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We are committed to ensuring that patients and the public are at the heart of all we do. Throughout the year we have continued to support healthcare providers to drive improvements and deliver safer, more effective and person-centred care for the people of Scotland.

We are a relatively small organisation, but each year it feels like our contribution to healthcare improvement grows and now spans a wide range of topics and issues. For example, the Scottish Patient Safety Programme continues to grow its contribution to making care as safe as it possibly can be; our advice on which medicines give the greatest benefits and value to Scotland (through the Scottish Medicines Consortium) has developed to enable the patient voice to have an even greater say; and our inspections of care being delivered to our older people in acute hospitals, and on the cleanliness of hospitals, are helping drive the highest standards of quality and safety.

As we head into our fifth year, there are more challenges ahead. The integration of health and social care as part of Scotland’s 2020 vision will further shape our future development, performance and position. Over the next three years, we will refocus our activities to work with colleagues across health and social care, supporting them to drive improvement across all aspects of care.

We will also be developing our response to legislative changes in relation to the regulation of independent healthcare, a new power to close wards and the introduction of the duty of candour for health and social care providers.

This will all be carried out against the backdrop of a challenging financial climate for the public sector. We have achieved our financial targets for 2014–2015 and are always conscious of the need to deliver best value for every pound of the public purse we spend.

As we look forward to these new challenges, we will continue to work in partnership with stakeholders across health and social care to help ensure the people of Scotland receive the best possible care.

D. A. Coia
Chairman

Angiolina Foster CBE
Chief Executive
Who we are

Healthcare Improvement Scotland drives improvement in the quality of healthcare for all people in Scotland.

Our work supports the priorities of those who give and receive care, and, in particular, the 2020 vision for Scotland where people are able to live longer, healthier lives at home, or in a homely setting. We work in partnership with those delivering care to make improvements in services which are cost effective and sustainable.

We have organised this report to reflect the progress on the priorities identified in the organisation’s strategy. These are to:

- empower people to have an informed voice in managing their own care and shaping how services are designed and delivered
- provide the best available evidence to provide national clinical standards, guidance and advice
- support best practice by providing programmes of world class support to help services improve, and
- deliver scrutiny activity which is fair but challenging and leads to improvements in the care that people receive.
Supporting best practice

We work collaboratively with healthcare providers, partner organisations and the public to make improvements to health and social care.

We share best practice in a number of ways, including:

- identifying, collecting and sharing examples of changes that have led to improvement
- bringing together those who do improvement work so they can learn from each other, and
- holding events where healthcare staff and patients can share their experience of making change.

In 2014–2015, we supported best practice in a number of ways, including the following.

Scottish Patient Safety Programme

"Healthcare Improvement Scotland plays a key role in saving lives...people are alive today and spending time with their families and contributing to society as a result of the work led by Healthcare Improvement Scotland."

Professor Kevin Rooney, Consultant, Intensive Care, NHS Greater Glasgow and Clyde
Doctor of the Year, Scottish Health Awards 2015

This is a unique national initiative which aims to improve the safety and reliability of healthcare and reduce harm whenever care is delivered.

The Scottish Patient Safety Programme (SPSP) has a number of safety programmes which have contributed to improvements in NHSScotland, including the following.

Acute adult

We have led a collaborative group which focused on improving care around sepsis (a potentially life-threatening complication of an infection) and venous thromboembolism (where a blood clot forms in a vein). By December 2014, the collaborative helped to deliver a number of improvements, including:

- data reported from Scottish hospitals shows that 80% of sampled patients who are identified as having sepsis now receive antibiotics within an hour. This is important as evidence tells us that each hour’s delay in delivery of antibiotics causes a 7.6% increase in risk of dying, and
- a relative reduction in mortality from sepsis of 19.9% over the lifetime of the collaborative.
**Maternity and Children: paediatric workstream**

We have been working with NHS boards and are seeing reductions in harm measured by the Paediatric Serious Harm Key Indicators (PSHKI).

Results to date are encouraging and include a 50% reduction in unplanned admissions to the paediatric intensive care unit – the most frequently reported harm – in two NHS boards. Reduced admissions to intensive care can be an indication that deteriorating patients are being detected and treated earlier on the wards.

Figure 1 below shows data on unplanned internal admissions to intensive care from NHS Greater Glasgow and Clyde.

*Figure 1: NHS Greater Glasgow and Clyde - Unplanned admissions to paediatric intensive care*

NHS boards are also demonstrating a significant reduction in paediatric central line blood stream infections and ventilator associated pneumonia.

**Mental health**

The programme has supported the development of 26 safety principles. These are a number of interventions and processes that are being reviewed and tested across the country with the view that all, or a combination of these, will contribute to a reduction of harm in people who use mental health services.

One of these safety principles is the Patient Safety Climate Tool which has been used across Scotland and has so far given over 400 patients the opportunity to discuss how they feel about safety in inpatient wards.

Data gathered from individual wards show a number of areas across NHSScotland are making real improvements, including:

- a reduction of up to 63% in the rate of restraint
- reductions in the percentage of patients who self-harm of up to 57%, and
- a reduction of up to 54% in rates of violence.
Primary care
In 2014–2015, 93% of all GP practices in Scotland completed the primary care safety climate survey. The survey report provides an opportunity for practice teams to meet and discuss how they can improve their safety culture, and allows issues to be raised and prioritised for action.

The Scottish Patient Safety Programme Pharmacy in Primary Care Collaborative, funded by the Health Foundation, was launched in November 2014. The Scottish Patient Safety Programme supported NHS Fife, NHS Grampian, NHS Highland, and NHS Greater Glasgow and Clyde to recruit 29 pharmacy teams to take part, with representation from dispensing practices and independent and multiple pharmacies in both urban and rural locations. The aim is to improve reliability for the safer prescribing, monitoring and dispensing of high risk medicines, for example medicines which are administered in the wrong way.

Improvement programmes for medicines and healthcare associated infections
Reflecting on the cross-programme nature of many aspects of each safety programme, the Scottish Patient Safety Programme launched improvement programmes in medicines and healthcare associated infections in early 2015.

More information about the Scottish Patient Safety Programme can be found at www.scottishpatientsafetyprogramme.scot.nhs.uk
**Person-centred health and care**

We work with organisations across health and social care to ensure that what matters to people is at the heart of how health and social care services are designed, delivered and improved.

We lead the Person-Centred Health and Care programme which is part of a Scotland-wide initiative that aims to improve healthcare services so they are focused on patients, their families and carers.

In 2014–2015, we brought together staff who provide direct care to patients from every NHS board in Scotland and formed a collaborative to:

- test how they can use feedback from people who use services to drive improvement, and
- develop person-centred approaches to healthcare.

We supported NHS boards to test person-centred care approaches to care and have introduced successful ideas into everyday practice including the following.

- All patients in the new Queen Elizabeth University Hospital Glasgow now have a ‘What matters to me’ section on the patient information whiteboard next to their bed. This came from an idea tested in the collaborative to make sure finding out what really matters to people is a routine part of how care is planned and provided.

- NHS Lanarkshire used the five ‘Must Do With Me’ principles of person-centred care, which were developed by the collaborative, as part of a survey of inpatients to understand if the care provided in their hospitals is person-centred and to identify opportunities for improvement.

- During 2014, the Person-Centred Health and Care Collaborative supported the spread of the ‘What matters to me’ approach to nine NHS boards, which has also now extended from paediatric care into other patient areas.

We are now leading a new programme of improvement work that focuses on further developing systems that use feedback from people who use services. This will provide a national approach that can be used across health and social care in Scotland.

More information about the programme and person-centred health and care is available at [www.healthcareimprovementscotland.org/our_work/person-centred_care/person-centred_collaborative.aspx](http://www.healthcareimprovementscotland.org/our_work/person-centred_care/person-centred_collaborative.aspx)
Building a quality improvement infrastructure

The NHSScotland Quality Improvement Hub (the QI Hub) is a national collaboration between Healthcare Improvement Scotland, special health boards, the Scottish Government Health and Social Care Directorates and the Scottish Government’s Joint Improvement Team.

The QI Hub has been leading on the Building a Quality Improvement Infrastructure programme which is helping NHSScotland move along the journey to a culture of continuous improvement.

Twelve NHS boards were helped to identify areas where they needed improvement support and these were followed up by expert ‘critical friend’ visits by healthcare professionals to challenge current practice in a positive way. These visits were well received and demonstrated that most NHS boards undertake significant quality improvement activity, but that there is still work to do to make this part of the culture.

We also identified areas where the QI Hub can help NHS boards, including supporting middle managers to lead quality improvement and helping to promote good practice throughout the NHS.

Given the extremely positive feedback to date from the first phase of the programme, the QI Hub has extended the offer of critical friend visits into 2015–2016.

Scottish Health Technologies Group

We are helping NHS boards to make innovative technologies available for use sooner through our Scottish Health Technologies Group (SHTG), which presents a balanced and impartial review of evidence about non-medicine technologies.

This year, SHTG has piloted a new process which helps NHS boards make innovative technologies available for use sooner.

Our Innovative Medical Technology Overviews summarise evidence about the product performance, safety, patient issues and value for money of individual medical technologies. This information provides NHS boards with a consistent, national overview that can help them make best use of their resources. This benefits patients by promoting the introduction of innovative technologies that can help deliver better healthcare.

In 2014–2015, we completed reviews of:

- a device for securing lines, drains and catheters to a patient, and
- a spray which promotes quicker healing of chronic wounds by using haemoglobin to transport oxygen to the affected area.

More information about the Scottish Health Technologies Group is available at www.healthcareimprovementscotland.org/our_work/technologies_and_medicines/shtg.aspx
New guidance and standards

Guidance on care of deteriorating patients

The Scottish Intercollegiate Guidelines Network (SIGN), part of Healthcare Improvement Scotland, has produced a series of recommendations to help healthcare professionals provide prompt and reliable care to hospital patients whose condition is deteriorating.

The guidance was developed by an expert group of doctors, nurses and allied health professionals and contains 20 recommendations for best practice, including:

- observations of patients should be carried out by staff trained to undertake these procedures and who understand their clinical relevance
- acute hospitals should use the National Early Warning Score (NEWS) system so that they can identify deterioration in the patient at the earliest opportunity, and
- all communication about the patient should take account of the wishes of the patient and family in addition to clinical information.

The recommendations contribute to the Scottish Patient Safety Programme by providing a nationally accepted description of an appropriate response to deteriorating patients.

This guidance underpins a national approach which aims to implement reliable systems of care across Scotland for hospital patients whose condition is deteriorating.

New standards for food, fluid and nutritional care

The standards apply to all patients, paediatric and adult, in both community healthcare and hospital care in Scotland. We are now developing standards on complex nutritional care for publication during 2015–2016.

Updated bowel screening standards

The standards for the bowel screening programme cover topics including information, uptake, the laboratory process and diagnostics.

New Scottish referral guidelines for suspected cancer

The guidelines aim to facilitate appropriate referral between primary and secondary care for patients whom a GP suspects may have cancer. The guidelines should help to identify those patients who are most likely to have cancer and therefore require urgent assessment by a specialist.
The Scottish Medicines Consortium

The Scottish Medicines Consortium, part of Healthcare Improvement Scotland, provides advice to NHS boards on which new medicines offer the greatest benefits and best value for the NHS and the people of Scotland.

Decisions are made by the Scottish Medicines Consortium following a rigorous examination of the information provided by pharmaceutical companies on the cost and benefits of their medicine. The views of clinicians, patients and patient groups are also taken into account.

Following a review into access to new medicines, the Scottish Medicines Consortium’s processes have been developed to improve their transparency and stakeholder involvement. These changes allow for increased input from all those involved in the process, in particular from patients and patient groups, and include:

- holding decision-making meetings in public
- a new Public Involvement Network made up of members of the public and representatives from patient and carer groups to advise on all aspects of public involvement
- more flexible decision-making processes for medicines used at the end of life or for very rare conditions
- pharmaceutical companies attending meetings to address any outstanding questions from the Scottish Medicines Consortium, and
- early engagement with pharmaceutical companies to help ensure good quality submissions.

In 2014–2015, the Scottish Medicines Consortium provided advice to NHSScotland on 89 new medicines: 67 (75%) were accepted for routine use by NHSScotland, while 22 (25%) were not recommended.

The Scottish Medicines Consortium also hosts the Scottish Antimicrobial Prescribing Group which has placed Scotland at the forefront when it comes to tackling the global threat of antibiotic resistance. Recent data show that primary care use of antibiotics is down by 5.4%.

More information about the Scottish Medicines Consortium can be found at www.scottishmedicines.org
Older people in acute care

“This is one of the best examples I’ve seen of a properly concerted, national drive to improve quality. Proper buy-in from the Scottish Government, clinicians fully engaged and a product aimed at driving quality improvement across all hospitals in Scotland is commendable.”

Professor David Oliver, President, British Geriatrics Society

Since 2012, we have been leading a national programme of work with NHSScotland to improve the care of older people in acute hospitals.

The Older People’s Acute Care programme has focused initially on two critical areas:

- ensuring older people in hospital identified with frailty are comprehensively assessed within 24 hours of admission, and
- increasing early identification and management of delirium.

Working closely with NHS boards, we supported improvement activity in a number of test sites, including:

- frailty screening in three wards resulting in decreases in length of stay, falls, and the number of complaints (NHS Lothian)
- the creation of ‘exemplar’ wards where improvements in delirium care are being identified and evaluated before being rolled out across the department of medicine for the elderly and further afield (NHS Greater Glasgow and Clyde)
- increased use of a tool to assess individuals for risk of delirium to 100% of patients over the age of 65 since its introduction in July 2013 (NHS Highland), see Figure 2 below, and
- a 50% decrease in the average number of falls each month in two wards between January 2013 and January 2015 (NHS Greater Glasgow and Clyde), see Figure 3 below.
We are also providing dedicated support to three NHS boards (NHS Greater Glasgow and Clyde, NHS Grampian and NHS Dumfries & Galloway) to test and co-ordinate national improvement initiatives at a local level. This approach aims to deliver a more joined-up approach across key areas, including frailty, delirium, dementia, person-centred care and patient safety in 2015–2016.

More information on the programme can be found at www.healthcareimprovementscotland.org/our_work/person-centred_care/opac_improvement_programme.aspx
QI Connect

Recognising the constraints on the time of healthcare professionals, a key focus within Healthcare Improvement Scotland’s Clinical Engagement Strategy is the use of information communication technologies to support them to work with us.

Established in 2014, our QI Connect WebEx series provides an opportunity for healthcare professionals to learn from international leaders in quality improvement. The series has grown on an international scale due to the calibre of speakers we have managed to secure, including:

- Maureen Bisognano (President and Chief Executive, Institute for Healthcare Improvement)
- Dr Beth Lilja (Executive Director, Danish Society for Patient Safety)
- David Meates (Chief Executive, Canterbury and West Coast District Health Boards, New Zealand), and
- Professor Mary Dixon-Woods (Professor of Medical Sociology, University of Leicester).

Almost 300 organisations (including 26 universities) link in to QI Connect from across 44 countries. QI Connect is also included as an approved resource within the International Society for Quality in Healthcare’s Fellowship programme.

More information about QI Connect is available at [www.healthcareimprovementscotland.org/our_work/clinical_engagement/qi_connect.aspx](http://www.healthcareimprovementscotland.org/our_work/clinical_engagement/qi_connect.aspx)
Assessing quality and safety

It is vital that the public have confidence that the healthcare services they use meet the highest standards of quality and safety.

We provide public assurance about the quality and safety of healthcare by scrutinising NHS hospitals and services, and independent healthcare services.

In 2014–2015, we assessed the quality and safety of services in a number of ways, including the following.

Safety and cleanliness of hospitals

“NHS Fife is committed to providing safe and effective care in good quality caring environments. These inspections are valuable in supporting us to achieve this.”

Helen Paterson, Director of Nursing, NHS Fife

This year saw the Healthcare Environment Inspectorate, part of Healthcare Improvement Scotland, complete its fifth year of inspecting the safety and cleanliness of hospitals.

In 2014–2015, the Healthcare Environment Inspectorate carried out 29 inspections of 25 hospitals; 22 (76%) of these inspections were unannounced.

After completing an inspection, the Healthcare Environment Inspectorate follows up with the NHS board to check on progress and ensure necessary action is taken. We continue to see NHS boards make progress in raising standards of safety and cleanliness in our hospitals.

This was also the first full year of inspections of community hospitals, which provide a wide range of services to local populations in urban and rural communities.

The Healthcare Environment Inspectorate published its fifth annual report which highlighted a number of positive findings from October 2013 to December 2014, including:

- NHS boards continue to work hard to raise standards of cleanliness, hygiene and infection control
- between October 2013 and December 2014, six inspection reports were published where no requirements were made (the first time since inspections began in 2009 that inspections have resulted in no requirements), and
- inspectors saw senior managers carrying out ‘walkrounds' in the wards and departments.
The report also identified areas for improvement, including:

- concerns about the cleanliness of patient equipment, for example contaminated trolley beds
- poor standards of cleaning in some emergency departments, and
- responsibilities for cleaning are not always clear between nursing and domestic staff.

In general, we have seen a significant reduction in the number of requirements since inspections began. The example below shows how inspections can be used by NHS boards to support improvements.

- Following an inspection in October 2014, we carried out an unannounced follow-up inspection to Glasgow Royal Infirmary on Tuesday 24 and Wednesday 25 February 2015. Eight requirements for improvement were made during this first inspection, including a need to ensure all patient equipment is clean and ready for use and that where a peripheral vascular catheter is in place, staff adhere to local policy and complete the accompanying care bundle documentation.

- During the follow-up inspection in February, it was observed that all eight requirements made during the previous inspection had been met. Overall, we found evidence at Glasgow Royal Infirmary that:
  - the majority of patient equipment was clean and ready for use
  - staff groups are safely managing blood and body fluid spillages, and
  - staff are adhering to local policy and completing maintenance records for peripheral vascular catheters.

Also, in February 2015, we published new healthcare associated infection standards. These standards supersede all previous healthcare associated infection standards and aim to support services in monitoring their performance and driving improvement across NHSScotland.

**Inspecting the care of older people in acute hospitals**

Our inspections are designed to help ensure older people are treated with respect, compassion and dignity when they receive care in acute hospitals.

In particular, we focus on the following areas:

- treating older people with compassion, dignity and respect
- dementia and cognitive impairment
- preventing and managing falls
- nutritional care and hydration, and
- prevention and management of pressure ulcers.

In 2014–2015, we carried out 14 inspections of 12 hospitals, all of which were unannounced. The resulting reports highlight areas of strength and areas for improvement which NHS boards need to address.
In October 2014, we implemented new inspection methodology.

The example below shows how inspections can be used by NHS boards to support improvements.

- Following an initial inspection in November 2014, we carried out an unannounced follow-up inspection to Galloway Community Hospital, Stranraer, on Tuesday 10 and Wednesday 11 March 2015. Twenty-six areas for improvement were identified as part of the initial inspection.

- On our follow-up inspection, we noted areas where NHS Dumfries & Galloway had made improvements in relation to the care provided to older people in Galloway Community Hospital. This included:
  - the use of the do not attempt cardiopulmonary resuscitation (DNACPR) documentation had improved, with all the documents observed being completed correctly, and
  - the appointment of a senior charge nurse into the Dalrymple ward had improved communication between staff and senior management in Galloway Community Hospital.

**Independent healthcare services**

We are responsible for regulating independent hospitals, voluntary hospices and private psychiatric hospitals.

Independent healthcare providers are required to register with us and there are currently 35 registered services in Scotland.

We regulate independent healthcare by inspecting services to ensure they comply with standards and regulations. Our team of inspectors check independent healthcare services regularly, using announced and unannounced inspections.

These inspections cover all aspects of the service, including care, quality of information provided, environment, staff and management.

Service users can complain to us about registered services and we have sanctions we can use to require improvement or restrict the operation of the service.

In 2014–2015, we carried out 28 inspections of independent healthcare services, all of which were unannounced.

The Scottish Government has announced that from April 2016 we will start regulating private clinics that carry out dental and other healthcare services, including non-surgical cosmetic interventions.
Joint inspections with the Care Inspectorate

Working with the Care Inspectorate, we carry out joint inspections of health and social care services provided for older people.

These inspections aim to provide assurance that the care of older people living in their own homes in the community is of a high standard. We also want assurance that people are getting the right kind of care at the right time and in the right place, resulting in good health and quality of life outcomes for older people.

In 2014–2015, we published joint reports on adult health and social care services in Moray, Aberdeenshire, Fife and Angus.

Quality of care reviews

In August 2014, the Cabinet Secretary for Health and Wellbeing announced that Healthcare Improvement Scotland would introduce new comprehensive assessments of the quality of healthcare in Scotland.

We are developing a new model of reviewing the quality of care that supports care providers to consistently deliver high quality care now and in the future.

We are working on a more flexible approach to scrutiny that can be used to assess the quality of care provided at different levels such as:

- within a particular healthcare facility
- across a whole organisation or system
- along a patient journey through different care providers
- a thematic assessment across a range of services or issues at a national level, and
- for investigating serious issues where required.

This new model will build on the strengths of the current scrutiny system, and is based on the five key principles for the use of external scrutiny:

- independence
- public focus
- proportionality
- transparency, and
- accountability.

We have been consulting with healthcare professionals and the public on the development of this new model of care. All comments will be used to inform our final recommendations which we will make to our Board later in 2015.
Short-life review of quality and safety: Aberdeen Royal Infirmary

NHS Grampian asked us to undertake a short-life review of quality and safety in Aberdeen Royal Infirmary.

This review considered the leadership, culture, behaviours and values at the hospital. It also looked at a number of specific areas, including emergency medicine, general surgery, care of the elderly, obstetrics and gynaecology, and critical care.

Our review team spoke with a wide range of patients and carers, interviewed over 500 members of staff, and drew on national data and information provided by NHS Grampian.

We saw many dedicated and committed staff, and heard about good experiences of care. However, we also found instances of poor care, and a lack of visible and effective leadership. We identified a range of concerns relating to leadership, governance, culture and inappropriate behaviours which were impacting on the quality of care at the hospital.

In our report, published in December 2014, we made 13 recommendations to provide guidance and support for those working in NHS Grampian to help them deliver the necessary improvements. NHS Grampian developed an action plan to address our recommendations.

Death Certification Review Service

Following the introduction of new legislation in 2015, changes have been made to the way deaths are certified and registered in Scotland.

- Healthcare Improvement Scotland has, in collaboration with a wide group of stakeholders, designed and implemented a new system to review Medical Certificates of Cause of Death (MCCDs), to improve public confidence and simplify and strengthen the governance in this area.
- The service went live on time and within budget on 13 May 2015. The service has now reviewed more than 2,000 randomly-selected MCCDs resulting in almost a third requiring some form of correction but less than 10% requiring a replacement to be issued. This will undoubtedly improve the quality of data in relation to deaths.
- All service level aims are being met including those relating to advance registration (for religious or other reasons) resulting in a timely and efficient service for bereaved relatives. Feedback from doctors has been overwhelmingly positive, reflecting the supportive and educational approach taken by our Death Certification Review Service staff before and after launch.

Priorities for the service in 2015–2016 include securing a full electronic service and finalising operational budgets.

More information about the Death Certification Review Service can be found at www.healthcareimprovementscotland.org/our_work/governance_and_assurance/death_certification.aspx
NHSScotland National Confidential Alert Line

Any NHSScotland employee can raise concerns they have about health services by calling the NHSScotland National Confidential Alert Line (NCAL) or by contacting us directly under the Public Interest Disclosure Act.

This confidential alert line is managed by the charity Public Concern at Work which, in some cases, passes concerns on to other organisations, including Healthcare Improvement Scotland, for further investigation.

To determine what level of investigation is required, we consider whether there is a potential risk of harm to patients and potential learning for the organisation involved.

Where a more detailed investigation is required, we will establish a review team made up of staff from across NHSScotland who have relevant experience and expertise. At the end of the investigation, we will publish a report on our website.

In July 2014, we published our review of NHS Tayside’s mental health service, with specific focus on the Carseview Centre in Dundee. Our report contained a number of recommendations, including the need for NHS Tayside to develop and implement a clear and widely understood unified vision for mental health services across the NHS board, in partnership with all staff, patients and carers.

Non-executive directors’ clinical governance network

We established a network of non-executive directors from NHS boards to help strengthen clinical governance across NHSScotland.

Non-executive directors have an important role to play in ensuring NHS boards have effective systems and arrangements in place for managing adverse events. These are events that could have caused, or resulted in, harm to an individual or a group of people.

The network provides a forum for non-executive directors to share good practice, discuss challenges and identify potential solutions relating to adverse events and wider safety issues.

We provide national support to these non-executive directors to help them:

- challenge NHS executives and data
- provide assurance to their Board, and
- promote an open and just culture.

As part of this work, following consultation with a wide range of stakeholders, we developed a checklist to help non-executive directors and NHS staff ask questions about the safety of their organisation.

You can read more about our work around the management of adverse events at [www.healthcareimprovementscotland.org/our_work/governance_and_assurance/management_of_adverse_events1.aspx](http://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/management_of_adverse_events1.aspx)
Empowering people to shape services

Healthcare Improvement Scotland has a key role in supporting healthcare providers to make sure their services are safe, effective and person-centred so people are informed and involved in their care and treatment, and are treated with dignity and respect.

For health and social care services to continually improve, it is vital that patients and carers are given the opportunity to shape services.

This means we need to not only listen to people with experience of services, but also act on what they tell us.

We are committed to ensuring that patients and their families, carers, and the public have the opportunity to give their views on services and influence how they are delivered.

In 2014–2015, we helped to empower people to shape services in a number of ways, including the following.

The Scottish Health Council

The Scottish Health Council is part of Healthcare Improvement Scotland and has a leading role in ensuring patients and the public have the opportunity to get involved in the design and delivery of health services.

In 2014–2015, the Scottish Health Council did this in a number of ways, including the following.

Assessing major service change in NHS Highland

NHS boards have a duty to involve people in designing, developing and delivering healthcare services.

When an NHS board carries out a major service change, the Scottish Health Council ensures that the process is open and transparent. It also has a quality assurance role to check that NHS boards involve patients and the public throughout the process, including public consultation, in line with national guidance.

In 2014–2015, the Scottish Health Council assessed two major service change consultations carried out by NHS Highland on:

- the proposed modernisation of community and hospital services in Skye, Lochalsh and South West Ross, and
- the proposed modernisation of community and hospital services in Badenoch and Strathspey.

The Scottish Health Council reviewed NHS Highland’s activities, attended meetings, gathered views and evaluated feedback from local people before publishing reports which identified areas of good practice and learning points for future consultations.
In both cases, the Scottish Health Council found that NHS Highland had involved patients and the public in line with national guidance.

Both reports were submitted, along with NHS Highland’s final proposals, to the Scottish Government for approval by the Cabinet Secretary for Health and Wellbeing who approved the NHS board’s plans.

**NHS boards’ annual reporting on feedback, comments, concerns and complaints**

All NHS boards are required to produce an annual report on how they have used feedback, comments, concerns and complaints to improve services.

The Scottish Health Council analysed the local reports produced by NHS boards in 2013–2014 and the resulting report includes examples of good practice from all NHS boards. The report also highlights where improvements need to be made, including:

- evaluating feedback mechanisms and the feedback received
- ‘closing the loop’ by feeding back to the people making a complaint or providing feedback and letting them know what difference their feedback or complaint has made, and
- enabling a culture across all service areas that encourages feedback and complaints.

It has been agreed that the NHS boards’ 2014–2015 annual reports will form the basis for self-assessments which the Scottish Health Council will measure against the Participation Standard. This will enable the Scottish Health Council to produce year-on-year reviews on how NHS boards:

- handle feedback and complaints
- support staff to respond to feedback and complaints, and
- demonstrate how they use feedback and complaints to make improvements.

**Volunteering in NHSScotland**

The Scottish Health Council continues to support the development of volunteering by leading the Volunteering in NHSScotland programme.

In 2014–2015, the programme:

- introduced a national information system to help NHS boards effectively manage their volunteer programmes
- produced a toolkit to give NHS boards practical advice on how to get the best out of volunteers, and
- hosted national and regional events to develop and share practice on volunteering.

Other examples of support provided included issuing guidance to NHSScotland on measuring the impact of volunteering, working with third sector partners to engage volunteers in the NHS, and helping NHS boards to review and develop their volunteer programmes.
The Scottish Health Council conducted an evaluation of the programme with healthcare professionals across NHSScotland. Feedback received supports the view that the programme has helped to deliver significant improvements in volunteering across all NHS boards.

**Our Voice**

Our Voice has been developed in partnership by the Scottish Health Council, Healthcare Improvement Scotland public partners, the Alliance, the Convention of Scottish Local Authorities and the Scottish Government.

The aim of Our Voice – which was previously known as Stronger Voice – is to help ensure that patients, carers and the public can engage reliably and effectively with health and social care providers, and have a real influence in shaping and improving how services are designed and delivered.

As well as giving people a greater say in health and social care services, Our Voice will help ensure that people are provided with feedback on how their views have been considered, or used to deliver improved care.

In 2014–2015, the Scottish Health Council led on a wide ranging engagement programme to gather views on how the Our Voice framework should look, including:

- national engagement events with stakeholders around Scotland
- smaller local focus group style meetings with patient and community groups and members of the public, and
- the use of social media and internet.

All comments and views were considered when forming the final proposals for the Our Voice framework which have been endorsed by the Cabinet Secretary for Health, Wellbeing and Sport and by Convention of Scottish Local Authorities leaders.

Our Voice will be a ‘whole system’ framework that will operate at individual, local and national levels to support improvement and to empower people to be equal partners in their care.

More information is available at:  
[www.scottishhealthcouncil.org/patient__public_participation/our_voice/our_voice.asp#Vb-O_U1wa1s](http://www.scottishhealthcouncil.org/patient__public_participation/our_voice/our_voice.asp#Vb-O_U1wa1s)
Engaging people in our work

We have an extensive database of contacts called our Involving People Network. This means we are able to stay in contact and engage with a wide range of individuals and national voluntary organisations, including patient, consumer or advocacy groups representing a broad variety of health issues and all equalities groups. Members of this network receive a newsletter every three months, which updates them on the work of the organisation, and alerts groups and individuals to opportunities to get involved in our work.

We inform people and seek responses to our work in general, on specific topics, or about issues likely to impact on particular groups or communities.

We currently engage people in our work in a number of ways, including:

- as public partners recruited, trained and supported to work with us on a voluntary basis
- as participants in one-off consultation activities, and
- through voluntary organisation staff and networks of people with lived experience of the health and care system.

Since 2010, we have achieved Investing in Volunteers status, awarded by Volunteer Scotland.

Engaging People Strategy 2014–2020

Our Engaging People Strategy 2014–2020 sets out how we will engage with people over the next six years and how this will have an impact on all our activities and teams.

Our key organisational priorities for engaging people in our work for the next six years are:

- strengthening the patient and public voice in our work
- putting personal experience at the centre of our work to drive improvement in healthcare
- increasing the range of volunteers and voluntary organisations who work with us to design, implement and monitor our work, and
- demonstrating the difference the input of patients and the public makes to our work.
## Our Board

<table>
<thead>
<tr>
<th>Board Members</th>
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<tbody>
<tr>
<td>Dr Denise Coia</td>
<td>Chairman</td>
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<tr>
<td>Angiolina Foster CBE</td>
<td>Chief Executive</td>
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<tr>
<td>Dr Hamish Wilson CBE</td>
<td>Vice Chairman</td>
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<tr>
<td>Dr Zoë M Dunhill MBE</td>
<td>From 1 June 2014</td>
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<tr>
<td>Paul Edie</td>
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<tr>
<td>Nicola Gallen BA (Hons) CA</td>
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<tr>
<td>John Glennie OBE</td>
<td>From 1 June 2014</td>
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<tr>
<td>Hamish Hamill CBE</td>
<td>Until 31 May 2014</td>
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<tr>
<td>Peter Johnston</td>
<td>Until 28 February 2015</td>
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<tr>
<td>Marion Keogh</td>
<td>Until 28 February 2015</td>
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<tr>
<td>Professor Robert Masterton</td>
<td>Until 1 October 2014</td>
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<tr>
<td>Kathleen Preston</td>
<td>From 1 June 2014</td>
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<tr>
<td>Duncan Service</td>
<td>Employee Director</td>
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<td>Pam Whittle CBE</td>
<td>Chair, the Scottish Health Council</td>
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<th>Executive Team</th>
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<tr>
<td>Angiolina Foster CBE</td>
<td>Chief Executive from 14 April 2014</td>
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<tr>
<td>Robbie Pearson</td>
<td>Director of Scrutiny and Assurance/Deputy Chief Executive (Acting Chief Executive 1–13 April 2014)</td>
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<tr>
<td>Ruth Glassborow</td>
<td>Director of Safety and Improvement</td>
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<tr>
<td>Kathlyn McKellar</td>
<td>Head of Human Resources until 31 July 2015</td>
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<tr>
<td>Richard Norris</td>
<td>Director of the Scottish Health Council</td>
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<tr>
<td>Dr Brian Robson</td>
<td>Executive Clinical Director</td>
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<tr>
<td>Sara Twaddle</td>
<td>Director of Evidence</td>
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<tr>
<td>Margaret Waterston</td>
<td>Director of Finance and Corporate Services</td>
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www.healthcareimprovementscotland.org

**Edinburgh Office:** Gyle Square | 1 South Gyle Crescent | Edinburgh | EH12 9EB  
**Telephone:** 0131 623 4300

**Glasgow Office:** Delta House | 50 West Nile Street | Glasgow | G1 2NP  
**Telephone:** 0141 225 6999

The Healthcare Environment Inspectorate, the Scottish Health Council, the Scottish Health Technologies Group, the Scottish Intercollegiate Guidelines Network (SIGN) and Scottish Medicines Consortium are part of our organisation.