.2 Review of Action Point Register

The Committee noted the action point register.

It was confirmed that the Staff Survey local questions had been accepted.

3. COMMITTEE GOVERNANCE

3.1 Business Planning Schedule

The Business Planning Schedule was presented for information. It was agreed that the Chair and Lead Directors will review this following the governance review.

3.2 Risk Management Report

The HR Manager introduced an update on the current risks at this date. It was agreed to swap the risks around from Corporate to Operational and vice versa and amend the wording to align with the strategy. The revised version will be submitted to the Audit and Risk Committee in September.

HR Manager

4. STRATEGIC BUSINESS

4.1 Workforce Plan

The HR Manager introduced the paper and explained the background.
The OD & Learning Manager also advised that she is pulling together a workforce development plan. She noted that it does not tie in with the rest of the planning cycle and would be interested in aligning it.

The Committee discussed the workforce plan in detail.

- Marian Keogh stated that in her opinion the plan does not look complete and that the organisation’s good work has been lost and does not come across in the report. She suggested asking Scottish Government if it can be published in a different format and that we only issue the required statistics while we concentrate on reviewing it.
- Hamish Wilson questioned why directorate priorities identified on the left column in section 4.5 were not included elsewhere eg SMC, Medical Certification etc.
- Hamish Wilson also noted that the appendices and references to appendices did not make sense.
- Members asked for more information around the reference to 70 percent spend. It was clarified that this figure relates to a shift from fixed term to permanent staff.
- It was suggested taking this to Board instead of this Committee. This was also suggested in the Development session.
- The Executive Clinical Director referred to the ‘secondee summary’ chart in section 3.2.9 and noted that the 8.61 wte includes 24 National Clinical Leads as at 31 March. It takes a great deal of HR support to secure this important external resource and the number of clinical advisors the organisation recruits will increase in future. This needs to be explained in the plan.

It was noted that the covering executive summary is very good and members suggested asking Scottish Government if we could just publish this. It was agreed that it is likely that we will be required to publish the plan in the current format. In this case, it was agreed to revise the executive summary to include reference to what is anticipated and to capture the organisation’s successes such as low staff sickness and turnover rates. The rest of the plan would be tidied up as best as possible in light of the above comments.

In conclusion, members noted that they were reassured that HR work cycles are moving in line with Planning and Finance. Members also recognised that that the plan was orientated towards Scottish Government and noted the need to focus it more to our needs in future.

4.2 Progress Reports from Driving Improvement Workforce Groups Including SGAP/2020 Vision

The Head of Knowledge & Information presented a paper to provide an update on the Driving Improvement Workforce Group activities and how these relate to the Staff Governance Action Plan and the 2020 Workforce Vision Implementation Plan. In particular she noted that

- the After Action Review of the development of the Workforce
Plan has produced a list of actions

- The Health Foundation Skills Pyramid has proved to be a useful tool for managers to identify what skills they require.
- The VBEC Group have arranged sessions will all units and teams to explore what the values means for each team.

She also noted that following discussion with the Driving Improvement Workforce Plan Group she has an action to review structure. She will take her findings back to the group for input and then to Corporate Management Team.

Members commented that the format of the paper makes it difficult to follow and asked for exceptional reporting in the future.

The Committee noted the paper.

4.3 Health & Safety Update

The Chair noted that this is highlighted separately from the SGAP on this occasion as there has been a significant change in the management of health & safety related issues (i.e. via service level agreements with NHS National Services Scotland).

The HR Manager introduced the paper. He advised that the SLA arrangements are running reasonably well. There was some concern about visibility. This is being addressed this with a staff huddle next week so staff can meet NSS Health and Safety representatives.

4.4 Equality Outcomes Progress Report

The HR Manager presented the Equality Outcome Report which provides an update on progress made in relation to Equality Outcome 3 – bullying & harassment.

The Equality and Diversity advisor advised of a number of awareness sessions run recently which have been well attended and positively received.

It was noted that 10%-13% of staff have responded to staff surveys over the past three years to say that they have experienced bullying and harassment but there has only been one formal grievance raised. The Committee discussed at length ways to encourage those who have experienced bullying and harassment to report it. The Committee also questioned what their role in tackling this issue is.

Members asked for reports to cross back to the SGAP in future.

The Director of Safety and Improvement noted that the 10/13% relates to the number of staff survey completions not the total amount of staff. It would be useful to use the actual number in future reports.

The Committee noted the report.
4.5 **Shared Services**

**HR update**

The HR Manager reported that the ongoing, national HR shared service agenda is currently looking at three areas of activity – recruitment, employee services, medical staffing and trainees. Occupational Health was also discussed.

The business case for recruitment has been delayed until the end of September 2014.

A shared service for employee services has proven to be more complicated than anticipated so has slowed down.

Work has started on a Centre of Excellence for medical staffing and trainees and this is now moving to NES. The Executive Clinical Director noted that he does not think that it will have any implications on our organisation.

The HR Manager advised that he will keep the Committee updated of any further developments.

The Committee noted the update.

**Internal Audit report on ICT**

The Chair advised that this is on the agenda to sight members before the board. The Audit and Risk Committee also asked for it to come to the Staff Governance Committee.

Members discussed the report and it was noted that it is a small important shared service and, where relevant, the organisation needs to ensure it learns from the lessons highlighted in the report in the future. It was recognised that positive progress has been made.

The Chair noted that a number of ICT issues were raised at Partnership Forum.

The Director of Finance and Corporate noted that she is working with NHS Health Scotland to see what finance services can be integrated and to share best practice.

The Committee noted the report.

5. **STANDING BUSINESS**

5.1 **KSF Update**

The Committee received a report about the organisations’ activity with regards to the NHS Knowledge and Skills Framework Performance and Development Review process
Members were reminded that this year the process has been aligned to business cycle following problems in achieving the 100% target last year. So far, more reviews have been completed than last year but we are not at 100% yet. This is mostly due to technical problems or people working through organisational change. Although it is still early, The OD and Learning Manager advised that her instinct is that aligning to the business cycle is an improvement.

The OD and Learning Manager advised that a qualitative survey will be carried out and the data will be compiled by the end of September or beginning of October. She clarified that the first stage will be a survey and then possibly followed by a random check.

It was reported that the e-KSF system has glitches and the reporting system cannot be relied on. This has been reported. There are delays to the introduction of the new system ‘eESS’ so it is likely the existing system will continue to be used for another year.

The Committee asked for clarification that the figure of 24 in the report referred to secondees not long term sick. The OD and Learning Manager apologised for the error in the report.

It was confirmed that this report is shared with Corporate Management Team and Executive Team.

Members noted that where there are exceptions/reasons for not being 100% that it would be useful to put numbers to each reason e.g. 4 people on long term sick etc.

Members also noted the positive report and advised that the Committee looks forward to seeing the outcome of the survey.

The Chair noted the report and stated that he expects 100% completion to be reported at the next committee meeting in November.

5.2 Partnership Forum minutes

The Chair introduced the Partnership Forum minutes as no other attendees had been present at the meeting.

He advised that the Committee received the approved minutes from the April meeting in the papers for information. He added that members were emailed the draft minutes from the June meeting.

Prince Obike asked if members were happy with the relationship between the Partnership Forum and the Staff Governance Committee. It was agreed that the Committee will receive key points from the Partnership Forum in future.

6. CLOSING BUSINESS

6.1 The Chair agreed to draft three key points to be presented at the next Board meeting.
a) Workforce Plan (with amendments discussed by SGC)
b) eKSF
c) Review of Committee changes

7. DATE OF NEXT MEETING

It was agreed that a further Development Session would be set up around the next Staff Governance Committee meeting being held on 5 November.

The Chair advised that the date in March 2015 required to be rescheduled and a new date would be circulated.

Q3- 5 November 2014 13:30 - 15:30 Delta House
   5 November 2014 Development session 10.30 – 12.30 Delta House

Q4- 18 February 2015 14:00 – 16:00 Delta House – please note change in date
SUBJECT: Scottish Health Council: key points report

1. Purpose of the report
   This report provides the Healthcare Improvement Scotland Board with an update on key issues arising from Scottish Health Council Committee held on 4 November 2014.

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

   a) **Stronger Voice**
      This Committee meeting was convened to allow the Committee as Stakeholders to have an input to collating information and formulating the initial draft proposals. Healthcare Improvement Scotland Board Members were also invited to participate in the Strategy Day. Due to the project timescales the draft proposal paper would need to be presented to Scottish Government Ministers before the next Healthcare Improvement Scotland Board in mid December. Therefore it was agreed that the Stronger Voice project work would be presented to the Healthcare Improvement Scotland Board Seminar under an agenda item at their meeting on 26 November 2014.

      Themes utilised have focussed on culture, principles and standards with a particular focus on feedback and capacity building for staff and service users. There has been a realisation that activity must happen on an individual level around self-management with people as assets at all points in the system. We have looked at local level capacity building and aligning communities with the integration space and national level structures that support citizen engagement on policy. The engagement activity which supported developments is now coming to a close. Findings are being collated and themes have emerged which will allow the next steps of the process to be detailed. The project group is now working on the first draft of the Stronger Voice Proposals paper and this will be shared as the project proceeds.

   b) **Scottish Medicines Consortium Public Involvement Review**
      It was noted by the committee that there had been significant progress in developing patient and public involvement in the Scottish Medicines Consortium since April 2014 when a previous paper was considered. The committee agreed the Public Involvement Review report and recommendations which had been approved by the Scottish Medicines Consortium Executive in September subject to the following comments. The committee endorsed the proposal that the Association of the British Pharmaceutical Industry (ABPI) should not be involved in the new Scottish Medicines Consortium Public Involvement Network Advisory Group due to concerns raised by several patient groups and also due to perceived conflict of interest, subject to there being other mechanisms that can facilitate dialogue between these different stakeholder interests where that is appropriate. The committee also highlighted that the public interest in access to new medicines is distinct from patient interest, and that whilst there is a clear system for ensuring patient views are represented in Scottish Medicines Consortium processes, the mechanism for taking account of public views requires to be further developed alongside the implementation of the other recommendations in the report.

Pam Whittle
Chair, Scottish Health Council
Meeting of the Scottish Health Council
9 September 2014
Meeting Room 4, Delta House, 50 West Nile Street, Glasgow G1 2NP

Present
Peter Johnston Nominated Chair
Laura Borland Member
Helen Cadden Member
John Glennie Member

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

Apologies
Pam Whittle Chair
Carol Vanzetta Member

Committee support
Linda Bickerton Committee Secretary

1 WELCOME AND APOLOGIES FOR ABSENCE

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

The Chair noted we had also received apologies from Carol Vanzetta.

1.3 Minutes of meeting held on 17 June 2014

The minutes of the meeting held on 17 June 2014 were approved as read.

1.4 Matters Arising

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

2 COMMITTEE GOVERNANCE

2.1 Operational Plan – 2014/2015

The Director explained the new format of the Operational Plan which had been adapted to make it more user friendly as discussed at the last Committee Meeting in June.
2.2 The Director reported that this annual plan listed actions and projects grouped under strategic objectives, as described in the Healthcare Improvement Scotland Local Delivery Plan and outlined the key activities of the Scottish Health Council functional teams and project work. The plan will be reported on regularly in order to assure the Committee that we are making progress.

The Head of Operations commented that this was the first Operational Plan drawn up in the new format and that some objectives and activities for the Scottish Medicines Consortium and Public Involvement Unit need to be pulled together a bit more. She went on to explain that when projects reach their delivery date the Plan will give a summary of how we’ve delivered on every outcome. The new format feels much clearer in terms of describing what we want to do.

The Committee approved the new Operational Plan format and asked if there was a way to record a traffic lights system to allow them to see what stage each piece of work was at. The Head of Operations will arrange for this amendment. Following approval the Operational Plan will be shared with our Scottish Government Policy Sponsors then adapted and published on our website to proactively share it with other stakeholders.

2.2 Risk Register Update

The Head of Operations explained that the new Risk Register system has been populated within the last couple of weeks and we are now in transition to full use. There are a few people still to complete their training therefore we have had to present the report for this meeting on the older Excel Spreadsheet style until we are able to access the reports option on the new system which should by before the next Committee Meeting.

The Committee were happy to endorse Risks recorded to date and to note progress made with the new system.

3 STRATEGIC BUSINESS

3.1 A Stronger Voice

The Director commented that this was the biggest challenge we have faced for some time. The paper previously circulated outlines the project narrative, identifies risks then sets out the engagement activities. The narrative has been discussed with COSLA and the Alliance and a final version will be issued shortly. We are working hard to demonstrate that this is an inclusive process, we have someone from COSLA and the Alliance on the project team to help deal with stakeholder relationships.

John Glennie commented the description that we are project managers is a good one by stating here’s what we’ve done, here’s the ideas that have come out and this is what we are recommending. The Reference Group are the ones who have the decision making responsibility.
The timescales are tight but we expect to have the shape and scale of what’s going on by the start of November. This will allow the Committee as stakeholders to discuss the process at the Scottish Health Council’s Strategy Day, following which we will present to the Healthcare Improvement Scotland Board then to the Person Centred Committee meeting at Scottish Government in end November.

The Head of Operations added that we have tried to create a process with a really blank page, the solution needs to come from people. We also have existing information from previous research and plenty of partners in the room so that the order we do things in and what we focus on should naturally follow.

Laura Borland asked who was on the Reference Group? The Head of Operations listed the Scottish Government, the Alliance, COSLA, Chair of a NHS Health Board, representatives of various Charities, Third Sector groups, Mental Welfare, Disability groups, etc. It is a fairly extensive representative group. We need to engage with people who do this as their day jobs.

Peter Johnston noted the Committee respected the partnership working aspect but would want a clear process where our Governance principles are followed.

The Head of Operations replied that we have only had one Reference Group meeting to date and would need to have discussions with the other partners. Scottish Government have agreed that once the proposal starts to emerge then the overall Governance issue will need looked at.

3.2 **Service Change Paper - Patient and Public Involvement**

The Head of Policy noted that this paper provided an overview of current Service Change activity across Scotland and described the importance of involving patients and the public in service change. The paper proposed a new early “gateway” function be established within our work with NHS Boards on service change and that existing guidance should be adapted for use by Health and Social Care Partnerships. In addition we believe the process of involving people in service change could be operated more effectively if an amendment could be made to the existing process in order to develop more proactive working arrangements.

The Head of Policy explained that the Service Change Team would like to recommend further discussion with Scottish Government with the aim of implementing the earlier gateway consistently throughout all service change. Peter Johnston thought that it would be helpful to also share with COSLA.

The Committee is asked to endorse these recommendations as a basis on which the Scottish Health Council will seek to influence relevant national policy development.

After discussion the Committee agreed to fully support the direction of travel and proposals in this paper.
3.3 Participation Standard

The Head of Policy reported that the Participation Standard was recently reviewed by representative patient focus and public involvement practitioners from territorial and national Boards, public partners, Public Partnership Forum representatives and the Public Involvement Manager from Scottish Government, supported by Scottish Health Council staff.

Input from a mixed stakeholder reference group has informed our approach for 2014-15 and after discussion the Committee endorsed the decision to focus on the theme of feedback and complaints.

The Performance and Planning Team has commenced work on developing guidance and templates which will be issued to Health Boards to clearly set out the expectations for the 2014-15 assessment process.

The Committee noted progress to date and approved proposed process going forward.

3.4 Audit of Equality Impact Assessment of Healthcare Improvement Scotland Board Papers

The Head of Policy introduced the third annual report which had previously been developed to measure equality impact assessment in relation to the organisation’s ability to meet its obligations in terms of equality impact assessment, to highlight any areas for improvement and enable year on year progress to be tracked.

The Committee was pleased to note that continuing on last year’s trend there had been further improvement this year with every paper presented to the Board with a requirement for a quality impact assessment being submitted with full policies registered and completed.

Training sessions had been held for staff which had resulted in an improvement over the last two years and now that we have reached full compliance we expect to retain this level of registration.

The Committee noted progress made in this area.

4. ANY OTHER BUSINESS

John Glennie mentioned that at the last Healthcare Improvement Scotland Board Meeting a paper was discussed regarding the Quality Reviews and he wondered if the Scottish Health Council had a role within them.

The Head of Policy explained that she had been involved in the NHS Lanarkshire Review, was involved in working on the current NHS Grampian Review and Richard Norris was on the Expert Group for both reviews.

The Director responded that it had occurred to him that we perhaps need to ensure more visibility within our work plan of the work we are undertaking on joint projects such as the Quality of Care reviews and he would look at taking this forward.
As there was no further business the Chair then formally closed the meeting.

5. DATE OF NEXT MEETING

Please note this will be a Strategy Day dedicated to the Stronger Voice work to ensure the Committee’s involvement as a stakeholder in this project.

10.00 – 13.00 Tuesday 4 November 2014

in Meeting Room 4, Delta House, Glasgow