Contents

Introduction ........................................................................................................................................... 2
1. SHTG Role and Remit ..................................................................................................................... 2
2. SHTG Operational and Governance Arrangements ..................................................................... 3
3. SHTG Committee Terms of Reference ....................................................................................... 4
  3.1 Purpose ...................................................................................................................................... 4
  3.2 Membership ............................................................................................................................ 5
  3.3 Meetings .................................................................................................................................... 7
4. SHTG Executive Group Terms of Reference .............................................................................. 10
  4.1 Purpose ..................................................................................................................................... 10
  4.2 Membership .......................................................................................................................... 10
  4.3 Reporting arrangements ......................................................................................................... 10
  4.4 Meetings ............................................................................................................................... 11
  4.5 SHTG Unit Head ..................................................................................................................... 11
  4.6 SHTG Chair ............................................................................................................................ 12
  4.7 SHTG Vice Chair .................................................................................................................... 12
5. SHTG Evidence Review Committee Terms of Reference ......................................................... 13
  5.1 Purpose .................................................................................................................................... 13
  5.2 Membership .......................................................................................................................... 14
  5.3 Meetings ................................................................................................................................... 14
6. Review of Standing Orders .......................................................................................................... 16
Appendix 1. Role of the Chair of the Scottish Health Technologies Group ................................ 17
Appendix 2. Role of the Vice Chair of the Scottish Health Technologies Group ........................ 18
Introduction

These standing orders describe the operational and governance arrangements for managing the work of the Scottish Health Technologies Group (SHTG). This includes the SHTG Committee, the SHTG Executive Group and the Evidence Review Committee (ERC).

It should be noted that the SHTG Executive Group will seek to convene other groups from time to time, to facilitate the work of SHTG. Terms of reference will be developed separately for each group.

1. SHTG Role and Remit

The Scottish Health Technologies Group (SHTG) is a national health technology assessment (HTA) agency providing evidence support and advice to NHSScotland on the use of new and existing health technologies that are likely to have significant implications for people’s care in Scotland. This responsibility is delegated to SHTG by Healthcare Improvement Scotland (HIS).

SHTG’s vision is for all our work to contribute to the provision of better health and social care for everyone in Scotland. To help achieve this vision, SHTG offers a range of HTA ‘products’, from bespoke evidence syntheses to national advice for Scotland. The SHTG Committee is responsible for SHTG Advice.

SHTG’s approach is built around the following key principles: independent review and sharing of knowledge; making the best use of our teams expertise; being receptive to the needs of stakeholders; and putting collaboration at the heart of our approach.

SHTG works in collaboration with strategic and national level expert groups across NHSScotland, with particular reference to commissioning and managed networks within NHS National Services Scotland’s (NSS) National Services Division (NSD).

The SHTG Action Plan includes four key actions outlined as follows:

1. We provide a range of health technology assessment (HTA) products to support decision-making surrounding health technologies in a relevant and timely manner.

2. We seek to align our technology assessments with the needs of health and social care organisations and the people they serve.

3. We contribute to the improved consideration of health and care technologies across Scotland.

4. We support the link between HTA and innovation across health and social care.

SHTG acknowledges that evidence and advice constitutes only one of the sources needed for decision-making and planning in NHSScotland. For example, SHTG advice
does not override the individual responsibility of health professionals to make decisions in the exercise of the clinical judgement in the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

2. SHTG Operational and Governance Arrangements

Governance

Clinical governance and assurance to the Healthcare Improvement Scotland Board for SHTG activities is through the ‘Performance & Clinical and Care Governance Committee’. The SHTG Committee Chair reports to the Performance & Clinical and Care Governance Committee on a quarterly basis and provides an annual report.

Significant risks or issues are escalated to the Healthcare Improvement Scotland Executive Team or Board by the Director of Evidence.

SHTG Secretariat

The SHTG secretariat transferred to Healthcare Improvement Scotland in 2010. All SHTG staff are employed by Healthcare Improvement Scotland and SHTG forms part of the Directorate of Evidence.

The SHTG secretariat manages all aspects of the SHTG Executive Group, SHTG Committee and Evidence Review Committee (ERC), including organising meeting dates/venues, drafting and circulating papers and producing minutes and action notes of meetings.

The SHTG secretariat comprises of:
- SHTG Unit Head
- Project Officers
- Administration

SHTG Team

The SHTG Team is made up of Healthcare Improvement Scotland staff, and benefits from the support of colleagues working across the HIS Evidence Directorate:

Key colleagues within the SHTG Team include:
- Health Service Researchers
- Health Economists
- Information Scientists
3. SHTG Committee Terms of Reference

3.1 Purpose

The purpose of the SHTG Committee is to advise and support best use of (non-medicine) health technology interventions within NHSScotland, through members contributing their expertise and sharing knowledge with their constituent network. The SHTG Committee seeks to support the SHTG Vision that our work contributes to the provision of better health and social care for everyone in Scotland.

Governance

- SHTG Committee is responsible for issuing advice statements on health technologies.
- SHTG Committee Chair is accountable to the HIS Board for SHTG Advice on behalf of the Committee.
- SHTG Committee is to be consulted on the strategic direction for SHTG’s work.
- SHTG Committee will be informed of new methodologies and ways of working to ensure the outputs from the group are robust and reliable and based on best practice.
- SHTG Committee will operate within Healthcare Improvement Scotland policies and procedures.
- Healthcare Improvement Scotland reserves the right to delay or refuse publication of any evidence review outputs if there are concerns about the quality or validity of the findings.
- Clinical governance and assurance to the Healthcare Improvement Scotland Board for SHTG activities is through the Performance & Clinical and Care Governance Committee. The SHTG Chair reports to the Performance & Clinical and Care Governance Committee on a quarterly basis and provides an annual report.
- Significant risks or issues are escalated to the Healthcare Improvement Scotland Executive Team or Board by the Director of Evidence.
- SHTG Committee activities will be outlined on the SHTG website.
- Legal indemnity: SHTG Advice is covered by the Clinical Negligence and Others Indemnity Scheme (CNORIS).

Specific responsibilities of SHTG Committee

- Ensure that all ‘advice’ issued under the SHTG name is based on the methodology and processes set out in the ‘Framework for producing SHTG Advice’.
- Review draft SHTG Advice prepared by the ERC, the associated peer review comments and, after discussion, agree wording of SHTG Advice. SHTG Advice will be based on the range of evidence sources presented to the SHTG Committee, other cogent factors of relevance to NHSScotland and members’ knowledge and experience.
- Consider and approve proposals for changes to SHTG methodology, processes, or activities.
- Approve work programme priorities for the ERC, when requested to do so.
- Monitor progress with the SHTG work programme.
- Comment on reports from the SHTG Executive.
- Inform the secretariat of new published evidence that is likely to change previously published ‘advice’ on a topic that is still of current interest within NHSScotland.
• Provide a forum for sharing information about SHTG advice development, dissemination, implementation and related activities.
• Act collectively in accepting and agreeing the business of meetings.
• Legal indemnity: SHTG Advice is covered by the Clinical Negligence and Others Indemnity Scheme (CNORIS).

Specific responsibilities of individual SHTG members

To:
• Make a full commitment to SHTG and the tasks required to achieve both the purpose set out in these standing orders, and the SHTG Vision and Approach set out in the SHTG Action Plan.
• Attend all meetings of SHTG Committee or arrange for a deputy to attend.
• Highlight areas of concern to the Chair.
• Read all meeting papers in advance of the meetings.
• Represent the views of their nominating body.
• Feed back information on the activities of SHTG to their nominating body.
• Agree to lead on specific topics and pieces of work, as requested by the Chair.
• Participate in and contribute to working groups/subgroups as required.
• Use their professional expertise and networks to highlight health technologies to the ERC which are likely to have significant implications for NHSScotland.
• Raise awareness of the SHTG and its role and remit, facilitating engagement with their constituent geographical and professional networks and clinical communities.
• Disseminate outputs from SHTG among constituent groups and professional networks.

Conduct of SHTG Committee business

SHTG values the contribution of those members who serve on SHTG Committee and its working groups/subgroups. Without their service and commitment, it would not be possible to carry out the volume and variety of work which contributes to improving outcomes for patients in NHSScotland. SHTG has a good reputation for the quality of its activities and anticipates that all members will conform to requirements in relation to organisational policies.

The SHTG Chair, Vice-Chair or Unit Head may take action on behalf of SHTG out with scheduled SHTG Committee meetings when urgent decisions are required and it is impractical to convene an extraordinary meeting of the SHTG Committee.

3.2 Membership

Membership of the SHTG Committee was agreed at its inaugural meeting in 2008. A review of the membership was undertaken in 2015, following which all regional NHS boards were invited to join the group.

Membership of SHTG Committee comprises representatives from:

• Association of British Healthcare Industries
• Board Chief Executives
• Directors of Finance
• Directors of Public Health
• Health Economics Research Unit, University of Aberdeen
• Healthcare Improvement Scotland
• Healthcare Improvement Scotland Public Partners
• NHS boards
• NHS National Procurement
• NHS National Services Scotland
• Scottish Association of Medical Directors
• Scottish Intercollegiate Guidelines Network
• Individuals working in Scotland with specific expertise in HTA who can contribute to the work of SHTG
• Integration Joint Boards

By virtue of the positions held, members of the SHTG Executive Group will automatically attend the SHTG Committee.

The current membership for SHTG is available on the website

**In attendance**

- National Planning Forum
- Scottish Government Health and Social Care Directorates
- Members of SHTG secretariat (to include the research team)

Organisations not already represented on SHTG Committee with a relevant, continuing, interest in the work of SHTG may be invited to attend and participate in the meetings with the agreement of the Chair.

Those in attendance may contribute to the discussion during the meeting, but will not be permitted to define the SHTG Advice or vote at the meeting.

**Observers**

Other interested parties – for example new members of staff – may be invited to observe a meeting. Such observers will not be permitted to participate in the discussion, unless invited to by the Chair.

Observers will not be permitted to contribute to discussion, contribute to the construction of SHTG Advice nor vote at the meeting.

**Membership arrangements**

Members of SHTG Committee will be appointed by Healthcare Improvement Scotland, in consultation with the SHTG Chair, for a period of 3 years. This may be renewed on the recommendation of the Chair and with the agreement of the member, and his/her nominating body, for a further term of 3 years or longer in exceptional circumstances.

Members will be appointed on the basis of their individual interest, experience and expertise and as representatives of their professional networks, including lay representatives (Public Partners, the role of the Public Partner is provided in Appendix 4). All territorial NHS boards are also invited to nominate a member.
Additional organisations may become members of SHTG at the discretion of the SHTG Executive Group.

3.3 Meetings

Frequency of meetings
SHTG Committee will meet up to four times per year in the Healthcare Improvement Scotland offices, unless otherwise stated. Meetings will last no longer than four hours.

An annual schedule of meetings for the following calendar year will be produced each August. One of these meetings will be preceded by an SHTG Committee members’ development session.

The Chair, or Vice Chair in their absence, may convene extraordinary meetings of SHTG Committee, if required. SHTG Committee members are encouraged to attend one ERC meeting per year to help maintain links between the groups and ensure that SHTG Committee members have an understanding of the processes involved in bringing SHTG Advice to the SHTG Committee.

Agenda
The SHTG Secretariat will determine which items appear on the agenda in consultation with the SHTG Chair and Vice-chair.

SHTG Committee members may also submit items for consideration. Any member wishing to have an item considered for an agenda should notify the secretariat (shtg.hcis@nhs.net) at as early a date as possible.

The agenda and papers will be circulated to SHTG Committee members at least 5 working days in advance of meetings. The order of business will normally follow the agenda but will finally be determined by the Chair.

Tabled papers may be accepted with the express agreement of the Chair and only in exceptional circumstances.

No other business will be discussed at the meeting, unless permitted by the Chair.

The agenda and associated papers will be published on the SHTG website within 10 days of the meeting taking place.

Conduct of meetings
Meetings will be conducted by the Chair, or the Vice Chair in their absence. In the absence of a Vice Chair, or in the event of no alternative nomination having been made or that person not being present, those members in attendance will decide who will chair the meeting.

The Chair must ensure that all members of SHTG Committee feel able to contribute fully to the advice formulation processes. The Chair will lead and direct SHTG Committee meetings, encouraging all members to make a full contribution to discussions and ensuring that all appropriate matters are addressed in a timely manner.

All members of SHTG Committee are expected to adhere to the Healthcare Improvement Scotland organisational values and behaviours, which align with the NHSScotland 2020...
Vision: care and compassion; dignity and respect; quality and teamwork; and openness, honesty and responsibility.

**Timekeeping**
Unconcluded items will be carried forward to next meeting or concluded electronically.

**Attendance**
Members are expected to attend all meetings. The substitution of a deputy is acceptable on the understanding that the deputy will provide a report on the meeting to the substantive member and the board/group they represent. Members submitting apologies for meetings, and who are unable to send a deputy, are expected to notify the secretariat in advance.

Healthcare Improvement Scotland staff will be invited to attend meetings to address specific items of business or may wish to attend as observers. In these circumstances the individuals concerned may participate in discussion of the specific item of business for which they were invited to attend the meeting, and any other item of business where the Chair specifically invites their contribution.

All reasonable facilities will be provided for members to ensure they have the opportunity to participate fully and equitably in the business of SHTG, including teleconference/videoconferencing facilities.

If a member does not attend or send a deputy for three consecutive meetings, the Chair will consider whether they should continue as a member.

**Interpretation**
During the course of the meeting, the Chair will have overall responsibility for the interpretation of standing orders, on which they may be advised by the secretariat.

Statements made by SHTG Committee members during the course of the meeting should be relevant to the matter under discussion.

**Collective responsibility**
All members will act collectively in accepting and agreeing the business of meetings and ensure the discussions and conclusions remain confidential until the publication of the minutes and outputs.

All members will ensure their respective NHS board and/or professional bodies are informed of proceedings and have access to the topic selection process as required. All members can bring topics to the table and stand by the agreement in the meeting unless a formal objection is placed at the time.

**Quorum**
SHTG Committee meetings will be considered quorate with a membership of 50% plus one voting member.

At the Chair’s discretion, meetings which are not quorate may continue on the understanding that those members who are not present are consulted after the meeting and in agreement with the decisions reached.

**Decision-making**
Decisions will be taken by a simple majority of the members. Majority agreement will usually be reached by a consensus without a formal vote but, if required, a formal vote shall be taken and, in the case of an equality of votes, the person presiding at the meeting shall have a casting vote.

Only full members of the SHTG Committee will have voting rights and the decisions will be determined by a simple majority of those members present at a quorate meeting. Those in attendance, observers and the SHTG secretariat/team will have no voting rights.

A Member shall have the right for their dissent to be recorded.

**Minutes**

A minute of the meeting will be drawn up by the secretariat on behalf of the SHTG Unit Head – in consultation with the Chair – to provide a record of business. The names of those members present will be recorded in the minute.

The draft minute will be circulated with the papers for the following meeting. As the draft minute is not formally considered on the SHTG Committee agenda, members will be invited to review, comment and approve the minute by email. Once approved, the minute will be published on the SHTG website, alongside the relevant meeting papers.

**Declaration of interests**

All SHTG Committee members are required to make a full declaration of interests on appointment, and annually thereafter, in accordance with the SHTG code of practice on declaration of interests. If a member is uncertain as to whether or not an interest should be declared, s/he must seek guidance from the Chair. It is a member's responsibility to update their Declarations of Interest as required.

The Chair ensures that declaration of interests forms from all SHTG Committee members are scrutinised and any issue of concern discussed with the individual concerned and/or the SHTG Executive Group.

The SHTG secretariat maintains central registers of all interests declared for SHTG and ERC members.

All SHTG Committee members are required to declare relevant interests at meetings, whether or not those interests have previously been declared to SHTG. If an issue arises for discussion and a member is concerned about a matter which could be regarded as affecting his/her impartiality and this matter has not already been declared, s/he must raise this with the Chair in advance of the meeting if possible.

The Chair must also ensure that at the beginning of each meeting members are asked to declare any additional recently acquired interests, and is expected to exercise judgement in the conduct of SHTG business in the event of any potential conflicts of interest. Declarations of interest may be published online.

**Confidentiality**

SHTG requests that confidentiality is observed in respect of all information shared in relation to SHTG business and that steps are taken to ensure it is not breached.

Information identified as confidential must not be disclosed.
4. SHTG Executive Group Terms of Reference

4.1 Purpose

The purpose of the SHTG Executive Group is to provide effective strategic direction and leadership to develop SHTG and ensure that it is ‘fit for purpose’, ensuring that SHTG evidence support and advice on health technologies is of relevance for people’s health and care in NHSScotland.

The SHTG Executive will:

- Ensure that SHTG delivers on the Healthcare Improvement Scotland statutory duty to provide advice to NHSScotland on the clinical and cost effectiveness of new and existing non-medicine health technologies.
- Ensure SHTG’s efforts align with the Healthcare Improvement Scotland corporate vision and related Scottish Government policy and priorities.
- Ensure that the work of SHTG remains relevant and timely through the provision of a range of evidence support and advice products.
- Monitoring progress of the SHTG work programme.
- Directing specific calls for new topics.
- Oversee key SHTG committees and their role and remit, for example the SHTG Committee meeting, the ERC and industry user group forum.
- Address any challenge to SHTG processes or advice.
- Oversee recruitment to key SHTG positions, for example the Chair, Vice Chair and Unit Head.

4.2 Membership

Membership of the Executive Group consists of the lead professionals for SHTG:

- SHTG Unit Head (see role description below)
- Healthcare Improvement Scotland Director of Evidence
- SHTG Chair (see role description below)
- SHTG Vice Chair (see role description below)
- Lead Health Services Researcher(s)

4.3 Reporting arrangements

An update on the work of the Executive Group will be presented at forthcoming meetings of the SHTG Committee.
4.4 Meetings

Frequency
The Executive Group meets a minimum of four times per year, between the SHTG calendar of meetings.

Extraordinary meetings may be convened at more frequent intervals to address urgent items of business. Where possible, business may be transacted by email or discussions between meetings.

Agenda
The secretariat will determine which items appear on the agenda in consultation with the Unit Head. Executive Group members may also submit items for consideration by notifying the secretariat (shtg.hcis@nhs.net).

The agenda and papers will be circulated to Executive Group members at least 5 working days in advance of meetings. The order of business will normally follow the agenda but will finally be determined by the Chair.

Conduct of meetings
The Unit Head will chair meetings of the Executive Group. In the absence of the Unit Head those members in attendance will decide who will chair the meeting.

Minutes
An action note from the meeting will be drawn up by the secretariat, on behalf of the Unit Head.

4.5 SHTG Unit Head

The Unit Head is accountable to the Director of Evidence and is responsible for:

- Delivery of the SHTG work programme within available staff and financial resources.
- Financial responsibility and accountability for the SHTG budget.
- Development of, and adherence to, HTA methodologies in line with current best practice and new developments, as outlined in the suite of evidence review and related standard operating procedures.
- Working to ensure SHTG remains relevant to the needs of key stakeholders.
- Ensuring appropriate clinical, patient and other relevant engagement in all SHTG activities.
- Development and implementation of quality assurance mechanisms.
- Identification of the appropriate staff mix.
- Linking with the Head of Knowledge Services and the Lead Health Services Researcher to ensure that sufficient resources are available to undertake the SHTG work programme.
4.6 SHTG Chair

The Chair is appointed by Healthcare Improvement Scotland. The Chair is appointed for a period of 3 years. This may be renewed on the recommendation of the HIS Performance & Clinical and Care Governance Committee with agreement of the Chair, and their body from which they are seconded, for a further term of 3 years, or longer in exceptional circumstances. The role of the Chair is provided in Appendix 2.

The Chair is accountable for the direction, conduct, progress and completion of SHTG Committee business, both during meetings and between the meetings. In this task the Chair is supported by the Executive Group and ERC.

A commitment to an average of two sessions per week is required. The post will be subject to open competition. Advertisements will be placed in the Scottish national press and disseminated via the Healthcare Improvement Scotland Clinical Directorate and other distribution lists. The advertisement will be drawn from the role and person specification document (Appendix 2) and will reflect good practice as recommended by the Commissioner for Public Appointments (for example equal opportunities).

Before a Chair is appointed, they will be asked to submit a declaration of interests form. This will be submitted to the Executive Group for approval before the appointment is confirmed.

The Chair is accountable to the Director of Evidence and professional leadership is provided by the Executive Clinical Director.

4.7 SHTG Vice Chair

The Vice Chair is appointed by Healthcare Improvement Scotland. The Vice Chair is appointed for a period of 3 years. This may be renewed on the recommendation of the HIS Performance & Clinical and Care Governance Committee with agreement of the Chair, and their nominating body, for a further term of 3 years, or longer in exceptional circumstances. The role of the Vice Chair is provided in Appendix 3.

The Vice Chair will chair meetings of SHTG if the Chair is unable to attend, and will substitute for the Chair at other meetings, events and conferences where appropriate.

A commitment to an average of two sessions per week is required. The post will be subject to open competition. Advertisements will be placed in the Scottish national press and disseminated via the Healthcare Improvement Scotland Clinical Directorate and other distribution lists. The advertisement will be drawn from the role and person specification document (Appendix 3) and will reflect good practice as recommended by the Commissioner for Public Appointments (for example equal opportunities).

Before a Vice Chair is appointed, s/he will be asked to submit a declaration of interests form. This will be submitted to the Executive Group for approval before the appointment is confirmed.
5. SHTG Evidence Review Committee Terms of Reference

5.1 Purpose

The purpose of the SHTG Evidence Review Committee (ERC) is to support the work of SHTG by providing a high quality evidence review function, through members contributing their expertise and sharing knowledge from their constituent networks.

Governance

• The ERC is responsible for supporting the work of the SHTG Unit.
• The ERC is accountable to the HIS Director of Evidence on behalf of HIS.
• The ERC will review topics referred for consideration to SHTG, and agree inclusion of the topics on the SHTG work programme.
• ERC will provide an internal quality assurance mechanism for SHTG evidence support and advice products and, where appropriate, draft advice for subsequent SHTG.
• SHTG Committee and secretariat expertise and resource are provided to the ERC by Healthcare Improvement Scotland.

Specific responsibilities of the ERC

To:

• Consider new topics referred to SHTG and prioritise the work programme, in collaboration with the SHTG Executive Group and SHTG team where necessary.
• Meet with topic referrers and help focus the questions to be answered.
• Determine the most appropriate approach to answering the question posed by the topic referrer within the bounds of the SHTG product range.
• Agree on consultations required.
• Review SHTG evidence reviews (and peer review comments) and ensure that the key findings and conclusions are consistent with the evidence available.
• For SHTG Advice products, ERC are required to draft advice for subsequent consideration by the SHTG Committee.
• Act collectively in accepting and agreeing the business of meetings.
• Undertake any other tasks required by SHTG.

Specific responsibilities of individual ERC members

To:

• Make a full commitment to ERC and the tasks required to achieve the aims set out in the terms of reference.
• Attend all meetings of ERC or to arrange (where appropriate) for a deputy to attend in their place.
• Be responsible for highlighting areas of concern to the Chair.
• Read all meeting papers in advance of the meetings.
• Agree to lead on specific topics and pieces of work, as requested by the ERC Chair.
• Participate in and contribute to subgroups/ad hoc groups as required.
5.2 Membership

Membership of ERC comprises representatives from:

- Health Economics and Health Technology Assessment Research Group, University of Glasgow
- Health Services Research Unit, University of Aberdeen
- Scottish Intercollegiate Guidelines Network
- SHTG Committee (including ABHI and Public Partner members)
- SHTG Team (HIS researchers)

Individuals working in Scotland with specific expertise in HTA who can contribute to the work of the committee may also be considered for membership.

The current membership for ERC is available on the website

Membership arrangements
Members of ERC will be appointed by the SHTG and ERC Chairs for a period of 3 years.

This may be renewed once, on the recommendation of the Chairs and with the agreement of the member, for a further term of 3 years.

Membership of ERC also includes the SHTG secretariat. The rules on tenure of membership will not apply to those members.

5.3 Meetings

Frequency of meetings
ERC will meet monthly in the Healthcare Improvement Scotland offices, unless otherwise stated. Meetings will last no longer than 2.5 hours.

An annual schedule of meetings for the following calendar year will be produced each August.

The Chair, or nominated deputy in their absence, may convene extraordinary meetings of the ERC, if required.

Agenda
The SHTG secretariat will determine which items appear on the agenda in consultation with the Unit Head and members of the SHTG Team.

ERC members may also submit items for consideration. Any member wishing to have an item considered for an agenda should notify the secretariat (shtg.hcis@nhs.net) at as early a date as possible.

The agenda and papers will be circulated to ERC members at least 5 working days in advance of meetings. The order of business will normally follow the agenda but will finally be determined by the Chair.

Tabled papers may be accepted with the express agreement of the Chair and only in exceptional circumstances.
No other business will be discussed at the meeting, unless permitted by the Chair.

**Conduct of meetings**
Meetings will be chaired by the SHTG Unit Head. In the absence of the Unit Head, an alternative chair will be identified in advance of the meeting.

The Chair will lead and direct ERC, encouraging all members to make a full contribution to discussions and ensuring that all appropriate matters are addressed in a timely manner.

All members of ERC are expected to adhere to the Healthcare Improvement Scotland organisational values and behaviours, which align with the NHSScotland 2020 Vision: care and compassion; dignity and respect; quality and teamwork; and openness, honesty and responsibility.

**Timekeeping**
Unconcluded items will be carried forward to next meeting or concluded electronically.

**Attendance**
Members are expected to attend all meetings. The substitution of a deputy is acceptable on the understanding that the deputy will provide a report on the meeting to the substantive member. Members submitting apologies for meetings, and who are unable to send a deputy, are expected to notify the secretariat in advance.

Healthcare Improvement Scotland staff will be invited to attend meetings to address specific items of business or may wish to attend as observers. In these circumstances the individuals concerned may participate in discussion of the specific item of business for which they were invited to attend the meeting, and any other item of business where the Chair specifically invites their contribution.

All reasonable facilities will be provided for members to ensure they have the opportunity to participate fully and equitably in the business of SHTG, including teleconference/videoconferencing facilities.

**Interpretation**
During the course of the meeting, the Chair will have overall responsibility for the interpretation of standing orders, on which they may be advised by the secretariat.

Statements made by ERC members during the course of the meeting will be relevant to the matter under discussion.

**Collective responsibility**
All members will act collectively in accepting and agreeing the business of meetings and ensure the discussions and conclusions remain confidential until the publication of the minutes and outputs.

All members can bring topics to the table and stand by the agreement in the meeting unless a formal objection is placed at the time.

**Quorum**
ERC meetings will be considered quorate with an attendance of 50% of members plus one. At the Chair’s discretion, meetings which are not quorate may continue on the understanding that those members who are not present are consulted after the meeting and in agreement with the decisions reached.
Decision-making
The decisions of ERC will usually be arrived at by a consensus of those members present. Before a decision to move to a vote is made, the Chair will, in all cases, consider whether continuing the discussion at a subsequent meeting is likely to lead to a consensus.

Minutes
An action note from the meeting will be drawn up by the secretariat, on behalf of the Unit Head.

Meetings of the ERC will be recorded. However recordings will only be referred to should there be a query and/or disagreement in relation to an evidence review in progress. Recordings will be deleted on completion of the relevant Advice Statement.

6. Review of Standing Orders

These shall be submitted to SHTG Committee, from time to time, with a note of any new standing order or alteration of any existing standing order which may be required for the better conduct of the business of the SHTG Committee.

Revisions to standing orders will be made available to SHTG Committee for comment, before approval by HIS Performance & Clinical and Care Governance Committee.

Changes to existing standing orders can only be made at a meeting that has such an item on its agenda.
Appendix 1. Role of the Chair of the Scottish Health Technologies Group

This is a senior health professional role providing essential leadership to the Scottish Health Technologies Group (SHTG) and therefore NHSScotland, and advises on the managed introduction of health technologies.

Required commitment, equivalent to 0.2 WTE, to cover the following:

- Lead role in developing the strategic direction of SHTG and oversight of its work programme in the assessment of non-medicine health technologies and production of related advice for NHSScotland.
- Ensuring the SHTG work programme reflects NHSScotland health priorities and emerging Scottish Government policy developments, for example the innovation agenda.
- Chairing meetings (five per year) and providing leadership of the SHTG Committee to reach robust decisions. This includes preparation and background reading, liaison with the SHTG Executive Team, the evidence review committee (ERC) and Healthcare Improvement Scotland scientific staff, and final editing of the SHTG Advice Statements.
- Lead role in interactions between SHTG and the technology industry in the United Kingdom and beyond.
- Liaison with the SHTG secretariat on matters of policy.
- Membership and attendance at the SHTG executive and (when possible) operational groups.
- Membership and attendance at the Healthcare Improvement Scotland overarching medicines and technologies group.
- Membership of the HIS Performance & Clinical and Care Governance Committee – through which governance and internal alignment is provided to SHTG.
- Meetings (and additional communication as required) with representatives of the Scottish Government Health and Social Care Directorates, NHS boards and Healthcare Improvement Scotland to discuss topics of mutual relevance.
- Lead role in interactions with stakeholder groups in Scotland including clinicians and patient interest groups.
- Identifying and approaching SHTG members to request their assistance as a ‘topic introducer’ for each Advice Statement.
- Participation in meetings nationally and internationally on behalf of the SHTG with bodies involved in health technology assessment and regulation and to present on the work of the SHTG as required.
- Contribution to evaluations of the work of the SHTG and relevant publications.

Person specification

- A strong personal commitment to the principles of technology appraisal and the ability to translate this into an effective vision for SHTG.
- An understanding of, and interest in, the development of advice for NHSScotland.
- The ability to effectively chair a large and complex multidisciplinary group.
- The ability to lead, influence, motivate and negotiate.
- Knowledge of structures and functions of NHSScotland.
- Professional credibility within their specialist field.
- Strong communication skills.

The post holders must declare any potential conflict of interest prior to, and during, appointment.
Appendix 2. Role of the Vice Chair of the Scottish Health Technologies Group / Chair of the Evidence Review Committee

This is an opportunity for a senior healthcare professional to help lead, develop and support implementation of the work of the Scottish Health Technologies Group (SHTG) in the evaluation and managed introduction of health technologies. The role will focus on key areas of the work of SHTG.

- To facilitate and develop a wider external clinical engagement strategy for SHTG within NHSScotland
- To lead on strategic projects to develop SHTG e.g. actions within the SHTG Action Plan 2019 onwards.
- To be an active member of the SHTG Evidence Review Committee, providing clinical assurance and clinical engagement during the development of SHTG evidence reviews and advice.
- To participate in the ongoing development of SHTG including attendance at SHTG Committee meetings and SHTG Executive meetings.
- To make an active contribution to national policy on the use of health technologies and raising awareness of SHTG outputs and advice.
- To participate in meetings on behalf of SHTG with bodies involved in health technology assessment and regulation and to present on the work of SHTG and deputise for the SHTG Chair as required.

This post is offered on a secondment basis, equivalent to 0.2 WTE, 2 sessions per week.

Person specification

The post holder must hold a substantive NHS post and be able to demonstrate the following key competencies and skills:

**Essential**

- Experience of developing clinical engagement and networking
- Strong interpersonal communication and negotiation skills
- Experience of leading multi-professional groups
- Ability to clarify and summarise complex subjects for a multi-professional group
- Previous experience of functioning as committee chair
- Broad awareness of evidence based healthcare
- Knowledge of the structure and functions of NHSScotland

**Desirable**

- Knowledge/experience of working within health technology assessment
- Previous experience of appraising or synthesising evidence
- Appreciation of the role of healthcare professionals, including the Faculties, Colleges and other professional organisations
- Understanding of the workings of NHSScotland and the Scottish Government

The post holder must declare any potential conflict of interest prior to, and during, appointment.