Public Board Agenda

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

Date: Wednesday 4 December 2019
Time: 13.00 - 15.45
Venue: Room 6.4/6.5 Delta House, Glasgow
Contact: Pauline Symaniak
            boardadmin.his@nhs.net
            0131 623 4294

Note: the format of the Board agenda aligns with the terms of reference for the Board, agreed in June 2019. This in turn aligns with the Blueprint for Good Governance.

<table>
<thead>
<tr>
<th>Item</th>
<th>Time</th>
<th>Agenda item</th>
<th>Lead Officer</th>
<th>Report</th>
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<tbody>
<tr>
<td>1.</td>
<td>13.00</td>
<td>OPENING BUSINESS</td>
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<tr>
<td>1.1</td>
<td>13.00</td>
<td>Welcome and apologies</td>
<td>Chair</td>
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<td>1.2</td>
<td></td>
<td>Register of interests</td>
<td>Chair</td>
<td>BM2019/59</td>
</tr>
<tr>
<td>1.3</td>
<td>13.05</td>
<td>Minutes of the Board meeting held on 25 September 2019</td>
<td>Chair</td>
<td>BM2019/60</td>
</tr>
<tr>
<td>1.4</td>
<td>13.05</td>
<td>Action points from the Board meeting held on 25 September 2019</td>
<td>Chair</td>
<td>BM2019/61</td>
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<tr>
<td>1.5</td>
<td>13.10</td>
<td>Chair’s Report</td>
<td>Chair</td>
<td>BM2019/62</td>
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<tr>
<td>1.6</td>
<td>13.20</td>
<td>Executive Report</td>
<td>Chief Executive</td>
<td>BM2019/63</td>
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<tr>
<td>2.</td>
<td>13.35</td>
<td>SETTING THE DIRECTION</td>
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<tr>
<td>2.1</td>
<td>13.35</td>
<td>Refreshing the Future Strategic Direction for Healthcare Improvement Scotland</td>
<td>Chief Executive</td>
<td>BM2019/64</td>
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<tr>
<td>2.2</td>
<td>13.45</td>
<td>Operational Planning 2020-21 Update</td>
<td>Director of Finance and Corporate Services</td>
<td>BM2019/65 Presentation</td>
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<tr>
<td>2.3</td>
<td>14.00</td>
<td>Quality Assurance Directorate Update</td>
<td>Interim Director of Quality Assurance/Director of NMAHP</td>
<td>Presentation</td>
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</table>

14.15 Refreshment break
### 3. HOLDING TO ACCOUNT – including FINANCE AND RESOURCE

#### 3.1 14.30 Performance Reporting including:
- a) Organisational Performance Report
- b) Finance Report
- c) Workforce Report
- d) Operational Plan Risk Report

Director of Finance & Corporate Services / Associate Director of Workforce

BM2019/66

### 4. ASSESSING RISK

#### 4.1 14.50 Risk Management: strategic risks

Director of Finance & Corporate Services

BM2019/67

### 5. GOVERNANCE

#### 5.1 15.00 Code of Corporate Governance

Director of Finance & Corporate Services

BM2019/68

#### 5.2 15.10 Governance Committee Annual Reports Action Plan Update

Director of Finance & Corporate Services

BM2019/69

#### 5.3 15.20 Audit and Risk Committee: approved minutes from the meeting on 4 September 2019.

Committee Chair

BM2019/70

#### 5.4 Quality and Performance Committee: key points from the meeting on 6 November 2019 and approved minutes from the meeting on 15 August 2019.

Committee Chair

BM2019/71
BM2019/72

#### 5.5 Scottish Health Council Committee: key points from the meeting on 26 September 2019 and approved minutes from the meeting on 27 June 2019.

Committee Chair

BM2019/73
BM2019/74

#### 5.6 Staff Governance Committee: key points from the meeting on 16 October 2019 and approved minutes from the meeting on 29 August 2019.

Committee Chair

BM2019/75
BM2019/76

### 6. ANY OTHER BUSINESS

### 7. DATE OF NEXT MEETING

#### 7.1 15.40 The next meeting will be held on 25 March 2020 at 1pm in the Boardroom, Gyle Square, Edinburgh
SUBJECT: Register of Interests

1. Purpose of the report
To present the Register of Interests held at 25 November 2019 for Board Members and senior staff members within the organisation.

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

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

Appendix 1: Register of Interests (as at 25 November 2019)

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

### RISK

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

### OTHER CONSIDERATIONS

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

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

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

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

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

<p>| The Register of Interests does not relate to any policy or work programme that will impact on staff, volunteers or service users. |</p>
<table>
<thead>
<tr>
<th>NAME</th>
<th>CATEGORY</th>
<th>INTEREST</th>
<th>Date interest commenced (if in FY 2019/20)</th>
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</thead>
<tbody>
<tr>
<td>CHAIR</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Carole Wilkinson</td>
<td>1</td>
<td>*Lay Member, General Teaching Council</td>
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<tr>
<td></td>
<td>1</td>
<td>Board Member, Care Inspectorate</td>
<td></td>
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<tr>
<td></td>
<td>1</td>
<td>**Ad hoc advice and consultancy work for David Nicholl, On Board Training.</td>
<td>5/9/19</td>
</tr>
<tr>
<td>Note: *Remuneration relates to a daily rate payable / ** Remuneration is a small hourly fee</td>
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<table>
<thead>
<tr>
<th>NON-EXECUTIVE BOARD MEMBERS</th>
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<tbody>
<tr>
<td>Jackie Brock</td>
<td>1</td>
<td>Chief Executive, Children in Scotland</td>
<td></td>
</tr>
<tr>
<td></td>
<td>7</td>
<td>Chair, Independent Child Protection Advisory Group, Scottish Football Association</td>
<td></td>
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<tr>
<td>Suzanne Dawson</td>
<td>7</td>
<td>Director and Charity Trustee, Eastgate Theatre &amp; Arts Centre</td>
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<td></td>
<td>7</td>
<td>Charity Trustee, Borders Further Education Trust</td>
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<td></td>
<td>7</td>
<td>Fellow of Chartered Institute of Marketing</td>
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<td></td>
<td>7</td>
<td>Member of Law Society of Scotland Admissions Sub-Committee</td>
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</tr>
<tr>
<td>Name</td>
<td>Position</td>
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</tbody>
</table>
| **Dr Zoë M. Dunhill MBE**   | 1. Sole proprietor own Child Health Consultancy  
1. Invited reviewer Royal College of Paediatrics and Child Health  
1. Professional Advisor CQC England in Paediatrics  
7. Honorary Fellow Royal College of Paediatrics and Child Health  
7. Fellow of Royal College of Physicians of Edinburgh  
7. Director Children’s Health Scotland  
7. Member British Medical Association  
7. Member of the Board of Governors of the Dean and Cauvin Trust  
3. NHS Greater Glasgow and Clyde Consultancy Contract for redesign of specialist children's services |
| **Paul Edie**               | 1. Chair of the Care Inspectorate  
1. Non Executive Member of the Scottish Social Services Council  
7. Member of the Scottish Liberal Democrats  
1. Proprietor of Edie Associates  
1. Partner, The Place Store |
| **John Glennie OBE**        | 1. Non Executive Board Member, NHS24 |
| **Gill Graham**             | No declared interests  
| **Rhona Hotchkiss**         | 7. Partner is a Non-executive Director at NHS Ayrshire & Arran and Vice Chair of the Golden Jubilee National Hospital  
1/4/19  
7. Trustee of The Queen’s Nursing Institute Scotland  
June 2019 |
| **Christine Lester**        | 1. Commissioner, Audit Commission  
7. Member, Lennox Community Council  
7. Volunteer Adviser, Citizens Advice Bureau |
<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
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</thead>
<tbody>
<tr>
<td>Kathleen Preston</td>
<td>*Honorary Contract with NHS Blood and Transplant (NHSBT) as a Lay Member of the Organ Donation Advisory Group (Kidney Advisory Group)</td>
</tr>
<tr>
<td></td>
<td>Member of the Law Society of Scotland</td>
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<tr>
<td></td>
<td>Member (Professional Associate) of the Health and Social Care Alliance</td>
</tr>
<tr>
<td>Note: *No remuneration will be received other than payment of expenses</td>
<td></td>
</tr>
<tr>
<td>Duncan Service</td>
<td>Evidence Manager, SIGN</td>
</tr>
<tr>
<td></td>
<td>Director and Company Secretary, SHU East District Ltd</td>
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<tr>
<td></td>
<td>UNISON Steward</td>
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<tr>
<td></td>
<td>Treasurer, Guidelines International Network (G-I-N)</td>
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<tr>
<td>Note:</td>
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<tr>
<td>Executive Board Member</td>
<td></td>
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<tr>
<td>Robbie Pearson</td>
<td>Chief Executive, Healthcare Improvement Scotland</td>
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<tr>
<td></td>
<td>Sister-in-law is nurse at St Columba’s Hospice (regulated by HIS)</td>
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<tr>
<td>Senior Staff Members</td>
<td></td>
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<tr>
<td>Sybil Canavan</td>
<td>Associate Director of Workforce</td>
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<tr>
<td></td>
<td>Member of Unite (Trade Union)</td>
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<tr>
<td>Lynsey Cleland</td>
<td>Director of Community Engagement</td>
</tr>
<tr>
<td></td>
<td>*Lay Member, General Teaching Council for Scotland</td>
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<tr>
<td>Note: *Remuneration available but not claimed.</td>
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</tr>
<tr>
<td>Name</td>
<td>1 Category</td>
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<tr>
<td>Ruth Glassborow</td>
<td>1</td>
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<td>7</td>
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<tr>
<td>Note: *Participation is fully funded by the Health Foundation and there is also potential to access further bursary funding.</td>
<td></td>
</tr>
<tr>
<td>Ann Gow</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>7</td>
</tr>
<tr>
<td>Sandra McDougall</td>
<td>1</td>
</tr>
<tr>
<td>Safia Qureshi</td>
<td>1</td>
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<td>7</td>
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<tr>
<td>Maggie Waterston</td>
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<td>Note: * This is a joint programme between Scottish Government and Deloitte which is resourced by Deloitte with no charge to Healthcare Improvement Scotland.</td>
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**Explanation of Categories**

<table>
<thead>
<tr>
<th>Category Number</th>
<th>Category Type</th>
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<tr>
<td>1</td>
<td>Remuneration</td>
</tr>
<tr>
<td>2</td>
<td>Related Undertakings</td>
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<td>3</td>
<td>Contracts</td>
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<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>
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</table>
Meeting of the Board of Healthcare Improvement Scotland
Date: 25 September 2019
Time: 12.30–15.30
Venue: Boardroom, Gyle Square, Edinburgh

Present
Carole Wilkinson, Chair
Jackie Brock, Non-executive Director
Suzanne Dawson, Non-executive Director
Paul Edie, Non-executive Director
John Glennie OBE, Non-executive Director
Gill Graham, Non-executive Director
Rhona Hotchkiss, Non-executive Director
Christine Lester, Non-executive Director (by telephone)
Robbie Pearson, Chief Executive
Kathleen Preston, Non-executive Director
Duncan Service, Non-executive Director

In Attendance
Sybil Canavan, Associate Director of Workforce
Lynsey Cleland, Director of Community Engagement
Ann Gow, Director of Nursing, Midwifery and Allied Health Professions (NMAHP)
Ruth Glassborow, Director of Improvement
Lynda Nicholson, Interim Head of Communications
Sandra McDougall, Interim Director of Quality Assurance
Safia Qureshi, Director of Evidence
Maggie Waterston, Director of Finance and Corporate Services

Apologies
Dr Zoë M Dunhill MBE, Non-executive Director

Board Support
Pauline Symaniak, Governance Manager

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

Registerable Interests

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

#### 1.1 Chair’s welcome and apologies

The Chair opened the meeting of the Board by extending a warm welcome to all in attendance, particularly to Sandra McDougall, Lynda Nicholson and Safia Qureshi, attending their first Board meeting.

Apologies were noted as above.

#### 1.2 Register of Interests

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

The Board approved the register. Board Members and the Executive Team were reminded to provide any changes to the Corporate Governance Office within one month of them occurring. They were also reminded to declare any interests that may arise during the course of the meeting.

John Glennie OBE declared an interest as a Non-executive Director of NHS24.

#### 1.3 Minutes and Action Points of the Board meeting on 20 March 2019

The minutes of the public meeting held on 26 June 2019 were accepted as an accurate record.

The action point register was reviewed and accepted. All actions were noted as complete and there were no matters arising.

#### 1.4 Chair’s Report

The Board received a report from the Chair updating them on recent developments. The Chair highlighted the following points:

a) She had held a telephone conversation with the Cabinet Secretary about the organisation’s role in adverse events. A letter had subsequently been received to which a reply would be prepared and a meeting, including the Chief Executive, arranged in November. Adverse events would be more fully discussed under agenda item 3.1.

b) The Chair opened the Q visit on 19 September 2019 in Edinburgh. This was a very successful event, bringing together improvement leaders from across the UK. Excellent feedback had been received about the event.

The Board noted the report.

#### 1.5 Executive Report

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

The Chief Executive highlighted the following points:

a) An Internal Improvement Oversight Board had been formed to review the efficiency and delivery of the organisation’s work.

b) Revised leadership arrangements had been put in place within the Quality Assurance Directorate. Sandra McDougall had been
appointed as Interim Director of Quality Assurance and recruitment would commence for an Interim Chief Inspector.

c) Reputational risks had arisen around the work of the Scottish Medicines Consortium (SMC). They had issued advice to not recommend two medicines for cystic fibrosis which the Cabinet Secretary subsequently announced would be available through a 5 year agreement with the company.

d) HIS was working with the Health Foundation in a successful programme to support the Q Community in Scotland and extend quality networks.

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

e) A lot of work was already underway for the three internal improvement programme workstreams and meetings of the Oversight Board were being arranged. It was intended to be operational in four to six weeks time.

f) A Non-executive director had been assigned to each internal improvement workstream. Their role was to be a mentor to the group, share their expertise and challenge the thinking.

g) There was budget set aside for attendance at the IHI international forum and decision making around attendance to ensure there was a clear benefit to the organisation. To improve transparency around international travel, requests were now reviewed by the Chair and a paper would be provided regularly to the Audit and Risk Committee summarising the requests.

h) Following the decision about access to the cystic fibrosis medicines, discussions were taking place with Scottish Government Sponsor and would be raised at the meeting with the Cabinet Secretary. The Director of Evidence was meantime providing reassurance to SMC colleagues. The recent blog from the Chair of the SMC would be circulated.

i) Work was being delivered to better articulate to stakeholders the range of improvement work that HIS offers and a user friendly guide would shortly be published. Alongside this, interconnections between areas of work in the Improvement Directorate were being strengthened.

j) The new suite of business intelligence measures was designed to support improvements in the quality of care and was an excellent piece of work delivered by the Data Measurement and Business Intelligence Team. The measures were incorporated into the Sharing Intelligence for Health and Care reports and shared with each Board. An update would be provided to the Quality and Performance Committee.

k) The Responding to Concerns process had been updated and the formal process set out that ensures a cross-organisational response to issues. The process, especially with the appointment of new Whistleblowing Champions to NHS Boards, could appear complex to the public or staff. The team were working on a route map to improve clarity. Anonymised examples would be circulated and a regular update provided to the Quality and Performance Committee.

The Board noted the report.
2. **SETTING THE DIRECTION**

2.1 **Interim Operating Position for the Scottish Health Council: supporting public involvement in service change in Health and Social Care Partnerships**

The Board received a paper from the Director of Community Engagement. The following points were highlighted:

a) The paper set out a proposed interim operating position regarding the Scottish Health Council (SHC) role in service change for Health and Social Care Partnerships (HSCP).

b) The role had originally been set out in legislation and detailed in guidance commonly known as CEL4. However, this guidance had been provided prior to health and social care integration and therefore did not reflect the current operating environment.

c) While clarification was being sought, an interim operating position was developed in 2017. The SHC Committee had asked that this position was reviewed and provided to the HIS Board.

d) Following publication of the Ministerial Strategic Group report on integration, Scottish Government and COSLA (Convention of Scottish Local Authorities) convened a joint group to consider revised statutory guidance with a view to having that by April 2020.

e) There had been no requirement to date to give advice in relation to major service change in a HSCP.

The Board approved the recommendations.

2.2 **Operational Planning Process 2020-21**

The Director of Finance and Corporate Services provided a paper setting out proposals and timelines for the process to develop the following year’s operational plan by March 2020. She highlighted the following points:

a) The process last year had been led by the Senior Leadership Group who undertook an after action review. The results of this would inform the planning work this year.

b) The plan would be detailed with Key Performance Indicators to support the performance report to the Board and would set our principles for cross-organisational working.

c) Priorities remain those as set by Scottish Government.

d) It would be important through the plan to demonstrate the value of the organisation’s work.

e) The appendix to the paper provided timelines which would involve presenting the developing plan to the Executive Team, the Staff Governance Committee, the Quality and Performance Committee, and the Board at its seminar in February 2020 before the Board received it for approval in March 2020.

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

a) Adverse events work spanned the organisation’s priorities but would primarily sit within quality of care.

b) The wording of the interim position for the SHC’s role in service change for HSCPs was appropriate. In the context of the organisation’s work, the word “care” was used quite broadly. Once the plan was ready to become a public document, the wording would be reviewed.
c) The Board strategy event would also provide useful insights for the development of the operational plan.

The Board noted and approved the proposals.

3. HOLDING TO ACCOUNT – INCLUDING FINANCE AND RESOURCES

3.1 Organisational Performance Report including Finance, Workforce and Operational Risk Report

The Board received a new format of performance report from the Director of Finance and Corporate Services who highlighted the following points:

a) The development of the new performance report was in response to the Boards NHS Scotland Blueprint for Good Governance self-assessment.

b) A function leads event in May, attended by two Non-executive Directors, had provided input to the development of the report. Thanks were extended to John Glennie and Jackie Brock for their input. The Quality and Performance Committee had received the draft at their last meeting and were supportive of the format.

c) The overview section provided key issues and the horizon scanning section set out possible new commissions from Scottish Government.

d) Further development of the report would incorporate Key Performance Indicators KPIs.

e) The appendices setting out the financial performance, the latest workforce data and the very high operational risks.

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

f) The report would also allow staff to see progress against delivery.

g) Making best use of resources was one of the organisation's priorities and was threaded throughout the operational plan.

The Senior Medical Reviewer (SMR) joined the meeting at this point in respect of the publication of the Death Certification Review Service (DCRS) Annual Report. He highlighted the following:

h) There had been a sustained reduction in the level of Medical Certificates of Cause of Death that were “not in order”.

i) Targets for delivering level 1 and level 2 reviews had been exceeded.

j) An interested persons review had highlighted a problem with the legislation governing DCRS and the SMR would take forward work to request a review of the legislation.

The Interim Director of Quality Assurance provided an update on adverse events work:

k) The “Adverse Events Management: NHS Boards Self-evaluation Report” had been published and had provided useful intelligence for discussions with each Board. The report set out progress and where there were concerns related to variation with category 1 events leading to a significant review.

l) There was a challenging timeline of December 2019 to provide progress to the Cabinet Secretary but there had already been cross-organisational working in place, including the formation of a sub group to make progress and respond. There was also joint working with NHS Education Scotland around staff training and
engagement with clinical communities to ensure the work is improvement focussed.

It was noted that the Chair would respond in the interim to the Cabinet Secretary setting out proposed next steps.

The Interim Director of Quality Assurance then provided an update on the Quality of Care approach:

m) A sub-group had been formed to examine the way forward. Their initial scoping meeting was being arranged to be held before the next Quality and Performance Committee on 6 November 2019.

n) Balance was required between sufficient pace in the work of the sub-group and ensuring all the learning, including that from the most recent Golden Jubilee Foundation review, was used to best effect. In addition, there was other work in progress to address the recommendations from the Simon McKenzie report, as well as the formation of the sub-group.

It was agreed that in future, the key points report from Committees could include information that provides assurance to the Board on the areas the Committees were discussing. This would be covered at the next Governance Committee Chairs’ meeting.

The Director of Finance and Corporate Services then highlighted some key points from the financial performance information:

o) The Audit and Risk Committee had reviewed financial performance in this new format report at its meeting on 4 September 2019.

p) Overall the financial position was within budget and approximately £6.2m of additional funding was awaited related to short term commissions/ additional allocations.

q) The internal savings target was £1.2m which would be achieved through strategic initiatives and staff turnover. There was also an assumed carry forward of £0.4m surplus, this contrasted with an actual carry forward of £0.257m. This surplus shortfall had increased the target to £1.4m.

r) A mid-year financial review was underway.

In response to questions from the Board about the financial performance and the workforce data presented, the following additional information as provided:

s) Non-pay underspends within directorates would be improved by better phasing of budgets. There had been slippage in pay budgets due to vacancies.

t) The Finance and Corporate Services Directorate showed the biggest decrease in staffing for the period but the pay analysis showed an overspend. This was due to secondments.

u) The exit interview process was being refreshed and this would provide in future any common themes around turnover of staff.

v) Regarding the Quality Assurance Directorate, work was underway to reshape the structure and delivery of the work. A full update would be provided to the Board for its December meeting.

The Board noted the performance against the operational plan and, subject to the comments above, were content with progress reported. They were content to continue to test the performance Report and to
receive it in its current form until March 2020 when it would be reviewed.

4. **INFLUENCING CULTURE**

4.1 **iMatter Update**

The Associate Director of Workforce presented a paper which summarised the iMatter survey results for the organisation and highlighted the following:

- a) There had been a 90% response rate which was up 4% from the 2018 survey. The Employee Engagement Index had gone down by 2% relative to the 2018 survey.
- b) A number of areas had shown reduced scores and the focus to address these was on the team action plans.
- c) Small teams had been encouraged to take part this year although that had increased the number of “no reports”. These teams would still create an action plan.
- d) The number of team action plans completed by the deadline was less than last year but there would be a continuing process to ensure all plans were completed.

The Associate Director of Workforce then presented each of the recommendations from the evaluation of the iMatter process by Strathclyde University.

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

- e) An annual report would be produced nationally later in the year which would allow comparisons across NHS Boards.
- f) The actions plans were not monitored as it was the responsibility of teams to take them forward. However, the recent culture survey and discussions with Partnership Forum would highlight if there were issues.
- g) The evaluation and its recommendations would be reviewed by the Scottish Workforce and Staff Governance Committee.

The Board noted the update.

5. **ASSESSING RISK**

5.1 **Risk Management Strategy**

The Board received a revised Risk Management Strategy from the Director of Finance and Corporate Services who highlighted the following points:

- a) The draft strategy had been reviewed at the Board’s seminar session on risk which had also undertaken the Audit Scotland self-assessment for risk management. This identified actions to strengthen risk management within the organisation and in particular: identifying opportunities associated with risks; sharing risks with partners and improving reporting.
- b) Appendix 1 set out questions received from the Board following the seminar and provided an answer to each of these.
- c) The regulatory/compliance risk category had been removed because this should be implicit throughout the organisation’s work. A new workforce category had been added with the risk appetite set by the Board at its seminar. The risk registers had been renamed to strategic and operational plan to avoid
confusion.

d) The Internal Auditors would review risk management as part of their 2019-20 audit plan.

The Chair of the Audit and Risk Committee advised that the Committee had reviewed the revised strategy at its meeting on 4 September 2019 and were content to recommend to the Board its adoption.

The Board approved the revised Risk Management Strategy and it was agreed that actions to update the Compass section to reflect the revised strategy would take place.

### 4.2 Risk Management Update

The Board received a report from the Director of Finance and Corporate Services on the current status of risks on the corporate risk register and their management.

The following points were highlighted:

- **a)** The Executive Team had undertaken a detailed review of the corporate risks.
- **b)** The overarching workforce risk on the corporate register would be reviewed as it should likely have a higher rating due to the combined effect of the individual directorate workforce risks.

In response to questions from the Board, the following additional information was provided:

- **c)** Regarding risk 923, related to Cybersecurity, it was a new risk on the report identified during the Executive Team’s review of risks. It was not a new risk area but should probably have been identified as a risk earlier.
- **d)** The risks related to Independent Healthcare (IHC) had been adjusted to reflect the up-to-date position and the improved understanding of the market. The Short Life Working Group examining the IHC delivery model would report shortly. It had been confirmed that HIS would be required to regulate online services, irrespective of where they were based. Discussions of this were ongoing with Central Legal Office. It was agreed that the risks related to IHC would be reviewed.
- **e)** Regarding risk 908, Business Intelligence Strategy, the wording and rating of the risk would be reviewed to reflect other risks related to the quality of healthcare that were rated high.

The Board reviewed the risk registers and gained assurance that risks were being effectively treated, tolerated or eliminated. The identification of opportunities related to the risk on the register would present themselves at the strategy event in October.

### 6. GOVERNANCE

#### 6.1 Board and Governance Committee Schedule of Meeting Dates 2020-21

The Director of Finance and Corporate Services provided a draft schedule of meeting dates for 2020-21.

The Board approved the schedule.
<table>
<thead>
<tr>
<th>6.2</th>
<th>Audit and Risk Committee</th>
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<tbody>
<tr>
<td>The Board noted the key points from the meeting on 4 September and the approved minutes from the meeting on 19 June 2019.</td>
<td></td>
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<tr>
<td>The Committee Chair advised that the Committee had welcomed the new format of the financial performance report and that they would soon hold a development session.</td>
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<tr>
<th>6.3</th>
<th>Quality and Performance Committee</th>
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<tbody>
<tr>
<td>The Board noted the key points report from the meeting on 15 August 2019 and the approved minutes from the meeting on 22 May 2019.</td>
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<tr>
<td>The Lead Officer, on behalf of the Committee Chair, noted that a key area of focus for the Committee (the Quality of Care approach) had been discussed earlier in the agenda.</td>
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<tr>
<th>6.4</th>
<th>Scottish Health Council Committee</th>
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<tbody>
<tr>
<td>The Board noted the key points report from the meeting on 27 June 2019 and the approved minutes from the meeting on 23 April 2019.</td>
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<tr>
<td>The Chair of the SHC highlighted the following:</td>
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<tr>
<td>a) Recruitment had commenced to expand the membership of the Committee.</td>
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<tr>
<td>b) The SHC change implementation plan was progressing with recruitment commencing to senior posts and an event being held for all SHC staff on 8 October 2019.</td>
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<tr>
<th>6.5</th>
<th>Staff Governance Committee</th>
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<tr>
<td>The Board noted the key points from the meeting on 29 August 2019 and the approved minutes from the meeting on 14 May 2019.</td>
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<tr>
<td>The Chair of the Committee highlighted the following:</td>
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<tr>
<td>a) The Committee extended its thanks to Bryan Anderson, Non-executive Director, for his contribution to the Committee prior to him leaving the Board on 31 August 2019.</td>
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<tr>
<td>b) Work would be taken forward to consider how to assess psychological safety within HIS.</td>
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<tr>
<td>c) A presentation had been delivered by the Director of Evidence setting out how the Staff Governance Standard was delivered within the Directorate. This would be repeated at future meetings for each Directorate.</td>
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<tr>
<td>d) A demonstration of the new reporting database, Tableau, had been helpful.</td>
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<th>7.</th>
<th>ANY OTHER BUSINESS</th>
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<tr>
<td>There were no items of any other business.</td>
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<tr>
<th>8.</th>
<th>DATE OF NEXT MEETING</th>
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<tr>
<td>The next meeting would be held on 4 December 2019 in Delta House, Glasgow.</td>
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<tr>
<td>Minute ref</td>
<td>Heading</td>
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<tr>
<td>1.5</td>
<td>Executive Report</td>
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<td></td>
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<tr>
<td>3.1</td>
<td>Organisational Performance Report</td>
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<td></td>
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<tr>
<td>4.2</td>
<td>Risk Management Update</td>
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SUBJECT: Chair’s Report

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

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

3. Strategic issues
   a) NHS Scotland Board Chairs Group
      The key developments are as follows:

   i) The Board Chairs group held a development event on 3 and 4 October 2019. The event included sessions on Integration Joint Boards and the relationship with NHS Boards, Primary Care and Information Services Division data. We also looked at Leadership and Culture which included a discussion of the Sturrock Report and what action NHS Board Chairs should take.

   ii) The Sturrock Report was further discussed at the subsequent NHS Board Chairs’ meeting on 28 October 2019 which was attended by the author, John Sturrock. There was also a very helpful discussion around the new health body, Public Health Scotland, whose Shadow Chair attended the meeting.

   iii) The meeting with the Cabinet Secretary on 28 October focussed on Mental Health, the impact of workforce shortages on service delivery, performance including Waiting Times and cancer services. The HIS proposals to spread the Hospital at Home programme, were well received and a progress report is to be provided to the next meeting on 9 December 2019.

   iv) I continue to act as a panel member for ongoing NHS Board Chair appointments. This now includes the appointment rounds for new Chairs for the following NHS Boards – Ayrshire and Arran, Forth Valley and Orkney.

   v) My individual meetings with newly appointed NHS Board Chairs have continued. I had a meeting with Keith Redpath, National Services Scotland, on 1 October 2019 at which we discussed National Boards collaboration and joint working between HIS and NSS. I met with Karen Hamilton, NHS Borders, on 31 October 2019. Our discussion provided an opportunity to introduce a new Chair to the work of HIS, to understand the pressures facing NHS Borders and how HIS can support them, and working together as part of the NHS Board Chairs Group.

   vi) On 30 October 2019 I met with Paul Edie, Chair of the Care Inspectorate. We discussed our joint work, our shared commitment to driving improvement and supporting providers to deliver sustainable quality services, and how we can work together as members of the Ministerial Strategic Group.
b) **HIS Board Strategic Event**

The HIS Board and Executive Team held a very successful strategic event on 23 and 24 October 2019 as an initial step to review HIS’ core purpose and strategic priorities. A separate paper to the Board provides more detail on this event.

c) **Ministerial Strategic Group**

I attended the most recent meeting held on 6 November 2019. The themes common throughout the meeting were integration, joint working, focussing on outcomes and the individual’s experience. The meeting also received the draft Framework for Community Health and Social Care Integrated Services. This was part of the response to the findings from the Group’s review of progress with integration published in February 2019. The document has now been finalised and will be implemented at a local level by Integration Authorities.

4. **Stakeholder engagement**

a) **Joint Engagement with the Chief Executive**

The Chief Executive and I have undertaken the following joint engagement:

i) NHS Board Chairs’ and Chief Executives’ joint meeting, 9 October 2019. The meeting looked at governance matters, the Digital Health and Care Strategy and innovation.

ii) Chair and Chief Executive of the General Medical Council, 29 October 2019. This was the annual meeting to discuss areas of joint interest and provided an opportunity to meet their new Chair, Dame Clare Marx.

iii) Miles Briggs MSP, 13 November 2019. The Chief Executive and I shared the latest developments in the organisation’s work while the MSP was keen to hear about medicines, and inspection of drug and alcohol services.

iv) Scottish Health Awards, 14 November 2019. This annual event provided an opportunity to celebrate the contribution of staff across the NHS in Scotland and network with key stakeholders. HIS sponsored the Integrated Care Award which was won by the Care at Home Pharmacy Technician Service Team, NHS Ayrshire and Arran.

b) **HIS Directorate Development Events**

I have attended two directorate events recently. I delivered the opening remarks at the Scottish Health Council staff event on 8 October 2019 which set out preparations for the launch of the new directorate in April 2020. I also attended the Evidence Directorate staff event on 20 November 2019, the theme of which was why evidence matters.

c) **Quality Improvement Awards**

I was delighted to attend again the annual Quality Improvement Awards on 12 November 2019 which provided an opportunity to showcase some of the excellent and innovative work being delivered to improve healthcare services in Scotland.
5. Our governance

a) Annual Review

Our Annual Review was held on 21 November 2019, led by the National Clinical Director. This was a successful event which started with a joint presentation from myself, the Chair of the Scottish Health Council and the Deputy Chief Executive. Three of our Board members provided feedback from the pre-meetings with the Partnership Forum, our Public Partners and the Clinical and Care Forum, while questions came from our guest reviewers and the audience.

b) Annual Appraisal

I held my annual appraisal on 20 November 2019 with Malcolm Wright, Chief Executive of NHS Scotland/Director-General Health and Social Care. We discussed the work the Board has undertaken to implement the Blueprint for Good Governance, HIS’s role in the NHS Chairs Group and the Ministerial Strategic Group, the changes in the Executive Team and the forthcoming appointments.

c) Non-Executive Appointments

I joined the planning meeting on 19 November 2019 for the appointment round to fill the HIS Board vacancy. It is anticipated that the post will be advertised from 6 January 2020 with interviews on 17 March 2020 and an appointment start date of 6 April 2020.

d) Succession Planning Committee

Work is underway to scope the creation of a new Committee reporting to the Board. The Succession Planning Committee would lead the process for non-Executive Board appointments, providing advice and recommendations to the Board as well as evaluating the skills, knowledge and diversity of current members. A paper setting out proposals will be provided to a future Board meeting.

Carole Wilkinson
Chair
Healthcare Improvement Scotland
SUBJECT: Executive Report to the Board

PURPOSE OF THE REPORT

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

- key internal developments, including achievements and challenges currently facing the directorates
- external developments of relevance to HIS, and
- stakeholder engagement

*It should be noted that, with the introduction of the new Performance Report at the September Board meeting, updates on key achievements / challenges in relation to delivery of the work programme which may have previously appeared in this report are now included within the Performance Report.*

RECOMMENDATION

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

REPORT FROM THE CHIEF EXECUTIVE

Internal Improvement Oversight Board

In recognition of the opportunities for better cross organisational working to improve the quality and efficiency of our delivery, an internal improvement programme has been established.

The internal improvement oversight board, co-chaired by the Deputy Chief Executive and Employee Director met for the first time on 25 November. The improvement programme will have three workstreams, as follows:

- People - Executive Lead: Associate Director for Workforce
- Process – Executive Lead: Director of Improvement
- Place - Executive Lead: Director of Finance and Corporate Services

Each workstream will be developed and delivered in partnership and Partnership Forum leads will be identified for each.

Director of Workforce

The Associate Director of Workforce post was established in April 2019. Due to the substantial contribution to date the role has made within HIS and at a national level, we
agreed to establish the role of Director of Workforce on a permanent basis. Recruitment is underway and interviews will take place in December.

Medical Director

The post of Medical Director has now been advertised on a permanent basis, with support from Eden Scott in the recruitment process. Interviews will take place in early December 2019.

Delta House accommodation

The lease for Delta House expires during March 2021 and work is under way to identify options for alternative accommodation. We are working closely with Scottish Government (SG) Surveyors to ensure that all processes and the options appraisal that we are conducting comply with requirements set out in the Green Book which provides guidance on how to evaluate capital projects.

Avison Young (property agents) have been commissioned to work with us to identify alternative sites and to assist with preparation of the options appraisal which will be submitted to SG once it has been approved by the Board which is expected to be early in 2020. A full discussion of the process that is being followed took place at the Audit and Risk Committee on 28 November.

This project is being taken forward in partnership and a working group has been formed. Viewing of various sites took place on 18 November 2019. These potential sites include possible co-location with NES at Central Quay and the base case will be the option to remain at Delta House.

The Board will be kept up to date with progress as it is made.

Mid-Year Reviews

Mid-year reviews are underway across the organisation giving staff the opportunity to discuss progress against objectives, recognise and reflect on performance, learning, and achievements during the year to date. The Executive Team have also completed their reviews and these have been submitted to the Executive Remuneration Committee for their overview.

Complaints reporting (December 2019)

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

Since the last report to the Board we have received and responded to two complaints, both in relation to our regulation of independent healthcare services. Both complaints were formally investigated at Stage 2 and resolved within the 20 day timescale.
The first related to the service provided by the HIS independent healthcare team in relation to the handling of a complaint about a service provider. This complaint was partially upheld with an opportunity for learning in relation to communication processes.

The second complaint was from a service provider in relation to cancellation of their registration and non-refund of their fees; the complaint was not upheld.

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

DIRECTORATE ACHIEVEMENTS & CHALLENGES

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

QUALITY ASSURANCE DIRECTORATE

ACHIEVEMENTS

Sharing Intelligence for Health & Care Group

The Sharing Intelligence for Health & Care Group enables seven national agencies to share, consider and respond to intelligence about care systems across Scotland, in particular NHS Boards. The seven organisations, each of which has a Scotland-wide remit, are: Audit Scotland, Care Inspectorate, Healthcare Improvement Scotland, Mental Welfare Commission for Scotland, NHS Education for Scotland, Public Health & Intelligence (part of NHS National Services Scotland), and Scottish Public Services Ombudsman.

The Group provides feedback to each of the NHS boards it considers, and this includes a meeting with the NHS board at which we consider key issues from both the NHS boards and the Group’s perspectives. Feedback letters to NHS boards are now published online in the interests of openness and transparency.

In addition to routinely offering feedback to NHS boards, the Group considers whether any additional action is required beyond activity which was already planned by each organisation. This has recently resulted in additional action being taken in respect of mental health services in Tayside, which is now underway, underpinned by our quality of care approach. This will incorporate self-evaluation and aims to facilitate learning and improvement. This development demonstrates the value of collaborating with other national agencies that have a shared interest in the quality of health and care services in Scotland.

Other intelligence-led inspections/reviews

In response to intelligence and/or concerns about the quality of care emerging from other sources in recent months, we have also instigated a number of other inspections/reviews
which were not part of our planned work programmes, and have required to adjust our planned programmes to accommodate these. This is in line with our strategic direction, and the principles of our quality of care approach, which underlines the importance of intelligence led, risk based assurance.

**CHALLENGES**

**Quality Assurance Directorate (QAD) work areas and staffing**

Capacity within the Quality Assurance Directorate has been stretched, due to a combination of factors. Recruitment to fill vacant posts continues, and whilst there has been some success with this, some posts have remained unfilled as the interviews have not identified candidates with the required knowledge, skills and experience. Whilst some vacancies have been filled successfully, there is an initial induction and development period required before new staff are able to fully undertake their roles. Additionally, the need to carry out a number of inspections/reviews that were not part of the planned programme, in response to emerging issues, has resulted in some planned inspections requiring to be cancelled or postponed to release staff. Whilst this is not a sustainable position, the flexibility and commitment that management and staff have demonstrated in dealing with these challenges in the short-term is appreciated.

**CORPORATE SERVICES DIRECTORATE**

**ACHIEVEMENTS**

**Review of Digital Capability across HIS**

True North have been commissioned to review the current use of systems across HIS. This includes potential solutions for the CRM systems used by QAD and DCRS. The scope for the review has been widened to support an ambitious digital strategy for HIS. This will assess the potential scope of implementing Office 365, the support that could be provided for agile working and the possible use of artificial intelligence. Focus groups are being held with staff from across the organisation to understand how people currently use and access information and how this can be improved.

**Operational Planning 2020-21**

Planning for 2020-21 is now underway and a function leads event took place on 27 November which was well attended with very positive feedback.

**Staffing**

Interviews have taken place for the post of Head of Organisational, Development and Learning as successor for Anne Lumsden who will retire at the end of March 2020. There was
a strong field of candidates and it is expected that we will be able to announce the successful candidate soon.

CHALLENGES

Recruitment / staffing

There remain challenges around recruitment for staff particularly within the Corporate Governance (CG) Team, IT and Finance. It is proving more and more difficult to recruit staff into these teams because of the demand for their skills within the open market.

There has also been an increased level of sickness absence at this time within the directorate at a critical time for planning and budgeting work for 2020-21.

PEOPLE AND WORKPLACE

ACHIEVEMENTS

JobTrain

Following implementation of Job Train within the required deadline for the national implementation programme, we have continued to provide feedback and ‘lessons learned’ to the national implementation team as an early implementer in Phase 1 of the programme.

Work has continued within the team to develop further workforce data reporting, in particular the implementation of the Tableau system for local workforce information. There will be further focus on this system to ensure we are able to make use of the maximum functionality available for our teams. HR Connect has also been a focus of work to allow external access to our policy framework within HR, in addition to existing internal access to this information via ‘The Source’.

Colleague Confidantes

Following dialogue with our Partnership Forum, we are also relaunching the role of Dignity and Respect Advisors as ‘Colleague Confidantes’. This proposal has been really positively received and we hope to get a good level of interest in these roles, which will be supported with appropriate training and induction.

Health and Safety

Our new Health and Safety Advisor, Nancy McIver, started with the organisation in September and the role is already beginning to make an impact. A significant focus has been on building arrangements, primarily Delta House, to ensure that the relevant checks and safety arrangements have been put in place by our landlords. There has also been an opportunity to for a widely-publicised range of information via Source for our recent ‘Health and Safety week’ which shared a range of straightforward and relevant advice to all staff on health and safety.
matters within the workplace. Nancy has also been able undertake work on DSE assessments for staff.

**Staffing**

Within the team we are also in the process of finalising the recruitment to our vacant Workforce Information officer role which will be concluded by early December. The team have also had the opportunity to support a number of areas of organisational change across the organisation.

**CHALLENGES**

**Recruitment Activity**

Across the organisation we continue to see a level of turnover and ongoing recruitment activity which in turn requires ongoing support from the team – this will be a focus of discussion as part of our planned improvement work in relation to recruitment policy and processes.

**SCOTTISH HEALTH COUNCIL**

**ACHIEVEMENTS**

**Senior team recruitment**

The recruitment process for the function Head positions in the new Directorate structure has recently been completed. There was an exceptionally strong field of applicants for both positions from internal and external sources.

Tony McGowan has been appointed to the Head of Engagement & Equalities Policy post and commenced his new role on 01 November 2019. Tony has been leading the directorate’s review process since September 2016, and prior to this was Healthcare Improvement Scotland’s lead officer for Human Resources.

Jane Davies is the preferred candidate for the Head of Engagement Programmes post and is currently participating in the normal pre-employment checks procedures. Jane has significant experience of community engagement and public participation gained over a number of years in a variety of senior posts within NHS Scotland. It is anticipated that Jane will commence her role from 1 February 2020.

The process to recruit to the remaining senior management vacancies is currently underway and is scheduled to be completed by the end of February 2020.
SHC Committee Member Recruitment

A total of 78 applications were received for the SHC Committee member vacancies, which far outstrips previous levels of interest in these positions. The general standard and quality of the applications was exceptionally high, resulting in the need for three short-listing stages in order to arrive at a manageable number for interviews. Interviews took place on 14 & 25 November 2019, and we continue to be on schedule for new Committee Members to commence from 1 January 2020. Feedback has been offered to all unsuccessful candidates.

Launch of Healthcare Improvement Scotland- Community Engagement

Plans continue to progress for the launch of the directorate’s new operating name in April 2020. New directorate branding has been agreed, website changes are in development and a supporting communications strategy is in place.

Directorate colleagues gathered at the Golden Jubilee Conference Centre in Clydebank for an all-day event to discuss moving forward to Healthcare Improvement Scotland- Community Engagement. The busy agenda for the day saw information giving in the morning session, including the vision for the directorate and our future direction, followed by table discussions on new ways of working (focusing on locally-agreed priorities, the national learning system for engagement, and how the directorate will continue to develop its role in supporting, ensuring and monitoring engagement). There were also table discussions on communication-related requirements with respect to the directorate’s name and re-branding.

CHALLENGES

Staffing

The directorate continues to operate with a number of vacancies in its senior management team while recruitment processes are ongoing. Interim management support has been put in place to provide some additional capacity until the recruitment of the senior management team is complete.

EVIDENCE DIRECTORATE

ACHIEVEMENTS

Quality of care indicators

Healthcare Improvement Scotland (HIS) is introducing a set of indicators to learn/enquire about the quality of care at whole-system level. Reviewing patterns in the data for these indicators can help inform work carried out across HIS, and these indicators complement other metrics already used as an integral part of various individual HIS programmes. The introduction of this data set coincides with a move away from focusing specifically on hospital mortality data (in particular the Hospital Standardised Mortality Ratio - HSMR).
HIS is the primary audience for using these data/indicators, and NHS boards are not being routinely asked to provide data or respond directly to these indicators (although if data are highlighting potentially serious concerns about the quality of care then there are existing internal processes that can be used to follow up on this with NHS boards). Having developed the set of indicators, work is currently underway to learn about key patterns across the data – and to raise awareness of/engage with staff across HIS about this. There has recently been positive feedback from the Executive Team and the Quality & Performance Committee about the introduction of these indicators.

**HIS innovation and good practice working group**

An organisation wide working group has been established to drive forward the organisation’s support for innovation and best practice across Scotland. The group brings together expertise from across HIS, ensuring a coordinated approach towards the development framework for innovation and good practice, including: identification, assessment and implementation.

The working group will serve as a consolidation point for all matters relating to innovation for the organisation, leading to the development of an Innovation Strategy for HIS. In turn, the strategy will ensure that HIS continues to be recognised as a lead authority across innovation projects, programmes and collaborations.

**NURSING, MIDWIFERY AND ALLIED HEALTH PROFESSIONALS (NMAHP) DIRECTORATE**

**ACHIEVEMENTS**

**Fellowship of the Queens Nursing Institute Scotland**

On 28 November 2019 our NMAHP director was awarded a fellowship of the Queens Nursing Institute Scotland in recognition of her leadership and influence on community nursing throughout the course of her career. The nominations committee particularly wanted to acknowledge her longstanding leadership of community nursing across children and families and adult services and advocacy for community nursing on the Scottish Executive Nurse Directors Group.

**Public Protection**

Public Protection systems and process are now well established. Internal training and support structures have been well received by staff with approx. 300 staff completing Learn Pro training and just over 160 staff attending face to face. There has been a high level of activity of developing national links and networking. Guidance and a suit of material to support staff is available on SOURCE. We have had a range of activity in both child protection and adult support and protection including case discussions, referrals and requests for assistance, supervision and support.
Children’s Health Services

Information has been gathered from all directorates detailing the range of work being carried out across the organisation in relation to working with children and young people. Children’s health services report is under development and will be available shortly. There was a good response from all the directorates across the organisation.

CHALLENGES

Staffing

Due to the Head of Nursing and Midwifery role being recruited to on a secondment basis, there has been significant turnover of staff within this position over the last two years. This has caused challenges with continuity and support given both to the Director, NMAHP Team, and organisation as a whole.

Recruitment to key posts in the Healthcare Staffing Programme has also been slow which has caused delays to progressing work. With the exception of one staff member, all team members are on secondment due to the budget not being baselined.

ihub

ACHIEVEMENTS

Q Visit to HIS

Healthcare Improvement Scotland (HIS) were invited to host a Q Visit from 40 quality improvement (QI) leaders from organisations across the UK. Q is an initiative connecting people with improvement expertise across the UK and led by The Health Foundation. HIS works as a Country Partner to support the Q Community in Scotland. Q Visits are site visits to organisations across professional sectors that are recognised as exemplars in QI. Our aim for the visit was to provide an overview of work undertaken with our partners, share learning and progress on our work to develop a Quality Management System (QMS) and to build the confidence of Q members in the application of QMS in their own contexts. The visit enabled sharing of knowledge and experience.

Our staff shared examples of how HIS supports health and care organisations across Scotland with the various aspects of QMS, such as quality control, quality assurance and quality planning. Teams from every directorate in HIS who participated in the internal collaborative and applied QMS in their own contexts, also shared posters about their learning. We learned from delegates that the QMS framework resonates as it reflects key aspects required to manage quality in one overarching approach.

“Excellent sharing of learning and reflections varying from conceptual to implementation in practice. Highly credible and knowledgeable presenters encouraging of questions and seeking learning themselves.”

Q member
**CHALLENGES**

**Vacancies and associate workload challenges**

Vacancies and turnover continues to be a challenge with particular pressure at the moment on project officers. At the end of August the ihub had 29 vacancies (17.5%) of which seven were project officers. Options for block recruitment for hard to fill posts are currently being explored.

Fourteen of these vacancies are associated with time limited new programmes of work such as Access QI, Value Management and Early Intervention in Psychosis. The current challenges in the system mean that we are increasingly expected to start new programmes of work before staff have been recruited. Access QI and Value Management are both examples of this. This is placing particular pressure on the directorate at the moment.

A major challenge for the directorate is the workload attached to the ongoing requests to scope new pieces of work, combined with the amount of new programmes that are in the early stages of delivery (the first 6 -12 months of a new programme always requires considerably more senior management input) and the requirements to review and redesign existing programmes. At present the directorate’s capacity to contribute to design of new initiatives is extremely stretched. The following lists the current requests being led by the directorate and new programmes in initial set up phase.

- SPSP-LD
- Hospital at Home
- Prisoner Healthcare
- Out of Hours
- Access QI
- Value Management

**EXTERNAL ENGAGEMENT**

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

**IHI National Forum**

The IHI National Forum on Quality Improvement in Healthcare will be held on 7-11 December 2019 in Orlando, Florida. Ruth Glassborow, Director of Improvement, will jointly present a Workshop on *Big System Quality Strategy and Management* with Jason Leitch, National Clinical Director, Scottish Government, and Ann Gow, Deputy Chief Executive and Director of NMAHP will jointly present a workshop on *Workload, the final piece of the quality jigsaw?* with the Deputy Chief Nurse for Scotland, sharing our work on healthcare staffing and excellence in care.
HIS Strategic Stakeholder Advisory Group – Older People

Another successful meeting was held on 7 November 2019 with the focus being Healthcare Improvement Scotland’s work with Older People. Discussions included a focus on the draft commitments within the Growing Older in Scotland report and this provided an invaluable opportunity to hear from a group of key stakeholders what they think our focus should be going forward. Common themes are now starting to emerge which include strengthening our national leadership role, getting much better at communicating the range of what we do in an accessible format and supporting services to understand and spread good practice.
SUBJECT: Refreshing the Future Strategic Direction for Healthcare Improvement Scotland

1. Purpose of the report

To note progress with initial discussions by the Board and Executive Team in relation to refreshing the future strategic direction of Healthcare Improvement Scotland (HIS) and confirm next steps.

2. Key Points

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

On 23 and 24 October the Board and Executive Team held a strategy event with the objective of establishing a clear and shared understanding of the priorities and future direction of HIS. Additional outcomes were that the Board would be further informed of and enhance its understanding of the work of HIS and that members of the Board and Executive Team would have spent time learning from and building relationships with one another.

Discussions over the two days included the following:

- Consideration of the future vision for health and care and HIS’ role in this
- HIS’ contribution and visibility in relation to Scottish Government priorities
- Stakeholder expectations
- HIS’ ambition, future purpose and priorities
- Opportunities and constraints in establishing the strategic direction
- Culture and leadership – expectations in developing and delivering the strategy

The key outcome from the event is that the Executive Team has a mandate from the Board to review and redevelop HIS’ core purpose and strategic priorities, to better reflect and make more visible the organisation’s national leadership and expertise in areas including person-centred redesign, evidence, quality improvement, community engagement and ensuring the quality of care. In doing so, the Executive Team should consider the outputs from the Strategy event with a confident and bold approach.

In order to capitalise on this ambition and the opportunities for the organisation in the coming years, there will need to be recognition and consideration of the organisation’s historical design which currently impacts on HIS’ culture, workforce and priorities.
The Executive Team will be considering the outputs of the strategy event at its Planning Meeting on 3 December.

3. Actions/Recommendations

The Board is asked to note progress to date, confirm its support for the key outcome of the event as described above and the intention that this work will be revisited at the Board seminar in February 2020.

If you have any questions about this paper please contact Ann Gow, Deputy Chief Executive ann.gow@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>
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<tbody>
<tr>
<td>no</td>
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</table>

OTHER CONSIDERATIONS

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

This proposal is to review the strategic direction of the organisation

Resource Implications

Resources will be taken into account as part of the process

What engagement has been used to inform the work.

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

What Equality and Diversity considerations relate to the work.

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

Development of this work will be equality impact assessed.
SUBJECT: HIS Operational Planning 2020-21 Update

1. Purpose

To provide the Board with an update on the progress of the operational planning process for 2020-21. This paper will be accompanied by a presentation at the meeting itself to provide the Board with an outline on the direction of travel for the operational plan 2020-21.

2. Progress to Date

Teams have submitted information to support the planning process and work has taken place with the planning and finance teams to review the submitted information and seek further clarification where required.

A function lead event took place on 27 November and was an opportunity to provide staff with some early feedback from the information returned as well as an opportunity to provide additional support and guidance on the QMS within the context of operational planning.

This event also provided an opportunity to work within teams to develop broader logic models for the agreed national priorities. A high level direction of travel for the plan will form part of the presentation.

This will also include draft logic models developed for the priorities, and will inform and support our finance and workforce planning. The logic models will support our work as we manage limited resources looking ahead and deliver a more focused work programme based on outcomes and priorities for the organisation.

In bringing this together, the Executive Team is providing leadership for developing draft priorities for 2020-21, that will be considered by the Board early in 2020. These draft priorities will reflect the Scottish Government’s Programme for Government, the key messages from the outcome of the recent Board development session, and this year’s operational planning process.

Drafting of Plans

Three sub-groups have been established to support the development and drafting of the operational plans; one group is leading on the development of the detailed 1 year ‘business operational plan’ – which will include KPIs and measures for performance over 2020-21; another group is leading on the development of organisational logic models based on the agreed organisational priorities; and a third group has been established to lead on the drafting of the high level, 3 year plan, aligned with the national priorities and outputs from the recent board strategy event.

We continue to use the Quality Management System to support us with the operational planning and it will be integral to the development and delivery of the plan looking ahead.

Both plans will be underpinned by detailed finance, workforce and performance information to ensure that the plan can be delivered sustainably over the medium term and progress can be measured.
Scottish Government (SG) has recently shared guidance on the development of the Annual Operational Plan (AOP) and have made reference to national boards requirements acknowledging that not all elements of the guidance may apply to the National NHS Boards. The guidance also acknowledges that there may also be alternative or additional priority areas that National Boards can include in their plan. We will continue to engage with our sponsor teams within SG to ensure the plan reflects the guidance where appropriate for HIS.

Work is also underway to develop a drafting template for the plan and it is proposed that the current board performance report is used as the basis for the operational plan. This will allow for improved performance reporting in 2020-21 against the plan. This will be updated to reflect the guidance but also ensure a clear read across from the planning to the performance management of our work.

**Process for Approval of the Plan**

The SG guidance circulated has noted a deadline for submission of outline operational plans by 13 December 2019.

To accommodate this deadline, initial timelines have been reviewed and updated. This included rescheduling of the ET Planning day to 3 December 2019 to allow for full director attendance and address feedback in advance of submission to SG.

Our SG sponsor meeting also takes place on 3 December and the SG-HIS Network meeting on 14 January 2020. Both will provide opportunities to engage with our sponsor team on the plan as it develops.

A presentation on the outline plan will be made to the HIS Board on 4 December 2019 with our intention to share the draft plan with the Board at its seminar on 19 February 2020. We intend to present the plan for final approval at the formal Board meeting on 25 March 2020.

### 3. Actions/Recommendations

The Board is asked to:

- Note the update on the progress of the development and delivery of the operational plan 2020-21.
- Share initial feedback on direction of travel as set out in presentation

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If you have any questions about this paper please contact Maggie Waterston, Director of Finance and Corporate Services, [Margaret.waterston@nhs.net](mailto:Margaret.waterston@nhs.net), 0131 623 4608 ext 8580
## SUPPORTING INFORMATION

### RISK

<table>
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</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Yes</td>
<td>Risk 901. There is a risk that we are not committing sufficient time to delivering existing programmes of work because of the level of requests from Scottish Government to scope and design new programmes of work resulting in a failure to deliver within the operational plan. Rated high.</td>
</tr>
</tbody>
</table>

### OTHER CONSIDERATIONS

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

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

The Operational Plan is a key document to provide assurance to the Executive Team, the HIS Board and SG sponsors that our work is supporting improvements in the design and delivery of better care for the people of Scotland. The operational planning process enables all staff to participate in the design of HIS’ work to ensure national priorities are met and value is added.

### Resource Implications

None

What engagement has been used to inform the work?

The process for the operational plan has been developed with input from the Executive Team, function leads and members of the Senior Leadership cohort.

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

- helps reduce health inequalities;
- helps people who are service users;
- makes efficient use of resources.

HIS has a statutory requirement to ensure its work reduces health inequalities and makes efficient use of resources. Our Equalities and Diversity officer is a member of the Operational Planning group.
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Priority: Primary Care

Priority: Governance of the Quality of Care

Priority: Ensuring the effective engagement of individuals in the design and provision of their care

Priority: Access to care

Priority: Statutory duties to safeguard the public and to provide high quality care

Section 3: Horizon Scanning

Introduction

Potential/Emerging commissions from Scottish Government

Scottish Government priorities

Scottish Parliament

Other external / policy developments

Health and Social Care Scotland is a network of health and social care leaders across 31 health and social care partnerships, including chief officers, integration
joint board (IJB) chairs and vice chairs, chief finance officers and strategic commissioning & improvement managers. In September it published a Statement of Intent, setting out its aims and ambition.

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Section 1: Overview

Introduction

The objective of this report is to provide the Board with information about the progress of Healthcare Improvement Scotland (HIS) in delivering its Operational Plan 2019/20. The report includes a number of sections which aim to make the complexity of the work programme, including new commissions more easily understood and to assist the Board to gain assurance about the breadth and depth of work that is taking place and the progress that is being made.

This report includes finance, workforce and very high operational risk reports. These three disciplines underpin delivery of all of the work of the organisation and complement earlier sections of the report.

This report should be read alongside the Executive Report to the Board in order to gain a full understanding of the activities taking place across the organisation, both internally and externally.

This overview aims to distil some of the highlights from the following sections to assist with understanding key issues around delivering the Operational Plan 2019/20. Sections 4 (Business as Usual) and 5 (Short Term Commissions) provide detailed information about all of the strands of work that are taking place and the outputs that they are planned to deliver.

The Board is asked to particularly note the following items:

Items of note

Quality of Care Approach

A Quality of Care Approach: Short-life Governance Group has been established to: assess progress made to date in the implementation of the Quality of Care Approach; make recommendations to the Quality & Performance Committee about the strategic development and delivery of the approach, taking account of lessons learnt from experience to date; and provide assurance about the systems and processes underpinning the approach. This will take account of how the approach has been deployed so far across all of the work programmes in the Quality Assurance Directorate, as well as through the three test, organisational-level, Quality of Care reviews that have been undertaken in NHS Orkney, NHS Ayrshire & Arran and the Golden Jubilee National Hospital. The Group will benefit from independent advice from Grant Thornton, internal auditors, and will report to the Quality & Performance Committee in May 2020.

Adverse Events

Work is underway to take forward a number actions following publication of the Adverse Events management: NHS Board Self-evaluation Report in September and subsequent correspondence from the Cabinet Secretary, including: requiring all NHS Boards to notify HIS when they have commissioned a Significant Adverse Event Review for a Category I event and working with NHS Boards to standardise key terminology and definitions; in addition to better articulating the ways in
which our scrutiny, assurance and improvement functions support continuous improvement where permanent harm has occurred.

This work has included stakeholder engagement events during October, targeted primarily at NHS colleagues with a particular role in implementing the changes, with one event delivered in partnership with NHS Education for Scotland. There is also ongoing input from members of the Adverse Events learning network.

In recognition of the need for a cross-organisational response to this work, a group has been established with representatives from across the directorates, and there has been additional input from a number of staff across HIS in the development of a draft communication to NHS Boards about the new notification requirements.

Wider collaboration with NHS Education for Scotland includes consideration of workforce learning and development issues and a digital solution to support the notification requirements.

**Hospital Inspections**

The hospital inspections programme has responsibility for providing external assurance of NHS Boards’ acute and non-acute hospitals. The inspection team has been asked to respond to requests from the Cabinet Secretary to carry out three inspections, Queen Elizabeth University Hospital, the Department of Clinical Neurosciences and the Sick Children’s Hospital in Edinburgh. In addition an inspection has also been planned as a result of concerns raised through our Responding to Concerns process.

We are also carrying out a review into Tayside Community Mental Health Teams and Community Home Treatment Teams in Tayside. This has been a result of information been shared at the Intelligence Sharing Group.

**Regulation of independent healthcare**

At its meeting on 28 November the Audit and Risk Committee received a detailed paper setting out the latest position with the regulation of independent healthcare and proposals to mitigate the key risk related to the unpredictability of the market. The paper provides an update on the review of the delivery model including progress by the Short Life Working Group (SLWG) which has cross-organisational representation. The SLWG has provided to the Committee several recommendations for implementation.

**Access QI**

A successful launch event was held on 30 October with approximately 40 individuals attending from the three accelerator sites (NHS Lothian, NHS Grampian and NHS Tayside). This included a good mix of attendance from clinical and managerial leads. A key message from the day was the need to balance delivering some quick wins whilst also enabling the improvement teams to take the time to understand their current state so as to understand what actions will have greatest impact. Work is now moving at a pace to finalise the driver diagram and measurement packages for testing.

A detailed paper on Access QI which highlighted the opportunities and challenges attached to this commission was considered by the November Quality and Performance Committee.

**New Commission: Learning Disabilities**

The Mental Welfare Commission (MWC) ‘Autism and complex needs, visiting and monitoring report’ (October 2019) contains two recommendations for the Scottish Patient Safety Programme:
1. The Scottish Patient Safety Programme should develop and lead an initiative to reduce the use of psychotropic medication as a response to challenging behaviour by people with autism.

2. The work of the Scottish Patient Safety Programme to reduce the use of restraint in mental illness settings should be extended to NHS and community services supporting autistic people with complex needs.

The MWC has presented the report to Scottish Government and the Cabinet Secretary has requested an update on progress in relation to the recommendations. We are now in discussion with the Healthcare Quality and Safety Directorate at Scottish Government to discuss reprioritisation of current work to enable us to accommodate this new commission.

Hospital at Home

HIS is supporting the development of guidance on Hospital at Home services for frail elderly patients. Hospital at Home is a short term targeted intervention, in which specialist level care which would normally be provided in an acute care setting, is provided in a home care setting instead. The use of this and other short term targeted interventions will contribute to the delivering of the Scottish Government Framework for Community Health and Social Care Integrated Services. The iHub and Evidence directorates are working to bring together the findings of a review of published studies, with the experience of boards which are already providing these services within Scotland, to provide guiding principles on how such services may operate. This will be used to inform NHS Board and Integration Authorities’ local and regional plans for access to acute and specialist care.

The request for this work came from the Cabinet Secretary via the NHS Board Chairs group following a visit to Lanarkshire’s Hospital at Home service earlier this year. There are very tight timescales associated with this work, requiring reprioritisation of resources, and it is anticipated that the resource will be finalised by the end of the year. Significant stakeholder engagement is also required to position the guidance as a tool to support both NHS and Health and Social Care Partnerships with their strategic planning and commissioning. This work will inform any next steps in relation to implementation support.
Financial Position

The baseline financial position at 31 October 2019 is within budget. We are still waiting for an allocation of £2.9m of additional funding to support some of the short term commissions. Meeting our anticipated full year budget in this area remains challenging. Following meetings with SG Finance Directorate a number of additional allocations have been baselined. However work in this area continues.

Following the mid-year review HIS has now identified 84% of its savings target and remains confident of achieving its financial targets for 2019/20 and will therefore end the year in line with budget.

Workforce Position

Current workforce levels within Healthcare Improvement Scotland stands at 498 headcount (443.1 WTE), an increase of 27 staff (22.7 wte) since 1 April 2019. The contractual make-up of the workforce is currently 76% permanent, external secondees 10%, internal secondees 4% and 10% of the workforce are on fixed term contracts. There have been 79 recruitment campaigns run since the start of the financial year and staff turnover is currently sitting at 5.7%.

Absence levels within the organisation are currently 3.2%, below the national target of 4%. It is acknowledged that the primary reasons for absence are related to anxiety, stress or depression. Given this, there is an ongoing focus on specific activity to provide a range of responses to both individual staff and at an organisation-wide level to provide assistance to managers and also to support staff.
Section 2: Operational Plan - Priorities 2019-20

Introduction

This section provides an update on progress against the following national priorities:

1. Integration of health and social care services
2. Mental health
3. Primary care
4. Governance of the quality of care
5. Ensure the effective engagement of individuals in the design and provision of their care
6. Access to care
7. Statutory duties to safeguard the public and to provide high quality care

<table>
<thead>
<tr>
<th>Priority: Integration of health and social care services</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Overview:</strong></td>
</tr>
<tr>
<td>We are carrying out a wide range of activities designed to help achieve the ambition of an effective integrated health and social care system across Scotland. Essential characteristics of an integrated health and social care system include a stronger focus on involving people, their communities and their carers in the delivery and design of their care; delivering care closer to where people live, and to try and prevent illnesses and problems before they become more serious.</td>
</tr>
<tr>
<td><strong>Progress report:</strong></td>
</tr>
<tr>
<td>There is a substantial programme of reform underway in the areas of integration, primary care and adult social care support, with the purpose of ensuring that more people enjoy health and care services at home or in a community setting. For Healthcare Improvement Scotland this includes work on strategic planning, reform of adult social care support, the 2018 GMS contract (see update on primary care) and the health and social care delivery plan (see update on mental health).</td>
</tr>
<tr>
<td><strong>Report of the Ministerial Strategic Group (MSG) for Health and Community Care</strong></td>
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<tr>
<td>Since the publication in February 2019 of the MSG report reviewing progress with integration, extensive work has been underway to address all of the 25 proposals. These included the development of a Framework of Community Health and Social Care Integrated Services which was agreed by MSG at its November meeting – see section 3, Horizon Scanning.</td>
</tr>
<tr>
<td>The following recommendations are directly relevant to HIS:</td>
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<tr>
<td>- Improved strategic inspection of health and social care is developed to better reflect integration</td>
</tr>
<tr>
<td>- National improvement bodies must work more collaboratively and deliver the improvement support partnerships required to make integration work</td>
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</table>
Proposals for joint inspections have been developed and discussions have been taking place between Scottish Government, HIS and the Care Inspectorate to agree a number of co-ordinated actions to further progress this work.

The MSG also recommended that revised statutory guidance on community engagement and participation for health and social care bodies should be developed. The Scottish Health Council continues to engage with this work as a member of the Scottish Government/ COSLA co-chaired group convened to progress this recommendation.

Collaborative Communities
Our Collaborative Communities team has been supporting Health and Social Care Partnerships (HSCPs) to look at different commissioning models, such as the community based approach to Strategic Commissioning with Orkney HSCP. This approach aims to deliver a more sustainable and flexible homecare model, meeting the policy aim of “increased support options for people to fulfil their right to participate in their community and society and to live life the way they choose”. The team also supported East Ayrshire to develop a “Partnership Provider Statement” which has enabled the HSCP to commission the best range of services for service users from all agencies. The Widening the Market workstream has involved a range of partners to build new approaches, as well as finding and testing sustainable community solutions which give local people greater involvement in their choice and control of their care.

Community-Led Support
This quarter has seen significant activity across the five new Community Led Support (CLS) sites in Scotland. The sites are developing their vision and outcomes to meet local needs, based around a common set of core principles, but taking into account what matters to the individual and community and public sector resources. The team has also concluded the initial diagnostic phase on the involvement of carers in the design and provision of care, and the implementation of the Carers Act within HSCPs strategic planning. A further diagnostic on young carers and recommendations for potential HIS-wide support for more effective engagement will conclude the current commission from the Scottish Government Carers Policy team.

Ensuring the effective engagement of individuals in the design and provision of their care
On 6 November the ihub and Scottish Health Council (SHC) held a joint event for HIS staff on Driving High Quality Health and Care services with the people of Scotland. The event was supported by Scottish Government colleagues and representatives from the people-led policy panel for the Reform of Adult Social Care, Inclusion Scotland, the Glasgow Disability Alliance, Visibility and the User Research Team in the Scottish Government Office of the Chief Designer. The HIS staff attending shared skills and experiences on co-design and co-production.

Housing and Dementia Practice Framework
The Housing and Dementia Practice Framework was launched on 30 October 2019 at an event attended by over 60 housing and health colleagues. The framework has been developed by the Place, Home and Housing team in collaboration with the Chartered Institute of Housing Scotland and Alzheimer Scotland. It has been designed in partnership with the housing sector as well as people living with dementia and their carers. The framework is a tool to help the housing sector support people living with dementia to live at home for as long as possible. The framework includes five outcomes that people living with dementia and their carers have said are important to them and 11 commitments that housing organisations should already be achieving or working towards in order to meet the outcomes. Housing organisations across Scotland are being invited to sign up to use the framework to help them identify where they are already working well and areas where improvement is needed.
## Priority: Mental Health

### Overview:

The Scottish Government’s Programme for Government for 2018–2019 sets out a clear priority for transforming services across Scotland for people with mental ill health – including children and young people. We are supporting this through our mental health access improvement support activities and our quality improvement safety programme focused on reducing harm in mental health settings.

### Progress report:

**Mental Health Access Improvement Support Team (MHAIST)**

We continue to support the delivery of the national target that 90% of people requiring Child and Adolescent Mental Health Services (CAMHS) and/or Psychological Therapy (PT) Services will receive treatment within 18 weeks of referral to the service.

- **Our National Mental Health Access Collaborative** held its final learning session on 8 November. 29 teams from across CAMHS and PT services have participated in a range of projects that have made a positive impact on their access improvement priorities through the use of quality improvement methods along with collaborative sharing and learning across Scotland.

- We are now working to produce a toolkit which will contain case studies, tools and measurement guidance, showcasing the work of all of the teams that have participated and providing an opportunity to continue to share learning with a much wider audience.

- We will also connect our key workstreams by forming a new Mental Health Network, bringing together partners working on access and flow as well as those focusing on a range of mental health priorities, including SPSP, Early Intervention in Psychosis, Perinatal Mental Health, and Prisoner Healthcare. This new, broad network will allow key stakeholders in mental health to come together via webinar, events, digital space and social media, to share ideas, challenges and learning.

- **We also provide in depth bespoke support** to services struggling to meet the 18 week standard to support their understanding of the key factors impacting on access and flow and then to develop improvement plans based on this. We are currently providing support to four boards – NHS Forth Valley, NHS Grampian, NHS Lothian and NHS Tayside – and are beginning to plan for the next phase of this work which will see us providing support to a further 3-4 boards.

We currently have a waiting list of eight NHS boards who wish to receive bespoke support but, due to capacity constraints, we continue to take a phased approach to this work ensuring that we are matching demand to our available capacity.

**Scottish Patient Safety Programme Mental Health (SPSP MH)**

SPSP MH aims to improve outcomes through a focus on reducing harm including restraint, violence, self-harm and seclusion, improving medicine safety risk assessment and safety planning at key transition points. Our work has focused on adult acute mental health wards and we are currently developing the next phase of the programme which will focus on spreading the learning and support more widely.
We continue to deliver the **Improving Observation Practice programme (SPSP-IOP)** and are supporting NHS boards to develop local policy based on our new guidance published in spring 2019, delivering a framework of proactive, responsive, personalised care and treatment which puts the patient firmly at its centre.

Recruitment is underway to support the delivery of **Early Intervention in Psychosis (SPSP-EiP)** and we are currently working with the steering group, including those with lived experience, to develop the launch event to be held on 5 December, where our two test sites will be sharing their early scoping work. The initial needs assessment workshop will take place at the end of November and the outputs from this will help to shape the action plan for a national needs assessment for those experiencing psychosis.

We continue to work towards the establishment of a National Early Intervention in Psychosis Improvement Network (EIPIN) and the ihub and Scottish Health Council are collaborating with third sector partners to ensure all work is co-designed and co-produced with those with lived experience.

**SIGN guideline on management of eating disorders**
The management of eating disorders addresses many crucial issues such as child and adolescent mental health, transitions, perinatal mental health and the needs of carers. A SIGN guideline on management of eating disorders is in development that will provide practical, specific detail for the specialty of eating disorders. The guideline will apply to primary care, general practice, NHS inpatient, outpatient, intensive outreach and day patient services. Links with both the independent sector and with voluntary and social care settings will be considered.

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**Priority: Primary Care**

**Overview:**

We will continue to build on our work within primary care and deliver targeted improvement support to optimise care and service redesign across primary care in Scotland. We continue to lead on supporting the development and implementation of work in Improving Together: A National Framework for Quality and GP Clusters in Scotland and the Memorandum of Understanding which details the agreed priorities for service redesign as part of the General Medical Services (GMS) contract. Our work includes national improvement programmes that support the implementation of new ways of working.

**Progress report:**

We have two spread programmes directly supporting the implementation of new GMS contract:

**Pharmacotherapy:** In recognition that multidisciplinary working is critical to reducing GP workload, the Memorandum of Understanding included an agreement that every practice would receive pharmacy and prescribing support which is referred to as Pharmacotherapy. We have recruited 60 practices to an improvement collaborative focused on supporting the implementation of Pharmacotherapy Level 1 services within GP practice teams and work is now underway to support collection of baseline data ahead of the first learning session in early 2020. The University of Strathclyde will be working with us and Scottish Government to evaluate this work.
We’ve also launched the **Practice Administrative Staff Collaborative (PASC)** Phase 2 with almost 200 GP practices across Scotland taking part. We are taking a regional approach to delivery and four learning sessions are taking place in November and December in Cumnock in Ayrshire, Inverness, Glasgow and Edinburgh. This work supports practice administrative staff to develop their QI skills while improving key GP practice processes around effective document and correspondence management and appropriate care navigation. This builds on the successful outcomes of PASC Phase 1, which saw a 44% average reduction of correspondence being reviewed by GPs, amounting to around 5,200 less documents per week. In one practice this led to a release of 5 hours of GP time per week.

We have established a multi-disciplinary **Primary Care QI Faculty** to provide quality improvement, coaching and mentoring support to clusters across Scotland. In this first phase, the faculty includes GPs, practice managers and pharmacotherapy/medicines specialists and nursing representatives. During Phase 1 (September 2019 – March 2020) the faculty will support practice teams participating in our Practice Administrative Staff and Pharmacotherapy Level 1 Collaboratives. We are now scoping Phase 2 of the faculty to include a wider range of professionals to provide QI support across our work in primary care.

**Community Treatment and Care Services (CTAC)**
Following the completion of the 90 day learning cycle on CTAC services, our focus is to support the sharing of learning, challenges and successes of the development of CTAC services across Scotland. There are a number of potential models for CTAC services which teams may consider depending on their local context and needs. We have set up a closed online CTAC network for those leading on the planning and implementation of CTAC services locally to have a space for peer to peer discussion. We also support the sharing of learning by developing case studies.

**General Dental Practices**
Phase 1 of our work is to support all general dental practices to deliver the safety climate survey supporting whole practice teams to better understand and measure their safety, and identify areas for improvement.

**SIGN guideline: Management of dementia**
A SIGN guideline on management of dementia is at the planning stage. This project will align with the Focus on Dementia programme by providing evidence-based recommendations for pharmacological and non-pharmacological management of cognitive and non-cognitive symptoms of dementia.

**Patient participation in General Practice**
The Scottish Health Council has continued to support the establishment and development of Patient Participation Groups within general practice (supporting on average 20 per month) and during May 2019, sent a survey to all (944) general practices across Scotland asking for information on the types and methods of public engagement being carried out. There was been a 40% response rate and we published a report of the findings entitled [Patient and public engagement in General Practices in Scotland](#) in October 2019. Local Offices have subsequently been contacting those general practices which, through the survey, asked for support to improve their engagement activities.
### Priority: Governance of the Quality of Care

#### Overview:

Across Healthcare Improvement Scotland, we carry out a wide range of activities that are designed to help strengthen local governance arrangements for the quality of care. Our external quality assurance work continues to include a focus on the robustness of NHS boards’ governance structures, and their systems and processes to support staff to consistently deliver safe, effective, compassionate and person-centred care.

We are leading a national programme to improve the quality of nursing care through the development of indicators and tools to improve and assure the robust and reliable delivery of nursing and midwifery care across NHS boards. We are also supporting the introduction of new legislation to implement the necessary workforce tools and to monitor the provision of safe staffing in our healthcare facilities.

#### Progress report:

**Quality of cancer care: regional planning**

Healthcare Improvement Scotland undertakes the external quality assurance of cancer services against tumour-specific quality performance indicators (QPIs). This work has included consideration of the effectiveness of the governance of the regional networks themselves as well as an examination of the cancer quality performance data. This is intended to provide assurance that the governance arrangements are sufficient to respond positively to the improvements required and identified through the data. We have now completed reviews of all three regional cancer networks and published one report; the other two are in progress.

In addition we are developing a piece of work to look at progress that has been made at the Beatson West of Scotland Cancer Centre since our inquiry in 2015.

**Healthcare Staffing Programme (HSP)**
The HSP, previously known as Nursing & Midwifery Workload Workforce Planning Programme (NMWWPP) transferred from Scottish Government on 1 April 2019 and will support the implementation of the Health and Care (Staffing) (Scotland) Act which received Royal Assent in June. HSP continues to collaborate with the Health and Care (Staffing) (Scotland) Enactment Team in the Chief Nursing Officer Directorate by: participating in the development of the Ministerial Guidance to support NHS Boards to discharge their legislative duties; attending NHS Board meetings and reviewing Board submissions to Scottish Government to ‘triangulate’ the information and to inform the HSP Hub education programme.

Engagement with Professional Bodies is underway including the first Multi-Professional Stakeholder event on 6 December, to scope workforce planning practices across the non-nursing and midwifery workforce. We are also engaging with the Care Inspectorate as they have an equivalent role in relation to tools for adult care homes.

We are also in the process of recruiting a Programme Advisor linked to Quality of Care reviews.

**Excellence in Care**
The Excellence in Care programme aims to improve the nursing and midwifery care in all settings across Scotland. Core quality measures, which are applicable to all nursing and midwifery families,
have now been agreed, along with the acute adult and paediatric measures. The remaining quality measures (mainly community nursing and midwifery) will be agreed by March 2020. Data submission plans from each NHS Board are in place to work towards full implementation of all quality measures during 2020.

The Excellence in Care Team were invited to help support NHS Orkney with their annual staff conference in October, entitled ‘Dignity at Work’. The EiC Team delivered two workshops with a focus on creating the conditions for teams to thrive and using child development theory to understand our relationships as adults. Evaluation and feedback was positive.

Priority: Ensuring the effective engagement of individuals in the design and provision of their care

Overview:

Through our Scottish Health Council local office network we are continuing our work to enable local communities to participate in the planning, development, and delivery of services. This includes leading on the national Our Voice Citizens’ Panel and providing advice and support to NHS boards and Health and Social Care Partnerships (HSCPs) on service change.

Progress report:

Gathering Public Views

Through our Scottish Health Council local office network have been supporting a number of requests to gather public views to influence national policy and direction. The following projects are currently being supported:

- Gathering views on user input to maternity services, including work to ascertain whether service users have a voice at a local and national level, and that there are good mechanisms to ensure they are aware of how to engage and to facilitate engagement with each other and at a national level. A report of the feedback has been drafted and shared with the Scottish Government.

- Gathering public views on ME Services on behalf of the Scottish Government has commenced with a stakeholder event involving third sector organisations who have been tasked with developing a set of questions around what a quality service for people with ME could look like. The Scottish Health Council will use these questions to gather feedback from the public.

- Gathering public views on shared decision making: on behalf of the Scottish Government, all local offices gathered views about how to improve conversations between patients and healthcare professionals so that people can be as involved as they want to be in decisions about their care and treatment. The feedback will be used to inform national policy development and promotional activity around shared decision making. A report has been shared with the Scottish Government with a view to the findings being published in January 2020.

Engaging people and communities in the design and delivery of primary care services
See under ‘Primary Care’ above.

Citizens’ Panel
The Citizens’ Panel, consisting of around 1,170 people who live across all NHS Board and Health & Social Care Partnership areas in Scotland, is used to get statistically robust and representative feedback on a wide range of health and social care topics. This year the panel has been refreshed and reported in October on topics relating to Scottish Ambulance Service’s future strategy, Organ Donation and Excellence in Care (Nursing & Midwifery). A further two surveys are planned during 2019/20 on:

- understanding of antimicrobial resistance and behaviours around seeking and using antibiotics in the Scottish population, and
- public perceptions on the safety of care (health and social care).

Service Change
Advice and support on engagement in service change has been provided to 25 organisations (13 NHS Boards and 60 Health and Social Care Partnerships) on 25 active changes.

NHS Tayside has recently completed a public consultation on proposed changes to orthopaedic services. The proposal is to transfer all orthopaedic trauma surgery to Ninewells hospital, Dundee and for Perth Royal Infirmary to become a “centre of excellence” for planned orthopaedic surgery and non-surgical orthopaedics. NHS Tayside’s three month public consultation concluded on 31 October 2019. The Scottish Health Council is currently preparing its quality assurance report, which is scheduled for publication in December 2019.

Volunteering in NHSScotland
The Volunteering Programme Team developed a further three case studies on volunteering which are due for publication in the third quarter. Eighteen NHS Boards have been supported in 92 activities and the National Group for Volunteering in NHSScotland met in August. The Volunteer Managers National Network Meeting took place in September and two workshops were delivered on evaluating volunteering, reporting an increase in readiness to apply outcome-focused planning. In July the Volunteering Information System (VIS) User Group met and reviewed system enhancement requests and the system was deployed to NHS24 bringing the number of NHS Boards using the VIS to 18.

Priority: Access to care
Overview:
Access QI is a new programme of work focused on supporting NHS Boards to deploy quality improvement (QI) expertise to meet the challenge of delivering sustainable improvements in waiting times while maintaining or improving the quality of care. The programme design was agreed in April 2019 with an agreement that it will work with NHS Boards to:

3. Build the capability within teams and across pathways of care to deploy QI to improve waiting times.
4. Provide support to ensure infrastructures and culture enable application of QI expertise to priority areas of work.
5. Develop new and strengthening existing systems to share learning about what is and isn’t working.
6. Work with the existing national programmes to ensure readily accessible information/guidance is available on High Impact Changes, Change Packages and Measurement.
Progress report:

Three accelerator sites (NHS Grampian, NHS Lothian and NHS Tayside) have been identified and will receive intensive external support to demonstrate the impact of deploying QI approaches to reducing waiting times and provide accelerated learning that we can spread across Scotland. An update is provided under section 1: Overview.

Priority: Statutory duties to safeguard the public and to provide high quality care

Overview:

There are a number of activities that we are required to carry out by law. These include:

- advice on the clinical and cost-effectiveness of new and existing health and care technologies, and of all new medicines
- providing external quality assurance of the governance arrangements for the safe management of controlled drugs
- providing advice and support to NHS boards on involving patients and communities in service change processes (see earlier in report)
- helping to improve the quality and accuracy of death certificates, and giving public assurance around the death certification process
- regulating independent healthcare services, with the aim of ensuring that independent clinics, hospitals (including private psychiatric hospitals) and hospices are maintaining high standards of care
- carrying out regulatory inspections to ensure safe care for patients, carers and staff who are exposed to medical ionising radiation in any NHS or independent service
- responding to concerns raised under the Public Interest Disclosure Act

Progress report:

Advice on new medicines

Over the past few years there has been sustained media and public interest in medicines to treat cystic fibrosis (in particular Orkambi and Symkevi). In July 2019 SMC reached not recommended decisions for these medicines despite applying additional flexibilities. In September 2019 a pricing agreement was reached by Scottish Government to permit prescribing of these medicines without the requirement for PACS Tier 2 applications. The Cabinet Secretary subsequently wrote to the SMC Chair to emphasise the Scottish Government's continuing support for the clinical expertise, robust approach to decision making and independence of SMC. This topic will be discussed further at a future meeting of the Board.

Regulation of independent healthcare

A progress updated is provided in section 1 of the Performance Report in relation to the regulation of independent healthcare, which is an ever increasing area.

Healthcare and forensic medical services for people who have experienced rape, sexual assault or child sexual abuse: children, young people and adults - indicators

To support the implementation of the standards on healthcare and forensic medical services for people who have experienced rape, sexual assault or child sexual abuse: children, young people and adults, draft indicators were published in December in 2018 and subsequently piloted. From
the results of this pilot amendments have been made to the indicators and these revised indicators are currently being consulted on. Consultation ends on 20 December, and publication of the final indicators is scheduled for February 2020. Details on the consultation can be found here.

Standards on Healthcare Associated Infections and Indicators on Antibiotic Use
In support of the UK government’s action plan for tackling antimicrobial resistance (AMR), the following antibiotic prescribing indicators were developed by the Scottish Antimicrobial Prescribing Group (SAPG) in collaboration with health board antimicrobial teams and have recently been launched and communicated to board Chief Executives:
1. A 10% reduction of antibiotic use in Primary Care (excluding dental) by 2022, using 2015/16 data as the baseline (items/1000/day).
2. Use of intravenous antibiotics in secondary care defined as DDD / 1000 population / day will be no higher in 2022 than it was in 2018.
3. Use of WHO Access antibiotics (NHSE list) ≥60% of total antibiotic use in Acute hospitals by 2022.

National data will be used to measure progress with these indicators at national and board level and will be made available in NSS Discovery in January 2020. SAPG is supporting board Antimicrobial teams with local quality improvement approaches to support these indicators.

Death Certification Review Service (DCRS): repatriations of Scots who have died outwith the UK and relationship with the Scottish Fatalities Investigation Unit
DCRS randomly reviews around 6,000 cases a year of those deaths occurring in Scotland not eligible for reporting to the Procurator Fiscal, where less than 200 are repatriations from Scots who have died abroad outwith the UK. With repatriations, the statutory guidance makes clear that DCRS’ function is to ensure the documentation accompanying repatriations is in order and comparable to that which would be provided in Scotland for burial or cremation. It is not DCRS’ role to determine or investigate criminality.

Since the new Fatal Accident Inquiry legislation came into force on 15 June 2017, DCRS has developed a standard operating procedure in conjunction with the Scottish Fatalities Investigation Unit (SFIU) which includes deaths which are sudden, suspicious or unexplained or arose in circumstances giving rise to serious public concern or where circumstances have not been sufficiently established in the course of an investigation.

SFIU recently confirmed that in the last year (2019) they received the following reports of death abroad from DCRS:
24 cases referred this year
3 decided no locus to investigate as not "ordinarily resident" in Scotland
1 only reported to advise Crown Office and Procurator Fiscal Service that correct paperwork had not been completed by funeral director [prior to burial]. Circumstances otherwise would not have been referred.
3 Post Mortems instructed.

The new arrangement seems to be working satisfactorily. Whilst the numbers are relatively small, these cases are clearly of great significance to the families affected, and it is essential that they are handled sensitively and appropriately.

Medical ionising radiation
This work is a developing area, as HIS has recently taken over full responsibility for this. It is a requirement that HIS is informed of any incidents related to this, and we have a programme of inspections about to start.

The International Atomic Energy Authority (IAEA) review of the UK radiation safety arrangements has now finished. Staff in the Quality Assurance Directorate worked hard to ensure that our contribution to the national self-evaluation was robust and the IAEA inspectors had all the information they needed to complete the review. We have received the initial feedback given at the end of the review and there will be recommendations relevant to our work which we can use to improve our arrangements. The full report of the review is in draft and expected to be published in early 2020.
Section 3: Horizon Scanning

Introduction

This section of the report is intended to provide a forward look in terms of what Healthcare Improvement Scotland (HIS) is being asked or may be asked in future to deliver – either as an extension of our existing work or as new work. It includes details of discussions with Scottish Government which may lead to the formal commissioning of work as well as a broader look at the legislative agenda and external political and policy environment.

Potential/Emerging commissions from Scottish Government

The table below provides a summary of current areas of work which are at various stages of discussion with Scottish Government; some are formal requests currently undergoing scoping while others have been noted but may have had little formal discussion. When a formal commission including funding arrangements have been agreed, the work will move from this section and be included within the additional allocations section of the report where progress will be measured.
### SCOTTISH GOVERNMENT COMMISSIONS - HORIZON SCANNING

#### Note re definitions:
- Level 2 - SG request for consideration
- Level 1 - Emerging area, potential for formal request

<table>
<thead>
<tr>
<th>Level</th>
<th>Date added</th>
<th>HIS Directorate</th>
<th>Area of work</th>
<th>Type</th>
<th>Resource Implications</th>
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<tr>
<td>2</td>
<td>Nov-19</td>
<td>ihub</td>
<td>Quality improvement programme for Out of Hours Services</td>
<td>New work</td>
<td>All costs (apart from staff resource) will be back charged to Scottish Government.</td>
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<td>Oct-19</td>
<td>Scottish Health Council</td>
<td>Gathering Public Views on Limited Clinical Value Procedures</td>
<td>New work</td>
<td>All costs (apart from staff resource) will be back charged to Scottish Government.</td>
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<td>Oct-19</td>
<td>Scottish Health Council</td>
<td>Promoting engagement in public consultation on the Guthrie Card Archive</td>
<td>New work</td>
<td>All costs (apart from staff resource) will be back charged to Scottish Government.</td>
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<td>2</td>
<td>Aug-19</td>
<td>Medical</td>
<td>Single National Formulary</td>
<td>New work</td>
<td>Additional funding</td>
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<td>2</td>
<td>Aug-19</td>
<td>Medical</td>
<td>HEPMA benefits realisation and shared learning</td>
<td>New work</td>
<td>Additional funding</td>
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<td>2</td>
<td>Apr-19</td>
<td>ihub</td>
<td>Scale up of hypertension project (improvement collaborative)</td>
<td>New work</td>
<td>Additional funding</td>
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<td>2</td>
<td>Mar-19</td>
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<td>Prisoner healthcare - improvement support</td>
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<td>Additional funding</td>
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<td>1</td>
<td>Nov-19</td>
<td>Evidence / ihub</td>
<td>Stroke care in HSPCs - best practice / improvement work</td>
<td>New work</td>
<td>Additional funding</td>
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<tr>
<td>1</td>
<td>Nov-19</td>
<td>Evidence</td>
<td>Decision support tools assessment</td>
<td>New request</td>
<td>Work comes with funding</td>
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<tr>
<td>1</td>
<td>Nov-19</td>
<td>Evidence</td>
<td>Oral health standards</td>
<td>New request</td>
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<tr>
<td>1</td>
<td>Nov-19</td>
<td>Evidence</td>
<td>Screening standards - to increase frequency of updating to 3 yearly</td>
<td>Extension/expansion of existing work</td>
<td>Additional funding</td>
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<tr>
<td>Date</td>
<td>Organisation</td>
<td>Project Title</td>
<td>Work Type</td>
<td></td>
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<td>-------------------------------------------------------------------------------</td>
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<td>Nov-19</td>
<td>ihub</td>
<td>Support to Directors of Planning re Using SatSD approaches to shifting to a community model as alternative to acute model for adult mental health problems</td>
<td>New work</td>
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<td>Nov-19</td>
<td>Quality Assurance</td>
<td>External quality assurance against rape and sexual assault indicators</td>
<td>New work</td>
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<tr>
<td>Oct-19</td>
<td>Scottish Health Council</td>
<td>Person-Centred Policy - national approach to patient/family councils</td>
<td>New work</td>
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<tr>
<td>Aug-19</td>
<td>ihub</td>
<td>Adult Social Care Reform - Community Led / Commissioning support (SDS Implementation Plan)</td>
<td>Extension/expansion of existing work Funded until end March 2020</td>
<td></td>
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<tr>
<td>Jun-19</td>
<td>ihub</td>
<td>Improvement work around people with multiple and complex needs</td>
<td>Links to existing work in LWIC and housing Additional resources</td>
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<tr>
<td>Jun-19</td>
<td>ihub</td>
<td>Redesign work relating to midwifery services</td>
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<td>May-19</td>
<td>ihub</td>
<td>Spreadability assessments</td>
<td>New work</td>
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<td>Apr-19</td>
<td>Quality Assurance</td>
<td>Inspection of laboratories</td>
<td>New work</td>
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<tr>
<td>Mar-19</td>
<td>ihub</td>
<td>Scottish Approach to Service Design</td>
<td>New work</td>
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<tr>
<td>Mar-19</td>
<td>Evidence / Quality Assurance</td>
<td>SMMP - potential expansion in relation to 2 UK audits</td>
<td>Extension/expansion of existing work</td>
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<tr>
<td>Mar-19</td>
<td>Evidence</td>
<td>Application of clinical standards for fracture liaison services</td>
<td>New work</td>
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<tr>
<td>Mar-19</td>
<td>Evidence / ihub</td>
<td>Review of utility of best practice statement for physical examination of newborns</td>
<td>New Work</td>
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</tbody>
</table>
Scottish Government priorities

Framework for Community Health and Social Care Integrated Services and National Support for Integration

The Framework for Community Health and Social Care Integrated Services was approved at the Ministerial Strategic Group for Health and Community Care on 6 November. It has been developed by Scottish Government with the aim of supporting the Integration Authorities to make best use of their resources and integrated services from the perspective of those who use them and was, in part, a response to the findings of the integration review. It has been well received by the integration authorities and partners.

The Scottish Government Integration Unit is developing a self-assessment with a cohort of the integration authorities, which will then enable greater insight into support needs. The Integration Unit has also re-established a routine joint meeting, which it is testing with colleagues from HIS, Care Inspectorate, NSS-ISD (will be Public Health Scotland), Improvement Service and COSLA, as a joint space to ensure effective co-ordination of support for integration.

Scottish Parliament

Health and Sport Committee

The work programme of the Health and Sport Committee for 2019-21 includes the following areas:

- Primary Care – what should primary care look like for the next generation?
- Social prescribing of physical activity and sport
- Medicines
- Social Care capacity
The inquiry into the Supply and Demand for Medicines is currently underway, with a focus on the management of the medicines budget, including the clinical and cost effectiveness of prescribing, and HIS is submitting written evidence to the Committee.

The report of the Committee’s annual budget scrutiny for 2020-21 entitled ‘When is hospital bad for your health’ has also been published. The focus of the Committee’s budget scrutiny this year has been on integration authorities, and the report has a particular focus on delayed discharge. The report highlights the challenges here around care home workforce and access to social care but also covers a number of areas of relevance to HIS, including: prevention of hospital admissions; anticipatory care and dementia care outwith hospitals; prioritization of housing adaptations; and the centrality of public engagement to truly transforming services.

Further details on the work of the Committee is included in the monthly Parliamentary Activity Briefing circulated to non-Executive Directors.

Other external / policy developments

Audit Scotland report on the NHS in Scotland 2019

Audit Scotland’s report on the NHS in Scotland 2019 was published in October. It sets out the challenges to the health system including the key rising demands and costs, difficulties meeting waiting times standards and the need to increase the pace of change through integration. It also reflects improvements in patient safety and experience of hospital care including new and innovative ways of delivering healthcare, citing HIS’ Living Well in Communities work on frailty.

Recommendations for Scottish Government include the following:

• a new national health and social care strategy supporting large-scale, system-wide reform
• improved quality and availability of data – particularly in primary and community care
• a national, integrated, health and social care workforce plan
• incorporate principles of Community Empowerment Act in communication and engagement strategies

Health and Social Care Scotland: Statement of Intent

Health and Social Care Scotland is a network of health and social care leaders across 31 health and social care partnerships, including chief officers, integration joint board (IJB) chairs and vice chairs, chief finance officers and strategic commissioning & improvement managers. In September it published a Statement of Intent, setting out its aims and ambition.
Section 4. Business as Usual

Our core funded work covers most of the work of the organisation. The core budget is currently £26m and covers the core functions of HIS hence the title ‘business as usual’. This is the work that most external stakeholders will recognise HIS for and which underpins our reputation as an organisation that delivers and is high performing.

The table below details progress against the projects for Q2 (July – September).

**Project and Finance progress is presented using an arrow system:**

- The project is performing to plan. All aspects of the project are within tolerance.
- The project is exceeding anticipated expectations.
- Represents there are significant issues and corrective action is required to meet business objectives. The project should be escalated and associated risks amended.

<table>
<thead>
<tr>
<th>Main Strategic Priority</th>
<th>Directorate</th>
<th>Director</th>
<th>Cost Code</th>
<th>YTD Budget</th>
<th>YTD Actual</th>
<th>Project Title</th>
<th>Output</th>
<th>Progress</th>
<th>Exception Narrative</th>
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<tbody>
<tr>
<td>1. Enable people to make informed decisions about their own care and treatment</td>
<td>Community Engagement</td>
<td>Lynsey Cleland</td>
<td>QF2010</td>
<td>£307,020</td>
<td>£175,618</td>
<td>Community Engagement and Improvement Support</td>
<td>Publish Community Engagement reports regarding views gathered from the public</td>
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<td></td>
<td>ihub</td>
<td>Ruth Glassborow</td>
<td>QT0069</td>
<td>£0</td>
<td>£26,750</td>
<td>LWIC2 Living and Dying Well in Care Homes</td>
<td>Living and Dying Well in Care Homes stakeholder event (150 delegates)</td>
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<td></td>
<td></td>
<td>Ruth Glassborow</td>
<td>QF8010</td>
<td>£221,913</td>
<td>£80,590</td>
<td>Person Centred Health and Care Programme</td>
<td>One Person Centred network newsletter publisher per quarter</td>
<td>&lt;</td>
<td>Due to the high level of relevant information this quarter, the newsletter was split into 5 ‘news bites’ rather than 1 newsletter to the network.</td>
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<tr>
<td>2. Help health and social care organisations to redesign and continuously improve services</td>
<td>Community Engagement</td>
<td>Lynsey Cleland</td>
<td>Community Engagement</td>
<td>Lynsey Cleland</td>
<td>Community Engagement</td>
<td>Lynsey Cleland</td>
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<tr>
<td>QF7010</td>
<td>£327,533</td>
<td>£189,392</td>
<td>Service Change</td>
<td>Communicating key messages in Service Change Processes to support practice</td>
<td>Service Change</td>
<td>Communicating key messages in Service Change Processes to support practice</td>
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<tr>
<td>QF2011</td>
<td>£76,461</td>
<td>£41,762</td>
<td>Volunteering in NHS Scotland - Internal</td>
<td>Volunteering in Scotland third sector webinar and e-newsletter</td>
<td>Volunteering in Scotland third sector webinar and e-newsletter</td>
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<tr>
<td>Q10107</td>
<td>£13,527</td>
<td>£7,931</td>
<td>Hospital Standardised Mortality Ratio (HSMR)</td>
<td>Communicate with NHS boards and the public regarding how HSMR is produced, published and used in Scotland</td>
<td>Hospital Standardised Mortality Ratio update for Scottish Government regarding reviewing/using data for new sets of indicators</td>
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<tr>
<td>Q10025</td>
<td>£433,938</td>
<td>£231,941</td>
<td>SPSP Acute Adult</td>
<td>SPSP Acute Adult - All 15 boards submit quarterly progress reports against</td>
<td>SPSP Acute Adult - All 15 boards submit quarterly progress reports against</td>
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</table>

It had been planned to run a learning session in two locations per quarter (West and East) however due to registration numbers in the West, only the East learning sessions have been taken forward.
<table>
<thead>
<tr>
<th>Code</th>
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<td>QT0061</td>
<td>£73,523</td>
<td>£21,525</td>
<td>Focus on Dementia - Care Co-Ordination</td>
<td>Focus on Dementia contract with Inverclyde Site for Care Co-ordination</td>
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<td>QT0054</td>
<td>£70,432</td>
<td>£27,772</td>
<td>Focus on Dementia - Diagnostic and Post Diagnostic Support (PDS)</td>
<td>Focus on Dementia PDS Impact Story published</td>
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<td>QT0004</td>
<td>£883,159</td>
<td>£497,227</td>
<td>LWIC1 Living and Dying Well with Frailty</td>
<td>Living and Dying Well with Fraility learning session event</td>
</tr>
<tr>
<td>QT0004</td>
<td>Budget</td>
<td>Budget</td>
<td>LWIC3 Living Well with Long Term Conditions</td>
<td>Living Well with Long Term Conditions Evidence review published</td>
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<td>Q10120</td>
<td>£282,400</td>
<td>£149,934</td>
<td>SPSP Mental Health</td>
<td>SPSP Mental Health regional learning labs / events (40 delegates each session)</td>
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<td>QT0037</td>
<td>£202,772</td>
<td>£97,555</td>
<td>Place Home &amp; Housing</td>
<td>Place Home and Housing Joint Work Plan with Health Scotland to cover interface with Homeless Health Group</td>
</tr>
</tbody>
</table>

**Programme aims with analysis and feedback**

- **SPSP Acute Care Adult - Acute Kidney Injury Impact Report**
  - Final report with comms predicted to be published Q3

- **Focus on Dementia contract with Inverclyde Site for Care Co-ordination**
- **Focus on Dementia PDS Impact Story published**
- **Focus on Dementia Quality Improvement Framework Companion Document for People with Dementia and Carers published**
- **Living and Dying Well with Frailty learning session event**
- **Living Well with Long Term Conditions Evidence review published**
- **Cancelled due to poor registration**
- **Currently in development, to be completed in Q3**
- **Film is with comms for final edits**

**Ruth Glassborow**

**Last updated 20th March 2022**
<table>
<thead>
<tr>
<th>Name</th>
<th>Code</th>
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<th>£Saved</th>
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<td>Ruth Glassborow</td>
<td>Q10080</td>
<td>£378,422</td>
<td>£166,763</td>
<td>Primary Care Pharmacists for Homeless Film Profiled</td>
<td>Film is with comms for final edits</td>
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<td>Ruth Glassborow</td>
<td>QT0021</td>
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<td>£65,094</td>
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<td>Ruth Glassborow</td>
<td>QT0030</td>
<td>£28,000</td>
<td>£13,200</td>
<td>QI Connect</td>
<td>September meeting of this group was cancelled due to capacity and need to review purpose of meeting.</td>
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<tr>
<td>Ruth Glassborow</td>
<td>QT0050</td>
<td>£372,677</td>
<td>£219,428</td>
<td>Approaches to Transformational Redesign</td>
<td>Currently supporting TEC pathfinders (4 areas) to take a design led approach to designing services. Working with NHS Lanarkshire and Falkirk HSCP as part of responsive bespoke projects -also links with strategic planning projects.</td>
</tr>
</tbody>
</table>

**Notes:**
- **Primary Care Dentistry - Safety Climate Survey (SCS) Launch**
- **Q Scotland Country Partner Events in collaboration with NES (350 delegates in total) (Including Visit and Webinar)**
- **QI Exec Leads Network**
- **Successfully deliver 10 QI connect sessions per calendar year including connecting with over 60 countries, 1000 organisations and 78 universities (target 150 participants per session) (150 delegates per session)**
- **Transformational Redesign final report on 100 day challenge with Midlothian HSCP to improve mental health**
<table>
<thead>
<tr>
<th>QT0041</th>
<th>£211,666</th>
<th>£117,586</th>
<th>Strategic Planning</th>
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<tr>
<td></td>
<td></td>
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<td>and wellbeing for children and young people is delivered</td>
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<td></td>
<td>Four HSCPs are enabled to review strategic planning capacity and capability over two quarters (outcome)</td>
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<td>One HSCP is enabled to complete a review of strategic planning approach and infrastructure (outcome)</td>
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<td>Over 330 members of staff will be provided with strategic planning advice and critical friend guidance over two quarters</td>
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<td>Strategic planning - One HSCP is enabled to publish transformational strategy for older people’s services (outcome)</td>
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<td>Strategic planning - One HSCP is supported to produce updated strategic needs assessment with understanding of health inequalities (outcome)</td>
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<td>Strategic planning - One NHS board is enabled to produce interconnected systems map of mental health services and related work streams (outcome)</td>
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<td>Strategic planning - One NHS board is enabled to publish mental health and wellbeing strategy (outcome)</td>
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<td>Directorate</td>
<td>Name</td>
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<td>Nursing Directorate</td>
<td>Ann Gow</td>
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<td>Lynsey Cleland</td>
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<td>Budget captured on another line</td>
<td>SIGN UTI guideline and patient booklet</td>
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Publication delayed due to Programme Manager going on secondment Sep 2019. Engagement to start work on the patient booklet in Q1.

This has been moved to Q4 as the related guideline is still in development.
<table>
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<td>Ruth Glassborow</td>
<td>QT0048</td>
<td>£117,892</td>
<td>£65,840</td>
<td>Collaborative Communities newsletter for CLS in Scotland published quarterly</td>
<td>Three Collaborative Communities learning sessions facilitated with local organisations and commissioners</td>
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<td>Two Collaborative Communities workshops with HSCPs are delivered per quarter</td>
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<td>Ruth Glassborow</td>
<td>QT0002</td>
<td>£128,789</td>
<td>£71,712</td>
<td>SPSP Medicines - Distribute 99 NSAIDS toolkits to dispensing GP practices</td>
<td>SPSP Medicines - Launch NSAIDS safer care bundle to 1256 community pharmacies</td>
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<td>SPSP Medicines - Publication of medicines safety case studies</td>
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<td>SPSP Medicines - Publish NSAIDS impact report</td>
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<td>Ann Gow</td>
<td>QM0011</td>
<td>£174,017</td>
<td>£174,486</td>
<td>Develop a Quality of Care fully operational Professional Register and revalidation prompt</td>
<td>Quality of Care Growing older in Scotland report published</td>
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<td>Delayed due to additional changes requested by the Board and new data available. Revised publication date of December.</td>
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<tr>
<td>Date</td>
<td>Budget 1</td>
<td>Budget 2</td>
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<td>Q10161</td>
<td>£90,088</td>
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<td>Sharing Intelligence Conduct 6 meetings of the sharing intelligence group to discuss intelligence from 18 NHS boards</td>
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<td>Q0010/30</td>
<td>£164,455</td>
<td>£226,806</td>
<td>Excellence in Care Produce 12 Core Excellence in care Indicators as agreed with Scottish Government</td>
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<td>Q0010</td>
<td></td>
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<td>Public Protection Provide Quarterly reporting on Prevent both Nationally and internally</td>
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<tr>
<td>Q0010</td>
<td></td>
<td></td>
<td>Public Protection Provide quarterly reporting on public protection Training</td>
<td></td>
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<tr>
<td>Q0010</td>
<td></td>
<td></td>
<td>Public Protection Publish public protection guidance and supporting documents</td>
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<tr>
<td>QA0057</td>
<td>£384,970</td>
<td>£155,949</td>
<td>Hospital Inspections Conducting at least 24 inspections during 2019/20 using existing methodologies A cluster of 9 Grampian sites were undertaken which increased this target.</td>
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<td>Q10105</td>
<td>£135,051</td>
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<td>Joint Inspection of Prisoner Healthcare Joint Inspection of Prisoner Healthcare 4 full inspections and 3 follow up inspections during 2019/20</td>
<td></td>
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<tr>
<td>Code</td>
<td>Amount</td>
<td>£</td>
<td>Code</td>
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<td>Q10102</td>
<td>£1,523,758</td>
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</table>

**Regulation of Independent Healthcare**

- **Planned Independent healthcare inspections for 2019/20 = 239**
- **Process Registration within 90 days**
  - The additional 3 will be done in the next 90 days

**Board Reviews**

- **Conduct four after action board reviews and produce reports**

**Joint Inspection Children’s Services**

- **Joint Inspection Children’s Services Report Publication**

**Strategic Inspection Adult Services**

- **Joint Inspection Adult Services Full Inspection Report Publication**

**Death Certification Review Service**

- **The target is to review 14% of Deaths in Scotland**

**Joint Inspection of Prisoner Healthcare**

- **Meet the HMIPs timescales for report publication by delivering the draft report on standard 9: Health and Wellbeing 3 weeks after inspection**
- **Report of the Joint inspection of services for children and young people in need of care and protection in Stirling was due to publish 30/09 - published 01/10.**

**Issues identified and escalated during inspection led to the team going back the following week to carry out an additional inspection. This impacted on the report writing deadline and the draft report was sent 5 weeks after the inspection as a result.**

**Publication date has been changed by HMIPS**

**Down on anticipated outputs but still on track for yearly target**

33
| Q10146 | £147,102 | £48,586 | **External Quality Assurance of Cancer Quality Performance Indicators (QPIs)** | **Conduct 3 reviews of Regional Cancer Networks** |
Section 5. Short Term Commissions

This section covers the work that is specifically commissioned and funded by Scottish Government. This generally relates to short term funding for projects which may then be absorbed into programmes or themes within Business as Usual in Section 4. This section will also cross reference/reconcile to the section in the finance report around funding for additional allocations.

The table below details progress against the projects for Q2 (July - September).

**Project and Finance progress is presented using an arrow system:**

- The project is performing to plan. All aspects of the project are within tolerance.
- The project is exceeding anticipated expectations.
- Represents there are significant issues and corrective action is required to meet business objectives. The project should be escalated and Associated risks amended.

<table>
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<th>Directorate</th>
<th>Director</th>
<th>Cost Code</th>
<th>YTD Budget</th>
<th>YTD Actual</th>
<th>Project Title</th>
<th>Output</th>
<th>Progress</th>
<th>Exception Narrative</th>
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<td>ihub</td>
<td>Ruth Glassborow</td>
<td>QT0068</td>
<td>£37,000</td>
<td>£84</td>
<td>Support to Live Well with Neighbourhood Care Teams</td>
<td>Neighbourhood Care end of phase 1 report is published</td>
<td>↓</td>
<td>Evaluation complete and is being finalised for publication and sharing next quarter.</td>
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<td>make informed</td>
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<td>2. Help health and</td>
<td>Community Engagement</td>
<td>Lynsey Cleland</td>
<td>QF2012</td>
<td>£22,600</td>
<td>£9,572</td>
<td>Volunteering in NHS Scotland - External</td>
<td>Case studies on volunteering published (film and written)</td>
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<td>social care</td>
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<td>Mental Health Portfolio regional learning labs / events (40 delegates each session) Cancelled due to poor registration</td>
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<td><strong>Ruth Glassborow</strong></td>
<td>QT0055</td>
<td>£603,000</td>
<td>£426,919</td>
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<td>Primary Care Improvement Programme GP Clusters Primary Care GP Clusters - PASC 2 Engagement with up to 200 GP practices</td>
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<td><strong>Ruth Glassborow</strong></td>
<td>QT0066</td>
<td>£526,729</td>
<td>£101,107</td>
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<td>Value Management Value Management Collaborative Site Visits Due to timing and availability, we have held meetings by videoconference instead.</td>
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<td><strong>Medical Directorate</strong></td>
<td><strong>Laura McIver</strong></td>
<td>Q10157</td>
<td>£200,000</td>
<td>£68,299</td>
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<td>Area Drugs and Therapeutic Committee Collaboration (ADTCC) ADTCC Newsletter for Pharmacy Stakeholders 2 x operational guidance developed and issued to NHS Scotland. Guidance developed on ad hoc basis depending on medicines that are approved for MHRA Early Access to Medicines Scheme (EAMS).</td>
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<td>Q10054</td>
<td>£226,890</td>
<td>£170,332</td>
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<td>Scottish Antimicrobial Prescribing Group (SAPG) SAPG National Meetings</td>
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<td>Acute care - Portfolio Frailty at the Front Door (Phase 2) Frailty at the Front Door Phase 2 National Launch Event (40 delegates) Frailty at the Front Door Phase 2 Site Visits one visit rolled over from Q1</td>
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</tr>
<tr>
<td>Medical Directorate</td>
<td>Laura McIver</td>
<td>Q10174</td>
<td>£100,000</td>
<td>£48,458</td>
<td>National Review Panel</td>
<td>National Review Panel Scottish Government report</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---------------------</td>
<td>--------------</td>
<td>--------</td>
<td>----------</td>
<td>---------</td>
<td>----------------------</td>
<td>--------------------------------------------------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quality Assurance</td>
<td>Sandra McDougall</td>
<td>Q10126</td>
<td>£177,000</td>
<td>£88,281</td>
<td>Management of Adverse Events</td>
<td>Management of Adverse Events baseline review report</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Management of Adverse Events scoping exercise to ascertain main themes recorded as category 1 events</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Provide and embed quality assurance that gives people confidence in the quality and sustainability of services and supports providers to improve</td>
<td>Quality Assurance</td>
<td>Ann Gow</td>
<td>QE0062</td>
<td>£58,892</td>
<td>£71,896</td>
<td>Ionising Radiation (Medical Exposure) Regulations IR(ME)R</td>
<td>Ionising Radiation (Medical Exposure) Regulations 15 inspections including tests</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Scoping report has been delayed as Cabinet Secretary instruction to report all category 1 adverse events has overtaken this.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>A financial shortfall has been identified. Due to a lack of clarity on IR(ME)R funding at the beginning of the year. A revised business case is to be submitted to SG.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Overview of Financial Performance

The October funding allocation letter from Scottish Government (SG) was received on 1 November 2019. This outlined a baseline recurring allocation of £26.596m (line A in Table A below). It also included a combined total of £5.399m (line B in Table A below) on additional allocations, resulting in a total revenue resource limit (RRL) for 2019-20 of £31.995m at October 2019.

All of the baseline recurring expenditure anticipated in the budget has now been received. With respect to additional allocations we have received circa 65% of the full year expectation. We therefore are anticipating further additional allocations of £2.852m (line C in table A below). The allocations still to be received and their associated risk rating can be found in Section 2 of this report.

Expenditure year to date is £0.862m overspent, this primarily relates to additional allocation funding not yet received. The underlying spend on baseline recurring allocations is overspent against budget by £0.056m.

The forecast outturn for revenue expenditure remains at break even, this assumes that our savings target of £1.41m will be fully met from a combination of staff turnover and cost efficiencies and that outstanding additional allocations noted above will be fully received. A total £1.181m of savings has been achieved, this is after requests for additional resources identified through the mid-year review were granted. We will continue to monitor the savings closely over the forthcoming months. This position will need to be considered carefully against emergent cost pressure in QAD and SHC.

Summary of Financial Expenditure:
Note: The year to date budget only includes additional allocations received to date. The full year budget includes anticipated allocations not yet received.

1. **Baseline recurring spend**

At 31 October the total baseline funding received is £26.596m. HIS has spent £14.922m of baseline funding for the first seven months which is £0.056m under budget. We are 58% of the way through the year with 56% of the baseline funding spent. Table B below outlines the baseline recurring spend position.

1.1. **Financial position at 31 October 2019**

<table>
<thead>
<tr>
<th></th>
<th>April - October</th>
<th>Forecast as at March 2020</th>
<th>% of forecast spent as at September</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Budget</td>
<td>Actual</td>
<td>Variance</td>
</tr>
<tr>
<td>Chief Executive</td>
<td>484</td>
<td>463</td>
<td>21</td>
</tr>
<tr>
<td>Corporate Provision</td>
<td>145</td>
<td>140</td>
<td>5</td>
</tr>
<tr>
<td>Evidence</td>
<td>3,106</td>
<td>3,093</td>
<td>12</td>
</tr>
<tr>
<td>FCS</td>
<td>961</td>
<td>1,014</td>
<td>-53</td>
</tr>
<tr>
<td>ihub</td>
<td>4,268</td>
<td>4,210</td>
<td>58</td>
</tr>
<tr>
<td>Medical</td>
<td>1,280</td>
<td>1,273</td>
<td>7</td>
</tr>
<tr>
<td>NMAHP</td>
<td>278</td>
<td>290</td>
<td>-12</td>
</tr>
<tr>
<td>QAD</td>
<td>1,730</td>
<td>1,753</td>
<td>-22</td>
</tr>
<tr>
<td>SHC</td>
<td>1,581</td>
<td>1,546</td>
<td>-35</td>
</tr>
<tr>
<td>People &amp; Workplace</td>
<td>356</td>
<td>365</td>
<td>-0</td>
</tr>
<tr>
<td>Property</td>
<td>788</td>
<td>783</td>
<td>5</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>14,978</strong></td>
<td><strong>14,922</strong></td>
<td><strong>56</strong></td>
</tr>
</tbody>
</table>

The above variances are explained in more detail in section 1.3 and 1.5

1.2. **Pay costs**

Baseline staffing WTE levels at the end of October were 374 vs. budget of 383. The forecast indicates that actuals will peak at budget level of 407 WTE in March. The WTE projection will undergo review on a monthly basis.
### 1.3. Directorate Pay Analysis

#### Table C

<table>
<thead>
<tr>
<th>Month</th>
<th>Pay Actual/Forecast</th>
<th>Pay Budget</th>
<th>WTE Actual/Forecast</th>
<th>WTE Budget</th>
<th>£000's Actual/Forecast</th>
<th>£000's Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>April</td>
<td>1,733</td>
<td>1,747</td>
<td>373</td>
<td>391</td>
<td>400</td>
<td>400</td>
</tr>
<tr>
<td>May</td>
<td>3,466</td>
<td>3,404</td>
<td>373</td>
<td>389</td>
<td>399</td>
<td>400</td>
</tr>
<tr>
<td>June</td>
<td>5,065</td>
<td>5,058</td>
<td>377</td>
<td>386</td>
<td>403</td>
<td>403</td>
</tr>
<tr>
<td>July</td>
<td>6,866</td>
<td>6,888</td>
<td>363</td>
<td>388</td>
<td>403</td>
<td>405</td>
</tr>
<tr>
<td>Aug</td>
<td>8,611</td>
<td>8,664</td>
<td>374</td>
<td>383</td>
<td>405</td>
<td>407</td>
</tr>
<tr>
<td>Sept</td>
<td>10,437</td>
<td>10,334</td>
<td>374</td>
<td>383</td>
<td>407</td>
<td></td>
</tr>
<tr>
<td>Oct</td>
<td>12,138</td>
<td>12,111</td>
<td>399</td>
<td>400</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nov</td>
<td>13,947</td>
<td>13,920</td>
<td>403</td>
<td>403</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dec</td>
<td>15,751</td>
<td>15,723</td>
<td>405</td>
<td>405</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jan</td>
<td>17,568</td>
<td>17,541</td>
<td>407</td>
<td>407</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feb</td>
<td>19,392</td>
<td>19,365</td>
<td>407</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mar</td>
<td>21,279</td>
<td>21,252</td>
<td>407</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Key variances on year to date pay costs are:

- **Evidence** underspend of £28k is a result of a vacant Health Economist post. It was agreed through the mid-year review that this budget would be transferred to non-pays to cover 3 external Health Economic reviews. Adjustment to take place in Period 8 to align budget to spend for the rest of the year.

- **QAD** overspend of £54k is a result of lower than anticipated cost being charged to additional allocations. Whilst the volume of staff charged to additional allocations are in line with budget the grade and average cost is lower, this leaves a higher cost remaining in the baseline.
1.4 Non pay costs

The graph below outlines the non pay budget profile and compares this to prior year.

![Graph showing baseline non pay October 2019 budget vs actual and prior year actual]

**1.5 Directorate Non Pay Analysis**

<table>
<thead>
<tr>
<th></th>
<th>April - October</th>
<th>Forecast as at March 2020</th>
<th>% of forecast spent as at September</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Budget</td>
<td>Actual</td>
<td>Variance</td>
</tr>
<tr>
<td>Chief Executive</td>
<td>84</td>
<td>64</td>
<td>20</td>
</tr>
<tr>
<td>Corporate Provision</td>
<td>104</td>
<td>99</td>
<td>4</td>
</tr>
<tr>
<td>Evidence</td>
<td>231</td>
<td>248</td>
<td>-16</td>
</tr>
<tr>
<td>FCS</td>
<td>87</td>
<td>139</td>
<td>-52</td>
</tr>
<tr>
<td>iHub</td>
<td>1,180</td>
<td>1,117</td>
<td>63</td>
</tr>
<tr>
<td>Medical</td>
<td>92</td>
<td>86</td>
<td>5</td>
</tr>
<tr>
<td>NMAHP</td>
<td>19</td>
<td>34</td>
<td>-15</td>
</tr>
<tr>
<td>QAD</td>
<td>124</td>
<td>92</td>
<td>31</td>
</tr>
<tr>
<td>SHC</td>
<td>126</td>
<td>100</td>
<td>26</td>
</tr>
<tr>
<td>People &amp; Workplace</td>
<td>18</td>
<td>20</td>
<td>-2</td>
</tr>
<tr>
<td>Property</td>
<td>788</td>
<td>783</td>
<td>5</td>
</tr>
<tr>
<td>Grand Total</td>
<td>2,853</td>
<td>2,784</td>
<td>70</td>
</tr>
</tbody>
</table>

Key variances on year to date non pay costs are:

- **Chief Executive** £20k under budget, primarily due to a slippage on the Communications Development Day project.
- **Finance and Corporate Services** overspend of £52k, relates to the under recovery of corporate overheads within additional allocations due to the additional allocation spend being behind the original budget profiling.
• **ihub** underspend of £63k, relates to unbudgeted income receipts of £12.5k plus slippage on professional fees, events and computer process charges.

• **QAD** underspend of £31k, relates to slippage on charges for contractors and travel to be used on site visits.

• **SHC** underspend of £26k, primarily within Local Offices, relating to travel and line rental

**1.4. Internal efficiency savings targets 2019-20**

In order to achieve a balanced budget the financial plan was the subject of internal savings targets amounting to £1.2 m. This was to be achieved through strategic initiatives £0.5m and staff turnover during the year £0.7m. The budget also assumed a carry forward of £0.4m surplus, this contrast with an actual carry forward of £0.257m. This surplus shortfall has increased the target to £1.41m.

Table E below shows the current position as at 31 October 2019. This shows that savings of £1.181m have been achieved in the first seven months of the financial year which represents 84% of the overall target for the year. Additional resource requests of £0.214m identified through the mid-year review were granted and a further £0.41m of savings achieved.

<table>
<thead>
<tr>
<th>Savings tracker</th>
<th>Target £000's</th>
<th>Achieved to date recurring £000's</th>
<th>Achieved to date non recurring £000's</th>
<th>Balance outstanding £000's</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delegated to Directorates</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3% Turnover</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Held Centrally</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strategic Change Pay</td>
<td>229</td>
<td>0</td>
<td>-373</td>
<td>-144</td>
</tr>
<tr>
<td>Strategic Change Non pay</td>
<td>229</td>
<td>0</td>
<td>-166</td>
<td>63</td>
</tr>
<tr>
<td>Prior year c/forward variance to budget</td>
<td>143</td>
<td>0</td>
<td>143</td>
<td></td>
</tr>
<tr>
<td>18/19 carry forward earmarked awaiting baselining</td>
<td>88</td>
<td>0</td>
<td>0</td>
<td>88</td>
</tr>
<tr>
<td>NMAHP v3 budget assumed income of £2022k, costs of £1977k</td>
<td>45</td>
<td>0</td>
<td>0</td>
<td>45</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>734</td>
<td>0</td>
<td>-540</td>
<td>194</td>
</tr>
<tr>
<td><strong>GRAND TOTAL</strong></td>
<td>1,410</td>
<td>-750</td>
<td>-931</td>
<td>229</td>
</tr>
</tbody>
</table>

Table F below provides details of the approved additional resource requests.
Items 1, 2 and 3 relate to forecast overspends as a result of the budget being underestimated. Items 4, 5 and 6 relate primarily to pay pressures. Item 7 relates to a strategic review of the CRM system which was unbudgeted and Item 8 relates to unbudgeted options appraisal costs in relation to the Delta House lease which expires in 2021.

### 2. Additional Allocations non recurring spend

Table G below shows the details of the additional allocations received as at October. The budget value shown below is the approved budget value communicated to the Board in March 2019. The 19/20 allocation is the value confirmed in the latest SG allocation letter. Three of the allocations below, National Hub, Volunteer information system and Adverse Events were classified as earmarked recurring in 2018-19 and are being queried with SG as to why they are not baselined in 2019-20.

<table>
<thead>
<tr>
<th>Directorate</th>
<th>Budget Holder</th>
<th>Commentary</th>
<th>Amount (£000's)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Corporate Provisions</td>
<td>Paul Wishart</td>
<td>Under budgeted depreciation, SG have capped depreciation</td>
<td>-33</td>
</tr>
<tr>
<td>2. Property</td>
<td>David Rhodes</td>
<td>Delta House service charge underestimated in budget (£40k)</td>
<td>-40</td>
</tr>
<tr>
<td>3. Corporate Provisions</td>
<td>Paul Wishart</td>
<td>Higher than anticipated Apprenticeship Levy Charges</td>
<td>-9</td>
</tr>
<tr>
<td>4. Finance &amp; Corporate Services</td>
<td>Jane Illingwor</td>
<td>Pays, Agency Staff &amp; re-banded to Band 6</td>
<td>-13</td>
</tr>
<tr>
<td>5. Finance &amp; Corporate Services</td>
<td>David Rhodes</td>
<td>Agency staff (£10k) &amp; Internal Audit Off-payroll working, VAT</td>
<td>-20</td>
</tr>
<tr>
<td>6. Evidence</td>
<td>Karen Ritchie</td>
<td>Overspend due to short term appointment of admin support for</td>
<td>-50</td>
</tr>
<tr>
<td>7. Finance &amp; Corporate Services</td>
<td>Brian Ross</td>
<td>IG work assigned to wrong budget and reassignment of Band 4</td>
<td>-13</td>
</tr>
<tr>
<td>8. Property</td>
<td>David Rhodes</td>
<td>Delta House lease renewal consultancy (£6k) Avison Young (£30k)</td>
<td>-36</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td></td>
<td><strong>-214</strong></td>
</tr>
</tbody>
</table>
Table G

<table>
<thead>
<tr>
<th>Allocations received</th>
<th>Future Funding category</th>
<th>Directorate</th>
<th>Budget</th>
<th>2021 Allocation</th>
<th>2022 Allocation</th>
<th>2023 Allocation</th>
<th>Variance 2021</th>
<th>Variance 2022</th>
<th>Variance 2023</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unbudgeted</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professional Careers Programme salary contribution</td>
<td>Non Recurring</td>
<td>Evidence</td>
<td>0</td>
<td>16,000</td>
<td>0</td>
<td>10,000</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Funding for What matters to You? Day 2019</td>
<td>Baseline ?</td>
<td>SHC</td>
<td>0</td>
<td>12,900</td>
<td>0</td>
<td>15,477</td>
<td>-2,577</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Funding for Forensic medical examinations</td>
<td>Non Recurring</td>
<td>Evidence</td>
<td>0</td>
<td>20,745</td>
<td>0</td>
<td>20,745</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Bathamaxes Standards</td>
<td>Non Recurring</td>
<td>Evidence</td>
<td>0</td>
<td>42,141</td>
<td>0</td>
<td>42,141</td>
<td>0</td>
<td>11,005</td>
<td>0</td>
</tr>
<tr>
<td>Volunteering System</td>
<td>Baseline ?</td>
<td>SHC</td>
<td>0</td>
<td>22,600</td>
<td>0</td>
<td>5,972</td>
<td>13,628</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Mortuaries TBC</td>
<td>Evidence</td>
<td>0</td>
<td>25,000</td>
<td>0</td>
<td>25,000</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Adult Support and Protection Multi-Agency Inspection Programme</td>
<td>Non Recurring</td>
<td>QA</td>
<td>0</td>
<td>106,212</td>
<td>5,657</td>
<td>102,556</td>
<td>360,005</td>
<td>103,020</td>
<td>0</td>
</tr>
<tr>
<td>Access to GP</td>
<td>Non Recurring</td>
<td>Hub</td>
<td>0</td>
<td>482,808</td>
<td>5,543</td>
<td>477,263</td>
<td>383,704</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Neighbourhood Care Baseline ?</td>
<td>Hub</td>
<td>0</td>
<td>37,000</td>
<td>0</td>
<td>38,918</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>GA of Primary Care (EXT)</td>
<td>Non Recurring</td>
<td>QA</td>
<td>0</td>
<td>65,000</td>
<td>10,741</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Table H overleaf shows the additional allocations still to be received and their associated risk rating.
Outturn Prediction for 31 March 2020

In compliance with Scottish Government guidance HIS has the ability to break-even over a three-year period, enabling it within any year to under or overspend by up to one per cent of annual resource budget. In HIS’s case this reflects circa +/- £0.3m.

As noted earlier, following the mid-year review, the full year forecast at October remains a break even position, whilst we have increased confidence over delivery of the savings target additional cost pressures within QAD and SHC are emerging. Going forward this will be reviewed on a monthly basis by Management Accountants working closely with their respective Directorates.

<table>
<thead>
<tr>
<th>Anticipated Allocations</th>
<th>Directorate</th>
<th>Budget</th>
<th>Anticipated Allocation</th>
<th>Speed to Date</th>
<th>Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Confirmed</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LVU &amp; Div in Care Homes (national clinical leadership)</td>
<td>Non Recurring</td>
<td>Hub</td>
<td>0</td>
<td>71,400</td>
<td>26,760</td>
</tr>
<tr>
<td>LVU &amp; Div in Care Homes (care home phase 2)</td>
<td>Non Recurring</td>
<td>Hub</td>
<td>0</td>
<td>32,721</td>
<td>0</td>
</tr>
<tr>
<td>EHP (Early intervention Psychosis)</td>
<td>Non Recurring</td>
<td>Hub</td>
<td>0</td>
<td>130,000</td>
<td>4,422</td>
</tr>
<tr>
<td>Budgeted</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental Health Access External</td>
<td>Non Recurring</td>
<td>Hub</td>
<td>1,176,774</td>
<td>1,215,259</td>
<td>727,031</td>
</tr>
<tr>
<td>GP Clusters</td>
<td>TBC</td>
<td>Hub</td>
<td>See above</td>
<td>200,000</td>
<td>Green</td>
</tr>
<tr>
<td>NMAHP</td>
<td>Baseline confirmed</td>
<td>NMAHP</td>
<td>See above</td>
<td>970,365</td>
<td>Yellow</td>
</tr>
<tr>
<td>Total Confirmed Allocations</td>
<td></td>
<td></td>
<td>1,176,774</td>
<td>2,716,781</td>
<td>769,039</td>
</tr>
<tr>
<td>Unconfirmed</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BHTS External</td>
<td>TBC</td>
<td>Evidence</td>
<td>159,894</td>
<td>144,556</td>
<td>65,022</td>
</tr>
</tbody>
</table>

| Total Unconfirmed Allocations |         | 159,894 | 144,556 | 65,022 | Yellow | 146,000 |
| Total Anticipated Allocations |         | 1,335,668 | 2,862,307 | 849,067 | 2,906,509 | 1,543,285 | 0 | 0 |

<table>
<thead>
<tr>
<th>Risk Key</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Red</td>
<td>No confirmation of funding received</td>
</tr>
<tr>
<td>Yellow</td>
<td>Confirmation received but value may be subject to amendment</td>
</tr>
<tr>
<td>Green</td>
<td>Full confirmation received including value</td>
</tr>
</tbody>
</table>

Table H
Section 7. Workforce report at 31 October 2019

The monthly flash report summarises the workforce position at each month-end throughout the year (YTD). Headcount (HC) and Whole Time Equivalent (WTE) are referenced, along with comparisons to previous periods where appropriate. Terms used include ‘Payroll’ (HIS staff with permanent and fixed term contracts) and ‘Non-payroll’ (external secondees/associates from other NHS Boards). eESS is the primary source of workforce data unless otherwise stated (which excludes HIS employees seconded out to other organisations, agency and bank workers).

YTD month end: 31 October 2019
YTD Period: 1 April 2019 – 31 October 2019
Previous Year End: 31 March 2019

YTD workforce position
Current workforce stands at 498 HC / 443.1 WTE in the organisation with 446 / 416.3 WTE being payroll staff and 52 HC/26.8 WTE non-payroll.
Current Directorate Headcount 2019 YTD v Start of Financial Year

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>31-Mar-19 Total (HC)</td>
<td>23</td>
<td>91</td>
<td>41</td>
<td>129</td>
</tr>
<tr>
<td>2019/20 (YTD) Total (HC)</td>
<td>21</td>
<td>94</td>
<td>40</td>
<td>143</td>
</tr>
<tr>
<td>2019/20 (YTD) Payroll (HC)</td>
<td>20</td>
<td>86</td>
<td>40</td>
<td>119</td>
</tr>
<tr>
<td>2019/20 (YTD) Non-Payroll (HC)</td>
<td>1</td>
<td>8</td>
<td>0</td>
<td>24</td>
</tr>
</tbody>
</table>
*Additional workforce data (not recorded on eESS - provided by Finance):
Agency/Bank Workers: 12.2 WTE
Additional secondees: 4.7 WTE
Changes in Workforce since 1 April 2019:

The workforce across the organisation has changed by a total of +27 HC / +22.7 WTE since the beginning of the financial year. At Directorate level, the key net changes due to joiners, leavers and internal moves were within Improvement Support & ihub (increasing by 14 HC) and Quality Assurance decreasing in this period by 3 HC.

The contract mix of staff across the organisation remains largely unchanged since the beginning of the financial year.

Source: eESS  Please note: changes in staff hours during the year, may result in net variances in WTE without impacting on HC
Recruitment Activity (YTD)

Since 1 August 2019, new recruitment campaigns have been processed via JobTrain (NHSScotland recruitment system). As a result, reporting for the fiscal year (YTD) incorporates data taken from both systems (RMS & JobTrain as shown below).

In total 112 campaigns have been advertised since the beginning of the financial year (including 55 campaigns via JobTrain from 1st August). 8 are currently being advertised, 19 in total are at shortlisting/interview stage and 16 currently at offer/on-boarding stage. Out of the campaigns advertised year to date, 61 have been filled.
RMS Campaigns from 1 April 2019 – 31 July 2019

<table>
<thead>
<tr>
<th>Directorate</th>
<th>Total Campaigns Advertised YTD</th>
<th>No. Currently at Advert Stage</th>
<th>No. currently at Shortlist Stage</th>
<th>No. Currently at Interview Stage</th>
<th>No. Currently at Offer Stage</th>
<th>CAMPAIGNS filled YTD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chief Executives Office (Dir)</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Evidence Directorate (Dir)</td>
<td>10</td>
<td></td>
<td></td>
<td></td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>Finance &amp; Corporate Services (Dir)</td>
<td>7</td>
<td></td>
<td></td>
<td>4</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Improvement Support &amp; ihub (Dir)</td>
<td>22</td>
<td>3</td>
<td></td>
<td></td>
<td>18</td>
<td></td>
</tr>
<tr>
<td>Medical Directorate (Dir)</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>NMAHP Directorate (Dir)</td>
<td>7</td>
<td></td>
<td></td>
<td></td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Quality Assurance (Dir)</td>
<td>5</td>
<td></td>
<td></td>
<td>1</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Scottish Health Council (Dir)</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>57</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>9</td>
<td>40</td>
</tr>
</tbody>
</table>

JobTrain Campaigns from 1 August – YTD

<table>
<thead>
<tr>
<th>Vacancy Type</th>
<th>Total Campaigns</th>
<th>1. Advert</th>
<th>2. Shortlisting</th>
<th>3. Interview</th>
<th>4. Offer</th>
<th>5. Filled</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fixed-term/Secondment</td>
<td>18</td>
<td>1</td>
<td>2</td>
<td>5</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td>Permanent</td>
<td>32</td>
<td>6</td>
<td>8</td>
<td>2</td>
<td>5</td>
<td>11</td>
</tr>
<tr>
<td>Secondment Only</td>
<td>5</td>
<td>1</td>
<td></td>
<td>2</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>55</strong></td>
<td><strong>8</strong></td>
<td><strong>10</strong></td>
<td><strong>9</strong></td>
<td><strong>7</strong></td>
<td><strong>21</strong></td>
</tr>
</tbody>
</table>

Further detailed reporting from JobTrain is planned during the year to enable a similar depth of analysis to that previously provided by RMS

Recruitment Timelines

So far this year, the average time to reach offer stage has decreased to 30 days (compared to 42.5 days in 2018/19) and 80.3 days from advert to confirming a start date (compared to 75.3 days in 2018/19). Although quicker cycle times are reported to reach offer stage, longer processing times and notice periods are evident to on-board staff (as shown in the table below). This in part, could be attributed to staff transitioning to the new recruitment system and may continue to be a factor until the initial campaigns in JobTrain complete their full recruitment cycle between August and December.
Staff Turnover (7.7% YTD)

Year to date, there have been 35 payroll staff who have left the organisation in total, the highest level of attrition was across Improvement Support & ihub (7), the Chief Executive’s Office (8) and Evidence Directorates (9). This resulted in an overall turnover ratio of 7.9% since the start of the financial year. This is higher than the same period last year, where the average turnover was circa 6.4% at this point. Turnover being cumulative throughout the year, will be reported as a compound figure as the year progresses.
Sickness Absence Rate (3.2% YTD)

During this period, a total of 16,367 hours (2182 days) was lost due to sickness absence, representing 3.2% of the available workforce. 63% of sickness was attributed to long term conditions and the highest rates being within QAD (5.1%) and the Scottish Health Council (5.0%).
Consistent with the previous reporting period (based on the total hours lost) the main reason for sickness absence YTD remains ‘Anxiety/stress/depression/other psychiatric illnesses’ related with 5336 hours (711 days) lost and affected 30 staff members. Other main reasons are shown below along with the numbers of staff impacted for each. Work is continuing to encourage managers to correctly categorise sickness absence and reduce those recorded as ‘Unknown/Other causes’.

<table>
<thead>
<tr>
<th>Directorate</th>
<th>Rate %</th>
<th>Sickness Absence</th>
<th>Instances</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Long Term</td>
<td>Short Term</td>
<td>Hours Lost</td>
<td>Long Term</td>
</tr>
<tr>
<td>Chief Executives Office (Dir)</td>
<td>0.4</td>
<td>81.0</td>
<td>81.0</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>Evidence Directorate (Dir)</td>
<td>3.1</td>
<td>2026.8</td>
<td>809.6</td>
<td>2836.4</td>
<td>4</td>
</tr>
<tr>
<td>Finance &amp; Corporate Services (Dir)</td>
<td>3.9</td>
<td>829.1</td>
<td>832.5</td>
<td>1661.6</td>
<td>7</td>
</tr>
<tr>
<td>Improvement Support &amp; ihub (Dir)</td>
<td>2.4</td>
<td>2249.5</td>
<td>1207.1</td>
<td>3456.6</td>
<td>7</td>
</tr>
<tr>
<td>Medical Director (Dir)</td>
<td>2.3</td>
<td>617.5</td>
<td>284.8</td>
<td>902.3</td>
<td>3</td>
</tr>
<tr>
<td>NMAHP Director (Dir)</td>
<td>0.8</td>
<td>159.5</td>
<td>159.5</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>Quality Assurance Directorate (Dir)</td>
<td>5.1</td>
<td>2312.2</td>
<td>1608.4</td>
<td>3920.6</td>
<td>8</td>
</tr>
<tr>
<td>Scottish Health Council (Dir)</td>
<td>5.0</td>
<td>2346.4</td>
<td>1003.1</td>
<td>3349.4</td>
<td>6</td>
</tr>
<tr>
<td><strong>Organisational Total</strong></td>
<td><strong>3.2</strong></td>
<td><strong>10381.4</strong></td>
<td><strong>5986.0</strong></td>
<td><strong>16367.4</strong></td>
<td><strong>37</strong></td>
</tr>
</tbody>
</table>

Source eESS

Sickness Absence Main Reasons
Since the 1st April 2019, there have been 201 requests gone through the eRAF system for approval for various reasons as shown below. 82 of these were reported to be directly related to recruitment (incl. covering leavers/internal moves/secondments/sickness etc), 55 were related to changes in contract/duration/hours and 54 hadn’t stipulated a specific reason. Improvement Support & ihub has submitted the most eRAFs (69), followed by QAD (41) and Evidence (36). The average time taken to approve an RAF this period was 14.7 days.

<table>
<thead>
<tr>
<th>Time taken to Approve eRAFs</th>
<th>Minimum</th>
<th>Average</th>
<th>Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0.0 days</td>
<td>14.7 days</td>
<td>104 days</td>
</tr>
</tbody>
</table>
## All eRAFs submitted

### RAFs Submissions by Reason

<table>
<thead>
<tr>
<th>Source</th>
<th>Chief Executive</th>
<th>Evidence</th>
<th>Finance &amp; Corporate Support</th>
<th>Improvement Support &amp; ihub</th>
<th>NMAHP</th>
<th>QAD</th>
<th>SHC</th>
<th>Grand Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Change in duration</td>
<td>7</td>
<td>6</td>
<td>10</td>
<td>6</td>
<td>4</td>
<td>3</td>
<td>36</td>
<td></td>
</tr>
<tr>
<td>Change in hours</td>
<td>4</td>
<td></td>
<td>3</td>
<td>3</td>
<td></td>
<td>3</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Change to Contract Type</td>
<td>3</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td></td>
<td></td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>Internal move</td>
<td>5</td>
<td>2</td>
<td>11</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>22</td>
<td></td>
</tr>
<tr>
<td>Leaving organisation</td>
<td>1</td>
<td>8</td>
<td>3</td>
<td>8</td>
<td>3</td>
<td>7</td>
<td>35</td>
<td></td>
</tr>
<tr>
<td>Maternity/Paternity Leave</td>
<td>2</td>
<td></td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
<td></td>
<td>4</td>
<td></td>
<td>4</td>
<td></td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Secondment</td>
<td>1</td>
<td>2</td>
<td>4</td>
<td></td>
<td>9</td>
<td>1</td>
<td>17</td>
<td></td>
</tr>
<tr>
<td>Sickness Absence</td>
<td>1</td>
<td></td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>(blank)</td>
<td>5</td>
<td>3</td>
<td>24</td>
<td>10</td>
<td>12</td>
<td></td>
<td>54</td>
<td></td>
</tr>
<tr>
<td>Grand Total</td>
<td>1</td>
<td>36</td>
<td>19</td>
<td>69</td>
<td>23</td>
<td>41</td>
<td>12</td>
<td>201</td>
</tr>
</tbody>
</table>

From the above data, the recruitment related eRAFs have been extracted (shown below) with Improvement Support & ihub having the most recruitment related eRAF submissions (69), followed by QAD (41) and Evidence (36).

## Recruitment related eRAFs submitted

### Recruitment Related RAFs

<table>
<thead>
<tr>
<th>RAFs Submissions</th>
<th>Chief Executive</th>
<th>Evidence</th>
<th>Finance &amp; Corporate Support</th>
<th>Improvement Support &amp; ihub</th>
<th>NMAHP</th>
<th>QAD</th>
<th>SHC</th>
<th>Grand Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Commenced</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Approved</td>
<td>1</td>
<td>16</td>
<td>6</td>
<td>23</td>
<td>4</td>
<td>18</td>
<td>8</td>
<td>76</td>
</tr>
<tr>
<td>with Director</td>
<td></td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>with Finance</td>
<td></td>
<td></td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>with Unit Head</td>
<td></td>
<td></td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Grand Total</td>
<td>1</td>
<td>17</td>
<td>7</td>
<td>26</td>
<td>4</td>
<td>18</td>
<td>9</td>
<td>82</td>
</tr>
</tbody>
</table>

**Source:** eRAF
Vacancy Pipeline by Job Title/Stage

Since the start of the financial year, almost half of all recruitment RAFs (as detailed above) progressing through authorisation have been project related – including Programme Manager, Project Officer & Administrative Officer roles along with the others shown below.

<table>
<thead>
<tr>
<th>RAFs Submitted for approval</th>
<th>Stage</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th>Grand Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Post Title</td>
<td>Approved</td>
<td>Not Commenced</td>
<td>with Director</td>
<td>with Finance</td>
<td>with Unit Head</td>
<td></td>
</tr>
<tr>
<td>Administrative Officer</td>
<td>14</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td>15</td>
</tr>
<tr>
<td>Area Manager</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Associate Improvement Advisor</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>Communications Manager</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Deputy Senior Medical Reviewer</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
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<td>1</td>
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<tr>
<td>Deputy SMR</td>
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<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Equality and Diversity Adviser</td>
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<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Finance Manager</td>
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<td></td>
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</tr>
<tr>
<td>Finance Officer</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Head of Engagement &amp; Equalities Policy</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Head of Engagement Programmes</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Head of Nursing and Midwifery</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Head of Organisational Development &amp; Learning</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
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<td>1</td>
</tr>
<tr>
<td>Head of Service Review</td>
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<tr>
<td>health economist</td>
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<td>Health Service Researcher</td>
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<tr>
<td>HR Information Officer</td>
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<tr>
<td>ICT Support Analyst</td>
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</tr>
<tr>
<td>Improvement Advisor</td>
<td>1</td>
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<td></td>
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</tr>
<tr>
<td>INSPECTOR</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Position</td>
<td>Count 1</td>
<td>Count 2</td>
<td>Count 3</td>
<td>Count 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>----------------------------------------------------------------</td>
<td>---------</td>
<td>---------</td>
<td>---------</td>
<td>---------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Knowledge and Information Skills Specialist</td>
<td>1</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Local Officer</td>
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<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Medical Reviewer Assistant</td>
<td>1</td>
<td></td>
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<tr>
<td>New Drugs Committee Chair</td>
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<td>Operations Manager</td>
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<tr>
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<tr>
<td>Programme Advisor</td>
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<td>Programme Assistant</td>
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<tr>
<td>Programme Manager</td>
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<td>Project Officer</td>
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<td>Senior Health Economist</td>
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<tr>
<td>Senior Reviewer/Inspector</td>
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<tr>
<td>Service Manager</td>
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<tr>
<td>SHC Committee Member</td>
<td>1</td>
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<tr>
<td>SMC Chair / Co-Vice Chair</td>
<td>2</td>
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<td><strong>Grand Total</strong></td>
<td><strong>76</strong></td>
<td><strong>1</strong></td>
<td><strong>1</strong></td>
<td><strong>3</strong></td>
<td><strong>1</strong></td>
<td><strong>82</strong></td>
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</tbody>
</table>
## Section 8. Operational Plan Risk Register (at 21 November)

<table>
<thead>
<tr>
<th>Category</th>
<th>Project/Strategy</th>
<th>No</th>
<th>Risk Director</th>
<th>Risk Description</th>
<th>Current Controls</th>
<th>Current Mitigation</th>
<th>Current Update</th>
<th>Current Risk Level</th>
<th>Oct - 2019</th>
<th>Sep - 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operational</td>
<td>Death Certification Review Service</td>
<td>932</td>
<td>Sandra McDougall</td>
<td>There is a risk that the current IT infrastructure provided by NHS24 to support the work of DCRS will no longer be available because NHS24’s planned technology refresh may not include continued support to the service resulting in the service being unable to carry out MCCD reviews and/or having to relocated DCRS staff to new sites where the IT infrastructure can be supported.</td>
<td>Plan developed to explore feasibility of hosting DCRS IT in house, including costs of moving current IT database to new site or cloud based system and costs associated with relocation of staff</td>
<td>Exploring with HIS IT options to • host DCRS IT in-house via a cloud based system on a subscription basis • support DCRS hardware requirements Exploring with HIS Estates manager options for DCRS Cardonald staff to be located with HIS Glasgow staff</td>
<td>Meeting scheduled for 18 October 2019 between DCRS/HIS IT/Provident (DCRS Database provider) to discuss feasibility of HIS being able to support DCRS infrastructure/database in house. Suggested costs for • moving the DCRS database to a new location estimated at 50 days work @ approx. £1000 per day • migrating data from the current database to a new system – 25 days work @ approx. £1000 per day • hosting DCRS database in a cloud based system on a subscription basis – requires further discussion to develop Meeting scheduled with True North Consultants on 19 November about DCRS database requirements Meeting scheduled with NHS 24 on 22 November 2019 to get update on NHS24 technology refresh plans.</td>
<td>Very High - 25 Impact - 5 Likelihood - 5</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

| Operational | Death Certification Review Service | 933 | Sandra McDougall | There is a risk that the planned relocation of NHS24 staff from the Golden Jubilee and the NHS24 IT technology refresh highlighted in risk 932 will impact on the current accommodation arrangements DCRS have with NHS24 resulting in staff who currently work in Cardonald (Glasgow) Norseman (Queensferry,Kings Cross (Dundee)and Aberdeen requiring to be relocated. | Plan developed to explore feasibility of DCRS moving to work from HIS main offices in Glasgow and Edinburgh or from Scottish Health Council Offices in Dundee and Aberdeen. | Exploring with HIS IT the feasibility of hosting DCRS IT infrastructure in house and exploring options for both DCRS Cardonald staff to be relocate to HIS Delta House or any new accommodation being secured by HIS and DCRS staff in the other sites relocating to HIS Edinburgh should the IT be able to be supported in house and for staff in Dundee and Aberdeen to work from SHC sites. | Meeting scheduled for 18 October 2019 between DCRS/HIS IT/Provident (DCRS Database provider) to discuss feasibility of HIS being able to support DCRS infrastructure/database in house. Meeting scheduled with NHS 24 on 22 November 2019 to get update on NHS24 technology refresh plans. AH participating in the Delta House relocation group and plan being developed for staff currently working at Norseman house to move to Gyle Square and Aberdeen/Dundee staff to be located within SHC sites. | Very High - 25 Impact - 5 Likelihood - 5 | - | - |
SUBJECT: Risk Management: Strategic Risks

1. Purpose of the report
To provide the Board with the information to enable them to review the strategic risks across the organisation.

2. Key Points
   a) The risk reporting system (Compass) has been created to support the Risk Management Strategy and to enable review of risk across the organisation. It has been fully updated to reflect the revised Risk Management Strategy approved by the Board at its meeting on 25 September 2019.
   b) The Board is asked to review all of the strategic risks (Appendix 1) as at 21 November 2019.
   c) The movement schedule at Appendix 2 shows the changes in strategic risks since the previous Board meeting in September 2019.
   d) A grid showing the risk appetite and scoring is attached for reference at Appendix 3.
   e) The Board may wish to note that the Audit and Risk Committee reviewed all the strategic risks and the high/very high operational plan risks at its meeting on 28 November 2019. It may also wish to note that the internal audit of risk management in the organisation has commenced and will report early in 2020.
   f) The Board's role for assessing risk is set out in the NHS Scotland Blueprint for Good Governance as follows:
      - Agree the organisation’s risk appetite.
      - Approve risk management strategies and ensure they are communicated to the organisation’s staff.
      - Identify current and future corporate, clinical, legislative, financial and reputational risks.
      - Oversee an effective risk management system that assesses level of risk, identifies mitigation and provides assurance that risk is being effectively treated, tolerated or eliminated.

3. Actions/Recommendations
The Board is asked to review the attached papers to:
   - Assure themselves that the risks presented are recorded and mitigated appropriately.
   - To identify and agree any new risks that ought to be raised.
   - To identify any opportunities that arise from the risk reports presented.

Appendices:
1. Strategic Risk Report
2. Movement Schedule
3. Risk appetite definition

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></td>
<td></td>
</tr>
</tbody>
</table>

OTHER CONSIDERATIONS

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

The risk register underpins delivery of the organisation’s strategy including these 5 priorities. Discussion of the risk register and its impact on delivery of the organisation’s plan is a key part of the assurance arrangements of the organisation and in identifying opportunities.

Resource Implications

The implementation, management and training of risk is being conducted on a team basis and forms part of management responsibilities. There are no additional resource requirements.

What engagement has been used to inform the work.

The risk register is an internal governance system, which does not require external engagement.

What Equality and Diversity considerations relate to the work.

Advise how the work:
- helps reduce health inequalities;
- helps people who are service users;
- makes efficient use of resources.

There are no specific equality and diversity issues as a result of this paper.
### Item 4.1, Appendix 1 – Strategic Risks (at 21/11/19)

<table>
<thead>
<tr>
<th>Category</th>
<th>Project/Strategy</th>
<th>Risk No</th>
<th>Risk Director</th>
<th>Risk Description</th>
<th>Current Controls</th>
<th>Current Mitigation</th>
<th>Current Update</th>
<th>Date Last Reviewed by Committee</th>
<th>Current Risk Level</th>
<th>Oct - 2019</th>
<th>Sep - 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operational</td>
<td>Business Intelligence Strategy</td>
<td>908</td>
<td>Safia Qureshi</td>
<td>There is a risk that HIS doesn’t have a system for systematically reviewing the quality of key national metrics/indicators (eg access, harm) which could mean that our quality assurance and quality improvement work is not sufficiently informed. This could result in the potential to miss the early signs of a serious service failure.</td>
<td>Data comes from established sources and is quality assured. Indicator review group reviews and signs off. Escalation options encompass the responding to concerns process, the role of SHGC and access to national data and our MOUs with other organisations.</td>
<td>Key metrics selected will be reviewed during the first year of reviewing them ending April 2020. The analysis will be shared at the internal sharing meetings, with the Quality of Care organisational reviews and the emerging concerns team.</td>
<td>Two meetings to consider patterns in key metrics for all NHS boards took place in July and October with colleagues from NSS Information Services Division. The metrics were considered to be fit for purpose although the group will review this after the next meeting on 25 October, including whether community care is sufficiently represented. DMBI intend to keep this risk open until our transition year is complete.</td>
<td>Audit and Risk, 28/11/19</td>
<td>Low - 6</td>
<td>Impact - 2</td>
<td>Likelihood - 3</td>
</tr>
<tr>
<td>Financial / Value for Money</td>
<td>Finance Strategy</td>
<td>635</td>
<td>Margaret Waterston</td>
<td>There is a risk of not meeting our delivery commitments because of changing and competing priorities around our workplan due to the significant amounts of additional short term financial allocations resulting in difficulties in managing a 12 month budget in accordance with Scottish Government guidelines.</td>
<td>Regular Management Accounts information prepared with the support of budget holders. Sharper focus during 2019-20 on initial budget phasing leading to monthly forecasting based on interpretation of monthly spend patterns, commitments raised and understanding of changes to workplan. Monthly information will be a mix of narrative and graphical to assist with understanding. Mid Year review highlighted potential risk areas.</td>
<td>Training for all new budget holders and refresher training for all existing budget holders Timeous financial information to be available for ET to consider Financial position to be a regular item on DMT agenda Management Accountants to attend DMT meetings</td>
<td>The 2019-20 budget challenges are well understood and documented within the financial plan 2019-22. Work is underway to manage all commissions from SG via the operating framework whilst aiming to incorporate as many additional allocations as possible into our baseline funding. An internal change programme has been instigated to improve efficiency and to enable achievement of recurring savings to ensure longer term sustainability.</td>
<td>Audit and Risk, 28/11/19</td>
<td>Medium - 10</td>
<td>Impact - 5</td>
<td>Likelihood - 2</td>
</tr>
<tr>
<td>Reputational / Credibility</td>
<td>ICT Strategy</td>
<td>923</td>
<td>Margaret Waterston</td>
<td>There is a risk that our ICT systems could be disabled because of a cyber security attack resulting in staff being unable to deliver our work and causing reputational damage.</td>
<td>Controls that are in place include: no direct connection to the internet and two Dell Sonicwall firewalls between the Swan network (external) and HIS network (internal) blocking incoming and outgoing traffic. These provide the following safeguards: block network attacks, intruder prevention and gateway anti-spyware anti-virus. Network traffic is</td>
<td>All users complete modules on Data protect, Information Security and Freedom of information before being allowed access to HIS computers. User also sign the acceptable use policy. Avanti port control blocks unauthorised removable media and Sophos policy scans on read access to alert to issues. We use WSUS (Windows Server Update Server) for security patch</td>
<td>Alerts are sent nationally whenever any suspicious activity takes place across NHSScotland or the public sector. The Director of Finance &amp; Corporate Services and the Head of ICT at SAS are on call for major incidents which are all handled centrally. HIS will undertake a self-assessment audit as part of the national resilience work to ensure that the controls that are in place are adequate to protect the organisation.</td>
<td>Audit and Risk, 28/11/19</td>
<td>Medium - 12</td>
<td>Impact - 4</td>
<td>Likelihood - 3</td>
</tr>
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</table>
segregated with VLans and Sophos filters website traffic by blocking or allowing websites or categories. Sophos Anti-Virus has been deployed across domain which includes malware detection and blocks the latest threats, including ransomware, exploit-based attacks, and server-specific malware. We proactively search for issues, understand how attacks take place. Sophos sandstorm provides the organization with an extra layer of security against ransomware and targeted attacks. Healthcare Improvement Scotland gained Cyber Essentials accreditation October 2018 deployment. A patching schedule is in place where new security patches released are to be deployed within four week of release. There is a standard build to all new equipment with the latest security patches applied. Only the members of the ICT team have privilege accounts for the domain. The ICT manager and Senior ICT Support Analyst are notified automatically when changes occur. ICT team monitor and receive alert from the firewall, server, anti-virus and proxy server logs. Daily backups of all data.

Reputational / Credibility Information Governance Strategy 759 Safia Qureshi There is a risk of reputational damage through failure to demonstrate compliance with the General Data Protection Regulation security certification resulting in reduced stakeholder confidence in the organisation. staff training, records retention policy, data protection policy, information security policies, technical security controls; Cyber security certification; data processor contractual arrangements, improved implementation of retention schedule, Ongoing monitoring and advice The N drive continues to be monitored for folder creep and access issues. NHSmail distribution list permission audits are now part of a quarterly check. Auditing moved to a control. Ongoing monitoring and advice is the core mitigation. Moving forward short sessions to raise awareness of data protection issues and privacy risks will be delivered to support the documented guidance already available to staff. Through the national collaboration of Data Protection Officers it is envisaged that this will be standardised information giving that can be tailored locally as needed. Consideration to be given to the treatment of this risk at the December 19 IG group meeting. Audit and Risk, 28/11/19 Medium - 9 Impact - 3 Likelihood - 3 Medium - 9 Medium - 9

Operational Making Care Better Strategy 2017-2022 901 Robbie Pearson There is a risk that we are not committing sufficient time to delivering existing programmes of work because of the level of requests from Scottish Government to scope and design new programmes of work resulting in a failure to deliver within the operational plan. * Operating Framework * HIS new commissions process Further development of the new commissions process to include requirement for the lead officer in Scottish Government to confirm what funding is available before scoping work is started. Development of capacity planning approaches to include explicitly identifying time for scoping and designing new programmes of work. Where requests for discussed at ET and will form part of the internal improvement oversight board work plan. Initial meeting for the oversight board will be 25th November. Audit and Risk, 28/11/19 High - 16 Impact - 4 Likelihood - 4 High - 16 - 0
| Operational | Making Care Better Strategy 2017-2022 | 883 | Margaret Waterston | There is a risk that the lease for Delta House Glasgow, will expire in March 2021 before we have made alternative arrangements due to the expectations of the Shared Services Estates planning work that is in its early stages resulting in short term arrangements that may be costly and which may not suit the needs of our workforce. A working group has been established to review options advised by a commissioned property specialist (Avison Young). Visits to potential sites will take place to assess suitability against specific criteria. Meetings have taken place with SG chief surveyor who will guide us through the options appraisal process. Critical path being established to provide information to ARC and Board and to meet deadlines to support relocation in good time.

Work is underway to look at alternatives. This should provide sufficient time for options appraisals and decision making to allow an orderly transfer of staff to alternative accommodation. Discussions are taking place between national boards, particularly NHS24 and NES who also have lease expiry during 2021/2022 to understand potential options. Avison Young have been commissioned to research potential options for HIS. Contacts have been made with Scottish Government surveyors who are guiding us through the process and capital investment protocols. An options appraisal will be prepared for the autumn which will include the potential to extend the lease at Delta House should a solution not materialise.

| Reputational / Credibility | Management of Adverse Events | 930 | Sandra McDougall | There is a risk that the new national notification system for Category I adverse events and associated arrangements will not be fully and/or effectively delivered from the end of 2019; because of the volume and range of work required to design and implement this, with stakeholder engagement, and within a challenging timescale: resulting in inability to deliver on the Cabinet Secretary’s expectations and to address variation in practice by NHS Boards. National Framework for Managing Adverse Events. Literature reviews and other data to help identify relevant harms. NHS Boards Adverse Event policy documents. Adverse Event network and Programme Board to support stakeholder engagement. Establishment of cross organisational group. Collaboration with NHS Education for Scotland. Regular progress updates to HIS Board and Scottish Government. Internal and external stakeholder events during October to ensure engagement and communication on key requirements of new notification system. Both now taken place, further event for AE network organised for early December. Further development of collaborative working with NHS Education for Scotland (NES) to support workforce development, and agreement of joint commission with Scottish Government. Participation in other stakeholder events as A range of work is underway to develop the new notification system. The first meeting of the new HIS Cross Organisational Group on Adverse Events took place on 2 October to consider individual and collective contribution to this agenda across HIS. External stakeholder events planned for 8 and 22 October. Revisions to framework, with opportunities for stakeholder feedback, planned for November, with the aim of issuing to Board in December. Discussions with NES commenced on options for new IT system to support notification. Further meetings planned with NES and SG regarding joint commission regarding notification system and longer term vision for adverse events in context of open & learning culture in NHS Scotland.

| Audit and Risk | 28/11/19 | High - 15 Impact - 5 Likelihood - 3 | High - 15 | High - 15 | - |
opportunities arise to engage and promote new arrangement. Scoping and development of IT systems in collaboration with NES. Meeting arranged to discuss digital solution November 2019

### Operational QAD wider directorate risks

<table>
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<tr>
<th>Risk Category</th>
<th>Directorate</th>
<th>Risk ID</th>
<th>Risk Owner</th>
<th>Risk Description</th>
<th>Mitigation Measures</th>
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</thead>
<tbody>
<tr>
<td>Reputational / Credibility</td>
<td>Quality of Care Reviews</td>
<td>899</td>
<td>Sandra McDougall</td>
<td>There is a risk that the HIS QoC approach and methodology cannot be appropriately applied to the diversity/complexity of larger NHS organisations which could result in reviews that are not sufficiently robust impacting negatively upon the reputation of the organization and undermining interdependencies across HIS.</td>
<td>The after action review process will identify changes required to the methodology. No further board level reviews will be undertaken until new proposals accepted by ET. A wider after action review of internal and external stakeholders will allow HIS to reflect and improve our methods. An external review of Ayrshire and Arran process has been undertaken with lessons to be learnt. Both these reviews will be used to identify proposals for change which will be taken to ET for approval in advance of any further reviews. Non Executive Directors will form a sub-group of POG to assist in consideration of this review. Reports have now been published in respect of the test reviews in Orkney (August 2018) and the Golden Jubilee National Hospital (October 2019). It was decided not to publish a report of the Ayrshire &amp; Arran test review, in light of issues identified in relation to the process, the comprehensiveness of the evidence considered and conclusions which could be reached. 'After actions reviews' are being undertaken to identify learning from these test reviews and areas which would benefit from improvement. This is now feeding into a wider directorate review of how the Quality of Care approach has been used across our range of quality assurance programmes, which will inform future direction and standardisation of procedures. It is evident that the scale and complexity of undertaking an organisational level review in a more complex territorial board would require a different approach and greater level of resource. Initial conclusions suggest that more targeted intelligence-led, risk-based reviews, to complement our broader inspection and review programmes, would be a better use of resource on balance than a rolling programme of organisational reviews, particularly in light of the work now being undertaken by the Sharing Intelligence for Health and Care Group. An update has been provided to Scottish</td>
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</table>

There is a risk of disruption to the activities of the quality assurance directorate arising from changes in the leadership arrangements which will impact delivery of work. Actions agreed by the Executive Remuneration Committee to establish interim leadership arrangements in house capacity. External Recruitment. Workplan known. Sandra McDougall will assume the role of Interim Director of Quality Assurance. Ann Gow will assume leadership responsibility on an interim basis for inspections and regulatory activity. Alongside this, strengthening of leadership arrangements will take place including the appointment of an Interim Chief Inspector. A new interim leadership structure is now in place having consulted with the Quality Assurance Directorate Team and in Partnership. Recruitment for the Chief Inspector post was advertised during October with interviews taking place early November. A suitable candidate was not identified and this remains a key post for the revised structure. A wider search is now being undertaken to identify a candidate of the required calibre. | Audit and Risk, 28/11/19 | High - 15 | Impact - 5 | Likelihood - 3 | - |
<table>
<thead>
<tr>
<th>Operational</th>
<th>Workforce Strategy</th>
<th>634 Sybil Canavan</th>
<th>There is a risk that we may not have the right skills at the right time to deliver our work because of a skills shortage or lack of capacity resulting in a failure to meet our objectives.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Workforce Plan agreed for 2019-22. Workforce plan provides detail on current and planned service arrangements within the organisation and includes a detailed action plan describing necessary actions to be implemented in 2019 &amp; 2020 and are underway.</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Detailed action plan describing high and medium priority activity during 2019/10 which is underway. Activity and progress monitored quarterly via Staff Governance Committee. Further scrutiny and service focus will also take place through the 'People' workstream of the internal improvement programme which will focus on actions outstanding and also updating of plan on an ongoing basis.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>The Workforce Plan 2019-2022 includes mitigating actions for this risk. It includes better workforce planning regarding succession planning and hard to find skills. It also includes a move to better cross organisational working and capacity planning around generic posts. These actions are being led and implemented by the Associate Director of Workforce.</td>
</tr>
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</table>
# Strategic Risks

## New risks on the report since September

<table>
<thead>
<tr>
<th>Risk ID</th>
<th>Risk Area</th>
<th>Description</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>930</td>
<td>Management of Adverse Events</td>
<td>There is a risk that the new national notification system for Category I adverse events and associated arrangements will not be fully and/or effectively delivered from the end of 2019; because of the volume and range of work required to design and implement this, with stakeholder engagement, and within a challenging timescale; resulting in inability to deliver on the Cabinet Secretary's expectations and to address variation in practice by NHS Boards.</td>
<td>New risk raised.</td>
</tr>
</tbody>
</table>

## Risks that have left the report since September

<table>
<thead>
<tr>
<th>Risk ID</th>
<th>Risk Area</th>
<th>Description</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>903</td>
<td>Learning from Adverse Events</td>
<td>There is a risk that HIS will not play an effective role in improvement of adverse events management in NHS Scotland; because of staff changes and associated loss of expertise, combined with uncertainty about the focus of future work and resourcing of same; resulting in negative impact on key stakeholder relationships combined with missed opportunities to improve practice by NHS Boards which would benefit patients and their carers/families.</td>
<td>Risk closed - Instruction from the Cabinet Secretary has now focused the work programme for 2019/2020.</td>
</tr>
</tbody>
</table>
The risk appetite of the organisation is set by the Board and is the amount of risk that we are prepared to take, tolerate or be exposed to at any point in time. A range of appetites exist for different risks and these are regularly reviewed.

The current risk appetite categories are:

<table>
<thead>
<tr>
<th>Risk category</th>
<th>Description (can include but not limited to)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial/value for money</td>
<td>• risks which impact on financial and operational performance (including damage / loss / fraud).</td>
</tr>
</tbody>
</table>
| Operational                          | • risks which impact on the ability to meet project/programmes objectives (including eg impact on patient care)  
• risks which could impact on the availability of business systems and therefore the organisation’s ability to perform key functions (technological)                                                                                              |
| Reputational/ Credibility            | • risks which have an impact on the reputation/credibility of the organisation.  
• could also include uncertainties caused by changes in health policy and government priorities.                                                                                                                                                                                                                                             |
| Workforce                            | • risks which impact on the implementation of staff governance  
• employee relations issues  
• risks relating to staffing capability and capacity; issues of retaining, recruiting and developing staff with the required skills  
• risks which lead to incidents or adverse events that could cause injury                                                                                                                                                                                                                                                     |

The Board considers its risk appetite against these categories of risk. The current risk appetite, by risk category, has been agreed by the Board of Healthcare Improvement Scotland (21 August 2019), as follows:

<table>
<thead>
<tr>
<th>Risk Appetite Classification</th>
<th>Description</th>
<th>Category of Risk</th>
</tr>
</thead>
</table>
| Open                         | Willing to consider all options and choose the one that is most likely to result in success, while also providing an acceptable level of benefit                                                               | Operational  
Reputational/ credibility |
| Cautious                     | Preference for safe delivery options that have a low degree of inherent risk and may only have limited potential for benefit.                                                                               | Financial/value for money  
Workforce |
| Minimalist                   | Preference for ultra-safe business delivery options that have a low degree of inherent risk and only have a potential for limited benefit.                                                                    | No categories are currently assigned this appetite |
|---------------------|--------------------------|---------------------|--------------------------|---------------------|--------------------------|
| 20-25 – Very High   | Intolerable level of risk exposure which requires immediate action to be taken to reduce risk exposure | 16-25 – Very High | Intolerable level of risk exposure which requires immediate action to be taken to reduce risk exposure | 15-25 – Very High | Intolerable level of risk exposure which requires immediate action to be taken to reduce risk exposure |
| 13-19 – High        | Significant level of risk exposure that requires constant active monitoring and action to be taken to reduce exposure | 11-15 – High | Significant level of risk exposure that requires constant active monitoring and action to be taken to reduce exposure | 8-14 – High | Significant level of risk exposure that requires constant active monitoring and action to be taken to reduce exposure |
| 8-12 – Medium       | Acceptable level of risk exposure subject to regular active risk monitoring measures | 6-10 – Medium | Acceptable level of risk exposure subject to regular active risk monitoring measures | 4-7 – Medium | Acceptable level of risk exposure subject to regular active risk monitoring measures |
| 1 – 7 - Low         | Acceptable level of risk exposure on the basis of normal operation of controls in place. | 1 – 5 - Low | Acceptable level of risk exposure on the basis of normal operation of controls in place. | 1 – 3 - Low | Acceptable level of risk exposure on the basis of normal operation of controls in place. |
SUBJECT: Code of Corporate Governance Update

1. Purpose of the report

To provide the Board with an updated Code of Corporate Governance (Appendix 1) for approval.

2. Key Points

Healthcare Improvement Scotland’s Code of Corporate Governance was last updated in 2016. It is best practice to review the Code regularly and alongside this, there have been several developments that have necessitated an update, as follows.

a) Revised terms of reference for the Governance Committees have been produced. Terms of reference for the Board and the Governance Committee Chairs’ meeting have been created for the first time to better define their functions and, in the case of the Board, provide clarity on what topics are covered in the Board’s different formats – formal Board meeting, Board seminar and Board development session. These terms of reference were approved by the HIS Board in June 2019.

b) The NHS Scotland Blueprint for Good Governance was launched in February 2019 and sets out the role of the Board. The Blueprint has been reflected in the introduction and the terms of reference in the updated Code.

c) Work has been ongoing through 2019 by the national Board Secretaries group, working to the Corporate Governance Steering Group, to create a model set of Standing Orders for all Boards to adopt. The content of those Standing Orders is set out in the Health Boards (Membership and Procedure) (Scotland) Regulations 2001 and most Health Boards in Scotland are constituted under these regulations. HIS is constituted differently and is not subject to these regulations. However, in the interests of supporting work on a “Once for Scotland” basis, it is proposed that HIS adopts the model Standing Orders which largely mirror our current procedures.

d) The latest version of the Model Standing orders has been incorporated into the updated Code presented. They are not final, pending approval by the Corporate Governance Steering Group, and therefore may require a future update but they are fit for purpose.

e) There are several places where the model Standing Orders have been adjusted to reflect previously agreed practices in HIS. These are as follows:
   i. Para 3.4 – the requirement for an annual meeting of the non-executive Directors in the absence of the Chair has been retained from the previous version of HIS’s Standing Orders.
   ii. Para 5.5 – the model Standing Orders set the quorum for the Board at one third of members. In HIS it has been agreed that the quorum for the Board and Committees will be one half of members.
   iii. Para 9.1 – not being subject to the 2001 Regulations, HIS does not have mandatory committees defined in legislation. This section therefore lists the committees that have been appointed by the HIS Board.
f) In Section 10 of the model Standing Orders there is provided some additional, optional text which each Board can consider for inclusion.

g) In the updated Code presented, the Standing Financial Instructions and Scheme of Delegation have been brought up to date where appropriate.

h) The Board is asked to note that the Audit and Risk Committee will review the updated Code of Corporate Governance at their meeting on 28 November 2019 in advance of the Board receiving it. The Committee will provide recommendations to the Board, either that the updated Code should be adopted or that adjustments should be made.

3. Actions/Recommendations

The Board is asked to:

- Review and approve the updated Code of Corporate Governance.
- Consider if the optional text within the Standing Orders should be adopted and retained within the Code.

Appendix

1. Code of Corporate Governance (at 14 November 2019)

If you have any questions about this paper please contact Maggie Waterston, Director of Finance and Corporate Service, 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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### OTHER CONSIDERATIONS

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

<table>
<thead>
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<table>
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<th>What engagement has been used to inform the work.</th>
<th>HIS Chair, Governance Committee Chairs, national Board Secretaries group, Central Legal office.</th>
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</table>

<table>
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<th>What Equality and Diversity considerations relate to the work.</th>
<th>No additional considerations – the document presented is an update and not a new piece of work.</th>
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<tbody>
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<td>Advise how the work:</td>
<td></td>
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<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>
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Draft

CODE OF CORPORATE GOVERNANCE

Approved: xx 2019
Review date: xx 2022
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SECTION 1 - INTRODUCTION

Healthcare Improvement Scotland’s Code of Corporate Governance is based on the general principles of the UK Corporate Governance Code and the NHS Scotland Blueprint for Good Governance.

The UK Corporate Governance Code defines corporate governance as the system by which organisations are directed and controlled. The NHS Scotland Blueprint for Good Governance states that the purpose of good governance is to facilitate effective, innovative and prudent management that can deliver the long-term success of the organisation. It provides a model for good governance which has three tiers – the functions of a governance system, the enablers and the support required to effectively deliver those functions. Effective corporate governance also leads to good management, good stewardship of public money, good public engagement and ultimately good outcomes.

The HIS Code of Corporate Governance sets out the governance framework for the organisation. This includes the Standing Orders for delivery of Board and Governance Committee meetings, terms of reference for the Board and its Governance Committees, and the Standing Financial Instructions.

The Code has been developed under the guidance of the Audit and Risk Committee. They will keep the Code of Corporate Governance under review and undertake a comprehensive review at least every 3 years. The Code was ratified by the Board on xx 2019.

Comments are welcomed on the Code. These can be directed to the Director of Finance and Corporate Services, margaret.waterston@nhs.net.

Healthcare Improvement Scotland (HIS)

HIS is a public body which was formed on 1 April 2011. It was constituted by the National Health Service (Scotland) Act 1978, as amended by Public Service Reform Scotland Act 2010 and the Public Bodies (Joint Working) Act 2014. Our aim is better quality health and social care for everyone in Scotland and our five strategic priorities are:

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

Our organisation includes:

- Scottish Health Council
- Scottish Intercollegiate Guidelines Network (SIGN)
- Healthcare Environment Inspectorate
- Scottish Health Technologies Group
- Scottish Medicines Consortium (SMC)
- Scottish Antimicrobial Prescribing Group (SAPG)
SECTION 2 – STANDING ORDERS FOR THE PROCEEDINGS AND BUSINESS OF HEALTHCARE IMPROVEMENT SCOTLAND

1 General

1.1 These Standing Orders for regulation of the conduct and proceedings of Healthcare Improvement Scotland are made under the National Health Service (Scotland) Act 1978. It states that “HIS may determine its own procedure and that of its committees, including a quorum for meetings”. The procedures set out below mirror the Model Standing Orders developed on a national basis by those Health Boards which are subject to the Health Boards (Membership and Procedure) (Scotland) Regulations 2001 (2001 No. 302), as amended up to and including The Health Boards (Membership and Procedure) (Scotland) Amendment Regulations 2016 (2016 No. 3).

The NHS Scotland Blueprint for Good Governance (issued through DL 2019 02) has informed these Standing Orders. The Blueprint describes the functions of the Board as:

- Setting the direction, clarifying priorities and defining expectations.
- Holding the executive to account and seeking assurance that the organisation is being effectively managed.
- Managing risks to the quality, delivery and sustainability of services.
- Engaging with stakeholders.
- Influencing the Board’s and the organisation’s culture.

Further information on the role of the Board, Board members, the Chair, Vice-Chair, and the Chief Executive is available at <enter details of website of where this is published on a Once for Scotland basis once available>.

1.2 The Scottish Ministers shall appoint the members of the Board. The Scottish Ministers shall also attend to any issues relating to the resignation and removal, suspension and disqualification of members in line with the above regulations. Any member of the Board may on reasonable cause shown be suspended from the Board or disqualified for taking part in any business of the Board in specified circumstances.

1.3 Any statutory provision, regulation or direction by Scottish Ministers, shall have precedence if they are in conflict with these Standing Orders.

1.4 Any one or more of these Standing Orders may be varied or revoked at a meeting of the Board by a majority of members present and voting, provided the notice for the meeting at which the proposal is to be considered clearly states the extent of the proposed repeal, addition or amendment.

1.5 Any member of the Board may on reasonable cause shown be suspended from the Board or disqualified for taking part in any business of the Board in specified circumstances. The Scottish Ministers may by determination suspend a member from taking part in the business (including meetings) of the Board. Paragraph 5.4 sets out when the person presiding at a Board meeting may suspend a Board member for the remainder of a specific Board meeting. The Standards Commission for Scotland can apply sanctions if a Board member is found to have breached the Board Members’ Code of Conduct, and those include suspension and disqualification. The regulations (see paragraph 1.1) also set out grounds for why a person may be disqualified from being a member of the Board.
Board Members – Ethical Conduct

1.6 Members have a personal responsibility to comply with the Code of Conduct for Members of Healthcare Improvement Scotland. The Commissioner for Public Standards can investigate complaints about members who are alleged to have breached their Code of Conduct. The Board will have appointed a Standards Officer. This individual is responsible for carrying out the duties of that role, however he or she may delegate the carrying out of associated tasks to other members of staff. The Board’s appointed Standards Officer shall ensure that the Board’s Register of Interests is maintained. When a member needs to update or amend his or her entry in the Register, he or she must notify the Board’s appointed Standards Officer of the need to change the entry within one month after the date the matter required to be registered.

1.7 The Board’s appointed Standards Officer shall ensure the Register is available for public inspection at the principal offices of the Board at all reasonable times and will be included on the Board’s website.

1.8 Members must always consider the relevance of any interests they may have to any business presented to the Board or one of its committees. Members must observe paragraphs 5.6 - 5.10 of these Standing Orders, and have regard to Section 5 of the Code of Conduct (Declaration of Interests).

1.9 In case of doubt as to whether any interest or matter should be declared, in the interests of transparency, members are advised to make a declaration.

1.10 Members shall make a declaration of any gifts or hospitality received in their capacity as a Board member. Such declarations shall be made to the Board’s appointed Standards Officer who shall make them available for public inspection at all reasonable times at the principal offices of the Board and on the Board’s website. The Register of Interests includes a section on gifts and hospitality. The Register may include the information on any such declarations, or cross-refer to where the information is published.

1.11 The Board’s Corporate Governance Manager shall provide a copy of these Standing Orders to all members of the Board on appointment. A copy shall also be held on the Board’s website.

2 Chair

2.1 The Scottish Ministers shall appoint the Chair of the Board.

3 Vice-Chair

3.1 The Chair shall nominate a candidate or candidates for vice-chair to the Cabinet Secretary. The candidate(s) must be a non-executive member of the Board. A member who is an employee of a Board is disqualified from being Vice-Chair. The Cabinet Secretary will in turn determine who to appoint based on evidence of effective performance and evidence that the member has the skills, knowledge and experience needed for the position. Following the decision, the Board shall appoint the member as Vice-Chair. Any person so appointed shall, so long as he or she remains a member of the Board, continue in office for such a period as the Board may decide.

3.2 The Vice Chair may at any time resign from that office by giving notice in writing to the Chair. The process to appoint a replacement Vice-Chair is the process described at paragraph 3.1.
3.3 Where the Chair has died, ceased to hold office, or is unable for a sustained period of time to perform his or her duties due to illness, absence from Scotland or for any other reason, then the Board’s Corporate Governance Manager should refer this to the Scottish Government. The Cabinet Secretary will confirm which member may assume the role of interim chair in the period until the appointment of a new chair, or the return of the appointed chair. Where the Chair is absent for a short period due to leave (for whatever reason). The Vice-Chair shall assume the role of the Chair in the conduct of the business of the Board. In either of these circumstances references to the Chair shall, so long as there is no Chair able to perform the duties, be taken to include references to either the interim chair or the Vice-Chair. If the Vice-Chair has been appointed as the Interim Chair, then the process described at paragraph 3.1 will apply to replace the Vice-Chair.

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

4 Calling and Notice of Board Meetings

4.1 The Chair may call a meeting of the Board at any time and shall call a meeting when required to do so by the Board. The Board shall meet at least four times in the year and will annually approve a forward schedule of meeting dates.

4.2 The Chair will determine the final agenda for all Board meetings. The agenda may include an item for any other business, however this can only be for business which the Board is being informed of for awareness, rather than being asked to make a decision. No business shall be transacted at any meeting of the Board other than that specified in the notice of the meeting except on grounds of urgency.

4.3 Any member may propose an item of business to be included in the agenda of a future Board meeting by submitting a request to the Chair. If the Chair elects to agree to the request, then the Chair may decide whether the item is to be considered at the Board meeting which immediately follows the receipt of the request, or a future Board meeting. The Chair will inform the member which meeting the item will be discussed. If any member has a specific legal duty or responsibility to discharge which requires that member to present a report to the Board, then that report will be included in the agenda.

4.4 In the event that the Chair decides not to include the item of business on the agenda of a Board meeting, then the Chair will inform the member in writing as to the reasons why.

4.5 A Board meeting may be called if one third of the whole number of members signs a requisition for that purpose. The requisition must specify the business proposed to be transacted. The Chair is required to call a meeting within 7 days of receiving the requisition. If the Chair does not do so, or simply refuses to call a meeting, those members who presented the requisition may call a meeting by signing an instruction to approve the notice calling the meeting provided that no business shall be transacted at the meeting other than that specified in the requisition.

4.6 Before each meeting of the Board, a notice of the meeting (in the form of an agenda), specifying the time, place and business proposed to be transacted at it and approved by the Chair, or by a member authorised by the Chair to approve on that person’s behalf, shall be circulated to every member so as to be available to them at least three clear days before the meeting. The notice shall be distributed along with any papers for the meeting that are available at that point.

4.7 With regard to calculating clear days for the purpose of notice under 4.6 and 4.9, the period of notice excludes the day the notice is sent out and the day of the meeting itself. Additionally
only working days (Monday to Friday) are to be used when calculating clear days; weekend
days and public holidays should be excluded.

Example: If a Board is meeting on a Wednesday, the notice and papers for the meeting
should be distributed to members no later than the preceding Thursday. The three clear
days would be Friday, Monday and Tuesday. If the Monday was a public holiday, then
the notice and papers should be distributed no later than the preceding Wednesday.

4.8 Lack of service of the notice on any member shall not affect the validity of a meeting.

4.9 Board meetings shall be held in public. A public notice of the time and place of the meeting
shall be provided at least three clear days before the meeting is held. The notice and the
meeting papers shall also be placed on the Board’s website. The meeting papers will include
the minutes of committee meetings which the relevant committee has approved. The
exception is that the meeting papers will not include the minutes of the Remuneration
Committee. The Board may determine its own approach for committees to inform it of
business which has been discussed in committee meetings for which the final minutes are
not yet available.

5 Conduct of Meetings

Authority of the Person Presiding at a Board Meeting

5.1 The Chair shall preside at every meeting of the Board. The Vice-Chair shall preside if the
Chair is absent. If both the Chair and Vice Chair are absent, the members present at the
meeting shall choose a Board member who is not an employee of a Board to preside.

5.2 The duty of the person presiding at a meeting of the Board or one of its committees is to
ensure that the Standing Orders or the committee’s terms of reference are observed, to
preserve order, to ensure fairness 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.

5.3 The person presiding may direct that the meeting can be conducted in any way that allows
members to participate, regardless of where they are physically located, e.g. video-
conferencing, teleconferencing. For the avoidance of doubt, those members using such
facilities will be regarded as present at the meeting.

5.4 In the event that any member who disregards the authority of the person presiding, obstructs
the meeting, or conducts himself/herself inappropriately the person presiding may suspend
the member for the remainder of the meeting. If a person so suspended refuses to leave
when required by the person presiding to do so, the person presiding will adjourn the meeting
in line with paragraph 5.12. For paragraphs 5.5 to 5.20, reference to ‘Chair’ means the
person who is presiding the meeting, as determined by paragraph 5.1.

Quorum

5.5 The Board will be deemed to meet only when there are present, and entitled to vote, a
quorum of at least one half of the whole number of members, including at least two members
who are not employees of a Board. The quorum for committees will be set out in their terms
of reference, however it can never be less than two Board members.

5.6 In determining whether or not a quorum is present the Chair must consider the effect of any
declared interests.
5.7 If a member, or an associate of the member, has any pecuniary or other interest, direct or indirect, in any contract, proposed contract or other matter under consideration by the Board or a committee, the member should declare that interest at the start of the meeting. This applies whether or not that interest is already recorded in the Board Members’ Register of Interests. Following such a declaration, the member shall be excluded from the Board or committee meeting when the item is under consideration, and should not be counted as participating in that meeting for quorum or voting purposes.

5.8 Paragraph 5.7 will not apply where a member’s, or an associate of their’s, interest in any company, body or person is so remote or insignificant that it cannot reasonably be regarded as likely to affect any influence in the consideration or discussion of any question with respect to that contract or matter. In March 2015, the Standards Commission granted a dispensation to NHS Board members who are also voting members of integration joint boards. The effect is that those members do not need to declare as an interest that they are a member of an integration joint board when taking part in discussions of general health & social care issues. However members still have to declare other interests as required by Section 5 of the Board Members’ Code of Conduct.

5.9 If a question arises at a Board meeting as to the right of a member to participate in the meeting (or part of the meeting) for voting or quorum purposes, the question may, before the conclusion of the meeting be referred to the Chair. The Chair’s ruling in relation to any member other than the Chair is to be final and conclusive. If a question arises with regard to the participation of the Chair in the meeting (or part of the meeting) for voting or quorum purposes, the question is to be decided by the members at that meeting. For this latter purpose, the Chair is not to be counted for quorum or voting purposes.

5.10 Paragraphs 5.6-5.9 shall equally apply to members of any Board committees, whether or not they are also members of the Board, e.g. stakeholder representatives.

5.11 When a quorum is not present, the only actions that can be taken are to either adjourn to another time or abandon the meeting altogether and call another one. The quorum should be monitored throughout the conduct of the meeting in the event that a member leaves during a meeting, with no intention of returning. The Chair may set a time limit to permit the quorum to be achieved before electing to adjourn, abandon or bring a meeting that has started to a close.

Adjointment

5.12 If it is necessary or expedient to do so for any reason (including disorderly conduct or other misbehave at a meeting), a meeting may be adjourned to another day, time and place. A meeting of the Board, or of a committee of the Board, may be adjourned by the Chair until such day, time and place as the Chair may specify.

Business of the Meeting

The Agenda

5.13 If a member wishes to add an item of business which is not in the notice of the meeting, he or she must make a request to the Chair ideally in advance of the day of the meeting and certainly before the start of the meeting. The Chair will determine whether the matter is urgent and accordingly whether it may be discussed at the meeting.

5.14 The Chair may change the running order of items for discussion on the agenda at the meeting. Please also refer to paragraph 4.2.
### Decision-Making

5.15 The Chair may invite the lead for any item to introduce the item before inviting contributions from members. Members should indicate to the Chair if they wish to contribute, and the Chair will invite all who do so to contribute in turn. Members are expected to question and challenge proposals constructively and carefully to reach and articulate a considered view on the suitability of proposals.

5.16 The Chair will consider the discussion, and whether or not a consensus has been reached. Where the Chair concludes that consensus has been reached, then the Chair will normally end the discussion of an item by inviting agreement to the outcomes from the discussion and the resulting decisions of the Board.

5.17 As part of the process of stating the resulting decisions of the Board, the Chair may propose an adaptation of what may have been recommended to the Board in the accompanying report, to reflect the outcome of the discussion.

5.18 The Board may reach consensus on an item of business without taking a formal vote, and this will be normally what happens where consensus has been reached.

5.19 Where the Chair concludes that there is not a consensus on the Board’s position on the item and/or what it wishes to do, then the Chair will put the decision to a vote. If at least two Board members ask for a decision to be put to a vote, then the Chair will do so. Before putting any decision to vote, the Chair will summarise the outcome of the discussion and the proposal(s) for the members to vote on.

5.20 Where a vote is taken, the decision shall be determined by a majority of votes of the members present and voting on the question. In the case of an equality of votes, the Chair shall have a second or casting vote. The Chair may determine the method for taking the vote, which may be by a show of hands, or by ballot, or any other method the Chair determines.

5.21 While the meeting is in public the Board may not exclude members of the public and the press (for the purpose of reporting the proceedings) from attending the meeting.

### Board Meeting in Private Session

5.22 The Board may agree to meet in private in order to consider certain items of business. The Board may decide to meet in private on the following grounds:

- The Board is still in the process of developing proposals or its position on certain matters, and needs time for private deliberation.
- The business relates to the commercial interests of any person and confidentiality is required, e.g. when there is an ongoing tendering process or contract negotiation.
- The business necessarily involves reference to personal information, and requires to be discussed in private in order to uphold the Data Protection Principles.
- The Board is otherwise legally obliged to respect the confidentiality of the information being discussed.

5.23 The minutes of the meeting will reflect when the Board has resolved to meet in private.
Minutes

5.24 The names of members present at a meeting of the Board, or of a committee of the Board, shall be recorded in the minute of the meeting. The names of other persons in attendance shall also be recorded.

5.25 The Board’s Corporate Governance Manager (or his/her authorised nominee) shall prepare the minutes of meetings of the Board and its committees. The Board or the committee shall review the draft minutes at the following meeting. The person presiding at that meeting shall sign the approved minute.

6 Matters Reserved for the Board

Introduction

6.1 The Scottish Government retains the authority to approve certain items of business. There are other items of the business which can only be approved at an NHS Board meeting, due to either Scottish Government directions or a Board decision in the interests of good governance practice.

6.2 This section summarises the matters reserved to the Board:

   a) Standing Orders
   b) The establishment and terms of reference of all its committees, and appointment of committee members
   c) Organisational Values
   d) The strategies for all the functions that it has planning responsibility for, subject to any provisions for major service change which require Ministerial approval.
   e) The Annual Operational Plan for submission to the Scottish Government for its approval. (Note: This should be conducted when the Board meets in private session.)
   f) Corporate objectives or corporate plans which have been created to implement its agreed strategies.
   g) Risk Management Policy.
   h) Financial plan for the forthcoming year, and the opening revenue and capital budgets.
   i) Standing Financial Instructions and a Scheme of Delegation.
   j) Annual accounts and report. (Note: This should be conducted when the Board meets in private session.)
   k) Any business case item that is beyond the scope of its delegated financial authority before it is presented to the Scottish Government for approval. The Board shall comply with the Scottish Capital Investment Manual.
   l) The Board shall approve the content, format, and frequency of performance reporting to the Board.

6.3 The Board may be required by law or Scottish Government direction to approve certain items of business, e.g. the integration schemes for a local authority area.

6.4 The Board itself may resolve that other items of business be presented to it for approval.
7 Delegation of Authority by the Board

7.1 Except for the Matters Reserved for the Board, the Board may delegate authority to act on its behalf to committees, individual Board members, or other Board employees. In practice this is achieved primarily through the Board’s approval of the Standing Financial Instructions <enter link to Board’s SFIs> and the Scheme of Delegation <enter link to Board’s Scheme of Delegation>.

7.2 The Board may delegate responsibility for certain matters to the Chair for action. In such circumstances, the Chair should inform the Board of any decision or action subsequently taken on these matters.

7.3 The Board and its officers must comply with the NHS Scotland Property Transactions Handbook, and this is cross-referenced in the Scheme of Delegation.

7.4 The Board may, from time to time, request reports on any matter or may decide to reserve any particular decision for itself. The Board may withdraw any previous act of delegation to allow this.

8 Execution of Documents

8.1 Where a document requires to be authenticated under legislation or rule of law relating to the authentication of documents under the Law of Scotland, or where a document is otherwise required to be authenticated on behalf of the Board, it shall be signed by an executive member of the Board or any person duly authorised to sign under the Scheme of Delegation in accordance with the Requirements of Writing (Scotland) Act 1995. Before authenticating any document the person authenticating the document shall satisfy themselves that all necessary approvals in terms of the Board’s procedures have been satisfied. A document executed by the Board in accordance with this paragraph shall be self-proving for the purposes of the Requirements of Writing (Scotland) Act 1995.

8.2 Scottish Ministers shall direct which officers of the Board can sign on their behalf in relation to the acquisition, management and disposal of land.

8.3 Any authorisation to sign documents granted to an officer of the Board shall terminate upon that person ceasing (for whatever reason) from being an employee of the Board, without further intimation or action by the Board.

9 Committees

9.1 Subject to any direction issued by Scottish Ministers, the Board shall appoint such committees (and sub-committees) as it thinks fit. The committees which the Board has appointed are:

- Audit and Risk Committee
- Executive Remuneration Committee
- Quality and Performance Committee
- Scottish Health Council Committee
- Staff Governance Committee

9.2 The Board shall appoint the chairs of all committees. The Board shall approve the terms of reference and membership of the committees. The Board shall review these as and when required, and shall review the terms within 2 years of their approval if there has not been a review.
9.3 The Board shall appoint committee members to fill any vacancy in the membership as and when required. If a committee is required by regulation to be constituted with a particular membership, then the regulation must be followed.

9.4 Provided there is no Scottish Government instruction to the contrary, any non-executive Board member may replace a Committee member who is also a non-executive Board member, if such a replacement is necessary to achieve the quorum of the committee.

9.5 The Board’s Standing Orders relating to the calling and notice of Board meetings, conduct of meetings, and conduct of Board members shall also be applied to committee meetings. The general exception is that committee meetings shall not be held in public and committee papers shall not be placed on the Board’s website, unless the Board specifically elects to do so.

9.6 The Board shall approve a calendar of meeting dates for its committees. The committee chair may call a meeting any time, and shall call a meeting when requested to do so by the Board.

9.7 The Board may authorise committees to co-opt members for a period up to one year, subject to the approval of both the Board and the Accountable Officer. A committee may decide this is necessary to enhance the knowledge, skills and experience within its membership to address a particular element of the committee’s business. A co-opted member is one who is not a member of the Healthcare Improvement Scotland Board and is not to be counted when determining the committee’s quorum.
10 Standing Orders Optional Text

10.1 Section 5 - Business of the Meeting: Consent agenda technique

For Board meetings only, the Chair may propose within the notice of the meeting “items for approval” and “items for discussion”. The items for approval are not discussed at the meeting, but rather the members agree that the content and recommendations of the papers for such items are accepted, and that the minutes of the meeting should reflect this. The Board must approve the proposal as to which items should be in the “items for approval” section of the agenda. Any member (for any reason) may request that any item or items be removed from the “items for approval” section. If such a request is received, the Chair shall either move the item to the “items for discussion” section, or remove it from the agenda altogether.

10.2 Section 4 – Calling and Notice of Board Meetings: Deputations and petitions

Any individual or group or organisation which wishes to make a deputation to the Board must make an application to the Chair’s Office at least 21 working days before the date of the meeting at which the deputation wish to be received. The application will state the subject and the proposed action to be taken.

Any member may put any relevant question to the deputation, but will 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 will take place until the item is considered in the order of business.

Any individual or group or organisation which wishes to submit a petition to the Board will deliver the petition to the Chair’s Office at least 21 working days before the meeting at which the subject matter may be considered. The Chair will decide whether or not the petition will be discussed at the meeting.

10.3 Section 6 – Additional matters which may be reserved for the Board

- The contribution to Community Planning Partnerships through the associated improvement plans.
- Health & Safety Policy
- Arrangements for the approval of all other policies.
- The system for responding to any civil actions raised against the Board.
- The system for responding to any occasion where the Board is being investigated and/or prosecuted for a criminal or regulatory offence.

Within the above the Board may delegate some decision making to one or more executive Board members.
SECTION 3 – TERMS OF REFERENCE FOR THE BOARD AND GOVERNANCE COMMITTEES

Part A - General Principles Applied to All Governance Committees

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 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.

1.0 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 Chair 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 Chair.

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 Chair 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 Chair of the Board and the Chairs of all governance committees.

2.0 Functions

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

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 Chair of the Board or a governance committee, or in their absence, the Vice-Chair 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 Chair 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.
3.0 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 the Standing Orders, it shall be competent for the governance committee, whose remit 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.

4.0 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 appoint sub-committees, as considered necessary. Governance committees may from time to time establish working groups for such purposes as may be necessary.

5.0 Membership

The Board shall appoint the membership of the governance committees. By virtue of their appointment the Chair 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 persons appointed as a committee Chair shall usually be a non-executive member of the Board and only in exceptional circumstances shall the Board appoint a Chair 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.

6.0 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.

7.0 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.

8.0 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 Chair 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.
9.0  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.
Part B - Terms of Reference: Board

1.0 Purpose

The purpose of the Board is set out in the Operating Framework\(^1\) between Healthcare Improvement Scotland and Scottish Government:

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

2.0 Remit

The remit of the Board shall be in line with the Audit Scotland Role of Boards and the NHS Scotland Blueprint for Good Governance\(^2\).

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

Setting the Direction

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

Holding to account

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

Assessing Risk

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

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

- Seek assurance that the views of external stakeholders are taken into account when designing policies and services.
- Oversight of stakeholder communication and engagement strategies to establish confidence in the organisation.

Influencing Culture

- Demonstrate the organisation’s values and exemplify effective governance through Board Members’ individual behaviours.
- Oversight of the results of staff satisfaction surveys.

Finance and resource

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

Governance

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

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

3.0 Membership

Membership of the Board is as follows:

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

The following officers of HIS will be in attendance:

- Executive Team
- other officers of HIS will be invited to attend as required
4.0 Quorum

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

5.0 Meetings

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

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

6.0 Information requirements

For each meeting the Board will be provided with:

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

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

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

1.0 Purpose

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

2.0 Remit

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

3.0 Membership

The Governance Committee Chairs meeting will comprise:
- HIS Chair
- Chairs of all Governance Committees – Audit and Risk, Quality and Performance, Staff Governance, Scottish Health Council and Executive Remuneration
- Officers of HIS will be invited to attend as appropriate

4.0 Meetings

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

5.0 Information requirements

For each meeting the Governance Committee Chairs will be provided with:
- Business planning schedules for the Board and Governance Committees.
- Any relevant updates to the delivery of the governance function within HIS.
- Internal Audit Annual Plan
- Action plan from Governance Committee Annual Reports
Part D - Terms of Reference: Audit and Risk Committee

1.0 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.

2.0 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:

3.0 Governance, risk and control

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

4.0 Internal and external audit

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

- To undertake detailed scrutiny of financial performance and forecasting and make recommendations on this to the board.
- To review the annual statement of accounts. Specifically, to consider whether appropriate accounting policies have been followed, that the process for review of the accounts prior to submission to the Board for adoption, levels of error identified, and management’s letter of representation to the external auditors are completed to a high standard and on time.
- To review financial planning and sustainability as part of an integrated planning process.

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

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

6.0 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 Chair shall not be a Chair 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.

7.0 Quorum

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

8.0 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 Chair may convene additional meetings of the committee to consider business which may require urgent consideration.

9.0 Information requirements

For each meeting the Audit Committee will be provided with:

- the Corporate Risk Register and high / very high operational risks
- monthly financial performance report
- a progress report from Internal Audit
- a progress report from the External Audit
- a report summarising Information Governance
- a resilience report covering fraud, cyber-security and business continuity
- a report of all non-competitive tenders since the previous meeting

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

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

1.0 Purpose

The Executive Remuneration Committee (‘the Committee’) is appointed by the Board to assist it in discharging its responsibilities for staff employed on executive and senior management terms & conditions and remuneration arrangements (‘Executive Cohort’) and to maintain the highest possible standards of corporate governance in this area. In addition, the Committee takes an overview of the wider Executive Team, some of whom are employed on ‘Agenda for Change’ terms & conditions and remuneration arrangements. The Committee is also required to ensure that any associated risks assigned to the Committee¹ are managed.

2.0 Remit

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

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

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

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

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

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

4.0 **Quorum**

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

5.0 **Meetings**

Meetings shall be held not less than twice per year.

6.0 **Record of business**

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

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

7.0 **Information requirements**

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

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

1.0 Purpose

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

2.0 Remit

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

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

In particular, the Committee will:

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

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

The Committee will report to the full Board on a regular basis on the Committee’s activity in relation to the terms of reference, and specifically on its consideration of performance against the

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

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

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

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

### 3.0 Membership

The Committee will comprise:

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

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

### 4.0 Quorum

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

### 5.0 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.
6.0 Information requirements

For each meeting the Committee will be provided with:

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

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

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

Annex 1 – Clinical and Care Governance Framework

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

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

Our framework is based around seven broad principles:

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

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

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

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

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

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

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

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

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

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

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

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

<table>
<thead>
<tr>
<th></th>
<th>Methodology</th>
<th>Advice</th>
<th>Governance and internal controls</th>
<th>Legal challenges</th>
<th>Clinical assurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>SHTG</td>
<td>SHTG</td>
<td>SHTG</td>
<td>HIS</td>
<td>HIS</td>
<td>Quality and Performance Committee</td>
</tr>
<tr>
<td>SIGN</td>
<td>SIGN Council</td>
<td>SIGN Council</td>
<td>HIS</td>
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<td>SMC</td>
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<td>Quality and Performance Committee</td>
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<td>SAPG</td>
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<td>SAPG</td>
<td>HIS</td>
<td>HIS</td>
<td>Quality and Performance Committee</td>
</tr>
</tbody>
</table>
Part G - Terms of Reference: Scottish Health Council Committee

1.0 Purpose

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

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

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

2.0 Remit

The duties of the Scottish Health Council Committee are:

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

The Committee will manage any associated risks assigned to it. 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.

3.0 Membership

The Chair of the Committee shall be the Chair of the Scottish Health Council as appointed by Scottish Ministers. There shall be up to eight other members of the Committee, two of whom shall be members of, and appointed by, the HIS Board on the recommendation of the Chair of the

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3 The term ‘community engagement’ may be used to signify the duties of patient and public involvement.
4 The Healthcare Improvement Scotland Risk Management Strategy describes how each risk raised on the corporate risk management system is assigned to the appropriate governance committee, dependent on its description and the context of the risk.
Scottish Health Council, and up to six who shall be members of the public appointed by the Chair of the Scottish Health Council. Committee members can serve a maximum of two four year terms. The Director of Community Engagement is expected to attend meetings.

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

The Chair of the Scottish Health Council shall be a member of the Quality and Performance Committee.

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

4.0 Quorum

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

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

5.0 Meetings

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

6.0 Information requirements

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

- Business Planning Schedule
- Operational Plan
- Risk register

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

- Equality mainstreaming reports
- Corporate Parenting progress reports
Part H - Terms of Reference: Staff Governance Committee

1.0 Purpose

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

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

2.0 Remit

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

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

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

3.0 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
- Associate Director of Workforce
- 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.

4.0 Quorum

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

5.0 Meetings

The Committee shall hold four business meetings a year.

6.0 Information requirements

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

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

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

• the Workforce Plan
• reports on Whistleblowing
• reports on adverse events or serious concerns raised relating to staffing issues
• Equalities Mainstreaming Report
• Medical, Nursing and Pharmacy Revalidation Report
SECTION 4 – STANDING FINANCIAL INSTRUCTIONS

Part A - General Principles

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 this section.

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 HIS.

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 HIS.

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 Director of a division of HIS
“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
“SGHSCD” 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 Director 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 Director to ensure that these SFIs and associated documents are made known to the appropriate persons within the Directorate 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 Director 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.
Part B - 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 Scottish Government Health and Social Care Directorate (SGHSCD) to the Board and to SGHSCD, 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 Director is the designated budget holder and is accountable to the Chief Executive and to the Board for the financial performance of his/her Directorate.

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.
Part C - 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.
Part D - Staff appointments, Remuneration and Related Matters

1.0 Staff appointments

The Board will delegate responsibility to the Director of Workforce 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 Workforce 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 Director of Workforce, shall ensure that procedures governing the treatment of early retirement and redundancy shall comply with NHSScotland guidance. The overall impact of retirals/redundancies on the organisation’s financial performance will be reported to the Board.
Part E - 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. Processing and payment of invoices will only take place if a purchase order has been raised and is referenced on the invoice.

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>
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</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><strong>Quotes</strong> - 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</td>
<td><strong>Quotation Route</strong> - 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</td>
<td><strong>Tender</strong> - 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;£118,133)</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>
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</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 initialied 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 and Risk 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

The Scottish Public Finance Manual, Procurement section advises Health Boards and Special Health Boards about procedures to follow when engaging consultants.

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 in the form of approving the budget 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.
Part F - 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 2018, General Data Protection Regulation 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 2018 and General Data Protection Regulation.

The Director of Finance and Corporate Services shall ensure that procedures governing the retention, retrieval and destruction of financial 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 and Risk 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.
Part G - 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 will be set up 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.
Part H - 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.
Part I - 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.
Part J - 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 Financial matters reserved for the Board

The following shall be reserved for agreement by the Board:

- 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;
- 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;

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 2019 (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>£118,133</td>
<td>€144,000</td>
<td>£200,000</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 and Risk 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 Director of Workforce, 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.
- all overseas travel by officers of HIS will be reported to the Audit and Risk Committee twice per annum

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 Workforce

The Director of Workforce 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 Workforce 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 the Deputy Chief Executive.

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 1 - Delegation of Powers to Directors and Officers

<table>
<thead>
<tr>
<th>Delegated matter</th>
<th>Details of authority</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Purchasing</strong></td>
<td></td>
</tr>
<tr>
<td><strong>1.1 Competitive tenders:</strong></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 Quotations:</strong> 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 Administration of tenders:</strong> The opening of tenders and maintenance of tender registers</td>
<td>Director of Finance and Corporate Services</td>
</tr>
<tr>
<td><strong>2. Operation of all detailed financial matters including bank accounts and banking procedures</strong></td>
<td>Director of Finance and Corporate Services</td>
</tr>
<tr>
<td><strong>3. Management of Land, Buildings and other assets belonging to or leased by the Board</strong></td>
<td></td>
</tr>
<tr>
<td><strong>3.1 Overall responsibility for all assets</strong></td>
<td>Chief Executive</td>
</tr>
<tr>
<td><strong>3.2 Maintenance of Asset register.</strong></td>
<td>Director of Finance and Corporate Services</td>
</tr>
<tr>
<td><strong>3.3 Annual asset check.</strong></td>
<td>Director of Finance and Corporate Services</td>
</tr>
<tr>
<td><strong>3.4 Management of assets belonging to and leased by the Board</strong></td>
<td>Director of Finance and Corporate Services</td>
</tr>
<tr>
<td><strong>3.5 Disposal of Assets: (value equates to the net book value of the asset or the realisable value, whichever is the higher)</strong></td>
<td>Director of Finance and Corporate Services</td>
</tr>
<tr>
<td>up to £ £5,000</td>
<td>Director of Finance and Corporate Services</td>
</tr>
<tr>
<td>Range</td>
<td>Approver</td>
</tr>
<tr>
<td>------------------------------</td>
<td>-----------------------------------------------</td>
</tr>
<tr>
<td>from £5,000 to £49,999</td>
<td>Director of Finance and Corporate Services</td>
</tr>
<tr>
<td>in excess of £50,000</td>
<td>Chief Executive/Director of Finance to seek SGHSCD approval and to seek prior approval from the Audit and Risk Committee</td>
</tr>
</tbody>
</table>

Disposals must be notified in writing to Finance Department

### 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

#### 4.2 Condemnation
Approval of articles to be condemned or otherwise disposed of

#### 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

Reporting to the Board, on an annual basis any losses and special payments made  
Director of Finance and Corporate Services

5. **Leave**  
**Approval of paid and unpaid leave in accordance with the guidelines provided in the relevant HIS policies:**

5.1 Special leave  
Line Manager

5.2 Emergency leave, including adverse weather  
Line Manager

5.3 Partner Support (Paternity) leave  
Line Manager

5.4 Parental leave  
Line Manager

5.5 Adoption and Fostering leave  
Line Manager

5.6 Carer’s leave  
Line Manager

6. **Absence management**

6.1 Informal discussion  
Line manager

6.2 Stage 1 formal absence warning  
Line manager

6.3 Stage 2 formal absence warning or appeal against Stage 1 absence warning issued by Line Manager  
Unit Head

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  
Unit Head

6.5 Stage 4 absence dismissal  
Director, Deputy Chief Executive or Chief Executive

6.6 Appeals against any level of absence warning or dismissal  
Director, Deputy Chief Executive, or Chief Executive or Board Panel

7. **Management of Employee Capability**

7.1 Informal discussion  
Line manager

7.2 Stage 1 formal advisory warning  
Line manager

7.3 Stage 2 formal advisory warning or appeal against Stage 1 absence warning issued by Line Manager  
Unit Head
<table>
<thead>
<tr>
<th>Stage</th>
<th>Description</th>
<th>Reviewer</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.4</td>
<td>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</td>
<td>Stage 4 dismissal</td>
<td>Director, Deputy Chief Executive or Chief Executive</td>
</tr>
<tr>
<td>7.6</td>
<td>Appeals against any level of advisory warning or dismissal</td>
<td>Director, Deputy Chief Executive, Chief Executive or Board Panel</td>
</tr>
</tbody>
</table>
SUBJECT: Governance Committee Annual Reports Action Plan Update

1. Purpose of the report

To provide an update to the Board on the actions identified in the Governance Committee Annual Reports for 2018-19.

2. Key Points

The Healthcare Improvement Scotland Code of Corporate Governance requires that each Governance Committee appointed by the Board provides an annual report of their work at the end of each financial year. As well as providing a reflection on the work of the Committee during the year, the annual report also sets out key actions which the Committee will take forward in the following year.

An update on these actions for each Committee is provided in Appendix 1 for review by the Board.

3. Actions/Recommendations

The Board is asked to note the updates on the actions identified in the 2018-19 Committee annual reports and gain assurance that progress is being made.

Appendix:

1. Governance Committee Annual Reports 2018-19 Action Plan Update

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

RISK

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

OTHER CONSIDERATIONS

<table>
<thead>
<tr>
<th>How do the key points support the five priorities in the strategic plan:</th>
<th>The requirement to produce committee annual reports is part of the Code of Corporate Governance. Good corporate governance arrangements support good management, efficiencies and good outcomes against all priorities.</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Enable people to make informed decisions about their own care and treatment;</td>
<td></td>
</tr>
<tr>
<td>• Help health and social care organisations to redesign and continuously improve;</td>
<td></td>
</tr>
<tr>
<td>• Provide evidence and share knowledge that enables people to get the best out of the services they use and helps services to improve;</td>
<td></td>
</tr>
<tr>
<td>• Provide and embed quality assurance that gives people confidence in the quality and sustainability of services and supports providers to improve;</td>
<td></td>
</tr>
<tr>
<td>• Make best use of all resources.</td>
<td></td>
</tr>
</tbody>
</table>

Resource Implications

No additional resource implications – the document presented is an update and not a new piece of work.

What engagement has been used to inform the work.

The Annual Reports are drafted through liaison with the Committee members.

What Equality and Diversity considerations relate to the work.

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

No additional considerations.
<table>
<thead>
<tr>
<th>Committee</th>
<th>Action</th>
<th>Date</th>
<th>Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Audit and Risk</td>
<td>a) Continue to actively monitor risks and to provide constructive challenge.</td>
<td>Ongoing throughout 2019-20</td>
<td>The Committee oversaw the revision of the Risk Management Strategy and recommended it to the Board. All strategic and high/very high operational risks are considered by the Committee.</td>
</tr>
<tr>
<td></td>
<td>b) Review the financial position and progress toward achieving a sustainable financial position.</td>
<td>Ongoing throughout 2019-20</td>
<td>Committee review financial position at each of its meetings. The November Audit and Risk Committee (ARC) will review the status of current financial planning and assumptions that are being made.</td>
</tr>
<tr>
<td></td>
<td>c) Review the updated Code of Corporate Governance and the revised Risk Management Strategy.</td>
<td>November 2019</td>
<td>The Committee oversaw the revision of the Risk Management Strategy and recommended it to the Board. The Committee will receive the updated Code of Corporate Governance at its meeting on 28 November.</td>
</tr>
<tr>
<td></td>
<td>d) A development session for members of the Committee will be held during the Autumn of 2019 based on the self-assessment in the Audit Committee Handbook.</td>
<td>November 2019</td>
<td>The development session is being held on 28 November 2019 and will work with ARC members to consider the output of the self-assessment, how to consider risk and how to gain assurance around risks regarding achievement of organisational objectives.</td>
</tr>
<tr>
<td></td>
<td>e) An external review of the Committee will be undertaken by internal audit as part of their 2019-20 audit plan.</td>
<td>November 2019</td>
<td>This forms part of the self-assessment for the ARC which will be considered at the development session.</td>
</tr>
<tr>
<td>2. Executive Remuneration</td>
<td>a) Continue to consider whether the performance plans and performance of the Executive Team reflect and deliver the Organisation's corporate strategy, with an emphasis on continuing to work more corporately across the Organisation.</td>
<td>Ongoing throughout 2019-20</td>
<td>The Executive Remuneration Committee has continued to meet throughout 2019 to review performance of the Executive Team. The Committee has also considered any required structural changes at a Director level and also reviewed vacant posts and any revisions to job descriptions for Senior roles within the organisation. The Committee has planned meetings in place for the remainder of the performance year ‘cycle’ to complete the required consideration of the performance of the Executive Team. There has been particular focus on cross-organisational working and also the corporate</td>
</tr>
</tbody>
</table>
3. Quality and Performance

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>a) The terms of reference of the Committee will be updated in line with the Governance Blueprint.</td>
<td>November 2019</td>
</tr>
<tr>
<td></td>
<td>b) The Committee will clarify its relationship with the remit of the Scottish Health Council.</td>
<td>November 2019</td>
</tr>
<tr>
<td></td>
<td>c) The Committee will continue to provide scrutiny of performance against the operational plan, assure strategic fit of new work and highlight significant issues to the Board.</td>
<td>Ongoing throughout 2019-20</td>
</tr>
</tbody>
</table>

4. Scottish Health Council

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td></td>
<td>a) Ensure that the agreed way forward following the reflective review and the Healthcare Improvement Scotland review does not lose momentum. Timely delivery of the change implementation plan for 2019-20 is critical.</td>
<td>Ongoing throughout 2019-20</td>
</tr>
</tbody>
</table>
5. Staff Governance

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a)</td>
<td>Hold a joint development session with SHC members.</td>
<td>End 2019-20</td>
</tr>
<tr>
<td>b)</td>
<td>Continue to monitor values and behaviours and in particular, the results of the Culture survey that will take place during 2019.</td>
<td>Ongoing throughout 2019-20</td>
</tr>
<tr>
<td>c)</td>
<td>Take action to close the gap between developing the Staff Governance Action Plan and keeping a proactive focus on delivering the action; ongoing monitoring and reporting of progress; and more robust evaluation of the impact of delivering this action.</td>
<td>Ongoing throughout 2019-20</td>
</tr>
<tr>
<td>d)</td>
<td>Aim to streamline the many plans and reporting requirements to Scottish Government colleagues into one plan to make clearer the actions and responsibilities regarding developing and governing the workforce.</td>
<td>Ongoing throughout 2019-20</td>
</tr>
</tbody>
</table>
SUBJECT: Quality and Performance Committee: key points

1. Purpose of the report
This report provides the Healthcare Improvement Scotland Board with an update on key issues arising from the Quality and Performance Committee meeting on 6 November 2019.

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

a) Scottish Health Technologies Group Presentation

The meeting received a presentation from the Chair, Iain Robertson, providing an update on the work of the Group. The presentation also set out the shifting boundaries between technologies and medicines, their assessment and regulation. A look into future technologies, such as genetic therapies, was also covered and this provided additional considerations following the Board’s strategy event in October. The full presentation with explanatory notes is provided at Appendix 1 to this report.

b) Quality of Care Approach

The Interim Director of Quality Assurance provided an update on progress with the review of the Quality of Care approach in response to the Simon MacKenzie report. This included the creation of a Short Life Working Group, an update on the shared leadership arrangements currently in place in the Quality Assurance Directorate and a review of procedures and process within the Directorate. As the Quality of Care approach is threaded throughout the work that HIS delivers, the review will be delivered cross-organisationally.

c) Access QI

An update to the Access QI programme was provided by the Director of Improvement. A new programme of work had been designed to deploy Quality Improvement expertise in support of sustainable improvements in waiting times as part of the Waiting Times Improvement Plan. The work was being delivered in partnership with NHS Education Scotland and through three accelerator sites. The key risks were the complexity of the landscape and the agreement of funding for one year only, though it’s anticipated that this will be extended if the programme demonstrates improvements within that time.

Zoë Dunhill
Chair, Quality and Performance Committee
My thanks to the committee and in particular Zoe for this opportunity to present to the performance and quality committee.
The presentation themes are based on a conversation with Zoe about the work and remit of SHTG. A particular theme throughout the presentation is boundaries between areas of regulation, areas of assessment, within organisations and how we will have to reconsider them to remain effective in the future.
SHTG are a national body responsible for the assessment of health technologies with a wide scope which essentially includes all health care interventions excluding drugs. We produce a range of products to support the assessment of health care technologies either by ourselves which are issued as advice statements or as evidence synthesis for use by other external bodies. When SHTG issue advice statements those products have a status with stakeholder bodies as “required to consider.”

The SHTG core team is compact team producing the evidence synthesis and health economics assessments which are then assessed by 28 members which sit on our national committee. We produce about 15 products per year with about 8 of those being advice statements.
We already defined the broad scope of potential remit for SHTG. When we reflect on the scope of work we usually describe it as being predominantly devices and diagnostics with a minority of work in other areas like pathways. As the presentation progresses we should think about our current assessment topics compared to areas that we focus on in the future.
If we think initially about boundaries and how they influence the assessment of healthcare interventions. Historically, the way an intervention is regulated has determined how they will be assessed with consequently profound effects on how we research them, the amount of research we fund for them, the importance we place on their assessment and use and ultimately how much we are willing to value them. The categories also drive the structures we put in place for that assessment and the boundaries that are formed between them. Historically there has been a hard boundary between medicines and other interventions with the boundary between social interventions and health technologies becoming perhaps a little more blurred.
In reality, the traditional boundaries have been tested for some time. A good recent example of that impact relates to a drug/device combination: drug eluting balloons and stents. Balloons and stents have been used for over 30 years to open blood vessels but are prone to re-narrowing, often due to proliferation of smooth muscle cells. In a desire to improve long-term patency manufacturers repurposed a drug called Paclitaxel. Paclitaxel was originally licensed as an anticancer drug – so therefore slowed cell growth and the intention was that it would slow local cell growth in the treated blood vessel. This drug/device combination was regulated as a device with the impacts I’ve mentioned earlier in terms of the degree of research to progress through regulation and onto market. The device has been on the European market for over 10 years and used for the treatment of a variety of conditions. Late last year, a meta-analysis was published of about 20 small randomised controlled trials which revealed a signal suggestive of an excess mortality in the treated group. This prompted a worldwide safety alert with patient recall under duty of candour and restrictions in device use for the future. So it seems the level of risk and uncertainty in some novel therapies might not fit with our traditional regulatory and assessment mechanisms.
The boundaries for regulation and assessment are being particularly tested by novel interventions. A particular example is formed by the group of regenerative therapies. This is a branch of medicine that deals with the process of replacing, engineering or regenerating human cells, tissues or organs to restore or establish normal function. There are a range of products from genetic therapies to biomedical engineering solutions.
The regulation of regenerative therapies has been the subject of considerable EU guidance. Regulation will depend on a complex analysis of the degree of manipulation of the cell/gene/tissue – the more complex manipulations will be regulated as medicines with a new term introduced Advanced therapeutic medicinal products. The assessment of ATMP has been a challenge for existing assessment agencies across the world. In some jurisdictions they will be assessed as medicines in others non-medicines. Regardless of the pathway for assessment we should bear in mind that a significant number of novel therapies will not be classified as ATMP and are likely to be absorbed into the health technologies pathways.
In terms of scale, there is no doubt that ATMP need a structured mechanism for consideredation. To date SMC have assessed 3 ATMP; 2 CART and 1 Gene Therapy. SHTG have just completed assessment of stem cell transplantation for MS which would fall under the regenerative medicine banner.
There are plenty of challenges with this particular group of interventions.

Typically, the headline issue is the very high upfront cost of these interventions; various modifications of payment have been suggested; coverage with evidence development, amortisations etc but that's also complicated by limitations of the current financial mechanisms within the NHS.

The evidence standards and sources are significantly different. Many of the therapies promise a lifelong cure, for example in genetic conditions, however there is usually some uncertainty if the effect will actually be lifelong and data collection over extended periods of time are usually not within the confines of RCT but reliant on registry data or real world evidence.

Assessment committees are being asked to make a one off decision on a high cost and certainly this has been a difficult factor for assessment committees.

Mechanisms for long-term (possibly life-long) data collection have not been developed. Therefore being certain about the efficacy of the therapy will be difficult. The importance of establishing appropriate data sources for this group of
interventions cannot be over-emphasised.

Finally what about the group of interventions that will not receive ATMP designation but that remain novel regenerative therapies? How should we apportion risk and assessment. Identification of this group may in itself be a challenge.
How will HIS undertake assessment

- SMC & SHTG exploration and paper
- Closer cross-directorate working
- SMC will advise re ATMP but with closer working with SHTG
- Recognise some ATMP will require SHTG methodology
- Exploring identification of non ATMP reg therapies - ? Risk based assessment

I’m very grateful to Anne Lee and Jan Jones who have produced an excellent paper for OMTG on this area and worked with SHTG to consider how we should assess these therapies. We recognise that while SMC will take the lead in advising re ATMP there will be a need for closer cross directorate working and that for some ATMP there may be a greater need for SHTG methodology in assessment. The degree of cross-directorate working required is likely to increase as the ATMP and “cousin” of ATMP pipeline delivers. In addition, we have started to explore the identification of non ATMP,
Topic selection is an area of active change for the Evidence Directorate and I’m conscious of the work that Safia and Ed and others are undertaking across the directorate. This may be an area the committee seeks a specific update in the future.

In terms of our current strategy for SHTG. We have open topic submission; anyone patient, public, clinician can submit a topic. We have supplemented this with occasional topic calls where we have actively engaged with the service and gathered 20-30 current topics. Our selection process is run through SHTG Evidence Review Committee. Structured selection criteria include; assessment of additional health benefit, is there perceived uncertainty for clinical or cost effectiveness, is there sufficient evidence for assessment, are any other agencies looking at this topic, what is the potential for impact on care. However, probably the most important element is the question is there a strong likelihood that SHTG efforts will result in decision making. Which leads us to our assessment of impact.
Linking into this work is how SHTG have been looking at delivery of value and impact. We have been working in three key areas in our internal pathways to improve the value and impact of our advice.
The three key areas extend across our process to provide analysis and advice.
A challenge for SHTG committee has been to offer advice based on limited trial information. Many interventions come to committee with a degree of uncertainty about the clinical or cost effectiveness of the intervention even after the collection and analysis of the available trial data. Health Boards need to make decisions in near time about novel interventions and it’s simply not helpful for us to offer advice that consists solely of the statement that “there is insufficient evidence to reach a conclusion”. We have to offer advice and an accurate reflection of the uncertainties and potential risks with the available data. To help the committee develop that advice we have broadened our information sources to include patient group submissions and clinical expert input. These don’t supplant the evidence but help provide a broader source of information and context. In addition, we have been actively using economic tools to provide not only better financial predictably but a better quantification of uncertainty and in particular elements of the outcome data that are sensitive to small changes.
Our aim is that we provide clearer information for the committee and that provides more directive advice. We have reformulated the way we present our advice to support this process. At the very top of every advice statement is a more direct expression of advice and we challenge our committee to offer as clear a direction as possible. The advice remains founded on the evidence and key points in the evidence are identified by the committee. We have recently added a section SHTG Committee considerations which gives us an opportunity to express the factors in our decision making and the uncertainties we have considered and improves the transparency of the working of the committee.
We have presented before about the difficulty in accessing suitable structures for dissemination and implementation of advice for health technologies. We have tried and been unsuccessful in attempts to change that situation. Our current approach is two fold; at the point of topic selection we are much more focused on the end decision maker. Through our closer working with clinical experts, we try to understand the status of the clinical community and whether there are opportunities already formed in that environment to take forward dissemination, decision-making and implementation. Our second approach is a more proactive focus in seeking to work within national programmes and structures who will have identified and built the community to implement advice from SHTG. Most recently, this has been reflected in our work with the National Planning Board and the Innovation structures within CSO.
SHTG are fairly obsessed about impact. We are very aware that we are a small agency in a big landscape. Our core purpose is to inform decisions and thereby improve the health of the population. Any appropriate description of impact must consider whether the information provided has had any effect on the decision makers and in what way. I’m very grateful to the work led by Jess Kandalu, Senior Project Officer for SHTG who has led an audit of the impact of SHTG advice over the last two years. The assessment of impact is based on an International Association of Health Technology Assessment (INAHTA) framework for reporting on impact of HTA reports (2003) which provides key indications of the types of influence that HTA might have. We used a focused questionnaire survey of all requestors & peer reviewers for the period 2017-2019 to collect information on the influence of decision making of our advice.
Our analysis covers two years when, as we have outlined in the previous section, there was significant change in the way we did business. We can see that early assessment shows improvement – we are shifting to greater influence in decisions and need to continue to drive in that direction. We intend to continue this focus on impact by reviewing the same period now that we have a suitable time period for assessment over the entire two years.
Finally, what challenges do we face in the future. I have chosen two main areas; the first affects the whole of the organization and the second is specific to SHTG. We, like most HTA organisations, work in a model based on traditional scientific evidence in published papers with a hierarchy of evidence. The future is going to be based on more distributed information—future evidence will be held in electronic patient records, registries integrated with information from large public databases. This will give opportunities to see the effect of interventions in thousands rather than a 100 or so patients in RCT. This will mean not only a change to the methodology we use but also a change to the skills we need to remain effective as a group. For example, we will need to think about how we map suitable databases and use data scientists in addition to traditional health service researchers to acquire and analyze information.
Our second big challenge is focused on SHTG. If we go back to the initial slide – it looks as though all these areas are equal in scale. In terms of numbers and variety of interventions Health Technologies are a much more diverse environment with an increasing number of novel therapies.
In health technologies, we have many novel interventions that look like “stars”; robotics, artificial intelligence, wearable technologies, apps and the non-ATMP we spoke about earlier, to name some obvious targets with more to come. In such a rich landscape, there is a real risk that unless we focus our efforts, we will end up diluting the value and impact of our work. No single body can support such a wide landscape. It is important that we make informed decisions and achieve clarity of where we are going to focus and equally what we will have to leave out - despite it being part of that rich landscape. We have opportunities to target our efforts and also to amplify the expertise available from SHTG. The future should see a role for SHTG in setting standards and frameworks for assessment rather than physically undertaking all the assessments. We have already piloted this approach with the Innovative Medical Technology Overview product and this gives us an excellent foundation to develop future strategy in other areas.
Thank you

lain.Robertson2@nhs.net
Meeting of the Quality & Performance Committee
Date: Thursday 15 August 2019
Venue: Boardroom, Gyle Square, Edinburgh

Attendance
Zoe Dunhill            Board Member, Chair
Bryan Anderson         Board Member
Suzanne Dawson         Board Member, Chair of Scottish Health Council
Gill Graham            Board Member
Duncan Service         Board Member

Present
Carole Wilkinson       Chair, HIS
Robbie Pearson         Chief Executive
Anne Gow               Director of Nursing, Midwifery & Allied Health Professionals (Lead Director)
Sybil Canavan          Associate Director of Workforce
Ed Clifton             Deputising for Iain Robertson, Chair, SHTG
Alastair Delaney       Director of Quality Assurance
George Fernie          Senior Medical Reviewer (joining for item 4.1)
Ruth Glassborow        Director of Improvement
Alexandra Jones        Public Partner
Laura McIver           Chief Pharmacist
Susan Siegel           Public Partner (by telephone)
Jacqui Sneddon         Deputising for Safia Qureshi, Director of Evidence, and Andrew Seaton, Chair, Scottish Antimicrobial Prescribing Group (SAPG)
Angela Timoney          Chair, Scottish Intercollegiate Guidelines Network (SIGN)
Maggie Waterston       Director of Finance and Corporate Services

Apologies
Jackie Brock            Board Member, Vice Chair
Lynsey Cleland         Director of Community Engagement
Alan MacDonald          Chair, Scottish Medicines Consortium (SMC)
Safia Qureshi           Director of Evidence
Iain Robertson          Chair, Scottish Health Technologies Group (SHTG)
Andrew Seaton           Chair, SAPG
1. OPENING BUSINESS AND COMMITTEE GOVERNANCE

1.1 Welcome

The Chair welcomed everyone to the meeting especially Angela Timoney to her first Committee meeting as Chair of SIGN. The Chair expressed thanks to Bryan Anderson for his contribution to the work of the Committee as he was tendering his resignation from the Board.

1.2 Apologies for absence

Apologies were noted as above.

1.3 Declarations of interest

All present were reminded to declare interests either at the start of the meeting or at any point during the meeting.

1.4 Minutes of the Performance and Clinical & Care Governance (PCCG) Committee meeting held on 22 May 2019

The minutes of the meeting held on 22 May were approved as an accurate record.

1.5 Review of action point register: 22 May 2019

The Committee noted that all actions had been completed.

1.6 Business Planning Schedule

The Director of NMAHP provided the business planning schedule.

The Committee Chair proposed that the name of the Committee is amended to the Quality and Performance Committee. It was agreed that this proposal would be provided to the Board by an entry in the Chair’s Report.

In response to a question from the Committee, it was advised that the item entitled Menu of Interventions was a prospectus which was in development to communicate the services that HIS delivers. This was a working title for the document. It would be provided to the next Committee meeting.

The Committee approved the business planning schedule.

2. DELIVERING OUR OPERATIONAL PLAN

2.1 Operational Plan: Performance Reporting

The Director of Finance and Corporate Services provided this paper and delivered a presentation which highlighted the following key areas:

a) The work to refresh performance reporting had arisen as an area for improvement from the Board’s self-assessment against the NHS Scotland Blueprint for Good Governance.

b) To develop a report which provides assurance to the Board, a logic model approach had now been developed which would report on short term outputs and longer term outcomes.

c) The work had been delivered by a short life working group supported by two of the non-executive directors and informed by a function leads event in May.

d) The new report will provide information on short term commissions as well as business as usual activities. It will include horizon scanning and workforce and finance data. An executive summary will cover key points.

e) There would be further refinement prior to providing the report to the Board meeting on 25 September 2019.

The Committee welcomed the report and endorsed the proposed content, noting the excellent progress that had been made. The importance was noted of the performance report in support of discussions with Scottish Governments around the Operating Framework.
2.2 HIS Escalation Process

The Director of Quality Assurance provided the Committee with a paper setting out the HIS escalation process and highlighted the following points:

a) The process was part of the Operating Framework with Scottish Government.

b) It was a formal process to ensure staff safety, patient safety and regulatory compliance, and was for use when a formal stage was reached. There would be steps in the process before that point.

c) A risk matrix had been introduced to assist assessments of the situation.

d) The escalation would be in the public domain as would reporting positive improvements after escalation.

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

e) An improvement notice has no legal force but it would be in the public domain. Alongside this, HIS has the power to close wards to new admissions if deemed necessary.

f) The new escalation process was more transparent and operated across the organisation, not just within the Quality Assurance Directorate.

g) The speed of the escalation process would vary depending on risk of harm to patients, service users and staff.

The Committee approved the escalation process.

2.3 National Hub for Reviewing and Learning from the Deaths of Children and Young People

The Director of Quality Assurance presented the paper which provided an update on progress to set up the National Hub, highlighted the following:

a) HIS would host the hub and evaluate future hosting arrangements over time.

b) A business case had been compiled but delays to confirmation of funding from Scottish Government had slowed progress. Now that funding had been confirmed a hub manager had been appointed and recruitment was commencing to other posts.

c) The first stage was baselining of activity across Boards with the intention that the hub would not duplicate work but would identify gaps and ensure consistency.

In response to questions from the Committee, the following additional information was provided:

d) There had been discussions about the suitability of HIS for hosting the hub due to its fit within our work and the possibility of more appropriate hosts.

e) The programme would ensure early intervention in tackling the 300 child deaths per year in Scotland and provide advice to ensure there were improvements.

f) It was important to have the correct expertise and every NHS Board had a lead clinician.

g) There were agreed deliverables for year one and these would be presented to the Committee at its next meeting. The HIS lead would be invited to attend.

The Committee noted the update and requested that consideration be given to raising a risk on this area of work on the risk register.

2.4 Quality of Care Reviews

The Director of Quality Assurance presented the paper which provided a progress update on the Quality of Care (QoC) Approach following the review of the NHS Ayrshire and Arran Quality of Care report by Professor Simon McKenzie. The Director highlighted the following points:
a) Overall to date the QoC approach had been used well but there had been problems applying it within NHS Board level strategic reviews.

b) Professor Simon McKenzie’s review has highlighted some key themes: lack of clarity about the purpose of the review; the quality of the report; evidence; alignment to the quality framework; systems and processes; roles and responsibilities.

c) Activity on the NHS Dumfries and Galloway review scheduled for January 2020 would be paused and the work around NHS Ayrshire and Arran, and the Golden Jubilee Foundation reports would be concluded and further learning takes place.

d) A working group led by the Deputy Director of Quality Assurance would be set up to take work forward to address the key points of the report and design a standard operating procedure.

The Committee noted their concerns about the findings of the report by Professor McKenzie. In response to their questions, the following points were highlighted:

e) The NHS Ayrshire and Arran report remains draft and the Chief Executive has written to his counterpart to suggest an after action review.

f) Scottish Government sponsors have been advised of the position and have noted actions in place.

The Committee agreed the next steps proposed and requested that an update is provided to the next meeting.

3. CLINICAL AND CARE GOVERNANCE

3.1 Health Technology Group Updates

The following points were highlighted from the reports provided by the Groups:

a) SAPG
Penicillin allergy de-labelling work was setting up a robust process to remove penicillin allergy labelling from patients who have not displayed allergic reactions. Evidence for this practice in hospitals was increasing. Pediatric stewardship work was examining standardization of the management of urinary tract infections in children’s wards. SAPG had been invited to contribute to a UK group led by the British Society of Allergy and Clinical Immunology. The initial meeting would take place in September.

b) SHTG
A change to the structure of the project team was being progressed, resulting in a temporary impact on capacity. The Health Technology Assessment International (HTAi) 2021 annual meeting would be held in Manchester, co-hosted by HIS, NICE (National Institute for Health and Care Excellence) and the All Wales Therapeutics and Toxicity Centre. The proposed theme was Innovation Through HTA.

c) SIGN
SIGN had collaborated with the British Thoracic Society (BTS), and the National Institute for Health and Care Excellence (NICE) to produce a joint UK-wide guideline on diagnosis and management of chronic asthma in adults, young people and children. It was advised that this was a new approach to defining guidelines. SIGN were involved in cross-organisational work for Early Intervention in Psychosis (EIP Advisory Group). This ensures that people presenting for the first time with psychosis anywhere in Scotland will have timely access to effective care and treatment, with early intervention and a focus on recovery.
4. STAKEHOLDER ENGAGEMENT

4.1 Death Certification Review Service (DCRS) Annual Report

The Senior Medical Reviewer joined the meeting to present the draft Annual Report. The following points were highlighted:

a) The draft had been reviewed by the Executive Team and the DCRS Management Board.

b) The format was intended to be more reader friendly and was illustrated with anonymous case studies.

c) A gathering views exercise had been undertaken to measure impact on bereaved families and had shown that unnecessary delays had not been caused, though relatives would like more communication.

d) There had been three cases where a level 2 review could not be done because the level 1 case had been closed but had then received an interested party query. This point would be taken forward to ascertain if the legislation could be amended.

e) The report showed the continuing improvement in “not in order” rates which were consistent across Scotland and an increase in electronically completed Medical Certificates of Cause of Death.

f) The Standard Operating Procedure with the Procurator Fiscal was working well.

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

 g) The document would be finalised and then circulated widely, including to Scottish Government and the HIS Board.

 h) The Deputy Senior Medical Reviewer post continued to work well on an interim basis.

The Committee noted the report, highlighting the excellent work delivered by staff, and approved it for publication.

4.2 Strategic Stakeholder Advisory Group (SSAG) Update

The Director of Improvement provided an update following the SSAG meeting which took place on 16 May 2019. The following points were highlighted:

a) The group had been in operation since January 2018 and the purpose was to advise HIS on its work in the integrated space.

b) Its members were varied, representing at a senior level stakeholders such as Scottish Care, COSLA, the Alliance, the Care Inspectorate and the housing sector.

c) The report presented captured outputs from the May meeting which focused on Mental Health. Mental Health specialists had been invited to the meeting and this, alongside the theme-focused approach, had been very successful.

d) The advice generated by the group would be captured in the Operational Plan process and the Board’s strategy event in October.

In response to a question from the Committee, it was advised that the topic for the next meeting, following that on Primary Care, had not yet been decided.

The Committee noted the report, advising that this was an excellent example of effective stakeholder engagement. They agreed the proposals set out.
### 4.3 Sharing Intelligence for Health and Care Group Memorandum of Understanding

The Director of NMAHP presented this paper and highlighted the following points:

- **a)** The Group was a collaboration of seven organisations that met every six weeks to review published and soft intelligence.
- **b)** The Director co-chaired the group and provided data analysis and the secretariat function.
- **c)** A meeting had been held that week with the NHS Scotland Chief Executive and the setting up of an emerging concerns group was discussed.
- **d)** With the agreement of the NHS Board Chief Executives, the letters that they receive which summarise findings would soon be published.
- **e)** The Group’s annual report would be published shortly.

The Committee noted the memorandum of understanding.

### 5. CLOSING BUSINESS

#### 5.1 Risk Management for the PCCG Committee

The Director of Finance and Corporate Services presented the latest report on the risks assigned to the Committee, highlighting the following:

- **a)** The PCCG Committee was the Committee with most risks assigned to it due to the remit of its work.
- **b)** The Executive Team had undertaken a detailed review of the corporate risks and operational risks had also been reviewed.
- **c)** The new risk related to the National Hub at agenda item 2.3, would be added.
- **d)** Risk management would be discussed in detail at the Board seminar the following week.

In response to questions from the Committee, the following information was provided:

- **e)** Regarding risk 903, adverse events, the risk had arisen due to lack of clarity around the ask of HIS. This was a reputational risk associated with non-delivery as this was an ask of the Health and sport committees deliberations on governance there. A further meeting with Scottish Government would mitigate the risk as well as having staff in place to look at standardization of the approach.
- **f)** Regarding risk 840, Mental Health Access Improvement Support Team (MHAIST), posts supporting work on a tight timeline had been agreed for funding by the Executive Team for another year and costs would be absorbed within the organisation. A recruitment adviser had been recruited and the work was closely managed by the Unit Head and Director to ensure progress.
- **g)** Regarding risk 454, SMC, there was a backlog of submissions and issues with staffing. The average waiting time for a new medicine would be advised.
- **h)** Regarding risk 888, Evidence and Evaluation of Improvement Team (EEvIT), this had arisen due to senior staff leaving and problems with recruitment.
- **i)** The risk related to Independent Healthcare was not on the report and this would be investigated.

The Committee noted the update and, subject to the comments above, were assured by the management of risks.

**5.2 Board report: key points**

The Chair summed up the three key points for reporting to the Board as follows: The Simon McKenzie Report; Operational Plan performance reporting including horizon scanning, the escalation process and the proposal to change the name of the Committee to the Quality and Performance Committee.

### 6. DATE OF NEXT MEETING

6 November 2019, Delta House, Glasgow
SUBJECT: Scottish Health Council Committee: key points

1. Purpose of the report
This report provides the Healthcare Improvement Scotland (HIS) Board with an update on key issues arising from the Scottish Health Council (SHC) Committee meeting on 26 September 2019.

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

a) Diversity in involving people
The Committee were updated on the Involving People Equality Monitoring Report 2018-19. This is a snapshot of the makeup of those people HIS have engaged with during the year with the report produced to determine the level of engagement with a diverse range of people across the organisation. The Committee agreed that the report was robust and helpful, and it was suggested that to further enhance the data it would be beneficial to include year on year comparisons in future reports. The consistent use of equality monitoring forms continues to be encouraged as a means of ensuring HIS staff consider how they engage with groups of people whose views are often underrepresented.

b) Volunteering NHS Scotland Programme
The Committee was provided with an overview of the support provided through the Volunteering Programme team to develop volunteering across NHS Scotland. There are currently an estimated 6,500 volunteers directly engaged by NHS Boards in Scotland with young people (under 25) making up 40% of the total. The Committee was updated on progress towards three national outcomes with a moving focus from building the volunteering support infrastructure towards a concentration on enhancing patient experience and volunteer health & wellbeing and recognising the positive contribution volunteering makes. The Committee recognised the positive impact that volunteering can have on the individual volunteer's mental health and suggested further exploration around research and evidence in this area would be helpful.

c) Community Engagement and Improvement support – Gathering Views
The Committee were advised of the capacity challenges which are faced across the local offices in relation to the number of requests for support through Gathering Public Views. It was agreed that a more strategic approach to responding to these requests would be developed within the context of the Operational Framework and the Directorate’s new ways of working.

Suzanne Dawson
Chair
Scottish Health Council
Minutes – V1.0

Meeting of the Scottish Health Council Committee
27/06/2019
Delta House West Nile Street, Glasgow G2 1NP

Present
Suzanne Dawson (SD) Chair
Elizabeth Cuthbertson (EC) Member
John Glennie (JG) Member
Christine Lester (CL) Member

In attendance
Anthony McGowan (TMG) Review and Implementation Lead
Christine Johnstone (CJ) Community Engagement & Improvement Support Manager
Daniel Connelly (DC) Service Change Manager
Lynsey Cleland Director of Community Engagement
Sandra McDougall (SMD) Interim Deputy Director of QAD

Apologies
Alison Cox Member
Irene Oldfather (IO) Member
Lesley Marr Service change Manager

Committee support
Susan Ferguson (SF) Committee Secretary

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<td>WELCOME &amp; APOLOGIES FOR ABSENCE</td>
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Suzanne Dawson (SD) welcomed those attending the meeting and introduced Lynsey (LC) as the new Director of Community Engagement and Chief Officer of the Scottish Health Council. A particular welcome was extended to Elizabeth Cuthbertson (EC) who has returned after a period of absence.

SD thanked Sandra McDougall (SMD) on behalf of the Committee for the valued contribution she has made to the Scottish Health Council whilst covering the role as Acting Director. On a personal note SD also thanked SMD for the support she has given over the last few months.

As part of the introductory remarks SD advised the Committee that she and LC will be considering how best to widen the membership of the Committee and strengthen the public voice. SD and LC will also be considering the links between the Committee and the Service Change Working Group, especially regarding the timing of meetings.
Apologies for Absence

Apologies were received from Alison Cox (AC) and Leslie Marr (LM).

1.2 Minutes of Previous Meeting (23/04/2019) & Matters Arising

Minutes of the previous meeting were confirmed as an accurate record and approved. Matters arising were noted as follows:

- Item 2.1 - TMG to amend Change Implementation Plan and issue to Scottish Health Council staff- TMG confirmed this was actioned.
- Item 2.2- TMG to share feedback from NHS Boards on the Participation Standard with the Committee – TMG confirmed that this was actioned.
- Item 2.2 -SMD to amend Appendix 1- SMD confirmed changes were made.
- Item 2.3- CJ to update the Committee on GP practice survey results at June meeting – CJ confirmed that this would be covered in agenda.
- Item 2.3- SF to add to the primary care work stream to the business planning schedule- SF confirmed Business Planning Schedule was updated.
- Item 3.2- SMD to amend progress report and issue to Scottish Health Council staff-SMD confirmed the action was complete.
- Item 3.3- SMD to revise directorate operational plan format to align to revised performance reporting to the Healthcare Improvement Scotland Board- LC advised that work on revised performance reporting is ongoing and that the Committee would receive a verbal update later in the agenda.
- Item 3.4 -SF to print colour copies of the Risk Register for future meetings (ongoing) - SF confirmed action was complete.
- Item 4.1- DC to extend meeting invitations to the Service Change Working Group to CL- DC confirmed action was complete.

1.3 Business planning schedule

The Business planning schedule was noted. SD confirmed that this document will be reviewed by LC and herself with any suggested changes being shared at the next Committee meeting.

2 STRATEGIC BUSINESS

2.1 Scottish Health Council Change Implementation plan

LC referred to the Scottish Health Council implementation plan paper, which had two appendices attached.
With regard to Appendix 1- Phased changed implementation plan- TMG provided the Committee with an update, highlighting work-stream 1 (Senior posts and induction). TMG advised the Committee that the job evaluation panels for the directorate senior management posts were moving forward and was confident that recruitment for the Function Head positions would be in the August/September timeframe.

TMG also referred to work-stream 4 (Communications), advising the Committee that Carole Wilkinson, Chair of Healthcare Improvement Scotland, Robbie Pearson, Chief Executive of Healthcare Improvement Scotland, Suzanne Dawson, Chair of Scottish Health Council, Lynsey Cleland, Director of Community Engagement and Lynda Nicholson Head of Communications, are due to meet on 16 July 2019 to further discuss the new operating name and brand identity for the Scottish Health Council.

TMG then provided the Committee with the rationale behind the draft directorate development plan, explaining that the development plan will underpin the change implementation plan and support the planned changes to staffing, structure and ways of working. TMG explained that this is an iterative plan and will be updated as the plan further evolves.

Following discussion by the Committee, it was agreed that TMG would review some of the language used within the directorate development plan, particularly in relation to the section on what the directorate doesn’t do. The Committee also made suggested changes to the section on ‘Developing existing and new volunteering roles within the directorate and across the Organisation’, and proposed the need to refer to digital considerations for the directorate. TMG agreed that the relevant changes would be made and the plan updated to reflect these.

The Committee were in agreement for the directorate development plan to move forward.

2.2 Strengthening Patient and Public involvement in Primary Care

CJ presented an update to the Committee on the results of a GP practice survey which ran for 4 weeks in April/May 2019. The survey is part of work to further develop Primary Care as a thematic programme within the directorate, and support cross-organisational work in Healthcare Improvement Scotland.

CJ advised the survey was made available to all 944 General Practices in Scotland. 388 responses were received, equating to a 40% response rate. CJ noted that there were 19 questions in total and provided the Committee with a summary of the initial analysis. Further analysis on the responses is to be undertaken and the final report will be fed back to the Committee at the next Committee meeting on 26 September 2019.

The Committee found the insight to the GP Practice survey beneficial and would like to further explore how the learning from this survey can be used to inform the work of the Scottish Health Council and cross-organisational work in Healthcare Improvement Scotland. SD proposed that it will be important to consider how best to promote the key messages and learning from the survey. The committee highlighted opportunities to involve agencies such as the Royal College of General Practitioners (and in the future the new public health body). This will need the involvement of the Communications team.
### 3.1 Corporate Parenting Action Plan

SMD provided the Committee with an overview of the Children and Young People Working Group (CYPWG) and explained the role it has within Healthcare Improvement Scotland. SMD then introduced Graeme Morrison (GM), Public involvement Advisor, to provide the Committee with an update on the group’s progress with the Corporate Parenting Action Plan.

GM noted that the CYPWG provides a platform for staff across the organisation to consider how we are meeting our legal duties in relation to children and young people, highlight good practice and promote cross-organisational working. GM informed the Committee that the CYPWG meet quarterly to review the progress of the Corporate Parenting Action Plan. GM highlighted that the plan now has a RAG Rating for each action. The majority of the actions are sitting on green status and GM advised that work is ongoing to consider how best to progress the amber actions in the plan.

GM provided the Committee with highlights of the activities carried out in the previous year to raise awareness of Healthcare Improvement Scotland’s Corporate Parenting duties. GM also highlighted that through collaborative work with Who Cares? Scotland, a new corporate parenting e-learning module has been developed for staff that is now in the testing phase.

CL proposed the need for the CYPWG to consider the organisation’s corporate responsibility to all children and young people, not just those in care. SMD suggested GM could do some research into other agencies with Corporate Parenting responsibilities to establish and learn from their approach.

SD thanked GM for attending the meeting and giving the Committee an update on the work involved in CYPWG.

### 3.2 Operational Plan

LC provided a brief overview of Healthcare Improvement Scotland’s Operational Plan for 2019/20 (Appendix 1), highlighting the areas of the plan that were particularly relevant to the work of the Scottish Health Council. LC explained that the Directorate Management team had been developing their team objectives both individually and at a cross–direc- torate level to support delivery of the Operational Plan. The Committee were advised that these objectives had not been formally recorded in the usual format because the directorate’s Operational Plan reporting template is being reviewed as part of corporate wide work to review reporting processes.

In the absence of a written report the Directorate Management provided the Committee with a verbal update on progress with key objectives for their teams in 2019/20.

The Committee thanked the Directorate Management team for providing the verbal update and acknowledged the ongoing work to align performance reporting to the Committee with revised corporate reporting processes. It was agreed that the Committee would receive a written performance report at the next meeting.

| GM to feed in Committee’s comments to the CYPWG. | LC to revise the directorate operational plan to align with revised corporate performance reporting. | LC to provide a written update on directorate performance to the September meeting. |
CL asked LC and the Directorate Management team for feedback on any concerns with regard to delivering the objectives discussed during the verbal update. LC advised that the main challenge was the directorate’s capacity to deliver its objectives in the timeframes given when a number of senior posts within the new directorate structure have still to be appointed. To help mitigate this LC advised that an interim Senior Programme Manager is being sought to provide additional capacity while the new senior team are being appointed. LC also advised that recruitment of the directorate’s senior team was being progressed as a matter of priority.

3.3 **Risk Register**

The Committee reviewed the Risk Register. Following discussion with regard to the risks listed, the Committee were content with the level of risk recorded for existing risks and agreed there were no new risks to be added.

3.4 **Service Change Briefing**

DC introduced the service change update paper and referred to earlier discussions at the Service Change Working Group. This update was noted by the Committee.

Following the update, JG proposed that the Scottish Health Council’s interim operating position for supporting public involvement in service change in Health and Social Care Partnerships should be revisited.

It was agreed that the operating position will be looked at in the context of current service change considerations and the ongoing work to develop new guidance on community engagement for Health Boards and Health and Social Care Partnerships. The Committee also agreed that the interim operating position should then be resubmitted to the Healthcare Improvement Scotland Board for the Board’s consideration.

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<td>4.1 <strong>Service Change Working Group</strong></td>
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Service Change Working Group action points from meeting on 28 February 2019 were noted.

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<th>5.0</th>
<th>Key Points</th>
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After discussion with the Committee it was agreed that SD would highlight the following 3 points to the Board.

1. Strengthening patient and public involvement in primary care
2. Corporate parenting update
3. Review of interim operating position for service change in Health and Social Care Partnerships

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<th>5.1</th>
<th>AOB &amp; Close</th>
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LC advised that a joint development session with the Scottish Health Council Committee and Staff Governance Committee on equalities is being planned and further information will be circulated in due course.
<table>
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<tr>
<th><strong>Date of next meeting</strong></th>
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<tr>
<td>26 September 2019, 6th Floor, Delta House, 50 West Nile Street, Glasgow, G1 2NP.</td>
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SUBJECT: Staff Governance Committee: draft key points

1. Purpose of the report
   This report provides the Healthcare Improvement Scotland Board with an update on key issues arising from the Staff Governance Committee held on 16 October 2019.

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

   a) Directorate Presentations

   The Committee received presentations from two Directors (Director of Finance & Corporate Services and Director of Nursing, Midwifery and Allied Health Professionals, NMAHP) as part of a rolling programme to learn how each directorate is implementing the Staff Governance Standard. The presentations included information on the work of the directorate, iMatter action plans, current recruitment challenges and integration of the Partnership Forum.

   b) Culture Survey

   The Committee received an update on the Culture Survey which had now closed with a 65% participation rate. This was considered a good response. Results were expected to be available before the end of the year. The Committee will review these at its next meeting and it is hoped they will provide information from a slightly different angle to that of iMatter.

   c) Public Protection

   The Director of NMAHP presented an update on the organisation’s work in Public Protection and the latest statistics related to staff training in this area. This was important because the organisation was already involved with child and adult protection issues. 291 staff had completed the online training and 143 staff had attended the face to face training. It was noted that bespoke training could be provided for any members of staff who felt uncomfortable with the standard training.

Duncan Service, Employee Director
Chair of Staff Governance Committee
MINUTES – Approved

Meeting of the Healthcare Improvement Scotland Staff Governance Committee at 10:00
29 August 2019
The Boardroom, Gyle Square, Edinburgh

Present
Duncan Service Board Member, Committee Chair
Bryan Anderson Board Member
Christine Lester Board Member
Kathleen Preston Board Member

In attendance
Sybil Canavan Associate Director of Workforce
Anne Lumsden Head of Organisational Development and Learning
Andrew Moore Deputy for Director of NMAHP
Safia Qureshi Director of Evidence
Robbie Pearson Chief Executive
Maggie Waterston Director of Finance and Corporate Services
June Wylie Deputy for Director of Improvement
Belinda Henshaw Partnership Representative
Kenny Crosbie Partnership Representative

Suzanne Dawson Board Member, Observer

Committee Support
Michelle De Felice Minutes

Apologies
Alastair Delaney Director of Quality Assurance
Lynsey Cleland Director of Community Engagement
Ann Gow NMAHP Director
Ruth Glassborow Director of Improvement
1. **WELCOME AND APOLOGIES FOR ABSENCE**

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

1.2 **Declaration of interest**

No declarations were noted.

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

2.1 **Minute of Staff Governance Committee meeting on 14 May 2019**

The minutes of the meeting held on 14 May 2019 were approved as an accurate record of the meeting with the following amendment:

Item 8.3 paragraph A, removal of the word signposting.

2.2 **Review of action point register of Staff Governance Committee on 14 May 2019**

The Committee reviewed the action point register from the meeting on 14 May 2019 and noted the status report against each action. The following action point was discussed:

4.2 – It was noted this item was on the agenda for comment later in the meeting

The Committee were content with the progress made on the action point register.

3. **COMMITTEE GOVERNANCE**

3.1 **Business planning schedule**

The Chair presented the Business Planning Schedule.

The Committee noted that Workforce Metrics for Allied Health Professionals (AHP) should be provided to the Committee as part of the AHP Registration.

The Committee was content with the remainder of the business planning schedule.

3.2 **Committee Secretary**

4. **CORPORATE**

4.1 **Workforce Plan 2019/20 Update on Progress**

The Associate Director of Workforce provided an update on progress with the high priority actions identified in the Workforce Plan 2019/22. Actions achieved since the plan was agreed are:

- a) Deployment of the new National Recruitment System, Job Train, including service level timelines for each major stage of the end-to-end process.
- c) Headcount/Whole Time Equivalent (WTE) information is presented to the Executive Team on a monthly basis.
- d) eESS will be maintained ensuring only budgeted jobs are in the system with the template locked down at 1 April and variances (filled v vacancies) monitored against that.
- e) Introduction of the combined systems of OBIE and Tableau to provide appropriate people management information.
- f) Establishing the reasons for some line manages inaccessibility to sick absence reporting.
- g) Testing, launching and continually improving the content of the career pathways.
area on The Source.
h) Development and implementation of approaches to support learning in relation to the strategic organisational priorities.

Actions in progress and requiring further focus with the Executive Team include:

i) Arranging for a working group to review the organisation’s recruitment approaches, factoring in challenges detailed in the ihub recruitment paper.
j) Reduction in the constant high level of recruitment to vacancies and backfills by considering some exceptional “one off” suggestions that will support delivery of the Operational Plan.

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

k) To improve the presentation of information in the report, a RAG status update will be provided and the presentation of data reviewed.
l) Regarding the timescale for item 3.5.3, it was confirmed that the Internal Audit review had taken place and that capacity planning is being tested within the Quality Assurance Directorate.
m) There will be consideration of how the organisation uses Job Train to safeguard against losing staff, including how to increase the attractiveness of the post.

The Committee welcomed the report and the improved information presented. They were assured on the progress made.

4.2 National Board Collaboration

The Chief Executive presented an update paper on the current work streams as part of the National Boards Collaborative. The purpose of the National Boards Collaboration is to progress opportunities to support a more effective collaboration, which can enhance or accelerate the delivery of service resilience and sustainability through sharing finite skills and or resources. Key highlights and achievements over the past 3 months include:

a) Establishment of an internal support services transformation work programme for 2019-20.
c) Establishment of an Estates Rationalisation Programme. In this regard, the Director of Finance and Corporate Services advised that the lease for Delta House ends in March 2021 and options are being considered.

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

d) A steering group will be set up to look at the accommodation options available in 2021.
e) Regarding the possibility of setting up a community base outwith the central belt, a balance would need to be achieved for the costs of travel for staff outwith the two current locations.
f) It may be possible to consider more home working opportunities, subject to home assessments.

The Committee noted the update.
5. WORKFORCE INFORMATION

5.1 Workforce Data

The Associate Director of Workforce presented this paper, providing an update on a range of workforce metrics across the organisation for the period from 1 April 2019 to 31 July 2019. The following points were highlighted:

a) Headcount data was provided including turnover information.
b) Recruitment activity has seen 50 campaigns advertised since the beginning of the financial year.
c) Absence data was provided.
d) Employee relations activity demonstrated that the majority of cases related to absence management.
e) Performance Development review activity is currently 98.7% of eligible staff have undertaken a PDR and 95.2% have recorded their discussion on TURAS.
f) The report included Health and Safety details for the last quarter. Recruitment is underway for a directly employed Health and Safety Advisor for Healthcare Improvement Scotland to strengthen current Health and Safety arrangements within the organisation.
g) Narrative information has been provided for the Shared Services activity and current service level agreements in place.

In response to the questions from the Committee, the following was highlighted:

h) The Workforce Data is presented to the Executive Team on a monthly basis.
i) The organisational absence rate of 3.7% is slightly higher than last year but lower than the NHS benchmark of 4%. Work is ongoing into the reasons for long and short-term absences.
j) Once recruitment to the Health and Safety Advisor post is complete, the SLA with National Services Scotland will cease. A SLA for Fire Prevention will be ongoing with National Services Scotland and for ICT with Scottish Ambulance Service.
k) Reporting will be improved by the use of Tableau, a demonstration of which will be given later in the meeting.
l) Reasons for PDR not being completed include, long term sickness or change in line management, these issues are being examined to ensure compliance within the TURAS system.
m) A low level of incident reporting was noted on the Health and Safety update. There has been another instance of somebody trying to enter Delta House by tailgating. It was agreed to raise this at the Health and Safety Committee for further discussion.
n) There are specific posts that the organisation find difficult to appoint to, such as Health Economists. It is helpful to understand the context around these, the mitigations and the most problematic areas.
o) The SSTS system has a sickness absence default of “reason unknown”. It is the responsibility of the manager to update the system once the reason for absence has been confirmed. Further work is required on this to ensure more accurate reporting. However, this requires the cooperation of staff by disclosing the reason for absence.
p) A short life-working group on health and wellbeing has been set up and the HR team will look into the use of stress risk assessments going forward.

The Committee noted the report and welcomed the additional information now being presented.
5.2 **Tableau Presentation Session**

The Chair welcomed Angela Paton from the Workforce Information Team in NSS and Dougie Craig, Resource Specialist from Healthcare Improvement Scotland to the meeting to give an overview of the Tableau system.

Tableau is a data visualisation tool, which is changing the way HR data is presented within the NHS. It has interactive views, high-level summaries and trend data, allowing managers to view the cost of absence, workforce demographics and conduct forecasting.

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

a) The system is ready to be rolled out within Healthcare Improvement Scotland, pending confirmation of user names to provide access.
b) Monthly uploads of data occur around the sixth of the month.
c) Reports can be extracted instantly, and printed in PDF.
d) A recruitment tab will be added by the end of the year.
e) Tableau has been in use by NSS since 2015 and stores 3 years’ worth of data for comparison.

The Committee welcomed the presentation and noted the update.

5.3 **Staff Governance Standard Directorate Update**

The Director of Evidence was invited to present to the Committee. The Director acknowledged they have only been in post since 1 July 2019 and recognised the work of the previous Director, Sara Twaddle.

The Director gave an update on the Directorate structure and services:

a) There are 94 staff with a skills mix of approximately seven different role groups.
b) There are skills gaps in each of the functions and more work will be done to identify the cause and deploy skills effectively. There will be a possible redistribution of administration and project support throughout the Directorate.
c) For hard to recruit to posts, the options for training are being examined, for example, giving staff day release to gain their MSc.
d) The sickness absence rate for the Directorate is 2.9% while 69% of the sickness is attributed to long-term conditions.

The Director gave an update on how the Directorate is performing against the Staff Governance standards. The following points were highlighted:

e) Well-informed – Directorate Management Team meetings, Wednesday Morning Management meetings and huddles are held. There are 1-1 catch ups between managers and staff, and positive iMatter feedback. A new monthly email update from the Director will be introduced. The Directorate governance, reporting structures and content on The Source will be reviewed.
f) Appropriately trained & developed – A buddy is assigned to new staff to support them during their first few months. Administration and project staff are encouraged to join the Awesome Network and sign up for training courses that become available on The Source.
g) Involved in decisions – This is taken forward by using team meetings and huddles, staff consultation, staff surveys, 1-1’s, Directorate away days, inclusion of staff at all levels in any Directorate developments and introducing new approaches to cross-directorate working.
h) Treated fairly and consistently, with dignity and respect in an environment where diversity is valued – work is ongoing via in house training sessions, access to policies included in induction meetings and regular 1-1’s, and also via the
Equality and Diversity advisor.

i) Staff stories have been featured on The Source, including working mums and breaking barriers with a post hosted through the Glasgow Centre for Inclusive Living scheme.

j) iMatter results for the Directorate gave a 90% response rate and an employee engagement index of 80.

k) Work is still required on transparency and visibility of decision-making, and teams getting to know each other better. Development of iMatter action plans will support this.

The Committee noted the update and thanked the Director of Evidence for the presentation, noting that it had improved understanding of the issues faced within the Directorate that appear in the risk register and the iMatter report.

It was agreed that Directors would advise who would present at the next meeting.

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

6.1 iMatter Update

The Head of Organisational Development and Learning presented on the iMatter process, a key measure in monitoring fulfilment of the Staff Governance Standard.

The following points were highlighted:

a) The response rate has increased by 4% from last year to 90%. This suggests that as a Board, the iMatter process is being valued more.

b) The overall employee engagement index has seen a slight decrease of 2 points to 78.

c) This year smaller teams were encouraged to participate, accepting the associated risk of there being more ‘no reports’. From a total of 100 potential reports, there were 18 “no reports”. 17 were from small teams although the collective response from all “no report” teams exceeded 60%.

d) There was a significant increase in the number of teams achieving 100%, increased from 36 last year to 51.

e) Teams are currently meeting to discuss their team reports and to agree action plans, which are due to be agreed and uploaded onto the iMatter system by 23 September 2019.

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

f) Conversations are now taking place between smaller teams to encourage regular meaningful engagement.

g) The recent Culture Survey will provide more information.

h) The Partnership Representative requested some caution with the results from iMatter as they are not broken down by Directorate.

i) Generally, the scores are very positive. For those teams with lower scores there is a need to understand why these scores arise and support teams to improve.

The Committee noted the report and progress made within the organisation.

6.2 Sturrock Report Update

The Associate Director of Workforce presented an update on the organisational response to the Sturrock Report. Since the submission of the response at the end of June 2019, a development session was held with the Partnership Forum on 8 August 2019 and outputs from that will focus on a number of specific activities.
These will also take account of the Culture survey results. This process will also involve further updates to the Committee and Board.

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

a) Building relationships and trust is important through regular and meaningful contact and maintaining an appropriate relationship between staff side and management.

b) iMatter is most valuable at team and Directorate level.

c) There is a need to recognise pressure from external stakeholders and how that will then impact on the organisation and staff.

d) There is a tool which measures psychological safety in organisations and it was agreed that this would be considered for use in HIS.

The Committee noted the report and were assured by the actions in place.

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<th>6.3 Exit Interview Process</th>
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<td>The Associate Director of Workforce presented a paper to share the latest draft of the revised online exit interview process. The draft questionnaire presented allowed staff to complete this form online and submit anonymously. It also allowed individuals the option of providing more information if they wished to do so.</td>
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In response to questions raised by the Committee the following was highlighted:

a) A review of the wording on page 4 of the survey will be required before being issued as a live document as there is some confusion over the use of team and organisation.

b) Feedback to Directorates is currently provided annually from the Exit Interview process, however this will change to six monthly depending on activity.

The Committee noted the report.

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<th>7. RISK MANAGEMENT</th>
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<td>7.1 Risk Management/Risk Register</td>
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<td>The Director of Finance and Corporate Services introduced the paper to provide the Committee with information to enable them to review the risks relating to the remit of the Committee. The following information was highlighted:</td>
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a) There is one corporate risk for review by the Committee related to the Workforce Strategy. The narrative for this risk has been updated in the papers issued to the Audit and Risk Committee for their meeting on 4 September 2019.

b) The Executive Team have undertaken a collaborative and detailed review of the corporate risk register.

c) The Committee is asked to note that the organisation’s risk management approach will be further refined following the Board Seminar session on risk management on 21 August 2019.

The Committee were assured with the management of the risk presented.
8. PAPERS FOR INFORMATION

8.1 Partnership Forum Minutes/Key Points
The Partnership Forum representative provided an update on key items from the Partnership Forum meeting held on 6 June 2019, the following was highlighted:

a) Updates were provided on the Medical Director recruitment programme and the internal change programme.
b) The Director of Community Engagement provided an update on the Scottish Health Council change implementation.
c) Feedback was provided on the Staff Governance Action plan 2018-19.
d) The introduction of a culture survey was discussed along with an update on the work of the Dignity at Work advisors. HR are looking at interim measures to support advisors.

The three key points from 6 June 2019 were:
1. HIS Internal Change.
2. Staff Governance Action Plan.
3. Dignity at Work.

The three key points from 8 August 2019 were:
1. Workforce planning.
2. Culture survey.
3. Exit interviews.

The Committee noted the update.

9. ANY OTHER BUSINESS
The Chair gave their formal thanks to Bryan Anderson, as this was his last Committee meeting prior to his resignation from Healthcare Improvement Scotland, and acknowledged his contribution to the organisation since 2015.

10. STANDING BUSINESS
10.1 Board report 3 key points
The Chair would prepare a report for the Board highlighting the key points from the meeting. The key points were agreed as:

2. Director presentations to the Committee.
3. Tableau presentation.

10.2 Feedback Session
The Chair invited the attendees to provide feedback by email on any reflections of the meeting.

11. DATE OF NEXT MEETING
The next meeting of the Staff Governance Committee will be held in meeting room A, Gyle Square on 16 October 2019.