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

**Date:** Wednesday 24 August 2016  
**Time:** 12.30 – 16.00  
**Venue:** Rooms 6A/B, Delta House, Glasgow  
**Contact:** Pauline Symaniak | p.symaniak@nhs.net | 0131 623 4294

## AGENDA

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<td>Director of Finance and Corporate Services</td>
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<td><strong>BOARD GOVERNANCE</strong></td>
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<td>4.1</td>
<td>13.40</td>
<td>Code of Corporate Governance Revision</td>
<td>Director of Finance and Corporate Services</td>
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<td>4.2</td>
<td>13.45</td>
<td>Board and Governance Committee Schedule of Meetings 2017/18</td>
<td>Director of Finance and Corporate Services</td>
<td>BM2016/73</td>
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5. STRATEGIC BUSINESS

5.1 13.50 Working Towards a 3 Year Corporate Plan 2017-20 Director of Finance and Corporate Services BM2016/74

5.2 14.10 Strategic Engagement and Relationship Management Acting Chief Executive BM2016/75

5.3 14.30 Quality of Care Reviews Director of Quality Assurance BM2016/76

Refreshment Break 14.50 – 15.00

6. PRESENTATION – 15.00

National Care Standards - Sara Twaddle, Director of Evidence, HIS and Rami Okasha, Executive Director of Strategy and Improvement, Care Inspectorate BM2016/77

7. 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

7.1 15.45 Audit and Risk Committee: key points from meeting on 22 June 2016 and approved minutes from meeting on 16 March 2016 Committee Chair BM2016/78 BM2016/79

7.2 Quality Committee: key points from the meeting on 21 July 2016 and approved minutes from the meeting on 19 May 2016 Committee Chair BM2016/80 BM2016/81

7.3 Staff Governance Committee: next meeting will be held on 30 August 2016 Committee Chair Verbal

7.4 Scottish Health Council: next meeting will be held on 6 September 2016 Committee Chair Verbal

7.5 Improvement Hub Committee: next meeting will be held on 29 September 2016 Committee Chair Verbal

8. ANY OTHER BUSINESS

9. DATE OF NEXT MEETING

9.1 16.00 The next meeting will be held on Wednesday 23 November 2016, at 12.30pm, Boardroom, Gyle Square, Edinburgh.
Meeting of the Board of Healthcare Improvement Scotland
Date: 23 June 2016
Time: 12.30–16.15
Venue: Room 6A/B, Delta House, Glasgow

Present
Dr Dame Denise Coia, DBE, FRCpsych  Chairman
Dr Bryan Anderson
George Black CBE
Jackie Brock
Dr Zoë M. Dunhill MBE
Paul Edie
Angiolina Foster CBE  Chief Executive/Accountable Officer
Kathleen Preston
Duncan Service
Dr Hamish Wilson CBE  Vice Chairman

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

Apologies
Nicola Gallen BA (Hons) CA
John Glennie OBE
Pam Whittle CBE

Committee support
Pauline Symaniak  Corporate Governance Officer
Frieda Cadogan  Corporate Governance Administrative Officer

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

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

1.1 Chairman's welcome and introduction

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

A special welcome was extended to Ruth Glassborow, attending her first Board meeting since her appointment to the post of Director of Improvement Support and iHub which has replaced her previous role of Director of Safety and Improvement Support.

On behalf of the Board, the Vice Chairman congratulated the Chairman on her award of a Damehood in the Queen's Birthday Honours.

1.2 Apologies for absence

Apologies were received as noted above.

1.3 Minutes of meeting held on 27 April 2016

The minutes of the public meeting held on 27 April 2016 were accepted as an accurate record with the exception of the following amendment:

Para 4.2 (f) – change “collection” to “coalition”.

1.4 Review of action point register: 27 April 2016

The Board received for review the action point register from the meeting held on 27 April 2016 and noted the status report against each action and all forward planning actions.

Regarding items 3.1 (powers to close wards) and 3.3 (risks in the process of being reviewed), it was noted that these would be ongoing actions.

1.5 Register of Interests

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

The Board approved the register as presented.

2. CHAIRMAN’S REPORT

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

a) There had been excellent representation by HIS staff at the NHS Scotland event on 14 and 15 June and the HIS stands had been very well attended by visitors. The posters presented had been of a very high standard and the HIS Acting Chief Executive had been one of the poster judges. The Board extended their thanks to the staff who attended for their hard work and enthusiasm.
b) The Chairman and Chief Executive had held a very positive meeting with Chris Ham from the King's Fund during the event and had provided him with information about the organisation and its seven contributions to transforming health and social care. Follow up action would be taken to strengthen links and Chris Ham would be a speaker for the QI Connect 2017 series.

c) The first national board development event that had stemmed from the QI board development work by Heather Shearer would be held on 20 September with four non executives and four executives from each Board invited to attend. Discussions were underway to identify the HIS nominations.

d) There had been a number of recent changes to governance committees. John Glennie had joined the Executive Remuneration Committee and Jackie Brock had joined the Staff Governance Committee while Pam Whittle had stepped down from the Audit and Risk Committee, and Hamish Wilson from the Staff Governance Committee.

e) The Chairman had attended the Ministerial Group for Health and Community Care the previous day and feedback from that would be provided during items later on the agenda.

The Board noted the report.

3. EXECUTIVE REPORT

3.1 Executive Report

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

The Acting Chief Executive highlighted the following points:

a) Recruitment was well advanced for the Our Voice programme director post. Interviews had been held and a preferred candidate identified.

b) The “What Matters to You” day had been a great success, particularly in relation to the work delivered with stakeholders. Thanks were extended to the staff who were involved.

c) A very productive joint development session had been held between the senior teams of HIS and the Care Inspectorate. Key items discussed were priorities and joint working. Further feedback would be detailed in later agenda items.

d) The Scottish Health Technologies Group’s “Innovative Medical Technology Overview” won the prize for the best oral presentation at the Health Technology Assessment International conference in Tokyo. The presentation was delivered by Ed Clifton, Senior Health Economist.

In response to questions from the Board, it was confirmed that the stakeholder engagement framework would be presented to the Board at its August meeting and it would incorporate the role that non executives could play.

The Board noted the Executive Report.
3.2  Financial Performance to 31 May 2016

The Board received a report from the Director of Finance and Corporate Services setting out the financial performance to 31 May 2016.

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

a) There were a number of caveats to the financial data presented for the following reasons: the annual accounts had been in production; the shared platform for finance had only enabled budgets to be loaded from the middle of May; and the first allocation letter was extremely limited in the allocations that it represented.

b) At the quarterly finance meeting with Scottish Government it was confirmed that the additional allocation into the core budget was £8.95m giving a final baseline budget of £24.385m and this is the amount that had been used to produce the management accounts.

c) The commencement of the registration phase for independent healthcare represented a financial risk to the organisation should insufficient income be generated to cover the regulatory functions.

d) Table A demonstrated that there was an underlying deficit of £52k which, at this stage of the financial year was not a concern.

e) Table B set out the position with regard to the savings target and future finance reports would provide more details and a clearer split between recurring and non-recurring savings.

f) Pay savings of 7.7% were in line with the vacancy factor.

g) The Change Management Board had changed its focus to oversee work to create a more agile and flexible workforce, linking to the Workforce Plan. The Internal Improvement Plan would drive actions to release time, improve processes and reduce inefficiencies while the Change Fund would invest in initiatives that would deliver savings.

h) The Audit and Risk Committee on 22 June had noted that the range of payback periods for exit packages had been from 0.4 to 1.7 years, both well within the required 2 years payback period.

The Board noted the financial position and that the Change Management Board continued to provide an effective oversight of change across the organisation.

3.3  Risk Management Update

The Board received a report from the Director of Finance and Corporate Services on the current status of the risks and their management as at 9 June 2016. This included all of the risks from the Corporate Risk Register and the very high risks from the Operational Risk Register.

The Board was asked to review and endorse the risk registers and note that they had been aligned to the Strategic Plan: Driving Improvement in Healthcare 2014-2020. The Board was also asked to note that the Audit and Risk Committee had raised a question at its meeting on 22 June around there being appropriate read across from high risks on the risk registers to agenda items at the Board meeting.

In response to a number of questions from the Board, the following points were clarified:
a) The very high operational risks in relation to the consolidation of improvement support had arisen due to a number of factors: a tripling of the improvement resource within HIS in the last 12 months resulting in a mismatch between recruitment and allocations; some posts being attached to the £2.5m additional allocation; several vacant posts being transferred to HIS from JIT and QuEST; the use of associates being limited due to procurement rules; and concerns around the national job evaluation framework being fit for purpose in the integrated space. This latter issue would be referred to the Sponsor Division. The process was being well supported by HR but the timelines were challenging.

b) There could be a reputational as well as financial risk associated with the extensive recruitment underway but this was mitigated by the Change Management Board having oversight to provide assurance that any staff leaving the organisation on exit packages had a different skill set to those being recruited.

The Board noted two risks in relation to horizon scanning around public service reform and the large amount of work in the integrated space especially ihub, joint inspections, Quality of Care review, joint commissioning, measurement work and primary care.

The Executive Team confirmed that risk 9 related to horizon scanning would be reviewed to ensure the wording and rating were correct and that the Board Seminar in the autumn would examine priorities for 2017/18 and horizon scanning.

The Board advised that they were content with the report on risk management and that they were assured that controls were appropriate and effective. The Board agreed that the agenda items presented at the meeting had aligned with the high risks but that this would be reviewed on an ongoing basis.

3.4 Local Delivery Plan Performance Final Year End Out-turn Report 2015/16 and Test Report 2016/17

The Board received a report from the Director of Finance and Corporate Services outlining the end of year report against the objectives agreed within the HIS Local Delivery Plan 2015-16. The Director advised that future reports would be more outcomes and impact based.

The Board reviewed the performance against the LDP, noted that the objectives were cross referenced with the operational risks, as appropriate, and that the operational performance report was a standing item for consideration at the Quality Committee.

In response to a question from the Board about the use of the term “high resource individuals”, the Director of Improvement Support and ihub confirmed that an alternative more appropriate phrase was being considered.

The Board approved the LDP Final Year End Out-turn Report for 2015/16.

The Director of Finance and Corporate Services presented the Board with a test report for reporting performance in 2016/17 and highlighted the following key points:
a) The proposed report would move towards reporting the progress of work against outcomes with long term outcomes linked to the Scottish Government nine Health and Wellbeing Outcomes, and with medium term outcomes linked to the HIS seven contributions to transforming health and social care.

b) Indicators were being created for all of our work to enable it to be measured against outcomes.

c) Future reporting would also be linked to HR, finance and risk data.

d) The work was being taken forward with the input of the Quality Committee.

The Board noted the importance of reporting information that would be meaningful to the public and alongside this, the importance of staff reflecting on their work to better articulate the outcomes.

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

e) Some of the indicators being developed would link to Our Voice.

f) The outcomes work aligned to Scottish Government priorities.

g) Scottish Government reporting would still require inputs/outputs data but it was hoped that work on external targets would achieve a shared position.

h) There would not be dual running of the previous style report and the new report. The new report would be developed with oversight from the Quality Committee and some work in the short term would still be reported as outputs rather than outcomes.

The Board approved the format of the test report for further development and were fully understanding that this would require some learning and redrafting of the report until it meets the needs of the Board.

4. PRESENTATION: IMPROVEMENT HUB

The Board received a presentation from the Director of Improvement Support and ihub that provided an overview of the Improvement Hub. The presentation covered the following key areas:

a) The aim of the ihub was to design and deliver services that support health and social care systems. The ihub was still providing traditional improvement support to NHS Boards but additionally it was also providing improvement support to health and social care partnerships.

b) There was a range of support available within three primary offerings: planned improvement programmes such as SPSP; responsive support through the Tailored and Responsive Improvement Support Team; and grants and allocations.

c) The goals of the ihub were to be seen as an indispensable partner in redesigning systems and supporting improvements, and to identify and collate a large volume of impact data.

A discussion followed the presentation in which the following points were clarified:

d) The ihub improvement support was available to health and social care partnerships which included the third and independent sectors. The ihub
worked with Local Authorities if the resource was in the integrated space. It was important for the ihub to engage with all these sectors.

e) The Director of Improvement Support and ihub attended a very positive meeting with the Integration Joint Boards Chief Officers group who provided a strong steer that support needed to be focused around their needs.

f) The ihub Committee had noted at its meeting on 1 June that the “system” being supported was community based and had a very wide definition. A meeting for the Executive Team with community leaders was in development to ensure the Executive Team understood how the work of HIS impacted communities and people.

g) Regarding sustainability issues, the role of the ihub currently was to support re-design while Scottish Government remained focused on performance.

h) Scottish Government finance colleagues were happy to receive proposals around 3 year budgeting to enhance planning and delivery of work. Issues around short term funding would be raised with them.

i) Data and updating information that would be reported to the Scottish Government would be included in the new test report for performance reporting to ensure the Board and ET were sighted.

j) The Chief Executive of the Scottish Housing Federation would be invited to deliver a presentation to a future Board meeting about the Home, Housing, Place programme.

5. ANNUAL ACCOUNTS 2015/16

Kelly McFarlane, External Auditor, joined the meeting.

The Board received the draft Annual Accounts for 2015/16 from the Director of Finance and Corporate Services.

The External Auditor noted that the Accounts had been produced to a very high standard and thanked the Finance Team for their work.

The Vice Chair of the Audit and Risk Committee confirmed that the Committee had reviewed the Annual Accounts at an informal workshop on 1 June and at its formal committee meeting on 22 June and that the Committee recommended their formal adoption to the Board.

The Vice Chair also extended thanks on behalf of the Committee to the HIS Finance Team for delivering such robust accounts and to PriceWaterhouseCoopers for their work and advice over their five years as external auditors.

The Chairman echoed thanks on behalf of the Board to the Finance Team and PriceWaterhouseCoopers, and also to the Audit and Risk Committee for their robust approach to committee business.

The Board agreed to formally adopt the Annual Accounts for 2015/16.

Kelly Mcfarlane left the meeting.
6. STRATEGIC BUSINESS

6.1 Workforce Plan 2016/17

The Board received the draft Workforce Plan for 2016/17 from the Director of Finance and Corporate Services who highlighted the following key points:

a) The version of the plan presented to the Board was approved by the Staff Governance Committee on 18 May 2016.

b) The workforce plan had been developed as part of the integrated planning process and had used information from the staff survey and iMatter, agreed in partnership.

c) The plan aligned with the budget agreed by the Board in March 2016.

d) Key headlines from the plan were: managing change and growth; improving resilience and motivation; improving efficiency; development of organisational culture and values; and moving towards more flexible and agile working.

e) The priorities set out in the plan were:
   - Workforce development across directorate teams.
   - High level corporate priorities.
   - Links to the Staff Governance Action Plan.
   - Ensuring adequate time and resource to support staff learning.
   - Change Management Board continues to oversee organisational and workforce change, and has a more focussed approach to internal improvement.
   - Development of new approaches to attracting and retaining talented and qualified people.
   - Realising the 2020 Workforce Vision and HIS organisational values.

f) Next steps were: understanding the impact of the growth of the organisation and how to measure that; how to measure staff wellbeing; introduction of agile working; improvement of reporting processes.

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

g) The Executive Team was aware of the risks in managing the current workforce gaps, experienced most widely in the ihub but with hotspots elsewhere.

h) A proposal for organisational change in the Finance and Corporate Services Directorate would provide a temporary additional post to ensure HR support could keep pace with recruitment and with organisational growth.

i) There was a lack of younger staff in the organisational profile and work was underway to address this. There were two graduate placements, one in HR and one in the Clinical Directorate which have been successful.

j) The Workforce Plan did not address active recruitment from ethnic communities and that would need further consideration to ensure the organisation reflects the community in which it operates.

k) Agile working was in the early stages of implementation with action required on suitable technology and embedding the change with staff.

Zoë Dunhill left the meeting.
A discussion followed about the wording of paragraph 5.13.3 in the Workforce Plan which stated that there was a shortage of individuals with expertise in improvement. It was noted that improvement roles may be delivered at many levels and as part of other roles for staff in health and social care so it was important to reflect this and to take that resource into account. It was agreed that the wording would be reconsidered for this section of the Workforce Plan.

6.2 Staff Governance Action Plan 2016/17

The Board received a paper from the Director of Finance and Corporate Services and the Employee Director setting out key messages and progress from the Staff Survey and iMatter. The Employee Director delivered a presentation setting out the main areas for improvement and the action that will be taken to address these. The following points were highlighted:

a) There would not be a national staff survey in 2016 but HIS was considering running a local one.
b) iMatter was introduced in 2015, was aimed at team level and would run on an annual cycle once embedded.
c) The headline messages were: overall results were improved; some areas showed no improvement; and positive responses tended to be higher in iMatter.

In response to a question about the whistleblowing champion, the following points were clarified:

d) The policy and protocols around whistleblowing were being written in accordance with Scottish Government guidance.
e) Communications and a rollout plan would be presented to the Board.
f) A meeting would be held between the whistleblowing champion and the counter fraud champion to identify areas that link.
g) The policy would be shared with the Chair of the Care Inspectorate once completed.
h) The National Confidential Alert Line (NCAL) provided the whistleblowing function for staff who could report matters to NCAL that they feel had not been addressed locally. NCAL would then refer enquiries to HIS or Audit Scotland as appropriate. HIS would then decide if it was appropriate to investigate.
i) A new national independent officer for whistleblowing was also being introduced by the Scottish Government.

The Board agreed that the feedback from the item would be reviewed at the next Staff Governance Committee and that the item would return to a future Board agenda for a fuller discussion.

Susan Bishop joined the meeting.

6.3 Primary Care – Next Steps in Our Approach

The Board received a presentation from the Executive Clinical Director to accompany the paper issued setting out the importance of Primary Care in building and delivering integrated health and social care services. The following key points were made:
a) The report had been compiled over several months in conjunction with HIS staff and other organisations.

b) It had set out to identify how visible HIS was in primary care, what the opportunities might be and how HIS might drive improvements in primary care.

c) The suggested approach set out a commitment to build on existing work, re-orientate some programmes of work and introduce new and practical approaches.

d) The work was submitted to the Quality Committee who sought information on actions to take now and those that would be needed in the future.

e) The immediate priorities were out of hours urgent care, the role of GP clusters and the need for cross-organisational working.

The Board thanked Susan Bishop and her team for the work delivered.

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

f) The Chief Medical Officer’s Realistic Medicine report had been a guiding document for development of the plan and the completed plan would form part of the HIS contribution to realistic medicine.

g) Primary care was not standalone but was cross-organisational work involving the ihub, data measurement and quality assurance, therefore shared leadership would be essential to take it forward.

h) Quality assurance in primary care was limited. There was a need to consider a coherent approach in future.

i) The Scottish Health Council would contribute to the primary care plan through activities such as patient participation groups that provide opportunities to engage at the community level.

_Angiolina Foster declared an interest as Chief Executive of NHS24._

Angiolina Foster stated that the plan would consider where NHS24 can support functions such as urgent out of hours care. Further discussions would be held around this.

The Board approved the paper.

_Jackie Brock left the meeting._

### 6.4 Duty of Co-operation Framework between Healthcare Improvement Scotland and the Care Inspectorate

The Acting Chief Executive referred the board to the framework issued in advance of the meeting and advised that it had been drafted following the joint development session between HIS and the Care Inspectorate in February 2016. It was presented to the HIS Board for approval and would be submitted to the Board of the Care Inspectorate the following day.

The Board approved the framework.
7. **STANDING BUSINESS (BOARD COMMITTEES)**

7.1 **Audit and Risk Committee**

It was noted that a meeting of the Committee was held on 22 June 2016 when the key areas highlighted were the Annual Accounts and risk management, particularly in relation to independent healthcare.

7.2 **Quality Committee**

The key points from the meeting on 19 May 2016 and the approved minute from the meeting on 28 January 2016 were noted. It was highlighted that the Committee had held a very positive discussion about primary care work and that the Director of Evidence had completed a very helpful review of agenda items for the Committee.

7.3 **Staff Governance Committee**

The key points from the meeting on 18 May 2016 and the approved minute from the meeting on 23 March 2016 were noted. It was highlighted that corporate objectives for 2016/17 had been linked to the seven contributions to transforming health and social care but that additional communications had been needed with staff to provide more guidance.

7.4 **Scottish Health Council**

It was noted that the Scottish Health Council Committee meeting scheduled for 21 June 2016 had been cancelled.

7.5 **Integrated Improvement Resource Committee**

The key points from meeting on 1 June 2016 and approved minutes from the meeting on 15 March 2016 were noted. In discussing the ihub workplan for 2017/18, it had been highlighted by the committee that it was keen to address how resources were currently disposed and what that would mean for future work, and also how the work of the ihub fits into the broader work programme for HIS.

The Chairman of the Board confirmed that the autumn Board seminar would be devoted to examining the organisational priorities for 2017/18.

8. **ANY OTHER BUSINESS**

There were no items of any other business.

9. **DATE OF NEXT MEETING**

9.1 The next meeting would be held on Wednesday 24 August 2016 at 12.30 in Room 6A/B, Delta House, Glasgow.
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<th>Timeline</th>
<th>Lead officer</th>
<th>Status</th>
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<tr>
<td>3.3</td>
<td>Risk Management</td>
<td>Review risk number 9 (external environment and horizon scanning) - ensure wording and weighting are correct.</td>
<td>Immediate</td>
<td>Director of Finance and Corporate Services</td>
<td>Complete</td>
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<td>4</td>
<td>ihub Overview</td>
<td>Home, Housing, Place programme – to contact Mary Taylor about this being the topic for a future Board presentation.</td>
<td>13 July 2016</td>
<td>Director of Improvement Support and ihub</td>
<td>Complete – scheduled for the Board meeting on 23 November</td>
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<td></td>
<td></td>
<td>Raise issues of short term funding with Scottish Government finance colleagues.</td>
<td>24 August 2016</td>
<td>Director of Finance and Corporate Services</td>
<td>Next finance meeting with Scottish Government to be held on 7 September 2016</td>
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<td>Consider incorporating into new performance report for the Board sound-bite data that would be submitted to Scottish Government. This would allow the Board to be sighted in advance.</td>
<td>24 August 2016</td>
<td>Director of Finance and Corporate Services</td>
<td>Will be incorporated into future briefings</td>
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<td>6.1</td>
<td>Workforce Plan 2016/17</td>
<td>Review wording of para 5.13.3 to reflect the fact improvement roles may be delivered at many levels and as part of other roles in health and social care.</td>
<td>Immediate</td>
<td>Director of Finance and Corporate Services</td>
<td>Complete</td>
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<td>6.2</td>
<td>Staff Governance Action Plan and iMatter</td>
<td>Board discussion to be reviewed fully at Staff Governance Committee meeting and Staff Governance Action Plan to return to Board agenda for further discussion.</td>
<td>30 August 2016</td>
<td>Employee Director/Committee Secretary</td>
<td>On the agenda for the next Staff Governance Committee meeting on 30 August</td>
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<tr>
<td>Reserved 1.3</td>
<td>ERC Minutes Abridged</td>
<td>To be noted on future agendas “for information” and not “for approval”.</td>
<td>Ongoing</td>
<td>Committee Secretary</td>
<td>Complete – noted for future agenda setting.</td>
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SUBJECT: DRAFT Register of Interests

1. Purpose of the report
To present the Register of Interests held at 15 August 2016 for non executive and senior staff members within the organisation.

2. Key Points
Board members have a responsibility to comply with the HIS Code of Conduct (approved at the Board meeting held on 24 June 2014). This requires Board members to review their entries in the Register of Interests and confirm compliance with the Code. The Register of Interests is a standing item on the Board public agenda. Board members and senior staff are asked to note that they have a duty and that it is their responsibility to ensure that any changes in circumstances are notified within one month of them occurring.

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

Appendix 1: Register of Interests (as at 15 August 2016)

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

### RISK

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

### OTHER CONSIDERATIONS

<table>
<thead>
<tr>
<th>How do the key points relate to the Corporate Plan?</th>
<th>Compliance with the HIS Code of Conduct supports delivery of the strategic objectives ensuring that all interests are either registered or declared.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resource Implications</td>
<td>No additional resource implications.</td>
</tr>
<tr>
<td>What engagement has been used to inform the work.</td>
<td>The Register of Interests does not relate to any policy or work programme that will impact on staff, volunteers or service users, and engagement is therefore not required.</td>
</tr>
<tr>
<td>What Equality and Diversity considerations relate to the work. Advise how the work:</td>
<td>The Register of Interests does not relate to any policy or work programme that will impact on staff, volunteers or service users.</td>
</tr>
<tr>
<td>• helps the disadvantaged;</td>
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<tr>
<td>• helps patients;</td>
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<tr>
<td>• makes efficient use of resources.</td>
<td></td>
</tr>
<tr>
<td>NAME</td>
<td>CATEGORY</td>
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<tr>
<td>-----------------------------</td>
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</tr>
<tr>
<td><strong>CHAIRMAN</strong></td>
<td></td>
</tr>
<tr>
<td>Dr Dame Denise Coia, DBE, FRCpsych</td>
<td>1</td>
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<tr>
<td><strong>NON-EXECUTIVE BOARD MEMBERS</strong></td>
<td></td>
</tr>
<tr>
<td>Dr Bryan Anderson</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>7</td>
</tr>
<tr>
<td>George Black, CBE</td>
<td>7</td>
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<td>7</td>
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<td></td>
<td>7</td>
</tr>
<tr>
<td>Jackie Brock</td>
<td>1</td>
</tr>
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<td></td>
<td>7</td>
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<tr>
<td><strong>Dr Zoë M. Dunhill MBE</strong></td>
<td>1</td>
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<table>
<thead>
<tr>
<th><strong>Paul Edie</strong></th>
<th>1</th>
<th>Chair of the Care Inspectorate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>Non Executive Member of the Scottish Social Services Council</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>City of Edinburgh Councillor</td>
</tr>
<tr>
<td></td>
<td>7</td>
<td>Member of the Scottish Liberal Democrats</td>
</tr>
<tr>
<td></td>
<td>7</td>
<td>Member of the Institute of Directors</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Nicola Gallen, BA (Hons) CA</strong></th>
<th>1</th>
<th>Head of Strategy, Central Government and Defence, British Telecom</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>7</td>
<td>Member, Institute of Chartered Accountants of Scotland</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>John Glennie OBE</strong></th>
<th>1</th>
<th>Non Executive Board Member, NHS24</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>Member, Doctors and Dentists Review Body</td>
</tr>
<tr>
<td></td>
<td>7</td>
<td>Treasurer Friends of Borders General Hospital</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>Consultant Mentor, Celgene Ltd</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Kathleen Preston</strong></th>
<th>1</th>
<th>*Honorary Contract with NHS Blood and Transplant (NHSBT) as a Lay Member of the Organ Donation Advisory Group (Liver Advisory Group)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>7</td>
<td>Member of the Law Society of Scotland</td>
</tr>
<tr>
<td></td>
<td>7</td>
<td>Member (Professional Associate) of the Health and Social Care Alliance</td>
</tr>
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</table>

**Notes:**
*Remuneration relates only to payment of expenses*
<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duncan Service</td>
<td>Evidence Manager, SIGN</td>
</tr>
<tr>
<td></td>
<td>Director and Company Secretary, SHU East District Ltd</td>
</tr>
<tr>
<td></td>
<td>UNISON Steward</td>
</tr>
<tr>
<td></td>
<td>Board member, Guidelines International Network (G-I-N)</td>
</tr>
<tr>
<td></td>
<td>Treasurer – Guidelines International Network (G-I-N)</td>
</tr>
<tr>
<td></td>
<td>NICE Accreditation Advisory Committee</td>
</tr>
<tr>
<td>Pam Whittle, CBE</td>
<td>Chair, Scottish Health Council</td>
</tr>
<tr>
<td></td>
<td>Advisory Council Member: Glasgow Centre Population Health</td>
</tr>
<tr>
<td></td>
<td>Trustee of the Whitmuir Project, Scottish Charitable Incorporated Organisation (SCIO)</td>
</tr>
<tr>
<td></td>
<td>Member, Scottish Food Commission</td>
</tr>
<tr>
<td>Dr Hamish Wilson, CBE</td>
<td>Lay Member, Scottish Dental Practice Board</td>
</tr>
<tr>
<td></td>
<td>Trustee of the GMC Pension Scheme</td>
</tr>
<tr>
<td></td>
<td>Lay Member of the Assembly (the Governing body) of the Royal Pharmaceutical Society of Great Britain</td>
</tr>
<tr>
<td></td>
<td>Member of Scottish Advisory Board for Marie Curie</td>
</tr>
<tr>
<td></td>
<td>Honorary Fellow of the Royal College of General Practitioners</td>
</tr>
<tr>
<td></td>
<td>Independent Governor of Robert Gordon University, Aberdeen</td>
</tr>
<tr>
<td>Angiolina Foster, CBE</td>
<td>Chief Executive, Healthcare Improvement Scotland</td>
</tr>
<tr>
<td></td>
<td>Chief Executive, NHS24</td>
</tr>
<tr>
<td></td>
<td>Member of Chartered Management Institute</td>
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</tbody>
</table>

**EXECUTIVE BOARD MEMBER**

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
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<tbody>
<tr>
<td>Angiolina Foster, CBE</td>
<td>Chief Executive, Healthcare Improvement Scotland</td>
</tr>
<tr>
<td></td>
<td>Chief Executive, NHS24</td>
</tr>
<tr>
<td></td>
<td>Member of Chartered Management Institute</td>
</tr>
<tr>
<td>SENIOR STAFF MEMBERS</td>
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<td>---------------------------------------------------------</td>
<td>------------------------------------------</td>
</tr>
<tr>
<td>Ruth Glassborow</td>
<td>1 Director of Safety and Improvement</td>
</tr>
<tr>
<td></td>
<td>7 *GenerationQ Fellow with Health Foundation</td>
</tr>
<tr>
<td></td>
<td>7 Member of Institute of Healthcare Managers</td>
</tr>
<tr>
<td></td>
<td>7 Member of Managers in Partnership (MiP) Union</td>
</tr>
<tr>
<td></td>
<td>7 Board Member, UK Improvement Alliance</td>
</tr>
<tr>
<td>Richard Norris</td>
<td>1 Director, Scottish Health Council</td>
</tr>
<tr>
<td></td>
<td>7 Member, Board of Management of the Centre for Scottish Public Policy</td>
</tr>
<tr>
<td></td>
<td>7 Board Member, Scottish Improvement Science Collaborating Centre</td>
</tr>
<tr>
<td>Robbie Pearson</td>
<td>1 Director of Scrutiny and Assurance, Healthcare Improvement Scotland</td>
</tr>
<tr>
<td></td>
<td>1 *Lay Member of the General Teaching Council in Scotland</td>
</tr>
<tr>
<td><strong>Note:</strong></td>
<td></td>
</tr>
<tr>
<td>*Remuneration relates to £75 per half day compensation that is available.</td>
<td></td>
</tr>
<tr>
<td>Dr Brian Robson</td>
<td>1 Executive Clinical Director, Healthcare Improvement Scotland</td>
</tr>
<tr>
<td></td>
<td>1 Health Foundation College of Assessors</td>
</tr>
<tr>
<td></td>
<td>7 Clinical Practice – Mearns Medical Centre, Glasgow</td>
</tr>
<tr>
<td></td>
<td>7 *Institute for Healthcare Improvement (IHI) Faculty and Fellow</td>
</tr>
<tr>
<td></td>
<td>7 Royal College of General Practitioners - Fellow, West of Scotland Faculty and Scottish Council</td>
</tr>
<tr>
<td></td>
<td>7 British Medical Association (BMA) – Member</td>
</tr>
<tr>
<td></td>
<td>7 Harvard School of Public Health – student ambassador support</td>
</tr>
<tr>
<td><strong>Note:</strong></td>
<td></td>
</tr>
<tr>
<td>* As an IHI Fellow and IHI Faculty Dr Robson can be occasionally offered subsidised attendance and accommodation at events. These subsidies are not always in place nor always accepted.</td>
<td></td>
</tr>
<tr>
<td>Claire Sweeney</td>
<td>1 Interim Director of Quality Assurance</td>
</tr>
<tr>
<td></td>
<td>7 Coach, Perth Plus</td>
</tr>
<tr>
<td>Dr Sara Twaddle</td>
<td>1 Director of Evidence, Healthcare Improvement Scotland</td>
</tr>
<tr>
<td></td>
<td>7 Member, UNISON</td>
</tr>
<tr>
<td></td>
<td>7 Spouse is General Medical Practitioner</td>
</tr>
</tbody>
</table>
### Maggie Waterston

<table>
<thead>
<tr>
<th>Category Number</th>
<th>Category Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Director of Finance and Corporate Services</td>
</tr>
<tr>
<td>2</td>
<td>Member of Chartered Institute of Management Accountants</td>
</tr>
<tr>
<td>3</td>
<td>Member of Healthcare Financial Management Association</td>
</tr>
<tr>
<td>4</td>
<td>*Strategic Finance Leaders Programme: Scottish Public Sector 2015</td>
</tr>
</tbody>
</table>

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

### Explanation of Categories

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

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

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

3. Strategic issues

   a) Visit from NHS Scotland Chief Executive, 27 July 2016
      Paul Gray’s visit to the Gyle Square office centred on a walk round the organisation to speak with staff about our work programmes followed by a question and answer session. The visit set out to increase his understanding of the breadth of our work and to showcase its many parts working as one organisation. Paul Gray emphasised that Healthcare Improvement Scotland makes a significant contribution to improving health and social care, and reported that he very much enjoyed the visit. All staff were invited to attend and teleconference facilities enabled broad participation across the organisation. It was especially pleasing that a number of our public partners and clinicians were able to attend and that many of our Scottish Health Council offices across the country were able to join by phone.

   b) Public Service Reform
      I continue to hold discussions with our stakeholders about public service reform and the role that the organisation may play across health and social care. Meetings have been arranged for the Acting Chief Executive and me with Scottish Government senior colleagues. We met with the Clinical Director on 15 August and will meet with the Workforce Director on 18 August and the Chief Medical Officer on 31 August 2016.

4. Stakeholder engagement

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

      • Meeting with COSLA, 26 July 2016
         A very constructive meeting was held with COSLA in which they provided very positive feedback on the work of the Improvement Hub and the engagement with Integration Joint Boards (IJBs). We discussed the need for integration to be seen as extending beyond the IJBs and public service reform. COSLA advised that they would share this progress with the Cabinet Secretary for Health and Sport as part of their annual meeting with the Minister in early 2017.

      • MSPs
         We continue to arrange meetings with MSPs as part of our external engagement programme and most recently met with Anas Sarwar MSP, Labour Shadow Cabinet Secretary for Health, on 28 July. We agreed that a more detailed session would be provided for him around SMC processes as well as briefing about the Individual Patient Treatment Request process and a visit to a service to see our programmes in action.
The next meetings scheduled are with Alex Cole-Hamilton, Liberal Democrat Health Spokesperson, on 18 August, Neil Findlay MSP on 1 September and Donald Cameron MSP on 7 September 2016. Neil Findlay is Convener of the Health and Sport Committee and the meeting will be a very useful opportunity to discuss with him how HIS can contribute to and inform the work of the Committee.

- **Scottish Government**
  We continue to have ongoing dialogue with our Scottish Government sponsor division and the most recent meeting was held on 2 August with the sponsor division lead. The next quarterly strategic meeting with all the Directorate Heads present will be held on 31 August 2016. A briefing paper setting out the organisation’s recent outcomes will be provided to Scottish Government colleagues in advance of the meeting.

- **Meeting with Midlothian Integration Joint Board, 11 August 2016**
  The Acting Chief Executive and I had a very constructive meeting today with the Chair, Chief Executive and senior management team of the IJB. We were accompanied by Luke Cavanagh, their relationship manager from HIS. They gave positive feedback on a number of work streams already underway between themselves and HIS. We agreed to take forward further requests for input from our wider organisation. They emphasised the importance of our work going through one point of contact in the first instance.

- **b) Chairs and Vice Chairs of Health and Social Care Integration Joint Boards Development Day, 27 June 2016**
  I delivered a presentation about Healthcare Improvement Scotland at this event which was also attended by the Vice Chairman. The programme for the day covered the national picture, opportunities for networking and sharing best practice as well as exploring leadership challenges, and discussion of aspirations and ambitions for integration. A summary note of the event has been circulated to Board members.

5. **Forward Look**

- **a) Quality Improvement for Board Members National Masterclass, 20 September 2016**
  The first national masterclass delivered by the Quality Improvement for Board Members programme will be held in Edinburgh on 20 September 2016. We have nominated four Board members and four Executive Team members to attend. Learning from the event will be shared across the whole Board. The programme is being delivered by Healthcare Improvement Scotland in collaboration with NHS Education Scotland.

- **b) Meeting with NHS Improvement England, 16 September 2016**
  The Acting Chief Executive and I will meet with Jim Mackey on 16 September 2016 to discuss common areas of interest and explore sharing of best practice. I will then meet with the Chair, Ed Smith, on 12 October 2016. These meetings follow on from a very successful visit to HIS by the NHS Improvement England team in May of this year.

- **c) National Events**
  I will be attending a number of national events in the coming weeks:
  - Public Body Chairs Event, 11 October 2016 – will focus on delivering highly effective diverse Boards, succession planning, Board development and appraisal.
  - Senior Leaders Forum, 5 October 2016 - the theme will be Transforming Leadership in a Digital World.
  - Institute of Healthcare Management Scotland Annual Conference, 6-7 October 2016.
6. Our governance

a) Board Development
The next Board development event will be held on Wednesday 16 November 2016 and will be a bespoke event for Healthcare Improvement Scotland as part of the Quality Improvement for Board Members programme.

b) Healthcare Improvement Scotland Annual Report
A decision was taken last year to prepare and publish the Annual Report as soon as possible after the end of the financial year rather than awaiting the Annual Review. An advanced draft of the 2015/16 Annual Report structured around the seven contributions is therefore now in production and associated visuals are being developed.

Dr Dame Denise Coia, DBE, FRCpsych
Chairman

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

1. PURPOSE OF THE REPORT

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

2. RECOMMENDATION

The Healthcare Improvement Scotland Board is asked to:

- note the content of this report

3. REPORT FROM THE ACTING CHIEF EXECUTIVE

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

**Director of Nursing, Midwifery and Allied Health Professionals**

The consultation period for the recruitment for a Director of Nursing, Midwifery and Allied Health Professionals (NMAHP) has been completed and the Executive Remuneration Committee will be considering the final report at their meeting on 29th August. Following this the full consultation response document will be published on Mole and circulated to the board for their information.

**Programme Director, Our Voice**

Following open competition and interview we have appointed Helen McFarlane as the programme Director for the Our Voice programme, who is joining us for 12 months on secondment from NHS Education for Scotland (NES) where she has worked for 10 years as the Allied Health Profession Programme Director. For the last year, Helen has worked at the Scottish Government providing maternity cover as the Associate Chief Health Professions Officer.

Helen will be responsible for co-ordinating the Our Voice Programme. Our Voice aims to ensure that people who use health and care services, carers and the public will be enabled to engage purposefully with health and social care providers to continuously improve and transform services. This will mean strengthening engagement at all levels of the system in terms of individual care and treatment, local service delivery and development, and national policy. The first Our Voice programme board meeting is scheduled to meet in September and work is underway to commence recruitment for additional support for this work.
Associate Director for Strategic Engagement and Relationship Management

Recruitment is underway for the appointment of an Associate Director for Strategic Engagement and Relationship Management for an initial 12 month secondment period. The Associate Director will have lead responsibility for supporting the establishment of a clear position and purpose for the organisation and its component parts and how we contribute to improvement across health and social care in an increasingly complex and shifting stakeholder landscape.

Scottish Intercollegiate Guidelines Network

The term of office of Professor John Kinsella comes to an end on 31 December 2016. According to SIGN standing orders, a Chair can serve two terms subject to approval by SIGN Council and the HIS Board. Professor Kinsella is keen to continue in the role to oversee the changes in SIGN processes to achieve more focussed and timely guidelines which better address the needs of health and social care in the future.

Scottish Medicines Consortium

The terms of office of both the Chair, Professor Jonathan Fox, and New Drugs Committee Chair, Dr Alan MacDonald, will end in the current financial year. Both posts have been advertised and interviews for the Chair of SMC will take place on 14th September. The panel will include the Vice Chair of HIS, the Chief Executive, the Director of Evidence and an external member, nominated by the Chief Pharmaceutical Officer.

4. EXTERNAL ENGAGEMENT

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

The Acting Chief Executive has attended various external stakeholder meetings with the Chairman as detailed in the Chair’s report. These meetings have been extremely useful and are continuing to build and grow our stakeholder engagement and relationships.

Public Health Wales

We recently hosted a visit from Dr Aidan Fowler, the Director of NHS Quality Improvement & Patient Safety & 1000 Lives Improvement Service at Public Health Wales. Dr Fowler has the overall responsibility for strategically leading and directing the patient safety and quality improvement NHS resource functions of Public Health Wales to support the NHS in demonstrably embedding a culture of learning, quality improvement and innovation with a focus on eliminating harm. Hosting visits like this to Healthcare Improvement Scotland offers a unique opportunity to build relationships with other organisations, to share our work and learn from others in the field of Quality Improvement and beyond. As part of our approach, we have set a commitment to sharing the learning from international visits with staff across the organisation.
Upcoming visits include:

- Centre for Innovation, Tan Tock Seng Hospital, Singapore: 18 - 19 August 2016
- Southern Region of Denmark (various senior healthcare leaders): 7-9 Sept 2016
- Belfast Health & Social Care Trust: 21 - 23 November 2016

NHS Board Chief Executives Group

The NHS Board Chief Executives meetings took place earlier this month. The Acting Chief Executive attended and presented a paper setting out the current programmes of work across National Boards that are directly supporting NHS Boards to deliver efficiency savings and improved services. The paper was well received and the Acting Chief Executive has committed to following up with fellow Chief Executives to pick up on the issues raised during discussion.

5. DIRECTORATE DEVELOPMENTS

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

The Children and Young People (Scotland) Act 2014

The Children and Young People (Scotland) Act 2014 legislation came into effect from 1st August 2016. We have been asked to develop a strategy and associated work plans for publication by March 2017. A cross organisational working group has been convened focussed on children and young people and we are aiming to mainstream our activity around children and young people across the organisation. Richard Norris is the nominated lead for this work and we have already been working towards greater inclusion of children and young people though our Equality Outcomes monitoring work and as part of Our Voice.

Medicines Factsheet

Area Drugs and Therapeutics Collaborative (ADTCC) has developed and published a medicines factsheet to replace the 2010 Health Rights Information Leaflet on accessing medicines, launched at NHSScotland event in June 2016. It focuses on the patient journey starting at consultation and explains how healthcare professionals decide whether to prescribe a medicine and if so, which to prescribe.

The medicines factsheet has the potential to underpin the conversations required between patients and healthcare professionals to fulfil the quality ambitions of NHSScotland, educate the public about the benefits and risks of medicines and engage patients in shared decision-making, leading to higher quality care and better outcomes.

The team worked with healthcare professionals, public partners, public involvement groups and patient and carer support groups across NHSScotland to develop the medicines factsheet. It is currently available electronically for download and the ADTC Collaborative team are currently exploring options for wider dissemination to NHSScotland.

The medicines factsheet for patients and the public is available on the Healthcare Improvement Scotland website:
Measurement and monitoring of safety programme

Healthcare Improvement Scotland has been successful in a joint bid to the Health Foundation for a further phase of funding for the measurement and monitoring of safety programme. The bid was jointly made with the other improvement bodies with whom we had worked in phase one: AQuA, Haelo, Yorkshire and Humber Improvement Academy and co-ordinated and supported by the UK Improvement Alliance (UKIA). Phase two will seek to spread the learning from our initial testing of the framework for the measurement and monitoring of safety (with NHS Borders and NHS Tayside in Scotland) and embed the approach into national programmes and policy, for example Quality of Care reviews, national adverse events programme, mortality and morbidity reviews, Scottish Patient Safety Programme.

Sharing Intelligence for Health & Care Group

We recently published the inaugural summary report of the Sharing Intelligence for Health & Care Group, which itself includes representation from the following six national organisations: Audit Scotland, Care Inspectorate, Healthcare Improvement Scotland, Mental Welfare Commission for Scotland, NHS Education for Scotland, and Public Health & Intelligence. The group provides a mechanism for these agencies to share and consider their collective data and information, and on the basis of this have an active dialogue about the quality of health and social care.

Throughout 2015–2016, the Sharing Intelligence for Health & Care Group met six times, to share and discuss intelligence relating to 14 territorial NHS boards and two special boards that provide frontline care. A second cycle of the group's work is taking place throughout 2016-2017.

Healthcare Improvement Scotland has a leading role in the running of the Sharing Intelligence for Health and Care Group – with colleagues from our Clinical Directorate and Quality Assurance Directorate working together to drive this work, together with contributions from our teams more widely.

Review of Scottish Breast Screening Programme

Following a breach in the usual screening invitation cycle a number of women were found to have not received their usual screening call/recall appointment letter. The Scottish Government has asked Healthcare Improvement Scotland to investigate the issue further to provide assurance of the appointment process and identify any potential learning for the service in the future. We have established a review team to undertake this work and it is aiming to meet with key stakeholders in September with a view to publish our findings in December 2016.

Cancer Quality Performance Indicator (QPI) Reviews

A national review of Breast cancer QPI has now been undertaken and a report will be published in Autumn 2016. The review was positive and feedback from clinical leads, regional cancer networks and the national cancer quality programme has been positive. Work is now underway to commence a Renal and Prostate QPI Review and following this Lung Cancer QPI data will be reviewed.
The ongoing review of the assurance of Systemic Anti Cancer Therapy is also progressing well; Boards and regions have submitted updated evidence returns and it is expected that a report will be published following the final review meeting in October 2016.

A poster about the HIS Cancer QPI work was presented by the HIS QPI Senior Programme Manager at the IHI conference in Gothenburg. As a result of the poster European colleagues have asked for Scottish input into the development of a European wide Breast Cancer QPI Programme. The chair of the National Cancer Quality Steering Group, Dr Hilary Dobson, has agreed to represent Scotland on the European QPI Committee.

Scottish Health Technologies Group

SHTGs’ first meeting in public took place at the end of July. Overall this went well with all the places in the public gallery taken. In addition a number of observers from the Irish Health Executive were present. Four members of the public have provided feedback so far via the post-meeting questionnaire and this was very positive with a couple of useful suggestions. Fourteen SHTG members have also completed the post meeting survey to date and again responses were very positive with no detrimental impact of the new meeting format noted.

Scottish Antimicrobial Prescribing Group

A new app, the Antimicrobial Companion, has been developed through collaboration between SAPG and NHS Education for Scotland and funded via the Scottish Government e-Health programme. It gives practitioners quick and easy access to clinical guidance and decision support tools for safe and effective antibiotic prescribing, including:

- Dosage calculators for key antibiotic medicines (these have been registered as medical devices with the Medicines and Healthcare products Regulatory Agency (MHRA))
- An antibiotic prescribing guidance template for primary care and hospitals which can be customised by each health board
- A decision aid to support management of urinary tract infections in older people
- An audit tool to support data collection for local and national quality indicators.

National institute of Health Research

Sara Twaddle has been invited to sit on the Health Technology Assessment General Board and Karen Ritchie, Deputy Director of Evidence, has been invited to sit on Health Services and Delivery Research programme as a Researcher-led panel member. Both appointments are for 4 years. These appointments reflect clearly how HIS is seen as a player in research even though we are not a research organisation and will strengthen work associated with our Research Strategic Plan.

Older People in Acute Care Improvement (OPAC) and Older People in Acute Care Inspections (OPAH)

It has been agreed in discussions with the Scottish Government to undertake a review of the current OPAC and OPAH programmes to advise on the next stage of development for both programmes. A Review Group has been established under the chairmanship of Pam Whittle, Chairman of Scottish Health Council and Heidi May, Executive Nurse Director, NHS Highland.

The purpose of the review group is to:

- Advise on what aspects of the Older People in Acute Hospitals and Older People in Acute Care programmes are enabling and what, if any, aspects are hindering improvements in older peoples care.
• Advise on the extent to which the 2013 Whittle review recommendations have been implemented and make recommendations on any refinements required to the current methodology to ensure we maximise impact of improvement activities.

• Advise on key areas of focus for the next phase of the Older People in Acute Care programme, including the approach to be taken nationally, that will best support local services to deliver sustained improvement.

• Make recommendations on the approach for extending the older peoples inspections into community hospitals and specialist dementia units.

• Make recommendations on how we ensure the national assurance and improvement programmes across older people in acute care, community hospitals and specialist dementia units interface effectively so as to maximise the drive for improvement locally.

As part of the review process, a range of stakeholder interviews will be carried out by an independent consultant. Feedback from stakeholders will be used to inform the next stage of developments for both programmes. Recommendations will be available in November subject to completion of stakeholder interviews before the end of November.

**ihub – Unit Head Appointments**

We have now appointed to our two vacant Unit Head posts.

• Gareth Adkins has been appointed as Head of Improvement Support (Primary Care, Mental Health and Effective Care). Gareth’s clinical background is bioengineering and previous roles included Head of Rehabilitation Engineering at a Welsh health board. Gareth joined HIS in 2009 as an Implementation and Improvement Team Leader and over recent months has been leading the work to develop our new Mental Health Access Improvement Support offering and led the ihub input into the Primary Care Strategy development. He brings into the role a wealth of experience around designing and leading a large scale improvement programme. He is currently on the Health Foundations GenerationQ programme. Gareth started in this new role on 15th August.

• Diana Hekerem has been appointed as the Head of Strategic Commissioning Support. Diana is currently Marie Curie’s Divisional Business and Service Development Manager for Scotland, and has previously led Commissioning in Wales and Northern Ireland as well. Her work demonstrates a commitment to partnership working to improve outcomes for patients and their families with a terminal illness using research and evidence. Her service redesign programmes have included specialist and community palliative care in urban and remote and rural areas, with published evaluations including health economics and health outcome measures. Diana has a Masters in Economics. Diana starts with us in this new role on the 5th September.

We will shortly be going out to recruit to the Head of Tailored and Responsive Improvement Support as Luke Cavanagh, who is currently covering this role on secondment from the Scottish Government, finishes with us at the end of December.

**Improvement Fund**

Our approach to supporting improvement work in health and social care across Scotland includes the development of a grant making arm. The Improvement Fund gives partner organisations the opportunity to apply for funding to design and test new solutions that will lead to measurable improvements and/or share learning and practice more widely at scale. The Improvement Fund is available to Health and Social Care Partnerships, NHS Boards, the third sector, the independent care sector and housing organisations. Each award will receive
up to £75,000 of funding to support the implementation of the work. The funding will run for up to one year, with the option of a three month set-up phase.

From late September 2016, there will be an eight week window of opportunity for partners to submit an Expression of Interest to the Improvement Fund. EOIrs can be submitted at any point during that period and will be assessed within 20 working days. £200,000 is available from the Improvement Fund for the remainder of 2016/17. The intention is that another window of opportunity for EOIrs will open at the beginning of 2017. The learning from the initial September-November window of opportunity will inform a more formal launch of the Improvement Fund at the beginning of 2017.

**QI for NHS Board Member Programme**

The QI for NHS Board Member programme is progressing well and achieving milestones. Successes include designing and delivering two bespoke board sessions for which the initial feedback has been extremely positive (e.g. “surpassed expectations”) with further evaluation in progress. In addition, an electronic brochure and newsletter have been published to raise awareness with Board Members across Scotland. The first national masterclass will take place on 20th September, a second is planned for February 2017, and two further bespoke board sessions are being planned (including with Healthcare Improvement Scotland in November).

We have confirmed, with support from Scottish Government, Don Berwick for our second national masterclass on 21st February 2017.

**Mental Health Access Support Team**

Scottish Government commissioned Healthcare Improvement Scotland to provide support to NHS Boards to use quality improvement methods to understand how these services are delivered and how access might be improved. Our approach is to work in partnership to help boards produce detailed analyses of their services that will lead to identifying the key issues preventing effective delivery and an action plan to address them including testing improvements.

The programme started in June and we have the majority of staff in place: two improvement advisors, two information analysts, a project officer and an administrative officer. We have appointed two clinical leads, a psychologist and psychiatrist who will start in October 2016.

We are currently engaged with three boards completing detailed work with them to analyse how the service is designed and delivered, their current demand and their capacity, in terms of staff numbers and how they are used, to meet the demand.

**Quality Improvement Awards – SPSP Maternity and Children; Early Years Collaborative and Raising Attainment for All**

The Scottish Government and Healthcare Improvement Scotland are jointly hosting our first ever awards programme dedicated to quality improvement, taking place on the 15th November 2016.

These awards will recognise and showcase the range of quality improvement practice that has been taking place across Scotland to make services the best they possibly can be for women, babies, children, young people and their families in all aspects of their lives. This includes the work being delivered within the Maternity and Children Quality Improvement Collaborative (MCQIC, Scottish Patient Safety Programme), Early Years Collaborative (EYC) and Raising Attainment for All (RAfA).
SUBJECT: Financial Performance Report as at 31 July 2016

1. Purpose of the report
   The paper provides an update on the financial position for 2016-17 as at 31 July 2016.

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

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

3. Actions/Recommendations
   The Board is asked to:
   - Note the financial position as at 31 July 2016.
   - Note the progress with regard to allocations and savings targets and the ongoing work in respect of both topics.
   - Make no change to the current risk assessment relative to corporate risk 533.
   - Note the work that is currently ongoing with support from the Change Management Fund.

Appendix:

1. Financial Performance Report (P4)

If you have any questions about this paper please contact

Brian Ward, Head of Finance & Procurement
e-mail: brianward@nhs.net
direct dial: 0131 623 4329
extension: 8571
## SUPPORTING INFORMATION

### RISK

<table>
<thead>
<tr>
<th>Do the key points represent a risk to the organisation?</th>
<th>If yes, has a risk been raised on the Compass Risk Management System</th>
<th>If yes, provide the risk number, risk description and risk rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>yes</td>
<td>yes</td>
<td>No.533</td>
</tr>
</tbody>
</table>

There is a risk that the organisation will not manage its increased resources to a balanced budget by 31 March 2017 because of the delay in recruiting the necessary people to deliver the increased work resulting in under delivery of our work programme, under spend of our budget and reputational damage to the organisation.

**Very High (20)**

### OTHER CONSIDERATIONS

<table>
<thead>
<tr>
<th>How do the key points relate to the Corporate Plan?</th>
<th>Reference should be made to the Financial Plan that forms part of the Corporate Plan 2015-18.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resource Implications</td>
<td>None</td>
</tr>
<tr>
<td>What engagement has been used to inform the work.</td>
<td>The contents of the report are also shared with Scottish Government on a monthly basis through the Financial Performance Reporting arrangements.</td>
</tr>
<tr>
<td>What Equality and Diversity considerations relate to the work. Advise how the work:</td>
<td>None</td>
</tr>
<tr>
<td>• helps the disadvantaged;</td>
<td></td>
</tr>
<tr>
<td>• helps patients;</td>
<td></td>
</tr>
<tr>
<td>• makes efficient use of resources.</td>
<td></td>
</tr>
</tbody>
</table>
Financial Performance Report as at 31 July 2016

Financial Position
Table A below shows the summary position by directorate at 31 July 2016. This demonstrates a year to date deficit of £0.351 million that is equivalent to 4.2% of the allocated phased budget. However, once account is taken of the spend to date relating to non-recurring allocations/income yet to be received this produces a revised surplus of £0.186 million. The other factor to be taken into account in considering these results is the effect of unrelieved savings targets which amounts to £0.061 million resulting in an underlying operational surplus of £0.247 million.

Table A
Financial position at 31 July 2016

<table>
<thead>
<tr>
<th>Directorate</th>
<th>Full Year Budget</th>
<th>Budget Remaining</th>
<th>YTD Budget</th>
<th>YTD Actual</th>
<th>YTD Variance</th>
<th>YTD Spend for Outstanding Additional Allocations / Income</th>
<th>Adjusted YTD Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chief Executive</td>
<td>287,555</td>
<td>198,225</td>
<td>94,522</td>
<td>89,330</td>
<td>5,192</td>
<td>0</td>
<td>5,192</td>
</tr>
<tr>
<td>Clinical Directorate</td>
<td>2,552,277</td>
<td>1,751,442</td>
<td>739,880</td>
<td>800,835</td>
<td>(60,955)</td>
<td>77,639</td>
<td>16,684</td>
</tr>
<tr>
<td>Corporate Provision</td>
<td>43,407</td>
<td>(13,547)</td>
<td>95,683</td>
<td>56,954</td>
<td>38,729</td>
<td>0</td>
<td>38,729</td>
</tr>
<tr>
<td>Evidence</td>
<td>4,647,685</td>
<td>3,089,089</td>
<td>1,525,585</td>
<td>1,558,595</td>
<td>(33,007)</td>
<td>13,601</td>
<td>(19,436)</td>
</tr>
<tr>
<td>Finance &amp; Corporate Services</td>
<td>2,279,755</td>
<td>1,530,750</td>
<td>752,324</td>
<td>749,005</td>
<td>3,319</td>
<td>2,771</td>
<td>6,096</td>
</tr>
<tr>
<td>Improvement Hub</td>
<td>8,948,647</td>
<td>5,755,475</td>
<td>3,112,233</td>
<td>3,233,172</td>
<td>(120,939)</td>
<td>160,576</td>
<td>39,637</td>
</tr>
<tr>
<td>Property</td>
<td>1,260,807</td>
<td>849,379</td>
<td>420,269</td>
<td>411,428</td>
<td>8,841</td>
<td>0</td>
<td>8,841</td>
</tr>
<tr>
<td>Scottish Health Council</td>
<td>2,362,276</td>
<td>1,562,308</td>
<td>743,506</td>
<td>799,968</td>
<td>(56,462)</td>
<td>19,207</td>
<td>(37,255)</td>
</tr>
<tr>
<td>Quality Assurance</td>
<td>2,957,104</td>
<td>1,907,368</td>
<td>913,591</td>
<td>1,049,736</td>
<td>(136,145)</td>
<td>264,120</td>
<td>127,975</td>
</tr>
<tr>
<td><strong>Sub-Total</strong></td>
<td>25,379,512</td>
<td>16,630,489</td>
<td>8,397,567</td>
<td>8,749,023</td>
<td>(351,456)</td>
<td>537,914</td>
<td>186,458</td>
</tr>
</tbody>
</table>

It should be noted that these results are after removing the savings achieved to date as shown in Table D.

Revenue resource limit allocations (RRL)
The original budget load in May 2016 reflected the expected uplift in baseline of £0.059 million. This was confirmed in the subsequent June allocation letter and in addition three non-recurring additional allocations were received totalling £0.899 million. There were no additional allocations in the July letter.

The current position after the first four months of the financial year is shown in Table B with 90% of allocations received. The additional anticipated allocations are currently expected to total £2.839 million, to be wholly non-recurrent in nature and of these 58% have been fully confirmed at this stage.

Table B
Revenue Resource Allocations - Summary

<table>
<thead>
<tr>
<th>Allocations</th>
<th>Recurring</th>
<th>Non-Recurring</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline 1 April 2016</td>
<td>15,494</td>
<td>-</td>
<td>15,494</td>
</tr>
<tr>
<td>Received to date</td>
<td>9,059</td>
<td>899</td>
<td>9,958</td>
</tr>
<tr>
<td><strong>Allocation at 31 July 2016</strong></td>
<td><strong>24,553</strong></td>
<td><strong>899</strong></td>
<td><strong>25,452</strong></td>
</tr>
<tr>
<td>Future SG funding - confirmed</td>
<td>-</td>
<td>1,658</td>
<td>1,658</td>
</tr>
<tr>
<td>Future SG funding - unconfirmed</td>
<td>-</td>
<td>1,181</td>
<td>1,181</td>
</tr>
<tr>
<td><strong>Anticipated total 2016-17</strong></td>
<td><strong>24,553</strong></td>
<td><strong>3,738</strong></td>
<td><strong>28,291</strong></td>
</tr>
</tbody>
</table>
Table C shows details of the outstanding allocations and income categorised in terms of the confirmation status and associated risk. Discussions also continue in relation to a small number of allocations that may be subject to bundling which would potentially involve a 10% reduction.

Spend to date is also shown to reconcile with the penultimate column of Table A.

**Table C**
**Revenue Resource Allocation – Detail**

<table>
<thead>
<tr>
<th>Anticipated Allocations</th>
<th>Directorate</th>
<th>Anticipated Allocation</th>
<th>Spend to Date</th>
<th>Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Confirmed</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Older People in Acute Care</td>
<td>iHub</td>
<td>186,596</td>
<td>32,221</td>
<td>Green</td>
</tr>
<tr>
<td>Focus on Dementia</td>
<td>iHub</td>
<td>306,663</td>
<td>40,690</td>
<td>Green</td>
</tr>
<tr>
<td>SPSP - Mental Health Observations</td>
<td>iHub</td>
<td>163,892</td>
<td>37,890</td>
<td>Green</td>
</tr>
<tr>
<td>SPSP - Maternity &amp; Children (MCQIC)</td>
<td>iHub</td>
<td>40,000</td>
<td>12,712</td>
<td>Green</td>
</tr>
<tr>
<td>Support work of ADTC collaborative</td>
<td>Clinical</td>
<td>311,981</td>
<td>77,639</td>
<td>Green</td>
</tr>
<tr>
<td>National Review of OH</td>
<td>Clinical</td>
<td>104,000</td>
<td>-</td>
<td>Green</td>
</tr>
<tr>
<td>OPAC - OOH Review</td>
<td>QA</td>
<td>60,000</td>
<td>-</td>
<td>Green</td>
</tr>
<tr>
<td>Accreditation scheme for Health Boards</td>
<td>QA</td>
<td>30,000</td>
<td>273</td>
<td>Green</td>
</tr>
<tr>
<td>Research post (Primary Care &amp; Outpatients Programme)</td>
<td>Evidence</td>
<td>41,914</td>
<td>13,602</td>
<td>Green</td>
</tr>
<tr>
<td>Prior Year c/f</td>
<td>Finance &amp; CS</td>
<td>405,000</td>
<td>-</td>
<td>Green</td>
</tr>
<tr>
<td>GCIL Equality Academy</td>
<td>Finance &amp; CS</td>
<td>8,313</td>
<td>2,771</td>
<td>Green</td>
</tr>
<tr>
<td><strong>Total Confirmed Allocations</strong></td>
<td></td>
<td>1,658,359</td>
<td>217,798</td>
<td></td>
</tr>
<tr>
<td><strong>Unconfirmed</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental Health Access</td>
<td>iHub</td>
<td>430,000</td>
<td>9,884</td>
<td>Red</td>
</tr>
<tr>
<td>Co-production &amp; Community</td>
<td>iHub</td>
<td>35,500</td>
<td>27,179</td>
<td>Red</td>
</tr>
<tr>
<td>HEPMA (Phase 2)</td>
<td>Clinical</td>
<td>170,368</td>
<td>-</td>
<td>Red</td>
</tr>
<tr>
<td>Older People in Acute Hospitals Inspection (OPAH)</td>
<td>QA</td>
<td>150,611</td>
<td>7,569</td>
<td>Yellow</td>
</tr>
<tr>
<td>Adverse Events Programme</td>
<td>QA</td>
<td>143,192</td>
<td>44,172</td>
<td>Yellow</td>
</tr>
<tr>
<td>SUDI</td>
<td>QA</td>
<td>45,000</td>
<td>-</td>
<td>Yellow</td>
</tr>
<tr>
<td>Our Voice</td>
<td>SHC</td>
<td>187,135</td>
<td>-</td>
<td>Yellow</td>
</tr>
<tr>
<td>Citizens Panel</td>
<td>SHC</td>
<td>19,500</td>
<td>19,207</td>
<td>Red</td>
</tr>
<tr>
<td><strong>Total Unconfirmed Allocations</strong></td>
<td></td>
<td>1,181,206</td>
<td>108,011</td>
<td></td>
</tr>
<tr>
<td><strong>Total Anticipated Allocations</strong></td>
<td></td>
<td>2,839,566</td>
<td>325,809</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Anticipated Income</th>
<th>Directorate</th>
<th>Anticipated Income</th>
<th>Spend to Date</th>
<th>Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Independent Healthcare</td>
<td>QA</td>
<td>915,306</td>
<td>212,106</td>
<td>Red</td>
</tr>
<tr>
<td><strong>Total Anticipated Funding</strong></td>
<td></td>
<td>3,754,872</td>
<td>537,915</td>
<td></td>
</tr>
</tbody>
</table>

**Risk Key**

- **Blue**
  - No indication of funding support to date.
- **Red**
  - Funding request under consideration.
- **Yellow**
  - Confirmation received but value may be subject to amendment.
- **Green**
  - Full confirmation received including value.

All outstanding allocations are notified to SGHSCD on a monthly basis using the Financial Performance Return and the topic will be raised with SG Finance colleagues at the next quarterly finance meeting in order to secure the earliest possible release of the funds. The Board and the Audit and Risk Committee will be provided with regular updates on progress.

**Internal efficiency savings targets 2016-17**

In order to achieve a balanced budget the financial plan was the subject of various across the board percentage reductions totalling £0.855million. In addition two further savings targets were introduced to be managed in year.

- Pay savings target of 7.5% or £1.234million. This includes savings that are expected to materialise through staff turnover and vacancy management in common with previous practice and in line with historic trends.
Corporate savings target of £0.709 million. This includes £0.314 million from ihub where the initial budgeted expenditure exceeds income and we plan to manage this in year.

In all instances savings are to be sought from recurrent sources wherever possible.

In terms of progress to date savings of £0.830 million have been achieved in the first four months of the financial year which represents 43% of the target for 2016-17. Table D identifies the recurrent element of those savings.

**Table D**

<table>
<thead>
<tr>
<th>Description</th>
<th>Target</th>
<th>Achieved</th>
<th>Outstanding</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Recurring</td>
<td>Non-Recurring</td>
<td>Recurring</td>
</tr>
<tr>
<td></td>
<td>£</td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td>Total</td>
<td>(1,234,312)</td>
<td>(708,407)</td>
<td>357,965</td>
</tr>
<tr>
<td>%</td>
<td>42.7%</td>
<td>57.3%</td>
<td></td>
</tr>
</tbody>
</table>

The source of the budgets from which the savings have been obtained are shown in Table E with 85% being derived from pay.

**Table E**

<table>
<thead>
<tr>
<th>Description</th>
<th>Pay Vacancy Factor 7.7%</th>
<th>Other</th>
<th>HIS Corporate Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>£</td>
<td>£</td>
<td></td>
<td>£</td>
</tr>
<tr>
<td>Pay Vacancy Factor 7.7%</td>
<td>113,416</td>
<td>273,650</td>
<td>387,066</td>
</tr>
<tr>
<td>Other Pay Savings</td>
<td>0</td>
<td>0</td>
<td>123,103</td>
</tr>
<tr>
<td>HIS Corporate Target</td>
<td>148,725</td>
<td>171,212</td>
<td>443,041</td>
</tr>
<tr>
<td>Total</td>
<td>262,141</td>
<td>444,862</td>
<td>830,107</td>
</tr>
<tr>
<td>%</td>
<td>85.2%</td>
<td>14.8%</td>
<td></td>
</tr>
</tbody>
</table>

Work is currently underway to examine all budgets for further potential surpluses and budget holders will continue to be encouraged to release unneeded resources as early as possible in order to be in the best position to recycle the funds to best advantage in organisational terms. Particular attention is being focused on pay budgets in response to Corporate Risk 533:

“There is a risk that the organisation will not manage its increased resources to a balanced budget by 31 March 2017 because of the delay in recruiting the necessary people to deliver the increased work resulting in under delivery of our work programme, under spend of our budget and reputational damage to the organisation.”

This risk has a current score of 20 which produces a risk assessment of “Very High” and there is no intention to recommend a change at this time.

Regular updates on progress will continue to feature in future reports.

**Change Management Board (CMB)**

During 2016-17 the Change Management Board will focus on the delivery of sustainable internal improvements by supporting changes to ways of working to realise efficiencies and productivity gains aimed at increasing capacity within the organisation.
This will mean creating time releasing efficiency savings i.e. delivering the same standard of work in less time, better standards in the same time or more work to the same standard. The creation of a Change Management Fund is aimed at areas of the organisation where efficiencies can be achieved for an ‘up front’ investment i.e. Invest to Save. The Internal Improvement programme is concentrating on introducing techniques and ways of working to the organisation that will improve efficiency e.g. lean working.

CMB now has four main areas of responsibility:

1. Continuing oversight of any organisational change to provide a ‘whole organisation’ approach and to ensure equity.
2. Decision making regarding use of the Change Management Fund and oversight of the work that is being funded, reporting to ET on a regular basis.
4. Oversight of the organisational and directorate savings plans.

CMB will report on a regular basis to the Board, the Audit & Risk Committee and the Executive Team as appropriate.

The Executive Team delegated the carry forward of the prior year surplus (£0.405 million) to CMB in order to establish a Change Management Fund. Having invited notes of interest and the submission of subsequent business cases CMB has agreed to support nine ventures detailed in table E. The delivery will be carefully monitored to ensure not only financial compliance but crucially the delivery of demonstrable change with clear and measurable benefits.

The current commitments are summarised in Table E.

**Table E**

| Change Management Fund – Commitments to 31 July 2016 |
|---------------------------------|---------------------------------|-----------------|
| **Title** | **Deliverable** | **Proposed Investment £** |
| Facilitate introduction of eESS | Support scoping Project, technical implementation, training | 50,200 |
| Records Management Support | Implement strong records management, comply with legislation, reduce risk. | 38,900 |
| Lean Expertise support | Mentor and support of current training Lean practitioners, development and delivery of Internal Improvement Strategy | 29,600 |
| Agile working - ICT implications | Support the delivery of Agile Working across the organisation by ensuring standardisation of standardisation of desk based kit and equipping of individuals according to job classification. | 165,000 |
| Building Lean Capacity - further training of an additional 8 Lean Practitioners | Build capacity and capability within the organisation - lean methodology, reducing waste, understanding of processes, increase effectiveness and improve performance management | 14,000 |
| Development of new staff intranet | Increased staff efficiency, productivity, collaboration, reduce ineffective email use and attachments, reduce cost, save time and resources. | 38,000 |
| Secure Management and Sharing of Information - Information Strategy Group | Greater understanding of business processes, analysis and presentation of options for the business to take forward. Delivery of information strategy objectives and greater understanding of the data/information held across the workstreams. | 15,000 |
| Server Virtualization Proposal | Reduce physical IT, reduce space, maintenance, server replacement and easier IT management | 10,739 |
| Agile working - Storage implications | Support the delivery of Agile Working across the organisation with the provision of additional storage. | 18,000 |
| **Total Commitment** | | **379,439** |
| **Change Fund** | | **405,000** |
| **Balance** | | **25,561** |
Given the nature of the funding the commitments are based on delivery during the financial year 2016-17.

In the majority of cases the deliverable benefits are primarily of a time releasing nature although some limited cash savings may result. The exception is the server virtualization proposal where the business case shows the when measured over a six year period the required investment of £69k can be expected to return cash savings of £188k producing a net reduction of £119k, a return on investment of 2.7.

Further updates will be provided on progress relative to this part of the efficiencies programme in future performance reports.
SUBJECT: Risk Management Update

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

2. Key Points
a) The corporate and operational risk registers, which are aligned to Driving Improvement in Healthcare: Strategic Plan 2014-2020, are presented in the format of reports from the Compass risk reporting system. The Compass system supports the risk management strategy and enables review of risk across the organisation. The corporate risks (Appendix 1) and very high operational risk (Appendix 2) have been reported from the Compass system as at 11 August 2016.

b) There are 12 corporate risks and 1 very high operational risk on the report which is the same number as on the report submitted to the June meeting of the Board.

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

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

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

f) At the previous meeting, the Board requested that Board meeting agendas reflect the key risks on the organisation’s risk registers. The risks noted below link to agenda items for the Board meeting on 24 August as detailed while the other risks on the register will be reviewed as part of the risk management update.
   - Risks 6, 10, 14, 246 - agenda item 5.1, Working Towards a 3 Year Corporate Plan 2017-20
   - Risks 9, 13 – agenda item 5.2, External Stakeholder Engagement Framework
   - Risks 533, 538 – agenda item 3.2, Financial Performance to 31 July 2016
   - Risk 522 – reserved business agenda item 2.1

g) The Board is asked to note that all corporate risks and high/very high operational risks were reviewed by the Audit and Risk Committee at its meeting on 3 August 2016. The Committee received a detailed update about the risks relating to the registration of independent clinics.

3. Actions/Recommendations
The Board is asked to review the corporate and operational risks presented to gain assurance that risk management is effective and to identify whether or not further action is necessary to deliver assurance on the effectiveness of control.
Appendices:
1. Corporate risks
2. Very high operational risk
3. Movement schedule
4. Grid showing risk appetite and scoring for reference

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

SUPPORTING INFORMATION

RISK

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

OTHER CONSIDERATIONS

<table>
<thead>
<tr>
<th>How do the key points relate to the Corporate Plan?</th>
<th>All corporate risks recorded support the strategic objectives of the organisation and identify any threats or opportunities that might prevent their achievement. The performance report to the Board provides a cross reference against the risk register of any programmes of work that are at risk of not being completed as planned.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resource Implications</td>
<td>The management and training of risk is conducted on a team basis and forms part of management responsibilities.</td>
</tr>
<tr>
<td>What engagement has been used to inform the work.</td>
<td>The risk register is an internal governance system which does not require external engagement. The risk management system is maintained and updated by staff assigned as risk managers.</td>
</tr>
<tr>
<td>What Equality and Diversity considerations relate to the work. Advise how the work:</td>
<td>There are no specific equality and diversity issues as a result of this paper. The corporate risk register outlines risks in relation to finance/resources.</td>
</tr>
<tr>
<td>Category</td>
<td>Project / Strategy</td>
</tr>
<tr>
<td>------------------</td>
<td>---------------------------------------------------------</td>
</tr>
<tr>
<td>Operational</td>
<td>Driving Improvement in Healthcare Strategy 2014-2020</td>
</tr>
</tbody>
</table>

Printed on 11 Aug 2016 at 15:57
recently lost the Expert Lean support commissioned by the organisation and are currently setting out options for how this work can be supported going forwards. It is important that we do not lose momentum and that the right sort of support is put in place to enable us to build on what we have already achieved.

| SMC Product Assessment | 454 ST | There is a risk that SMC is unable to accept beneficial new medicines for use in a timely manner because of sustained high level workload, leading to political and / or public criticism and resulting reputational damage | Horizon Scanning Schedule planning Published prioritisation criteria | SMC improvement programme | After a period of relative stability in the staff team, there is now some turnover (with a pharmacist and a Health Services Researcher leaving post within 6 months). The assessment work is highly specialised, with slippage until a pharmacist can be appointed and significant induction periods required for both posts there is a high risk that the baseline submissions activity will not be maintained. A key member of staff for PACE is currently off on long term sick leave. | Audit & Risk, 3 August 2016 | Medium - 9 | Medium - 9 |

| 455 ST | There is a risk of stakeholders disengaging from the work of SMC because of lack of confidence in the assessment methodology (e.g. further external reviews of SMC), resulting in SMC being unable to deliver its functions | Engagement with UK Health Technology Assessment agencies to inform and share best practice. Working with Area Drug and Therapeutic Committees through the ADTC collaborative Engagement with ABPI and industry Engagement with patient groups | Engagement with UK Health Technology Assessment agencies to inform and share best practice. Working with Area Drug and Therapeutic Committees through the ADTC collaborative Engagement with ABPI and industry Engagement with patient groups | Code of conduct for members. Training for SMC members. Area Drug and Therapeutic Committee flash reports. Training for patient groups. Industry training events. Engagement with Association of British Pharmaceutical Industry (ABPI) led User Group Forum | ABPI have indicated that some companies may disengage with SMC or choose not to submit their medicines for appraisal due to disagreement on the approach adopted for comparator PAS (Patient Access Schemes). | Audit & Risk, 3 August 2016 | Medium - 8 | Medium - 12 |
| Workforce Strategy | 246 RP | There is a risk of significant organisational disruption because of the scale of change and growth that is currently being considered to support improvement in an integrated environment resulting in non delivery of work and demoralisation of the workforce. | Healthcare Improvement Scotland (HIS) has an Organisational Change Policy and associated procedures which fully reflect the NHS Scotland Partnership Information Network (PIN) policies agreed nationally between management representatives and trades unions & professional organisations. The application of change management policy is in accordance with the organisation’s strategy. The HIS HR Unit has experience in delivering the workforce-related aspects of organisational change and has reviewed the redeployment procedure to align it with the organisational change policy. | -Corporate Plan
-Workforce plan
-HR alignment with Strategy
-Regular discussion at ET and CMT | The 2016/17 Workforce Plan includes information relating to key workforce priorities including our approach to flexible working, agile working, and the steps we are taking to realise the 2020 workforce vision. The Change Management Board continues its work to take an overview and support the organisation in successfully delivering change by ensuring all workforce-related aspects are delivered in accordance with established policy. This also includes partnership and wider staff engagement, and setting the approach to be used for internal communications. | Audit & Risk, 3 August 2016 | Medium - 10 | Medium – 10 |

<p>| Reputational / Credibility | Corporate | 409 CS | There is a risk that HIS will make an incorrect assessment/regulatory response, which we are unable to defend when challenged. This may result in loss of reduction in our credibility with stakeholders and/or legal action taken against us as an organisation. This may also result in a serious incident within a healthcare setting. | Policies and procedures relating to assessment, inspection and regulation of services. HIS action plans, following previous incidents | Policies and procedures relating to assessment, inspection and regulation of services. HIS action plans, following previous incidents. | Work in respect of the evidence and judgement framework is progressing and on target across scrutiny and assurance activities. A further check and balance is being introduced by external quality assurance of our work by Healthcare Inspectorate Wales. | Audit &amp; Risk, 3 August 2016 | Medium - 12 | Medium – 12 |</p>
<table>
<thead>
<tr>
<th>DC</th>
<th>There is a risk that there is insufficient clarity between the respective roles of the Accountable Officer (AO) and the Acting Chief Executive (ACEO) resulting in confusion and under delivery of the organisation’s strategy.</th>
</tr>
</thead>
<tbody>
<tr>
<td>522</td>
<td>Regular communication and meetings between AO/Chair and ACEO. AO attendance at Board meetings and Governance Committees. AO allocation of minimum 1 day per week for HIS business. AO attendance at ET huddles and meeting time for individual ET members.</td>
</tr>
<tr>
<td></td>
<td>Position reviewed by the Chair on an ongoing basis to identify if arrangements are insufficient and require to be changed. Consideration of risk by ERC and ARC. Review of position by Board members. External review of position by PWC during annual audit and comments in their Annual Report.</td>
</tr>
<tr>
<td></td>
<td>The AO has a structured arrangement to spend one day per week (Mondays) on HIS business. That day is used to keep in touch with main workstreams and developments, especially in relation to the AO governance role. There is regular and structured 1:1 engagement with directors, especially the Chairman and ACEO. The AO has prioritised attendance at Board and Committee meetings, particularly Audit &amp; Risk and ihub Committees. As recommended in the External Audit report, these arrangements will be kept under review. A further discussion regarding this position will be held at the Board meeting on 24 August 2016.</td>
</tr>
<tr>
<td></td>
<td>Medium - 9</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MW</th>
<th>There is a risk that the organisation will not manage its increased resources to a balanced budget by 31 March 2017 because of the delay in recruiting the necessary people to deliver the increased work resulting in under delivery of our work programme, under spend of our budget and reputational damage to the organisation.</th>
</tr>
</thead>
<tbody>
<tr>
<td>533</td>
<td>Regular financial forecasting Monthly budget meetings with directors Monthly management accounts Close working with HR colleagues to measure vacancy factor impact Performance reporting arrangements Risk register</td>
</tr>
<tr>
<td></td>
<td>Regular finance progress reports to be considered by ET, Audit and Risk Committee and the Board. Forecast to be prepared at the end of quarter 1 and a contingency plan agreed by ET. Discussions with SG finance colleagues to agree year end management of finances Performance measurement reporting to identify areas of delivery risk due to lack of resources</td>
</tr>
<tr>
<td></td>
<td>A full review of vacancy management, recruitment planning and financial forecast will be undertaken at 30 September 2016 and reviewed by ET. This will contribute to a contingency plan and to discussions with SG around year end flexibility</td>
</tr>
<tr>
<td></td>
<td>Very High - 20</td>
</tr>
</tbody>
</table>

| Audit & Risk, 3 August 2016 | n/a – new risk in July | Very High - 20 |
| Driving Improvement in Healthcare Strategy 2014-2020 | 6 RP | There is a risk that the benefits of integrating our evidence, scrutiny and assurance and quality improvement implementation support functions will not be realised because of a lack of understanding, application and commitment resulting in a failure to deliver our strategy. | Decision making matrix frameworks - risks and benefits matrix. | Cross organisational themes have been agreed as part of the Corporate Plan and require to be embedded within the organisation and its ways of working. | In building on the seven contributions, it is proposed to commit the Board seminar in October 2016 to considering the strategic priorities for 2017-18. This will also mesh with the work in shaping Improvement Hub priorities for 2017-18. A draft HIS corporate plan 2017-20 will be brought to the Board for consideration at its meeting in November 2016. | Audit & Risk, 3 August 2016 | Medium - 12 | Medium - 12 |
|---|---|---|---|---|---|---|---|
| | 9 MW | There is a risk that our work does not take account of the longer term, wider and evolving external environment because of a lack of horizon scanning, organisational appetite or capacity for change resulting in missed opportunities and reputational damage. | Political and Environmental Horizon Scanning Quarterly strategic review meetings between CEO and Sponsor unit at SG Board Seminar agenda is being refreshed to ensure that better information and coordination of topics is possible | Discussions at board Seminar to view political and policy outlook and potential impact Stakeholder engagement strategy which includes political engagement Work within Health and Social Care environment is clearly identified within our work eg Improvement and SHC | ET are in the process of planning for 2017-2020 based on stakeholder intelligence and aligning with our 7 contributions. Work will take place with CMT at the end of August prior to a full engagement plan taking place in the Autumn. A proposal will be discussed by the Board in November to prioritise the workplan and its delivery based on this intelligence and our own horizon scanning | Audit & Risk, 3 August 2016 | Low - 4 | Low – 4 |
| | 10 RP | There is a risk that the Executive Team and the Corporate Management Team do not create leadership capability and capacity within the organisation resulting in reduced effectiveness in delivering the strategy. | Strategic Plan 2014-20; 2020 Workforce Vision; Everyone Matters action plan; National leadership training programmes open across the organisation. | Re-focus of ET and CMT meetings to be more strategic. Directorate team meetings will formally cascade information from CMT. Capability plan being created as part of 3 year corporate plan. | The Corporate Management Team has agreed an alternative model for cross-organisational working which will support the delivery of the seven contributions for supporting the transformation of health and social care. This is coming into place over the next few months. The Executive Team is also considering a strategy for realising potential and succession planning. This has been discussed at the Partnership Forum meeting on 4 August. | Audit & Risk, 3 August 2016 | Medium - 9 | Medium – 9 |
| SMC Product Assessment | 453 ST | There is a risk that a pharmaceutical company or other interested party will successfully challenge the outcome of an SMC assessment because of a failure to follow due process or disagreement with the published advice, resulting in major reputational damage to SMC and HIS. | Standard operating procedures. QA procedures in place to review the final advice for each submission. | Where companies receive not recommended advice SMC offers the opportunity for a face-to-face meeting to help companies understand why their product was not recommended, thus enabling appropriate focus for a resubmission. Regular staff training and continued professional development. Review of assessment timelines at pressure pts (e.g. Christmas & New Year) to allow adequate time for assessments. | Work continues to ensure the organisation is appropriately repositioned in light of integration including: a) Our Voice and iHub continuing to establish presence within the integrated space b) Review of joint inspection methodology c) Process in place to develop 3 year corporate plan that will enable Board to review organisational priorities in light of health and social care integration d) Intelligence gathering process in place to identify priority needs for improvement support across the integrated space that will inform the next HIS 3 year corporate plan e) Developing links with SG policy leads for local government and social care. | Audit & Risk, 3 August 2016 | Medium - 8 | Medium – 8 |

| 13 RP | 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. | i) Discussions on integration picked up in Chief ExeCs and Chairs meetings ii) Board sighted on implications of integration. | i) Board development sessions on implication of Health and Social Care Integration ii) Each Directorate to assess implication of Health and Social Care integration on its work programme and develop plans to address. iii) All staff briefings on integration. iv) Corporate plan and LDP to consider changes to work programmes in light of integration. | 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. | Medium - 12 | Medium - 8 | Medium – 8 |

There is a risk that a pharmaceutical company or other interested party will successfully challenge the outcome of an SMC assessment because of a failure to follow due process or disagreement with the published advice, resulting in major reputational damage to SMC and HIS. Standard operating procedures. QA procedures in place to review the final advice for each submission. Where companies receive not recommended advice SMC offers the opportunity for a face-to-face meeting to help companies understand why their product was not recommended, thus enabling appropriate focus for a resubmission. Regular staff training and continued professional development. Review of assessment timelines at pressure pts (e.g. Christmas & New Year) to allow adequate time for assessments. Where companies receive not recommended advice SMC offers the opportunity for a face-to-face meeting to help companies understand why their product was not recommended, thus enabling appropriate focus for a resubmission. Regular staff training and continued professional development. Review of assessment timelines at pressure pts (e.g. Christmas & New Year) to allow adequate time for assessments.
### Appendix 2 – Very High Operational Risks (at 11 August 2016)

<table>
<thead>
<tr>
<th>Category</th>
<th>Project / Strategy</th>
<th>Risk No.</th>
<th>Risk Dir.</th>
<th>Description</th>
<th>Risk Controls</th>
<th>Net Risk Level</th>
<th>Current Mitigation</th>
<th>Current Update</th>
<th>Date Last Reviewed by Committee</th>
<th>Risk Level June</th>
<th>Current Risk Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial / Value for Money</td>
<td>Improvement Fund</td>
<td>538</td>
<td>RG</td>
<td>There is a risk of an underspend on the Improvement Fund budget because there are too few awards with high enough levels of committed spend during 2016/17 resulting in the 16/17 budget not being fully utilised.</td>
<td>Improvement Fund Project Plan; Improvement Fund Project Team; Improvement Fund criteria, guidance and process for assessment and award; ihub Senior Management Team; ihub Committee; Audit and Risk Committee</td>
<td>Very High - 16</td>
<td>The Improvement Fund Manager monitors the awards and reports to a project team on a regular basis; there will be a window of opportunity for Expressions of Interest from late September to late November 2016; by the end of December 2016, all awards from the 2016/17 budget will be committed; during January 2017, a decision will be made and reported on for any underspend for the year.</td>
<td>Newly raised risk in August – will become available for update in September</td>
<td>n/a</td>
<td>n/a</td>
<td>Very High - 16</td>
</tr>
</tbody>
</table>
## 1. Corporate Risks

### New risks on the report since June

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Details</th>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>533</td>
<td>Driving Improvement in Healthcare Strategy 2014-2020</td>
<td>There is a risk that the organisation will not manage its increased resources to a balanced budget by 31 March 2017 because of the delay in recruiting the necessary people to deliver the increased work resulting in under delivery of our work programme, under spend of our budget and reputational damage to the organisation.</td>
<td>New risk on Compass – replaced risk 521</td>
</tr>
</tbody>
</table>

### Risks that have left the report since June

<table>
<thead>
<tr>
<th>Code</th>
<th>Category</th>
<th>Details</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>521</td>
<td>Finance</td>
<td>There is a risk that the organisation will not manage its increased resources to a balanced budget by March 2017 because of the lag in recruiting the necessary people to deliver the work resulting in a budget surplus.</td>
<td>Risk closed</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Code</th>
<th>Category</th>
<th>Details</th>
<th>Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>455</td>
<td>SMC Product Assessment</td>
<td>There is a risk of stakeholders disengaging from the work of SMC because of lack of confidence in the assessment methodology (e.g. further external reviews of SMC), resulting in SMC being unable to deliver its functions</td>
<td>Increased from medium 8 to medium 12</td>
</tr>
</tbody>
</table>

### Risks with decreased risk level on report since June

<table>
<thead>
<tr>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>No risks</td>
</tr>
</tbody>
</table>
2. **Very High Operational Risks**

### New risks on the report since June

<table>
<thead>
<tr>
<th>Risk No.</th>
<th>Category</th>
<th>Description</th>
<th>Date Raised</th>
</tr>
</thead>
<tbody>
<tr>
<td>538</td>
<td>Improvement Fund</td>
<td>There is a risk of an underspend on the Improvement Fund budget because there are too few awards with high enough levels of committed spend during 2016/17 resulting in the 16/17 budget not being fully utilised.</td>
<td>Newly raised risk in August</td>
</tr>
</tbody>
</table>

### Risks that have left the report since June

<table>
<thead>
<tr>
<th>Risk No.</th>
<th>Category</th>
<th>Description</th>
<th>Risk Level Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>490</td>
<td>Consolidation of Improvement Support across JIT/HIS and QuEST</td>
<td>There is a risk that the level of vacancies across the Directorate will result in a reduced level of improvement support being available to NHS Boards and Health and Social Care Partnerships leading to reduction in confidence in Healthcare Improvement Scotland’s ability to deliver an effective programme of improvement support which then leads to a negative impact on the reputation of the organisation.</td>
<td>Risk level reduced to high</td>
</tr>
</tbody>
</table>

### Risks with increased or decreased risk level on report since June

No risks
Risk appetite definition

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

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

**Risk appetite (classification)**

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

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

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

**OPEN**

<table>
<thead>
<tr>
<th>Likelihood</th>
<th>5</th>
<th>10</th>
<th>15</th>
<th>20</th>
<th>25</th>
</tr>
</thead>
<tbody>
<tr>
<td>IMPACT</td>
<td>4</td>
<td>8</td>
<td>12</td>
<td>16</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>6</td>
<td>9</td>
<td>12</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>4</td>
<td>6</td>
<td>8</td>
<td>10</td>
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<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

**CAUTIOUS**

<table>
<thead>
<tr>
<th>Likelihood</th>
<th>5</th>
<th>10</th>
<th>15</th>
<th>20</th>
<th>25</th>
</tr>
</thead>
<tbody>
<tr>
<td>IMPACT</td>
<td>4</td>
<td>8</td>
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**MINIMALIST**

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SUBJECT: Measuring Our Progress - August 2016

1. Purpose of the report
This report is to advise the Board of the organisation’s progress towards achieving the objectives agreed within the Healthcare Improvement Scotland (HIS) 2016-17 Local Delivery Plan. The LDP was formally agreed and signed off by Scottish Government in July 2016 and a copy of the letter is attached (Appendix 1)

The report format has changed to measure progress against outcomes as agreed with the Board at its meeting in June 2016.

2. Key Points
- The report is set out against the organisation’s 7 contributions to transforming health and social care.
- The revised reporting format was devised following discussions with the Board about the need to measure the impact of the work in the LDP. The format was approved by the Quality Committee at its meeting in July 2016 along with the Outcomes Framework that underpins the evaluation of the work.
- The organisation is currently transitioning to measuring its work against outcomes rather than outputs. All work streams in the report can identify activities but as yet, not all of the work has agreed indicators and outcomes. Progress is being made to ensure that this is resolved but in the meantime some work is identified in the report as requiring additional work or support to develop indicators and outcomes. This work is expected to be complete by March 2017.

3. Actions/Recommendations
The Healthcare Improvement Scotland Board is asked to:
- review the new format performance management report against the 2016-17 LDP
- note that progress is cross referenced with the operational risk register as appropriate and has been captured in this report where a very high risk has been recorded
- provide feedback to the Executive Team regarding the usefulness of this report and any suggestions for further improvement.

Appendix 1: LDP Final Sign Off Letter

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

#### RISK

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

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<tr>
<th>How do the key points relate to the Corporate Plan?</th>
<th>This report measures progress toward achieving the objectives set within the LDP which will support the Corporate Plan.</th>
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<tbody>
<tr>
<td>Resource Implications</td>
<td>This report reflects the project deliverables of HIS during 2016-17. It is all planned within the organisations resource allocation.</td>
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<td>What engagement has been used to inform the work?</td>
<td>The LDP is subject to engagement with both internal and external stakeholders during its development.</td>
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<td>What Equality and Diversity considerations relate to the work?</td>
<td>Work is ongoing to ensure our commitment to equality and diversity is fully embedded within our work and ensures that our activity and recommendations promote equality and eliminate discrimination. These principles will be applied to all aspects of our planned work.</td>
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</table>
Healthcare Improvement Scotland
Board Performance Report
August 2016
# Contents

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<th>Page</th>
<th>Operational Performance Report by Contribution</th>
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<td>1.1 Contribution 1</td>
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Contribution 1 - supporting person centred care, empowering and enabling citizens to have a meaningful say in the design, planning and provision of health and social care services in Scotland.

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<th>Lead Director</th>
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| Personal Outcomes | Take forward the Personal Outcomes Partnership with Thistle Foundation offering facilitated development to staff working with people to enhance focus on assets and personal outcomes. | The Personal Outcomes Partnership, hosted by the Thistle Foundation, is working to improve people’s lives and build resilient communities by working to embed a personal outcomes and asset based approach in health and social care and within communities across Scotland. | In the period from the beginning of April to end of June 181 practitioners from across health, social care, and the voluntary and independent sectors in Scotland have participated in practice development sessions. This has included:  
- ‘Making it personal’ courses in Edinburgh and Glasgow  
- ‘Training others in personal outcomes’ – a nine day course to build capacity amongst practitioners to support the embedding of personal outcomes into practice  
- Tailored work with local partnerships – Fife, Midlothian and Borders  
- Tailored work with local organisations – GCVS, Lothian Centre for Integrated Living and Health in Mind | Systems are in place to capture experience of participants.  
Work is underway to develop evaluation of impact of this staff development work. | The following are a sample of quotes taken from people who have participated in the above sessions:  
- Fantastic training and course material. Went from feeling ‘ah!!’ to “I can do this”  
- In order to do this will take some practice but feel over time as my ability and confidence grows – this will enable me to support others  
- I feel more confident in my ability to have ‘good conversations’ and taking this forward with my team because of all the opportunities we had in our groups to practice conversations and scenarios  
- Overall feel I have a greater understanding and therefore confidence in conversations/reflecting and the whole concept of a personal approach  
- A lot of info to process, many new tools to get myself more familiar with. First get more familiar with new tools myself & implementing it, then others  
- Course is very intense and challenging, hugely important in promoting positive cultural change  
- I understand how to use the skills & techniques but will have to work on using them alongside my own skills | Ruth Glassborow | 191,500 |
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| SHC Citizen Voice Hub                      | Ensure the roll out of the Our Voice Hub initiative to help achieve a stronger voice for users, carers and the public in health and social care, maximising the opportunities for alignment with other work in HIS.                                                                                                                                        | This service is to assist SHC, HIS and Scottish Government undertake innovative engagement with users, carers and the public to improve health and social care services for NHS Boards and Integrated Authorities                                                                                                                                                                                                                                                                          | • Develop and implement a national Citizens' Panel  
• Recruitment for Citizens Panel underway 840 out of 1200 now recruited  
• Develop and implement an e-participation platform and an interactive website for Our Voice  
• Develop an approach to Gathering Intelligence for Our Voice  
• Programme Director for Our Voice has been appointed  
• Our Voice programme Board scheduled for end August 2016                                                                                                                                                                                                                       | • Indicators under development                                                                                                                                                                                                                                                                                                                                                                                                                                      | Richard Norris             | 292,264       |
| SHC Volunteering                           | Provide national leadership and guidance to ensure long term vision and consistency of approach and support for volunteering across NHSScotland, and this support may extend in time to integration authorities.                                                                                              | Citizens, patients, carers, families & communities  
NHS boards, integration joint boards, health & social care partnerships, third sector, housing & independent sector                                                                                                                                                                                                                                                                                                                                                   | 1. Deploy Volunteering Information System to remaining NHS Boards (by Mar 2017)  
3. Delivery of training to users (one session per month)  
4. Network meetings (Oct and Feb)  
5. E-newsletters (four throughout year)  
7. Review and publish an updated Needs Analysis of volunteer management in NHSScotland (Dec 2016)  
9. Improvement support delivered to NHS Boards to reduce the length of the volunteer recruitment process (Mar 2017)                                                                                                                                                                                                 | 1. New NHS Boards using the system. User feedback.  
2. Updated training manual published.  
3. Number of users trained, positive feedback from sessions.  
4. Attendance and feedback from meetings.  
5. Number published, read rate, click through  
6. Publication of handbook.  
7. Publication of report.  
8. Production of report, feedback from strategic leads.  
9. Reduction in recruitment delays.                                                                                                                                                                                                                                                                                                                                                                           | 1. NHS Highland has signed their services agreement. NHS National Services have appointed a member of staff to lead on deployment. User survey issued, positive feedback received.  
2. Manual has been reviewed. Awaiting appointment of Project Officer to take forward.  
3. 4 sessions run to date, 6 users trained.  
4. Pending.  
5. First issue sent 13 Jul to 14B recipients. 60 opened, 40 clicked.  
6. Pending.  
7. Survey designed. Due to be issued in August.  
8. Reports drafted. Awaiting contract amendment to be sent  
9. Online application developed. Awaiting confirmation from SHOW on System Security Policy.                                                                                                                                                                                                                                      | Richard Norris             | 100,000       |
<p>| Title                                                                 | Objectives                                                                                                                                                                                                 | Who our services are for, engage &amp; involve                                                                                                                                                                                                 | Risk update (very high risks only)                                                                 | Activities                                                                                                                                                                                                 | Indicators of Success                                                                                                                                                                                                 | Progress against outcomes | Lead Director | Overall budget £ |
|----------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------|------------------|
| SHC Public Involvement Unit                                         | Continue to ensure HIS meets its equalities duties and the Duty of User Focus and generally demonstrate good practice in involving users, carers and the public in its activities. | Internal colleagues, public partners, external stakeholders including the general public and voluntary/third sector organisations.                                                                                                                                                                                      |                                                                                                                | Delivery of 2 x Equality &amp; Diversity induction sessions to a total of 20 colleagues. Providing support to inspections team colleagues to prepare 12 new public partners for roles in each inspections work stream. We are preparing to start consultation with staff on a draft of our Corporate Parenting Plan. We have recruited to the post of Equality &amp; Diversity Advisor due to the retirement of the previous post holder. | 100% positive feedback All public partners who attended training have continued to the next stage in inspections preparation Draft consultation ready for circulation with questions New post holder recruited. | To be developed                                                                                                                                           | Richard Norris           | 189,538       |
| SHC Community Engagement and Improvement Support                    | Provide tailored advice and improvement support to 21 NHS Boards/Special NHS Boards. Work to develop and support local Peer Networks and build capacity for communities to be involved in the design and delivery of health and care services. | Citizens, patients, carers, families and communities. NHS Boards, Integration Joint Boards, Health &amp; Social Care Partnerships, Scottish Government and other national organisations.                                                                                                                                     |                                                                                                                | All local offices are supporting NHS Boards with their public engagement activities. The support is varied and ranges from providing guidance and advice on engagement through to assistance in using engagement approaches, tools and techniques. Three Peer Networks are currently being supported by local offices for (i) Integration Joint Board public representatives; (ii) Patient Participation Group (in general practice) and (ii) Health &amp; Social Care Engagement Leads. All Local Officers are being trained in the use of the Voices Scotland capacity building tool for use with communities. | Indicators under development. | To be developed by September 2016                                                                                                                   | Richard Norris           | 1,442,960     |</p>
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| SHC Service Change | Provide advice and support to NHS Boards on involving patients and communities in service change processes, in line with Scottish Government guidance. | NHS Boards have a statutory duty to involve patients and the public in the planning and development of health services and in decisions which will significantly affect the operation of these services. This is a Scottish Health Council core function. NHS Boards are provided with advice and support on the involvement of people in service change in line with current Scottish Government guidance. In turn, helping to provide assurance that the NHS engages with the public and patients in the design and delivery of its services. | 1. Team evaluation undertaken on support and advice provided to NHS Boards on service change. Feedback used to develop practice and demonstrate continuous improvement.  
3. Feedback provided to National Support Services for Review of Cleft Lip and palate Services (May 2016). Consultation feedback reviewed, and proposals endorsed by NHS Board Chief Executives Group on 21st June and will now go to the Scottish Government  
4. Involved in over 35 active service changes. | • Advice and support provided is valued and viewed positively  
• Evidence of supporting change across NHS Boards  
• Feedback demonstrates that people feel informed and engaged in change processes | 1. Positive feedback received. 18 responses provided from 11 NHS Board areas. 83% of respondents rated the support provided by the team positively. Further feedback has been used to inform a team development plan, and iMatter action plan. The report was shared with NHS colleagues in July and will be used to support best practice. | Richard Norris | 188,852 |
| Title                                                                 | Objectives                                                                                                                                                                                                                                                                                                                                 | Who our services are for, engage & involve                                                                                                                                                                                                 | Risk update (very high risks only)                                                                 | Activities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Indicators of Success                                                                                                                                                                                                                                                                                                                                 | Progress against outcomes                                                                                                                                                                                                 | Lead Director                                                                 | Overall budget £  |
|----------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------_|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Person Centred Health and Care programme                              | Providing support to health and care organisations to build the capacity and skills in using person-centred and co-design approaches to improve care experience, and design and deliver services based on what matters to people. Developing the capacity within HIS’ improvement programmes to incorporate clear person-centred and involvement principles in their design and delivery. | NHS boards and integration Joint Boards: NHS Lanarkshire NHS Western Isles NHS Tayside NHS Greater Glasgow & Clyde NHS Ayrshire & Arran North Lanarkshire IJB Third & Independent Sector: IRISS, The Alliance Scotland NES SG Person-centred Care Team Citizens, patients, carers, families & communities                                                                                                                                 |                                                                                                                                                                                                 | 1. Testing a model for identifying and implementing improvements in person-centred care directly resultant from collection of real-time care experience feedback from patients and families at point of care and right-time feedback post discharge. (this also support is ‘Our Voice’ work plan objective 3 - supporting integration partners to maximise the use of feedback from individuals at local level to drive improvement)  
2. Testing Experience Based Co-design (EBCD) methodology as a collaborative and co-produced approach to service improvement and re-design within health and social care settings (also supporting ‘Our Voice’ work plan objective 3 as above)  
3. Co-designing a qualitative thematic coding framework with NHS Boards for analysing care experience real-time and right time feedback.  
4. Develop and test guidance/framework to support improvement programmes to incorporate person-centred practice principles into their design  
5. Co-producing and co-ordinating the national ‘What matters to you?’ day campaign | 1a. an improvement infrastructure is in place within each test organisation that ensures care experience feedback is routinely captured, analysed and considered, and informs improvement activities.  
1b. Patients, families and carers report public services consider what matters to them and care experience and services are improving.  
2a. Increased capability and confidence within health and care services testing EBCD methodology to co-design services together with people who receive care and support.  
2b. People who receive services are enabled and empowered to co-design improvements in local care and services.  
3. Increased confidence and competence of Public Sector staff to effectively analyse and report on qualitative feedback of care experience.  
4a. Improvement programmes have incorporated clear and relevant person-centred principles and measures, appropriate to their context.  
4b. Programme teams demonstrate the required knowledge and skills to practically apply person-centred and involvement principles with the delivery of programmes.  
5. A minimum of 400 registrations to participate and 100 feedback responses are received during the 2016 What Matters To You? campaign | 1a. All five testing Boards have developed and are testing a bespoke improvement infrastructure capturing, analysing and reviewing either real-time or right-time care experience feedback.  
1b. Patients are being asked in all test sites about what matters to them. Specific evaluation will be carried out in November/December to independently ask people about their view of the improvement infrastructures developed and whether services are improving.  
2a. A range of practical training has been designed and is being delivered along with the stages of the methodology for partners from health, social care and 3rd sector involved in testing EBCD.  
2b. Involving patients and carers is still at the recruitment stage for most project teams.  
3. A qualitative analysis workshop has been held for participating health care staff. Further work on designing a qualitative coding framework has now commenced.  
4. A draft improvement involvement framework has been drafted and a test is currently being designed with a range of HIS improvement programme teams.  
5. The campaign was designed and implemented for 6 June. The campaign succeeded attracting 527 registrations and 153 feedback responses. | Ruth Glassborow                                                                                                                                                                                                                                                                                                                                | 437,774                                                                                                                                                                                                                                                                                                                                                          |
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<tr>
<td>Co-production and Community Capacity Building</td>
<td>Working with a range of partners, including those in the third, independent and housing sectors, and supporting them to combine the mutual strengths, capacities and assets of statutory and non-statutory organisations, professionals, service users, carers and communities to achieve positive change and better outcomes for individuals.</td>
<td></td>
<td></td>
<td>• Completed scoping work to assess options for development of Scottish Co-production Network (SCN) to include wider range of public services including representation from LJ1s, SCN Reference Group meeting in September 2016 where aims and membership will be reviewed.</td>
<td>Currently developing indicators which will include • Attendance / evaluations at events and HIS internal taster sessions. • Number of requests for co-production support and feedback on effectiveness of support provided.</td>
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<td>Ruth Glassborow</td>
<td>78,931</td>
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**Contribution 2 - providing strong and comprehensive assessments of the quality of health and social care in Scotland, which encapsulate wider factors impacting on the quality of care such as leadership and effectiveness.**

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<tr>
<td>Scrutiny of Prisoner Healthcare</td>
<td>Provide clinical expertise to the inspection programme of prisons in Scotland.</td>
<td>• Citizens, patients, carers, families &amp; communities • NHS boards, integration joint boards, health &amp; social care partnerships, third sector, housing &amp; independent sector • Other national organisations • Our staff</td>
<td></td>
<td>• We carry out 4 full inspections and a number of follow up inspections with Her Majesty's Inspectorate of Prisons each year. • We write up our findings and they are published by Her Majesty's Inspectorate of Prisons in an inspection report for each inspection. • We will be undertaking a review of the quality indicators that we currently inspect against in late 2016.</td>
<td>• Publication of inspection reports within publication timelines. • Development of revised quality indicators to inspect against. • Contribution to improving the provision of healthcare for prisoners in Scotland.</td>
<td></td>
<td>Claire Sweeney</td>
<td>£115,505</td>
</tr>
<tr>
<td>Title</td>
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<td>Strategic Inspection of Adult Services</td>
<td>Undertake joint inspections with the Care Inspectorate. Ensure delivery of robust, affordable proposals for the future design of joint adult inspections in collaboration with the Care Inspectorate and informed by engagement with external stakeholders.</td>
<td>Citizens, patients, carers, families &amp; communities NHS boards, integration joint boards, health &amp; social care partnerships, third sector, housing &amp; independent sector Care providers &amp; support staff in health &amp; social care independent care providers Scottish Parliament &amp; Scottish Government Local Government Other national organisations Our staff</td>
<td>review the methodology; Glennie/Wiseman review.</td>
<td>Review the methodology; Glennie/Wiseman review.</td>
<td>New programme of joint strategic inspections in place from April 2017 to provide assurance about the quality of joint strategic commissioning and integrated services.</td>
<td>New programme of joint strategic inspections in place from April 2017 to provide assurance about the quality of joint strategic commissioning and integrated services.</td>
<td>Claire Sweeney</td>
<td>£364,956</td>
</tr>
<tr>
<td>Joint Inspection of Children’s Services</td>
<td>Led by the Care Inspectorate, HIS works in partnership with Education Scotland and Her Majesty’s Inspectorate of Constabulary Partners in the multi-agency strategic inspections of services for children. In addition to being part of the core team, ensure strong and effective clinical assurance of the inspection.</td>
<td>Patients and their relatives, carers and public partners</td>
<td>Contribute to 6 inspections per year to provide the health expertise for joint inspection of children’s services. These inspections are led by the Care Inspectorate and follow the children’s journey of care through health and social care services. The footprint of these inspections takes place over 6 months.</td>
<td>Contribute to 6 inspections per year to provide the health expertise for joint inspection of children’s services. These inspections are led by the Care Inspectorate and follow the children’s journey of care through health and social care services. The footprint of these inspections takes place over 6 months.</td>
<td>To ensure strong and effective clinical input to the multi-agency inspections led by the Care Inspectorate for children’s services.</td>
<td>To ensure strong and effective clinical input to the multi-agency inspections led by the Care Inspectorate for children’s services.</td>
<td>Claire Sweeney</td>
<td>£211,518</td>
</tr>
<tr>
<td>Title</td>
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<td><strong>HEI Inspections</strong></td>
<td>Undertake further HEI inspections under the revised HAI Standards, including theatres. Manage and carry out wider assessment of the progress in the delivery of Lord Maclean’s recommendations arising from the Vale of Leven Inquiry.</td>
<td>Patients and their relatives, carers and public partners</td>
<td>• A rolling six monthly programme is in effect allowing for better advance planning and resource management. Theatre inspections are now a regular fixture in the inspection programme. • Proposal for the Vale of Leven work has been approved by ET and will now progress to the Vale of Leven group for discussion.</td>
<td>• Successful undertaking of the planned inspections with delivery of the inspection reports to time and quality. • Progression of the mapping and subsequent delivery of the Vale of Leven work. Further indicators of success under development.</td>
<td>• Successful delivery of 5 inspections and processing of 17 board self assessments to inform future inspection programmes. • Planning underway for the Vale of Leven work. • Assurance provided to the public about the cleanliness of hospitals and areas of development flagged to NHS boards and areas of good practice highlighted to help share learning across Scotland.</td>
<td>Claire Sweeney</td>
<td>442,392</td>
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<tr>
<td><strong>Medical Revalidation</strong></td>
<td>Undertake further national assessment of the progress in medical revalidation in Scotland.</td>
<td>Patients and all members of the public to provide assurance that their doctors are up to date and fit to practice. NHS Boards, Hospices and independent organisations whose Responsible Officer (RO) has the Chief Medical Officer as their RO. Scottish Government, GMC, NES, NSS. This is part of a four nations programme of work.</td>
<td>• Review of self assessment (governance information/data) and evidence documentation analysis from 45 organisations; • 2 panel meetings running simultaneously for 2 days; • Local report prepared for each organisation and an overall national report</td>
<td>• Success is measured on data collected as part of the annual EQA process as comparisons are made to identify improvements or highlight areas that need to be addressed/improved for the next EQA cycle. • Indicators of success are reviewed both on an organisational and national level.</td>
<td>• Annual action points are provided for each organisation. • The panel reviews the actions and recommendation to check that they have been addressed and implemented. • Assurance provided to the public that their doctors are up to date and fit to practice.</td>
<td>Claire Sweeney</td>
<td>£30,000 (provided specifically from SG outwith HIS general allocation) Total costs £87,248</td>
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<tr>
<td><strong>Management of Controlled Drugs Governance</strong></td>
<td>Maintain and publish the register of controlled drugs’ accountable officers in Scotland and provide external quality assurance of the governance arrangements in place within each designated body in Scotland to ensure the safe management of controlled drugs.</td>
<td>NHS boards, Independent care providers Scottish Parliament &amp; Scottish Government Other national organisations Our staff</td>
<td>• We have maintained and updated the register in response to notification of changes. • We carried out annual check of the register to ensure it is up to date. • We sent quarterly report of Controlled Drugs adverse events reported by independent healthcare organisations to inspectorate to NHS board Controlled Drugs Accountable Officers. • We circulated information about medicines related activity from other directorates to the Controlled Drugs Accountable Officers Network.</td>
<td>• We provided up to date and accurate information held in register which is publically available on our website. • We support sharing of learning and identification of trends related to adverse events by providing NHS board Controlled Drugs Accountable Officers with information on adverse events occurring in independent healthcare organisations. • We help raise awareness among this staff group by providing them with information on relevant medicines activity.</td>
<td>Our activities have contributed to the following outcomes in our outcomes chain • Care providers have sufficient knowledge &amp; confidence to help shape services • Learning &amp; experience is shared across the service locally &amp; nationally</td>
<td>Claire Sweeney</td>
<td>15,954</td>
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**Note:**
- The table outlines various objectives, activities, and indicators of success related to HEI Inspections, Medical Revalidation, and Management of Controlled Drugs Governance. Each entry includes details on who the services are for, the risk update, activities undertaken, and indicators of success achieved. The table also includes the progress against outcomes and the lead director responsible, along with the overall budget allocated for these activities.
<table>
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<tr>
<th>Regulation of Independent Healthcare</th>
<th>Undertake accreditation of the regional tissue banks and external quality assurance of the satellite boards.</th>
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| Citizens, patients, carers, families & communities; independent healthcare providers; Scottish Parliament & Scottish Government; other national organisations | - We continue to regulate the services we currently regulate.  
- In addition, we are in the processes of registering independent clinics. We have set a deadline of 1 September 2016 for the return of completed applications to register to allow us to ensure we have adequate time to register all the clinics.  
- Registration of all independent clinics by 31 March 2016.  
- Continued regulation of current services.  
- Assurance to the public that the independent services they use are registered, regulated and part of a system to help support improvement in the sector. |
| Ongoing regulation of independent hospitals providing assurance to the public, highlighting good practice and areas for improvement.  
- Generally positive inspection reports on the independent hospital sector.  
- To date only one complete registration received for independent clinics. However, over 200 services are completing their forms online and we continue to engage with the other services (approx 200) who have not yet confirmed to us that they need to register. |
| Claire Sweeney | £973,162 |

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<tr>
<th>Human Tissue Bank Accreditation</th>
<th>Undertake accreditation of the regional tissue banks and external quality assurance of the satellite boards.</th>
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| Patients, families and communities. NHS boards, Chief Scientists Office (CSO) Scottish Government. National and international research collaborations. | - Three year accreditation programme undertaken by a panel of reviewers, including independent representation from out with NHSScotland due to the small size of NHSScotland research community.  
- Regular meetings with Chief Scientist Office and collaboration with Human Tissue Authority Regulations for Licensing. Our clinical lead also collaborates internationally which informs the work of the accreditation programme.  
- Success is measured on whether the NHS Board is awarded accreditation.  
- Assurance to the public that Human Tissue Banks are operating appropriately and to a high standard. |
| NHS board Human Tissue Activity is measured against a set of quality standards of operation following the journey of the tissue from the consent process through to disposal.  
- All areas of the quality standards need to be met in order to achieve accreditation status.  
- As this is a three year accreditation programme an annual declaration is required from each regional tissue bank to notify Healthcare Improvement Scotland of any activity that may affect the NHS board's accreditation status. |
| Claire Sweeney | £53,408 (provided specifically from CSO out with HIS general allocation) |

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<tr>
<th>Assessment of referral from National Confidential Alert Line (NCAL) and concerns passed to HIS under the Public Information Disclosure Act (PIDA)</th>
<th>Actively review and where necessary take action in relation to concerns about safety of patient care.</th>
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| Any assessment or subsequent review will seek assurance and potential improvement in a service for patients. This will only be achieved through the involvement of the staff providing that service. | - All cases will be initially assessed by a HIS internal team to determine the level of further investigation that is required.  
- Assuance against the concerns that have been raised.  
- The implementation of any improvements identified through the investigation process. |
| Appropriate timelines are determined for each case assessed /investigated.  
- National review of breast screening underway. |
<p>| Claire Sweeney | £34,236 |</p>
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<tr>
<td>Thematic reviews of major priorities</td>
<td>Establish the detailed operational methodology and infrastructure to implement comprehensive quality of care reviews in Scotland, ensuring that such reviews are aligned to wider national priorities including the National Clinical Strategy.</td>
<td>Citizens, patients, families and communities. NHS boards, Integration joint boards, health and social care partnerships. Care providers and support staff in health and social care. Independent care providers. Scottish Parliament and Scottish Government</td>
<td></td>
<td>• The quality framework short life working group is continuing to work on delivering the final quality framework, a set of high level indicators/measures and a self-assessment tool for organisations to use to assess quality of care internally and to inform external quality assurance activity. • A draft list of measures has been worked up and will be shared with the expert reference group for quality and clinical assurance shortly. • The content of the quality framework has been reviewed and streamlined in response to the consultation feedback and aligned to the agreed National Care Standards (NCS) principles and is nearing completion. • Development of the self assessment tool is also progressing well. • Discussions have started with colleagues in NHS boards regarding supporting a programme of testing of the framework, self assessment and measures. This will include 'tabletop' testing looking at discrete areas for example leadership or governance and applying the framework to different service areas. • Planning has also started for a full pilot review this year and an NHS board has agreed in principle to support this. • A stream of work to look specifically at assessment of sustainability within quality of care reviews has been established. • The work undertaken in the design phase to collate the range of existing review and inspection methodologies has been refreshed. This is being used to inform a costed appraisal of options for delivery of comprehensive quality of care reviews going forward. • A 'frequently asked questions' document is in development and will be published shortly. This will include information on the linkages between the quality of care reviews and the emergent National Care Standards</td>
<td>• Indicators being developed</td>
<td>Under development.</td>
<td>Claire Sweeney</td>
<td>101,050</td>
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<td>Quality Assurance of Mental Health Care Services in Scotland</td>
<td>Within the context of quality of care reviews, establish a robust approach to the external quality assurance of mental health services in Scotland, working in partnership with other agencies such as the Mental Welfare Commission.</td>
<td>Citizens, patients, families and communities. NHS boards, Integration joint boards, health and social care partnerships. Care providers and support staff in health and social care. Independent care providers Scottish Parliament and Scottish Government.</td>
<td>• Future works to quality assure mental health services will be based on the quality of care reviews approach. • The pilot review which will be focused on a mental health service will provide useful learning as to how the new methodology can be applied in that setting. • Initial meetings have been held with Scottish Government mental health policy and clinical leads to begin scoping which areas of mental health should be prioritised for a thematic review.</td>
<td>• In the shorter term the indicators of success will be that the new quality of care reviews methodology can be used to provide a robust external assessment of the care provided within a mental health service and the output from that review is accepted by the service and can be used as a driver for improvement locally.</td>
<td>To be developed</td>
<td>Claire Sweeney</td>
<td>60,498</td>
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<td>Review of National Screening Programmes</td>
<td>Undertake scrutiny and assurance activity of national screening programmes against national standards.</td>
<td>Citizens, patients, carers, families and communities. NHS Boards, Scottish parliament and Scottish Government.</td>
<td>• We have undertaken a great deal of engagement work with the screening community. • Feedback from these events is positive and there is now and acceptance that QA for screening will take place. • A first review will begin in late September 2016, whereby the process and methodology will be tested. • Following the review, rapid lessons learned will be undertaken. • The initial work plan devised has changed because of the impending Breast Screening Review; we have been keen to ensure that the base line review of screening did not adversely impact on the work of the Breast Screening Review Team. • The Scottish Screening Committee are aware of progress and a further update will be submitted to the group in September.</td>
<td>• Assurance of the quality of national screening programmes, highlighting good practice and areas for development.</td>
<td>• Engagement across the screening community, with three national events involving representatives from across the screening community, including clinical leads and screening professionals, to help inform the development of the reviews. • Positive feedback from the national sessions.</td>
<td>Claire Sweeney</td>
<td>70,416</td>
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| Cancer QPI Review     | Carry out phased review of Quality Performance Indicator (QPI) data and publish the national findings in order to assure NHS Scotland, Scottish Government and Public that tumour specific services are developing and improving | Citizens, patients, carers, families and communities. NHS Boards, Scottish parliament and Scottish Government |                                                                                                                                               | • We have now undertaken a Breast Cancer QPI national review and the report is in final stages of drafting.  
  • The national quality programme, overseen by the National Cancer Quality Steering Group (NCQSG) has reported that stakeholders have found the review process positive. This was the view also articulated by the breast cancer network leads.  
  • A poster about the methodology was presented at the Gothenburg IHI conference and this led to contact being made with European Breast Cancer QPI programme; as a result Scotland is now part of the European QPI committee (the Chair of the Scottish NCQSG has agreed to be the SG representative). This was considered a real achievement of the project.  
  • Work is now underway to begin the renal and prostate QPI review and we are planning the key Lung QPI review meeting dates.  
  • A deputy chair for the programme will be recruited in the coming months; this will ensure a level of resilience within the programme.  
  • A review of the governance of systemic anti cancer therapy is underway and this will be reported at the end of the year.  
  • The first review meeting (which took place in January 2016) has led to strides being made by the North of Scotland, who have undertaken a great deal of intra regional assessments and self assessments of units ensuring that SACT governance processes are adhered to within boards. | • Indicators are under development                                          | To be developed                                                      | Claire Sweeney                                                 | 83,031 |
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<td>Sudden Unexpected Death in Infancy (SUDI)</td>
<td>Continue to provide support for this programme on behalf of the Scottish Government with a view to transferring it to a more appropriate agency determined by Scottish Government by March 2017.</td>
<td>Our service supports Sudi paediatricians, pathologists, general practitioners, health visitors, procurator fiscal service, police, social work, Scottish Ambulance Service and indirectly, the bereaved parents</td>
<td></td>
<td>• Regularly update the SUDI toolkit website for professionals (this is a rare event which many professionals may come across once in their career); • Inform professionals when a SUDI has occurred and when authorised to proceed to review; • Collect quantitative and qualitative data; • Report on learning for professionals at national and international conferences; • Produce report to inform professionals and Scottish government of good practice and practice and processes which could be improved;</td>
<td>• Qualitative “learning forms” demonstrate that multiagency staff feel supported and have discussed how to support the parents during their next pregnancy and the infant period of subsequent children.</td>
<td></td>
<td>Claire Sweeney</td>
<td>45,000</td>
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<td>Inspection of services for older people in acute hospitals (OPAH)</td>
<td>Continue to undertake inspections of the care of older people in acute hospitals and agree detailed proposals for the extension of the methodology to include non-acute healthcare facilities, including specialist dementia units.</td>
<td>Public, patients, carers, NHS Staff, NHS Boards, Scottish Government</td>
<td></td>
<td>• Carry out 12 inspections per year, this included follow up engagement with the NHS Boards and carry out follow up activity as required. • A review of OPAH and OPAC is currently underway and due to report November of this year. The aim is to explore how both the OPAH and OPAC team can work more closely to drive improvement as we move to community hospitals, continuing care and dementia care wards • Working with the Focus on Dementia team to investigate possible opportunities for integrated working • Development of the liaison inspector role to improve communication between the OPAH team and the NHS boards • Development of a risk prioritisation matrix for identifying hospitals to be inspected</td>
<td>• Number of inspections and follow up activity • Produce a report with recommendations from the review group to increase closer working between OPAH and OPAC • Regular meetings with the Focus on Dementia team, with consideration being given to having a member of the QAD on the Focus on Dementia programme board • Level of engagement from boards • The risk prioritisation matrix will be tested and implemented</td>
<td></td>
<td>Claire Sweeney</td>
<td>596,711</td>
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**Contribution 3 - supporting the redesign of health and social care services to be efficient and effective and to enable individuals to reliably receive the services they need, when they need them.**

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| Primary Care Strategy & Phase 1 Implementation                        | Complete strategy to inform capability and capacity building needed to enhance the pace and scale at which HIS collaborates with and supports healthcare organisations to drive improvements in integrated primary care services. | • Citizens, patients, carers, families & communities  
• NHS boards, integration joint boards, health & social care partnerships, third sector, housing & independent sector  
• Care providers & support staff in health & social care | • We are reviewing the standards and indicators and developing a service specification for out-of-hours primary care urgent care.  
• We are scoping how we can provide support to the development of GP clusters.  
• We are setting up cross-organisational meetings to coordinate all primary care work in the organisation. | • Publication of standards, indicators and a service specification for urgent care out-of-hours care by 31 March 2017.  
• Recommendations from scoping work to outline how we will support GP clusters due in December 2016 | • Recruitment of a national clinical lead and project staff underway for review of standards, indicators and service specification.  
• QI associate due to start in August to support GP clusters scoping work | Brian Robson | 154,984 |
<p>| National Review of Out-of-Hours Services Quality &amp; Safety Programme   | HIS are scoping work aimed at enabling boards to become self-sufficient in knowing how their urgent care services are performing against agreed standards, what they need to focus on improving and have the knowledge and skills to then deliver and sustain the desired improvements. | Integration Joint Boards commissioning urgent care services, Health boards providing urgent care services. | • A Quality Improvement associate has been commissioned to undertake a stakeholder enquiry to determine the gap between what quality improvement capacity and capability exists and is available to urgent care services to support them in improving their services and what is needed at a national level, and within integration joint boards, health and social care partnerships and the services themselves taking into account the recommendations of the national review of primary care out of hours services. | • Indicators to be developed | • To be developed. | Brian Robson | 219,913 |</p>
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| Older People in Acute Care Improvement of Care | Build on work to date, which supports improvement work at a local level and promotes local ownership, spread and sustainability of change. Critically, during 2016–2017 to ensure an increasingly aligned approach between scrutiny and improvement. | Care providers & support staff. NHS boards. Engaging patients and families. |  | • Work to support improvements in the identification and management of frailty and delirium continues  
• A 3rd national conference focusing on delirium was held in June in collaboration with the Scottish Delirium Association.  
• 3 delirium stories filmed capturing ‘A daughter’s perspective’.  
• Networking activity - sharing of learning and experience; cross-site visits; web-ex: engagement sessions.  
• Testing of blended local collaborative approach 2015-16 due to complete end of August 2016. We have been testing a different model of improvement support with locally based Improvement Advisors in 3 NHS boards. We are in the process of capturing learning from the past year to inform future work.  
• A review of OPAC and OPAH is in progress (May - November 2016). The aim is to explore how Healthcare Improvement Scotland can most effectively continue to support improvement and provide assurance in older people’s care. | • Current indicators in place with test sites around staff knowledge, reduction in falls and delirium recognition  
• Indicators currently being reviewed for next phase of work | • Report will be available October 2016 on progress against indicators in test sites. | Ruth Glassborow | 319,820 |
| Strategic Commissioning | Support health and social care partnerships to improve the effectiveness of their strategic commissioning arrangements and practice. In doing so, enable them to achieve a better alignment of investment and delivered outcomes whilst ensuring that personalised services and supports, a co-production approach and more robust and consistent decision making become more strongly embedded. | Citizens, those who access services, carers, families and communities; Health and Social Care Partnerships, Third Sector, Housing, Independent Sector, Scottish Government; range of other national bodies |  | • This is a new programme of work which has been on hold until appointment of the Unit Head to lead development.  
• Appointed to Head of Strategic Commissioning Support who starts with HIS on 5th September.  
• A number of partnerships are accessing tailored support in relation to Strategic Commissioning | • Indicators to be developed | • To be developed | Ruth Glassborow | 125,000 |
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| Mental Health Access | The Mental Health Access Improvement Support Team (MHAIST) has been established to support improved access to both psychological therapy interventions and Child and Adolescent Mental Health Services. It will work with NHS Boards and IJBs to support a ‘deep dive’ diagnostic to understand the barriers to meeting the target of treatment within 18 weeks of referral and on the basis of this – to then agree an improvement plan to enable reliable delivery of this access target. | Patients, carers and families who access psychological therapy and child and adolescent mental health services. NHS boards, integration joint boards, health & social care partnerships who provide psychological therapy and child and adolescent mental health services. Staff working in psychological therapy and child and adolescent mental health services. | - The majority of the core team including improvement advisors was fully in place at the end of July 2016. Two clinical leads will start by October. The programme is behind the scheduled start date of 1 June 2016 although progress has been made as the team has come into place.  
- We are currently working with several boards and their psychological therapy (PT) and child and adolescent mental health (CAMH) services to review work done to date using quality improvement methods including demand, capacity and queue analysis to understand and improve their services. This is leading to better understanding of what support different services are needing and enabling MHAIST to plan what improvement support we will deliver and how.  
- We have had a positive response with many services looking to engage with the team and we are in the process of reviewing the needs of the following services NHS Lothian PT and CAMH services, NHS Tayside CAMH service, NHS Forth Valley CAMH service.  
- Review work is agreed and planned with NHS Forth Valley PT service, NHS Highland PT and CAMH services, NHS Fife PT and CAMH services, NHS Dumfries and Galloway PT and CAMH services, NHS Orkney PT and CAMH services, NHS Shetland PT and CAMH services.  
- We have also progressed on to providing support for NHS Ayrshire and Arran PT service and NHS Borders PT and CAMH services as we have identified in partnership with them a need for further work using quality improvement methods to understand their services and plan improvement. | - Number of services engaged in working with MHAIST  
- Number of services who have completed full quality improvement assessment of service including demand, capacity and queue analysis  
- Number of services who have tested, evaluated and implemented improvements to access and/or other aspects of quality  
- Number of services meeting nationally agreed timescales for access to services  
- Further indicators are under development | - 15 of the 28 services in Scotland are engaged with MHAIST in reviewing progress to date in using quality improvement methods including demand, capacity and queue.  
- No full quality improvement assessments of service are available yet  
- We are not at the stage of testing changes yet  
- 7 services of 28 are already meeting waiting times targets | Ruth Glassborow | 474,837 |
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<td>Home Place and Housing Portfolio</td>
<td>The Home, Place and Housing Portfolio aims to make key improvements to strategic planning of housing and related services to provide people with a home environment that supports greater independence and improved health and wellbeing.</td>
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<td></td>
<td>(a) Adapting for Change - Borders pilot site testing new approaches to housing support now complete</td>
<td>(a) Indicators being developed</td>
<td>(a) Borders partnership have accepted the recommendation in the final report of the local pilot and the approach to base OT. A Third Sector Care and repair team is being rolled out across Borders.</td>
<td>Ruth Glassborow</td>
<td>279,772</td>
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<td>(b) Community Equipment - Continuing programme of support with main emphasis on improving Store service models (business efficiencies)</td>
<td>(b) Increase in recycling of equipment – further indicators being considered</td>
<td>(b) Western Isles final evaluation is complete. Recycling of equipment has increased significantly over the past 4 years (4000%) and funding for mainstreaming has been announced.</td>
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<td>(c) Housing and hospitalisation - focuses on improving understanding of the extent and nature of housing-related issues and hence the most effective contribution that the housing sector can make on reducing use of hospitals</td>
<td>(c) Indicators being developed</td>
<td>(c) - Aberdeen - delayed discharges directly due to housing related issues are down from 20 to 5</td>
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<td>(d) Housing Community Anchors - developing tests of change in relation to housing organisation’s role in deprived communities in supporting health and wellbeing. Three local projects are being followed up with Deep End GPs to improve connections with housing organisations. Initial meetings have been held with each area and the focus has been agreed.</td>
<td>(d) Indicators being developed</td>
<td>(d) - Recycling of equipment has increased significantly over the past 4 years (4000%) and funding for mainstreaming has been announced.</td>
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<td>(e) Health &amp; Social Care Integration – As part of our support in relation to the housing aspects of integration surveys of both local authority housing and RSLs have been undertaken. This showed progress was good in relation to strategic planning groups, Housing Contribution Statements, development of new initiatives. Feedback on the Housing Advice Note was also positive.</td>
<td>(e) Indicators being developed</td>
<td>(e) - Aberdeen - delayed discharges directly due to housing related issues are down from 20 to 5</td>
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<td>17 Housing Contribution Statements have been received and reviewed in relation to the 6 sections (governance, shared evidence base, shared outcomes and priorities, housing related challenges, resources, additional statement) Some examples of good practice are evident within this, with the section on resources tending to be weakest. The team will continue to pursue other HCS and then finalise the report.</td>
<td>(f) Indicators being developed</td>
<td>(f) Indicators being developed</td>
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<td>(f) Housing Learning Network – two events took place in May.</td>
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<td>Living Well in Communities</td>
<td>The Living Well in Communities portfolio aims to support Health and Social Care Partnerships to test and spread new ways of delivering services that enable more people to spend time at home or in a homely setting that would otherwise have been spent in hospital. The portfolio includes improvement support for high resource individuals, palliative care, anticipatory care planning, intermediate care and reablement. The portfolio will develop to emerging improvement need.</td>
<td>Health &amp; social care partnerships, NHS boards, integration joint boards, third sector, housing &amp; independent sector Citizens, patients, carers, families &amp; communities Care providers &amp; support staff in health &amp; social care Independent care providers Scottish Parliament &amp; Scottish Government Other national organisations</td>
<td>• High Resource Individuals: Develop deep-dive diagnostic approach. Support partnerships to carry-out diagnostic exercise using HRI data to identify pathways or population groups to prioritise pathways for improvement. Support partnerships carry out whole system mapping and explore integrated system flow on priorilised pathways to identify how the pathway can be improved. Support partnerships to plan, implement, document and evaluate local improvement interventions. • Frailty &amp; Falls: Provide platform to national falls programme/local falls leads to raise profile of the national falls programme and the falls framework. Identify best tool(s) to use to identify people living in the community at risk of frailty. Use existing knowledge base to create a package of interventions for people at risk of frailty. Support partnerships support to identify, prioritise, plan, implement, document or evaluate frailty and falls interventions. • ACP: Identify the current state of ACP use in all partnerships. Develop a national approach and resources to increase the use of ACPs in all partnerships. Test and refine the nation approach to ACP and the supporting resources. Launch the National ACP approach and resources to professionals and an awareness campaign to the public. • Intermediate Care &amp; Reablement: Support H&amp;SCP to identify, prioritise, plan, implement, document or evaluate local intermediate care and reablement services. Support the SAS single point of access. Use DMAQ to analyse access to re-ablement and test solutions. Support the H&amp;SCP benchmarking network. Support the development of an Intermediate care dataset. Palliative Care: Work with H&amp;SCP to identify and prioritise local improvement projects. Support H&amp;SCP to plan, implement, document and evaluate local palliative and end of life care interventions to improve access and coordination of care. Work with owners of other commitments from the Strategic Framework for Palliative Care to share and implement learning. • Buurtzorg: Activities to be scoped.</td>
<td>Examples of Indicators of Success: 1. Number of times learning material has been accessed 2. Qualitative feedback from HSC/enhancing LWC knowledge resources 3. Qualitative feedback from LWC learning events 4. Numbers and spread of attendees to LWC learning events 5. Citation and referencing of LWC materials 6. Number of non-promoted requests to contribute to learning events 7. Case studies of H&amp;SCP taking LWC learning into action 8. % of H&amp;SCP using HRI data to inform improvement activity &amp; commissioning 9. % of H&amp;SCP adopting the national approach to ACP 10. Number of Anticipatory Care Plans uploaded to eKIS 11. Number of times Anticipatory Care Plans are accessed 12. % of H&amp;SCP adopting new workforce models promoted by LWC 13. Nature of intermediate care and reablement services across Scotland 14. Case studies of H&amp;SCP taking LWC learning into action and impacting on services</td>
<td></td>
<td>Ruth Glassborow</td>
<td>968,729</td>
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<td>Focus on Dementia</td>
<td>An improvement partnership programme which aims to support improvements in the experience, safety and co-ordination of care for people with dementia across the whole pathway, including diagnosis and post diagnosis support, integrated care in the community, acute hospital care, specialist dementia care and advanced care. The emphasis is on supporting people to stay well at home or in a homely setting for as long as possible. This recognises that when hospital admission is necessary that people are treated with dignity and respect and in a safe environment which protects people’s human rights.</td>
<td>People with dementia, carers and staff. In partnership with Dementia Policy Team and Chief Nursing Officer Directorate, Alzheimer Scotland, NHS Education for Scotland and SSSC. Engaging closely with Care Inspectorate and Scottish Care.</td>
<td>Four work streams detailed below. 1. <strong>Supporting Implementation and Improvement of Diagnosis and Post Diagnostic Support as part of the LDP standard.</strong> Quality principles are currently being developed to underpin the work as a measure of quality. A measurement framework is being developed to support the quality principles. Video capture/case studies being created to demonstrate people’s experience of post diagnostic support. Network will launch in November 2016. PDS Leads meetings underway to identify primary care innovation sites.</td>
<td>Current Indicators which are being reviewed are: 1. Diagnosis and Post Diagnostic Support  • Increase in % of population with diagnosis  • Increase in % of those diagnosed who receive Post Diagnostic Support in line with current LDP standard  • Staff demonstrate increased knowledge and understanding of use of tools to support improvements in the quality of PDS  • People with dementia and carers report a positive experience of post diagnostic support  • Number of PC expressions of interest to become an innovation site and part of a wider network to learn from testing post diagnostic support within a primary care context</td>
<td>1. LDP data will be published late 2016 from ISD 2. External Evaluation underway and will report to Scottish Government September 2016. This will include the validated data set of improvement data collected &amp; analysed from each of the 5 test sites. An after action review is being planned thereafter to learn from the process &amp; outcomes. This will inform further testing with the Alzheimer Scotland advanced model which we would like to test within one of the Living Well in the Communities palliative care sites</td>
<td>Ruth Glassborow</td>
<td>640,426</td>
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<td>2. <strong>Care Co-ordination in the community.</strong> Currently supporting work to test the 8 Pillar model in 5 health and social care partnerships in Scotland. External evaluation and data analysis underway in order to identify recommendations for sharing learning and practice in Scotland. This learning will inform the testing of the new Alzheimer Scotland advanced model for dementia within one palliative care site in Scotland.</td>
<td></td>
<td>3. <strong>Specialist Dementia Units.</strong> Team supporting improvements across 4 demonstrator sites in Scotland to understand local context and improvement priorities and co-design and deliver improvements to reduce variation and improve outcomes and experience for people with dementia, carers and staff. 3 of the demonstrator sites have now been identified and site visits are underway to understand local context &amp; identify areas for improvement through a co-design approach. A learning network is under development &amp; a further selection process will take place in the autumn to select the fourth demonstrator site.</td>
<td>2. Care Co-ordination in the community.  • Evidence of effectiveness of 8 Pillar model in supporting people with dementia to stay well and independent for as long as possible in the community &amp; evidence in the value of the role of dementia practice co-ordinator in supporting people with dementia within a community setting, including reducing crises  • Examples of transferrable learning to other community led integrated projects</td>
<td>3. Data not yet available</td>
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<td>3. <strong>Specialist Dementia Units.</strong> Team supporting improvements across 4 demonstrator sites in Scotland to understand local context and improvement priorities and co-design and deliver improvements to reduce variation and improve outcomes and experience for people with dementia, carers and staff. 3 of the demonstrator sites have now been identified and site visits are underway to understand local context &amp; identify areas for improvement through a co-design approach. A learning network is under development &amp; a further selection process will take place in the autumn to select the fourth demonstrator site.</td>
<td></td>
<td>3. <strong>Specialist Dementia Units.</strong>  • Improvements in the quality of care, experience and outcomes for people with dementia within specialist dementia units.  • Improved knowledge and understanding of improvement tools and approaches to support local improvements  • Improved confidence in using improvement approaches within specialist dementia units</td>
<td>4. Work to identify areas of good practice in acute general hospitals has been published (June 2016) 5. Work to identify areas of good practice in acute general hospitals has been published (June 2016). Meeting with Chief Nursing officer on 8 August to agree way forward with this work stream. Current vacancy to lead this work</td>
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<td>4. <strong>Acute General Hospitals.</strong> Work to identify areas of good practice in acute general hospitals has been published (June 2016). Meeting with Chief Nursing Officer Directorate on 8 August to agree way forward with this work stream. Lead post for this work is currently vacant.</td>
<td></td>
<td>4. Acute general Hospitals  • Examples of practice within acute general hospitals to improve the experience and care quality for people with dementia  • Improved knowledge and understanding of improvement approaches within acute general hospital care setting</td>
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<td>National Care Standards</td>
<td>Deliver in collaboration with the Care Inspectorate, a set of general and specialist standards linked to the principles signed off in March 2016.</td>
<td>The standards will apply to everyone who uses any health or social care services. As such, they will also impact on all health and social care providers.</td>
<td>Draft national care standards (and the related underlying principles) have been developed with a broad range of stakeholders, and will apply across health and social care. A 12 week consultation on the draft standards will begin on 5 September 2016.</td>
<td>• In addition to meeting ‘process’ indicators (eg delivered on time), we can demonstrate how people have been empowered to influence the development of the national care standards. • Longer term we will evaluate the impact of the standards on the delivery of health and social care (NB Indicators under development)</td>
<td>• To date all processes indicators have been met. • Through our consultation report we can evidence how the principles were modified as a direct result of stakeholder engagement. We will repeat this process for the draft standards.</td>
<td>Sara Twaddle</td>
<td>37,861</td>
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<td>SIGN Guideline Programme</td>
<td>Continue to develop evidence based guidelines for healthcare professionals, seeking appropriate ways in which information can be more rapidly disseminated.</td>
<td>Citizens, patients, carers, families &amp; communities, NHS boards, integration joint boards, health &amp; social care partnerships, third sector, care providers &amp; support staff in health &amp; social care.</td>
<td>• The SIGN guideline (SIGN 145) on assessment, diagnosis and interventions for autism spectrum disorders (ASD) published on 30 June and distributed to NHS Distribution Co-ordinators and Primary Care Distribution Co-ordinators the CMO, CSO Chairs and CE of all NHS boards Consultation on the three patient booklets for adults, parents and young people yielded comments from 10 reviewers (4 young people, two parents of children with ASD and 4 healthcare professionals). Since 01/06/16 there have been 5 requests to reproduce SIGN material.</td>
<td>• Draft indicators in development - for discussion with SIGN Council Strategy Group</td>
<td>• To be developed</td>
<td>Sara Twaddle</td>
<td>521,132</td>
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<td>Standards and Indicators Programme</td>
<td>Further develop the programme of standards, including pressure ulcer standards and screening services to underpin inspection processes and indicators, in areas such as palliative care and heart disease, which are used for to facilitate ready comparison of services in a nationally consistent manner and generate data that provides a baseline for improvement.</td>
<td>We develop condition specific standards and the specific groups that our standards impact on (and therefore who we should engage with and involve) are identified in project specific implementation documentation (including EQIA).</td>
<td>• We are currently developing standards for pressure ulcers and pregnancy and new born screening. • We have paused our work around breast screening standards until the review of breast screening is completed. • We are undertaking scoping work for standards in heart disease, palliative and end of life and neurology.</td>
<td>• We have project-specific process indicators, which we routinely and regularly monitor. Impact indicators are short term (how stakeholder engagement influences our work) and longer term (the impact of the standards on health and social care); which are under development.</td>
<td>• To be developed</td>
<td>Sara Twaddle</td>
<td>192,446</td>
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<td>RARE – Best Practices</td>
<td>Continue with the RARE – Best Practices programme to reduce inequality in care for patients with rare diseases across Europe</td>
<td>Patients with rare diseases, their families and carers, clinicians who provide care for people with rare conditions and organisations who support people with rare conditions.</td>
<td>• Following approval by partners deliverable 4.5 will be submitted to the EC: Principles for engagement with rare disease patients, carers, families and organizations (Guidance for researchers, policy makers and healthcare providers) when?</td>
<td>• Indicators in development</td>
<td>• To be developed</td>
<td>Sara Twaddle</td>
<td>19,527</td>
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### Contribution 4 - improving the analysis and assessment of inappropriate variation in the quality of health and social care in Scotland, and identifying the steps with services to eliminate unacceptable practices and provision.

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<td>Scottish Mortality and Morbidity Programme (SMMP)</td>
<td>Through the SMMP, ensure an effective approach to supporting the improved local learning from deaths; improved local action to reduce HSMR; thematic national data for improvement; improved governance at local and national level in relation to mortality reviews</td>
<td>full stakeholder mapping available</td>
<td></td>
<td>National learning session June 2016 with 100+ from across Scotland.</td>
<td>To be developed</td>
<td>Final outcomes to be defined</td>
<td>Brian Robson</td>
<td>50,524</td>
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<td>Death Certification Review Service</td>
<td>Ensure the effective operation of the Death Certification Review Service and key operational objectives are consistently delivered.</td>
<td></td>
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<td>24 educational sessions delivered to NHS boards in 2015/16</td>
<td>Case review 'not in order rate'. Case review SLA timescales: Level 1 = 1 working day Level 2 = 3 working days Advance Registration = decision within 2hrs SMR Escalated Cases = 1 working day Interested Person = between 3 and 14 working days Repatriation = authorise burial/cremation within 5 working days. SMART survey results.</td>
<td>46.4% of MCCDs reviewed in 2015/16 were deemed 'not in order'. Of those not in order, 89% had minor errors requiring an email amendment and 11% had major errors requiring a replacement MCCD. There is an early suggestion of improvement in the 'not in order' rate. However It was always anticipated the benefits of the service would not be apparent until the longer term.</td>
<td>Brian Robson</td>
<td>1341225</td>
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<td>Measurement and monitoring of safety programme</td>
<td>Spread and integrate the framework for the measurement and monitoring of safety across Scotland. Work with UKIA and partners across the UK to further develop resources and create a spread and sustainability plan to support others in their NHS boards, integration joint boards, health &amp; social care partnerships, third sector, housing &amp; independent sector, Care providers &amp; support staff in health &amp; social care, Scottish Parliament &amp; Scottish Government. Other national organisations,</td>
<td></td>
<td></td>
<td>case studies (written and film) outlining our learning from testing the framework for the measurement and monitoring of safety will be ready in the autumn</td>
<td>Indicators under development</td>
<td>To be developed</td>
<td>Brian Robson</td>
<td>131,537</td>
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| Measurement and monitoring of safety programme (CONT) | use of the framework. | Citizens, patients, carers, families & communities Our staff | • Project Charter in development  
• First meeting of strategic board scheduled for October 2016 | • An Acute Kidney Injury (AKI) Expert Reference Group (ERG) has been formed to inform and develop the content of the Acute Kidney Injury work stream including driver diagram, change package and measurement plan. Members will include those with clinical or lived experience of acute illness including AKI. The AKI ERG will review results of testing in practice and make recommendations for the future SPSP approach.  
• An aim to reduce Hospital Standardised Mortality Ratio (HSMR) by a further 10% was announced at the NHS Scotland Event. Guidance on the change has been circulated to boards and HIS hosted a webex with a focus on:  
  • How the Scottish HSMR is calculated using the new model  
  • The new HSMR aim for SPSP  
  • How HIS engages with NHS boards about HSMR  
• SPSP now has data from across Scotland’s acute hospitals and a variety of information that indicates barriers to demonstrating progress towards the aim of a 50% reduction in newly acquired grade 2–4 pressure ulcers by December 2017. This has been raised on the risk register of the AADG and escalated to SPSP board  
• In order to mitigate this risk, the team are undertaking case studies in three boards over July and August 2016 to better understand the barriers to improvement in pressure ulcer. | • By March 2017:  
  - Reduce Cardiac Arrest by 50%  
  - Reduce Falls by 20%  
  - Reduce Falls with harm by 25%  
  - Reduce Catherot Acquired Urinary Tract Infection (CAUTI) by 30%  
• By December 2017  
  - Reduce pressure ulcers in hospitals by 50%  
• By December 2018  
  - reduce HSMR by 10%  
• HSMR (new model) reduced by 5.1%  
• Sepsis mortality (in support of HSMR reduction) reduced by 20%.  
• Cardiac Arrests reduced by 19%.  
• We will develop process and outcome measures associated with new work streams to monitor progress. | | | Ruth Glassborow | 453,207 |
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| **SPSP – VTE**                    | Undertake a ‘deep dive’ with one NHS Board to understand the factors mitigating against reducing unwarranted variation in the management of VTE, test solutions and identifying learning for spread across Scotland. | Patients & Carers; NHS Boards; Scottish Government  
- An improvement advisor has been appointed to carry out this work within NHS Borders.  
- Work is ongoing within NHS Borders looking at the identification and removal of barriers to achieving reliable delivery of thromboprophylaxis for patients in acute hospitals.  
- Scoping work is currently underway to understand the current state position with regards to VTE in NHS Borders.  
- As part of this work, NHS Borders are also working closely with SPSP Comms to develop a public facing campaign for VTE. |  
- Indicators under development |  
- Indicators under development | Ruth Glassborow | 47,340 |
| **SPSP-Mental Health**            | Support NHS Boards to improve outcomes for people with mental illness through a focus on reducing harm including restraint and seclusion, improving medicine safety risk assessment and safety planning at key transition points. | Service Users, Carers and Families, Scottish NHS Boards, Health and Social Care Partnerships, third sector, housing and independent sector, Scottish Government, Professional colleges and related national organisations.  
- Monthly WebEx, Regional and Local Learning sessions and networking events including service user and carer specific and tailored events.  
- Taking human rights based approach is about using international human rights standards to ensure that people’s human rights are put at the very centre of policies.  
- Ultimately ensuring that SPSP-MH is a person centred, harm reduction focussed programme throughout all activities. |  
- % of patients who experience self harm  
- Minimise the harm resulting from incidents of self harm  
- Rate of incidents of restraint (per 1,000 occupied bed days)  
- Minimise the harm resulting from restraint and seclusion practices  
- Rate of incidents of physical violence (per 1,000 occupied bed days)  
- Minimise the harm resulting from physical violence |  
- The Scottish Patient Safety Programme Mental Health (SPSP-MH) has achieved substantial and sustained engagement of Scottish clinicians and service leaders with a diverse range of activities to develop and share best practice. There is strong evidence of engagement throughout Scotland. There is robust evidence of positive reaction to the programme with partners interacting meaningfully with data collection and reporting, and adopting or adapting quality improvement tools. Qualitative evidence highlights beneficial changes in attitudes towards patient safety and increasing knowledge and awareness of what constitutes safe practice.  
- 7 wards/units showing reduction in the percentage of patients who self harm of up to 75%  
- 9 wards/units showing a reduction or sustained reduction in the rates of restraint of up to 64%  
- 15 wards/units showing a reduction/sustained reduction in the rates of violence of up to 80%  
- Over 500 facilitated patient safety climate tools completed  
- Over 3000 staff safety climate questionnaires completed. | Ruth Glassborow | 327,436 |
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| SPSP Primary Care        | Implement the new arrangements arising from the 90 day process reviewing the Adult and Primary Care Safety programmes | GP, Practice Staff, Practice Nurses, District Nurses, Community Nurses, NHS Health Board Staff and Patients, their families and carers | 2.0.0                                                                                           | After a competitive recruitment process, 3 teams have been selected to take forward work to improve detection and effective timely treatment of sepsis in primary care and out-of-hours services. | • Following the induction event we will agree an overall aim for this work  
• Current thinking is 95% of OOH referrals with a National Early Warning Score (NEW) completed.                                                                 | • Work on target and progressing well. Process and outcome measures to be developed.                                                                                                                                                           | Ruth Glassborow   | 312,504             |
| SPSP Pressure Ulcers     | The programme will work in collaboration with NHS boards, Health and Social Care Partnerships, Scottish Care and care homes across Scotland to reduce the incidence of pressure ulcers for residents in care homes. | Care Home Staff, Residents their families and carers, Nurses, GPs, District Nurses, Health & Social Care Partnerships, Scottish Care and their Local Integrated Leads and Care Inspectorate | 2.0.0                                                                                           | A 2-day induction event took place in June for the 4 HSCP teams participating: Argyll & Bute and Highland (joint), Dumfries & Galloway, East Dunbartonshire and Perth & Kinross. | • Nationally set aim is a 50% reduction in Pressure Ulcers and we predict an increase due to increased awareness/reporting before we begin to see a reduction.  
• Evaluation of this work is being undertaken internally by the Evidence and Evaluation for Improvement team (EEvIT). We will use a realistic evaluation method and we are currently agreeing our logic model  
• Data not yet available.                                                                 | • Six teams are making progress with a National Early Warning Score (NEW) for Pressure Ulcers completed.                                                                                                                                               | Ruth Glassborow   | 75,075              |
| SPSP Pharmacy in Primary Care | Continue to improve reliability of a number of processes, including the prescribing, monitoring and dispensing of high risk medicines, medicines reconciliation at discharge from acute hospital, and developing a safety culture. | Pharmacists, Pharmacy Staff, Pharmacy Technicians, NHS Health Board Staff and Patients their families and carers | 2.0.0                                                                                           | All 27 participating community pharmacy teams are collecting data on Medicines Reconciliation after discharge. | • Evaluation of this work is being undertaken externally from University of Strathclyde, we are using a realistic evaluation model and progress is positive, the final evaluation report is due to be produced end Sept/Oct.  
• We have commissioned our evaluators to provide us with an impact assessment report at the end of the programme.                                                                 | • We are reviewing our process measures & trying to identify national outcome measures to support this. Current indicators are:  
• Improving reliability for the safer prescribing, monitoring and dispensing of high risk medicines.  
• Developing safety culture through the use of a pharmacy safety climate survey.  
• Developing tools and resources for medicine reconciliation.                                                                 | • Evaluation of this work is being undertaken externally from University of Strathclyde, we are using a realistic evaluation model and progress is positive, the final evaluation report is due to be produced end Sept/Oct.  
• We have commissioned our evaluators to provide us with an impact assessment report at the end of the programme.                                                                 | Ruth Glassborow   | 78,950              |
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| **SPSP Maternity and Children**  
*(3 strands - maternity neonatal and paediatric care)* | Implement SPSP Maternity and Children programme to improve outcomes by providing a safe, high quality care experience for all women, babies and children, in these settings in Scotland. | Midwives, Obstetricians, Paediatricians, nursing , Neonatologists , Scottish Government, Early Years Collaborative, Raising Attainment For All , parents and families | The first phase of MCQIC completed end march 2016. The programme going forward will adopt a phased delivery approach with a focus on fewer national outcomes allowing boards the flexibility to concentrate on the key processes that are an issue for them which contribute to the national outcomes. As well as the point of care specifics outlined per strand below, there is ongoing activity in all three strands on system enablers (culture, teamwork communication, human factors etc) There is concern in relation to Boards capacity to deliver | Current Measures  
- Maternity  
- Stillbirth Rate  
- Severe PPH Rate (per 1,000 deliveries).  
- 30% reduction in national figures  
- % of non-medically indicated deliveries prior to 39 weeks gestation  
- Neonatal  
- Rate of central venous catheter related blood stream infections (CRBSI) / 1000 central line days (after 72hrs)  
- Rate of Unplanned Extubations per 1000 Ventilation Days  
- Percentage of babies <32 weeks or <1500g who are hypothermic on admission to the neonatal unit.  
- Paediatrics  
- Total number of incidents of medicines harm for all reporting sites  
- Total number of incidents of medicines harm Monthly ventilator associated pneumonia (VAP) rate / 1000 ventilation days  
| - Data will be included in the next report | Ruth Glassborough | 436,000 |
| **SPSP - HAI Improvement**  
*(Provide overall co-ordination of all HAI-related activities within HIS to ensure an integrated and planned approach. Provide improvement advice and support to the NHS boards on HAI issues.)* | All NHS territorial and special health boards their staff and teams, Infection control and project team staff. Third sector partners. |  
- Provide subject matter expertise and improvement support to enable boards to identify a priority area to work on using quality improvement (QI)  
- Support project partners to identify, prioritise, plan, implement or evaluate local HAI intervention  
- Support project partners to test and evaluate local interventions  
- Identify best tools to use in each project (data collection, bundles, system understanding etc)  
- Support project partners to analyse and interpret data  
- Support project partners to establish project teams that have the scope to take HAIIT projects forward.  
- Provide QI capacity building support to project partners and associated teams. Share learning across NHS Scotland | Indicators of success are based at local level within each project | - To be developed | Ruth Glassborough | 87,738 |
| Title                          | Objectives                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Who our services are for, engage & involve                                                                                                                                                                                                                                                                                                                                 | Risk update (very high risks only)                                                                 | Activities                                                                                                                                                                                                                                                                                                                                 | Indicators of Success                                                                                                                                                                                                                                                                                                                                 | Progress against outcomes                                                                 | Lead Director         | Overall budget £ |
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| SPSP Medicines                | SPSP Medicines aims to reduce harm from medicines through supporting the medicines streams within each of the SPS programmes with a focus on medicines reconciliation and high risk medicines                                                                                                                                                                                                                                                                                                                                                     | Scottish NHS Boards, Health and Social Care Partnerships, third sector, housing and independent sector, Scottish Government, Professional colleges and related national organisations.                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Monthly WebEx on reducing harm across transitions continues to provide significant opportunities for boards to share their work and learn from others. 9 boards have participated since Nov last year. Good progress is being made in determining data used by boards at local level relating to medicines reconciliation. The information being collated will inform the programme's approach to developing ideas and opportunities for local testing/improvements for sharing. The national team are also exploring an outcomes based approach for high risk medicines, focusing on bleeds and acute kidney injury. | Indicators under development, including a data dashboard for medicines reconciliation for all NHS boards | Development of indicators is a fundamental outcome to be achieved by 31 March 2017                                                                                             | Ruth Glassborow                                                                                     | 166,882                                                                                      |
| Sharing Intelligence for Health & Care | Build on the work of the Sharing Intelligence Group to provide a proactive and supportive environment for collaboration; regular opportunities to build stronger working relationships and understanding of roles; a shared view of risks to quality through our collective intelligence; an early warning mechanism of risks; and co-ordinated action to drive improvement. | NHS Boards; integration joint boards; health & social care partnerships; other national organisations & our staff.                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | The group has met twice already as part of the 2016-17 schedule (April and June) and has reviewed the combined intelligence for 4 NHS boards. The next meeting of the group is on 18 August 2016 and it will review the combined intelligence for 3 NHS boards. | The Group has provided a proactive forum at which information and intelligence from all members can be collectively considered and triangulated to identify potential or actual risks to patient safety and quality of care and, where necessary, institute further investigation. | To review our shared intelligence for every territorial board in Scotland during 2016/17.                                                                 | Claire Sweeney                                                                                      | 55,837                                                                                      |
| Effective Care Programme      | Through the Effective Care programme, support NHS Boards to reduce unwarranted variation in the delivery of care interventions so as to improve outcomes and reduce costs.                                                                                                                                                                                                                                                                                                                                                           | Citizens, patients, carers, families & communities; NHS Boards and LBs; Clinicians and Care Staff; Scottish Government, NSS                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Draft business case produced and submitted to Scottish Government that outlines the proposed approach. This has been codesigned with input from a range of stakeholders. Draft guidance on potential benefits of focusing on COPD produced as proof of concept document to highlight the type of reports that could be produced nationally to support local decision making on where to prioritise focus. Ongoing work to ensure appropriate connections with range of other national initiatives/programmes including realistic medicine implementation and national clinical strategy | In development                                                                                     | Too early - programme at design stage and now awaiting feedback from SG on whether they wish to fund | Ruth Glassborow                                                                                      | No budget at moment still in design phase                                                                 |

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<tr>
<td><strong>SPSP Mental Health Observations</strong></td>
<td>Aim to improve observation practice through therapeutic engagement with suicidal, violent or vulnerable patients to prevent them from harming themselves or others at times of high risk during their recovery.</td>
<td>Service Users, Carers and Families, Scottish NHS Boards, Health and Social Care Partnerships, third sector, housing and independent sector, Scottish Government, Professional colleges and related national organisations.</td>
<td>We will support NHS boards to test and implement improvements by • providing tools and resources e.g. driver diagrams, change packages, care bundles • provide a measurement framework to support boards to understand their own progress and measure against best in class. This is done through the use of the SPSP outcomes dashboard • work with boards on regular assessments of progress against aims • provide opportunities for national, regional and local networking to support cross fertilisation of ideas for improvement • provide access to clinical and improvement expertise</td>
<td>• Positive patient, carer and staff feedback is the key indicator. • Other measures are currently being considered by the 6 test sites that have been recruited. • A measurement plan is currently being developed.</td>
<td>• Regular process data will be captured and we will explore mechanisms to capture outcome data in relation to process improvements.</td>
<td>Ruth Glassborow</td>
<td>163,892</td>
<td></td>
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<td><strong>Learning from Adverse Events</strong></td>
<td>Build on the implementation of the national framework for learning from adverse events, through reporting and review, which supports service improvements and enhances the safety of our healthcare system for everyone. Ensure the appropriate integration of elements of this work with other work across HIS.</td>
<td>• Public, patients, carers and communities • Staff in health and social care organisations, including clinicians and care professionals • Scottish Parliament and Scottish Government • Stakeholder organisations including NHS Education for Scotland, Procurator Fiscal, Scottish Public Service Ombudsman, Health and Safety Executive • HIS staff</td>
<td>A. We continue to sustain the adverse events community of practice to share good practice, learning points, guidance materials and tools. Four learning summaries and 16 guidance/process documents were shared on the adverse events community of practice and with relevant key contacts/ stakeholders. B. We obtained feedback from 40 members of the public around sharing learning in the public domain via focus groups and an electronic survey. C. The clinical advisor analysed 45 suicide review reports during June and July. This figure usually averages 49 each quarter - it is higher than usual this reporting period due to recent work with two NHS boards to improve and streamline their reporting processes. D. We published our 6th Suicide Reporting and Learning System briefing paper at the end of June which focused on opportunities to improve suicide reviews within integrated services and also circulated our updated guidance about what we are looking for in NHS boards suicide review reports. E. We facilitated meetings between the Procurator Fiscal and four NHS Boards to discuss the role of the Procurator Fiscal and how to improve widespread learning from death investigations. F. We facilitated a workshop on AcciMap (systems-based technique for accident analysis) (15 attendees across 9 NHS People are empowered with knowledge and confidence to manage their own care or others care and help shape services: A. We supported spreading learning and good practice around adverse events through 4 learning summaries and 16 guidance/ process documents. B. We engaged with 40 members of the public who provided feedback on our approach to sharing learning from adverse events in the public domain. We had positive feedback from the public representatives on our engagement with them. C&amp;D. We supported two family members of individuals who completed suicide to better understand the review process and assisted facilitating communication between both families and the NHS board. In a completed review report, an NHS board commented that it would be reasonable to adopt a formal Care Programme Approach process in the future for individuals presenting with similar challenges as described in our recently published Reducing suicide risk: mental health team discussion framework. Best practice is reliably spread and its implementation supported: A: There were 229 unique page views of the learning summaries shared on the community of practice site in June, and 117 unique views in July. This is a significant increase from the first 12 months (Jan-Dec 2016).</td>
<td>• NHS boards are sharing learning from adverse events to support improvements and we continue to encourage a consistent and open approach to sharing learning. • Feedback from members of the public endorsed our sharing learning approach. The next stage will be to hold discussions with NHSScotland operational staff. • We are better supporting families and carers in adverse event processes, and NHS boards through updated guidance on suicide reporting and learning. • Staff are better informed, engaged and empowered in the adverse events programme and work of the Procurator Fiscal, Health and Safety Executive, Police Scotland, Mental Welfare Commission and Scottish Public Services Ombudsman, which supports processes and associated improvement activities.</td>
<td>Claire Sweeney</td>
<td>243,229</td>
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<td>G</td>
<td>Our programme board took place on 6 June with refreshed membership, and the direction of the programme was supported (25 attendees, with representation from 8 NHS boards, Scottish Government, Care Inspectorate, 1 Integrated Joint Board, RCGP Scotland and 2 public partners). Three meetings of short-life working groups progressing a consistent approach to sharing learning nationally, and an educational framework also took place.</td>
<td>2015) which formed the baseline with a median of 58 unique page views.</td>
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<td>The Suicide Review Network meeting took place on 7 June and focussed on understanding the roles of various national agencies that may be involved in suicide reviews (25 attendees, representing 9 NHS boards, Health and Safety Executive, Police Scotland, Mental Welfare Commission and Scottish Public Services Ombudsman).</td>
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<td>The first meeting of the National Safety Alerts Oversight Group took place on 24 June. This group brings together the organisations in Scotland responsible for issuing safety alerts, including Healthcare Improvement Scotland, Health Protection Scotland, Health Facilities Scotland, Scottish Government and Yellow Card Centre Scotland. For the first time a collaborative process is in place to enable better national oversight and provide a decision-making forum.</td>
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<td>J</td>
<td>We continued to attend and influence the Scottish Government’s Duty of Candour Monitoring Group, which is responsible for developing the monitoring arrangements for the statutory duty of candour.</td>
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<td>K</td>
<td>We shared our work with colleagues from the Republic of Ireland on 13 July, and learnt from their approaches to learning from adverse events.</td>
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<tr>
<td>SPSP - Dentistry</td>
<td>The dental arm of the SPSP Primary Care programme seeks to embed quality improvement processes into everyday practice. We will do this by identifying areas for improvement and raise awareness of a safety culture amongst practices.</td>
<td>Dentists, Dental Practice Staff, Dental Nurses, Hygienists &amp; Dental Assistants, NHS Health Board Staff and Patients' families and carers</td>
<td>• 3 Health Boards (HBs) with 5 General Dental Practices (GDPs) in each are engaged in the programme. • 2 HBs have held local learning sessions. • 1 HB is challenged around GDP engagement. • We are supporting the dental practice teams to undertake a safety climate survey and a number of GDPs are currently collecting data ensuring accurate medical histories with risk escalation processes for those on High Risk Medicines (HRM).</td>
<td>• Engagement from the dental community in quality improvement activity, achieving process reliability in their local improvements and sharing improvement data within the collaborative. • Regular process data will be captured and we will explore mechanisms to capture outcome data in relation to process improvements.</td>
<td></td>
<td>Ruth Glassborow</td>
<td>38,595</td>
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### Contribution 5 - providing independent external assessment of the sustainability of service provision, including the design of health and social care services which offer better outcomes and value for money.

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<td>Scottish Health Technologies Group</td>
<td>Provide advice on the evidence about the clinical and cost effectiveness of existing and new non-medicine technologies likely to have significant implications for patient care in Scotland. Implement key actions from the Non-Medicines Technologies Strategic Plan (2016–2018), including the commissioned work on landing zones for advice within NHS Scotland.</td>
<td>Citizens, patients, carers, families &amp; communities, NHS boards, integration joint boards, health &amp; social care partnerships &amp; support staff in health &amp; social care organisations. Scottish Parliamentary &amp; Scottish Government Other national organisations. Our staff</td>
<td></td>
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<td></td>
<td>Sara Twaddle</td>
<td>367,264</td>
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<td>Scottish Health Technologies Group (CONT)</td>
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<td>engaged at the early stages of development of the work and we have produced a guide and induction process to support them.</td>
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<td>SMC Core Business</td>
<td>Deliver robust SMC decisions and continue to refine the process.</td>
<td>NHS boards, patients and Patient Groups, clinicians, pharmaceutical companies.</td>
<td></td>
<td>• For the period May-July 2016 SMC published advice for : 15 full submissions, 4 resubmissions 5 abbreviated submissions.</td>
<td>• Under Development</td>
<td>• To be developed</td>
<td>Sara Twaddle</td>
<td>1214143</td>
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<td>SMC - Implementati on of new medicines review recommenda tions</td>
<td>Consider and implement recommendations arising from the ‘Montgomery review’ relating to the policy change for new medicines.</td>
<td>NHS boards, patients and Patient Groups, clinicians, pharmaceutical companies.</td>
<td></td>
<td>• Dr Brian Montgomery met with members of SMC Executive Team in July. • The quarterly update to Forward Look 11 report was provided to NHS Boards in July 2016, with Forward Look 12 due for publication in October 2016. • A training event for Pharmaceutical companies was held in May at the Teacher’s Building in Glasgow. The event had 49 industry attendees with very positive feedback. • The next event for industry will take place on 20th Sept 2016.</td>
<td>• Indicators Under Development</td>
<td>• To be developed</td>
<td>Sara Twaddle</td>
<td>850,315</td>
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<tr>
<td>Scottish Antimicrobial Prescribing Group (SAPG)</td>
<td>Support the work of SAPG in containing the spread of Antimicrobial Resistance (AMR) in Scotland and reducing patient harm by maintaining the national antimicrobial stewardship agenda from Healthcare Associated Infection.</td>
<td>NHS boards; Other national organisations; health &amp; social care partnerships; Citizens, patients, carers, families &amp; communities; Scottish Parliament &amp; Scottish Government</td>
<td></td>
<td>Next SAPG meeting 22/08/16. SAPG core work programme and additional projects are on track against project plans and communicated to Scottish Antimicrobial Resistance and Healthcare Associated Infection (SARHAI) and Controlling Antimicrobial Resistance in Scotland (CARS) groups Surveillance and informatics work stream – • The annual report on antimicrobial use and resistance 2015 is due for publication end of August. Education work stream – • Evaluation of education workbook for nurses and midwives is underway. • Development of new resource for GP Practices is underway. Quality improvement work stream – • Development of new quality indicators to reduce unnecessary use of antibiotics in hospital and primary care. • Launch of antimicrobial app.</td>
<td>• Publication of annual report. Update reports from projects. • Agreement of new quality indicators with SG.</td>
<td>• To be developed</td>
<td>Sara Twaddle</td>
<td>518,229 (some funding goes to NSS and NES)</td>
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## Contribution 6 - to play our part in raising the quality of health and social care, by providing more proactive intervention and support underpinned by robust, timely and integrated intelligence.

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| **Tailored and Responsive Improvement Support Team (TRIST)** | Ensure the Tailored and Responsive Improvement Support Team (TRIST) is deployed effectively to meet needs in health and social care:  
  a) in response to proactive requests from NHS Boards and Health and Social Care Partnerships for improvement support to address local key priority issues.  
  b) to work with services to support them in addressing key findings from inspection/scrutiny reports. | NHS boards and Health and Social Care Partnerships | • 70 requests made to TRIST for support (as of July 2016) which have led to 18 projects - 4 completed and 14 ongoing.  
  • As of July 2016, 21 requests have been recorded for support from the Framework Agreement for Improvement Associates since it went live in mid-May. 5 contracts with Improvement Associates are now live.  
  • TRIST currently provides 5 levels of support from signposting and brokering links through to supporting programmes of change and improvement in localities. | • Data is collected on the number of TRIST: requests; live projects; projects completed.  
  Feedback and evaluation of completed projects is gathered as well.  
  • The data for this immediate and short-term impact is being collected on an ongoing basis.  
  • The medium to longer term evaluation of TRIST will be based on a logic model approach (draft logic model completed and is being tested).  
  • In terms of the Framework Agreement for Improvement Associates, data is collected about: requests; live contracts; and contracts completed. Feedback and Evaluation is also carried out for completed projects.  
  • Evaluation to date has been positive about the support provided.  
  • An audit of the Framework Agreement will take place in Autumn 2016 to inform a decision on reprocurement of Framework Agreement in early 2017. | • TRIST and the Framework Agreement for Improvement Associates are operational and management information and data, per the indicators listed, is reported to ihub Senior Management Team on a weekly basis.  
  • Further progress will be defined and measured once the logic model is complete. | Ruth Glassborow | 500,000 |
| **Strategic Delivery Plan: Medicines** | Through the Strategic Delivery Plan: Medicines, improve safe and effective use of medicines through empowering people to manage their own care and shape services. This includes supporting reliable spread and supported implementation of best practice, and assessing the quality and safety of healthcare. | Citizens, patients, carers, families & communities, pharmacy professionals and the wider clinical community, NHS boards, health & social care partnerships, Scottish Parliament & Scottish Government. | 1. NHS Boards have now submitted additional information requested through the review of systemic anti cancer therapies with all sites across Scotland having completed an intra regional assessment but with follow up being undertaken with boards to identify reasons for gaps in data and action being taken to resolve this.  
  2. Working collaboratively with 5 other organisations, the medicines team is developing materials and a methodology to deliver 'quality road shows' to be delivered to pharmacy professionals in the autumn of 2016 to raise awareness of new regulations around decriminalisation of dispensing errors. This is aimed at promoting and fostering a learning culture in response to dispensing errors, will be delivered using a devolved model.  
  3. A Medicines Policy Horizon scanning database was established in September 2015. This is still in development and the reporting system refined. The outcome measures given demonstrate the frequency of identification of issues of importance and further work is being done on measuring impact of action taken as a result. | 1. Intra regional assessments all completed as a result of review.  
  2. measured by number of people sessions are delivered to and qualitative impact  
  3. 408 items added 73 of which have required action or further awareness raising with relevant colleagues, | • SACT - progress towards consist and safe delivery of SACT across Scotland.  
  • Quality Roadshows - progress towards awareness raising of new legislation and promoting improvement culture amongst pharmacy professionals.  
  • Horizon Scanning- continued development of system to ensure better awareness of policy and practice issues affecting medicines. | Brian Robson | 155,586 |
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<td>Hospital Standardised Mortality Ratio (HSMR)</td>
<td>Provide timely and practical analysis and support, in respect of the Hospital Standardised Mortality Ratio (HSMR), for NHS boards to help drive improvement in patient care.</td>
<td>The primary target audience for this work is senior managers and clinicians – and the ultimate aim is to help drive improvement for the benefit of patients and their families.</td>
<td>• We have quarterly meetings with ISD to review the HSMR data. • We engage with Boards with a higher than average/or increasing HSMR which includes communication and site visits to the said Board, provide improvement support and engage with clinical stakeholders to support this work.</td>
<td>• Patterns on HSMR data, and feedback from NHS boards on value of support provided.</td>
<td>• Progress – HSMR reducing at Scotland level and positive feedback about the support provided.</td>
<td>Brian Robson</td>
<td>107,051</td>
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<td>Evidence and Evaluation for Improvement Team (EEvIT)</td>
<td>Support the design and delivery of improvement programmes and projects so that they are based on current evidence and incorporate approaches to monitoring and measuring their impact. For health and Social Care partners, support from EEvIT is available via the Tailored and Responsive Improvement Support Team (TRIST)</td>
<td>NHS boards and Health and Social Care Partnerships</td>
<td>• 52 requests made to EEvIT for support (as of July 2016) which have led to: o 22 completed projects, o 24 ongoing projects o 6 awaiting allocation. • EEvIT currently draws on a range of analytical expertise in economics, research, information science, evaluation and report writing.</td>
<td>• Data is collected on the number of EEvIT: requests; live projects; and projects completed. • After action reviews are used to gather immediate feedback and evaluation. • The data is being collected on an ongoing basis. The medium to longer term indicators and impacts are being developed by using a logic model approach, which is under development and a working draft is available.</td>
<td>• EEvIT is currently operating primarily as an internal ihub support and a dedicated team leader for EEvIT comes into post in September 2016. • EEvIT management information is reported to the ihub Senior Management Team on a monthly basis. • Longer term assessment will be designed alongside the logic model.</td>
<td>Ruth Glassborow</td>
<td>323,455</td>
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<td>Improvement Fund</td>
<td>Provide grant awards to applicants with a strong proposal to either test a change idea locally or spread improvement nationally. The aim of the fund is to invest in and expand innovative practices that demonstrate impact on the national health and wellbeing outcomes.</td>
<td>NHS boards and Health and Social Care Partnerships</td>
<td>538 - There is a risk of an under spend on the Improvement Fund budget because there are too few awards with high enough levels of committed spend during 2016/17 resulting in the 16/17 budget not being fully utilised.</td>
<td>• The Improvement Fund is under development and due to launch in late September 2016. • Up to July 2016, the Improvement Fund Advisory Group and HIS Executive Team have signed off the Fund's objectives, criteria and award process. • The process is currently being trialled with 2 project ideas. • During the remainder of 16/17, £200k has been allocated to the Fund and awards will be made up to a maximum of £75k. • The Fund is aimed at new ideas that are ready to test and opportunities to take improvement to scale.</td>
<td>• No data/indicators are yet available. • Once launched, indicators will be available about the number of Expressions of Interest; Applications; Awards and funding levels; Reporting; and Evaluation. • Medium to longer-term impacts and indicators will be developed using a logic model approach and this work is under development (by end of 2016).</td>
<td>• An Improvement Fund Manager was appointed during July and expressions of interest for the Fund will open in late September 2016. • Each award will be required to report on the impact across a 12 month period. • Longer term assessment will be agreed in line with development of the logic model.</td>
<td>Ruth Glassborow</td>
<td>314,065</td>
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<td><strong>Implementation and Improvement Support of ADTC</strong></td>
<td>Following the Scottish Government response to the Health and Sport Committee inquiry into the access to new medicines in 2013 continue to provide effective support to the application of the recommendations as they pertain to ADTCs.</td>
<td></td>
<td>• The medicines in Scotland factsheet was launched at the NHSScotland annual conference and included in packs for all delegates. • Further work is being done to scope the printing and distribution of this to a wider audience.</td>
<td>• 2,500 hard copies distributed 2,000 downloaded online.</td>
<td>• Improved health literacy amongst patients is anticipated and Robert Gordon University are being commissioned to conduct an evaluation. • Further work is being done to scope the approach for distribution across Scotland.</td>
<td></td>
<td>Brian Robson</td>
<td>311,891</td>
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<td><strong>HEPMA Phase 2</strong></td>
<td>Support a collaborative approach to implementation of HEPMA across NHS boards ensuring lessons learned, minimisation of risk, and securing overall benefits of safer prescribing.</td>
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<td>• HIS is identifying improvement support to one NHS board to implement a full business case in relation to this.</td>
<td>• Indicators to be developed</td>
<td>• To be developed</td>
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<td>Brian Robson</td>
<td>170,268</td>
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<td><strong>QI Skills Development</strong></td>
<td>We develop the skills of staff working Health and Social Care services to support the work of quality improvement through funding 56 places a year on the Scottish Improvement Leaders course provided by NHS Education for Scotland.</td>
<td>Care providers &amp; support staff in health &amp; social care</td>
<td>• Cohorts 1-3 complete and evaluated; • Cohort 4-6 underway. • Approximately 3 cohorts per year. • Demand continues to be extremely high. • First annual graduation/networking event scheduled for Autumn - key purpose to increase impact of graduates in the service</td>
<td>• Evaluation is positive; need further work on impact in service locally and nationally</td>
<td>• Further work on impact for local and national benefit required; emphasis of graduation day to focus on this</td>
<td>Ruth Glassborow</td>
<td>180,000</td>
<td></td>
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<tr>
<td><strong>Networks and knowledge exchange</strong></td>
<td>Develop and implement a network strategy to support the Improvement Hub and partners to connect and share learning.</td>
<td>NHS boards, integration joint boards, health &amp; social care partnerships, third sector, housing &amp; independent sector and Scottish Government</td>
<td></td>
<td>• Network Strategy development progressed and identified 6 themes which are being tested with partners and contributing to network infrastructure development. • Completed the first stage of cross sector network mapping and social network analysis test of change. • Supporting improvement network development within the ihub and across partners. • Active members and contributors to The Health Foundation Q Initiative, UK Improvement Alliance, International Foundation for Integrated Care and the Institute for Healthcare Improvement: Health Improvement Leadership Alliance Europe.</td>
<td>• Indicators under development</td>
<td>• To be developed</td>
<td>Ruth Glassborow</td>
<td>184,255</td>
</tr>
<tr>
<td>Title</td>
<td>Objectives</td>
<td>Activities</td>
<td>Indicators of Success</td>
<td>Progress against outcomes</td>
<td>Lead Director</td>
<td>Overall budget £</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------------------------------------------</td>
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</tbody>
</table>
| QI for Board Members                     | To create opportunities for Board Members to increase their understanding of QI so that they can lead and govern organisations to continuously improve and contribute to the 9 health and wellbeing outcomes. | • Quality Improvement for NHS Board members programme underway  
• Two bespoke board sessions requested and delivered  
• First national masterclass booked, advertised and registration underway.  
• First newsletter issued                                                                 | • Bespoke sessions: 2 sessions, 12 hours delivery, 22 Executive and NonExecutive Directors attended; initial feedback positive, evaluation pending  
• First Newsletter (July): 93 recipients across all 22 Boards                                                                 | • Activities are going well: too soon to comment on outcome                                                                 | Ruth Glassborow          | 146,837         |
| Independent Sector (Partners for Integration Programme) | Take forward the Independent Care Sector programme which is designed to support the development of this sector as a full partner in delivering improvements in health and wellbeing at both strategic and local levels. | • Direct involvement influencing the role of the independent sector in several national projects including the Living Well in Communities Advisory Group, Pressure Ulcers in Care Homes Project (in partnership with SPSP), Video Conferencing in Care Homes, My Home Life Advisory Board and the Scottish Care and Care Inspectorate Liaison Group.  | • The successes of Partners for Integration can be difficult to evidence precisely; the evidence is mainly qualitative at present.  
• There is evidence of a sector which is increasingly much more engaged in and recognised as being key to the success of the integration agenda.  
• The significant increase in Independent Sector Local Integration Leads (LILs) and the increase in funding in some HSCPs is an indication itself of the value placed on the project by HSCP’s. The project now has representation in 22 out of Scotland’s 31 Health and Social Care Partnerships.  
• The level for funding varies across the country. Highland has made the biggest commitment by funding 2.2 WTE posts while Dundee and Perth and Kinross have each funded 0.4 WTE posts. Both Glasgow City and Angus increased their funding this year; this has resulted in an increase in LIL input. | • On target                                                                 | Ruth Glassborow          | 90,500          |
Dear Robbie

HEALTHCARE IMPROVEMENT SCOTLAND: LOCAL DELIVERY PLAN 2016-17

1. The nature of the challenges and opportunities facing NHSScotland means that we need to deliver fundamental reform and change to the way that the NHS delivers care. The Scottish Government has reaffirmed its commitment to the 2020 Vision for health and social care and periodically refreshes this strategy to ensure that it continues to reflect the changing needs and expectations of the people of Scotland and the way that services will be delivered within an integrated context.

2. Local Delivery Plans (LDPs) play a crucial role in supporting NHS Boards to deliver the 2020 Vision and wider health and social care policy developments to improve outcomes. These include the national clinical strategy; the integration of health and social care; the national conversation; and a range of service reviews that have recently been completed or are currently underway. The (LDP) continues to be the ‘contract’ between Scottish Government and NHS Boards, providing assurance that local plans are in place to deliver Scottish Government priorities.

3. We have looked closely at how well your LDP details planned improvement aims, actions and measures around the Strategic Improvement Priority areas set out in the LDP Guidance and re-emphasised in this letter. This includes reference to financial planning, community planning partnerships and workforce planning.

4. While I can confirm that I am content to sign off your NHS Board LDP for 2016-17 and its supporting financial plan, I would be grateful if you would note the following points in taking these plans forward.

Person-centred

5. We expect your Board to continue to support to health and care organisations to build capacity and skills in using person-centred and co-design approaches to improve care.
experience, and to design and deliver services based on what matters to people. This extends to your support to health and care organisations to implement the Strategic Framework on Palliative and End Of Life Care.

6. We expect the Board to continue to support the development of the Our Voice framework. As the Complaints Standards Authority’s review of the NHS complaints procedure concludes over the course of the year, we expect your Board to prepare to implement the revised procedure.

Safe care

7. The LDP reflects actions HIS is taking across these programmes of work to deliver our safe ambition. You have set out how your Board will help to spread and sustain these improvements to maintain momentum in delivery of the acute adult SPSP and to build upon the progress being made in the safety programmes for primary care, maternity, neonates and paediatrics (MCQIC) and mental health services as well as ensuring that work around AMR/HAI improvement activity continues to be treated as a priority within NHS Boards. It is important that in 2016-17, governance and leadership across managerial and clinical staff is embedded for each programme and that robust data collection and reporting mechanisms are in place to demonstrate these improvements.

8. Work will continue in 2016-17 for Boards to fully implement any outstanding Vale of Leven Hospital Inquiry recommendations that are relevant for them, building on the good work that has already taken place. You involvement in ensuring Boards complete this task is essential. This is updated on a thematic approach and is available for viewing on the Scottish Government’s website. In addition, the Implementation Group has tasked HIS to develop, over the course of this year, an assurance system to demonstrate all 65 health board recommendations are fully implemented. This will take cognisance of existing assurance systems already in place.

9. The LDP reflects your commitment to work on multi professional learning to support AMR/HAI activity across the health workforce supporting the NHS LDP Standards on Clostridium Difficile and SAB infections. This work is crucial in ensuring patient safety by reducing HAI and containing AMR which are key priorities for this Government

Health Inequalities and Prevention

10. Tackling inequalities and prevention continues to be a key role for NHS Boards and their partner agencies with Health and Social Care Partnerships emerging as a new focus for addressing inequalities and I would expect that HIS to continue to play an important role in supporting this. The continued monitoring of progress by HIS will support the work on NHS Boards in tackling inequalities.

Integration

11. The integration of health and social care remains one of the most significant reforms since the establishment of the NHS and the impact of these changes are covered in the Board’s LDP.
12. Health and Social Care Partnerships have assumed responsibility for adult primary care, adult mental health care, community addiction and dependency services, most of adult unscheduled care, some elective care and aspects of workforce, person centred & safe care and inequalities and prevention from what was previously the remit of NHS Boards. Going forward, Partnerships’ Strategic Plans will include these services and we would expect to continue to see NHS Board LDPs reflect plans to shift the balance of care and support Health and Social Care Partnerships in achieving the national health and wellbeing outcomes for Integration.

Financial Planning

13. I note that the Board’s plan for 2016-17 requires efficiency savings of £1.758m; equivalent to 11.3% of baseline funding. While this requirement is substantial, the Board’s baseline for 2016-17 will include a further £8.9m, on top of their announced baseline funding, from allocations which will be added to baseline and the transfer of JIT and QuEST activity and funding to the Board. This will provide a wider pool of activity from which the Board will be able to draw savings. Plans are in place to deliver these savings.

14. This level of financial risk will require a strategic approach that ensures that performance is delivered within the resources available. I expect all Boards to take full cognisance of the potential for national savings opportunities from our Once for Scotland approach and that the necessary steps are taken to deliver and secure these savings in year. I expect Scottish Government to be kept fully up to date with progress in delivering the plan and on any new and emerging risks as outlined in the plan.

15. A robust and sustainable financial framework is essential for delivering overall targets and I look to the Board to ensure the highest standards of financial management, planning and governance and to discharge its responsibility for the use of public funds in a way that delivers best value.

Monitoring and Reporting LDP Progress

16. Your NHS Board should ensure that progress is actively monitored across all areas of the LDP and that appropriate local performance management arrangements are in place around each of the Strategic Improvement Priorities.

17. NHS Boards are expected to report progress against the LDP at their Board meetings. The Scottish Government will also consider LDP progress during Annual and Mid-Year Reviews. The performance reporting platforms Scotland Performs and NHS Performs should provide assurances that NHS Boards are delivering against the Strategic Improvement Priorities and LDP Standards to help realise the 2020 Vision for Health & Social Care.

18. In order to ensure high quality, continuously improving health and social care in Scotland it is important that we strike the right balance between improvement, performance management and scrutiny. We recognise that there is a wealth of planning and improvement work underway across your Board and your LDP should continue to reflect the standards that NHS Boards are pursuing to improve services for patients with a focus on demand and capacity planning.
19. If you have any questions about this letter, please contact Mairi Macpherson, Head of Person-Centred and Quality Unit. I am grateful to everyone, in HIS, who have been involved in preparing and finalising this year’s Local Delivery Plan.

Yours sincerely

Michael Kellet

MICHAEL KELLET
SUBJECT: Code of Corporate Governance Revision

1. Purpose of the report
To present an updated version of the Code of Corporate Governance for Board approval following some amendments since it was previously approved by the Board in August 2015. A movement schedule showing the changes is attached and most of these were considered by the Audit and Risk Committee at its meeting on 3 August 2016.

2. Key Points
The Code of Corporate Governance sets out the framework of governance for Healthcare Improvement Scotland and was approved by the Board at its meeting on 26 August 2015.
Since that date there have been a number of changes that affect the Code:

a) The Seven Contributions to Transforming Health and Social Care in Scotland have been published and define the organisation’s broader role in the integrated landscape of health and social care.
b) Terms of reference for the Executive Remuneration Committee have been updated.
c) Terms of reference for the Quality Committee have been updated to reflect a change in the governance of the Scottish Antimicrobial Prescribing Group.
d) A new governance committee, the Improvement Hub Committee, has been created and terms of reference finalised.
e) There have been changes to the numbers of members on the Executive Remuneration, Audit & Risk and Scottish Health Council Committees, and quorum numbers have been updated to ensure quorum is set at 50% of members.
f) The new senior post of Director of Improvement Support and iHub has been created and the Scrutiny & Assurance Directorate has been renamed the Quality Assurance Directorate.
g) A letter has been issued by Scottish Government about procedures in relation to gifts and hospitality to staff.

The Audit and Risk Committee reviewed at their meeting on 3 August 2016 an updated version of the Code of Corporate Governance which reflected the points noted above. The Committee recommended to the Board adoption of the updated Code of Corporate Governance, pending some additional amendments. Those amendments requested by the Committee have now been made in the version of the Code attached at Appendix 1. A movement schedule at Appendix 2 lists all the updates made to the Code.

3. Actions/Recommendations
The Board is asked to review the amendments to the Code and approve the adoption of this version of the Code which will replace all previous versions.

Appendices:
1 – Draft Code of Corporate Governance (v2.3, August 2016)
2 – Movement schedule
SUPPORTING INFORMATION

RISK

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

OTHER CONSIDERATIONS

<table>
<thead>
<tr>
<th>How do the key points relate to the Corporate Plan?</th>
<th>Having a robust and risk-based approach to governance supports the organisation’s strategic objectives.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resource Implications</td>
<td>There are no additional resource implications.</td>
</tr>
<tr>
<td>What engagement has been used to inform the work.</td>
<td>The document is a reference document for use within the organisation therefore public engagement was not required.</td>
</tr>
<tr>
<td>What Equality and Diversity considerations relate to the work. Advise how the work:</td>
<td>There are no additional equality and diversity issues. The Code supports the efficient and effective delivery of the organisation’s strategy and seven contributions to transforming health and social care.</td>
</tr>
<tr>
<td>• helps the disadvantaged;</td>
<td></td>
</tr>
<tr>
<td>• helps patients;</td>
<td></td>
</tr>
<tr>
<td>• makes efficient use of resources.</td>
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CODE OF CORPORATE GOVERNANCE

Approved:
Review date:
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Summary

Healthcare Improvement Scotland’s Code of Corporate Governance (the Code) is based on the general principles of the UK Corporate Governance Code¹ and the International Framework: Good Governance in the Public Sector (the Framework)². The main principle of the UK Corporate Governance Code is that every institution should be headed by an effective Board, which is collectively responsible for the long-term success of the organisation. Every public sector entity needs one or more individuals who are explicitly responsible for providing strategic direction and oversight whilst being accountable to its stakeholders. The Board should establish formal and transparent arrangements for considering how they should apply the corporate reporting, risk management and internal controls principles.

The Framework states that good governance in the public sector encourages better informed and longer-term decision making as well as the efficient use of resources. It strengthens accountability for the stewardship of those resources. Good governance is characterized by robust scrutiny, which places important pressures on improving public sector performance and tackling corruption. Good governance can improve organisational leadership, management, and oversight, resulting in more effective interventions and, ultimately, better outcomes.

The Code of Corporate Governance for HIS sets out the above framework for our organisation.

The Code has been developed under the guidance of the Audit and Risk Committee and our Internal Auditor. The Code takes into consideration the role of the public in supporting our decision-making, governance and accountability.

The Code was approved by the Audit and Risk Committee and ratified by our Board in August 2015.

The Audit and Risk Committee will keep the Code under review and undertake a comprehensive review at least every 2 years.

We welcome any comments on the Code which can be directed to the Director of Finance and Corporate Services, margaret.waterston@nhs.net.
Introduction

1. Healthcare Improvement Scotland (HIS)

HIS is a public body which was formed on 1 April 2011. It was created by the Public Services Reform (Scotland) Act 2010\(^4\) and marks a change in the way the quality of healthcare across Scotland will be supported nationally.

1.1 Our mission

Our mission is to have a central role in supporting public services to offer higher quality sustainable care which meets the needs of the people of Scotland.

1.2 Our priorities

We will support the achievement of the Scottish Government’s ambition to build a safer, healthier and fairer society by the following:

- establishing the evidence for what will work best to integrate services and what high quality care would look like;
- supporting the redesign of services to achieve and sustain higher quality and increasingly integrated care;
- reviewing the current provision of services and supporting the commissioning and redesign of new services;
- working with citizens to ensure that their voice is heard in the design and provision of health and social care.

Our organisation includes:

- Scottish Health Council\(^5\)
- Scottish Intercollegiate Guidelines Network (SIGN)\(^6\)
- Healthcare Environment Inspectorate\(^7\)
- Scottish Health Technologies Group\(^8\)
- Scottish Medicines Consortium (SMC)\(^9\)
- Scottish Antimicrobial Prescribing Group (SAPG)\(^9\)

1.3 Principles for Good Governance in the Public Sector

The fundamental function of good governance in the public sector is to ensure that entities achieve their intended outcomes while acting in the public interest at all times.

Acting in the public interest requires:

- Behaving with integrity, demonstrating strong commitment to ethical values, and respecting the rule of law.
- Ensuring openness and comprehensive stakeholder engagement.

In addition to the overarching requirements for acting in the public interest in the principles above, achieving good governance in the public sector also requires effective arrangements for:

- Defining outcomes in terms of sustainable economic, social, and environmental benefits.
- Determining the interventions necessary to optimize the achievement of intended outcomes.
- Developing the entity’s capacity, including the capability of its leadership and the individuals
within it.

- Managing risks and performance through robust internal control and strong public financial management.
- Implementing good practices in transparency, reporting, and audit, to deliver effective accountability.

Good governance is dynamic, and HIS as a whole will be committed to improving governance on a continuing basis through a process of evaluation and review.
2. **The Board**

The Board of HIS\textsuperscript{10}, ‘the Board’, has corporate responsibility for ensuring that HIS fulfils the aims and objectives set by Scottish Ministers and for promoting the efficient and effective use of staff and other resources.

The purpose of the Board is to:

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

The role of the Board is to:

- provide leadership and strategic direction;
- put in place controls to safeguard public resources;
- make sure that effective management structures and processes are in place;
- hold the executive to account for performance;
- oversee implementation of the Local Delivery Plan; and oversee performance management including risk management; and
- supervise the overall management of its activities.

2.1 **Membership and appointments**

The Board is appointed by the Scottish Ministers as determined by Public Services Reform (Scotland) Act 2010 Schedule 16\textsuperscript{11}.

Membership of the Board is as follows:

- Chairman (non-executive)
- Chairman of the Care Inspectorate (non-executive)
- 11 non-executive members, including the Employee Director (non-executive), and
- Chief Executive (executive member).

The Board will create such sub-committees, as are required by, for example, statute, guidance, regulation and Ministerial direction and as are necessary for the economical efficient and effective governance of its business. These are referred to within the organisation as the governance committees of the Board.

Members of the Board are required to comply with the Board Members’ Code of Conduct\textsuperscript{12} and the [Healthcare Improvement Scotland Code of Conduct](#).

Board member responsibilities include:

- shared responsibility for the discharge of the functions of the Board;
- independent, impartial judgement on issues of strategy, resource allocation, performance management, key appointments and accountability to Scottish Ministers;
- responsibility for the overall performance of Healthcare Improvement Scotland; and
- responsibility to promote the efficient and effective use of staff and resources in accordance with Best Value.

Remuneration will be paid as determined by Scottish Ministers to the Chairman and other non-executive Board members.
Any member of the Board may, on reasonable cause shown, be suspended, removed or disqualified from membership of the Board in accordance with the Regulations identified below.

A member of the Board may resign office at any time by giving notice in writing to Scottish Ministers. On resignation, a non-executive director should provide a written statement to the Chairman, for circulation to the Board, if they have any concerns.

The Board should be of sufficient size that the requirements of business can be met and that changes to the Board’s composition and that of its committees can be managed without undue disruption, and should not be so large as to be unwieldy.

2.2 Appointment of the Chairman of the Board

The Chairman is appointed by the Cabinet Secretary for Health, Wellbeing & Sport.

2.3 Appointment of the Vice-Chairman of the Board

To enable the business of the Board to be conducted in the absence of the Chairman, the Board shall appoint a non-executive member to be Vice-Chairman.

The Vice-Chairman may resign from office at any time by giving notice in writing to the Chairman. The non-executive members may appoint another non-executive member as Vice Chairman in accordance with the above.
3. **Review of this code**

The Audit and Risk Committee will keep the Code of Corporate Governance under review and undertake a comprehensive review at least every 2 years.
Section A  Standing orders

The following section presents what is commonly known as the Standing Orders for regulating the business and proceedings of the Board of HIS.
4. How our Board meetings are conducted

4.1 Duties of the Chairman

The Chairman of the Board is accountable to the Scottish Ministers and has a specific responsibility for providing strategic leadership to the organisation through the Board and in conjunction with the Chief Executive. The Board will not concern itself with day-to-day operational matters, except where they have an impact on the overall performance of the organisation.

The Chairman is responsible for leadership of the Board and ensuring its effectiveness on all aspects of its role. At every meeting, the Chairman, if present, shall preside.

The Chairman is responsible for setting the Board’s agenda and ensuring that adequate time is available for discussion of all agenda items, in particular strategic issues.

It shall be the duty of the person presiding at a meeting to preserve order, to promote a culture of openness and debate between members and to determine all questions of order and competence. The ruling of the person presiding shall be final and shall not be open to question or discussion.

The Chairman is responsible for ensuring that the directors receive accurate, timely and clear information.

The Chairman shall draw attention to any apparent breach of the terms of the Standing Orders. They will be supported in this role by the corporate office.

The decision of the Chairman on all matters referred to in the Standing Orders shall be final and shall not be open to question or discussion in any meeting.

Deference shall at all times be paid to the authority of the Chairman. When the Chairman commences speaking, they shall be heard without interruption.

All members of the governing body should have the appropriate skills and knowledge and exercise leadership and to fulfil their roles and responsibilities. The Chairman of the Board will regularly review and agree with each non-executive Board member their training and development needs. To facilitate this, the Chairman may hold meetings with the non-executive Board members without the executive Board member(s) present.

The Chairman should ensure that the directors continually update their skills and the knowledge and familiarity with the organisation required to fulfil their role both on the Board and on governance committees.

The Chairman of the Board should ensure that new non-executive and executive Board members receive a full, formal and tailored induction on joining the Board.

4.2 Duties of the Vice-Chairman

If the Chairman is absent from any meeting, the Vice-Chairman, if present, shall preside, and if the Chairman and Vice-Chairman are both absent, the members present at the meeting shall elect from amongst themselves a non-executive member of the Board to act as Chairman for that meeting.

Led by the Vice-Chairman of the Board, the non-executive members should meet, without the Chairman present, at least annually, and on other such occasions as are deemed appropriate. The outcomes from any meetings will be shared with the Chairman.
4.3 Quorum

No business shall be transacted at a meeting of the Board unless six members are present and entitled to vote.

If a quorum is not present ten minutes after the specified start time, the Chairman will seek agreement to adjourn the meeting and reschedule.

If during any meeting a member or members are called away and the Chairman finds that the meeting is no longer quorate, the meeting shall be suspended. If a quorum is still not present at the end of ten minutes, the Chairman will seek agreement to adjourn the meeting and reschedule.

4.4 Attendance

A record of membership attendance will be maintained for each meeting. This information will contribute to the annual report for the Board and to the annual appraisal for Board members.

If a Board member is absent from a meeting for three or more consecutive meetings, without reasonable cause, the Chairman may request the Scottish Ministers to remove the member from office.

The following officers of HIS are expected to be in attendance at Board meetings:

- Chief Executive (executive Board Member)
- Director of Quality Assurance
- Director of Improvement Support and ihub
- Director of Evidence
- Executive Clinical Director
- Director of Scottish Health Council
- Director of Finance and Corporate Services

4.5 Decisions reserved for the Board

Decisions reserved for the Board include:

- the approval of strategy, business plans and budgets;
- the approval of the Code of Corporate Governance (which will include the Standing Orders, Standing Financial Instructions and Scheme of Delegation);
- the establishment, terms of reference and reporting arrangements for the governance committees acting on behalf of the Board;
- the approval of personnel policies, including arrangements for the appointment/removal and remuneration of key staff;
- the approval of financial and performance reporting arrangements;
- the approval of audit arrangements;
- the approval of the annual reports and accounts;
- the approval of capital expenditure schemes and disposals beyond the delegated limits of the Chief Executive; and
- any other matter on which the Board deems it competent to express a view.

4.6 Main categories of information considered by the Board

The Board will consider the following main categories of information to discharge its business:
Executive Team report;
Governance and risk management;
Strategic business;
Performance and financial management reports;
Governance committee minutes and key points reports; and
Chairman’s report;
Additionally, when considered relevant to the agenda or the business of the organisation, the Board will receive a Stakeholder/Patient Story at each meeting.

4.7 Review of effectiveness

The Board will state in its annual report how performance evaluation of the Board, its Committees and its individual Board members has been conducted.

Performance evaluation will be assessed against best practice and assessment of compliance against a framework developed using the following:

- UK Code of Corporate Governance (2014)
- Ethical Standards in Public Life etc. (Scotland) Act 2000
- International Framework: Good Governance in the Public Sector (2014)
- Audit Scotland: The Role of Boards (September 2010)
- On Board: A guide for Board members of public bodies in Scotland
- NHSScotland Board diagnostic (2011)
- Scottish Public Finance Manual (SPFM)
- Best Value in public services: Guidance for Accountable Officers
- Annual reports from all governance committees
- Internal/External audit reviews reports

The performance evaluation will also inform the Governance Statement for HIS.

Performance appraisal processes for the Chairman will be managed by the Director General (NHSScotland) on behalf of the Cabinet Secretary.

4.8 Declaration of interest

All Board members must comply with the national standards as outlined in: Ethical Standards in Public Life etc. (Scotland) Act 2000 and On Board: A guide for Board Members of Public Bodies in Scotland and the Board Members’ Code of Conduct in terms of declaring interests.

4.9 Register of interests

The Board Secretary shall be responsible for maintaining a formal Register of Board members’ interests. The register shall be made available to the public, on request, at the offices of the Board and on the organisation’s website.

Board members, supported by the Board Secretary, shall be responsible for ensuring that entries are reviewed no less than annually to reflect the changes in interests declared during the period since the last review.

HIS will formally record any award of contract to an organisation in which a Board Member has declared an interest. This measure helps protect public confidence in HIS by ensuring that
situations do not arise where the public may perceive that special favour or unfair advantage has been given to a Board Member which allows that Board Member to gain financially from the award of a contract.

4.10 Conduct of meetings and order of debate

Any member wishing to speak shall indicate this by raised hand and when called upon shall address the Chairman and restrict their remarks to the matter being discussed.

Any motion or amendment shall, if required by the Chairman, be required in writing, and after being seconded, shall not be withdrawn without agreement of the Board. No motion, or amendment, shall be spoken upon, except by the mover, until it has been seconded.

When more than one amendment is proposed, the Chairman of the meeting shall decide the order in which amendments are put to the vote. All amendments carried shall be incorporated in the original motion which shall be put to the meeting as a substantive motion.

Any member wishing to raise a point of order may do so by stating that they are raising a point of order immediately after it has arisen. Any member then speaking will cease and the Chairman shall call upon the member raising the point of order to state its substance. No other member shall be entitled to speak to the point of order except with the consent of the Chairman.

The Chairman shall give a ruling on the point of order, either immediately, or after such adjournment as they consider necessary. After this the member who was previously speaking shall resume their speech, provided the ruling permits.

Any member wishing to ask a question relating to the matter under consideration may do so at any time before the formal debate begins.

4.11 Motions and amendments

A motion is a proposal.

When called to speak, the mover of any motion or amendment shall immediately state the exact terms of the motion or amendment before proceeding to speak in support of it. The mover shall also provide the terms, in writing, at the request of the Chairman, to the Board Secretary before any vote is taken, except in the case of:

- motions or amendments to approve or disapprove without further qualification
- motions or amendments to remit for further consideration, and
- motions or amendments to the terms of which have been fully set out in a minute of a committee or report by an executive member or other officer.

Every amendment must be relevant to the motion to which it is moved. The Chairman shall decide as to the relevance and shall have the power, with the consent of the meeting, to adjoin motions or amendments which are consistent with each other.

All additions to, omissions from, or variations on a motion shall be considered amendments to the motion and shall be disposed of accordingly.

A motion or amendment once moved and seconded shall not be withdrawn without the consent of the mover and seconder.

Where an amendment to a motion has been moved and seconded, no further amendment may be moved until the result of the vote arising from the first amendment has been announced.
If an amendment is rejected, a further amendment to the original motion may be moved. If an amendment is carried, it shall take the place of the original motion and any further amendment shall be moved against it.

A motion for the approval of a minute or a report of a committee shall be considered as an original motion and any proposal involving alterations to or rejection of such minute shall be dealt with as an amendment.

The Chairman of a committee shall have the right to move the approval of the minute of that committee.

A motion or amendment moved but not seconded, or which has been ruled by the Chairman to be incompetent, shall not be put to the meeting nor shall it be recorded in the minute, unless the mover immediately gives notice to the Board Secretary requesting that it be so recorded.

A member may request their dissent to be recorded in the minute in respect of a decision with which they disagree and on which no vote has taken place.

4.12 Notice of motions to be placed on an agenda

Notice of motions shall be given in writing to the Board Secretary no later than noon 14 days before the meeting and must be signed by the proposing member and at least one other member.

A member may propose a motion which does not directly relate to an item of business under consideration at the meeting.

The terms of motions of which notice have been given shall appear as items of business for consideration at the next meeting.

4.13 Questions

A member may put a question to the Chairman relating to the functions of the Board, irrespective of whether the subject matter of the question relates to the business which would otherwise fall to be discussed at that meeting, provided that notice has been given three days prior to the meeting.

The original questioner may ask a supplementary question, limited to seeking clarity on any answer given.

Questions of which notice has been given in terms of the above, and the answers, shall be recorded in the minutes of the meeting only if the questioner so requests, but any supplementary questions and answers shall not be recorded.

4.14 Time allowed for speaking during formal debate

The Chairman is entitled to decide the time that members may be allowed to speak on any one issue.

As a guide, a member who is moving any motion or amendment shall not normally speak for more than five minutes. Other members shall not normally speak for more than three minutes, and the mover in exercising a right of reply shall not normally speak for more than three minutes.
4.15 Closure of debate

A motion that a debate is adjourned, or that a question is put, or that the meeting passes to the next item of business may be made at any stage of the debate. The motion, if seconded, shall be the subject of a vote without further debate.

No motion in terms of the above may be made during the course of a speech.

4.16 Alteration or revocation of previous decision

Subject to the final bullet point below, a decision shall not be altered or revoked within a period of six months from the date of such decision being taken.

Where the Chairman rules that a material change of circumstances has occurred to such an extent that it is appropriate for the issue to be reconsidered, a decision may be altered or revoked within six months by a subsequent decision arising from:

• a recommendation to that effect, by an executive member or other officer in a formal report
• a motion to that effect of which prior notice has been given in terms of (notice of motions to be placed on an agenda – see section above).

This does not apply to the progression of an issue on which a decision is required.

4.17 Voting

Every question coming or arising shall be determined by a majority of the members present and voting. Majority agreement may be reached by a consensus without a formal vote but at the request of a member a formal vote will be taken.

In the case of an equality of votes, the Chairman shall have the second or casting vote, except in any vote relating to the appointment of a member of the Board to any office, governance committee, or to represent the Board on any other body, where in the case of equality of votes, the matter shall be determined by lot.

Where a formal vote is taken, this shall be done by a show of hands except where members present resolve by simple majority that it be taken by secret ballot.

In the case of any matter relating to the appointment of a member of staff or relating to any disciplinary or grievance proceedings affecting a member of staff, the vote shall be taken by a show of hands, or by secret ballot.

Immediately before any vote is taken, the question on which the vote is to be held shall be read out. Thereafter, no-one shall interrupt the proceedings until the result of the vote has been announced.

A member may request their dissent to be recorded in the minute in respect of a decision with which they disagree and on which no vote has taken place.

Under no circumstances may an absent Board member vote by proxy. Absence is defined as being absent at the time of the vote. Members shall be able to attend and vote whilst participating under videoconferencing, teleconferencing or similar procedures.
4.18 Voting in the case of vacancies and appointments

In filling vacancies in the membership and making appointments of Board members to any other body, where more than one candidate has been nominated and seconded, members shall be entitled to vote for up to as many candidates as there are places to be filled. Candidates shall be appointed in the order of number of votes received until all vacant places have been filled.

In the event of two or more candidates tying with the lowest number of votes to fill the last vacant place, a further vote shall be taken between or among those candidates. Each member shall have one vote.

In the event of a further tie, the appointment shall be determined by lot.

4.19 Adjournment and duration of meetings

During any meeting, any member may move that the meeting be adjourned, at any time, except in the course of a speech by another member. No motion for adjournment may be made within 30 minutes of a motion for adjournment having previously been rejected if the meeting is still considering the same item of business.

A motion for adjournment has precedence over all other motions and if moved and seconded, shall be put to the meeting without discussion or amendment.

If carried, the meeting shall be adjourned until the time and place specified in the motion. Unless the time and place is specified, the adjournment shall be until the next ordinary meeting.

Where a meeting is adjourned without a time for its resumption having been fixed, it shall be resumed at a time fixed by the Chairman.

When an adjourned meeting is resumed, the proceedings shall be commenced at the point at which they were interrupted by the adjournment.

In case of disorder, the Chairman may immediately adjourn the meeting to a fixed time, or as decided afterwards. Should the Chairman vacate the meeting, this shall indicate that the meeting is adjourned.

No meeting shall last longer than four hours. It shall, however, be competent, before the expiry of the time limit, for any member to move that the meeting be continued for such further period as is deemed appropriate.

A meeting may be adjourned to any other day, hour and place. A motion to adjourn a meeting shall be moved and seconded and shall be put to the meeting without discussion. If such a motion is carried, the meeting shall be adjourned until the next scheduled meeting or to such day, hour and place as may be specified in the motion.

4.20 Reception of deputations

Every application for the reception of a deputation must be in writing, duly signed and delivered, faxed or emailed to the Board Secretary at least three clear working days prior to the date of the meeting at which the deputation wish to be received. The application must state the subject and the proposed action to be taken.

The deputation shall consist of not more than ten people.

No more than two members of any deputation shall be permitted to address the meeting, and they may speak in total for no more than ten minutes.
Any member may put any relevant question to the deputation, but shall not express any opinion on the subject matter until the deputation has withdrawn. If the subject matter relates to an item of business on the agenda, no debate or discussion shall take place until the relevant minute or other item is considered in the order of business.

4.21 Receipt of petitions

Every petition shall be delivered to the Board Secretary at least three clear working days before the meeting at which the subject matter may be considered. The Chairman will be advised and will decide whether or not the contents of the petition should be discussed at the meeting.

4.22 Disqualification/suspension of members from meetings

If any member disregards the authority of the Chairman, obstructs the meeting or, in the opinion of the Chairman, acts in an offensive manner at a meeting, the Chairman may move that such member be suspended for the remainder of the meeting. If seconded, such a motion shall be put to the vote immediately without discussion.

If such a motion is carried, the suspended member shall immediately leave the meeting. If the member fails to comply, the Chairman may order the suspended member to be removed from the meeting.

A member who has been suspended in terms of this Standing Order shall not re-enter the meeting room except with the consent of the meeting.

In the event of a motion for suspension of a member being defeated, the Chairman may, if they think it appropriate to do so, adjourn the meeting as if a state of disorder had arisen.

Additionally, further disqualification criteria is outlined in Public Services Reform (Scotland) Act 2010 Schedule 1611 (section 6) and will apply at all times.

4.23 Suspension and alteration of Standing Orders

The Board may, on its own or if directed by the Scottish Ministers, vary and revoke Standing Orders for the regulation of the procedure and business of the Board. The Audit and Risk Committee is responsible for advising the Board on these matters.

Any one or more of the Board’s Standing Orders may be suspended on a duly seconded motion, incorporating the reasons for suspension, if carried by a majority of members present.

4.24 Independent advice

The Board shall ensure that directors, especially non-executive directors, have access to independent professional advice at the organisation’s expense where they judge it necessary to discharge their responsibilities as directors.
5. **How our Board meetings are scheduled and informed**

5.1 **Plan of business**

The Chairman will ensure that a plan of business (the business planning schedule), per financial year, is developed that reflects the terms of reference for the Board. The plan will be reviewed quarterly. The plan will incorporate forward planning for future financial years. The business planning schedule will form the basis of the agenda for each meeting.

5.2 **Annual schedule of meeting dates**

An annual schedule of meeting dates (per financial year) will be developed and submitted to the Board for approval well in advance of the following year.

5.3 **Calling and scheduling of meetings**

Ordinary meetings shall be held as often as required and in accordance with a published annual schedule approved by the Board. The Board may sit in Committee at other times and outwith ordinary meetings as required.

The Chairman may call a meeting at any time. The Chairman of a governance committee may call a meeting of that committee at any time or/and shall call a meeting when required to do so by the Board.

The Chairman may call a meeting at any time and shall do so on receipt of a requisition in writing for that purpose. This must specify the business proposed to be transacted at the meeting and shall be signed by one third of the whole number of members, including at least two non-executive members.

Meetings may be conducted in any way in which each member can participate such as videoconferencing or teleconferencing.

A meeting convened by the Chairman shall be designated a special meeting and at least three clear days' notice shall be given of such meetings. In the case of a requisitioned meeting, the meeting shall be held within 14 days of receipt of the requisition and no business shall be transacted at the meeting other than that specified in the requisition.

It is within the discretion of the Chairman to cancel, advance or postpone an ordinary meeting if there is a good reason for doing so.

Members who are unable to attend a meeting should give their apologies in advance by notifying the Chairman of the Board and the Board Secretary.

5.4 **Notice of meetings and agenda of business**

The Chairman (or authorised nominee) shall convene meetings by issuing to each member, not less than five clear days before the meeting, a notice detailing the agenda of business to be transacted at the meeting, together with copies of all relevant papers where available at the time of issue of the agenda; other than in exceptional circumstances when it must be delivered three clear days before the meeting.

The meeting notice will specify the time, place and business to be transacted, shall be delivered to every member by post to the home address and by electronic mail. The notice of meeting shall be signed by the Chairman, or by a member or an officer authorised to sign on their behalf.
Failure of delivery of any notice shall not invalidate the meeting.

Requests for inclusion of any item on the agenda of meetings shall be sent to the Chairman not less than 14 days before the date of that meeting and considered in discussion with the Chief Executive.

The Board will receive the minutes of the previous meeting for approval and the action point register from the previous meeting. The Chairman will seek assurance that all actions from the previous meeting have been addressed or that a status report has been provided.

As detailed above, the Board may exclude the public, press and staff while considering any matter that is confidential. (Exemptions, Freedom of Information (Scotland) Act 2002\(^{22}\) (the Act) and Environmental Information (Scotland) Regulations 2004\(^{23}\) (the Regulations) will apply and will be noted within the minute.

### 5.5 Order of business

For ordinary meetings, the business shall proceed in the order shown in the agenda unless the Chairman determines there is business that should be considered as a matter of urgency by reason of special circumstances.

No item of business shall be transacted at a meeting unless it is included in the agenda, published in advance of the meeting, or it has been determined by the Chairman to be a matter of urgency by reason of special circumstances.

### 5.6 Submission of reports

Reports shall be submitted by the executive Board member or other officers, when requested. Additionally, reports will also be submitted when, in the professional opinion of an officer of HIS, a report is required to allow compliance with any statute, regulation or Ministerial Direction, other rule of law, or as required within their area of responsibility.

Any report to be submitted shall be provided not later than seven days prior to the meeting. Any observations by those officers on matters within their professional remit shall be incorporated into the report.

Only those reports which require a decision to be taken by the Board or are necessary to enable the Board to discharge its business or exercise its monitoring role, will normally be included on the agenda. The Chairman shall make the final determination on whether or not an item of business should be included on an agenda.

All reports requiring decisions will be submitted in writing. Verbal reports will only be accepted in exceptional circumstances, and with the prior approval of the Chairman.

### 5.7 Record of business and related process

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

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

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

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whom and by when and how this will be reported back to the Board. 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 HIS) or otherwise as agreed by the Board.

The first draft of the record of the meeting will be electronically submitted to the Lead Director for initial review and approval within five working days of the meeting date. The draft record of the meeting will be electronically submitted to the Chairman of the Board for further review and approval within a further five working days.

An action point register will be prepared following the meeting which reflects the key actions from the meeting. This register will be approved and circulated to Executive Team members within two working days from the date the meeting was held. The noted responsible officer will be held accountable for the action as recorded against their name.

5.8 Admission of the public and the press

HIS recognises that effective accountability is concerned not only with reporting on actions completed, but also ensuring that stakeholders are able to understand and respond as the entity plans and carries out its activities in a transparent manner.

Members of the public and representatives of the press will be admitted to every formal meeting of the Board but will not be permitted to take part in discussion. (Public Bodies (Admission to Meetings) Act 1960)\textsuperscript{24}.

Notification of the time and place of the public Board meeting shall be published on the HIS website. The dates and times of our Board meetings are available here\textsuperscript{10}.

The Board may exclude the public and press while considering any matter that is confidential. Exemptions to this include items which fall within the scope of the Freedom of Information (Scotland) Act 2002\textsuperscript{22} (the Act) and Environmental Information (Scotland) Regulations 2004\textsuperscript{23} (the Regulations).

The exemptions summary provides details of exemptions as specified in the Freedom of Information (Scotland) Act 2002 but should not be relied upon as a comprehensive application of the exemptions in restricting access to information.

For guidance on application of the Act and Regulations, please contact the Director of Finance and Corporate Services.

The terms of any such resolution specifying the part of the proceedings to which it relates and the categories of exempt information involved shall be specified in the minutes.

Members of the public and representatives of the press admitted to meetings shall not be permitted to make use of photographic or recording apparatus of any kind unless previously agreed to by the Board.

Members of the public and press should leave when the meeting moves into reserved business.

Except as provided for in the preceding paragraph, no announcements or information shall be released on behalf of or in the name of the Board to any person or to any body or to the press or other media except by or through the Chairman, Chief Executive or other member or officer authorised to do so by the Chairman or the Chief Executive.

Nothing in this Standing Order shall preclude the Chairman from requiring the removal from a
meeting of any person or persons who persistently seek to disrupt the proceedings of a meeting.

5.9 Admission of Healthcare Improvement Scotland staff

All members of staff are encouraged to attend the Board meetings of HIS.

When the nature of the business to be transacted is such that members of the public and press are excluded from a meeting of the Board, the attendance of members of staff of Healthcare Improvement Scotland will be at the discretion of the Chairman.
6.0  Governance committees of the Board

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

The Board shall create the following governance committees:

- Audit & Risk Committee
- Quality Committee
- Staff Governance Committee
- Scottish Health Council Committee
- Executive Remuneration Committee
- Improvement Hub Committee

The Board can also appoint other committees, as it sees 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.

6.1  Right to attend meetings and/or place items on an agenda

Any Board member shall be entitled to attend any meeting of any governance committee other than the Audit and Risk Committee. No-one other than the Audit and Risk Committee’s Chairman and members are entitled to be present at a meeting of the Audit and Risk Committee. It is for the Audit and Risk Committee to decide if non members should attend for a particular meeting or a particular agenda item.

When attending a governance committee meeting, Board Members shall, with the consent of the governance committee, be entitled to speak but not to propose, second any motion or vote. Executive members/directors cannot attend either the Executive Remuneration Committee, when matters pertaining to their terms and conditions of service are being discussed, or the Audit and Risk Committee when deemed necessary by the Chairman.

A Board Member, who is not a member of a particular governance committee and wishes that committee to consider an item of business which is within its remit, shall inform in writing the relevant Chairman and Lead Director, no later than 12 noon 14 days prior to the meeting, of the issue to be discussed. The committee secretary shall arrange for it to be placed on the agenda of the committee. The member shall be entitled to attend the meeting and speak in relation to the item, but shall not be entitled to propose or second any motion or to vote.

The Chief Internal Auditor and External Auditor have a right of attendance at all governance committees. The Chief Internal Auditor and External Auditor shall have the right of direct access to the Chairman of the Board and the Chairs of all governance committees.

6.2  Functions

An executive member or another specified director and/or officer shall be appointed to lead and support the functioning of each governance committee.

Governance committees may seek the approval of the Board to appoint sub-committees for such purposes as may be necessary.

Governance committees may from time to time establish working groups for such purposes as may be necessary.
Where the functions of the Board are being carried out by a governance committee, the membership, including those co-opted members who are not members of the Board, is deemed to be acting on behalf of the Board.

During intervals between meetings of the Board or its governance committees, the Chairman of the Board or a governance committee, or in their absence, the Vice-Chairman shall, in conjunction with the Chief Executive and the Lead Director concerned, have powers to deal with matters of urgency which fall within the terms of reference of the governance committee and require a decision which would normally be taken by the governance committee. All decisions so taken should be reported to the next full meeting of the relevant governance committee. It shall be for the Chairman of the governance committee, in consultation with the Chief Executive and Lead Director concerned, to determine whether a matter is urgent in terms of this Standing Order.

6.3 Delegation

Each governance committee shall have delegated authority to determine any matter within its terms of reference with the exception of any specific restrictions contained within the Scheme of Delegation. Governance committees shall conduct their business within their purpose and remit. In exercising their authority, they shall do so in accordance with the following provisions. However, in relation to any matter either not specifically referred to in the purpose and remit, or in this Standing Order, it shall be competent for the governance committee, whose remit the matter most closely resembles, to consider such matter and to make any appropriate recommendations to the Board.

Governance committees must conduct all business in accordance with Healthcare Improvement Scotland policies and this Code.

The Board may deal with any matter falling within the purpose and remit of any governance committee without the requirement of receiving a report or minute of that committee referring to that matter.

The Board may at any time vary, add to, restrict or recall any reference or delegation to any governance committee. Specific direction by the Board in relation to the remit of a governance committee shall take precedence over the terms of any provision in the purpose and remit.

If a matter is of common or joint interest to a number of governance committees, and is a delegated matter, no action shall be taken until all governance committees have considered the matter.

In the event of a disagreement between governance committees in respect of any such proposal or recommendation, which falls within the delegated authority of one governance committee, the decision of that governance committee shall prevail. If the matter is referred but not delegated to any governance committee, a report summarising the views of the various governance committees shall be prepared by the appropriate officer and shall appear as an item of business on the agenda of the next convenient meeting of the Board.
7.0 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)

7.1 Authority

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

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 HIS or the wider NHS, with relevant expertise, if it is considered necessary.

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.

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

7.2 Membership

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.

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.

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.

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.

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.

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.

Casual vacancies occurring in any committee shall be filled as soon as may be by the Board after the vacancy takes place.

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

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

Refer to individual governance committee terms of reference.

7.4 Values and behaviours

The Committee has a responsibility for seeking assurance in relation to staff understanding and commitment to HIS’s agreed values and behaviours. In doing so, the Committee also has a responsibility to conduct itself in a manner which reflects these values and behaviours. The Chair of the Committee therefore ensures that all the work of the Committee is undertaken in a spirit of openness and mutual respect.

7.5 Annual report

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.

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

7.6 Record of business and related process

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

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

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.

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 HIS) or otherwise as agreed by the committee members.

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.

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

The Corporate Office will provide the committee with a secretariat function.

7.7 Reporting to the Board

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.

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

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.

7.8 **Annual schedule of meeting dates**

An annual schedule of Board and committee meeting dates (per financial year) will be developed and submitted to the Board for approval well in advance of the following year.

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

7.9 **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.
8.0 Audit and Risk Committee

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 Scottish Government Audit Committee Handbook. The Audit and Risk Committee will advise the Board and Accountable Officer on:

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

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

8.3 Membership

The committee will comprise:

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

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

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

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

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,
at least once per year, without any Executive Directors present.

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

The Board or the committee Chairman may convene additional meetings of the committee to
consider business which may require urgent consideration.
9.0 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
- governance and internal alignment of the work of the Scottish Medicines Consortium (SMC), the Scottish Antimicrobial Prescribing Group (SAPG), the 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 use the organisation’s decision making/development framework that is aligned with the strategy. The committee will be outcomes focused and will provide appropriate clinical 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). Details of SAPG activities to optimise antimicrobial use are also included.

9.3 Membership

The Committee will comprise:

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

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

9.4 Quorum

A minimum of three 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) and Scottish Antimicrobial Prescribing Group (SAPG).

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

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

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

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

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

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

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

The governance reporting route for the four groups is through the Quality Committee to the HIS Board. The Chair of the Quality Committee provides a specific point of contact for the four chairs regarding any concerns or threats to the independence of the groups.
- HIS is responsible for:
  - Implementation of the methodologies approved by the four groups.
  - Management of the processes used to produce the advice by the four groups.
- Response to legal challenge (to both the advice and also in relation to legal challenges to governance and internal controls). A letter of comfort was provided by Scottish Government to HIS on 23 April 2013 specifically regarding potential legal challenge.
- Contribution to the annual appraisal process in the home NHS Board by the 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.

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

<table>
<thead>
<tr>
<th></th>
<th>Methodology</th>
<th>Advice</th>
<th>Governance and internal controls</th>
<th>Legal challenges</th>
<th>Clinical assurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>SHTG</td>
<td>SHTG</td>
<td>SHTG</td>
<td>HIS</td>
<td>HIS</td>
<td>Quality Committee</td>
</tr>
<tr>
<td>SIGN</td>
<td>SIGN Council</td>
<td>SIGN Council</td>
<td>HIS</td>
<td>HIS</td>
<td>Quality Committee</td>
</tr>
<tr>
<td>SMC</td>
<td>SMC</td>
<td>SMC</td>
<td>HIS</td>
<td>HIS</td>
<td>Quality Committee</td>
</tr>
<tr>
<td>SAPG</td>
<td>SAPG</td>
<td>SAPG</td>
<td>HIS</td>
<td>HIS</td>
<td>Quality Committee</td>
</tr>
</tbody>
</table>
10.0 Staff Governance Committee

10.1 Purpose

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

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

10.2 Remit

The duties of the Committee are as follows:

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

The Committee is authorised to consider the annual organisational workforce plan and gain assurance regarding its content in the context of other corporate plans (e.g. the Local Delivery Plan and financial plans), before making a recommendation to the Board for its approval.

10.3 Membership

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

The membership also includes:

- Chief Executive
- Director of Finance and Corporate Services (or designated deputy)
- Two staff representatives from trade unions/professional organisations nominated by the HIS Partnership Forum
- Appropriate representation from Human Resources

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

10.4 Quorum

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

The Committee shall hold four business meetings a year.
11.0 Scottish Health Council 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 HIS 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 HIS on the Duty of User Focus, Equalities Duties or Person Centredness.

The Chair of the Council shall be a member of the Quality Committee.

11.3 Membership

The Chair of the Council shall be appointed by Scottish Ministers. There shall be up to eight other members of the Committee, two of whom shall be members of, and appointed by, the HIS Board on the recommendation of the Chair, and up to six 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 Policy (Scottish Health Council) and both are expected to attend meetings.

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

11.4 Quorum

Meetings of the Committee shall be quorate when at least four members are present, including at least one HIS 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.
12.0 Executive Remuneration Committee

12.1 Purpose

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

12.2 Remit

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

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

12.4 Quorum

A minimum of three 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 Corporate Governance Office 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.
13.0 Improvement Hub Committee

13.1 Purpose

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

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

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

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

13.2 Remit

The Improvement Hub committee shall be responsible for oversight of

a) the governance of the Improvement Hub
b) the strategic focus of the Improvement Hub

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

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

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

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

The Committee will comprise:

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Name</th>
<th>Designation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthcare Improvement Scotland</td>
<td>Hamish Wilson</td>
<td>Committee Chair/HIS Vice Chairman</td>
</tr>
<tr>
<td>Scottish Council for Voluntary Organisations</td>
<td>Lucy McTernan</td>
<td>Deputy Chief Executive</td>
</tr>
<tr>
<td>Scottish Federation of Housing Associations</td>
<td>Mary Taylor</td>
<td>Chief Executive</td>
</tr>
<tr>
<td>Scottish Care</td>
<td>Donald Macaskill</td>
<td>Chief Executive</td>
</tr>
<tr>
<td>COSLA</td>
<td>Paula McLeay</td>
<td>Chief Officer, Health and Social Care</td>
</tr>
<tr>
<td>Care Inspectorate</td>
<td>Karen Anderson</td>
<td>Chief Executive</td>
</tr>
<tr>
<td>Health and Social Care Alliance</td>
<td>Ian Welsh</td>
<td>Chief Executive</td>
</tr>
<tr>
<td>NHS Board Chief Executives Group</td>
<td>Paul Hawkins, Elaine Mead</td>
<td>Chief Executive, NHS Fife, Chief Executive, NHS Highland</td>
</tr>
<tr>
<td>Coalition of Care and Support Providers in Scotland</td>
<td>Annie Gunner-Logan</td>
<td>Director, Coalition of Care and Support Providers in Scotland</td>
</tr>
<tr>
<td>Integration Joint Board Chief Officers Group</td>
<td>Keith Redpath</td>
<td>Chief Officer, West Dunbartonshire Health and Social Care Partnership</td>
</tr>
<tr>
<td>NHS Board Quality Improvement Executive Leads</td>
<td>Tracey Gillies</td>
<td>Medical Director, NHS Forth Valley</td>
</tr>
<tr>
<td>Healthcare Improvement Scotland</td>
<td>George Black</td>
<td>Non Executive Board Member</td>
</tr>
<tr>
<td>Healthcare Improvement Scotland</td>
<td>Jackie Brock</td>
<td>Non Executive Board Member</td>
</tr>
<tr>
<td>Public Partner Healthcare Improvement Scotland</td>
<td>Howard McNulty</td>
<td>Public Partner</td>
</tr>
<tr>
<td>Public Partner Health and Social Care Alliance</td>
<td>Myra Lamont</td>
<td>Public Partner</td>
</tr>
</tbody>
</table>

Each committee member will be given the option of naming one deputy who may then attend on their behalf.

13.4 Quorum

A minimum of 8 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.

13.5 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.
## Appendix 1: Healthcare Improvement Scotland Committee Governance Structure

### Purpose

**Healthcare Improvement Scotland Board**

To ensure efficient, effective and accountable governance and leadership of the organisation.

### Governance committees of the Board

<table>
<thead>
<tr>
<th>Purpose</th>
<th>Healthcare Improvement Scotland Board</th>
</tr>
</thead>
<tbody>
<tr>
<td>Audit and Risk</td>
<td>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.</td>
</tr>
<tr>
<td>Quality</td>
<td>To provide 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 focussing on the right priorities and delivering them to the highest standard.</td>
</tr>
<tr>
<td>Staff Governance</td>
<td>To hold the organisation to account in terms of meeting the requirements of the NHS Scotland Staff Governance Standard.</td>
</tr>
<tr>
<td>Remuneration</td>
<td>To assist the Board in discharging its responsibilities for executive and senior management remuneration and to maintain the highest possible standards of corporate governance in this area.</td>
</tr>
</tbody>
</table>
| Scottish Health Council | - 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. |
| Improvement Hub | Support and facilitate Integration Authorities, Third Sector, Independent Sector, Housing and NHS Boards to jointly improve health and wellbeing outcomes for people, families and communities, whilst seeking to reduce inequalities. |

All governance committees report to the Board
Section B  Standing Financial Instructions

1.0 General

These Standing Financial Instructions (“SFIs”) replace all previous instructions and are issued for compliance by all officers of Healthcare Improvement Scotland, referred to as HIS throughout these Standing Financial Instructions.

These SFIs, supplemented by supporting policies and procedures, detail the financial responsibilities adopted by HIS. They are designed to ensure that HIS’s financial and related activities are carried out in accordance with the law and Scottish Government policy in order to achieve probity, accuracy, economy, efficiency and effectiveness. They should be used in conjunction with the Standing Orders, the Scheme of Delegation and the Code of Conduct for members of Healthcare Improvement Scotland.

These SFIs identify the financial responsibilities that apply to everyone working for HIS and its constituent organisations. They do not provide detailed procedural advice and should be read in conjunction with the detailed financial procedures which are updated regularly and are available internally on the intranet. The Director of Finance and Corporate Services must approve all financial procedures and any consequent amendments.

Should any difficulties arise regarding the interpretation or application of any of the SFIs then the advice of the Director of Finance and Corporate Services must be sought before acting. The user of these SFIs should also be familiar with, and comply with, the provisions of Standing Orders of HIS and the Code of Conduct for Members of Healthcare Improvement Scotland.

Failure to comply with these SFIs and Standing Orders may result in disciplinary action being taken.

Any breach or non-compliance with these SFIs must, on discovery, be reported immediately to the Director of Finance and Corporate Services who will discuss the matter with the Chief Executive and/or Head of Division in order to determine the proper action to be taken. The views of internal audit and/or Counter Fraud Services may also be taken depending on circumstances.

2.0 Terminology

The following terminology applies throughout these Standing Financial Instructions:

“HIS” means Healthcare Improvement Scotland
“Accountable Officer” means the Scottish NHS Officer responsible and accountable for funds entrusted to HIS. The Accountable Officer will be responsible for ensuring the proper stewardship of public funds and assets. For HIS the Accountable Officer is the Chief Executive
“Board” means the Board of HIS
“Budget” means a resource, expressed in financial terms, proposed by the Board for the purpose of carrying out, for a specific period, any or all of the functions of HIS
“Budget Holder” means the director or employee with delegated authority to manage finances (Income and Expenditure) for a specific area of the organisation
“Chief Executive” means the chief accountable officer of HIS
“Director of Finance and Corporate Services” means the chief financial officer of HIS
“Head of Division” means the chief officer of a division of HIS or Corporate Support function
“Legal Advisor” means the properly qualified person appointed by HIS to provide legal advice
“Officer” means employee of HIS or any other person holding a paid appointment or office with HIS
“Financial Services” means the central finance function of HIS
“Executive Team (ET)” means the committee of executive officers of HIS given authority by the
Board to take all decisions on behalf of HIS other than those decisions formally reserved to the Board
“SGHSC” means the Scottish Government Health and Social Care Directorates;
“Contract” means any arrangement giving rise to right and obligations between HIS and any one or more third parties whether legally enforceable or otherwise, and
“Framework Agreement” means a framework agreement in terms of the Public Contracts (Scotland) Regulations 2006.

Wherever the title Chief Executive, Director of Finance and Corporate Services, and Head of Division is used in these instructions, it will be deemed to include such other directors or employees who have been duly authorised to represent HIS.

Wherever the term "employee" is used and where the context permits it will be deemed to include employees of third parties contracted to HIS when acting on behalf of HIS.

All references in these Instructions to the singular form will be read as equally applicable to the plural. Similarly, all references in these Instructions to the masculine gender will be read as equally applicable to the feminine gender.

3.0 Responsibilities and delegation

The Board exercises financial supervision and control by:

- formulating the financial strategy
- requiring the submission and approval of budgets within approved allocations/overall income
- defining and approving essential features in respect of important procedures and financial systems (including the need to obtain value for money), and
- defining specific responsibilities placed on directors and employees as indicated in the Scheme of Delegation.

The Board has resolved that certain powers and decisions may only be exercised by the Board in formal session. These are set out in the Reservation of Powers to the Board within the Standing Orders. All other powers have been delegated to the ET.

The ET will delegate responsibility for the performance of its functions in accordance with the Scheme of Delegation document adopted by HIS within the Standing Orders.

Within the SFIs, it is acknowledged that the Chief Executive is ultimately accountable to the Board, and as designated Accountable Officer, to the Scottish Parliament in accordance with Section 17 of the Public Finance and Accountability (Scotland) Act 2000, for ensuring that the Board meets its obligation to perform its functions within the available financial resources. The Chief Executive has overall executive responsibility for HIS’s activities; is responsible to the Chairman and the Board for ensuring that its financial obligations and targets are met and has overall responsibility for HIS’s system of internal control.

The Chief Executive and Director of Finance and Corporate Services will, as far as possible, delegate their detailed responsibilities, but they remain accountable for financial control.

It is a duty of the Chief Executive to ensure that existing members of the Board and ET, employees and all new appointees are notified of, and understand, their responsibilities within these Instructions.

The Director of Finance and Corporate Services is responsible for:

- implementing HIS’s financial policies and for co-ordinating any corrective action necessary to
further these policies;

- maintaining an effective system of internal financial control including ensuring that detailed financial procedures and systems incorporating the principles of separation of duties and internal checks are prepared, documented and maintained to supplement these instructions;
- ensuring that sufficient records are maintained to show and explain HIS's transactions, in order to disclose, with reasonable accuracy, the financial position of HIS at any time;
- and, without prejudice to any other functions of HIS, and employees of HIS, the duties of the Director of Finance and Corporate Services include:
  - the provision of financial advice to other members of the Board, ET and employees
  - the design, implementation and supervision of systems of internal financial control; and
  - the preparation and maintenance of such accounts, certificates, estimates, records and reports as HIS may require for the purpose of carrying out its statutory duties.

All members of the Board and ET and all HIS employees, severally and collectively, are responsible for:

- the security of the property of HIS
- avoiding loss
- exercising economy and efficiency in the use of resources
- conforming with the requirements of Standing Orders, Standing Financial Instructions, and Financial Procedures, and
- reporting, on discovery, of any breach or non-compliance with Standing Financial Instructions.

It will be the duty of each Head of Division to ensure that these SFIs and associated documents are made known to the appropriate persons within the Division and to ensure that they are adhered to.

Any contractor, or employee of a contractor, who is empowered by HIS to commit HIS to expenditure or who is authorised to obtain income will be covered by these instructions. It is the responsibility of the Head of Division to ensure that such persons are made aware of this.

For any and all members of the Board and ET and employees who carry out a financial function, the form in which financial records are kept and the manner in which members of the Board and ET and employees discharge their duties must be to the satisfaction of the Director of Finance and Corporate Services.

4.0 Variation and revocation

These Standing Financial Instructions may only be varied or revoked in accordance with the HIS Standing Orders.
Section C  Financial Planning, Budgets, and budgetary control

1.0  General

HIS has a responsibility to prepare and submit financial plans in accordance with the requirements of SGHSC to the Board and to SGHSC, ensuring that the budgets reconcile to such plans.

HIS will perform its functions within the total of funds allocated by Scottish Ministers and through income from other Health Boards and from other sources. All plans, financial approvals and control systems will be designed to meet this obligation.

The Director of Finance and Corporate Services shall, on behalf of the Chief Executive, prepare and submit to the Board for its approval each financial year, financial plans which are within the limits of available funds as notified to the Board. The Board shall consider and approve, with or without amendment, the overall financial plan for the Board and shall delegate the responsibility for the management of the plan to the Chief Executive.

The Director of Finance and Corporate Services shall continuously review the bases and assumptions used to prepare financial plans and shall prepare and update budgets based on this information.

Financial plans and budgets will be produced following discussions with appropriate budget holders.

The Chief Executive will delegate the management of budgets as far as possible to officers. The terms of delegation shall include a clear definition of individual responsibilities for control of expenditure, exercise of virement and the provision of regular reports.

Officers delegated a budget shall strictly observe any budgetary limits and other restrictions. The budget for each officer shall be the limit of that officer’s authority to commit the Board to expenditure.

Except where otherwise approved by the Chief Executive, taking account of the advice of the Director of Finance and Corporate Services, budgets shall be used only for the purpose for which they were provided. Any budgeted funds not required for their designated purpose shall revert to the immediate control of the Chief Executive, unless covered by delegated powers of virement.

Each Head of Unit is the designated budget holder and is accountable to the Chief Executive and to the Board for the financial performance of his/her Unit.

The Director of Finance and Corporate Services, on behalf of the Chief Executive, shall monitor the use of delegated budgets in conjunction with the officers to whom budgets were delegated, to ensure that financial control is maintained and that the Boards’ financial plans and policies are implemented.

The Director of Finance and Corporate Services will monitor financial performance against budget and will ensure that a performance management process is in place to periodically review the finance plan.

The Director of Finance and Corporate Services will have a right of access to budget holders on budget-related matters, and be entitled to receive relevant information accordingly.

The Director of Finance and Corporate Services will devise, introduce and maintain systems of budgetary control, and all staff of HIS will ensure compliance with these systems.
The Director of Finance and Corporate Services shall ensure that:

- the system of internal financial controls is sufficient to ensure the achievement of Board objectives and compliance with standards and regulations;
- that adequate financial systems are in place to monitor and control all delegated budgets;
- adequate arrangements are in place for the investigation of variances from budget;
- officers provide all financial, statistical and other relevant information as necessary for the compilation of estimates and forecasts; and
- the Chief Executive and the Board are informed of the financial consequences of changes in policy, or other events affecting budgets or projections, and shall advise on the financial and economic aspects of these changes.

Expenditure for which no provision has been made in an approved budget shall only be incurred after authorisation by the Chief Executive or the Director of Finance and Corporate Services acting on their behalf.

The Director of Finance and Corporate Services shall provide the Board with regular reports giving details of the current financial position and a forecast of the Board’s expected outturn at the end of the financial year.

The Director of Finance and Corporate Services has a responsibility to ensure that adequate training is delivered on an ongoing basis to budget holders to help them manage their delegated budgets effectively.
Section D  Banking arrangements

1.0 General

The Director of Finance and Corporate Services is responsible for the management of HIS’s banking arrangements and for advising HIS on the provision of banking services and operation of accounts.

HIS will operate the bank accounts in accordance with all relevant guidance issued by SGHSCD.

The Government Banking Service (GBS) will hold HIS’s main bank account. Where necessary, subsidiary bank accounts will be held with a commercial bank. All such bank accounts must be authorised by the Director of Finance and Corporate Services.

The Director of Finance and Corporate Services will ensure that with regard to the bank accounts held by HIS:

- payments authorised to be made from an account do not exceed the amount credited to the account, and
- a number of officers will be empowered to authorise payments on behalf of HIS and these will be defined in the Scheme of Delegation.

The Director of Finance and Corporate Services shall advise the banks of any alterations in the conditions of operation of accounts that may be required by financial regulations of NHS or by resolution of the Board.

The bank accounts shall be maintained at the lowest practicable levels. The accounts are not permitted to become overdrawn without the prior permission of the SGHSCD.

All cheques are to be treated as controlled stationery, in the charge of the Treasury Department at NHS National Services Scotland. The Treasury Department shall be responsible for printing and validating all cheques, which are approved for issue via the HIS weekly payment routine.

All cheque stationery shall be stored in a secure location at NSS. The Treasury Department will maintain a log of all issued cheques and any subsequent replenishment. Cancelled/wasted cheques shall be destroyed on site.

The Director of Finance and Corporate Services shall prescribe the systems for the holding and transporting arrangements of cash and cheques. Wherever required, the services of a specialist security firm shall be employed.
Section E Staff appointments, remuneration and related matters

1.0 Staff appointments

The Board will delegate responsibility to the Head of Human Resources for:

- ensuring that all employees are issued with a Contract of Employment in a form approved by the Board, and
- dealing with variations to, or termination of, contracts of employment.

Both of these will be in a form which complies with employment legislation.

No officer of the ET or employee may engage, re-engage, or re-grade employees, either on a permanent or temporary nature, or hire agency staff, or agree to changes in any aspect of remuneration:

- unless within the limit of his approved budget and funded establishment; or
- in exceptional circumstances if authorised to do so by the Chief Executive.

No post may be appointed to without the approval of the ET in line with the recruitment process.

The Director of Finance and Corporate Services shall ensure that arrangements are established for the payment of staff in accordance with their terms and conditions of service, and for all authorised deductions to be made.

2.0 Processing of payroll

The Director of Finance and Corporate Services is responsible for ensuring that appropriate arrangements exist for:

- specifying timetables for submission of properly authorised time records, expense claims and other notifications;
- the final determination of pay and allowances;
- making payment on agreed dates; and
- agreeing method of payment.

The Director of Finance and Corporate Services will issue instructions regarding:

- verification and documentation of data;
- the timetable for receipt and preparation of payroll data and the payment of employees and allowances;
- maintenance of subsidiary records for superannuation, income tax, national insurance contributions and other authorised deductions from pay;
- security and confidentiality of payroll information;
- authority to release payroll data under the provisions of the Data Protection Act;
- methods of payment available to various categories of employees and officers;
- procedures for payment by cheque, bank credit, or cash to employees and officers;
- procedures for the recall of cheques and bank credits;
- pay advances and their recovery;
- maintenance of regular and independent reconciliation of pay control accounts;
- regular reconciliation of the payroll system to the Human Resources Business Systems;
- separation of duties of preparing records and handling cash;
- a system to ensure the recovery from leavers of sums of money and property due by them to HIS, and
• procedures for reclaiming expenses incurred wholly, necessarily and exclusively for business purposes.

Members of the Corporate Management Team (CMT) including ET members have delegated responsibility for:

• submitting all employee records and change details to the HR officer in accordance with agreed timetables; and
• submitting termination forms in the prescribed form immediately upon knowing the effective date of an employee’s or officer’s resignation, termination or retirement.

Regardless of the arrangements for providing the payroll service, the Director of Finance and Corporate Services will ensure that the chosen method is supported by appropriate, adequate internal controls and audit review procedures and that suitable arrangements are made for the collection of payroll deductions and timely payment of these to appropriate bodies.

3.0 Termination Settlements

The Head of Human Resources, shall ensure that procedures governing the treatment of early retirement and redundancy shall comply with NHSScotland guidance. The overall impact of retiral/redundancies on the organisation’s financial performance will be reported to the Board.
Section F  Purchase of supplies and services

1.0  General

This section deals with obtaining goods, works or services solely for HIS’s own use.

All procurement must be undertaken in line with the Procurement (Scotland) Regulations 2016 which implement the Procurement Reform (Scotland) Act 2014, the Public Contracts (Scotland) Regulations 2015 which implement the new EU Directive (2014/24/EU) and the principles set out in the Scottish Government Scottish Procurement Policy Handbook 2008 and Procurement Journey or any subsequent revisions to this guidance.

Capital works must be undertaken in line with the requirements set out in the Scottish Government Scottish Capital Investment Manual and the Construction Procurement Manual or any subsequent revisions to this guidance.

2.0  Existing Central Contracts and Frameworks

Supplies and services will be purchased through agreed contracts when these are available. Only in exceptional circumstances and with the authority of the Chief Executive, shall supplies and services available on contract, be ordered outwith an agreed contract.

Where contracts are in place and wherever possible goods, services and works shall be ordered using an official order. Contractors should be notified that they should only accept the Board’s official purchase orders.

Official purchase orders shall be approved in line with the Scheme of Delegation.

No order shall be issued for any item or items for which there is no budget provision, unless authorised by the Director of Finance and Corporate Services on behalf of the Chief Executive.

Goods shall not be taken on trial or loan in circumstances that may commit the Board to a future uncompetitive purchase.

No order shall be issued for any item or items for which an offer of gifts (other than low cost items eg calendars, diaries, pens, etc.), or hospitality has been received from the person interested in supplying goods and services. If staff are in any doubt about this, they should consult their line manager.

If supplies are not available from the agreed contractor, the procedure for quotations and competitive tendering shall be followed in order to maximise value for money.

3.0  Competitive Tendering

Competitive tenders, with a minimum of three tenders in each case, shall be invited for the supply of goods, materials and manufactured articles; and for the rendering of services and for building and engineering works of construction and maintenance where the amount will exceed £50,000 (excluding VAT).
4.0 Quotations

Three competitive quotations shall, wherever possible, be obtained from firms on approved lists as follows:

<table>
<thead>
<tr>
<th>Threshold</th>
<th>Procurement Route</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than £1,000</td>
<td><strong>Below threshold</strong> - goods or services below this value may be sourced from wherever convenient by procurer (purchaser/buyer) without having to obtain written or verbal quotations.</td>
</tr>
<tr>
<td>Between £1,000 and £4,999</td>
<td>Quotes - email/telephone quotes to be obtained dependent on the complexity of the contract.</td>
</tr>
<tr>
<td>More than £5,000 and less than £49,999 (previously £5,000 to £20,000)</td>
<td>Quotation Route - the procurer is required to obtain a minimum number of quotations, normally three, for goods or services (the preferred method for doing this is through the Public Contracts Scotland ‘Quick Quote’ facility)</td>
</tr>
<tr>
<td>Between £50,000 and less than the OJEU thresholds (previously greater than £20,000)</td>
<td>Tender - the procurer undertakes a formal tendering process and is encouraged to advertise on the national advertising website Public Contracts Scotland.</td>
</tr>
<tr>
<td>Over EU Thresholds (&gt;$111,676)</td>
<td>The procurer undertakes a full formal tendering process and advertises the contract in the Official Journal of the European Union, as well as on Public Contracts Scotland.</td>
</tr>
</tbody>
</table>

The introduction of the Scottish Government Public Contract Scotland advertising portal includes a Quick Quote (QQ) facility which is an online quotation facility which allows buyers to obtain competitive quotes electronically for low value requirements up to a value of £50,000. Details of the QQ are created online and sent to a selected list of suppliers, who can then complete the required details and submit their quotation using the secure post-box.QQs are only distributed to the selected suppliers and are not made public on the website.

Competitive tenders and quotations will not be required in the following circumstances:

The supply is for goods or services of a special nature or character in respect of which it is deemed not to be possible or desirable to obtain competitive tenders. In such circumstances Non-Competitive Tendering Authorisation Form shall be submitted to the Chief Executive for approval and the decision recorded and retained with the tender documentation.

The form must specify the reason(s) for the intended departure from normal competitive practice and be supported by a detailed explanation of the circumstances surrounding the individual case. The completed form, signed by the appropriate Director, also requires authorisation from the Procurement Manager and the Director of Finance and Corporate Services or Finance General Manager before being submitted to the Chief Executive for final approval. In terms of Delegated Authority the limit shall be consistent with that stated in Section K, 7.0 Procurement of “up to a value of £1,000,000 (including VAT)”.

The outcome will be recorded in a register and reported to the Audit and Risk committee on a regular basis. The limited application of the single tender rules should not be used to avoid competition or for administrative convenience or to award further work to a consultant originally appointed through a competitive procedure.
Contracts above specified thresholds, which shall vary from time to time, shall be advertised and awarded in accordance with The Public Contracts (Scotland) Regulations 2006 (SSI 2006 No 1) and The Utilities Contracts (Scotland) Regulations 2006 (SSI 2006 No 2). Regulations from the SGHSCD for awarding all forms of contracts shall have effect as if incorporated in Standing Financial Instructions.

Tenders should clearly state whether they are going to be awarded solely on Lowest Price or Most Economically Advantageous Tender (MEAT). If MEAT is being used then the criteria of award plus weightings must be clearly defined within the tender. If other than the lowest tender or quotation is being recommended, the approval of the Chief Executive or the Director of Finance and Corporate Services shall be obtained before acceptance and the reasons for acceptance recorded with the tender documentation.

Any member or officer concerned with a contract who has a pecuniary interest in that contract shall declare his interest in writing to the Chief Executive who shall maintain a record of all such declarations. The member or officer concerned must withdraw from all contracting/purchasing arrangements concerning that item.

The Director of Finance and Corporate Services shall prescribe standard conditions of contract appropriate to each class of supplies and service and for the execution of all works. All contracts entered into shall incorporate the appropriate set of conditions.

All invitations to potential contractors to tender shall include a notice warning tenderers of the consequence of engaging in any corrupt practices involving Board employees.

A record shall be maintained of all invitations to tender. An official order or letter of acceptance shall be issued for every contract resulting from an invitation to tender or quote.

Tenders shall be invited in plain sealed envelopes addressed to the Chief Executive. The envelopes shall be marked “Tender for ……” but shall not bear the name or identity of the sender.

Unopened tenders shall be date stamped and stored unopened in a secure place until after the closing date or time. Tenders shall be opened as soon as possible after the stated closing date or time by the Chief Executive or nominated representative, in the presence of the Senior Business Manager or nominated deputy.

Details of tenders received should be entered in a Register or record of Tenders and shall be signed by both officers. Tender documents shall also be dated and signed on the front page and all priced pages shall be initialled by both officers.

In exceptional circumstances where it is in the interests of the Board, late, amended, incomplete, qualified or not strictly competitive tenders may be considered. In such circumstances a full report shall be made to the Chief Executive who may admit such tenders. This approval must be given in writing by the Chief Executive and reported to the Audit Committee on a regular basis. Where a company invited to tender requests a delay in the submission, deferment, if approved, shall be notified to all the companies concerned.

All quotations and tenders must be treated as confidential and should be retained for inspection (a minimum of six years) and in line with guidance issued by Scottish Government, Records Management – NHS Code of Practice (SCOTLAND) Version 2.0 March 2010.

The examination of the tenders received shall include a technical assessment, and a written report on the result containing a recommendation, should be made to the Chief Executive or nominee. At the same time, staff responsible for making this recommendation shall declare, in writing, that they have no pecuniary interest in the recommended company.
Payment under the contract shall be made by the Director of Finance and Corporate Services on the certificate of the Director or such person as may be identified in the contract. The Director of Finance and Corporate Services shall have the right to carry out such financial examinations and checks, as he may consider necessary before making payment.

Approval for increases in prices allowed under an appropriate variation of prices clause in a contract for supplies and services shall be given by the Chief Executive.

Consultants appointed by the Board to be responsible for the supervision of a contract on its behalf shall comply with these Standing Financial Instructions as though they were officers of the Board.

Any grants or similar payments to NHS bodies, local authorities, and voluntary organisations or other bodies shall comply with procedures laid down by the Director of Finance and Corporate Services.

The financial limits for officers’ approval of grants or similar payments, including variations to grants, are set out in the Scheme of Delegation.

5.0 Engaging Management Consultants

NHS Circular MEL (1994) 4 advises Health Boards and Special Health Boards of the results of a review of the use of Management Consultants and sets out a course of action to be adopted.

Management Consultants should only be used when a benefit will accrue to the Board. For major assignments the decision to use Management Consultants should be documented as the conclusion of an option appraisal. In choosing a Management Consultant the Board will ensure that the Management Consultant is capable of carrying out the assignment, that value for money is obtained and that due probity is demonstrated in awarding the contract.

Engagement of Management Consultants at a total cost of over £5,000 should be by competitive tender. The reasons and approval for waiving the requirement to tender should be clearly documented and submitted to the Chief Executive for approval and reported to the Audit and Risk committee on a regular basis.

At the conclusion of the assignment a review and evaluation of the assignment, the benefits achieved and the Management Consultants’ performance will be carried out, documented and reported to the Board.

6.0 Payment for Supplies and Services

The Director of Finance and Corporate Services shall be responsible for arranging for systems to be in place which allow for the recording and payment of all amounts due by the Board.

The preferred method of payment shall be an ordering system, which allows for purchase orders and goods received notes to be recorded in support of all purchases and requests for supplies.

Each directorate shall have originators responsible for raising and receipting purchase orders and authorisers responsible for authorising the orders within their budget and approval limit.

The Director of Finance and Corporate Services will arrange for a list of all the authorised originators and authorisers to be maintained.

All invoices quoting the Board’s official purchase order number should be sent directly to the finance unit. Invoices will then be matched with the purchase order and if the order has been goods receipted, and if appropriate, payment will be made.
Payments through the ordering system will be made by cheque, through the BACS system or via internal transfer.

In certain circumstances payments may be made on the authority of an authorised officer without the use of the ordering system. Alternative systems are in place for the payment of non-purchase order invoices, foreign payments, CHAPS and purchase card transactions.

The Board will approve the level of non-salaries expenditure on an annual basis and the Chief Executive will determine the level of delegation to budget holders.

In all aspects of non-salaries transactions, all employees must comply with the Scheme of Delegation.

The Director of Finance and Corporate Services will:

- advise the Board regarding the setting of thresholds above which quotations (competitive or otherwise) or formal tenders must be obtained;
- ensure these thresholds are regularly reviewed, and
- ensure the preparation, maintenance and issue of procedural instructions on the procurement of goods, works and services incorporating these thresholds.

The originator, in choosing the item to be supplied or the service to be performed shall always obtain the best value for money for the Board.

Employees shall not commit the Board to the purchase of goods or services in advance of a purchase order being approved.
Section G  Income, information and services

1.0  Income

The Director of Finance and Corporate Services shall be responsible for designing and maintaining systems for the proper recording and collection of all monies due.

All officers shall inform the Director of Finance and Corporate Services of monies due to the Board arising from transactions, which they initiate. The Director of Finance and Corporate Services shall be consulted about the pricing of goods and services and nationally negotiated rates shall be observed.

The Director of Finance and Corporate Services shall take appropriate recovery action on any outstanding debts.

Periodic disposals of scrap material and items surplus to requirements shall be dealt with in a manner which is prescribed by the Director of Finance and Corporate Services at the time.

Income not received shall be dealt with in accordance with loss procedures.

Officers shall notify the Director of Finance and Corporate Services when over payments are detected so that recovery can be initiated.

2.0  Financial Information and Services

The Director of Finance and Corporate Services shall be primarily responsible for the accuracy and security of all financial data of the Board, including information held on computer.

The Director of Finance and Corporate Services will devise and implement any necessary procedures to ensure adequate (reasonable) protection of the Board’s data, programs and computer hardware, for which he is responsible, from accidental or intentional disclosure to unauthorised persons, deletion or modification, theft or damage, having due regard for the Data Protection Act 1998 and the Computer Misuse Act 1990.

The Director of Finance and Corporate Services shall ensure that adequate (reasonable) controls exist over data entry, processing, storage, transmission and output to ensure security, privacy, accuracy, completeness, and timeliness of the data, as well as the efficient and effective operation of the system.

The Director of Finance and Corporate Services shall ensure that adequate controls exist such that the computer operation is separated from development, maintenance and amendment.

The Director of Finance and Corporate Services shall ensure that an adequate audit trail exists through the computerised system.

The Director of Finance and Corporate Services shall ensure that new financial systems and amendments to current financial systems are developed in a controlled manner and thoroughly tested prior to implementation. Where this is undertaken by another organisation or agency, assurances of adequacy will be obtained from them prior to implementation.

The Director of Finance and Corporate Services shall ensure that any contracts for computer services shall clearly define the responsibility of all parties for the security, privacy, accuracy, completeness, and timeliness of data during processing, transmission and storage. The contract should also ensure rights of access for audit purposes.
Where another Health Board or any other agency provides a computer service for financial applications, the Director of Finance and Corporate Services shall periodically seek assurances that adequate controls are in operation.

The Director of Finance and Corporate Services shall ensure that adequate controls exist to maintain the security, privacy, accuracy and completeness of financial data sent over transmission networks.

The Director of Finance and Corporate Services shall devise and implement any necessary procedures to protect the Board and individuals from inappropriate use or misuse of financial information held on computer files after taking account of the Data Protection Act.

The Director of Finance and Corporate Services shall ensure that procedures governing the retention, retrieval and destruction of archives are in accordance with Circular SHM58/60 and MEL(1993) 152 and that records shall be kept of documents destroyed.

The documents held in archives shall be capable of retrieval by authorised persons.

The Director of Finance and Corporate Services shall ensure that appropriate business continuity and disaster recovery strategies are in place for finance systems.

3.0 Internal Audit

The Director of Finance and Corporate Services shall be responsible for ensuring that there are arrangements to measure, evaluate and report on the effectiveness of the internal control environment within the Board, and report on the efficient use of resources by the establishment of an adequate Internal Audit service.

Internal audit shall adopt the NHS Internal Audit Standards, which are mandatory and shall follow good practice guidance as set out in the NHS Internal Audit Manual.

The role and objectives of internal audit in the National Health Service are to review, appraise and report to management upon:

- the soundness, adequacy and application of financial and other management controls;
- the extent of compliance with, relevance and financial effect of, established policies, plans and procedures;
- the extent to which the Board’s assets and interests are accounted for and safeguarded from losses of all kinds arising from;
- fraud and other offences;
- waste, extravagance and inefficient administration, poor value for money or other cause;
- the suitability and reliability of financial and other management data developed within the organisation;
- the Board’s risk management arrangements; and
- the adequacy of follow-up action to Audit reports.

Management’s responsibility is to establish and maintain systems of internal control for operations for which it is responsible to ensure that these are properly managed.

Internal Audit should assist the various levels of management in discharging their duties and responsibilities by carrying out appraisals and making the necessary appropriate recommendations to management for operations under its control.

The Internal Auditor, in consultation with the Director of Finance and Corporate Services, shall prepare and submit to the Audit Committee an Annual Audit Plan outlining the extent of proposed
audit cover in order to address the Board’s internal audit need. This plan will be agreed by the Audit and Risk Committee.

The Internal Auditor shall report regularly to the Audit and Risk Committee on the extent of audit cover achieved, providing a summary of audit activity during the report period, and detailing the degree of achievement of the approved plan.

The Internal Auditor shall be entitled, without necessarily giving prior notice, to require and receive:

- access to all records, documents and correspondence relating to any relevant transactions, including documents of a confidential nature (in which case, he shall have a duty to safeguard the confidentiality);
- access to any land, premises or employees of the Board;
- the production or identification by any employee of any Board cash, stock or other property under the employee’s control; and
- explanations concerning any matter under review.

Where a matter arises which involves, or is thought to involve, irregularities concerning cash, stock or other property of the Board or any suspected irregularity in the exercise of any function of a pecuniary nature, the Director of Finance and Corporate Services shall arrange for officers to investigate the matter and if appropriate will involve the Internal Auditor.

The Director of Finance and Corporate Services shall investigate cases of suspected fraud, misappropriation or other irregularities in conjunction, where necessary, with relevant staff and in consultation with the statutory authorities, including Counter Fraud Services when appropriate.

The Internal Auditor shall report directly to the Director of Finance and Corporate Services and shall refer audit reports to the appropriate officers designated by the Director of Finance and Corporate Services. Failure to take remedial action within a reasonable period shall be reported to the Director of Finance and Corporate Services. Where, in exceptional circumstances, the use of normal reporting channels could be seen as a possible limitation on the objectivity of the audit, the Internal Auditor shall have access to report directly to the Chief Executive or the Chairman of the Audit and Risk Committee.
Section H  Losses, condemnations and special payments

1.0  Losses

Any officer discovering or suspecting a loss of any kind shall report the matter to either the Director of Finance and Corporate Services or Chief Executive.

In circumstances in which theft or fraud is suspected the Fraud Liaison Officer should contact the Counter Fraud Service for advice and guidance regarding the procedure to be followed. In other circumstances it is necessary to advise the Director of Finance and Corporate Services of the incident so that the following action can be taken:

- the nature and extent of the loss can be established and recorded;
- appropriate action can be taken to safeguard the Board against further losses of a similar nature, and
- the loss can be written-off.

Losses must be recorded whenever they are discovered and even although a subsequent recovery of the loss is made.

Losses should be categorised as being one of the following:

- cash losses eg theft, fraud or overpayment of salary;
- fruitless payments eg payment in respect of abandoned scheme;
- bad debts, and
- stock losses eg theft, fraud or fire damage.

2.0  Condemnations

All articles surplus to requirements or unserviceable shall be condemned or otherwise disposed of by an officer authorised for that purpose by the Chief Executive and Director of Finance and Corporate Services.

The condemning officer shall satisfy himself as to whether or not there is evidence of negligence in use and shall report any such evidence to the Chief Executive and the Director of Finance and Corporate Services who shall take appropriate action.

Condemnations must be recorded to show what has happened to particular assets.

3.0  Special Payments

Special Payments can only be authorised by the Chief Executive or Director of Finance and Corporate Services. Details of their nature and value must always be recorded.

No special payments exceeding the delegated limits laid down at the SGHSCD shall be made without their prior approval.

Special Payments cover items such as compensation payments made under legal obligation or to staff for damage to personal effects.

4.0  Register of losses and special payments

The Director of Finance and Corporate Services shall maintain a losses and compensation register in which details of all losses shall be recorded as they are known. Write off action shall be recorded against each entry in the register.
The Board shall approve the writing-off of losses within the limits delegated to it from time to time by the SGHSCD. That delegated responsibility may be given by the Board to the Director of Finance and Corporate Services to approve write-off of losses. Such losses shall be reported to the Board at regular intervals.

In the case of losses out with the delegated power of the Board, these shall be submitted to the Board by the Director of Finance and Corporate Services before seeking formal submission to the SGHSCD for approval to write off.

5.0 Non-exchequer funds

All gifts and donations, which are intended for the benefit of the Board and its staff, should be accounted for by the Director of Finance and Corporate Services.

A bank account is available specifically for lodgements and disbursements of non-exchequer funds. The account will be operated by the Chief Executive and the Director of Finance and Corporate Services.

All non-exchequer monies received will be lodged in the bank account and the Director of Finance and Corporate Services will be advised of the source of the funds received. The receipt of gifts and donations should normally be acknowledged by the Chief Executive or Director of Finance and Corporate Services.

Disbursements for the benefit of Members or staff will be authorised by either the Chief Executive or the Director of Finance and Corporate Services. All subsequent invoices will be passed to the Director of Finance and Corporate Services after being authorised for payment by the Chief Executive.

The Director of Finance and Corporate Services will prepare periodic statements of this account and an annual set of accounts for presentation to the Audit and Risk Committee.

6.0 Financial irregularities: Theft, fraud and corruption

This instruction should be read in conjunction with the Board’s Policy on Fraud and Corruption:

- theft is the dishonest appropriation of goods or money, whether or not with the intention permanently to deprive;
- fraud is the bringing about of some practical result by means of false pretence;
- corruption is doing or not doing something in relation to the Board’s affairs or business, as a result of the offering, giving soliciting or acceptance by an officer, Member or adviser of any gift, reward or advantage.

The Chief Executive shall ensure that a senior manager (the designated officer) within the Board is delegated specific responsibility for co-ordinating action where there are reasonable grounds for thinking that an item of property, including cash, has been stolen. The designated officer will be the Fraud Liaison Officer (FLO) who is also usually the Director of Finance and Corporate Services.

Whenever theft, fraud or corruption is suspected it must be reported to either the FLO or the Chief Executive. Officers should be assured that all information will be dealt with in the strictest of confidence and that every attempt will be made to preserve their anonymity.

The person having the suspicion should not convey his/her concerns to anyone else or try to resolve the problem themselves. He/she should however retain any evidence and note any issues and the reasons for his/her concerns. He/she must not contact the police. The FLO should contact Counter Fraud Services (CFS) for initial advice on how to proceed.
The FLO will prepare a confidential note of the discussion and will notify Counter Fraud Services. In matters concerning members or advisers the Chairman should be informed by the Chief Executive. In matters concerning officers, the Chief Executive should advise the Board Chairman and the Head of Human Resources.

The CFS will conduct an investigation into the alleged incident and prepare a preliminary report for the FLO. CFS staff acting on behalf of the Director of Finance and Corporate Services will require and receive access to: all records, documents and correspondence relating to relevant transactions; at all reasonable times to any premises or land of HIS; the production or identification by any employee of any Board, cash, stores or other property under the employee’s control.

In cases where the nature, scale or the persons involved in the suspected offence could give rise to national or local controversy or publicity, or where the offence may be widespread, the Chief Executive will inform the Chairman and submit a report to SGHSCD.

Following the CFS investigation, the Chief Executive and/or the Director of Finance and Corporate Services will be guided regarding the next appropriate action. If it appears that there has been theft, fraud or that a corrupt act has been performed or reasonably suspected, then CFS will inform the police.

Restitution of funds is not a reason for not proceeding with an investigation. Under no circumstances should a suspect be told that he will not be prosecuted – that is a matter solely for the Crown Authorities.

The Board must be guided by CFS about how to proceed. CFS will take the lead in all discussions with the Police and Procurator Fiscal. Officers of the Board will assist CFS with the investigation and any required follow up actions which may include any form of disciplinary action.

Following an incident of theft or fraud the Director of Finance and Corporate Services will take whatever steps are necessary to recover or minimise the loss. To help prevent further losses he will arrange for a review of procedures to be undertaken and amendments will be made to improve procedures where necessary.

The NHSScotland Counter Fraud Services Strategic Plan 2013-16 and subsequent updates provide further information. This can be found on the intranet under the CFS section.
Section I  Capital investment, private financing, fixed asset registers and security of assets

Capital Planning and Approval Processes were delegated to NHS Boards in 2002 [HDL (2002)40 refers]. These instructions reflect the inherent responsibility of Boards to manage their capital needs from within a single capital resource allocation.

These instructions should be read in conjunction with the Scottish Capital Investment Manual issued by the SGHSCD. For property transactions, the relevant guidance is contained in the NHS Property Transaction Handbook and Guidance from the SGHSCD: Improved Asset Management and the Location of Public Sector Organisations. The requirements for the preparation of business cases remains contained in the relevant sections of CEL 35 (2010) and CEL 19 (2010).

1.0  Capital Investment

Roles and responsibilities are as follows:

The Chief Executive:

- will ensure that there is an adequate appraisal and approval process in place for determining capital expenditure priorities and the effect of each proposal upon business plans;
- is responsible for the management of all stages of capital schemes and for ensuring that schemes are delivered on time and to cost; and
- will ensure that the capital investment is not undertaken without confirmation of the availability of resources to finance all revenue consequences, including capital charges.

For every capital expenditure proposal the Chief Executive will ensure that a business case is produced setting out:

- an option appraisal of potential benefits compared with known costs to determine the option with the highest ratio of benefits to costs;
- appropriate project management and control arrangements; and
- that the Director of Finance and Corporate Services has certified professionally to the costs and revenue consequences detailed in the business case.

The Director of Finance and Corporate Services:

- will, at least once per year, review the bases and assumptions used for allocating capital funds. This review will include proposals for which business case approval has been given and will note as relevant any timing considerations. Such requirements will be considered alongside requirements to meet on-going equipment (including information, communications and technology), plant and buildings renewals.
- submit to the Board for approval at an early stage in each financial year, a Capital Investment Plan detailing sources of funding and proposed allocation, including any sums to be held in reserve.
- ensure that the Capital Plan reflects the objectives set out in the Board’s corporate plan.
- regularly report to the Board on significant changes to the initial allocation and the uses of such funds.

The Director of Finance and Corporate Services will issue procedures governing the financial management, including variations to contract, of capital investment projects and valuation for accounting purposes.
2.0 Asset registers

For the purposes of these instructions, Fixed Assets will be defined in accordance with the guidance contained in the Scottish Capital Investment Manual and the Capital Accounting Manual produced by the SGHSCD.

The Director of Finance and Corporate Services will maintain an Asset Register and will ensure that all Fixed Assets are accurately and timeously recorded in the Register in accordance with the guidance contained in the Capital Accounting Manual.

The Director of Finance and Corporate Services will prepare and implement procedural instructions which will ensure that:

- additions to the fixed asset register are clearly identified to an appropriate asset keeper and validated by reference to;
- properly authorised and approved agreements, architect’s certificates, supplier’s invoices and other documentary evidence in respect of purchases from third parties;
- stores, requisitions and wages records for own materials and labour including appropriate overheads;
- lease agreements in respect of assets held under a finance lease and capitalised;
- where capital assets are sold, scrapped, lost or otherwise disposed of, their value is removed from the accounting records and each disposal validated by reference to authorisation documents and invoices (where appropriate);
- balances on fixed assets accounts in ledgers are reconciled to balances on the fixed asset register;
- the value of each asset is indexed to current values in accordance with methods as specified in the Capital Accounting Manual, and guidance issued by SGHSCD from time to time;
- the value of each asset is depreciated using methods and rates as specified in the Capital Accounting Manual and is consistent with the agreed depreciation policy of the Board; and
- capital charges are calculated and paid as specified in the Capital Accounting Manual.

3.0 Security of Assets

The overall control of fixed assets is the responsibility of the Chief Executive.

The Director of Finance and Corporate Services will prepare and implement procedures for the control of assets and will ensure that all assets are appropriately accounted for and verified on an annual basis.

The Director of Finance and Corporate Services will ensure all discrepancies revealed by verification of physical assets to the fixed asset register are investigated.

It is the responsibility of all staff to apply the appropriate routine security in relation to NHS property as may be determined by the Board.

Any damage to the Board’s premises, vehicles and equipment, or any loss of equipment, stores or supplies must be reported by directors and employees in accordance with the procedure for reporting losses.

Where practical, assets should be marked as Board property.

On the closure of any premises, a physical check will be carried out and a responsible officer designated by the Chief Executive will certify a list of items held showing their eventual disposal.
Assets with an estimated value greater than £1,000 should be disposed of in accordance with the procedures set out in these instructions and in accordance with MEL(1996)7. Where the estimated value is £1,000 or less, the Director of Finance and Corporate Services or authorised nominee will approve the most appropriate method of disposal to ensure value for money to the Board.

All proceeds from the sale of assets must be notified to the Director of Finance and Corporate Services and the transaction recorded appropriately in the Accounts.

The Director of Finance and Corporate Services shall be responsible for maintenance of a register of all leases entered into by the Board. In particular, this should specify details in relation to the value, termination and required notice period of the lease.
Section J  Annual accounts, reports and risk management

1.0  Annual Accounts and Reports

The Director of Finance and Corporate Services shall prepare, and submit Annual Accounts to the Chief Executive in respect of each financial year and in such a form as the SGHSCD may determine.

On completion of the audited Annual Accounts and receipt of the associated Management Letter from External Audit, the Director of Finance and Corporate Services on behalf of the Chief Executive will present these to the Audit committee for review. The Audit Committee will then recommend acceptance and approval – or otherwise – of the Audited Annual Accounts to the Board.

The Annual Accounts will be reviewed by the Audit committee and presented to the Board for approval in accordance with SGHSCD timescales.

After approval by the Board, the appropriate Directors shall certify the Accounts in accordance with national guidance.

Certified Annual Accounts will be forwarded by the External Auditor to the SGHSCD within the necessary timescales.

The Director of Finance and Corporate Services shall prepare and submit any necessary financial returns to the SGHSCD. These shall be prepared in accordance with the guidance contained within the NHS Manual of Accounts as amended from time to time.

The Director of Finance and Corporate Services shall prepare a summarised extract of the annual accounts for inclusion in the annual report, giving any additional relevant financial information. The Head of Communications shall ensure processes are in place for preparation of an annual report on the activities of the Board.

2.0  Risk management

The Chief Executive shall ensure that the Board has a strategy for risk management, which will be approved and monitored by the Board.
Section K  Scheme of delegation

1.0  Background

All NHSScotland Boards and Health Bodies are required to produce a Scheme of Delegation to detail the delegation of powers below Board level.

The Board has a corporate responsibility for ensuring that arrangements are in place for the conduct of its affairs, including compliance with applicable guidance and legislation, and ensuring that public money is safeguarded, properly accounted for, and used economically, efficiently and effectively. The Board has an ongoing responsibility to ensure that it monitors the adequacy and effectiveness of these arrangements in practice.

The purpose of this document is therefore to set out the matters reserved for the Board and the delegation of the Board’s responsibilities to individual Directors, Senior Officers, or committees, which it has chosen not to reserve. However, the Board remains accountable for all its functions and therefore expects to receive information about the exercise of delegated functions, to enable it to maintain a monitoring role. The Scheme of Delegation shows only the ‘top level’ of delegation within HIS. Directors/Officers’ may delegate tasks/actions to more junior members of staff but still retain accountability for the exercise of their delegated powers.

2.0  Matters reserved for the Board

The following shall be reserved for agreement by the Board:

- values, aims and strategic plan for the HIS Board;
- standing orders for the Proceedings and Business of the Board, Standing Financial Instructions and the Scheme of Delegation;
- the establishment of terms of reference and reporting arrangements for all governance committees of the Boards and sub-committees acting on behalf of the Board;
- Board Members’ Register of Interests;
- the Local Delivery Plan;
- strategic plans and policies with resource implications greater than £500,000;
- business plans with capital (including Information & communications technology) resource implications greater than £1,000,000;
- endorsement of joint plans with NHS Boards, Care Inspectorate and other partners;
- annual approval of the Financial Strategy;
- annual approval of the revenue and capital budget allocation;
- the acceptance of contracts where the value exceeds £1,000,000 (where the contract value is greater than £2,000,000 this must be submitted to the SGHSCD for approval);
- approval of the transfer of funds between budget heads, including transfers from reserves and balances where the value in any one instance exceeds £500,000;
- financial and performance reporting arrangements;
- approval of the Annual Report and Annual Accounts, including the Governance Statement the incurring of expenditure for which no provision or insufficient provision has been made in the budget of the Board;
- arrangements for the appointment and removal of key staff; and
- arrangements for the approval of policies required as a result of national guidelines.

The foregoing list shall not be held as exhaustive and may be altered or extended at any time as the Board may deem necessary.
3.0 Responsibilities of the Chief Executive: General provisions

The Chief Executive will act as Accountable Officer in accordance with sections 14 and 15 of the Public Finance and Accountability (Scotland) Act 2000.

The Chief Executive is responsible for propriety and regularity in the management of public funds for which he/she has charge and for the day-to-day operations and management of HIS. He/she should act in accordance with the terms of the Management Statement, within the instructions and guidance in the Scottish Public Finance Manual and other instructions and guidance issued from time to time by SGHSCD Finance – in particular, the memorandum to Accountable Officers of Other Public Bodies which the Chief Executive will receive on appointment.

The Chief Executive has specific responsibility for the annual submission to the SGHSCD of the HIS draft Strategy and Local Delivery Plan setting out HIS’s key objectives and associated performance targets for the five years ahead and its strategy for achieving these objectives. They will be prepared in accordance with relevant guidance from the Scottish Government. He/she will ensure that quarterly reports are made to the Board and the SGHSCD on Healthcare Improvement performance against key targets in the Local Delivery Plan and annually in HIS’s Annual Report and Accounts.

The Chief Executive shall exercise power on all matters not particularly reserved by the Board for its own decision. This Scheme of Delegation identifies which functions have been reserved for the Board and delegated to other Directors and officers.

All powers delegated by the Chief Executive can be re-assumed by him/her should the need arise. As Accountable Officer the Chief Executive is accountable for funds allocated to the Board by the Scottish Government.

4.0 Governance and internal control

The Chief Executive shall:

- advise the Board on the discharge of its responsibilities as set out in the Management Statement and in any other relevant instructions and guidance that may be issued from time to time;
- ensure that adequate internal management and financial controls are maintained by HIS including effective measures against fraud and theft; and prepare a statement on the system of internal control for inclusion in the annual report and accounts;
- sign a statement of Accountable Officer’s Responsibilities for inclusion in the annual reports and accounts;
- take action as set out in the Memorandum to Accountable Officers Of Other Public Bodies if the Board, or its Chairman, is contemplating a course of action involving a transaction which the Chief Executive considers would infringe the requirements of propriety or regularity, or does not represent prudent or economical administration or efficiency or effectiveness;
- give evidence when summoned before Committees of the Scottish Parliament on the use and stewardship of public funds by HIS;
- ensure that effective procedures for handling complaints are established;
- act as the Principal Officer for the purpose of the handling of cases involving the Ombudsman. The Principal Officer is responsible for informing the Scottish Government’s Accountable Officer about any complaints accepted by the Ombudsman for investigation, and about HIS’ proposed response to any subsequent recommendations from the Ombudsman; and
- ensure that appropriate staff governance and staff management policies are maintained.
5.0 Finance

Resources shall be used only for the purpose for which they are allocated, unless otherwise approved by the Chief Executive, after taking account of the advice of the Director of Finance and Corporate Services.

Specifically the Chief Executive shall:

- ensure that all public funds made available to HIS are used for the purpose for which they were intended by the Parliament, and that such funds, together with HIS assets, equipment and staff, are used economically, efficiently and effectively;
- ensure that timely monitoring information and forecasts are provided to our sponsor division;
- that corrective action is taken to avoid overspends; and that the SGHSCD is notified promptly when overspends are likely; and
- ensure that financial considerations are taken fully into account by the Board at all stages in reaching and executing its decisions, and that standard financial appraisal techniques are followed as far as is practicable.

6.0 Legal matters

The Chief Executive is authorised to institute, defend or appear in any legal proceedings or any inquiry, including proceedings before any statutory tribunal, board or authority, and following consideration of the advice of the NHS Scotland Central Legal Office to appoint or consult with Counsel where it is considered expedient to do so, for the promotion or protection of the Board’s interests.

In circumstances where a claim against the Board is settled by a decision of a Court, and the decision is not subject to appeal, the Chief Executive shall implement the decision of the relevant Court on behalf of the Board.

In circumstances where the advice of the Central Legal Office is to reach an out of court settlement, the Chief Executive may settle claims against the Board, subject to a report thereafter being submitted to the Audit Committee.

The arrangements for signing of documents in respect of matters covered by the Property Transactions Manual shall be in accordance with the direction of Scottish Ministers. The Chief Executive is currently authorised to sign such documentation on behalf of the Board and Scottish Ministers.

7.0 Procurement

The Chief Executive shall have responsibility for nominating officers or agents to act on behalf of the Board, for specifying, and managing the tender, evaluation and award process through the recognised electronic tendering portals. Where post tender negotiations are required, the Chief Executive shall nominate in writing, officers and/or agents to act on behalf of the Board.
The Chief Executive acting together with the Director of Finance and Corporate Services has authority to approve on behalf of the Board the acceptance of tenders, submitted in accordance with the Board's Tendering Procedure, up to a value that accords with the values set in European Union legislation for supplies and services. The summary of thresholds from 1 January 2014 (net of VAT) is as follows:

PUBLIC CONTRACTS (SCOTLAND) REGULATIONS 2012

<table>
<thead>
<tr>
<th>Entities listed in Schedule 1</th>
<th>SUPPLIES</th>
<th>SERVICES</th>
<th>CAPITAL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£111,676</td>
<td>£111,676</td>
<td>£200,000</td>
</tr>
<tr>
<td></td>
<td>€134,000</td>
<td>€134,000</td>
<td></td>
</tr>
</tbody>
</table>

8.0 Capital budgets

The exercise of this authority for tenders in excess of £200,000 up to £1,000,000 must include a business case and be reported to the Audit committee.

The exercise of this authority for tenders in excess of £200,000 up to £1,000,000 must be included in the tender register.

9.0 Human Resources

The Chief Executive may, after consultation and agreement with the ET and Head of Human Resources, amend staffing establishments in respect of the number and grading of posts. In so doing, the Director of Finance and Corporate Services must have been consulted, and have confirmed that the cost of the amended establishment can be contained within the relevant limit approved by the Board for the current and subsequent financial years. Any amendment must also be in accordance with the policies and arrangements relating to human resource planning, approved by the Board or Staff Governance Committee.

The Chief Executive may attend and may authorise any member of staff to attend, within and outwith the United Kingdom, conferences, courses or meetings of relevant professional bodies and associations, provided that:

- attendance is relevant to the duties or professional development of such member of staff, and
- appropriate allowance has been made within approved budgets; or
- external reimbursement of costs, if appropriate, is to be made to the Board.

The Chief Executive may, in accordance with the Board’s agreed Disciplinary Procedures, take disciplinary action in respect of members of staff, including dismissal where appropriate.

The Chief Executive shall have overall responsibility for ensuring that the Board complies with Health and Safety legislation, and for ensuring the effective implementation of the Board’s policies in this regard.

Administration of the above Accountable Officer responsibilities may be delegated to the Directors and other employees in HIS. However, he/she shall not assign absolutely to any other person any of the responsibilities set out in this document or the Management Statement.
10.0 Delegated authority to others

The Directors of HIS have delegated responsibility from the Chief Executive for the areas of work and associated resources set out in the job description for their individual posts. Specific powers related to staff, resources and assets that are delegated to Directors and officers are set out in Appendix 2.

11.0 Director of Finance and Corporate Services

The Director of Finance and Corporate Services will ensure that the financial responsibilities of HIS are discharged in accordance with current accounting standards and financial guidance from the SGHSCD.

The Director of Finance and Corporate Services has a general duty to assist the Chief Executive in fulfilling his/her responsibilities as the Accountable Officer of the Board and the fulfilling of specific responsibilities.

12.0 Financial statements

The Director of Finance and Corporate Services is empowered to take all steps necessary to assist the Board to:

- act within the law and ensure the regularity of transactions by putting in place systems of internal control to ensure that financial transactions are in accordance with the appropriate authority;
- ensure that systems are in place that control the authorisation of and accountability for financial resources within the Board;
- maintain proper accounting records; and
- prepare and submit for audit, timeous financial statements, which give a true and fair view of the financial position of the Board and its income and expenditure for the period in question.

13.0 Corporate governance and management

The Director of Finance and Corporate Services is authorised to put in place proper arrangements to ensure that the financial position of the Board is soundly based by ensuring that the Board, its governance committees and supporting management groupings receive appropriate, accurate and timely information and advice with regard to:

- the development of financial plans, budgets and projections;
- compliance with statutory financial requirements and achievement of financial targets; and
- the impact of planned future policies and known or foreseeable developments on the Board’s financial position.

The Director of Finance and Corporate Services is empowered to take steps to support the Chief Executive to implement proper arrangements for:

- developing, promoting and monitoring compliance with the requirements for good financial governance with an NHS Board;
- developing and implementing systems of internal control, including systems of financial, operational and compliance controls and risk management;
- developing and implementing strategies for the prevention and detection of fraud and irregularity; and
- Internal Audit.
14.0 **Banking**

The Director of Finance and Corporate Services is authorised to oversee the Board’s arrangements in respect of accounts held in the name of the Board.

15.0 **Director of Finance and Corporate Services**

The Director of Finance and Corporate Services is responsible for the corporate management of human resources within the arrangements approved by Scottish Ministers and in accordance with the Management Statement. The Director of Finance and Corporate Services will support the Chief Executive by:

- developing, promoting and monitoring compliance with the requirements for good staff governance with an NHS Board;
- ensuring that the recruitment of staff is based on fair and open competition and equal opportunities;
- ensuring that the level and structure of staffing, including gradings and number of staff, is appropriate to HIS functions and the requirements of efficiency, effectiveness and economy;
- ensuring that the performance of staff at all levels is satisfactorily appraised for the purposes of performance review and staff development;
- ensuring that HIS staff are encouraged to acquire the appropriate professional, management and other expertise necessary to achieve HIS strategic objectives;
- ensuring that proper consultation with staff takes place;
- ensuring that adequate grievance and disciplinary procedures are in place;
- ensuring that HIS implements terms and conditions of service and operates pension schemes for all staff, which meet Scottish Ministers’ requirements and approval;
- ensuring that the most cost effective use is made of human resources;
- ensuring that direction, support and performance management are provided to those managers who have responsibility for Human Resources and Organisational Development; and
- ensuring that processes are reviewed and enhanced to improve services and increase efficiency.

16.0 **Caution over the use of delegated powers**

Powers are delegated to Directors and Officers on the understanding that they shall not exercise delegated powers in a manner which, in their judgement, is likely to be a cause for public concern.

17.0 **Absence of Directors/officers to whom powers have been delegated**

In the absence of the Director/officer to whom powers have been delegated, those powers shall be exercised by that Director/Officer’s superior, unless alternative arrangements have been approved by the Board. If the Chief Executive is absent, powers delegated to him/her may be exercised by a Director, nominated by the Chief Executive, after taking appropriate advice, as necessary, from the ET.

18.0 **Delegation of powers to governance committees/sub-committees acting on behalf of the Board**

The Board may determine that certain of its powers shall be exercised by governance committees/sub-committees. The composition and terms of reference of such committees shall be determined by the Board from time to time, taking into account the requirements of the Scottish Government. The Board shall determine the reporting requirements of these committees.
Committees of the Board may not delegate executive powers to governance committees/sub-committees unless authorised by the Board.
# Appendix 2 - Delegation of powers to Directors and Officers

## Delegated matter

<table>
<thead>
<tr>
<th>Delegated matter</th>
<th>Details of authority</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1.</strong> <strong>Purchasing</strong></td>
<td></td>
</tr>
<tr>
<td><strong>1.1</strong> Competitive tenders:</td>
<td>Budget holder, Director of Finance and Corporate Services, Procurement &amp; Efficiencies Manager and Chief Executive (or deputy).</td>
</tr>
<tr>
<td>Goods and services of £50,000 and above to be sought through competitive tenders.</td>
<td></td>
</tr>
<tr>
<td><strong>1.2</strong> Quotations: Three quotations shall be sought wherever possible, as follows:</td>
<td></td>
</tr>
<tr>
<td>expenditure of £5,000 to £49,999 (excluding VAT) – three written quotations</td>
<td>Budget holder, Director of Finance and Corporate Services, Procurement &amp; Efficiencies Manager and Chief Executive (or deputy).</td>
</tr>
<tr>
<td>expenditure of £1,000 to £4,999 (excluding VAT) – three telephone quotes</td>
<td>Budget holder/delegated member of staff.</td>
</tr>
<tr>
<td>expenditure below £1,000 (excluding VAT) – no quotations are required but best value shall be sought</td>
<td>Budget holder/delegated member of staff.</td>
</tr>
<tr>
<td><strong>1.3</strong> Administration of tenders:</td>
<td>Director of Finance and Corporate Services</td>
</tr>
<tr>
<td>The opening of tenders and maintenance of tender registers</td>
<td></td>
</tr>
<tr>
<td><strong>2.</strong> Operation of all detailed financial matters including bank accounts and banking procedures</td>
<td>Director of Finance and Corporate Services</td>
</tr>
<tr>
<td><strong>3.</strong> Management of Land, Buildings and other assets belonging to or leased by the Board</td>
<td></td>
</tr>
<tr>
<td><strong>3.1</strong> Overall responsibility for all assets</td>
<td>Chief Executive</td>
</tr>
<tr>
<td><strong>3.2</strong> Maintenance of Asset register.</td>
<td>Director of Finance and Corporate Services</td>
</tr>
<tr>
<td><strong>3.3</strong> Annual asset check.</td>
<td>Director of Finance and Corporate Services</td>
</tr>
<tr>
<td><strong>3.4</strong> Management of assets belonging to and leased by the Board</td>
<td>Director of Finance and Corporate Services</td>
</tr>
<tr>
<td><strong>3.5</strong> Disposal of Assets: (value equates to the net book value of the asset or the realisable value, whichever is the higher)</td>
<td></td>
</tr>
<tr>
<td>up to £ £5,000</td>
<td>Director of Finance and Corporate Services</td>
</tr>
<tr>
<td>from £5,000 to £49,999</td>
<td>Director of Finance and Corporate Services</td>
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<tr>
<td><strong>in excess of £50,000</strong></td>
<td>Chief Executive/Director of Finance to seek SGHSCD approval and to seek prior approval from the Audit and Risk Committee</td>
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<tr>
<td><strong>Disposals must be notified in writing to Finance Department</strong></td>
<td></td>
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</tbody>
</table>

### 4. Losses, condemnations and special payments

#### 4.1 Losses
Approval of the writing-off of losses within the following limits:

- cash losses up to £5,000 due to:
  - theft, fraud
  - overpayment of salaries, wages, fees and other allowances
  - other causes
  - fruitless payments up to £5,000 (including capital schemes)
  - bad debts and abandoned payments up to £5,000
  - stock losses eg theft, fraud or fire damage

Chief Executive or Director of Finance and Corporate Services

#### 4.2 Condemnation
Approval of articles to be condemned or otherwise disposed of

Chief Executive or Director of Finance and Corporate Services

#### 4.3 Special Payments
Approval of special payments within the following limits:

- compensation payments (made under legal obligations) up to £100,000 plus costs
- ex-gratia payments
- extra-contractual payments to contractors up to £5,000
- compensation payments (including payments to staff for loss of personal effects) up to £5,000
- Private street works charges with the advice of the District Valuer up to £5,000
- other payments up to £2,500
- Maintaining a losses and special payments register, detailing all losses and special payments made.

Director of Finance and Corporate Services
<table>
<thead>
<tr>
<th>Reporting to the Board, on an annual basis any losses and special payments made</th>
<th>Director of Finance and Corporate Services</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>5. Leave</strong>&lt;br&gt;Approval of paid and unpaid leave in accordance with the guidelines provided in the relevant HIS policies:</td>
<td></td>
</tr>
<tr>
<td>5.1 Special leave</td>
<td>Line Manager</td>
</tr>
<tr>
<td>5.2 Emergency leave, including adverse weather</td>
<td>Line Manager</td>
</tr>
<tr>
<td>5.3 Partner Support (Paternity) leave</td>
<td>Line Manager</td>
</tr>
<tr>
<td>5.4 Parental leave</td>
<td>Line Manager</td>
</tr>
<tr>
<td>5.5 Adoption and Fostering leave</td>
<td>Line Manager</td>
</tr>
<tr>
<td>5.6 Carer’s leave</td>
<td>Line Manager</td>
</tr>
<tr>
<td><strong>6. Absence management</strong></td>
<td></td>
</tr>
<tr>
<td>6.1 Informal discussion</td>
<td>Line manager</td>
</tr>
<tr>
<td>6.2 Stage 1 formal absence warning</td>
<td>Line manager</td>
</tr>
<tr>
<td>6.3 Stage 2 formal absence warning or appeal against Stage 1 absence warning issued by Line Manager</td>
<td>Unit Head</td>
</tr>
<tr>
<td>6.4 Stage 3 formal absence warning or appeal against Stage 1 or Stage 2 warnings issued by a Line Manager or Head of Unit</td>
<td>Unit Head</td>
</tr>
<tr>
<td>6.5 Stage 4 absence dismissal</td>
<td>Director or Chief Executive</td>
</tr>
<tr>
<td>6.6 Appeals against any level of absence warning or dismissal</td>
<td>Director or Chief Executive, Chief Executive or Board Panel</td>
</tr>
<tr>
<td><strong>7. Management of Employee Capability</strong></td>
<td></td>
</tr>
<tr>
<td>7.1 Informal discussion</td>
<td>Line manager</td>
</tr>
<tr>
<td>7.2 Stage 1 formal advisory warning</td>
<td>Line manager</td>
</tr>
<tr>
<td>7.3 Stage 2 formal advisory warning or appeal against Stage 1 absence warning issued by Line Manager</td>
<td>Unit Head</td>
</tr>
<tr>
<td>7.4 Stage 3 formal advisory warning or appeal against Stage 1 or Stage 2 warnings issued by a Line Manager or Head of Unit</td>
<td>Unit Head</td>
</tr>
<tr>
<td>7.5 Stage 4 dismissal</td>
<td>Director or Chief Executive</td>
</tr>
<tr>
<td>7.6 Appeals against any level of advisory warning or dismissal</td>
<td>Director or Chief Executive, Chief Executive or Board Panel</td>
</tr>
</tbody>
</table>
References

1. UK Corporate Governance Code
2. International Framework: Good Governance in the Public Sector
3. Healthcare Improvement Scotland
4. Public Services Reform (Scotland) Act 2010
5. Scottish Health Council
6. Scottish Intercollegiate Guidelines Network (SIGN)
7. Healthcare Environment Inspectorate
8. Scottish Health Technologies Group
9. Scottish Medicines Consortium
10. Board of Healthcare Improvement Scotland/Register of Board members’ interests
11. Public Services Reform (Scotland) Act 2010 Schedule 16
12. Board Members’ Code of Conduct
13. Cabinet Secretary for Health and Well Being
14. Scottish Ministers
15. Ethical Standards in Public Life etc. (Scotland) Act 2000
17. Audit Scotland: The Role of Boards (September 2010)
18. On Board: A guide for Board members of public bodies in Scotland
19. NHSScotland Board diagnostic (2011)
20. Scottish Public Finance Manual (SPFM)
21. Best Value in public services: Guidance for Accountable Officers
22. Freedom of Information (Scotland) Act 2002
23. Environmental Information (Scotland) Regulations 2004
24. Public Bodies (Admission to Meetings) Act 1960
<table>
<thead>
<tr>
<th>Page</th>
<th>Section Reference</th>
<th>Summary of Change</th>
<th>Changed by</th>
<th>Notes (where appropriate)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Throughout</td>
<td></td>
<td>Board/Committee quorum numbers updated where necessary to 50% of members</td>
<td>Corporate Governance Officer</td>
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<td></td>
<td></td>
<td>Head of Human Resources changed to Director of Finance and Corporate Services</td>
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<tr>
<td>Introduction</td>
<td>4</td>
<td>1. “HIS is an independent public body” changed to HIS is a public body</td>
<td>Audit and Risk Committee</td>
<td></td>
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<tr>
<td></td>
<td>4</td>
<td>1.1 Text updated to reflect the seven contributions to transforming health and social care in Scotland</td>
<td>Corporate Governance Officer</td>
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<tr>
<td></td>
<td>4</td>
<td>1.2 Text updated to reflect the seven contributions to transforming health and social care in Scotland. Scottish Antimicrobial Prescribing Group added to list of organisations</td>
<td>Corporate Governance Officer</td>
<td></td>
</tr>
<tr>
<td></td>
<td>6</td>
<td>2. Under the role of the Board - “provide entrepreneurial leadership” changed to “provide leadership”</td>
<td>Audit and Risk Committee</td>
<td></td>
</tr>
<tr>
<td>Section A: Standing Orders</td>
<td>11</td>
<td>4.4 HIS officers updated to reflect current posts in Executive Team</td>
<td>Corporate Governance Officer</td>
<td></td>
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<td></td>
<td>12</td>
<td>4.6 First bullet changed to “Executive Team Report”</td>
<td>Corporate Governance Officer</td>
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<td></td>
<td></td>
<td>“Director’s Reports” deleted</td>
<td>Corporate Governance Officer</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Final bullet changed from “patient story” to “stakeholder/patient story”.</td>
<td>Corporate Governance Officer</td>
<td></td>
</tr>
<tr>
<td></td>
<td>18</td>
<td>5.1 Plan of business changed to quarterly review.</td>
<td>Corporate Governance Officer</td>
<td></td>
</tr>
<tr>
<td></td>
<td>18</td>
<td>5.2 Schedule of meetings dates changed to be presented well in advance of the following year.</td>
<td>Audit and Risk Committee</td>
<td></td>
</tr>
<tr>
<td></td>
<td>22</td>
<td>6.0 ihub Committee added to list of committees</td>
<td>Corporate Governance Officer</td>
<td></td>
</tr>
<tr>
<td>Page</td>
<td>Section Reference</td>
<td>Summary of Change</td>
<td>Changed by</td>
<td>Notes (where appropriate)</td>
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</tr>
<tr>
<td>25</td>
<td>7.7</td>
<td>&quot;unless otherwise provided&quot; added to first sentence of second para.</td>
<td>Audit and Risk Committee</td>
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<tr>
<td>29</td>
<td>9.0</td>
<td>Quality Committee terms of reference updated to include SAPG governance and changes to membership numbers</td>
<td>Director of Evidence/Corporate Governance Officer</td>
<td>Approved by Quality Committee, 21/7/16</td>
</tr>
<tr>
<td>32</td>
<td>10</td>
<td>Staff Governance Committee terms of reference standardised in line with other committees and HR representation added to membership</td>
<td>Audit and Risk Committee/SGC Chair</td>
<td></td>
</tr>
<tr>
<td>34</td>
<td>11.3</td>
<td>SHC membership changed to &quot;up to eight other members&quot; and &quot;up to six who shall be ...&quot;</td>
<td>Scottish Health Council</td>
<td></td>
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<td>35</td>
<td>12.0</td>
<td>Executive Remuneration Committee terms of reference updated</td>
<td>Executive Remuneration Committee</td>
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<tr>
<td>37</td>
<td>13.0</td>
<td>ihub Committee terms of reference inserted</td>
<td>Director of Improvement Support and ihub</td>
<td></td>
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<tr>
<td>39</td>
<td>Appendix 1</td>
<td>Updated</td>
<td>Corporate Governance Officer</td>
<td></td>
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</tbody>
</table>

**Section B: Standing Financial Instructions**

| 40   | 1.0               | Code of Conduct for Members of Healthcare Improvement Scotland added at end of 2nd and 4th paragraphs | Director of Finance and Corporate Services | Reflects requirements of Scottish Government letter, UK Bribery Act 2010 |

**Section F: Purchase of Supplies and Services**

| 48   | 1.0               | Updated to reflect latest legislation and guidance.                             | Director of Finance and Corporate Services |                           |
SUBJECT: Board and Governance Committee Schedule of Meetings 2017/18

1. Purpose of the report
To present the proposed schedule of Board and Governance Committee meetings for 2017/18.

2. Key Points

   a) The Code of Corporate Governance includes the Standing Orders for the regulation of the business and proceedings of the Board of Healthcare Improvement Scotland. To support this process, regular meetings of the Board and its Governance Committees are scheduled throughout each financial year. A proposed schedule of meetings for 2017/18 is attached at Appendix 1.

   b) All of the proposed dates have been agreed in advance with Board and Committee Chairs and Lead Directors. They take account of known dates for the NHS Chairs and Chief Executives meetings and of the NHS Event in June 2017 to avoid conflicts with this schedule of dates.

3. Actions/Recommendations
The Board is asked to approve the schedule of Board and Governance Committee meeting dates for 2017/18 and to ensure that these dates are scheduled in diaries for 2017-18.

Appendix 1: Schedule of Board and Governance Committee meeting dates 2017/18

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

## RISK

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

## OTHER CONSIDERATIONS

<table>
<thead>
<tr>
<th>How do the key points relate to the Corporate Plan?</th>
<th>Effective planning and delivery against governance requirements supports reporting against our strategic objectives, local delivery plan and corporate plan.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resource Implications</td>
<td>There are no additional resource implications.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What engagement has been used to inform the work.</th>
<th>The meetings schedule has been developed through consultation with the Chairman, Governance Committee Chairs, committee secretaries and lead Directors. It is not subject to public consultation. The schedule will be published on the staff intranet and the dates of public Board meetings will be advertised on the website.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>What Equality and Diversity considerations relate to the work. Advise how the work:</th>
<th>There are no additional Equality and Diversity impacts.</th>
</tr>
</thead>
<tbody>
<tr>
<td>• helps the disadvantaged;</td>
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<td>• helps patients;</td>
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<td>• makes efficient use of resources.</td>
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<td>Year</td>
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<td>2018</td>
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</table>
SUBJECT: Working Towards a 3 Year Corporate Plan 2017-2020

1. Purpose of the report

To share:

a) proposed principles to shape a future 3 year corporate plan
b) the process to develop the corporate plan.

2. Key Points

This paper sets out steps to establish a longer-term corporate plan for Healthcare Improvement Scotland.

During 2015-16, significant changes were made to the role of Healthcare Improvement Scotland (HIS) in order to support health and social care integration. These changes have been incorporated within the Local Delivery Plan (LDP) for 2016-17 and there is a commitment to develop a corporate plan over a longer time frame which reflects wider changes, such as the establishment of Integration Joint Boards.

The corporate plan will reflect our response to system changes and capture the need to:

- have a better understanding of the increasing complexity of the system of health and social care;
- establish a more bespoke approach improving the quality of health and social care firmly anchored in meeting local needs;
- develop mechanisms for supporting health and social care providers to deliver care in a more equal relationship with people using services and their families;
- build a rigorous assessment of sustainability of services into every aspect of our work.

These four points require an approach which is sensitive to the changing landscape of health and social care in Scotland – especially the development of localities with a wider range of interested stakeholders, including the third sector. Driving improvements in the quality of health and social care – consistent with our Seven Contributions – is a cross organisational endeavour. A key element of our new approach is building on the growing recognition that the whole organisation is committed to supporting improvement, with a range of skills and approaches – one organisation, many parts, one purpose.

The Strategic Planning Process 2017-20 (Appendix 1) outlines the principles and proposed timescales that will drive the process to ensure timely development and approval of the 3 year plan.

3. Actions/Recommendations

The Board are asked to approve the process and principles in Appendix 1.

Appendix:

1. Healthcare Improvement Scotland Strategic Planning process 2017-2020
SUPPORTING INFORMATION

RISK

<table>
<thead>
<tr>
<th>Do the key points represent a risk to the organisation?</th>
<th>If yes, has a risk been raised on the Compass Risk Management System</th>
<th>If yes, provide the risk number, risk description and risk rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>yes</td>
<td>Yes – 4 related risks</td>
<td>246, 6, 9, 13,</td>
</tr>
</tbody>
</table>

OTHER CONSIDERATIONS

<table>
<thead>
<tr>
<th>How do the key points relate to the Corporate Plan?</th>
<th>This paper is setting out development of the Corporate Plan 2017-20</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resource Implications</td>
<td>The plan will be developed in tandem with available resources with the integration of workforce, financial and service planning implications.</td>
</tr>
<tr>
<td>What engagement has been used to inform the work.</td>
<td>The process of developing the plan will incorporate a full stakeholder engagement exercise</td>
</tr>
<tr>
<td>What Equality and Diversity considerations relate to the work. Advise how the work:</td>
<td>All of our work will be impact assessed. A fundamental principle of the planning process will be to ensure that our work is aimed at improving equity.</td>
</tr>
<tr>
<td>• helps the disadvantaged; • helps patients; • makes efficient use of resources.</td>
<td></td>
</tr>
</tbody>
</table>
1 Introduction

1.1 Public service reform continues to be a fundamental component of the overall drive to transform public services so that they are more efficient, effective and better tailored to meeting the needs of citizens. In particular, the First Minister has emphasised the importance of collaborative working across organisational boundaries to achieve better outcomes.

1.2 The commitments set out in the integration of health and social care, A National Clinical Strategy and in the Chief Medical Officer's, Annual Report, Realistic Medicine provide further impetus to reform within health and social care with the focus on the redesign of services to meet the increasingly complex needs of individuals, rather than service provision being constrained by geographical, institutional or professional boundaries.

1.3 Consistent with public service reform, Healthcare Improvement Scotland has acknowledged the need for an increasingly integrated approach to supporting improvements in health and social care in Scotland, and an approach that is genuinely 'bottom up', consistent with locality planning. As one organisation, with many parts, focused on supporting the transformation of health and social care, Healthcare Improvement Scotland recognises the need for a multi-dimensional response, across our areas of responsibility. Our strategic approach set out in Seven Contributions to Supporting the Transformation of Health and Social Care in Scotland acknowledges the very significant interdependencies across our various functions.

1.4 Healthcare Improvement Scotland also continues to make a significant contribution, not just in respect of supporting the drive to embed improvements in integrated health and social care, but in the wider public service reform space. We are working closely with the Improvement Service regarding the transformation of local services and through the Our Voice initiative building a stronger approach to enabling citizens to have a stronger say in the design and delivery of public services. Fundamentally though, there is a need for transformational change to bring sustainability and to deliver health and wellbeing outcomes that cannot be delivered without active, engaged and informed citizens supporting service redesign.

1.5 Our approach to strategic planning needs to ensure a strong focus on building capacity at the frontline of service delivery, and in a way that is consistent with local needs.

2 Principles to Guide the Shape of Strategic Planning

2.1 We believe that there are some principles that should assist in developing a fresh strategy. The following table sets out these principles and some examples of Healthcare Improvement Scotland delivering against these principles.
<table>
<thead>
<tr>
<th>Principles</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ensuring a <strong>connected and coherent approach</strong> – through the deployment of our functions – to supporting improvement in health and social care services nationally, regionally and locally</td>
<td>Healthcare Improvement Scotland provides a single point for the provision of the tools to drive improvements in the quality of care for older people in hospital in Scotland: from the provision of national evidence-based guidelines and standards (<em>Standards for the Care of Older People in Scotland</em>), practical quality improvement support (<em>Think Frailty</em>) and external quality assurance (<em>Care of Older People in Acute Hospitals Inspections</em>).</td>
</tr>
<tr>
<td>Further <strong>embedding 'whole system' working</strong> by assisting health and social care services to better manage the connections between organisations, services and citizens</td>
<td>Through Healthcare Improvement Scotland’s <em>Living Well in Communities</em> initiative, the organisation is supporting more seamless and effective pathways of care between hospital, community settings, and home – such as in embedding anticipatory care plans and better self management of chronic conditions.</td>
</tr>
<tr>
<td><strong>Enabling capacity for ‘bottom up’ support</strong> to locally flexible and responsive services, working with a range of interested partners including COSLA, Integration Joint Boards and the third sector</td>
<td>Healthcare Improvement Scotland is enabling, supporting and growing local capacity to improve on the basis of a ‘bottom up’ approach where partners identify their individual needs. The building of local capacity is key to supporting a sustainable system in the longer term. For example, Healthcare Improvement Scotland is working with Integration Joint Boards, such as Edinburgh City, to identify the practical improvements to achieve more appropriate care – especially the redesign of care for the 2% of the population who currently use up to 50% of acute hospital and community prescribing resources.</td>
</tr>
<tr>
<td>Providing the <strong>independent evidence and rigorous external assessment</strong> to ensure reformed health and social care services offer genuinely better outcomes</td>
<td>Underpinned by a consistent and robust Quality Framework, Healthcare Improvement Scotland will review the quality and sustainability of major priorities in healthcare, such as child and adolescent mental health services in Scotland.</td>
</tr>
<tr>
<td><strong>Supporting leadership and capacity for transformational change</strong>, especially during a period of organisational redesign</td>
<td>Given that Integration Joint Boards are at the heart of transformational change, Healthcare Improvement Scotland is connecting with NHS, local authorities and the third sector to co-ordinate activity, as well as deliver services which improve leadership and coaching across the piece. Healthcare Improvement Scotland is also providing support to the senior teams in NHS boards by building capability in relation to coaching and leadership for improvement.</td>
</tr>
</tbody>
</table>
Enabling and facilitating a greater voice for citizens in the redesign of public services – especially in the context of the increasing complexity of health and social care

Through the *Our Voice* initiative, a Citizen’s Panel, of 1,200 members of the public who are representative of the wider population, will give ordinary people the chance to have their say on health and care issues and decisions that are important to the people of Scotland.

2.2 We believe these six principles will be important in shaping the nature of our contributions across the functions of Healthcare Improvement Scotland and should guide the strategic plan for 2017-2020.

2.3 A major step in Healthcare Improvement Scotland’s journey as an organisation has been the gradual re-balancing of its role from national initiatives and programmes towards the bespoke and practical support to local health and social care providers. Whilst retaining a strong and visible national leadership role, Healthcare Improvement Scotland is nurturing local capacity and capability to bring about transformational, and often very complex, change. It will be important that this work is sustained and accelerated in supporting the services to offer care that is better tailored to the needs of the citizens of Scotland.

3  Timescale

3.1 The following sets the timescale for the development of the plan for 2017-2020.

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
<th>Product</th>
</tr>
</thead>
<tbody>
<tr>
<td>21 July 2016</td>
<td>Quality Committee</td>
<td>Agreed outline of strategic planning proposal</td>
</tr>
<tr>
<td>24 August 2016</td>
<td>Board Meeting</td>
<td>Early discussion on process and priorities for 2017-20</td>
</tr>
<tr>
<td>25 August 2016</td>
<td>Corporate Management Team</td>
<td>Early discussion on process and priorities for 2017-20</td>
</tr>
<tr>
<td>September/October</td>
<td>Stakeholder Engagement Events</td>
<td>Gathering of intelligence about priorities using stakeholder engagement framework</td>
</tr>
<tr>
<td>29 September 2016</td>
<td>ihub Committee and development session</td>
<td>Discussion on process and priorities for 2017-20</td>
</tr>
<tr>
<td>26 October 2016</td>
<td>Board Seminar</td>
<td>Presentation, discussion and agreement on overall shape of future priorities.</td>
</tr>
<tr>
<td>23 November 2016</td>
<td>Board meeting</td>
<td>Draft Strategic Plan 2017-20 for consideration</td>
</tr>
<tr>
<td>22 February 2017</td>
<td>Board meeting</td>
<td>Draft Strategic Plan including resource allocation for consideration</td>
</tr>
</tbody>
</table>
SUBJECT: Strategic Engagement and Relationship Management

1. Purpose of the report

To provide an update to the board on our work to strengthen our approach to strategic engagement and relationship management and share with the Board a draft Stakeholder Engagement Framework.

2. Key Points

At the reserved session of the June board meeting a paper was presented setting out our proposals to improve and strengthen our approach to strategic engagement and relationship management.

In that paper three principal areas were identified to be taken forward in a strengthened approach to strategic engagement and relationship management and a commitment made to update the board on progress in these areas:

- Clarity on our revised organisational purpose, positioning and identity
- Strategic engagement and relationship management
- Leadership for strategic engagement and relationship management

Organisational Purpose, Positioning and Identity

Healthcare Improvement Scotland’s Seven Contributions to Supporting the Transformation of Health and Social Care in Scotland document was an opportunity to review and reflect on the way we describe ourselves and the impact of our work, reflecting the need for greater cross organisational working to address the problems in health and social care. The paper further demonstrated our commitment to work as ‘one organisation’ building on the key message of the Driving Improvement in Healthcare Strategy 2014 by evolving how we describe our activity, ourselves and our contribution.

Work is reaching a conclusion on the development of a revised narrative that captures the essence of the seven contributions and includes the introduction of a ‘one organisation, many parts, one purpose’ strapline. This strategic narrative is proposed as the new way of describing our organisation and will be consistently used across all our publications, leaflets, web presence and corporate presentations. We are in the process of developing a social media campaign for Autumn 2016 to publicise our new narrative amongst professional groups and stakeholders highlighting our expanded remit in health and social care and introducing us to social care audiences. Further discussions are also underway on how to expand this campaign to the wider public audiences.

Strategic Engagement and Relationship Management

It was agreed that there is a need for a more proactive and strategic approach to be developed for engaging with our stakeholders. We have acknowledged the need to shift from a reliance on ad hoc engagement to a more integrated and strategic approach that links with our broader strategic messaging and objectives.
A cross organisational working group was convened to review and refresh work previously undertaken as part of the development of our organisational strategy: *Driving Improvement in Healthcare*, in 2014/15, acknowledging that since this work was undertaken, our organisational remit has expanded across health and social care.

The first output from this group has been the development of a Stakeholder Engagement Framework (attached at appendix 1) setting out our approach to stakeholder engagement and outlining our key identified stakeholder groups with proposed objectives for our engagement with these groups.

This framework will form the basis of a more detailed operational plan and strategy that will be developed and led by the Associate Director for Strategic Engagement and Relationship Management.

**Leadership for Strategic Engagement and Relationship Management**

Recruitment is underway for an Associate Director for Strategic Engagement and Relationship Management to join the organisation on an initial 12 month secondment. This senior role will be responsible for ensuring a clear alignment of our identity and position with our future strategic direction; designing a future strategic engagement and relationship management strategy for the organisation and supporting a proactive, coordinated and meaningful approach to engaging with our stakeholders. We have had interest from several potential candidates and short listing will take place at the end of this month with a view to interviewing in September 2016.

3. **Actions/Recommendations**

   The Board is asked to
   
   a. note the update on our three principal areas for strengthening our approach to strategic engagement and relationship management
   b. approve the Stakeholder Engagement Framework

**Appendix:**

1. Stakeholder Engagement Framework

If you have any questions about this paper please contact Robbie Pearson, Acting Chief Executive, Robbie.pearson@nhs.net
SUPPORTING INFORMATION

RISK

<table>
<thead>
<tr>
<th>Do the key points represent a risk to the organisation?</th>
<th>If yes, has a risk been raised on the Compass Risk Management System</th>
<th>If yes, provide the risk number, risk description and risk rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>yes</td>
<td>yes</td>
<td>Risk 9 – There is a risk that our work does not take account of the longer term, wider and evolving external environment because of lack of horizon scanning, lack of organisational appetite or capacity for change resulting in missed opportunities and reputational damage. Rated Low.</td>
</tr>
</tbody>
</table>

OTHER CONSIDERATIONS

<table>
<thead>
<tr>
<th>How do the key points relate to the Corporate Plan?</th>
<th>The development of our role as an organisation and increasing profile emphasises the need for a robust and systematic approach to engagement.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resource Implications</td>
<td>N/A Non-recurring costs for one year secondment opportunity set out in the paper.</td>
</tr>
<tr>
<td>What engagement has been used to inform the work?</td>
<td>The issue of strategic engagement has been reflected in feedback from the Board Diagnostic Exercise.</td>
</tr>
<tr>
<td>What Equality and Diversity considerations relate to the work?</td>
<td>The outcome of this work will ensure a stronger, more effective and consistent engagement with interested stakeholders.</td>
</tr>
</tbody>
</table>
Draft Stakeholder Engagement Framework

August 2016
Contents

1. Introduction
2. Purpose of the Framework
3. Principles of Engagement
4. Our Stakeholders
5. Our approach to Engagement
6. Measurement of Engagement
Introduction

All in our organisation share the same purpose of driving improvements in the care people receive.

One Organisation, many parts, one purpose

Improvement can be driven and supported in a number of ways. For example, the sharing of the latest innovations in improvement techniques, disseminating best practice we find nationally, conducting inspections and reviews which drive improvements, giving advice on the effectiveness and value for money of technologies and medicines, producing guidelines and advice to improve the standard of care and supporting the public voice to be heard in the care they or their loved ones receive and in the development of services.

All our activities are dedicated to achieving the same end result – helping to drive improvements in the care people receive.

A national organisation using international expertise

As a national organisation we work with health boards, health and social care partnerships, third sector organisations, the public, and other public and private sector organisations involved in health and social care.

We want the very best for people in Scotland, so we work with stakeholders across Scotland and internationally to collaborate, learn and coordinate work to achieve better outcomes for the citizens of Scotland.

Health and social care services which are fit for the future

People in Scotland are living longer, healthier lives and, as the needs of our society are changing, so too is the nature and form of our health and social care services. Our current health and social care system needs to change to better meet the needs that will be generated by our aging population and are increasingly personalized and developed with people, for people.

Right now, health and social care services across Scotland are undergoing unprecedented transformational change in the way services are organised and delivered in order to be fit for the future.
Our seven contributions to transforming health and social care

In order to support that transformational change, we have committed to making seven key contributions to improving health and care services. These are:

- Supporting people to have a meaningful say in services
- Assessing the quality of services to inform improvement action
- Supporting the redesign of services
- Helping services to reduce variation in quality
- Independent assessment of evidence to deliver better outcomes and value for money
- Proactively intervening to support services to improve
- Supporting leaders to deliver a culture of continuous improvement.

Individually and collectively, these contributions help drive improvements in the care people receive across Scotland.

Risks and Challenges

There are significant risks to the organisation resulting from poor stakeholder engagement:

- Programmes and activity are developed without input from health and social care professionals; from scoping new work to operational delivery.

- Our work is not aligned with local and national priorities limiting our positive impact on improving the care people receive.

- Stakeholders lack understanding of who we are and what we do and what they can expect from our organisation.

- The potential reputational damage to Healthcare Improvement Scotland resulting from poor engagement with our stakeholders.

In developing this framework we are coordinating our approach to stakeholder engagement to support the development of our one organisation: many parts one purpose ethos.

We acknowledge that there will be challenges in ensuring that our stakeholder engagement remains focused on our strategic objectives and delivery of the seven contributions. An
understanding and awareness of the pressures that surround health and social care is key to facilitating effective engagement with our stakeholders.
Purpose of the Framework

Every day, across all of our activity, we engage with people who are affected by and interested in what we do. The relationships we develop with our stakeholders will determine how well we will be able to deliver on our Driving Improvement in Healthcare strategy: 2014-2020. As our remit now spans across health and social care, we need to review who our stakeholders are, and have an understanding about the most effective ways to engage with them about our work.

This framework outlines our strategic approach to stakeholder engagement that includes:

- Principles to guide our engagement approach
- Our stakeholder groups and key objectives for engagement with these groups
- A matrix to help to focus on the desired level of engagement – recognising that the tools and methods used must be fit for purpose and appropriate for the group and level of engagement we are seeking
- Methods of engagement
- Measurement of engagement to ensure we evaluate the impact of our activity of our engagement in supporting the delivery of the Seven Contributions
- Risks and challenges to consider

It is important that we are clear and consistent in our messaging to ensure that our stakeholders understand who we are, what we do and what they can expect from us at all levels from our Board to individual staff members.

Meaningful engagement takes time; time to build relationships in the first place, and time to sustain them. We need to listen to our stakeholders so that our programmes and activity are shaped in response to the needs of those delivering and receiving care and reflect our strategic priorities.
Principles of Engagement

Healthcare Improvement Scotland has adopted 5 principles for supporting and guiding our engagement to build consistent, open and respectful working relationships with stakeholders. All engagement should have a purpose; be inclusive; at the right time; open and transparent and respectful.

**All our engagement** has, at its heart, the intention to drive **improvement in health and social care.**

**We will have a focus on understanding the needs of our stakeholders.**

**We will do what we say we will do,** but only commit to do work we have the capacity to deliver on and **supports** our delivery of the seven contributions.

**We will explain clearly how our work will impact positively on health and social care for the people of Scotland.**

**We will listen** to what our **stakeholders** say and, where we have a different perspective, **explain clearly why** we have come to the view we have.

Engaging people in our work is a powerful force for change and improvement. By focusing on and involving people in all that we do, we will be more effective in identifying how care and the experience of care can be improved and deliver improvements.
Our Stakeholders

This table identifies our stakeholders and the objectives we will seek to achieve through our engagement activity. Identifying our stakeholders through effective mapping and understanding their needs and the most effective methods of communication is key to the successful implementation of this framework and meeting our organisational objectives.

In identifying the following key stakeholder groups we believe that we will have the greatest impact on improving health and social care within the resources we have.

<table>
<thead>
<tr>
<th>Stakeholder Groups</th>
<th>Objectives</th>
</tr>
</thead>
</table>
| **Users** of health and social care services, their families and carers | • Stakeholders are engaged in the work of Healthcare Improvement Scotland and methods for measuring the impact of their engagement are in place.  
  • Stakeholders can shape and influence the design and development of health and care services where changes to those services are being considered.  
  • Individuals have opportunities to get involved in their local health and care services and contribute to national health and care policy.  
  • Ensure there is a positive momentum behind shared decision making between clinicians and patients, as set out in *Realistic Medicine*.  
  • The citizen’s voice is at the centre of health and care decision making and improvement programmes, supported by engagement with senior health and social care leaders.  
  • Healthcare Improvement Scotland’s work programme is supported by effective engagement with the clinical and wider health and social care community.  
  • Our Local Delivery Plan is informed by                                                        |
<p>| <strong>Health and social care professionals</strong> and their national representative bodies |                                                                                                                                                                |
| <strong>Senior decision makers</strong> across health and social care: Chairs and Chief Executives and Non-Executives of NHS boards; Health and Social Care Partnership Boards; Community Planning Partnerships, Directors of Social Work |                                                                                                                                                                |
| <strong>Patient Groups, voluntary equalities community groups and third sector care organisations</strong> |                                                                                                                                                                |
| <strong>Independent health and care providers</strong> |                                                                                                                                                                |</p>
<table>
<thead>
<tr>
<th>Stakeholder Group</th>
<th>Description</th>
</tr>
</thead>
</table>
| Scottish Government, Scottish Parliament and its members | Health and social care professionals so that our work meets local and national priorities.  
- Scottish Government and Ministers are engaged on matters of strategic importance from an early stage. |
| The media and wider public | A productive working relationship with the Scottish Parliament is in place, particularly with the Health and Sport Committee and MSPs with health remits.  
- The organisation is repositioned from a 'health watchdog' to an improvement organisation working across health and social care. |
| National and international improvement, assurance and knowledge agencies | The organisation is viewed by social care audiences as a credible improvement organisation able to work across health and social care.  
- We have a stronger understanding of the international improvement and assurance environment and are able to apply innovative approaches to stakeholder engagement. |
Our Approach to Engagement

Levels of Engagement

We understand that there is no single ‘right’ approach or method to stakeholder engagement and a number of methods can be used at different stages of the process. It is important to ensure that careful consideration is given to selecting the relevant tools and techniques to facilitate engagement levels and identifying the most appropriate and useful level of engagement with a stakeholder group.

The following table sets out the various levels of engagement we have identified for our stakeholders. This matrix has been developed in reference to the Scottish Health Council’s Participation Toolkit.

The level of our engagement is determined by the purpose of the engagement, our role and the information we are seeking.

The key to ownership is involvement. No involvement……no ownership

- Steven Covey
<table>
<thead>
<tr>
<th>Stakeholder Engagement Framework</th>
<th>Inform</th>
<th>Consult</th>
<th>Involve</th>
<th>Collaborate</th>
<th>Empower</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Involvement goal</strong></td>
<td>Giving information</td>
<td>Getting information and opinions</td>
<td>Participating</td>
<td>Deciding together</td>
<td>Acting together</td>
</tr>
<tr>
<td><strong>Inform</strong></td>
<td>To provide stakeholders with information to assist them in understanding the problems, options and/or solutions</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Consult</strong></td>
<td>To obtain views of stakeholders on existing situations or proposed improvements or change, ensuring their concerns and wishes are consistently understood and considered. Stakeholders receive feedback on decisions taken.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Involve</strong></td>
<td>To involve stakeholders directly throughout a process, including the identification and development of solutions.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Collaborate</strong></td>
<td>To partner with stakeholders in all aspects of decision making processes.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Empower</strong></td>
<td>To put decision making or service provision in the hands of the stakeholders.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Stakeholder Groups</strong></td>
<td>Users of health and social care</td>
<td>Users of health and social care</td>
<td>Users of health and social care</td>
<td>Senior decision makers across health and social care</td>
<td>Health and social care professionals</td>
</tr>
<tr>
<td></td>
<td>Senior decision makers across health and social care</td>
<td>Senior decision makers across health and social care</td>
<td>Senior decision makers across health and social care</td>
<td>Senior decision makers across health and social care</td>
<td>Senior decision makers across health and social care</td>
</tr>
<tr>
<td></td>
<td>Health and social care professionals</td>
<td>Health and social care professionals</td>
<td>Health and social care professionals</td>
<td>Health and social care professionals</td>
<td>Health and social care professionals</td>
</tr>
<tr>
<td></td>
<td>Patient and service user groups</td>
<td>Patient and service user groups</td>
<td>Patient and service user groups</td>
<td>Patient and service user groups</td>
<td>Patient and service user groups</td>
</tr>
<tr>
<td></td>
<td>Scottish Government and MSPs</td>
<td>Scottish Government and MSPs</td>
<td>Scottish Government and MSPs</td>
<td>Scottish Government and MSPs</td>
<td>Scottish Government and MSPs</td>
</tr>
<tr>
<td></td>
<td>Scottish Government</td>
<td>Scottish Government</td>
<td>Scottish Government</td>
<td>Scottish Government</td>
<td>Scottish Government</td>
</tr>
<tr>
<td></td>
<td>The media and wider public</td>
<td>Scottish Government</td>
<td>Scottish Government</td>
<td>Scottish Government</td>
<td>Scottish Government</td>
</tr>
<tr>
<td></td>
<td>National and international improvement and assurance agencies</td>
<td>Scottish Government</td>
<td>Scottish Government</td>
<td>Scottish Government</td>
<td>Scottish Government</td>
</tr>
</tbody>
</table>
Our Approach to Engagement

Methods of Engagement

The levels of engagement table supports the identification of the most appropriate method of engagement. Our activity is so diverse across the organisation that engagement is likely to occur at all levels and using a combination of methods.

For each of our key stakeholder groups we will put in place a structure to oversee and support stakeholder engagement ensuring that our stakeholder group engagement is linked with wider organisational activity and offer support to colleagues in coordinating engagement using this framework and the tools within.

There are already many established methods of engagement employed by Healthcare Improvement Scotland; from traditional newsletters, our website and publishing of corporate documents; increasing our social media activity and developing innovative new methods for engagement such as our QI Connect series and exploring new technologies such as Periscope and WebEx in order to live stream presentations to staff and external stakeholders.

All engagement activity will be tailored to each of the groups and identified sub groups within each of our stakeholders to ensure the correct level of engagement is achieved.

The following is a sample of methods that are currently used to support our engagement activity which we will continue to build and develop.

- Public partners are recruited and supported to work with us on a voluntary and ongoing basis.
- Users of health and social care services are invited to participate in engagement activity on themed programmes of work.
- Healthcare Improvement Scotland representation on National Clinical Groups and other national groups including NHS Board Chairs and Chief Executives.
- Adoption of an 'extension model' to ensure clinical assurance and leadership across our programmes.
- Establishment of relationship managers to provide a single point of contact for Health and Social Care Partnerships.
- Direct engagement with the Health and Sport committee clerks and researchers.
- Individual meetings with MSPs with a specific health interest or remit across all political parties.
- Regular meetings with our Scottish Government sponsor division to discuss operational and strategic matters.

- Leadership of the Our Voice programme, providing a channel for service users and carers to offer views and participate in the design of services.

- Developing our partnership working with the third sector

- Our website and social media channels.

<table>
<thead>
<tr>
<th>Example methods of engagement</th>
<th>Inform</th>
<th>Consult</th>
<th>Involve</th>
<th>Collaborate</th>
<th>Empower</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Leaflets and written information</td>
<td>Interviews</td>
<td>Workshops/listening events</td>
<td>Participatory decision making</td>
<td>Stakeholder agenda setting</td>
</tr>
<tr>
<td>Newsletters</td>
<td>Questionnaires</td>
<td>Focus groups</td>
<td>Open space</td>
<td>Co-design approaches</td>
<td>Stakeholder managed programmes</td>
</tr>
<tr>
<td>Posters</td>
<td>Focus groups</td>
<td>Story telling</td>
<td>Public meetings</td>
<td>Patient and family advisory councils</td>
<td>Co-production approaches</td>
</tr>
<tr>
<td>Exhibitions</td>
<td>Questionnaires</td>
<td>Video/digital stories</td>
<td>Service user panels/reference groups</td>
<td>Health panels</td>
<td></td>
</tr>
<tr>
<td>Website</td>
<td>Focus groups</td>
<td>Experience diaries</td>
<td>Focus groups</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Media</td>
<td>Option appraisals</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public Meetings</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drop-in events</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Inform: Leaflets and written information, Newsletters, Posters, Exhibitions, Website, Social Media, Public Meetings, Drop-in events.
Consult: Interviews, Questionnaires, Focus groups, Story telling, Video/digital stories, Experience diaries, Option appraisals.
Involve: Workshops/listening events, Open space, Public meetings, Service user panels/reference groups, Focus groups.
Collaborate: Participatory decision making, Co-design approaches, Patient and family advisory councils, Health panels.
Empower: Stakeholder agenda setting, Stakeholder managed programmes, Co-production approaches.
Measurement of Engagement

The measurement of engagement is crucial to understanding and developing our stakeholder engagement strategy and tools. As we have developed our strategic evaluation framework we have agreed the basis for measuring the impact of our work. Through our activities we engage with stakeholders to achieve changes in their awareness, attitudes, knowledge and skills contributing to the achievement of our short, medium and long term outcomes.

A fundamental principle of our strategic evaluation framework is that the process is participative and includes input from a range of stakeholders at all stages of the process. We need to apply the same principles to measuring the success of our stakeholder engagement and allow our stakeholders to join us in the development of our planned programmes and activity.

Stakeholder engagement is difficult to measure due to the qualitative nature of the approaches. The following table contains suggested high level measures that can be used to inform our thinking in developing our approach to the measuring of our activity.

Quality Improvement is part of your DNA in Scotland.

- Janice Wilson,
  Chief Executive,
  Health Quality & Safety Commission,
  New Zealand.
Overall aim: To evaluate the impact of our engagement activities in supporting the organisation to deliver our Seven Contributions

Overall measures:

<table>
<thead>
<tr>
<th>Involvement goal</th>
<th>Outcome measure</th>
<th>Engagement measures (examples)</th>
<th>Process measures (examples)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inform</td>
<td>- 90% report that the information we provide helps them understand where to focus improvement activities</td>
<td>% of newsletters opened (track data over time), links clicked</td>
<td>Number of newsletters distributed</td>
</tr>
<tr>
<td></td>
<td>- 90% report that the information we provide helps them carry out improvement activities</td>
<td>Inquiries made following briefings / exhibitions</td>
<td>Number of exhibitions attended</td>
</tr>
<tr>
<td></td>
<td></td>
<td>% retweets, impressions etc</td>
<td>Number of tweets</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Number of requests for written briefings</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Requests to be included on distribution list</td>
<td></td>
</tr>
<tr>
<td>Consult</td>
<td>- 90% report that their views were sought</td>
<td>% interviews undertaken</td>
<td>Number of interviews planned</td>
</tr>
<tr>
<td></td>
<td>- 90% report that their views were considered and that they received feedback on decisions [two parts to this questions but we think one follows the other]</td>
<td>% questionnaires returned</td>
<td>Number of questionnaires distributed</td>
</tr>
<tr>
<td></td>
<td></td>
<td>% people attending meetings / workshops</td>
<td>Number of people invited to meetings / workshops</td>
</tr>
<tr>
<td>Involve</td>
<td>- 90% report that they were involved throughout the process</td>
<td>Number of opportunities to be involved taken up (quantitative)</td>
<td>Number of opportunities (quantitative) for stakeholders to be involved and types of activity (qualitative)</td>
</tr>
<tr>
<td></td>
<td>- 90% report that they had the opportunity to actively participate</td>
<td>Positive feedback from stakeholders who have been involved</td>
<td></td>
</tr>
</tbody>
</table>

Stakeholder Engagement Framework

Version: 1

Date: 10/08/2016

Produced by: HIS

Page: 15 of 18

Review Date: 24/08/2016
<table>
<thead>
<tr>
<th>Stakeholder Engagement Framework</th>
<th>Collaborate</th>
<th>Empower</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Collaborate</strong></td>
<td>To partner with stakeholders in all aspects of decision making processes.</td>
<td>- 90% report that they had an equal say in all decisions [note, having an equal say may result in some groups having less of a say than previously]</td>
</tr>
<tr>
<td></td>
<td>- 90% report that they were fully involved in the decision making and production process</td>
<td>- 90% report that they were fully involved in the decision making and production process</td>
</tr>
<tr>
<td></td>
<td>• Changes made / ideas tested as a result of engagement activity</td>
<td>• Stakeholders are empowered to do more beyond the initial engagement / activity</td>
</tr>
<tr>
<td></td>
<td>• People (staff and stakeholders) identify examples of how they have had a say</td>
<td>• Shared budget / stakeholders given budgetary responsibility for certain activity</td>
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<td></td>
<td></td>
<td><strong>Empower</strong></td>
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<td>To put decision making or service provision in the hands of the stakeholders.</td>
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</table>
The Healthcare Environment Inspectorate, the Scottish Health Council, the Scottish Health Technologies Group and the Scottish Intercollegiate Guidelines Network (SIGN) are part of our organisation.

You can read and download this document from our website. We are happy to consider requests for other languages or formats. Please contact our Equality and Diversity Officer on 0141 225 6999 or email contactpublicinvolvement.his@nhs.net
SUBJECT: Quality of Care Reviews

1. Purpose of the report

The Board was last updated on the quality of care reviews work in February 2016 when the draft Design Panel final report was presented, and approval sought on the approach, and plans and timescales for implementation. This report provides an update on the conclusion of the design phase and progress with the development and planned testing of the quality framework, development of the operational methodology and links with other relevant work.

A similar update paper was presented to the Quality Committee in July 2016. The Committee noted the progress to date and endorsed the planned approach to testing the quality framework and wider methodology and the approach to alignment with development of the National Care Standards. A number of points were raised by Committee members regarding alignment of this work and the National Care Standards. The National Care Standards update paper also being presented to the Board also includes detail on how we are ensuring alignment between the two programmes of work.

2. Key Points

Design phase
The design phase of the quality of care reviews programme concluded when the Design Panel final report was presented as planned to the Board of Healthcare Improvement Scotland on 24 February 2016. The Board approved the new approach, all of the Design Panel’s recommendations, and the timescales for implementation.

Governance
- The work required during 2016/2017 to deliver the operational methodology has been scoped and formalised in a project initiation document which has been reviewed and discussed by the Quality Committee. This is a living document which defines the quality of care reviews implementation phase programme of work and forms the basis for its management and the assessment of overall success.
- The internal programme board has been established and has met twice (April and June). The board has comprehensive membership drawn from across all functional areas in Healthcare Improvement Scotland and is jointly chaired by the Director of Quality Assurance and the Director of Improvement Support and iHub.
- A risk register has been produced for the 2016/2017 work. This was agreed by the programme board in June. The risk register currently has four operational risks graded at high, these and the other risks are being actively monitored.
• An expert reference group chaired by the Executive Clinical Director has been convened to provide external quality assurance, including clinical assurance of the operational methodology, the quality framework and the range of other products as delivered by the quality of care reviews programme during 2016/2017. The expert reference group includes representation from service-based stakeholders, professional organisations, quality improvement partners, members of the public and policy makers. Members of this group will act as a conduit to a range of professional groups and other agencies and bodies, sharing feedback and disseminating key messages.

Progress update and immediate next steps

Quality framework
• The intention is that the quality framework will become the benchmark for measuring quality of care and will add a consistency and coherence of assessment and language across all quality of care review work. The framework as it stands is primarily acute hospital focused and will initially be phased in within the acute hospital setting. This will allow us to begin to establish the new methodology and gain some traction within this sector whilst continuing to reflect, learn and adjust the approach as required as we expand into other healthcare sectors. We have used generic language, where possible, within the framework to make it adaptable to a range of settings. Future phases of work will explore the potential for broader application into care settings, for example, as part of joint inspection/quality assurance activity.
• A short life working group (SLWG) which includes colleagues from the Care Inspectorate, service-based stakeholders, a public partner and staff from Healthcare Improvement Scotland has been established. This group has met twice and is tasked with delivering the final quality framework, a set of high level indicators/measures and a self-assessment tool for organisations to use to assess quality of care internally and to inform external quality assurance activity.
• The content of the quality framework has been reviewed and streamlined in response to the consultation feedback and aligned to the agreed National Care Standards principles and is nearing completion.
• A subgroup, including colleagues from the data measurement and business intelligence unit, along with service-based stakeholders and ISD have articulated an initial set of indicators/measures (where these exist) that could be used to assess quality of care ‘in the round’ using the various quantitative and qualitative data available and existing measurement approaches.
• The draft list of measures and assessment approaches is with the wider SLWG for consideration with a view to bringing together a comprehensive list that will then be reviewed and prioritised.
• The outputs of the quality framework SLWG (final framework self-assessment tool and key indicators/measures) will be shared with the expert reference group for quality assurance and thereafter presented for ratification to the programme board.
Methodology

- The work undertaken in the design phase to collate the range of existing review and inspection methodologies has been refreshed. This is being used to inform a costed appraisal of options for delivery of comprehensive quality of care reviews going forward.
- This options appraisal will be shared with the expert reference group and programme board for quality assurance and thereafter presented for ratification to the programme board.

Testing approach

- The intention is to test out aspects of the quality framework with a range of services and in different ways. Once the list of quantitative and qualitative measures/indicators is agreed we will work with liaison coordinator contacts in a range of NHS Board areas to ‘tabletop’ test the framework looking at discrete areas for example leadership or governance and applying the framework to different service areas. This will allow us to gauge whether NHS Boards can easily collate the data required and whether it is sufficient to inform robust external assessment of quality in those areas.
- A full pilot review will be undertaken with one NHS Board towards the end of the year. This will test the quality framework, measures and indicators and the review methodology in their entirety and will include a visit to the NHS Board where reviewers will meet and speak with service providers and users of services and carers (where appropriate) to verify and supplement the self-assessment data. All of this data and information will be used to inform an assessment of the quality of care within a whole service. The format of the review outputs, including the process for any ‘hand-off’ to additional support identified during the review will also be tested as part of this process.
- It is likely that the focus of the pilot will be child and adolescent mental health services (CAMHS) and we have an agreement in principle with an NHS Board to support the pilot review.
- Meetings were held during July/August with both Scottish Government policy colleagues and the NHS Board concerned to firm up the focus, scope and timing of this pilot. The detail of the pilot is in planning in conjunction with the hosting NHS Board area.

Interfaces

National Care Standards

- At the present time only the five National Care Standards overarching principles have been agreed and published. These have been reflected in the quality framework.
- The draft general and specialist National Care Standards are due to be issued for consultation in the autumn.
- The quality of care reviews team is working with colleagues in the standards and indicators unit to ensure that the quality framework continues to align with the National Care Standards as more detail of the content and scope of these emerge in advance of the consultation.
Other interfaces
- A wide range of connections to other work have been identified and articulated in the implementation phase PID.
- Individuals representing all other related projects are members of the programme board and/or the other quality of care review groups.
- The interfaces are being monitored and information regarding any developments of note are being shared via the range of established groups and fed into the programme board.

Communications and engagement
- The communications plan for the programme is in draft and will be presented for sign-off at the programme board at the beginning of August.
- A ‘frequently asked questions’ document is in development and will be published shortly. This will include information on the linkages between the quality of care reviews and the emergent National Care Standards.
- Engagement with clinicians with regard to the quality framework and methodology is primarily via the expert reference group at the present time. The communications plan outlines wider engagement activity for the period prior to roll-out off the new methodology which will include engagement with clinical and other communities.

3. Actions/Recommendations

The Board is asked to:

- Note the progress to date with the quality of care reviews programme.
- Endorse the planned approach to testing the quality framework and wider methodology.
- Endorse the approach to alignment (as far as is practicable) with development of the National Care Standards.

If you have any questions about this paper please contact Jane Byrne, Senior Programme Manager, janebyrne@nhs.net, 07989 606936.
## SUPPORTING INFORMATION

### RISK

<table>
<thead>
<tr>
<th>Do the key points represent a risk to the organisation?</th>
<th>If yes, has a risk been raised on the Compass Risk Management System</th>
<th>If yes, provide the risk number, risk description and risk rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Yes</td>
<td>A risk register is in place for the operational methodology development and implementation phase of work. There are 15 open risks against the programme four of which are currently graded as high.</td>
</tr>
</tbody>
</table>

### OTHER CONSIDERATIONS

<table>
<thead>
<tr>
<th>How do the key points relate to the Corporate Plan?</th>
<th>The project is aligned with the strategic objectives and local delivery plan.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resource Implications</td>
<td>A dedicated programme team has been established to take forward this phase of work. This has been factored into the Directorate of Quality Assurance capacity plan for 2016/2017. Colleagues from other directorates are supporting and feeding into the work through membership of the cross-organisational programme board and the various working groups that fall from that. The local delivery plan data gathering process will identify in more detail the predicted resource requirements for 2017/18 based on the final agreed methodology and the programme of planned thematic reviews of major priorities for 2017–2019.</td>
</tr>
<tr>
<td>What engagement has been used to inform the work.</td>
<td>The main external engagement to date has been through the consultation exercise. Moving into the next phase there will be significant internal engagement to ensure the final approach is joined up with relevant work of teams across the organisation. An expert reference group has been established to support and externally quality assure the outputs of the internal programme board. Engagement with stakeholders will continue as the approach is further refined and tested during 2016/17.</td>
</tr>
<tr>
<td>What Equality and Diversity considerations relate to the work. Advise how the work:</td>
<td>The existing EQIA is being refreshed as part of the underpinning governance arrangements for this phase of work. Additionally, the quality of care reviews programme is participating in the work to develop a Human Rights based approach within Healthcare Improvement Scotland.</td>
</tr>
</tbody>
</table>

- helps the disadvantaged;
- helps patients;
- makes efficient use of resources.
SUBJECT: Development of the Revised National Care Standards

1. Purpose of the report

To inform the Board about the development of the National Care Standards.

2. Key Points

The National Care Standards were created by the Regulation of Care (Scotland) Act 2001 and describe what people using a range of social care and independent (non-NHS) healthcare services in Scotland can expect.

Following a consultation in 2014, Scottish Ministers requested that the National Care Standards should be reviewed jointly by the Care Inspectorate and Healthcare Improvement Scotland. The development group were requested to develop overarching human rights-based principles which would apply more widely across all health, care and social work services, in line with the integration of health and social care. In addition, the development group were asked to consider whether generic standards could apply more generally across all services.

In line with the ministerial commission, the group developed a set of principles which, following a public consultation, were agreed by the Cabinet Secretary for Health and Wellbeing on 1 March 2016. Between March and August 2016, the development group produced more detailed general standards which it proposes could apply across health, social care, early learning and childcare, social work, and community justice provision.

The final scope of the revised National Care Standards is currently under discussion with Scottish Government. Within HIS, there has been ongoing dialogue with the Quality of Care Review team to ensure that there will be clear and coherent synergy between these and the quality framework that underpins Quality of Care Reviews in the future.

The consultation version of the revised National Care Standards will be shared with the board following the Scottish Government Programme Board meeting on Monday 22 August.

3. Actions/Recommendations

The Board is asked to:

- Note the progress to date with the development of the revised National Care Standards.

Appendices

Appendix 1: Scope and framework for the national care standards

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

### RISK

<table>
<thead>
<tr>
<th>Do the key points represent a risk to the organisation?</th>
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<th>If yes, provide the risk number, risk description and risk rating</th>
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<tbody>
<tr>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### OTHER CONSIDERATIONS

<table>
<thead>
<tr>
<th>How do the key points relate to the Corporate Plan?</th>
<th>The project is aligned with the strategic objectives and local delivery plan.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resource Implications</td>
<td>A dedicated programme team has been established to take forward this phase of work. Linkages have been made with the Quality Assurance Directorate to ensure synergy with the Quality of Care reviews</td>
</tr>
<tr>
<td>What engagement has been used to inform the work.</td>
<td>Consultation of draft principles was undertaken in winter 2015/16 with more than 1700 respondents. Plans are in place for specific engagement with service users and providers regarding the draft standards during the consultation period from September to December 2016.</td>
</tr>
<tr>
<td>What Equality and Diversity considerations relate to the work. Advise how the work:</td>
<td>All aspects of equality and diversity have been reviewed as part of the development process and an Equality and Human Rights Impact Assessment has been undertaken.</td>
</tr>
<tr>
<td>• helps the disadvantaged;</td>
<td></td>
</tr>
<tr>
<td>• helps patients;</td>
<td></td>
</tr>
<tr>
<td>• makes efficient use of resources.</td>
<td></td>
</tr>
</tbody>
</table>
Appendix One: Scope and framework for the national care standards

1. Background

The extant National Care Standards were created by the Regulation of Care (Scotland) Act 2001 and describe what people using a range of social care and independent (non-NHS) healthcare services in Scotland can expect. Twenty three sets of standards cover a wide range of care settings including childminders and nurseries, care homes, housing support, services for people in criminal justice supported accommodation and independent hospitals. The standards are one of the measures by which the Care Inspectorate and Healthcare Improvement Scotland assess quality of care during their quality assurance processes.

Since the standards were published in 2002, there have been significant changes in policy and delivery, including in how care is designed, commissioned and provided, and in understandings of what quality care should look like. Scottish ministers committed to reviewing the extant standards and a consultation was completed in September 2014 which proposed an approach based around human rights and wellbeing, and sought views on whether a shared set of standards for health and care should be developed. Amongst the 475 responses, 92% of people agreed that a human-rights based approach would be desirable and in excess of 89% supported a cross-sectoral approach.

During 2015, a development group jointly chaired by the Care Inspectorate and Healthcare Improvement Scotland, on behalf of the Scottish Government, was established to develop the detailed standards, reporting to a Scottish Government-chaired Project Board. The commission from the Cabinet Secretary for Health and Wellbeing noted that “in keeping with the integration of health and social care, the development group are asked to develop overarching human rights-based principles which would apply more widely across all health, care and social work services. In addition, the development group should consider whether generic standards could apply more generally across all services”.

In line with the ministerial commission, the group developed a set of principles which, following a public consultation attracting over 1700 responses, were agreed by the Cabinet Secretary for Health and Wellbeing on 1 March 2016. The principles are:

- dignity and respect
- compassion
- be included
- responsive care and support
- wellbeing.

These principles set out the core characteristics of rights-based high-quality care across social care, health, social work, early learning and childcare, and social service settings. They also provided a framework for further development of the standards.

Between March and August 2016, the development group produced more detailed general standards, which were presented to the Project Board in August 2016 for the purposes of discussion and subsequent public consultation. The development group created a set of standards which it proposes could apply across health, social care, early learning and childcare, social work, and community justice provision.

2. The development and consultative process

The development group (shown in Appendix One) included representatives of people who use social care and health services, providers of care services (both at operational and strategic levels), carer representatives, COSLA, academic researchers, representatives of NHS board chief executives, and scrutiny bodies. This was augmented latterly by
involvement from parents’ groups, the Scottish Older People’s Assembly, and the office of the Chief Medical Officer. The development group met fortnightly during the development phase.

Members of the development group were actively encouraged to consult widely with their own members and networks throughout the development process. This informal feedback and engagement significantly shaped thinking and approaches during the drafting phase. In addition, the core review team of Care Inspectorate and Healthcare Improvement Scotland engaged with a wide range of organisations representing people using care services and their carers to hear perspectives and consult. Work was also undertaken with the Care Inspectorate’s Involved People Group to ensure the views of people using care services were central to the development.

The wide engagement focused the development of the standards in a number of ways:

A clear focus on outcomes and person-centredness

The standards describe what people will experience in their care, rather than prescribing how that care will be delivered. During the drafting, use of the first person throughout ensured that the standards set out what a person using a care service should experience. Where possible, professional language was eschewed in favour of clarity, with the focus on describing what high quality care should look like. Specific inputs have been removed in favour of statements which describe more clearly the desired outcome. The standards will require services to plan, test and reflect on how practice and provision can be improved, supporting quality improvement and person-centred approaches. The human rights and wellbeing agenda strongly reflects the Getting It Right For Every Child approach and the changing wellbeing indicators for children’s services. By driving up the quality of care, rather than prescribing minimum inputs, the new standards can help promote social equality and tackle social inequalities.

Future proofing

Where specific expectations of the Care Inspectorate or Healthcare Improvement Scotland exist in respect of how regulated services should meet the standards, these can be simply expressed through guidance, or made clear through regulatory approaches if this is required in specific cases. This means that as expectations rise, standards are less likely to need to be changed and are likely to acquire more longevity. This approach will ensure that the standards support, rather than impede, innovation as models of care change, but will not compromise on the quality which people should expect.

Decoupling from settings

The extant approach is based on existing categories of registration for regulated care and independent health services. The new standards have been written to apply across health and social care services, including services which are not regulated. Instead of 23 setting-based standards, the five overarching principles are augmented by seven general standards:

- I experience high quality care and support that is right for me
- I am at the heart of decisions about my care and support
- I am confident in the people who support and care for me
- I am confident in the service that I am using
- If my care and support is provided with premises
- Where my liberty is restricted by law
- If I am a child or young person needing social work care and support.
This will support any move away from the existing care service types, which are rigidly defined in legislation. Furthermore, the standards will cover not just the quality of care after someone starts using a service, but also how their needs were initially identified and then assessed. This means expectations are shifted from the provider of a regulated service to the whole sector in which an individual experiences care. Not only does a provider need to ensure their service meets the standards to a high level of quality, so too are the standards relevant for commissioners of services, NHS boards, local authorities, community planning partnerships, and integration joint boards.

Fourth, the standards are designed to apply across health and social care (not just integrated health and social care) provision. The key advantage of this approach is that people using health and social care services should experience a common set of standards across their pathway of care, reducing undesirable differences and variations but allowing for local flexibility, streamlining and innovation in how positive outcomes are achieved, both at a service and partnership level. Such an approach will closely align to the integration agenda and support the joint strategic commissioning of health and social care services, where the commissioning should be conducted in such a way as to support the national care standards and meet the needs of local communities.

3. Proposed structure

The 2014 consultation proposed a three-layered model of standards: principles, general standards and specialist standards. The principles have been helpful in guiding the development of the general standards. The development group considered whether a layer of specialist standards may be needed to augment the general standards, but has veered away from this approach and have incorporated specialist standards within the general standards (Figure One). Where differentiation is needed to add clarity, this has been noted within the general standard. Where specific statements apply to certain types of care only, this are marked as such, rather than being placed in a discrete standard.

![Figure One](image-url)

It is important to recognise that the standards apply to a range of care provided by the health, social care, social work, early learning and childcare and community justice sectors.
This model does not describe all the standards which apply in health and social care, such as Scottish prison standards, and some condition-specific standards (such as dementia standards). There are also extensive, sector-led sets of best practice and guidance which give expression to how some of the intents within the national care standards can be achieved. These include guidance provided by government, statutory bodies, regulatory bodies, royal colleges, academic institutes, and umbrella bodies.

3. How the extant national care standards are used

The current legislative function for the national care standards is set out in sections 50 and 108 of the Public Services Reform (Scotland) Act 2010, which establish that standards agreed by the Scottish Ministers "must be taken into account" by the Care Inspectorate and Healthcare Improvement Scotland "in making any decision" about their functions.

In practical terms, this means that the Care Inspectorate and Healthcare Improvement Scotland use the standards to inform their inspections of regulated social care and independent healthcare services, and have traditionally expected regulated services to plan and deliver their provision in a way which is consistent with the standards. During the registration of a service, clarity is provided by the regulator as to which national care standard applies to the service based on its aims and objectives and category of registration.

Ahead of an inspection, regulated services are asked to complete a self assessment. This is based around the four inspection themes (quality of care and support, staffing, environment and management and leadership) but with relevant prompts from the national care standards. The self assessment helps the service and the inspector to identify what is working well and what needs to improve.

During an inspection, the inspector will assess the quality of care provided against any statutory regulations that apply, the existing national care standards, and other widely-accepted sources of effective practice. They are also used during the investigation of complaints about the quality of care, and during the consideration of any formal enforcement action. Across all activities, the more dated the national care standards have become, the less prominence they assume in scrutiny and quality improvement.

The extant settings-based national care standards, do not apply to strategic level joint inspections of local authorities or partnerships, and are not used in the quality assurance of NHS services.

4. Emerging thinking on how the new national care standards could be used in future quality reviews

At present, the Care Inspectorate is engaged in review of its methodology for regulated care inspections. The current programme of joint inspections of children’s services led by the Care Inspectorate is due to complete in December 2017, and a new approach is in the early stages of being developed. At the same time, Healthcare Improvement Scotland is continuing work to implement its Quality of Care Review approach within health settings. Jointly, both organisations are reviewing the methodology for their joint inspections of adult services within partnerships, which will be the vehicle for new shared responsibilities around the scrutiny of strategic commissioning arising from the Public Bodies (Joint Working) Scotland Act 2014. All this development work provides an excellent opportunity to reconsider the role that the new national care standards can play in reviewing the quality of care at both a regulated and strategic level.

The standards, however, are not designed primarily for scrutiny purposes: they are designed to raise awareness and support a collective, collaborative approach across health and social
care about what good looks like. They are national standards developed by people who experience and provide care to describe clearly what high quality care looks like.

4.1 Social care and social work

Within social care, social work and early learning and childcare, the role, purpose and intentions of national care standards is clearly understood by the sector, although there is certainly more that could be done to raise awareness amongst people who experience care services, their families, and their carers.

Providers of care, and people who read Care Inspectorate reports to help them choose care or understand the quality of a service, understand or see how the standards help plan and deliver care, inform assessments of quality, and drive improvement where necessary.

Currently, the Care Inspectorate is planning to undertake a short piece of agile development in autumn 2016 to identify how best the new standards can be integrated into the inspection model, both at a strategic and regulated care level. This methodology will also include clarity on approaches to be taken if inspections of regulated care services find the standards are not being sufficiently met, and what approaches might be taken if strategic-level inspections find the standards are not sufficiently embedded in the planning and delivery of local strategies.

4.2 Healthcare

The development group has an aspiration that the revised National Care Standards will apply to health services, more widely than registered services or services subject to strategic commissioning. This aspiration has underpinned group discussions about the individual statements included in the Standards and it is the view of the group that the majority of the statements could apply across NHS services, alongside specific guidance provided by government, HIS and other bodies.

To facilitate the possible widened scope of the Standards for NHS services, there has been ongoing dialogue with the Quality of Care Review team within HIS to ensure that there will be clear and coherent synergy between these and the quality framework that underpins Quality of Care Reviews in the future. In addition, work has been undertaken to compare the content of extant clinical standards with the proposed Standards. This will inform the methodology used to develop specific clinical standards in the future, to avoid duplication and ensure appropriate signposting to the revised Standards.

Scottish Government discussions are ongoing on the strategic positioning of the Standards.

5. Implementation

For the standards to be widely understood, and for providers and commissioners of care to understand the implications of the new standards, an implementation programme will be required. We recommend that an implementation group is formed to oversee this work, to advise on and prepare for the rollout of the new national care standards from April 2017, with a view to securing their implementation and widespread use in a way capable of supporting practice and transformational change, and to do this across all areas of health and social care, including care that is not regulated.

We anticipate that this implementation group will require director-level involvement from social care service leaders, social care and health care commissioners (integration joint boards), local authorities, NHS boards, professional regulators and workforce development organisations, scrutiny and improvement bodies, service regulators and, crucially, people
who use services and their families and carers. It is recommended that this implementation group is formed during the consultative phase and reports to the existing Project Board. The first meeting would take place during the autumn consultation. The implementation group will require dedicated resources.

### Appendix One: National Care Standards Review Development Group

<table>
<thead>
<tr>
<th>Name</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rami Okasha</td>
<td>Care Inspectorate (Co-Chair)</td>
</tr>
<tr>
<td>Sara Twaddle</td>
<td>Healthcare Improvement Scotland (Co-Chair)</td>
</tr>
<tr>
<td>Shaben Begum</td>
<td>Scottish Independent Advocacy Alliance</td>
</tr>
<tr>
<td>Cheryl Burnett</td>
<td>National Parent Forum of Scotland</td>
</tr>
<tr>
<td>Paddy Carstairs</td>
<td>Association of Real Change and National Involvement Network</td>
</tr>
<tr>
<td>Jim Crichton</td>
<td>NHS Chief Executives Group</td>
</tr>
<tr>
<td>Saartje Driver</td>
<td>Care Inspectorate</td>
</tr>
<tr>
<td>Alasdair Eadie</td>
<td>Education Scotland</td>
</tr>
<tr>
<td>Nancy Fancott</td>
<td>Coalition of Care and Support Providers in Scotland</td>
</tr>
<tr>
<td>Philip Gillespie</td>
<td>Clackmannanshire Council Social Services, Adult Care</td>
</tr>
<tr>
<td>Beth Hall</td>
<td>Convention Of Scottish Local Authorities</td>
</tr>
<tr>
<td>Brian Houston</td>
<td>Who Cares? Scotland</td>
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<tr>
<td>Graham Kelly</td>
<td>Scottish Care</td>
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<tr>
<td>Ian Kirkman</td>
<td>Carer’s Alliance</td>
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<tr>
<td>Jacqueline Macrae</td>
<td>Healthcare Improvement Scotland</td>
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<tr>
<td>Gordon Main</td>
<td>Centre For Excellence For Looked After Children In Scotland</td>
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<tr>
<td>Henry Mathias</td>
<td>Care Inspectorate</td>
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<tr>
<td>Heather Melvin</td>
<td>Care Inspectorate</td>
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<tr>
<td>Margaret Paterson</td>
<td>Education Scotland</td>
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<tr>
<td>Swaran Rakhra</td>
<td>Scottish Care</td>
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<tr>
<td>Maggie Simpson</td>
<td>Scottish Childminding Association</td>
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<tr>
<td>Chris Taylor</td>
<td>Scottish Government</td>
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<tr>
<td>Fiona Wardell</td>
<td>Healthcare Improvement Scotland</td>
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<tr>
<td>Glenda Watt</td>
<td>Scottish Older People’s Assembly</td>
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<tr>
<td>Craig White</td>
<td>Scottish Government</td>
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<td>Name</td>
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<tr>
<td>Elaine Cranston</td>
<td>Care Inspectorate</td>
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<td>Ken Miller</td>
<td>Healthcare Improvement Scotland</td>
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<td>Heather Melvin</td>
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<td>Arvind Salwan</td>
<td>Care Inspectorate</td>
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<tr>
<td>Jim Smith</td>
<td>Healthcare Improvement Scotland</td>
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<tr>
<td>Fiona Wardell</td>
<td>Healthcare Improvement Scotland</td>
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SUBJECT: Audit and Risk Committee Meeting, 3rd August 2016: Key points

1. Purpose of the report
This report provides the Healthcare Improvement Scotland Board with an update on key issues arising from the meeting of the Audit and Risk Committee on 3rd August 2016.

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

a) Regulation of Independent Healthcare – Risk 409 / Risk 529
The Committee received a helpful update from Kevin Freeman-Ferguson on the regulation of independent healthcare in relation to risk 409 on the corporate risk register and risk 529 on the operational risk register. Together with the Director of Quality Assurance, he provided the organisation’s view of the risk and the steps being taken to mitigate against it. There followed a robust discussion about the likelihood of the risk crystallising, and it was agreed that the Audit & Risk Committee would receive updates at all Committee meetings (the next meeting is scheduled for November). In light of the time between Audit & Risk Committee meetings it was further agreed that updates would also be provided to the Quality Committee and to the Board. This will provide regular oversight for Board colleagues to be sufficiently well-informed to determine if HIS is taking the necessary steps to mitigate the risk of reputational damage arising from a potential backlog in processing registrations or other potential outcomes.

b) Counter-Fraud
Gordon Young, Head of Counter Fraud Services (CFS) shared highlights from the CFS End of Year report for 2015/16 and looked ahead to the work planned for 2016/17. HIS is in the fortunate position of not having been subject to a serious fraud, and the Committee received an overview of the types of fraud which were being committed across NHS Scotland and in the wider Scottish Public Sector. It was agreed that the follow up tools and workshops which were highlighted by Mr. Young would be reviewed by the Executive Team, with a view to HIS receiving additional training in counter fraud.

c) Delivery of the Work Programme – Risk 533
Review of the corporate risk register highlighted that risk 533 (the risk that delays in recruitment could cause the organisation to under-deliver against the work programme, resulting in financial balance not being achieved at the year-end) was now rated very high with a score of 20. It was agreed that as the updated LDP reporting becomes available, under-delivery should be easier to identify, and that subsequent Financial Performance papers will be cross-referenced back to the risk register to allow better tracking of progress. The Committee did not explore in detail the impact of delays in recruitment, and will continue this discussion at the Board Meeting on 24th August.

Nicola Gallen
Committee Chair
MINUTES - Approved

Meeting of the Healthcare Improvement Scotland Audit and Risk Committee at 10.30 am
22 June 2016
MR 6B, Delta House, Glasgow

Present
Nicola Gallen Chair
Kathleen Preston Board Member
Hamish Wilson Board Member
George Black Board Member

Healthcare Improvement Scotland Officers
Maggie Waterston Director of Finance and Corporate Services/Lead Officer
Angiolina Foster Chief Executive
Richard Norris Director of Scottish Health Council
Brian Robson Executive Clinical Director
Sara Twaddle Director of Evidence
Claire Sweeney Director of Quality Assurance
Robbie Pearson Acting Chief Executive
Pauline Symaniak Corporate Governance Officer
Brian Ward Head of Finance
Paul Wishart Finance Manager
Anne Lee Budget Holder
Gareth Adkins (for Ruth Glassborow)

In Attendance
Chris Brown Scott Moncrieff
Mathew Smith Scott Moncrieff
Martin Pitt PricewaterhouseCoopers

Apologies
Pam Whittle Board Member
Denise Coia Chairman
Ruth Glassborow Director of Improvement Support & ihub

Committee Support
Frieda Cadogan Committee Secretary

1. WELCOME AND APOLOGIES FOR ABSENCE

1.1 The Chair welcomed all present to the meeting, including Anne Lee, and Gareth Adkins who was deputising for Ruth Glassborow.

The Chair also thanked PricewaterhouseCoopers for their work with HIS over the past five years, as they have now come to the end of their tenure.

1.2 Apologies were noted as above.
2. **MINUTES OF PREVIOUS MEETING/ACTION REGISTER**

2.1 **Minute of Audit and Risk Committee meeting on 16 March 2016**

The minute of the meeting held on 16 March 2016 was approved as an accurate record.

2.2 **Review of action point register of Audit and Risk Committee meeting on 16 March 2016**

The Committee reviewed the action point register from the meeting on 16 March 2016 and noted the status report against each action. All actions were noted as complete with the exception of item 5.2 with regards to lessons learned from the Care Inspectorate. Chris Brown from Scott Moncrieff confirmed this action was now complete and Michael Smith had been appointed as Internal Audit Manager for the Care Inspectorate as well as HIS, ensuring best practice was shared.

3. **COMMITTEE GOVERNANCE**

3.1 **Business Planning Schedule**

The Committee reviewed the business planning schedule and it was agreed that this should be reviewed with regards to changes to items due for discussion at this Committee. The CFS annual report on fraud and an update of work taking place within HIS would be full items at the next meeting. Director of Finance and Corporate Services agreed to take this forward.

4. **ANNUAL ACCOUNTS**

4.1 **Audit Assurance reports**

The Chair noted that the reports were discussed at the Audit & Risk Committee Workshop on 1st June and there were no subsequent changes made to the reports presented at this Committee.

The Committee approved the reports.

4.2 **Governance Statement Readiness Report**

The Committee noted that the report was discussed at the Audit & Risk Committee Workshop on 1st June 2016. It was agreed at the workshop that some of the wording in the notes section of Appendix A should be changed to reflect more clearly what is happening. Scott Moncrieff agreed with this change. The Director of Evidence will ensure this is updated.

4.3 **Report to those charged with governance (ISA 260)**

PricewaterhouseCoopers advised that no changes had been made to the financial outturn since the workshop on 1st June 2016, there were no control issues identified, and that this was a very positive report. They have reported an unqualified audit opinion on the financial statements.

PricewaterhouseCoopers highlighted the following areas of potential risk from the report:

- a) Regulation of Independent Clinics in relation to potential backlog of registrants nearer deadline date
- b) Governance risks around Chief Executive secondment and the need to keep mitigating actions under review
- c) Finance performance around agreed carry forward of under spend
The External Auditors thanked the HIS Finance team for their hard work and reported that the process of auditing the accounts had gone very smoothly.

The Chair also thanked the Finance Team for their hard work to finalise the annual accounts and the External Auditors for their work over recent years.

The Chair asked the Committee for any questions. No questions were raised by the Committee however, the Accountable Officer offered additional assurance in relation to point b). above:

   a) 1 day per week had been allocated as protected time to keep updated on the main HIS work streams and developments, especially in relation to the Accountable Officer role
   b) There was structured one to one engagement with all Directors, the HIS Chair and Acting Chief Executive
   c) Priority was given to attendance at HIS Board meetings and all key HIS Governance Committees.
   d) These arrangements would be kept under review.

In response to a question raised by the Committee around evidence based documentation that HIS, as an organisation, should be shown to be providing “value for money” to customers, the following points were clarified:

   a) PriceWaterhouseCoopers advised that this was not explicitly stated in their report.
   b) Scott Moncrieff advised that the Annual Internal Audit Report did state that controls and processes were in place to promote value for money.

The Director of Finance and Corporate Services advised that the self assessment currently being undertaken with Scott Moncrieff would be shared with the Committee.

4.4 Annual Accounts (including governance statement and audit options)

The Director of Finance and Corporate Services summarised by stating that the accounts had been considered at the Audit & Risk Committee Workshop on 1st June where changes had been agreed to the draft annual accounts. The Director of Finance and Corporate Services confirmed that the changes had been made and the final draft, incorporating those changes, was presented at this Committee. The changes made were noted in the movement schedule issued with the paper.

In response to questions from the Committee about the highest payback period for exit packages and the issue of staff leaving at the same time as HIS was experiencing a recruitment shortage, the following points were made:

   a) The Director of Finance and Corporate Services confirmed that the average payback period was 1.08 years with the highest severance payment having a 1.80 years payback. Both of these were within the required two year payback period.
   b) The two highest packages had been approved by the Executive Remuneration Committee.
   c) The staff who had left with exit packages had a different skill mix to those currently being recruited.
d) The Accountable officer also confirmed that because of the process of organisational change that was used, the individuals who left the organisation were not self selected.

PricewaterhouseCoopers advised that this had been an area of focus for them and there had been no areas of concern around this and no confidentiality agreements used. This was documented in the report.

The Chair asked the Committee for any further comments. No further questions were raised and Committee formally agreed to recommend to the Board the adoption of the annual accounts. The Vice Chair would convey the recommendation to the Board at the meeting on 23 June, on behalf of the Chair who had submitted apologies.

4.5 Letter of representations

The Head of Finance asked the Committee to recommend to the chairman of the Board that the letter should be signed as part of the approval of the annual accounts.

The Committee approved this however a point was raised about the reference to the Board members as “Directors” which was inaccurate. PricewaterhouseCoopers advised that this was a standard procedure but it was agreed that this would be changed.

4.6 Significant issues that are considered to be of wider interest

The Director of Finance and Corporate Services asked the Committee to consider whether any disclosure should be made to the Health and Wellbeing Audit and Risk Committee, as part of the approval process of the year end accounts. There were no significant cases of fraud to report, however the Committee asked for clarity regarding two incidents referred to within the Counter Fraud Report that have been reported by HIS. The Director of Finance and Corporate Services would clarify this matter urgently and report back to the Committee prior to the Chair signing the confirmation letter to the Scottish Government.

5. CORPORATE GOVERNANCE

5.1 Risk Management Update

The Director of Finance and Corporate Services presented the Corporate Risks and the Operational Risks rated as High and Very High and confirmed that any changes since the previous meeting were shown on the movement schedule included in the papers. The Director also confirmed that work was ongoing with Scott Moncrieff to support risk management and that work had commenced to update the Compass risk management system.

The Committee highlighted several of the risks on the report:

Risk 521 – New risk added regarding management of core budget and additional funding resources to ensure that the staffing percentage of the budget does not increase. The Director of Finance and Corporate Services advised that the risk was being mitigated by the Executive Team and budget holders and that an end of quarter review would be provided for the Board. Meetings were being undertaken with Scottish Government colleagues to discuss the unsuitability of an annual budget and consideration of a three
year plan as an alternative. The Scottish Government were open to agreeing some flexibility. In response to a question from the Committee, the Director of Finance and Corporate Services advised that she anticipates that the risk rating would be reduced as the financial position becomes clearer.

**Risk 490** - The Committee noted a potential reputational risk with regards to difficulties with recruitment, highlighted under risk 490. A discussion followed and it was agreed that assurances needed to be made to our stakeholders to manage their expectations and that action is being taken to rectify the situation.

The Committee asked that rewording of the existing risks should be considered and would be more beneficial than creating a new risk. An update would be brought to the August meeting.

**Risk 437** – The Committee noted concerns about this risk In relation to regulation of the independent healthcare sector, in particular that the focus of this risk was on the financial risk and not on the potential reputational risk to the organisation should applications be received after the September deadline and HIS fails to process them before April 2017.

The Director of Quality Assurance advised the Committee that it was anticipated that the majority of organisations would register nearer this years' deadline date of 1st September, therefore although progress was slow at the moment, it was anticipated that this would accelerate nearer the deadline date. The Quality Assurance team were working hard to engage with the sector to provide as much information and guidance as possible. An Independent Healthcare Programme Board was also in place as well as regular engagement with Scottish Government.

**Risk 479** – The Committee requested an update In relation to Scottish Medicines Consortium (SMC) staff’s increased workload.

The Director of Evidence assured the Committee that a great deal of work was being undertaken to address this problem. Although there were recruitment problems with health economists, HIS were currently looking at alternatives. There was also ongoing work to identify improvements to current processes and the team were receiving assistance from a Lean practitioner.

**Risk 487** – The Committee noted this New Risk in relation to the Maternity & Children’s Quality Improvement Collaborative Programme. The deputy for the Director of Improvement Support & ihub advised the Committee that there were ongoing discussions around the future funding of the Maternity Champions and this had been escalated to the Scottish Government. As a result of this lack of confirmation of funding, the scope of the programme could not be set.

**Risk 336** – The Committee requested an update to this risk In relation to the Our Voice framework and possible delays, noting that the risk likelihood had increased from 3 to 4.

The Director of the Scottish Health Council advised the Committee that this was related to the additional resource that Scottish Government had agreed was required at the end of last year. This would be discussed again with
them next week to finalise. It was also advised that there was a preferred candidate for the Our Voice Programme Director and work was ongoing to finalise this.

The Committee noted the report and confirmed that two areas would be highlighted to the Board:

a) The requirement for the Board meeting agendas to reflect the key corporate risks.
b) The key risks discussed would be raised at the Board meeting on 23rd June.

5.2 Information Governance

The Committee reviewed the report presented and noted one point in relation to the reference on Appendix 2 to an open risk. The Director of Evidence would provide the Committee members with information on this after the meeting.

Director of Evidence

5.3 Financial Performance Report to 31 May 2016

The Head of Finance summarised the report by stating that the information is brief due to a delay in the initial confirmation of funding and also time available for analysis had been restricted due to the annual accounts timetable..

The revenue resource limit (RRL) was set at £15.494m for year 2016/17 which was equivalent to the RRL for 2015/16 plus the expected 1% baseline uplift. However, it was highlighted that the recurring funding agreed to be included within the baseline is yet to be allocated along with the anticipated allocations of non-recurring funding.

However, further to the first quarterly Strategic Finance meeting with the Scottish Government a final baseline budget was confirmed at £24.385 million and this is the amount that has been used in the management accounts. No additional non-recurring funding had been received as yet, however this was expected in future allocation letters and this would be issued as soon as possible.

The Head of Finance also confirmed that due to the current slow progress of the Independent Healthcare sectors applications for registration, the fee setting for 2017/18 would need to be made on the information currently available.

The Head of Finance informed the Committee that the financial position for the year to date was showing a deficit of approximately £321k, however after additional funding allocations were taken into account the financial position for year to date was an approximate deficit of £53k.

It was highlighted that the efficiency savings for the year were set at £1.9m and this was currently on target with savings reported at £293k for the first two months of this financial year.

The Head of Finance informed the Committee that the Change Management Board’s (CMB) key role throughout 2015/16 had been to make reductions through organisational change. This was achieved with the reduction of 20 posts, 10 of which were through the use of the voluntary
severance scheme at a cost of £0.684m which resulted in an average payback of 1.08 years. For the year ahead the CMB’s focus would be on making savings through efficiency and productivity gains supported by Lean working.

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

a) Future reports would show savings split between recurring and non-recurring.

b) There were two elements to baseline funding – the £15.5m closing RRL plus the 1% uplift and £9m additional funds that included £2.5m additional allocation, JIT and QuEST funds, SPSP, Death Certification Review Service and the SMC new medicines review.

The Committee noted the Financial Report and the change of focus of the CMB.

<table>
<thead>
<tr>
<th>5.4 Counter Fraud Update</th>
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<tbody>
<tr>
<td>The Director of Finance and Corporate Services advised that the report would be discussed in full at the Committee meeting in August to allow more time for discussions.</td>
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<tr>
<td>The Committee noted the summary report.</td>
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<tr>
<td><strong>Director of Finance &amp; Corporate Services</strong></td>
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<tr>
<th>5.5 Non competitive tender log</th>
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<tr>
<td>The Committee received the non competitive tender log from the Director of Finance and Corporate Services and sought additional information about item 1 on the log.</td>
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<td>The Acting Chief Executive advised that this was in relation to the Clinical Advisor to the Suicide Reporting and Learning System who provided specialist expertise and continuity as the suicide reporting and adverse events systems aligned into a new system that would not require this one-off cost each year.</td>
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<tr>
<td>The Committee asked that consideration was given to ensuring the practice of selecting consultants without going out to tender was minimised and that fixed term pieces of work remained as such.</td>
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<td>The Committee noted the report.</td>
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<tr>
<th>6. INTERNAL AUDIT</th>
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<tr>
<td><strong>6.1 Annual Internal Audit Report 2015/16</strong></td>
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<tr>
<td>The Internal Auditors presented their annual report which summarised their work during 2015/16 and supported the governance statement in the annual accounts. They gave assurance that no major weaknesses were identified.</td>
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<td>The Committee noted the report.</td>
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<tr>
<th><strong>6.2 Audit Actions Follow-up Report</strong></th>
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<tr>
<td>The Director of Finance and Corporate Services presented to the Committee the report that provided assurance that the audit recommendations made were being progressed. The Director of Finance and Corporate Services advised the Committee that this report had been...</td>
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</table>
completed jointly with Scott Moncrieff. There are twelve actions presented in the report with four completed.

Scott Moncrieff confirmed that appropriate evidence had been provided in support of completed actions and that where actions had been breached, they were content with the plans in place.

The Committee asked for additional assurance about two breaches within the action report:

2.1 Workforce Plan Monitoring
The Director of Finance and Corporate Services advised that the deadline date for completion had been moved from 31 March 2016 to 30 June 2016 and the plan would be presented for approval at the Board meeting on 23 June 2016.

5.1 Performance Reports
The Director of Finance and Corporate Services advised that this work was ongoing and being developed with the support of the Quality Committee. An integrated performance reporting system was being developed, which included outcomes, financial and HR data, and risk information. Indicators were being identified to measure against. This action now overlapped with action 5.4 and the two actions would be merged in discussion with Scott Moncrieff.

The Committee confirmed they were content with the progress of the audit recommendations.

6.3 Final Internal Audit Plan 2016 - 19
The Director of Finance and Corporate Services advised that a draft report had been presented at the March 2016 Committee meeting and it was agreed that an updated version would be brought back to this Committee meeting for approval.

The Committee approved the updated report with the exception of two minor errors to be corrected:

1. Appendix 3 – Director of Scrutiny and Assurance should be changed to Director of Quality Assurance
2. Appendix 6 – Error in date which should read September 2016.

7. STANDING BUSINESS

7.1 Audit Scotland Letter 12.04.16
The Committee noted the letter from audit Scotland proposing Deloitte as the new external auditors for HIS for the financial years 2016/17 to 2020/21.

7.2 Operational Plan Performance Report – for noting
The Committee noted the contents of the report.

7.3 Governance Committee Minutes
The Committee received the most recent minutes and key point reports from the other Governance Committees.
<table>
<thead>
<tr>
<th></th>
<th><strong>Board report: 3 Key Points</strong></th>
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<tr>
<td>7.4</td>
<td>The Chair would prepare a report for the Board highlighting the key points from the meeting.</td>
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<th><strong>Feedback Session</strong></th>
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<td>7.5</td>
<td>The Chair invited members to email any feedback relating to the meeting or the papers to her or Frieda Cadogan.</td>
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<th><strong>ANY OTHER BUSINESS</strong></th>
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<tr>
<td>8.</td>
<td>No items of any other business were discussed.</td>
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<th><strong>DATE OF NEXT MEETING</strong></th>
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<tr>
<td>9.</td>
<td>The next meeting of the Audit and Risk Committee will be held in Delta House at 10.30am on 30 August 2016.</td>
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</table>
SUBJECT: Quality Committee Meeting, 21 July 2016: key points

1. Purpose of the report
   This report provides the Healthcare Improvement Scotland Board with an update on key
   issues arising from the Quality Committee on 21 July 2016.

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

   a) The Committee received the final version of the organisational strategy outcomes
      framework, which incorporates the seven contributions as activities. This was
      approved and will support work across the whole organisation to develop and
      measure outcomes for individual projects which demonstrate their impact. The
      Executive Team have committed to supporting teams to undertake this work over the
      coming months. Worked examples of how the new reporting template can be
      populated were presented and it was noted that there will be a delay in fully
      populating the report until all teams have developed, refined and measured their own
      indicators of outcome.

   b) The Committee received a paper on the governance arrangements for the Scottish
      Antimicrobial Prescribing Group (SAPG), which to date has been considered to be
      part of the Scottish Medicines Consortium (SMC). It was agreed that the respective
      distinct roles of the two groups mean that they should be considered separately. The
      proposal to incorporate SAPG as a separate entity in the Code of Corporate
      Governance was accepted and the Chair of SAPG will be invited to attend the Quality
      Committee, along with the three technology group chairs, in future.

   c) The Committee received the Death Certification Review Services Annual Report for
      2015-16 for information. In particular it was noted that 46% of the medical certificates
      of cause of death were considered ‘not in order’ and of these, 11% were due to major
      errors requiring a replacement certificate to be issued. These rates were significantly
      higher than those identified in the pilot phase.

   d) The Committee received a paper on the Effective Care programme which has been
      commissioned by the NHS Board Chief Executives. The programme involves the
      ihub, SHC and the Evidence and Clinical Directorates and its primary focus is on
      supporting the reliable implementation of agreed standards of care in segments of
      pathways where there is evidence of high levels of unwarranted variation that, if
      addressed, would improve outcomes and reduce costs. The design phase of the
      programme is now complete and a business case has been submitted to Scottish
      Government. Quality Committee members noted that there is a risk that the
      programme will not deliver cash releasing savings, unless services are able to be
      closed.

Hamish Wilson
Committee Chair
Meeting of the Quality Committee  
Date: Thursday 19th May 2016 10.30am – 1.10pm  
Venue: Boardroom, Gyle Square, Edinburgh

Present

Healthcare Improvement Scotland (HIS) Non-Executive Members
John Glennie Non-Executive Director, Chair  
Denise Coia Non-Executive Director, HIS Chairman  
Zoë Dunhill Non-Executive Director  
Duncan Service Non-Executive Employee Director  
Pam Whittle Non-Executive Director and Chair of Scottish Health Council (SHC)  
Bryan Anderson Non-Executive Director

Healthcare Improvement Scotland (HIS) Board member
Duncan Service Employee Director

Healthcare Improvement Scotland (HIS) Officers
Robbie Pearson Acting Chief Executive  
Sara Twaddle Director of Evidence, Lead Officer  
Brian Robson Executive Clinical Director  
Maggie Waterston Director of Finance and Corporate Services  
Ruth Glassborow Director of Safety and Improvement (attended for item 2.1 on agenda)  
Gerry Power Deputy for Ruth Glassborow who left meeting at 11am  
Donald Morrison Head of Data Measurement & Business Intelligence (attended for item 6.3 on agenda)  
Susan Bishop Primary Care Strategy Programme Lead (attended for item 4.3 on agenda)

Health Technology Group Chairs
John Kinsella Chair of Scottish Intercollegiate Guidelines Network (SIGN) (item 5.2 to end of meeting)  
Iain Robertson Chair of Scottish Health Technologies Group (SHTG)

Public Partner
Norman Gibb  
Susan Siegal

Observer
Frieda Cadogan Administrative Officer

Committee Support
Natalie Hannigan Executive Assistant to the Chair & Chief Executive

Apologies
Hamish Wilson Non-Executive Director  
Laura McIver Chief Pharmacist, Scottish Medicines Consortium (SMC)  
Jonathan Fox Chair of Scottish Medicines Consortium (SMC)  
Angiolina Foster Chief Executive

Produced by Frieda Cadogan May 2016
1. OPENING BUSINESS

1.1 Welcome
The Chair welcomed all present to meeting of the Quality committee, including Gerry Power, deputising for Ruth Glassborow. The Acting Chief Executive extended congratulations to Ruth Glassborow for her appointment as Director of Improvement Support and ihub.

1.2 Apologies for absence
Apologies were noted as above.

1.3 Minutes of meeting held on 28 January 2016
The minutes of the meeting held on 28 January were approved and will be submitted to the June Board meeting.

1.4 Review of action point register: 28 January 2016
No updates.

2. STRATEGIC BUSINESS

2.1 Improvement Hub Update
The Director of Improvement Support and ihub delivered a presentation to the committee giving an overview of the ihub and the development of this new resource to support the design and delivery of integrated health and social care.

The Director of Improvement/ihub detailed the offerings of the resource, noting the main focus will be continuous quality improvement and supporting NHS Boards with transformational design, to help colleagues and the system to improve, highlighting the core principles of voluntary engagement, collaboration and developing local improvement capacity and capability.

The offerings include:

- **planned improvement support** for aspects of care delivery services and for the development of infrastructures and cultures which enable the work of improvement

- **tailored and responsive improvement support** that is flexible to help NHS boards and health and social care partnerships address local priority issues,

- **a small grants-making arm** that provides resources for organisations to test and develop approaches to improving health and social care services.

The Director of Improvement Support and ihub went on to update the Committee on the 2016/17 work programme, noting that this year was a transition year to allow the 3 resources and programmes of JIT and TRiST to move over to HIS, and incorporate the strengths of the 3 organisations and offerings. The Director of Improvement Support and ihub emphasised the importance of context within the integrated space, and noted that the offerings need to adapt to the local context and there was a need to adapt our approaches and use of improvement methodologies when working with different IJBs.
The presentation also included an overview of the current ihub structure, highlighting the current vacancy levels and the significant ongoing work to support recruitment into posts.

The committee chair thanked the Director of Improvement Support and ihub for a very informative presentation and it was agreed to circulate the presentation to the Board, to help support greater understanding of the HIS role within the integrated space.

The committee enquired about the position of children and adolescents within HIS work. It was noted that various programmes of work include elements affecting and improving services for children, but no specific work streams have been identified. The Acting Chief Executive and Chair reported to the committee that the Scottish Government has made a firm commitment to mental health, with a focus on young people and children, confirming that HIS would be moving forward in this area with an increased focus in the coming months.

The Director of Finance and Corporate Services also noted that work was underway to support the broader theming of work through the LDP, to highlight programmes of work that could be categorised beyond directorate, demonstrating cross organisational work in specific areas.

The committee also raised concerns about the lack of links with community planning partnerships. The Director of Improvement Support and ihub advised that she was aware of this and would continue to be sighted on this emerging issue.

### 3. COMMITTEE GOVERNANCE

#### 3.1 Declarations of interest

None stated

#### 3.2 Business Planning Schedule

The Director of Evidence presented the paper circulated in advance of the meeting and advised that this continued to be a working document, with further iterations in development and would be circulated to the committee for the next meeting. Discussions were ongoing within the Executive Team to ensure that a broad range of work was presented to the committee, and would ensure the committee is sighted on items appropriately.

#### 3.3 Quality Committee Annual Report

The Director of Evidence presented the paper for information and noted that the annual report was approved at the board meeting in April.

#### 3.4 Risk Management for the Quality Committee

The Director of Finance and Corporate Services gave a brief summary of the papers circulated in advance of the meeting, to provide assurance on progress with the management of risk across the organisation and present the corporate and the high/very high operational risks within the remit of the Committee.

The Director of Evidence also noted that all SMC risks had been reviewed as part of an exercise with the internal auditors.

Discussion followed and it was agreed that risk 479 should be reviewed to include an improved descriptor to better reflect ongoing work and activity on staff training to support staff to deal with increasing work demands.

Director of Evidence
4. **STRATEGIC BUSINESS**

4.1 **Non Medicines Technology Strategic Plan**

The Director of Evidence presented the Non Medicines Technologies (NMT) Strategic Plan to the Committee for final approval.

The Chair of Scottish Health Technologies Group (SHTG) gave a further introduction on the process and development of the plan, highlighting the following points;

a) This was a significant piece of work for the SHTG, due to the gap in both resource and attention between medicines and NMT, which is the remit of SHTG.

b) The plan focuses on where the highest impact could be made.

The committee chair thanked the Chair of SHTG for the introduction. In response to a number of questions from the committee, the following points were noted;

c) The strategy attempted to set out the HIS role within NMTs, but needed to be careful to consider the scale and scope of the remit, so emphasis on the definition of what HIS could do and what partners could do was essential within the strategy.

d) Awareness of the wider UK position and the resources available to NICE compared with SHTG.

e) There was not the same level of incident reporting as with medicines.

f) The use of registers of NMT where appropriate and options for inclusion within the Medical Device strategy 2017 be explored.

g) Public awareness of NMT is limited. The SHC should be able to support SHTG in this area once the strategy was published.

It was agreed that HIS, at Board level, should assist with raising awareness of the importance of this strategy and SHTG work to the Scottish Government.

It was also agreed that this should also be presented to the NHS Chairs and Chief Executives groups to raise awareness and develop local interest and opportunities for improvement.

The Committee approved the Strategic Plan and Chair of Scottish Health Technologies Group (SHTG) thanked the Committee for their feedback.

It was agreed that a more detailed working plan for the implementation of the Strategic plan should be developed and brought back to the next Committee. This should also be brought to the wider HIS board for consideration in the autumn.

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<tr>
<th>HIS Chair/ Acting Chief Executive</th>
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<tr>
<td>Director of Evidence/ Chair of SHTG</td>
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4.2 **Research Strategic Plan**

The Director of Evidence presented the plan circulated in advance of the meeting and requested committee approval that the plan be adopted by HIS to support research activity and use within the organisation. It was highlighted that this version of the plan incorporated feedback from the Committee and comments from the external peer review.

The committee requested clarification on the safeguards in place to protect patient/carer data collected for research. The Director of Evidence assured the committee that all research involving such data are likely to ethical approval via a
National Ethics committee and they had a robust system for monitoring and reviewing research proposals. No such HIS research would be undertaken without approval from the ethics committee.

The Committee approved the Research Strategic Plan and noted that an action plan would be developed and submitted to the HIS Board for review.

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<th>Director of Evidence</th>
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### 4.3 Draft Primary Care Strategy

Susan Bishop, Primary Care Strategy Programme Lead, joined the meeting to present the draft Primary Care Strategy, noting that it was the result of collaborative work across a team of people. The draft strategy would form the basis of a 3 year delivery plan.

In response to a number of questions from the committee, the following points were noted:

- a) Primary Care was a key priority area for Scottish Government, who were keen to have HIS involvement. HIS needed to have clarity on the role and the deliverables; Out of Hours; Cluster Working; QA/QI support and continuing changes within the integrated space, were all key areas of work so HIS needed to distil what can actually be delivered.
- b) The strategy should be linked to the 7 contributions and how HIS was supporting services to transform from within.
- c) There was already work taking place within Primary Care. The strategy should provide the opportunity to join up and re-orientate existing work programmes.

It was agreed that an outline delivery plan should be developed for submission to the Board in June. It was noted that due to the timescales this would be a draft outline plan, but it was agreed it desirable for this work to progress at a pace to ensure the Board was sighted.

The committee chair thanked Susan Bishop and the Executive Clinical Director for their work.

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<th>Executive Clinical Director</th>
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### 5. REPORTS

#### 5.1 Future Reporting of Local Delivery Plan (LDP)

The Director of Finance and Corporate Services provided a verbal update to the committee noting that a database was in development to support the Executive Team and Board to better understand the breadth of HIS work, noting that part of the development of the database included the establishment of categories to tag work programmes. Reporting would therefore not only be organised by directorate but by opportunities for reporting against specific areas or themes, eg children & young people. It was anticipated that this would better support the measurement of progress against outcomes and demonstrate what HIS delivers along with allowing better horizon scanning to identify gaps.

The committee thanked the Director of Finance and Corporate Services for the update and noted that a progress report, with example formats and reporting styles would be brought back to the committee for consideration at a future meeting.

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<th>Director of Finance and Corporate Services</th>
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#### 5.2 Health Technologies Groups Update

The Chair of Scottish Health Technologies Group (SHTG) asked the committee to note the report and highlighted that the first SHTG meeting in public would be held on 28 July. Work was underway to support this and would be building on learning.

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<th>Director of Finance and Corporate Services</th>
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The Chair of Scottish Intercollegiate Guidelines Network (SIGN) asked the committee to note that SIGN have been asked to submit a proposal to co-host the Guidelines International Network (GIN) Conference 2018 with NICE. The Acting Chief Executive was supportive of this and agreed that this would be a good opportunity for HIS.

The Chair of SIGN also highlighted to the committee that SIGN were addressing some of the challenges set out within the Chief Medical Officer’s Annual Report for 2014-15 on Realistic Medicine. A discussion followed and the committee was assured that SIGN were providing guidelines written to support patients and clinicians, enabling consideration of the options available and setting out choices as a starting point for discussion.

The Director of Evidence presented the Scottish Medicines Consortium update and highlighted that the Montgomery Review of access to new medicines report was likely to be published in the summer and would be brought to the committee for discussion.

5.3 Clinical Assurance Update

The Executive Clinical Director provided a verbal update to the committee on the ongoing work around clinical assurance, noting that the results of an audit exercise across the organisation indicated that the level of understanding of clinical assurance varied across work programmes. Given this, and to take into account the significant expansion of the HIS remit, it was agreed that the Executive Team would reconsider the approach in this area and bring back to the next committee meeting an updated proposal.

The Executive Clinical Director gave a verbal update and highlighted that the mechanisms were not reliably in place to provide full clinical assurance across our programmes as the consistency of the assessment method had not been established and hence a more proactive mechanism was being developed. He advised that he was not aware of any significant issues that the committee should be aware of.

5.4 Death Certification Update

The Executive Clinical Director presented the report to the Committee providing an update on the delivery of the Death Certification Review Service for the operating period May 2015 to January 2016.

The Executive Clinical Director highlighted that 47% of the certificates reviewed required amendment, noting that a specific study was underway to investigate further the reasons behind this. The committee requested that the results of this review be brought to a future committee for discussion.

The committee also noted that the level of detail contained within the presented report was sufficient for the purposes of the committee.

6. ITEMS FOR NOTING

6.1 Clinical Forum Update

The Executive Clinical Director presented this report to the committee and highlighted the presentation of Dr George Fernie, Senior Medical Reviewer, to the forum, which was well received and supported the development of the forum’s understanding of the work of the service.
### 6.2 Knowledge Management Strategy Closure Report

The committee noted the paper circulated in advance of the meeting providing a closure report for the 2013-16 Knowledge Management (KM) Strategy in preparation for the implementation of knowledge management objectives as an integral part of the Evidence Directorate Strategic Plan 2016-2020. There were no further comments.

### 6.3 Sharing Intelligence

The Head of Data Measurement & Business Intelligence joined the meeting to present to the Committee a draft protocol for sharing data/information between the different functions of Healthcare Improvement Scotland. A brief overview of the protocol was given, highlighting that macro- and meso-level data/information was routinely shared, but not micro-level data.

In response to a number of questions from the committee, the following points were raised:

- a) In the context of integration, careful consideration would need to be given to the balance of sensitivities around what the IJBs would wish to share.
- b) This presented a good opportunity to tackle bad practice and to link to improvement work, but further work was required on how the intelligence is used to inform the work of HIS.
- c) There was a need for an Executive Team level of awareness of the micro level information available.
- d) There was a need to broaden the scope to include social care but it was noted that this would be part of future developments of the work.

It was agreed that an updated paper should be brought back to the committee for consideration that included:

- e) examples of the type of data referred to as micro/meso/macro;
- f) further detail on how to address the exceptions that would arise, with advice on handling
- g) Executive Team consideration of the micro level data and how this would be held.
- h) Protocols for internal sharing of data.

The Committee agreed to endorse the direction of travel in developing the protocol and noted that this was an important piece of work and a useful first step.

### 7. CLOSING BUSINESS

#### 7.1 Board report: three key points

The Chair and Director of Evidence agreed to reflect on three key points from the meeting and circulate them to the Committee prior to submission to the June Board.

#### 7.2 Any other business

There was no other business.
<table>
<thead>
<tr>
<th>Dates of Future Meetings</th>
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<tbody>
<tr>
<td><strong>Dates in brackets are Wednesday Board meeting dates</strong></td>
</tr>
<tr>
<td>(23 June 2016) Thursday 21 July 2016, Delta House, Glasgow</td>
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<tr>
<td>(24 August 2016) Wednesday 19 October 2016, Delta House, Glasgow</td>
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<tr>
<td>(23 November 2016) 25 January 2017, Delta House, Glasgow</td>
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<td>(22 February 2017)</td>
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