Public Board Meeting

Wed 07 December 2022, 10:00 - 13:00

8th Floor Conference Room, Delta House, Glasgow

Agenda

10:00 - 10:30
30 min

1. OPENING BUSINESS

1.1. Welcome and apologies

Chair

Verbal

1.2. Register of Interests

Chair

Paper

- Item 1.2 Register of Interests Cover.pdf (2 pages)
- Item 1.2 Appendix 1.pdf (7 pages)

1.3. Minutes of the Board meeting held on 28 September 2022

Chair

Paper

- Item 1.3 Draft Board Minutes PUB.pdf (9 pages)

1.4. Action points from the Board meeting on 28 September 2022

Chair

Paper

- Item 1.4 Action Register.pdf (1 pages)

1.5. Chair's Report

10.05 *Chair*

Paper

- Item 1.5 Chairs Report.pdf (3 pages)

1.6. Executive Report

10.15 *Chief Executive*

Paper

- Item 1.6 Executive Report.pdf (18 pages)

10:30 - 10:50
20 min

2. SETTING THE DIRECTION

2.1. Transfer to HIS of the Right Decision Service

10.30 *Director of Evidence*

Paper

- Item 2.1 Transfer of Right Decision Service.pdf (6 pages)
- Item 2.1 Appendix 1.pdf (3 pages)
- Item 2.1 Appendix 2.pdf (2 pages)

2.2. Ways of Working Update

10.40 *Director of Finance, Planning and Governance*

Paper

- Item 2.2 Ways of Working Update.pdf (3 pages)
- Item 2.2 Appendix 1.pdf (3 pages)

10:50 - 11:00
10 min

3. ASSESSING RISK

3.1. Risk Management: strategic risks

10.50 *Director of Finance, Planning and Governance*

Paper

- Item 3.1 Risk Management.pdf (2 pages)
- Item 3.1 Appendix 1.pdf (3 pages)

11:00 - 11:45
45 min

4. HOLDING TO ACCOUNT – including FINANCE AND RESOURCE

4.1. Integrated Planning 2023-24

11.00 *Director of Finance, Planning and Governance*

Paper

- Item 4.1 Integrated Planning.pdf (12 pages)

4.2. Workforce Plan

11.15 *Director of Workforce*

Paper

- Item 4.2 Workforce Plan Update.pdf (2 pages)
- Item 4.2 Appendix 1.pdf (55 pages)

4.3. Organisational Performance Report including:

11.25

Papers

4.3.1. Quarter 2 Performance Report

Director of Finance, Planning and Governance

- Item 4.3.1 Q2 Performance Report.pdf (4 pages)
- Item 4.3.1 Appendix 1.pdf (1 pages)

4.3.2. Finance Report

Director of Finance, Planning and Governance

- Item 4.3.2 Financial Performance.pdf (4 pages)

4.3.3. Workforce Report

Director of Workforce

Item 4.3.3 Workforce Report.pdf (4 pages)

11.35-11.45 Break

11:45 - 12:45
60 min

5. ENGAGING STAKEHOLDERS

5.1. Improvement Work with NHS Lothian on Unscheduled Care

11.45 *Director of Improvement and Head of Improvement Support, HIS / Site Director and General Manager, Royal Infirmary of Edinburgh*

Presentation

12:45 - 12:55
10 min

6. GOVERNANCE

6.1. Committee Annual Reports Action Plan Update

12.45 *Director of Finance, Planning and Governance*

Paper

Item 6.1 Committee Annual Reports Update.pdf (2 pages)
Item 6.1 Appendix 1.pdf (5 pages)

6.2. Governance Committee Chairs: key points from the meeting on 14 November 2022

12.50 *Chair*

Item 6.2 Gov Chairs Key Points.pdf (1 pages)

6.3. Audit and Risk Committee: key points from the meeting held on 23 November 2022; approved minutes from the meeting on 7 September 2022

Committee Chair

Paper

Item 6.3 ARC Key Points.pdf (1 pages)

6.4. Quality and Performance Committee: key points from the meeting on 2 November 2022 and approved minutes from the meeting on 17 August 2022

Committee Chair

Paper

Item 6.4 QPC Key Points.pdf (1 pages)

6.5. Scottish Health Council Committee: key points from the meeting on 17 November 2022 and approved minutes from the meeting on 15 September 2022

Committee Chair

Paper

Item 6.5 SHCC Key Points.pdf (2 pages)

6.6. Staff Governance Committee: the next meeting will be held on 6 December 2022

Committee Chair

Verbal

6.7. Succession Planning Committee: next meeting will be held on 19 January 2023

Chair

Verbal

12:55 - 13:00
5 min

7. ANY OTHER BUSINESS

13:00 - 13:00
0 min

8. DATE OF NEXT MEETING

Next meeting will be held on 29 March 2023

Healthcare Improvement Scotland

Meeting:	**Board Meeting - Public**
Meeting date:	**7 December 2022**
Title:	**Register of Interests**
Agenda item:	**1.2**
Responsible Executive/Non-Executive:	**Angela Moodie, Director of Finance, Planning and Governance**
Report Author:	**Pauline Symaniak, Governance Manager**
Purpose of paper:	**Decision**

1. Situation

The current version of the Register of Interests for Board members and senior staff members within HIS is attached at appendix 1. It requires appropriate scrutiny and is presented to each Board meeting for that purpose.

2. Background

Non-Executive Directors have a responsibility to comply with the HIS Code of Conduct which mirrors the Standards Commission Model Code of Conduct for Members of Devolved Bodies. This requires that declarations of interests are made and that these are held on a central Register of Interests which is published on the website.

3. Assessment

The Code of Conduct requires Non-Executive Directors to review their entries in the Register of Interests and confirm compliance with the Code. They have a responsibility to notify any change to their entry within one month of it occurring. Please notify changes through the Board Admin email address HIS.BoardAdmin@nhs.scot.

The categories of the interests set out in Appendix 1 have been updated to align with the new HIS Code of Conduct approved by the Board in May 2022 which mirrors the Model Code of Conduct for Members of Devolved Bodies. The Standards Commission guidance notes accompanying the new Model Code state that the Register covers those interests in place during a member's whole term of office with a note of dates when the interest was active. Therefore the Non-Executive Directors' entries on the HIS Register of Interests have been revised to align with this guidance.

Assessment considerations

Quality/ Care	The Register of Interests is one means of preventing bribery and corruption. This ensures that strategic decisions made about the services delivered and their quality, are taken on the basis of securing the best outcomes for stakeholders.
Resource Implications	There are no direct financial impacts as a result of this paper. The Register ensures transparency in financial decisions.
	The Register of Interests is one way that we ensure transparency in decision making. This supports an open culture in the organisation which in turn promotes staff wellbeing.
Risk Management	There are no risks in respect of the Register recorded on the risk database. The Register is scrutinised at Board meetings and is presented within the Annual Report and Accounts. In addition, at the start of Board and Committee meetings, the Chair will remind members to declare any interests relevant to the discussions. These steps reduce the risk that the Register will be inaccurate or not fulfil its purpose.
Equality and Diversity, including health inequalities	There are no additional impacts. The Register is part of good corporate governance which supports the best outcomes for stakeholders.
Communication, involvement, engagement and consultation	The Register was last considered by the Board at its meeting on 28 September 2022. As it's an internal governance tool, no other engagement is required. The Register is available on the website and is updated quarterly once it has been considered at the Board meeting.

4 Recommendation

The Board is asked to scrutinise the Register of Interests as at 24 November 2022 and approve it for publication on the website.

5 Appendices and links to additional information

The following appendices are included with this report:

- Appendix 1, Register of Interests

Appendix 1 - Register of Interests – Board Members, Executive Team: Financial year 2022/23

NAME	CATEGORY	INTEREST	Date of interest
1. CHAIR			
Carole Wilkinson	1	*Lay Member, General Teaching Council	10/10/18 to present
	1	Board Member, Care Inspectorate	10/10/18 to present
	1	**Ad hoc advice and consultancy work for David Nicholl, On Board Training	10/10/18 to present
	1	Vice Chair of NHS Board Chairs Group	1/8/21 to present
Note: *Remuneration available but not claimed / ** Remuneration is a small hourly fee			
2. NON-EXECUTIVE BOARD MEMBERS			
Abhishek Agarwal	1	Associate Professor, Edinburgh Napier University	1/7/22 to present
	1	External Examiner, University College London	1/7/22 to present
	2	Board Chair, Grampian Housing Association	1/7/22 to present
	5	Owner of residential properties (not relevant to role with HIS)	1/7/22 to present
	8	Member of The Educational Institute of Scotland	1/7/22 to present
Jackie Brock	8	Appointed to the National Community Lottery Scotland Committee	1/4/20 to present
	1	Chief Executive, Children in Scotland	1/4/15 to 30/4/21
	1	Chief Operations Officer, The Promise Scotland	3/5/21 31/3/22
	2	Member, Scottish Food Commission	1/4/15 to 25/6/18
	2	Member, Mental Health of Children and Young People Taskforce	1/4/18 to 1/9/19
	2	Lay Member, General Teaching Council	2/4/20 to 1/8/21
	2	Chair, Independent Child Protection Advisory Group, Scottish Football Association	26/6/19 1/9/21
Keith Charters	1	Director & Owner, Strident Publishing Limited	12/10/20 to present

NAME	CATEGORY	INTEREST	Date of interest
	1	Self-employed as author, presenter & book event chair (trading as Keith Charters)	12/10/20 to present
	9	Wife is employed by NHS Greater Glasgow & Clyde in a non-managerial, clinical Allied Health Professional role	12/10/20 to present
	8	Trustee, East Kilbride Athletic Club SCIO	12/10/20 to present
Suzanne Dawson	8	Director and Charity Trustee, Eastgate Theatre & Arts Centre	1/3/19 to present
	9	Brother in temporary administrative post in NHS Borders	1/5/21 to present
	8	Charity Trustee, Borders Further Education Trust	1/3/19 to present
	8	Fellow of Chartered Institute of Marketing	1/3/19 to present
	8	Member of Law Society of Scotland Admissions Sub-Committee	1/3/19 to present
John Gibson	2	Emeritus Professor of Oral Medicine, University of Aberdeen	1/9/22 to present
	2	Member, Lived Experience Panel, National Suicide Prevention Leadership Group	1/9/22 to present
	2	Chair and Trustee, The Canmore Trust (SC051511) – a suicide prevention and postvention charity	1/9/22 to present
	2	Honorary Consultant in Oral Medicine to the UK Army	1/9/22 to present
	2	Specialist in Oral Medicine, seeing referred patients in their dental practice of referral with any fees generated being donated to The Canmore Trust (SC051511)	1/9/22 to present
	8	Fellow, Royal College of Physicians, FRCP (Glasg); Fellow in Dental Surgery, Royal College of Physicians & Surgeons of Glasgow, FDS(OM)RCPS(Glasg)	1/9/22 to present
	8	Fellow of the Faculty of Dentistry, Royal College of Surgeons of Ireland, FFDRCS(Irel)	1/9/22 to present
	8	Member, British Dental Association (BDA)	1/9/22 to present
	8	Member, Medical & Dental Defence Union of Scotland	1/9/22 to present
	8	Fellow, Royal Society of Medicine, London (RSM)	1/9/22 to present
	9	Wife is a General Medical Practitioner in Scotland	1/9/22 to present
Gill Graham		No declared interests	

NAME	CATEGORY	INTEREST	Date of interest
Nicola Hanssen	1	Director of Hensikt Consulting	1/8/21 to present
	1	Tayside NHS Volunteering Scoping Exercise funded by NHS Tayside NHS Trust to VHS who contracted Hensikt Consulting to undertake the work.	26/10/21 to present
Rhona Hotchkiss	9	Partner is a Non-executive Director at NHS Ayrshire & Arran and Vice Chair of the Golden Jubilee National Hospital	1/3/19 to present
	8	Trustee and Associate Fellow of The Queen's Nursing Institute Scotland	1/6/19 to present
	8	Chair, North Ayrshire Women's Aid	28/9/22 to present
Judith Kilbee	1	Self-employed – Contract, AMLo Biosciences - Healthcare Development Manager - Melanoma	19/9/22 to present
Evelyn McPhail	8	Governor – Fife College	5/10/20 to present
	8	Fellow of the Royal Pharmaceutical Society	5/10/20 to present
	8	Registration with the General Pharmaceutical Council	5/10/20 to present
Douglas Moodie	1	Chair of the Care Inspectorate	1/9/22 to present
	1	Kidz World Nursery ltd, SC357038 - Early Years Childrens' Nursery, OOSC, and Softplay	1/9/22 to present
	1	Moodie Consulting Ltd, SC247851 - Management Consulting	1/9/22 to present
	1	DJM Management Consulting ltd, SC422750 - Management and GDPR Consulting. DJM Property Services & Contracts Ltd, SC699943 - Property Maintenance	1/9/22 to present
	1	DJM Property Lettings Ltd, SC607699 - Property Lettings.	1/9/22 to present
	2	DJM Kidz Play Ltd, SC386377, Holding Co	1/9/22 to present
	6	Destiny Pharmpie, AIM listed	1/9/22 to present
	6	Ambicare Health pie (lustrepureskin)	1/9/22 to present
	6	Ipulse Ltd	1/9/22 to present
	6	Calon Cardio Tech A	1/9/22 to present
	6	Calon Cardio Loan Notes	1/9/22 to present

NAME	CATEGORY	INTEREST	Date of interest
	6	Careathomeservice.tech Ltd (time for you care) Domainex pie	1/9/22 to present
	6	Sky Medical tech Ltd	1/9/22 to present
	6	RD Graphene Ltd	1/9/22 to present
	6	Biotronics Ltd	1/9/22 to present
	6	AJ Bell SIPP - Douglas J Moodie	1/9/22 to present
	6	Kidz World Nursery Ltd	1/9/22 to present
	6	Moodie Consulting Ltd	1/9/22 to present
	6	DJM Property Services & Contracts Ltd DJM Property Lettings Ltd	1/9/22 to present
	6	DJM Management Consulting Ltd	1/9/22 to present
	6	DJM Kidz Play Ltd	1/9/22 to present
	8	Helm Training Ltd, SC099885 - Chairman, care experienced young persons	1/9/22 to present
	8	Clacks First Ltd, SC344868 - Chairman, business improvement district (BID)	1/9/22 to present
	8	Home Start Clackmannanshire, SC280850 - Director/Treasurer, local families in need	1/9/22 to present
	8	Chairman of the Children's Panel in Falkirk	1/9/22 to present
Michelle Rogers	1	Contractor - Clackmannanshire Council, local authority, Community Justice Coordinator	1/9/22 to present
Duncan Service	1	Evidence Manager, SIGN (previously Senior Information Officer)	1/3/11 to present
	8	Director and Company Secretary, SHU East District Ltd	1/3/11 to present
	8	UNISON Steward	1/3/11 to present
	8	Treasurer, Guidelines International Network (G-I-N)	1/8/13 to 1/9/16 and 1/9/18 to 23/9/22
	8	Chair, Guidelines International Network (G-I-N)	1/9/16 to 1/9/18
	8	Board Member, Guidelines International Network (G-I-N)	1/8/11 to 23/9/22
	8	Co-Chair, UK Grade Network	11/3/20 to present

NAME	CATEGORY	INTEREST	Date of interest
	8	NICE Accreditation Advisory Committee	1/1/16 to 1/6/17
Robert Tinlin	1	Non-Executive Director, Crown Office & Procurator Fiscal Service	1/7/22 to present
	2	Non-Executive Director, Board of Governance for the Comptroller & Auditor General for Jersey	1/7/22 to present
	8	Director, Towler Tinlin Associates Limited	1/7/22 to present
	1	Interim Chief Executive for Harlow Council in Essex	10/10/22 to present

NAME	CATEGORY	INTEREST	Date interest started/ ended (if in FY 2022/23)
3. EXECUTIVE BOARD MEMBER			
Robbie Pearson	1	Chief Executive, Healthcare Improvement Scotland	
	9	Sister-in-law is nurse at St Columba's Hospice (regulated by HIS)	
	8	Vice Chair, NHS Board Chief Executives Group	
	8	Chair, NHS Scotland Planning Board	
	8	National Boards Implementation Lead	
	9	Nephew's wife is a paediatrician working in NHS Greater Glasgow and Clyde.	
4. SENIOR STAFF MEMBERS			
Sybil Canavan	1	Director of Workforce	
	8	Member of Unite (Trade Union)	
	9	Spouse is employed as a Bank Emergency Ambulance Driver with the Scottish Ambulance Service	Started 1/4/22
Lynsey Cleland	1	Director of Quality Assurance	

NAME	CATEGORY	INTEREST	Date interest started/ ended (if in FY 2022/23)
	8	*Lay Member, General Teaching Council for Scotland	
Note: *Remuneration available but not claimed.			
Ruth Glassborow	1	Director of Improvement	
	8	GenerationQ Fellow with Health Foundation	
	8	Member of Managers in Partnership (MiP) Union	
	8	*Sciana Network Alumni	
	8	Member of The Promise Oversight Board	
Note: *Participation is funded by the Health Foundation.			
Ann Gow	1	Director, Nursing, Midwifery and Allied Health Professionals	
	8	Member of Royal College of Nursing (RCN)	
	8	Fellowship of the Queen's Nursing Institute	
	8	Chair of Scottish Executive Nurse Directors group	
	8	Professional advisor to the RCN Foundation grants committee	
Lindsey McIntosh	1	Interim Director of Community Engagement	Started 12/9/22
	1	Supernumerary Director of Governance & Assurance, on secondment to HIS, Scottish Police Authority	Started 12/9/22
	1	Director of company, BWR Ltd (SC614873)	Started 12/9/22
	1	*Unremunerated founder and fundraiser, Borders Wellness Retreat SCIO (SC049169)	Started 12/9/22
Note: *Remuneration is expenses only			
Angela Moodie	1	Director of Finance, Planning and Governance	
	8	Trustee and Treasurer of Edinburgh Napier Students' Association	Ended 28/9/22
	6	Director and 50% shareholder in Moodie Properties Ltd	
Safia Qureshi	1	Director of Evidence	
	9	Spouse is CTO and VP Technology Innovation, Innovation & Technology Group, Leonardo MW Ltd	
Simon Watson	1	Medical Director	
	8	Honorary Consultant Physician, NHS Lothian Health Board	

NAME	CATEGORY	INTEREST	Date interest started/ ended (if in FY 2022/23)
	8	Recently Director NHS Lothian Health Board, attending Board Meetings (April 2016-April 2020)	
	8	Recently Consultant Physician, NHS Lothian Health Board (December 2008-April 2020)	
	9	Married to Consultant Physician, NHS Lothian Health Board	
	8	Fellow of the Royal College of Physicians of Edinburgh	
	8	Member of the British Medical Association	
	8	Member of the UK Renal Association	
	8	Member of the American Society of Nephrologists	
	8	Section Leader, UK Scout Association (voluntary work)	
	8	Honorary Clinical Senior Lecturer, University of Edinburgh Medical Education Faculty, providing clinical teaching to students	

Explanation of Categories

Category Number	Category Type
1	Remuneration
2	Other Roles
3	Contracts
4	Election Expenses
5	Houses, Land and Buildings
6	Shares and Securities
7	Gifts and Hospitality
8	Non–Financial Interests
9	Close Family Members

MINUTES – Draft

Public Meeting of the Board of Healthcare Improvement Scotland
Date: 28 September 2022
Time: 14.00
Venue: Boardroom, Gyle Square, Edinburgh

Present
Carole Wilkinson, Chair
Abhishek Agarwal, Non-executive Director
Jackie Brock, Non-executive Director
Keith Charters, Non-executive Director
Suzanne Dawson, Non-executive Director/Chair of the Scottish Health Council
John Gibson, Non-executive Director
Gill Graham, Non-executive Director
Nicola Hanssen, Non-executive Director
Rhona Hotchkiss, Non-executive Director
Judith Kilbee, Non-executive Director
Evelyn McPhail, Non-executive Director
Doug Moodie, Chair of the Care Inspectorate
Robbie Pearson, Chief Executive
Michelle Rogers, Non-executive Director
Duncan Service, Non-executive Director

In Attendance
Sybil Canavan, Director of Workforce
Lynsey Cleland, Director of Community Engagement
Ruth Glassborow, Director of Improvement
Ann Gow, Deputy Chief Executive/Director of Nursing, Midwifery and Allied Health Professions (NMAHP)
Ben Hall, Head of Communications
Lindsey McNeill, Interim Director of Community Engagement
Angela Moodie, Director of Finance, Planning and Governance
Lynda Nicholson, Head of Corporate Development
Safia Qureshi, Director of Evidence
Simon Watson, Medical Director

Apologies
Rob Tinlin, 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.

1.	**OPENING BUSINESS**	**ACTION**
1.1	**Chair's welcome and apologies**	
	The Chair opened the public meeting of the Board by extending a warm welcome to all in attendance. The Chair welcomed the new Board Members appointed in July and September to their first formal board meeting – Abhishek Agarwal, John Gibson, Judith Kilbee and Michelle Rogers. She also welcomed Doug Moodie as the new Chair of the Care Inspectorate and Lindsey McNeill attending her first board meeting in her interim post. Apologies were noted as above.	
1.2	**Register of Interests**	
	The Chair asked the Board to note the importance of the accuracy of the Register of Interests and that changes for the Register must be provided to the Planning and Governance Office within one month of them occurring. Any interests should be declared that may arise during the course of the meeting. The register was approved for publication on the website.	
1.3	**Minutes of the Public Board meeting held on 29 June 2022**	
	The minutes of the meeting held on 29 June 2022 were accepted as an accurate record.	
1.4	**Action points from the Public Board meeting on 29 June 2022**	
	The action point register was reviewed. The updates against each action were accepted and noted as complete. There were no matters arising.	
1.5	**Chair's Report**	
	The Board received a report from the Chair updating them on recent strategic developments, governance matters and stakeholder engagement. The Chair highlighted the following points: a) The report summarised activity since the board meeting in June 2022. b) The Board considered an urgent matter by email in respect of the proposed application by HIS for core participant status in the Scottish Covid-19 inquiry. The Board approved the proposal. In response to questions from the Board about preservation of documents required by the Covid-19 inquiry, it was advised that all participating bodies have received letters setting out the document handling protocols and "do not destroy" instructions. HIS has not yet examined its documentation as we have not received a request so far for specific information. The inquiry also requires that documentation is provided without redactions. These protocols set out by the inquiry require to be followed but the matter will be discussed with the HIS Knowledge Management team to ensure we continue to comply with other legal obligations in respect of the data we hold. The Board noted the report and approved the committee membership details set out.	**Head of Corporate Development**

1.6	**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) The report is intended to set out developments and activities not covered within the performance report which is provided later in the agenda. b) The visit to Delta House by Caroline Lamb, Director General for Health and Social Care and Chief Executive of NHS Scotland, was very well received and included an all staff huddle. A letter was sent by her after the visit with very positive feedback and a reply is awaited to our response. The areas of focus set out in the letter will be pursued and the Board will be kept informed. c) The ninth Citizens' Panel report was published. It found that only 11% of participants had experienced involvement in service change and their own care, while only 23% were aware that this is a statutory requirement. d) The Scottish Antimicrobial Prescribing Group published an update on the progress of implementing Outpatient Parenteral Antimicrobial Therapy across Scotland. It provides an excellent example of how HIS is supporting a system under pressure. e) The ihub delivered a Scottish Patient Safety Programme national learning event on 27 September 2022 about Creating the Conditions for Safe Care. It also provided an opportunity to reinvigorate our work in safety. In response to questions from the Board, the Chief Executive and Executive Team provided the following additional information: f) The One Team workstream will look at improving systems and processes within HIS. It will not duplicate with the Internal Improvement Oversight Board (IIOB) because the IIOB will be consolidated within it. This will lead to better alignment of effort and a more connected approach. It will assist with holding us to account for our internal improvement progress and for the Quality Management System. g) Work is underway to examine why the levels of Personal Development Plans and objective setting are lower than expected. It's not thought that home working has impacted this as most of the activity can be done online. Home working does create challenges for new starts in induction and development. It is also possible the development discussions have been held but the system has not been populated to reflect this. h) Regarding the impact of the budget challenges on staff morale in the Finance, Planning and Governance Directorate, it's important to recognise that staff are having difficult conversations with budget holders in relation to financial savings. This can be mitigated by building resilience, training and considering different options for motivation. Clarity from the Board will assist and a recognition that the financial challenge is for the whole organisation to tackle and not solely for the finance team. The Board examined in detail the report from the Executive Team and the additional information provided above, and were content with the information reported.	

2.	**SETTING THE DIRECTION**	
2.1	**Workforce Plan Update**	
	The Director of Workforce provided a paper setting out the latest position with Workforce Plan development and highlighted the following points: a) Development of the plan will continue over the next two months and it will be provided to the Partnership Forum and the Staff Governance Committee. b) The plan will include work on staff health and wellbeing, including the level of absence due to stress and anxiety. c) The plan will need to consider the future shape of the workforce and how we effectively recruit and retain staff in a competitive market. d) The ongoing financial challenges will also shape the plan. The Board noted the update.	
3.	**ASSESSING RISK**	
3.1	**Risk Management: strategic risks**	
	The Board received a report on the current status of risks on the strategic risk register and their management. The Director of Finance, Planning and Governance advised the following: a) The strategic risk register is presented in a new format which is based on the revised Risk Management Strategy. b) One new strategic risk has been added to the register covering safety. c) The Audit and Risk Committee received an earlier iteration of the register at their meeting on 7 September 2022. In response to questions from the Board, the following additional information was provided: d) Inherent risk is calculated by multiplying the impact and the likelihood, and it is the score before mitigations and controls are applied. e) The new safety risk does not duplicate risk 1133 because it is specific to safety while risk 1133 is broader and covers several unknowns. The new risk relates to HIS rather than the system as the risk register covers risks for HIS only. It was noted that it could be made more clear in risk descriptions where the impact of the risk is. f) The new risk and risk 1160 are different risks because risk 1160 is focussed on assurance activities while the new risk is about wider safety risks in the system. The Board considered the strategic risk register and, subject to the comments above, gained assurance that the risks presented were being effectively treated, tolerated or eliminated. The Board welcomed the progress made with the development of the risk register.	
4.	**HOLDING TO ACCOUNT – INCLUDING FINANCE AND RESOURCES**	
4.1	**Organisational Performance Report**	
4.1.1	**Quarter 1 Performance Report**	
	The Director of Finance, Planning and Governance provided a summary report of quarter 1 performance against the work programme and	

	highlighted the following information from within the report: a) The Q1 performance report was considered at the Quality and Performance Committee meeting on 17 August 2022, and a summary of this is provided to the Board. The Committee discussed the Information and Communications Technology risks. b) Operational key performance indicators have been introduced. Of these, two are behind schedule (independent healthcare inspections and baseline spend) but corrective actions are in place. c) In relation to the work programme, 98 projects were active, 84 projects were on target, 14 were running behind plan, and 3 projects were completed. The programmes running behind are mainly doing so as a result of system pressures. d) Looking ahead to quarter 2, it is expected that more programmes will be running behind at the end of September due to the Resource Spending Review and the system pressures. e) A quarter 1 update to the Annual Delivery Plan has been submitted to Scottish Government and the quarter 2 update is due by the end of October. It will follow the format of the report that is provided to the Quality and Performance Committee. The Board examined the performance report and gained assurance from the progress reported.	
4.1.2	**Financial Performance Report**	
	This item was taken out of order and before the performance report. The Director of Finance, Planning and Governance provided a summary report setting out the financial position as at the end of August 2022 and highlighted the following points: a) The Audit and Risk Committee considered the financial position as at the end of July at their meeting on 7 September 2022. b) There is an overspend of £0.5m which is 4% of the budget. This has been driven by pay costs with a higher whole time equivalent (WTE) and lower staff turnover than anticipated in the budget. A back to budget plan is in place to recover the overspend. c) Regarding additional allocations, a budget of £9m is expected but only £4m has been confirmed to date. £1.8m has been spent against the unconfirmed £5m and there are 51 WTEs associated with this. The risks in relation to additional allocations are increased this year by the financial environment. There are risks to delivery of unconfirmed projects as a result of not recruiting to their posts. d) The pay settlement of 5% has been rejected by the Unions. Scottish Government has agreed to fund a 5% pay award but it is not clear if they will fund more than this. If the pay award is 8%, HIS will have to find a further £1m of savings in the last six months of the year to cover this. e) The financial situation will be even more challenging next year and therefore the work of the IIOB and One Team will be critical for securing recurring savings. At this point, the Chief Executive highlighted the implications of unconfirmed funding in relation to his responsibilities as Accountable Officer. He sought the support of the Board in writing to Scottish Government about the position.	

	In response to questions from the Board, the following additional information was provided: f) The sponsor team in Scottish Government are aware of the situation as we communicate regularly with them. g) The Operating Framework supports the position of HIS but there are commissions that we have agreed to do but we have not yet received the funding. There are risks related to receiving funding too late in the year to deliver the programme or not receiving the funding at all. h) This also has an adverse impact on the affected staff who have been recruited to posts in programmes for which there is no confirmed funding. i) The impact reaches beyond our own staff because some of the funds support posts in other boards. This also impacts our stakeholders more widely if we can't deliver a programme which involves them. Having considered the report and the additional comments made, the Board supported the Chief Executive in writing to Scottish Government. It was agreed that the letter will be provided to the sponsor team as that is the protocol and the only instance in which it would be escalated higher than this is one where the sponsor team were unable to act. Carole Wilkinson left the meeting after this item and Suzanne Dawson, Vice Chair, chaired the remainder of the meeting. Robbie Pearson also left the meeting after this item.	
4.1.3	**Workforce Report**	
	The Director of Workforce took the meeting through the workforce report and highlighted the following points: a) The data represents the position at the end of August 2022 and a full report was provided to the Staff Governance Committee. b) The current sickness absence rate is 2.2%. c) Detail is provided in the report on recruitment campaigns, headcount and contractual mix. In response to questions from the Board, the following additional points were provided: d) The report doesn't provide metrics on fixed term contracts that may be ending due to the funding challenges but detail on this will be sought. Concerns are raised by these staff but mostly through line managers. Communications are being developed to provide general advice. e) The variance in workforce data for the Evidence Directorate is an outlier because of a number of recent retirements. An exit survey is shared with all staff who leave. Having scrutinised the report, the Board were assured by the workforce information set out.	

5.	**ENGAGING STAKEHOLDERS**	
5.1	**Death Certification Review Service Annual Report**	
	Dr George Fernie, Senior Medical Reviewer, joined the meeting for this item. The Senior Medical Reviewer provided the draft annual report and highlighted the following points: a) It is a statutory requirement for the service to produce an annual report. The content is prescribed but work has been done to make the report user friendly and accessible. Thanks were extended to stakeholders who provided contributions for the report. b) The service resumed business as usual on 7 March 2022 and reintroduced enhanced level 1 reviews and more detailed level 2 reviews. c) Direct access to clinical portals has been established. d) A number of changes to processes were made as a result of the pandemic and where these offer benefits, they are being retained. A hybrid style of review was delivered during the pandemic to ease pressures and this can be reinstated if needed this winter. e) Improvements in the accuracy of medical certificates of cause of death (MCCD) has continued through 2021-22. The commonest error is the cause of death being too vague and not indicating if a cancer is a primary site or has spread. f) Overall, 5444 MCCDs were reviewed by the service which is a little under the average to ease pressures on the system. g) Reports to the Procurator Fiscal increased during the pandemic and instances of failure to report to the Procurator Fiscal covered falls, trauma and infectious disease. h) Unexpected death audits were completed where appropriate to assist the certifying doctor with issuing the MCCD rather than going through an autopsy. i) The inquiry line continues to be busy and feedback about the service from certifying doctors continues to be very positive. A registrars focus group has also been convened. j) The number of breached cases was higher but this is largely due to the certifying doctor being unavailable and this is often as a result of system pressures. k) Complaints about the service were low at four. l) During 2022-23 the service will continue to work with boards to reduce certifying errors, roll out eMCCDs to secondary care and progress direct access to Health Board clinical portals to reduce administrative resource requirements within boards. In response to a question from the Board about random reviews, it was advised that this involves speaking to the certifying doctor. Here it should be noted that data protection legislation doesn't apply to deceased individuals. The Board welcomed the report and the level of service delivered. They approved it for publication.	

6.	**GOVERNANCE**	
6.1	**Schedule of Board and Committee Meeting Dates 2023-24**	
	The Board received from the Director of Finance, Planning and Governance a draft schedule for board and committee meetings during 2023-24. The Board approved the schedule.	
6.2	**Governance Committee Chairs: key points from the meetings on 5 July and 31 August 2022**	
	In the absence of the Chair at this point in the meeting, the Board noted the key points.	
6.3	**Audit and Risk Committee: key points from the meeting held on 7 September 2022 and approved minutes from the meeting on 23 June 2022**	
	The Committee Chair advised that important discussions were held on independent healthcare and the website update. The Committee also welcomed progress with risk reports, considered the financial position and were keen to see more of the outputs of the IIOB given their relevance to recurring savings. The Board noted the key points and minutes.	
6.4	**Quality and Performance Committee: key points from the meeting on 17 August 2022 and approved minutes from the meeting on 18 May 2022**	
	The Committee Chair advised that the Committee received a presentation on National Cancer Medicines Advisory Group by Dr Sally Clive and they noted that implementation of clinical and care governance is progressing well. The Board noted the key points and minutes.	
6.5	**Scottish Health Council Committee: key points from the meeting on 15 September 2022 and approved minutes from the meeting on 19 May 2022**	
	The Committee Chair advised that the Chief Executive delivered a presentation on strategy development and the importance of meaningful engagement was discussed. The session reaffirmed priorities agreed at the Committee's development day in June. The Committee also approved the service change in Lochaber as not being classed as major. The Board noted the key points and minutes.	
6.6	**Staff Governance Committee: key points from the meeting on 3 August 2022 and approved minutes from the meeting on 11 May 2022**	
	The Committee Chair advised that the Committee discussed the workforce plan and its associated risks as well as the iMatter survey which has shown an increase in the employee engagement score. The Board noted the key points and minutes.	

6.7	**Succession Planning Committee: next meeting will be held on 19 January 2023**	
	It was noted that the Committee had not held a meeting. The Chair of the Executive Remuneration Committee reminded the meeting at this point that the Executive Remuneration Committee does not report in public due to it considering personal information related to appraisal and remuneration.	
7.	**ANY OTHER BUSINESS**	
	There were no items of any other business.	
8.	**DATE OF NEXT MEETING**	
8.1	The next meeting will be held on 7 December 2022.	
	Name of person presiding: Carole Wilkinson Signature of person presiding: Date:	

Healthcare Improvement Scotland

DRAFT ACTION POINT REGISTER

Meeting: **Healthcare Improvement Scotland Public Board Meeting**
Date: **28 September 2022**

Minute ref	Heading	Action point	Timeline	Lead officer	Status
1.5	Chair's Report	Regarding the document handling protocols in respect of the Covid-19 Inquiry, check with Knowledge Management team that we continue to comply with other legal obligations in respect of the data we hold	Immediate	Head of Corporate Development	Complete. The Information Governance group discussed this issue at its meeting on 26th October 2022. As a result the decision has been taken for the organisation in order to comply with this legal obligation and to minimise accidental loss of relevant documents, we are pausing our annual destruction exercise for 2023 which would have happened throughout Jan-March. Once we have finalised the evidence set for the Inquiry this exercise will be rescheduled during 2023. This has been communicated to staff via staff huddles in November and will be followed up by further all staff communications in December and January.

SUBJECT: Chair's Report

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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

Since my previous report the Chairs Group have met on 24 October 2022 and this included our private meeting for Chairs only as well the meeting with the Cabinet Secretary. At the private meeting, as well as discussing the Cabinet Secretary priorities, we also covered the Veterans Mental Health and Wellbeing Service, and I gave updates on Non-Executive recruitment and succession planning for Board Chairs. At the meeting with the Cabinet Secretary, we covered our standing items plus updates on drugs policy, the Innovation Design Authority and the budget review.

I continue to work with a sub-set of Board Chairs on a Board Chairs Group framework document which will set out how the role and influence of Board Chairs can be used to drive improvements in health inequalities and support a public health approach to the prevention of ill health.

The fortnightly meetings continue with the National Board Chairs and the system pressures meetings with the Cabinet Secretary are held every four weeks. I joined another Board Chairs' action learning set on 7 November 2022. The action learning sets provide Chairs with valuable opportunities for peer learning.

b) Succession Planning for NHS Chairs

Regarding succession planning for Board Chairs, I am chairing the advisory panel for the Aspiring Chairs programme and it has met twice, on 5 October and 1 November 2022. These initial meetings have covered its role and remit as well as the project plan. Our next meeting will focus on the selection criteria for the programme. A key aim of the programme will be to identify potential Chairs and mentor, support and offer development to them.

c) Board Development

NHS Education Scotland (NES) have established a group called the Board Development Reference Group to look at board development and help inform the programmes that are being delivered. Suzanne Dawson, HIS Vice Chair and Chair of the Scottish Health Council, is joining the group.

d) NHS Grampian

I met with Alison Evison, the new Board Chair of NHS Grampian, on 11 November 2022 to hear about the current priorities and challenges for the Board, and to share where some of the key HIS programmes can offer support.

4. Stakeholder engagement

Joint Engagement with the Chief Executive

a) Care Inspectorate

The Chief Executive and I held our first joint meeting with our new counterparts in the Care Inspectorate on 3 November 2022. We discussed the present challenges and the joint working that we currently deliver as well as possible opportunities for the future.

b) Mental Welfare Commission

Along with the Chief Executive, I attended a meeting on 13 October 2022 with the Chair and Chief Executive of the Mental Welfare Commission. We discussed joint areas of work in relation to HIS improvement programmes, inspections and the Sharing Intelligence for Health and Care Group.

c) Margaret McAlees Award

The Chief Executive and I were delighted to read out the finalists for this year's Margaret McAlees Award at an all staff huddle on 17 November 2022. The awards recognise staff or teams who have delivered excellence in promoting equality and diversity. This year's winner was Jane Davies for her commitment to improving outcomes for marginalised people. Sadly, Jane passed away earlier this year but we will make a presentation at the Board meeting on 7 December 2022 to her family and colleagues.

Other Engagement

d) National Leadership Development Programme

I attended the launch event for the National Leadership Development Programme for health, social care and social work which was held on 3 October 2022. This new programme of work has been co-designed with health, social care and social work stakeholders. It will be delivered by the Scottish Government and NES in partnership, and will complement leadership development and support at local levels within these workplaces.

e) Black History Month

I was delighted to deliver the opening remarks at a webinar on 20 October 2022 which featured Sir Geoff Palmer. It provided one of many opportunities for our organisation to engage in Black History Month activities.

f) Scottish Health Awards

The annual Scottish Health Awards were held on the evening of 3 November 2022. This is a very important event in the yearly calendar which recognises the efforts of those working across NHS Scotland and its partners to deliver high quality health and social care services to the people of Scotland. I was very pleased to not only attend but to also announce the winner of the Volunteers category. The event also provided an opportunity to engage in person with some of the organisation's key stakeholders.

g) Engagement with Staff

There have been numerous opportunities for me to engage with staff over the last quarter including monthly all staff huddles, a corporate induction session on 23 November 2022 and the latest randomised cuppa trial.

h) Future Engagement Activities

The next quarterly meeting with our Scottish Government sponsor team will be held on 1 December 2022.

5. Our governance

a) Non-Executive Directors

My mid-year reviews with the longer standing Members are now complete and induction activities are ongoing for new Members. New Members are also featuring in the "5 minutes with" blog series to raise awareness of the role of the Board and share information about their expertise and background which is pertinent to their role.

Changes have been made to lead roles that some Members perform. Duncan Service will continue permanently as Sustainability Champion having covered this role for an interim period and Rob Tinlin has taken over as Counter Fraud Champion. Keith Charters continues as our appointed Whistleblowing Champion.

b) Board Development

A two-day board development session was held in our Glasgow office in Delta House on 15 and 16 November 2022. The first morning provided an opportunity for the Non-Executive Directors to take part in a team building workshop which also covered a skills evaluation. The rest of the session was delivered with the Executive Team and we worked on the latest stages of the development of the organisation's future strategy.

Carole Wilkinson
Chair
Healthcare Improvement Scotland

Agenda item 1.6
Public Board Meeting
7 December 2022

EXECUTIVE REPORT TO THE BOARD – DECEMBER 2022

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

RECOMMENDATION

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

REPORT FROM THE CHIEF EXECUTIVE

Appointment – I am delighted that Clare Morrison has been appointed as our new Director of Community Engagement. Clare is currently the Director for Scotland at the Royal Pharmaceutical Society, pharmacists' professional leadership body. She was awarded an MBE for services to healthcare in 2018, and has recently received an honorary doctorate from the University of the Highlands and Islands for her contribution to enhancing access to health services. We look forward to welcoming Clare to Heathcare Improvement Scotland on 23 January 2023.

Margaret McAlees; Equality and Diversity Award – I was delighted to be able to announce Jane Davies as the winner of this year's award. Jane sadly passed away earlier this year. We have made arrangements for Jane's husband to attend our Board meeting in December where the award will be presented to him. The panel specifically noted Jane's willingness to challenge the status quo, helping to raise the voices of historically seldom heard groups and individuals. Moreover, it highlights Jane's role in promoting understanding of issues of equality and diversity, as well as her influence in ensuring the rights of individuals are consistently upheld.

Jane's legacy and her impact on her HIS colleagues has also been recognised by our panel. Jane helped to embed our organisational values, providing individuals with the knowledge, compassion and empathy needed to sustain her outstanding commitment.

National Care Service (Scotland) Bill - was introduced in June 2022, with a call for views. HIS submitted a response to the call for views, focussing only on the areas of the Bill directly relevant to HIS, which relate to joint inspections with the Care Inspectorate. Subsequently,

HIS was invited to give evidence at a Health, Social Care and Sport Committee session on 22 November, where scrutiny of the Bill focused on regulation and quality improvement. The Director of Quality Assurance, Lynsey Cleland, gave oral evidence on behalf of HIS alongside representatives from the Care Inspectorate, the Mental Welfare Commission, and the Scottish Public Services Ombudsman.

Patient Safety Commissioner for Scotland Bill - was introduced in October 2022. The Bill is currently at Stage 1, with a call for views open until mid-December, to which HIS will respond. The Bill aims to establish a Patient Safety Commissioner for Scotland, who would support system-wide improvement in the safety of healthcare, and promote the importance of the views of patients and members of the public in relation to the safety of health care. The establishment of a Patient Safety Commissioner is one of the areas of activity for Scottish Government outlined in the delivery plan developed in response to the UK Independent Medicines and Medical Devices Safety Review. There are several potential interfaces with HIS's work, including in the areas of the Scottish Patient Safety Programme, Adverse Events, safe delivery of care inspections, regulation of Independent Healthcare, and patient engagement. HIS will continue to engage as the Bill is progressed.

Scottish and UK Covid Public Inquiries - As previously agreed by the Board, HIS applied to the Scottish Inquiry for Core Participant (CP) status in September. Decisions on all applications for CP status have been held over for the new Chair, Lord Brailsford, who was appointed in October, to consider and as yet there is no timetable for us to hear the outcome of this application, nor for the start of proceedings. The latest news from the Inquiry is available on its web site.

The UK Covid Inquiry opened up in November for CP applications for Module 3, with a closing date of 5 December. Module 3 will consider the impact of the Covid pandemic on healthcare systems in England, Wales, Scotland and Northern Ireland – as a whole and not as separate systems. It will examine the capacity of healthcare systems to respond to a pandemic and how they evolved. It will consider the primary, secondary and tertiary healthcare sectors and services and people's experience of healthcare during the pandemic. It will also examine healthcare-related inequalities, core decision-making, and leadership within the healthcare systems.

HIS has not applied for CP status for UK Module 3. This does not impede our ability to support the work of the Inquiry and we are now discussing with our legal team how we will support the work of the Inquiry. As a first step we will write to the UK Inquiry to inform them about the work of HIS and explain where we can help their investigations, and also take the opportunity to highlight our contribution in respect of a positive legacy from our activity.
The proceedings of the UK Inquiry are broadcast live and recorded on the Inquiry YouTube Channel.

Operating Framework between Healthcare Improvement Scotland and Scottish Government - The Operating Framework, setting out how HIS and the Scottish Government work together, was approved by the Board at its meeting in September. The Framework has now been published on both the Scottish Government and HIS websites. Further work is

planned to raise awareness of the Framework both internally and more widely within Scottish Government.

Complaints update - The purpose of this section of the report is to update the Board on complaints relating to the work of HIS. The table below shows a summary of complaints inquires received this financial year (2022/23).

	Quarter One	Quarter Two	Quarter Three (to 16/11/2022)	Total
Inquiries received	19	9	2	30
Investigated	11	1	0	12
Referred elsewhere	8	8	2	18

One enquiry has been excluded from the information provided above as the complainant was unwilling to proceed with the investigation as the complainant's desired outcome was outside of the scope of authority of the HIS Complaints Team.

An audit of the HIS Complaints Process has now been completed and the outcome was considered at the Audit and Risk Committee on 23 November 2022.

DIRECTORATE KEY ACHIEVEMENTS & CHALLENGES

NURSING, MIDWIFERY AND ALLIED HEALTH PROFESSIONALS DIRECTORATE (NMAHP)

Key Achievements

1. **Public Protection -** The NHS Public Protection Accountability and Assurance Framework was published on 6 October 2022 and will guide all Health Boards in assessing the adequacy and effectiveness of their public protection arrangements at both strategic and operational levels. It will also inform the Health Board and any shared multi-agency governance and assurance arrangements. The Public Protection & Child Health Lead was involved in the development of the framework. The Healthcare Improvement Scotland Gender Based Violence Policy was reviewed, updated and approved at the HIS Partnership Forum Policy subgroup on the 7 November 2022.

2. **Excellence in Care (EiC)** – The review of all of the existing suite of EiC measures on the Care Assurance and Improvement Resource Dashboard has now been complete with the recommendations approved by the Excellence in Care Programme Board. Work has commenced on the refresh of the 'Leading Better Care' Programme which is being done in collaboration with NHS Education Scotland (NES) to support NMAHP Senior Charge Nurses and Team leaders in their leadership role. New governance Groups have been established including the Measure Development Oversight; Academic and Research Advisory Group; and the Person-Centred Advisory Group ensuring a collaborative approach with stakeholders and expert input to the programme.

   The Optimising Capacity in Health Systems under Pressure toolkit was developed in collaboration with the Healthcare Staffing Programme with input from external expertise

to provide useful resources for the Boards. This was published and launched on the 9 November 2022. The launch was supported by a winter webinar with a live attendance of 114 people.

3. **Healthcare Staffing Programme (HSP) –** The development of a series of Real Time Staffing resources, together with NES, is well underway. This will provide health boards with a system for the assessment of real time staffing, risks associated with staffing levels and the mitigations and escalations that have taken place. This will support the Boards to manage the current workforce challenges and in their preparations for the implementation of the Health and Care (Staffing) (Scotland) Act 2019. The Mental Health and Learning Disabilities resource was launched on the 14 November alongside the delivery of training sessions. A similar resource for maternity services is scheduled to go live in December, followed by Adult Inpatient services in February.
   HIS HSP team members are scheduled to join Scottish Government colleagues on a 'virtual roadshow' round all of the health boards over the course of November to January to discuss the timelines, expectations and support available in the run up to the enactment of the Health and Care (Staffing) (Scotland) Act in March 2024.

Key Challenges

1. There are ongoing challenges across the directorate around the retention of fixed-term staff. There is a heavy reliance on roles funded by annual additional allocations. At present we are not able to extend contracts past the March 2023 due to the uncertainty around funding for the next financial year. This has potential to impact team resource and the capacity to deliver project objectives at pace. Many roles that provide support across a series of projects, such as Data Analysts and Project Officers, are dependent on this funding. There is a considerable risk of losing these staff if we are unable to confirm funding extensions with the Scottish Government, or if HIS is not able to carry a financial risk. This is having impact elsewhere in the directorate as challenges with recruiting to vacate posts is resulting in directorate staff needing to provide cross cover and support to teams with vacancies to key posts. A business case for EiC and HSP to baseline allocations, is being drafted for the Executive Team and for the Scottish Government.

Key Stakeholder Engagement

1. **Public Protection**- Child Protection National Implementation group: The group met in-person in Perth on the 29th of September 2022. The meeting marked one year since the national child protection guidance was published in 2021 as well as midway through the two-year implementation plan. Progress is being made in multiple work streams, the Public Protection Child Health Lead continues to contribute to the Child Protection Resource for Children & Families and the Monitoring and Evaluation Subgroup work streams. Both work streams will conclude within the following year.

2. **EiC** - Successful delivery of three out of four winter webinars with a combined live attendance of 421 people.

3. **Six in-person Board visits** have taken place since July 2022 to engage with senior staff, to understand their challenges and learn from them what has gone well.

4. **Thirty coaching calls** have taken place with the Boards since May 2022. This is a space for continued engagement, an opportunity to review data and identify areas for improvement, celebrate successes and discuss any challenges as they arise.

5. **HSP – a virtual tour** of the territorial Boards, together with representatives from the Chief Nursing Officer's Directorate is taking place across November and December, to raise awareness among key senior stakeholders of the upcoming enactment of the staffing legislation, and what the HSP can do to support Boards in their preparation. Monthly coaching calls with each Board continue, to support them with using workload tools, interpreting the legislation and establishing their governance and reporting arrangements.

QUALITY ASSURANCE DIRECTORATE (QAD)

Key Achievements

1. The **Independent Healthcare** team have successfully taken forward two enforcement actions to protect the safety and wellbeing of service users. One was as a result of a child protection issue where we imposed emergency conditions to close the service while we worked to establish that the service was safe for patients. The other was an improvement notice following the lack of progress being made by a service to make improvements following a complaint.

2. The **Healthcare within Justice** Team carried out its first inspection of healthcare provision within police custody part of a joint inspection led by His Majesty's Inspectorate of Constabulary for Scotland. An interim 'framework to inspect' underpinned the inspection which was developed in conjunction with an external short life working group and reflected the findings of a baseline self-evaluation exercise undertaken by NHS Boards. The team will evaluate the framework on an additional joint inspection during the winter prior to publishing a final version in spring 2023.

3. A **Death Certification Review Service** resilience plan has been established to support the service to respond positively to any unexpected increase in deaths or challenges reaching certifying doctors to complete reviews over the winter.

Key Challenges

1. The QAD Director has written to all NHS Boards across Scotland emphasising the need for greater focus to be placed on the safe delivery of care, following on from issues identified in recent inspections. This is the second letter written to NHS Boards highlighting that recent inspections have identified serious concerns relating to the safety of patients and staff, and calls upon NHS Boards to review their systems and procedures. The letter also emphasises that the inspections have identified good examples of staff working together, in difficult circumstances, to manage and mitigate risks. HIS will continue to share the learning from our inspections over the coming months and offer ongoing improvement support to the system.

Key Stakeholder Engagement

1. The **Sharing Intelligence for Health & Care Group (SIHCG)** is undertaking work to review and refresh its purpose and methodology to ensure the group continues to play a valuable role in intelligence sharing and monitoring for signals of serious service failure. Senior leaders of the seven SIHCG partner agencies met to consider the future development of the group. An oversight group will be established to strengthen the governance for the ongoing work, oversee improvements identified as part of the review, and outline engagement and communication with key stakeholders on any proposed changes to the methodology. Further potential changes to the SIHCG methodology include an enhanced focus on integrated health and social care services, risk and the incorporation of thematic reviews into the scope of the work.

2. The **Adverse Events Programme** held its first hybrid event in October 2022 with attendees from a range of organisations including all NHS Boards, Scottish Government and Scottish Prison Service, participating in the Adverse Events network bi-monthly meeting followed by a workshop to launch the revision of the Adverse Events Framework. Progress of the national standardisation programme of work for all levels of adverse event reporting which commenced in August 2022 was shared. A further event is planned in February 2023 to build on the positive engagement from the first event.

3. The **Independent Healthcare** team met with the Independent Healthcare stakeholder group. The purpose of the group is to get input into ongoing development of our regulatory work and to discuss upcoming changes. There was discussion on the upcoming fee increases, changes to the national guidance for ventilation in healthcare premises and a change to our guidance on compliance with the staffing regulations.

COMMUNITY ENGAGEMENT DIRECTORATE

Key Achievements

1. **Volunteering** - The Discharge Support Volunteering pilot went live in one ward of Ninewells Hospital on 19 October 2022. An evaluation framework was implemented when the pilot began and as a result we will see early results on impact in early 2023.

2. **Improving accessibility approaches** - Completed corporate guidance covering alternative formats for published work and engagement materials. The directorate is now trialling the guidance seeking a final round of external feedback from key stakeholders. The guidance is due to be evaluated at the end of the year and recommended to the Executive Team as a HIS-wide resource in January 2023. To complement the guidance and improve the accessibility of our engagement approaches, ten staff from the directorate have successfully competed training in Easy Read – a written format using simple sentences supported by images. An internal group is in place to build this into the directorate's work as appropriate. The group is currently producing an Easy Read role description and diversity monitoring form for the People's Experience Volunteer project.

3. **Engagement Practitioners Network -** The meeting of the Engagement Practitioners Network was held on 8 September with presentations from Robert White (Golden Jubilee National Hospital) discussing co-production and practical use of the Scottish Approach to Service Design and Emma Murphy (NHS Dumfries and Galloway)/Gary McGrow (HIS – Community Engagement) on the value and impact of engagement. The session was attended by 40 people and there are now 91 members in the network. The next network session will be held on 15 December 2022.

Key Challenges

1. **Volunteering** - Staffing challenges, long-term sick leave is impacting on ability to progress work as planned, but this will be considered holistically in terms of business planning for future years.

2. **People's Experience Volunteering Programme** – While this programme continues to be tested and developed in Fife with initial development work undertaken in Grampian, recruiting members of the public is proving slow. This seems to be due to people's changed priorities post the pandemic and is being experienced across the Third Sector and organisations reliant on volunteers.

3. **Citizens Panel** - Challenges continue to be tight deadlines for developing and distributing two surveys with multiple topics per year as well as reporting findings, but again this will be considered holistically in terms of business planning for future years.

Key Stakeholder Engagement

1. **Reconnecting** - The Directorate continued progress with its "Reconnecting with NHS Boards" piece. The aim is to elicit from Boards what their engagement needs are from us going forward so we can align that with our work programme. An important part of the discussions is around providing Boards with a strategic link to Community Engagement which is in response to feedback from them as part of our change programme.

2. **Webinars** - Two webinars: Citizens' Panel 9 survey results (5 October – 73 attendees). Planning for engagement with disabled participants (9 November – 142 attendees). 95% of respondents rated the webinars *good* or *excellent*.

3. **Citizens Panel** - Engaged with policy leads in Scottish Government to develop the question sets and reporting, during the refresh Engagement Officers engaged with various communities to recruit new members, and Participation Network engaged with national third sector organisations Council for Ethnic Minority Voluntary Organisations (CEMVO) Young Scot & Interfaith Scotland.

EVIDENCE DIRECTORATE

Key Achievements

1. **The Standards and Indicators team** is back to full capacity, with a programme that includes new pieces of work identified through the Work Programme Committee (Older People, Cataracts), those restarted following COVID-19 pause (Bowel Screening, Congenital Heart Disease) and a new Scottish Government Commission (Standards for Gender Identity Services). We are piloting a new approach for developing screening standards that introduces a reduced and more efficient timeline for standards development. This has the full support of the Scottish Screening Committee and the National Oversight Board.

2. **The Scottish Medicines Consortium (SMC)** annual horizon scanning report, Forward Look 18, was shared on the secure area of the SMC website on 28 October 2022. Access to the report is for named senior health board personnel, supporting health board financial and service forward planning, enabling patient access to new medicines. Given the financial pressures health boards are currently facing this resource is more important than ever. SMC is pleased to have been able to produce this despite our own capacity challenges.

3. **The SMC** published advice on 18 new medicines from August to October on a wide variety of conditions, including different types of cancer, rare diseases and common conditions such as rheumatoid arthritis. Links to published advice are here: August 2022 decisions news release, September 2022 decisions news release and October 2022 decisions news release

4. **Scottish Government (SG)** has published a report highlighting the 'Delivering in the right care in the right setting' and highlighted the work Scottish Antimicrobial Prescribing Group (SAPG) has done in Outpatient Parenteral Antimicrobial Therapy to which aims to avoid admissions to hospital . SG news article.

5. **SAPG** has published two papers to support antimicrobial stewardship in primary care:

6. **Feedback of Antibiotic Prescribing in Primary Care** trial: results of a real-world cluster randomised controlled trial in Scotland, UK, link is here.

7. **Associations between declining antibiotic** use in primary care in Scotland and hospitalisation with infection and patient satisfaction: longitudinal population study, link here.

8. **Scottish Health Technologies Group (SHTG)** continues to play a key role within the Accelerated National Innovation Adoption (ANIA) pathway and recently secured additional allocation funding which will help consolidate our evidence support to ANIA. Part of the funding will be used to develop the provision of scientific advice, which will be

of particular value in helping technology developers to understand evidence requirements and plug any gaps in their evidence base.

Key Challenges

1. **The Standards & Indicator Team** will be seeking to recruit development group members for all their projects. Capacity in the wider system to support our work is recognised as a potential challenge.

2. **The recruitment pause** has resulted in a number of vacancies across the directorate that will have an impact on our ability to maintain the pace and scope of our work. Scottish Intercollegiate Guidelines Network (SIGN) now has no project officers and SHTG has paused posts ranging from programme and project staff to researchers and health economists. As demand for our work continues, capacity remains stretched and we are taking difficult decisions to pause and reallocate projects. SMC has made the tough decision to pause the production of the Decision Explained Documents which offered a more easily understandable version of what can be a complicated process, particularly for patient groups and members of the public.

Key Stakeholder Engagement

1. **The Standards & Indicator team** has had really good engagement for our Bairns' Hoose (Barnahus) standards from organisations, networks and individuals. The consultation included an online survey and running and supporting engagement activities. For example, providing funding (through SG) for children and young people to participate and provide feedback. One submission was a video from Children 1st of children and young people sharing their views on the standards.

2. **The SIGN Dementia guideline national meeting** took place at the end of October, with almost 200 people joining virtually. This consultation meeting allowed stakeholders to feedback on the content and draft recommendations and the use of qualitative research in the guideline. In addition, consultation on the draft Cutaneous melanoma guideline is open until 17 November.

3. **A survey of SIGN Council members** was undertaken to "temperature check" and better understand the challenges for members and the groups they represent. The main challenges reported were around workforce, including recruitment/retention. It was clear that from their feedback that the pressures within the healthcare system mean that activity not directly involved with patient care is a low priority. The survey results will support SIGN's development work, including understanding clinical priorities. SIGN Council discussed that priority should be given to topics for SIGN that could address; ageing - physical or mental frailty; cancer; obesity; pain and multi-morbidity.

4. **Along with National Institute of Health and Care Excellence (NICE) colleagues**, SMC staff provided an educational session for the Medicine and Healthcare products Regulatory Agency staff to explain health technology assessments (HTA). A further meeting is planned to build on strengthening links between UK HTA bodies and the regulatory agencies, this work will enable seamless licensing and access to medicines in the UK.

5. **SAPG is working in collaboration with NES** on a SG commission to create an Antimicrobial Stewardship education framework for Scotland.

6. **SHTG and SG policy colleagues** delivered a joint Health Technologies Workshop on 18 October, focussing on achieving best value. This was part of a series of workshops that have been a successful way of engaging with policy leads and other interested stakeholders throughout Scotland about how to use evidence and HTA to inform best value use of health technologies. As a consequence, we have seen increased interest and referrals in relation to digital tech, and infrastructure-related technologies.

MEDICAL DIRECTORATE

Key Achievements

1. **The COVID-19 NCMAG (National Cancer Medicines Advisory Group)** was established early in the pandemic to provide peer-reviewed, evidence-based rapid national decisions regarding the use of cancer medicines (often off-label) that might reduce risk of infection to patients or reduce burden on cancer services during the pandemic. Provisional data suggests widespread uptake of the advice, including high-volume cancers. https://www.healthcareimprovementscotland.org/our_work/technologies_and_medicines/ncmag_programme/ncmag_impact_report_2021-2022.aspx

2. **Digital Rheumatology** – Since 2021 we have been awarded two consecutive QLab grants to support robust engagement with patients and clinical practitioners on this digital approach to care. In parallel with the QLab work we are awaiting a decision from ANIA which is a collaborative process for assessing and scaling high impact innovations to benefit patients across Scotland. We believe both the product and the learning from this project have the potential to revolutionise the way care is provided to patients, enabling modern pathways and different ways of working to enact real substantive change to patient led and self-managed care, not only in Rheumatology but across other areas of healthcare.

3. **HEPMA (Hospital Electronic Prescribing and Medicines Administration) Learning System** - This network ran for 2 years to enable shared learning and support NHS Boards with effective implementation of HEPMA. We had 50 network members represented by all territorial Boards and delivered 14 Network meetings. Over 50 shared learning documents in library on Teams channel.

4. **Advanced Medical Leadership Programme -** The development of the plan to transform the medical workforce over the coming years is well advanced and focusses on benefits realisation. The overall aim is to ensure **e**xcellent medical leadership and expertise gives HIS credibility and high impact.

Key Challenges

1. **Back to Budget**: bridging the projected overspend for this financial year and the forecast for 2023-24 remain a challenge in the Directorate.

2. **Maintaining staff morale** amidst challenges and uncertainties about the outcomes of budget negotiations and wider implications of One Team work.

3. **Lack of organisational clinical leadership capacity** in key areas – notably medical and dental.

Key Stakeholder Engagement

1. **Health & Justice** – Implementation of a new IT System in Lloyds Pharmacy has had a significant impact on delivery of medicines to 15 Prisons in nine Health Board regions. This has resulted in crisis management over the last few weeks but progress has been made in returning to business as usual status. There is a potential reputational risk for HIS as the National Prisons Pharmacy Group, which monitors and manages the delivery of the national prisons pharmacy contract, is chaired by the National Prisons Pharmacy Adviser. The national contract for service provision is, however, owned by National Services Scotland National Procurement on behalf of the Boards and is ultimately responsible for the contract being delivered.

2. **Health & Justice** - There are grave concerns in connection with impending industrial action within Scottish Prison Service in February 2023. Prison Governors are being asked for robust contingency planning. There is the potential for disruption of delivery of healthcare in a service that is subject to inspection by HIS. The threat of industrial action by the prison officers seems to have been superseded by that of nursing staff.

3. **Health & Justice** - Lilias Community Custody Unit, was opened in October 2022. The all-female prison places far greater emphasis on reintegration and rehabilitation by using custody in the community rather than the traditional idea of prison. The provision of healthcare within HMP Lilias will be subject to inspection by HIS QAD colleagues under the arrangement with His Majesty's Inspectorate of Prisons.
   https://www.gov.scot/news/new-custodial-unit-for-women-1/

ihub DIRECTORATE

Key Achievements

1. **The ihub's unpaid carers programme** is designed to improve the identification, involvement and support of unpaid carers across healthcare services. Involving carers at an early stage in discharge planning can reduce the number of people delayed in hospital and help to ensure that they are not re-admitted. One meta-analysis highlighted that involving carers in the discharge of older people led to a 24% reduction in re-admissions of individuals within 180 days. The estimated value of support provided by unpaid carers is £36 billion in Scotland**.** The team has:

- published a set of resources to improve carer involvement in hospital discharge, including an evidence summary which identifies the barriers, opportunities and benefits of involving carers in discharge planning;
- collaborated with the national discharge without delay steering group and identified need for a carers specific workstream as part of this programme, which is now in place;
- started to support nine local areas working across Health & Social Care Partnerships (HSCP) carer leads, carer centres, Hospital at Home and Discharge without Delay teams;
- delivered national learning sessions for carer leads and discharge without delay leads.

2. **The New Models for Learning Disability Day Support Collaborative** published its phase 2 learning report from the work undertaken across learning disability day services.

3. **In year pivoting of a range of programmes** to respond to system pressures including:
   - Primary Care Improvement Portfolio where 90% of resources focused on supporting up to 45 practices at a time (25 joined cohort one and 45 teams expected to join cohort two) to participate in a 7-week improving access improvement sprint.
   - Acute Improvement Portfolio to take on bespoke support into University Hospital Crosshouse (UHC), alongside input from NMAHP. Two key areas of focus to improve the delivery of safe care were identified with NHS Ayrshire & Arran – **Hospital Huddles** (to further develop the hospital huddle process to effectively support communication and co-ordination of workforce, safe delivery of care and flow of patients within UHC); and **Nursing Workforce** (identify key workforce priorities to ensure appropriate nurse staffing levels and skill mix to enable to the delivery of safe care, through the assessment of a suite of nursing workforce and quality indicators to identify areas of risk and opportunities across UHC).
   - Refocusing our strategic commissioning national learning system to focus on commissioning actions which are helping to address urgent system pressures.

4. **Securing award letter for the mental health and substance use allocation** which, on the back of significant input from HIS, was fast tracked out with the wider SG timelines. This has enabled us to progress with setting up this critical programme of work.

5. **The Scottish Patient Safety Programme (SPSP)** held its first national hybrid learning event in September with 300 delegates representing health and social care, SG, universities and wider directorates within HIS. Chaired by Scotland's Chief Medical Officer Professor Sir Gregor Smith, delegates heard from Professor Mary Dixon-Wood and local Board teams on how they were applying the SPSP Essentials of Safe Care within their care settings. Evaluation has highlighted not only the shared learning across programmes and teams but also the positive experience and impact on staff wellbeing through the opportunity to participate in the day.

6. **Worked with SG** to assess 21 bids for Hospital at Home funding, and supported the allocation of £3.3 million of SG funding to the 16 areas with successful bids. Alongside continuing to support the 12 existing services to make improvements to optimise service

delivery and increase capacity in line with SG ambitions the ihub will also be supporting the development of four new Hospital at Home services in remote and rural parts of Scotland.

Key Challenges

1. **Vacancies:** The ihub currently has 54 vacancies of which 50 of the posts are currently vacant (the other four have individuals serving notice still in place). Of the 54 vacancies, 27 of these are paused due to the current financial situation and a further 14 are paused as posts are fixed-term contracts with less than six months to run and therefore it is not viable to recruit. The directorate has processes in place to consider every vacancy to identify whether it is a high risk to delivery and, if so, to consider whether there are options to move staff around to cover and/or to then put the case forward to ask for it to be released. The level of vacancies is resulting in both significant pressures on teams and also significant additional work to manage the situation around the consequences of internal staff moves which are also impacting on finance and HR due to practical issues such as updating corporate records and changes to budget authorisations, etc.

2. **Temporary Contracts:** Ongoing challenges around managing the impact on staff who were employed against additional allocations where award letters are still outstanding as they are aware that, if the allocation is not confirmed, this will impact on contracts.

3. **Additional Allocations:** Managing the consequences of the loss in full of the 22/23 Access QI additional allocation and the decision by SG that unable to fund Value Management after end of October 22. For the latter this has included managing the communications with the six partner NHS Boards that funding was ceasing early. Significant ongoing work to secure outstanding award letters for 22/23 and seeking confirmation of 23/24 funding. Also ongoing challenges in managing the pausing of some of the redesign work around dementia due to uncertainty around additional allocations.

4. **Requests for input:** We continue to receive requests for advisory input around a range of issues from policy colleagues and current capacity constraints mean it is becoming increasingly challenging to respond in a helpful way.

5. **Recurrent savings:** Work continues across the directorate to identify and release recurrent savings. Due to the combination of 22/23 and 23/24 requirements (circa £1million) our focus at this stage is on redesigning rather than incremental process improvement. The redesign work includes a review of the improvement programmes project support infrastructures.

Key Stakeholder Engagement

1. **Continue to deliver a range of webinars** that provide practical advice and support around key improvement priorities with attendance levels remaining high and regular at 200 or more. As an example there were 569 attendees at our Acute Prescribing Toolkit webinar launch and 391 at our Primary Care Resilience webinar series on Improving Access to General Practice.

2. **The Director of Improvement presented** at a UK wide Health Foundation Q workshop focused on the role of improvement in delivering key performance priorities.

3. **The Head of Transformational Redesign** presented at a World Health Organisation webinar on quality management on 30 August.

4. **Hosted a workshop for Chief Officers of Health and Social Care Partnerships** and Strategic Planning leads to explore how to apply Human Learning System in the context of current challenges and with an eye to enabling long-term, sustainable change. We heard from Professor Toby Lowe about the development of the approach and Dr David Hambleton shared his experience of doing this in practice in South Tyneside. There was a high level of engagement from the 31 representatives from HSCPs who attended the session, who were keen to understand more about how this is being taken forward in Scotland.

5. **Remobilised the Community Treatment and Care (CTAC)** Strategic Short Life Working Group (SLWG) to help build mutual understanding as well as sharing best practice in the delivery of CTAC services under the General Medical Services (GMS) contract. All 14 territorial Boards are represented and the group has over 130 members. We have recently directly supported SG to develop an agenda which will lead to outputs for the new CTAC Strategic SLWG that aims to scope out the key implementation issues that are barriers to enabling local areas in implementing CTACs and strengthening interfaces with other services. Over three meetings, the group will identify what actions can be taken forward through a developed plan and timetable and will present these to the GMS Contract National Oversight Group. The development of this work has been rapid and a collaboration between SG, Health and Social Care Scotland and HIS.

FINANCE, PLANNING AND GOVERNANCE DIRECTORATE

Key Achievements

1. **Review of corporate activity**: recognising the current pressures on capacity across the organisation, we have refined our approach to responding to external consultations, and will now prioritise parliamentary calls for evidence that are directly relevant and/or where HIS is approached for views, as well as consultations where relevant papers, strategies etc. directly reference HIS. This will be balanced alongside continuing to leverage other channels of external engagement in place of a formal response, such as where HIS is already working directly with SG on a particular strategy or policy area.

2. **Integrated planning**: work is underway, with the first draft now available for the 23/24 integrated plan. This includes the financial budget and work plan, alongside the final version of the workforce plan. Given the current economic environment, a range of assumptions have been made and will be considered throughout the process. The integrated plan will be considered by the Board in January, with submission to SG in February 2023.

3. **Procurement of Internal Audit Services:** we have joined a consortium for the procurement of internal audit services alongside National Services Scotland (NSS), Scottish Ambulance Service, NES, and Public Health Scotland commencing 1 April 2023. Shortlisting is underway and the Audit and Risk Committee will consider the proposed award in due course.

4. **Accommodation:** following agreement at the last Board meeting and partnership forum, commercial discussions have taken place with NSS regarding the sub-let of a floor at Delta House. A verbal update will be provided at the Board meeting.

Key Challenges

1. **Financial outturn**: back to budget meetings were held with all Directors for Q2, where clear plans were considered to enable a balanced budget by year-end. There is now greater confidence of financial balance by year-end, but a number of risks remain, specifically regarding allocation funding and the pay award.

2. **Staff absence**: levels of absence have continued to be high due to holidays, sickness levels and phased retirals. As a small directorate, this at times has proven problematic. Plans are underway to increase resilience and ensure a robust level of financial control is maintained. This includes liaising with other National Boards and considering cover from beyond the directorate.

Key Stakeholder Engagement

1. **Non-Executive Induction**: priority induction activities have been delivered for all five new Board members and On-Board training arranged. A meeting has been set up for new members with the SG sponsor division on 1 December to share information on our Operating Framework and joint working.

2. **Quarterly Progress Reporting**: our Q2 Annual Delivery Plan progress report was submitted to SG in October. We are in discussion with our sponsors in SG regarding quarterly progress reporting against our Annual Delivery Plan and the potential to use material from existing HIS governance reports rather than undertaking additional work, and the sponsors are supportive of finding a proportionate approach that meets both organisations' needs.

PEOPLE AND WORKFORCE DIRECTORATE

Key Achievements

1. **HIS Campus** group and directorate representatives are currently underway with the process to review the specifications and requirements for Mandatory Training programme across HIS. Over 20 modules have been reviewed in November.

2. **Personal Development and Wellbeing Reviews:** mid-year reviews are currently taking place across the organisation.

3. **iMatter:** 83% of teams have completed their iMatter Action Plans.

4. We are in the process of gaining **Cycle Friendly Employer status** for both Delta House and Gyle Square sites to support our staff to choose a health, sustainable and accessible way to commute.

Key Challenges

1. **Industrial Action**: Negotiations on the pay for the NHS Scotland Workforce have been underway for a number of months. At the time of writing, following a previous pay offer which was rejected, a further revised pay offer from the employers was made on Thursday 24th November. Professional Organisations and Trade Unions are now actively considering the new offer. Given the previous ballot results in support of industrial action, a number of organisations have confirmed they will go back to their membership to ballot again on the revised offer. Some other organisations, including the Royal College of Nurses, are in discussion with their Executive, prior to confirmation of any further ballot of their members with regard to the offer made.

   In the meantime, work within HIS is already underway to be prepared for any industrial action. We will be provided with 14 days' notice before any industrial action will begin and at the time of writing this update we have not been notified of any date(s) for industrial action. It is essential that HIS identify the critical services, assess the required staffing levels within the services and ensure that business continuity and resilience arrangements are up to date across the organisation to support any disruption to service delivery. The identification of critical services has been done in partnership. An industrial action resilience group has been established to co-ordinate the response to industrial action from a strategic and tactical perspective. Management guidelines and Frequently Asked Questions have been prepared and support will be available for managers and staff in preparation and during any period of industrial action.

Key Stakeholder Engagement/Activities

1. An **industrial action resilience group** has been established to oversee and preparation and organisational readiness for the impact of industrial action, assess the impact and provide direction during any industrial action. This group with work with partnership to agree the critical services within HIS and monitor any reduced capacity on these services, ensuring continuity plans are in place to address service needs.

2. The **One Team Workforce Group** was established in November to take forward the current list of priorities falling within this work stream to include standardisation of roles, leadership, effective management practices, project management, administrative service and redeployment process and procedure. Many of these areas will interlink with the work within the other work streams as we all strive to prepare for the future and regular updates will be provided to the One Team Programme Board.

3. The **NHS Scotland 'Once for Scotland' Workforce Policies** – Supporting the Work Life Balance consultation took place from 26 October until 21 November 2022. Feedback on the (10) policies was submitted as a single Board collated response, via the Partnership Forum.

COMMUNICATIONS TEAM

Key Achievements

1. **Media relations** has been a key focus for us in this period. Several interesting and engaging media releases have gained strong traction across a variety of regional and national titles. For Community Engagement we issued a release calling for new members for the Citizens' Panel. This was of interest across regional and national titles, generating coverage across a two-week period and has contributed to the panel gaining 300 new members.

2. **Draft documentary on NHS Tayside cancer clinicians**, we managed a complicated enquiry which required identifying the key reputational issues in the documentary and drafting a robust response, addressing inaccuracies in the documentary. The documentary has not yet been shown.

3. **Regulation of baby scanning clinics**, we also managed an enquiry from an investigative journalist. Such enquiries are time-consuming and require detailed conversations to explain regulation in Scotland and how it works. It is a very detailed and complex area that takes time to communicate to journalists in a way where they understand the terrain e.g. what is and isn't regulated, as well as how and why we regulate. The resulting story appeared in The National, but presented no reputational issue for our organisation, though it was critical of regulatory gaps.

4. **Quality Assurance**, we issued a media release relating to our review of skin cancer care, highlighting the report's call for consistency in treatment across Scotland. The QAD continue to be a positive directorate to work with in terms of identifying stories that raise the profile of our organisation's work.

5. **The discovery phase of the website redevelopment** project is on track to finish in December 2022. Final outputs will be shared with the Executive Team in mid-December.

6. **Internal communications** have been busy over this period including; Black History Month where Scotland's first Black professor, Sir Geoff Palmer hosted a lunch time session for staff. Other activities include; One Team, Cyber Security Month, Money Talk Week, Speak Up Week, Mid-Year Person Development & Wellbeing Reviews and the Margaret McAlees Award as well as the regular All Staff Huddles, 5 mins with… and Message from Robbie. A new platform, the 'Chair's Update', was also introduced, providing staff with regular updates from Carole, providing greater visibility of our Chair to staff.

7. **Patient Safety Week,** was scheduled to take place when Queen Elizabeth II passed away. We were therefore unable to deliver the week long burst of activity planned. The team quickly repurposed the campaign content to create a bespoke, accessible patient safety campaign, showcasing the breadth of work across the organisation to improve

patient safety. The campaign saw LinkedIn page views increase by 82.9% and clicks by 1,350%. This was driven by sharing Simon Watson's blog as an article on LinkedIn and the use of video content to promote Simon's blog. Reactions and reshares also increased. One of the videos shared on Twitter had an engagement rate of 10.3%. This is the highest engagement rate for over two years, with the exception of recruitment tweets. We also published a version of the blog in The Scotsman. This work highlighted some challenges within the organisation in relation to taking a joined up corporate approach for campaign work. This is an area for improvement as well as the need to improve the organisation's understanding of accessible content, the language and how we communicate about the impact of our work.

Key Challenges

1. **The changing nature of the organisation** has meant that news stories have been harder to identify. Potential leads have not come to fruition, even after a good deal of work has been done to draft media releases and work through the handling plans. We anticipate that this may continue to be an issue for the foreseeable future. However, working with SHTG we identified a potential positive news story in their recommendations around bacteriophage technology, which may act as a last resort option where antibiotics fail.

2. **Development of new Sharepoint Online Intranet** has been delayed. A paper was submitted to the Executive Team for a decision to be made, understandably there were queries, responding to these has been delayed due to checking information with the finance team who are currently assisting the organisation to review budgets for the coming year. There is a real risk that a new intranet will not be ready in time for April 2023 when The Source will no longer be supported. Furthermore, the estimated savings of moving to a new Sharepoint Online Intranet for the next two financial years, 2023 – 2024 and 2024-2025, is £96,000. These savings might not be realised if there are further delays.

3. **Generating income through our work**. As the Communications Teams budget is mainly staff, it is difficult to identify savings. However, it is possible to identify potential income streams, notably by offering the services of our two graphic designers to NES on an ad hoc basis. While this has yet to be tested as a way of generating income, it does offer potential.

4. **EiC and HSP winter webinar series**, was designed to generate interest in these two areas of work. Unfortunately, it has been difficult to plan for due to changes in staff in the NMAHP directorate, and not all of the details had been laid out. Discussions with the team helped establish a new relationship and this series has now been presented in a more coherent way. It has also led to a blog from Ann Gow around her work at the Louisa Jordan Hospital and how this can be used to help the NHS tackle winter issues.

Healthcare Improvement Scotland

Meeting:	**Board Meeting - Public**
Meeting date:	**7 December 2022**
Title:	**Proposal to transfer the Right Decision Service (RDS) to Healthcare Improvement Scotland**
Agenda item:	**2.1**
Responsible Executive/Non-Executive:	**Safia Qureshi, Director of Evidence**
Report Author:	**Safia Qureshi, Director of Evidence**
Purpose of paper:	**Decision**

1. Situation

The Digital Health & Care Innovation Centre (DHI) is currently home to the national decision support platform, the Right Decision Service (RDS), which aims to be the source of quality assured decision support tools for health and care professionals in Scotland.

Scottish Government (SG) has committed £2.3 million to the end of March 2025 for national scale-up of the decision support programme across Scotland's health and care. A core condition of this funding is transfer of ownership from DHI to an NHS Board, to embed and mainstream decision support in delivery of health and care.

As the health board with lead responsibility for national advice on new medicines and technologies and evidence-based clinical guidance, Healthcare Improvement Scotland (HIS) is a potential home for RDS.

The aim of RDS aligns with the ambition of HIS to drive the highest quality of health and care for all, and also with the described purpose of the evidence directorate, which is to provide evidence to improve health and care services for the people of Scotland.

The evidence directorate has an established working relationship with RDS and DHI to incorporate Scottish Intercollegiate Guidelines Network (SIGN) guidelines and Scottish Antimicrobial Prescribing Group (SAPG) advice into RDS.

It is proposed that RDS should transfer to HIS given the alignment with the strategic direction of HIS, the opportunity provided to position the organisation with a distinctive national leadership role within Scotland's digital health and care landscape and the advantages of owning a national platform for the distribution and dissemination of the work of the organisation.

The Executive Team has approved the transfer, subject to Board approval. The Quality and Performance Committee (QPC) has reviewed the proposal in detail on two occasions. After the first review QPC asked for further financial due diligence which was completed and accepted following review by both the Executive Team and then QPC. A later request was made to provide QPC with further assurance around the medical device regulations that apply to some elements of RDS content and how this will be managed as the regulations change following EU exit.

Details on the medical device legislation and impact of proposed changes were provided in a further paper to QPC and on the basis of the additional assurances provided, QPC agreed to support the proposal that RDS is transferred to HIS and to recommend it to the Board for approval.

2. Background

RDS is a national decision support platform. It delivers a suite of decision support systems. These are defined as information systems that draw on an active knowledge base to support the decision-making of its user.

Clinical decision support systems can be independent, for example, apps or websites, they can interface with clinical portals or patient management systems, or they may be integrated with electronic health records.

RDS has two components:

1. a website which signposts to RDS systems
2. a set of tools for building decision support systems.

Expanding delivery of decision support is a key objective within the national Digital Health and Care Strategy and aligns with the digital ambitions of HIS and the evidence directorate.

Establishing a national decision support service, by building on the RDS, is a stated objective in the "Care in the Digital Age: Delivery Plan 2022-23" recently published by Scottish Government and Convention of Scottish Local Authorities.

Since 2018, SG has funded a discovery phase and evaluation of early adopter decision support projects. SG has funded a 3.5 year national programme of work to deliver the full benefits of decision support.

Ownership of the national decision support programme would position HIS to extend its existing national remit in evidence and improvement into a leading role in digital transformation of health and social care information provision. It is a continuation and expansion of HIS' core national role and capabilities in evidence and implementation.

HIS already collaborates with the decision support programme to deliver a range of national decision support tools, providing a strong foundation for this national scale-up phase.

QPC asked a number of questions regarding the transfer which are addressed below.

3. Assessment

Information and Communications Technology infrastructure

The vision for RDS is to provide a common knowledge and technology infrastructure to deliver consistent, evidence-based decision support across Scotland, firstly as the single go-to place for practitioners to find quality assured decision support systems, and secondly, by providing a toolset and development processes to build quality assured decision support systems.

These decision support systems may be informational mobile and web apps that provide frontline practitioners or citizens with access to guidelines, protocols and pathways. They could also be "expert systems," that is, executable rules-based algorithms which computerise existing validated evidence and guidance based on ratified clinical research.

The key technological features of RDS use "off-the-shelf" industry wide standard applications such as web and desktop application programming interface (API) and are dependable. In the digital context, the decision support solutions delivered by RDS support both standalone delivery, eg as web and mobile apps, and integration with electronic care systems in the wider digital landscape. They follow the principle of re-use and customisation through a shared repository of

re-usable resources such as UK Conformity Assessed (UK CA) marked calculators, and evidence-based content.

Delivery of RDS systems is underpinned by standardised governance mechanisms, processes and templates, including a tried and tested process for UK CA marking of decision support tools categorised as medical devices. InnoScot Health (formerly Scottish Health Innovations Ltd) takes the role of registered manufacturer for all UK CA marked tools. This means that legal liability sits with InnoScot Health, not with NHS Boards.

RDS provides a set of tools that enable trained knowledge managers and healthcare staff to build simple decision support systems within a defined governance framework to meet local needs, without requiring programming skills. This self-service approach enables a distributed delivery model with strong local ownership and engagement.

RDS is already a mature system with established delivery and integration technologies. It will not require significant monetary investment on an ongoing basis. Nor does it pose significant technical challenges to users – the web or app based platforms ensure that anyone with a laptop or mobile phone and internet access can use RDS tools. The decision support tools embedded in electronic health record systems are directly accessible from those systems. The RDS development process is centred on co-design with users to make use as intuitive as possible.

The platform was independently reviewed by Wyatt & Scott (2021, Faculty of Clinical informatics) who confirmed that it is “an exemplary knowledge and decision support service” and that its design reflects international best practice.

Meeting clinical need

RDS aims to provide access to local and national guidance, pathways, calculators and other decision support tools on a Once for Scotland basis.

14 NHS Boards, multiple national programmes, three Health and Social Care Partnerships (HSCP), and two national social care organisations are already using the RDS. Usage continues to grow and the expectation is for traction to increase further.

RDS encourages Boards to use its national platform as first port of call to create and deliver decision support solutions for local needs. A policy along these lines is already in place in NHS Greater Glasgow & Clyde (NHS GGC) and is an exemplar for other boards.

Specific examples are provided in appendix 1.

Management of any Finance or HR risks

RDS will be handed over as an externally managed, quality assured and robustly governed package. SG has approved the model developed by DHI of contracting out development, maintenance and management of this platform to a commercial company that complies with quality, safety and security standards.

SG has also approved the strategic partnership which DHI has put in place with Scottish Health Innovations Ltd (SHIL) as manufacturer for all decision support tools categorised as medical devices under the Medical Devices Directive. SHIL provides rigorous oversight of developments to ensure that they meet regulatory standards for quality and safety. SHIL also holds product and professional liability for any clinical safety issues which in principle could arise from use of the decision support software. This liability would not sit with HIS.

There is no requirement for complex transfer of existing employment arrangements as part of this programme ownership. The secondment arrangements for the Programme Director for Knowledge and Decision Support role, employed by NHS Education for Scotland (NES), will transfer from DHI to HIS.

HIS finance and HR teams reviewed the business case, funding submissions, the corresponding £2.321m grant award, the year-to-date expenditure (February 2022 – May 2022) and workforce and supplier contractual arrangements.

The analysis concluded that there are no significant financial or HR risks which would prevent the proposal progressing. A summary paper was provided to QPC.

Regulatory background

RDS meets all current regulatory requirements under The Medical Devices Regulations 2002 (legislation.gov.uk) which is based on EU Medical Devices Directives. This is required for specific content, for example, medical dose calculators, which are defined as class I medical devices under current legislation.

The current medical device regulations contain few provisions specifically aimed at regulating 'software as a medical device' (SaMD), where SaMD is standalone software and software included in wider hardware and including artificial intelligence as a medical device.

Following EU exit, the Medicines and Healthcare Regulatory Agency (MHRA) is now the UK regulator and is developing new UK Medical Device Regulations (MDR), including a new medical devices framework, due to come into effect from July 2024.

The aim of the new legislation in relation to SaMD specifically is to ensure that the regulation of SaMD is clear, effective, and proportionate to the risks these medical devices present and to ensure that sufficient cyber security and information security measures are in place for SaMD, both for the purposes of the direct safety of the device (eg whether its functioning could be tampered with) and consequent impacts on patients and the public, and also the security of personal data held on or in relation to the device.

The calculators and guides hosted by RDS are currently categorised as class I devices but are likely to be seen as class II devices under the new regulations. The UK government will put transitional arrangements in place to mitigate the risks of supply disruption. Products with EU CE (Conformitè Europëenne) marking may remain on the market post UK MDR for a period of between 3- 5 years.

InnoScot Health (formerly Scottish Health Innovations Ltd) takes the role of registered manufacturer for the UK CA marked tools on RDS. This means that legal liability as a manufacturer sits with InnoScot Health, not with NHS Boards, including HIS. InnoScot Health hold public liability insurance.

The majority of the changes under the new legislation will be the responsibility of InnoScot Health who have confirmed that they are aware of, and are planning for the changes; that they are working closely with the SG Medical Devices and Legislation Unit and that they already have an accredited, industry standard, Quality Management Ssytem (one of the expected requirements) in place and are subject to annual audit by BSI (one of the first approved bodies for UK CA marking).

Please see appendix 2 for a summary of the current and planned content of RDS.

Additional QPC discussion points

QPC noted that this is an opportunity to strengthen our links and collaboration with universities and the academic sector, including NES.
It was acknowledged that there is a finite funding period and care has been taken to avoid long term commitments. The funding period gives us time to use our own skills and experience to improve RDS, for example, increasing accessibility, broadening involvement beyond medical teams, and demonstrating the value of the system. The ability to demonstrate the value of RDS will be essential in seeking additional funding to embed RDS support in our core budget beyond the lifespan of the current funding. External evaluation is built into the current programme.

There may be potential to generate income from selling the tools internationally but this should be approached cautiously, perhaps to be explored if the system is retained long term.
If transferred, RDS will be managed in line with the standard HIS approach to clinical and care governance. Concerns were expressed about the reputational risk to HIS of hosting local tools, where HIS has had no role in quality assurance. It should be noted that this applies to content currently hosted on the HIS website. As in that instance, the risk would owned by the Board developing the content and HIS exposure would be mitigated by the governance arrangements in place. HIS will manage and develop the platform and we would not have responsibility for all of the content. Local tools would be retained on the system as part of the transfer.

Assessment considerations

Quality/ Care	The decision support work programme comprises five work strands, designed to deliver impact on priority areas for service remobilisation, recovery, and long term service transformation: SG approved a detailed logic model to be used as the basis for impact evaluation. A multi-method evaluation framework has been defined which will be used to measure impact in terms of: • more consistent and timely care • reducing unwarranted referrals • reducing adverse events and emergency admissions and associated direct and indirect costs. • improving demand-capacity management
Resource Implications	SG has committed £2.3 million to end of March 2025 to support delivery of this programme. This covers staffing; technical maintenance, support and hosting; commissioning of software development; engagement and training; work required to meet the new regulations and evaluation of impact.
Risk Management	The transfer arrangements for the decision support programme will be phased to suit HIS' requirements. DHI will continue to manage the programme until HIS is fully ready to take on the complete ownership role. For example, staffing could be transferred initially while DHI continued to manage the contractual arrangements for the digital infrastructure until expiry of the existing contract. Risks relating to SaMD apply mainly to the calculators hosted by RDS. This risk must be balanced with the clinical risk of for example, prescribing errors, if calculators that are used by clinical staff on a daily basis are withdrawn. The majority of the risk sits with InnoScot Health as the manufacturer. It should be noted that a 3-5 year transition period has been allowed for adoption of new requirements.
Equality and Diversity, including health inequalities	RDS actively addresses health inequalities for example by: a) improving timely, evidence-based assessment and management b) reducing digital exclusion for staff through a programme of workforce development in using and creating decision support tools c) targeting barriers to health and wellbeing at local level and reducing digital exclusion for citizens through proactive engagement with public libraries in collaboration with the ALLIANCE and the Scottish Library and Information Council.

	d) a proactive focus on delivering decision support for inequalities groups – for example, older people in care homes and care at home settings, people with physical and mental health disabilities. e) The new MDR include specific requirements in relation to Equality and Diversity assessments with a particular focus on health inequalities.
Communication, involvement, engagement and consultation	The business case for national scale-up of the decision support programme was developed in wide collaboration. Conversations regarding regulatory requirements have taken place with the vice chair of Scottish Health Technology Group and the Head of Regulatory Affairs at InnoScot Health.

4 Recommendation

Following review and approval by QPC, the Board is asked to support the Executive Team's recommendation to transfer RDS from DHI to HIS evidence directorate.

5 Appendices and links to additional information

- Appendix 1: Examples of RDS meeting clinical need
- Appendix 2: Summary of the current and planned content of RDS

Appendix 1

Examples of RDS meeting clinical need

All Right Decision Service tools are developed at the request of clinical leads and teams with local governance support and are designed to address key clinical needs.

High risk prescribing decision support prompts and alerts embedded in primary care Electronic Health Record (EHR) systems

Clinical problem:

- up to 11% of unplanned hospital admissions are attributable to harm from medicines
- over 70% of these are due to elderly patients on multiple medicines
- 50% are estimated to be preventable

Kongkeuw (2013) and Hodkinson (2020)

Decision support solution:

A national high risk prescribing decision support system that alerts primary care clinicians at point of opening the patient record to the highest risk prescribing issues identified in the national polypharmacy guidance. The system is being extended to include alerts for prescribing in diabetes, respiratory conditions and medicines associated with dependency.

In an initial pilot in NHS Tayside and NHS Lothian, 82% of GPs and practice pharmacists indicated that it had helped them to identify significant clinical risk. All clinicians wanted to continue using the system after the pilot. With the backing of lead GPs and pharmacists and support from local medicines safety governance groups, RDS is planning Board-wide roll-out from November in NHS Tayside and NHS Lothian. NHS GGC and NHS Forth Valley have agreed to initial pilots as a precursor to board-wide implementation and a similar proposal is being prepared for NHS Dumfries and Galloway.

Patient flow and demand-capacity management in urgent and unscheduled care in NHS Forth Valley

Clinical problem:

Managing capacity and demand in flow navigation centres

Decision support solution:

Working with the acute medicine consultant who leads this navigation hub, RDS provided web-based sequences of interactive questions and answers that guide the call handlers taking emergency referrals to route the patient to the correct destination first time.

A record of the decision-making process can be stored within the Trakcare electronic health record. RDS converts the referral and routing processes used by call handlers into computerised decision trees, for example for frailty screening, hospital at home referral, acute chest pain and a range of other acute clinical presentations.

An initial test of change has been well received by the call handler team and a larger pilot is being planned.

Avoidable Emergency Department (ED) visits for paediatric unscheduled care

This tool has been developed in collaboration with GPs in NHS Grampian and the lead for unscheduled paediatric care.

It provides interactive sepsis screening tools tailored to different paediatric age groups and a collection of interactive assessment and management algorithms for common presenting conditions such as acute asthma, croup, bronchiolitis.

This solution is currently being alpha-tested in NHS Grampian.

Errors in management of acute coronary syndrome

ED and Acute Medicine consultants in NHS GGC are aware that the Acute Coronary Syndrome (ACS) pathway can be complex and challenging for new junior doctors, particularly the 3-stage troponin testing. The Right Decision Service has worked with NHS GGC clinicians to create an interactive set of algorithms, embedded in a web and mobile app, which guide the clinician in a straightforward way through each stage of the pathway, to arrive at appropriate recommendations for action.

This tool has been enthusiastically received by the lead clinicians and is now being piloted by the junior doctors in NHS GGC. A similar tool has now been delivered for NHS Lothian, following a request by a lead cardiology consultant after seeing a demonstration of the NHS GGC tool.

Waiting times for urgent cancer referrals

RDS is working with the West of Scotland Innovation Hub Clinical Theme Lead (Cancer) to design and test machine learning algorithms derived from large datasets within SafeHaven, to support risk stratification of urgent cancer referrals so that highest priority and lowest risk referrals in specific cancer specialties can be rapidly identified and managed appropriately.

Clinicians unable to find essential clinical guidance

Reports from many NHS Boards highlight the problem in finding essential clinical guidance on local intranets and multiple departmental repositories. This is a key driver for moving to use RDS, which structures and organises content for quick and easy retrieval.

An example is a survey carried out by a junior doctor in one health board as a result of her own experience of the clinical safety issues arising from this problem. The survey indicated that it could take up to 7 minutes to find the local naloxone protocol, and some clinicians could not find it at all. Following the move to RDS it took less than 30 seconds for clinicians to find the protocol.

Self-management and personalised care

Supported self-management and personalised care are essential elements of Realistic Medicine and Value-Based Healthcare in the effort to balance demand and capacity. The Right Decision Service supports this shift in focus through a range of tools including:

- a national Realistic Medicine app, including a shared decision-making toolkit, commissioned by Scottish Government Realistic Medicine team

- living well with dementia - supports people recently diagnosed with dementia and their carers to track wellbeing outcomes, access local community support when needed, and to complete a “Getting to Know Me” record of what matters to them, to support moving across healthcare settings
- polypharmacy: manage medicines – supports patients and carers with complex needs and co-morbidities to take more control over their medicines. Includes a digital tool for recording Patient-Reported Outcome Measures and sharing with the healthcare professional as a focus for shared decision-making in medicines review.

Appendix 2: Summary of the current and planned content of RDS

Overview of live Right Decision Service tools				
	Live tools			
	Decision support tool	**Commissioning/host organisation**	**Clinical leadership and engagement**	**Additional details**
1	High risk prescribing decision support embedded in primary care E H R systems.	Scottish Government Effective Prescribing and Therapeutics Division NHS Tayside & NHS Lothian hosting initial pilots	Head of Effective Prescribing Division Practising pharmacists. National GP Lead GP and pharmacist leads in each Board involved.	National roll-out planed Next phase of roll-out in NHS Forth Valley and NHS GGC. Proposals going to NHS Lanarkshire and NHS Dumfries & Galloway
2	Antimicrobial prescribing app	Scottish Antimicrobial Prescribing Group at HIS	Head of SAPG as clinical lead Clinical lead in each board	Contains separate toolkits for each NHS Board
3	Calculator suite	Royal College of GPs	Working group of GPs	
4	Home care decision support for care homes and care at home services	DHI Scottish Care Macmillan Cancer Support	Workforce Development Lead (nurse) in Scottish Care Communicated across all care home and care at home services supported by Scottish Care	
5	Living well with dementia	Inverclyde HSCP NHS GGC Alzheimer Scotland HIS	Lead nurse for dementia improvement programme in Inverclyde.	
6	Support for Diagnostic Atlas of Variation	NHS NSS	Lead clinician for project within NSS	
7	Polypharmacy: Manage Medicines. National polypharmacy guidance	Scottish Government Effective Prescribing and Therapeutics Division.	Lead clinician and multidisciplinary steering group for each toolkit.	In development: Diabetes prescribing guidance Respiratory prescribing guidance Benzodiazepine and antidepressant prescribing guidance
8	Clinical guidance and education	NHS Borders	Clinical governance and realistic medicine lead (consultant in endocrinology)	Also has role of NHS Borders Decision Support Lead
9	Adult acute care	NHS GGC	Each app has a designated Clinical Lead and clinical editorial group.	
10	Clinical guidelines directory	NHS GGC		
11	MyPsych (mental health)	NHS GGC		
12	Obstetrics and gynaecology	NHS GGC		
13	Paediatrics	NHS GGC		
14	Public health	NHS GGC		
15	Mindfulness	NHS GGC		
16	GGC Realistic Medicine	NHS GGC		
17	Acute coronary syndrome pathway	NHS GGC/ NHS Lothian	ED Consultant and Acute Medicine Consultant Consultant Cardiologist, Lead researcher for published troponin pathway	
18	NHS Highland Treatments and Medicines (TAM)	NHS Highland	Pharmacy and medical lead	
19	NHS Lanarkshire guidelines	NHS Lanarkshire	Associate Medical Director as overall Clinical Lead, Clinical Guidelines Lead for the Board and Decision Support Lead for the Board.	
20	Adult support and protection	South Lanarkshire HSCP	Adult Support and Protection Lead and Public Protection Committee (clinical and social care)	
21	NHS Lothian Clinical Companion	NHS Lothian	Medical Director is Decision Support Lead. Director of Medical Education) is lead for the Clinical Companion. Individual toolkits have their own clinical leads.	
22	Lower urinary tract infection in under 65s	SIGN at HIS	Head of SAPG as clinical lead Clinical lead in each board	
23	RESTORE2	NHS Lothian, Scottish Care	Care Home Support Group (Lead nurses)	

Appendix 2: Summary of the current and planned content of RDS

Right Decision Service tools in development				
	Tool in development	**Commissioning/host organisation**	**Clinical leadership and engagement**	**Additional details**
1	Scottish Cancer Network	Scottish Cancer Network	National Clinical Lead Clinical lead and clinical group for each site	Guidance in preparation for 3 tumour sites
2	National dermatology pathways	Centre for Sustainable Delivery	National Clinical Lead for Dermatology Pathways	Modernising Patient Pathways Programme
3	IV fluid and electrolyte prescribing	Centre for Sustainable Delivery	National Clinical Lead	Modernising Patient Pathways Programme
4	Primary care referral pathways	NHS Dumfries and Galloway	GP Clinical Lead	
5	Flow Navigation Hub decision support tool	NHS Forth Valley	Decision Support Lead (consultant anaesthetist) Acute medicine physician - clinical lead for navigation hub	
6	Emergency department guidance	NHS Forth Valley	Clinical Director for Emergency Care and Consultant clinical lead	
7	Mental health emergency guidance.	NHS Forth Valley	Consultant psychiatrist	
8	Paediatric unscheduled care	NHS Grampian	Paediatric consultant - lead for unscheduled care GP working group	
9	Mearns Centre Navigator	Mearns Centre	GP Clinical Lead	
10	GGC Refhelp	NHS GGC	Clinical Lead Steering Group	
11	Realistic Medicine for Professionals	Scottish Government	RM Clinical Adviser from SG RM Policy Unit RM Leads Network and Steering Group	
12	Realistic Medicine for Citizens	Scottish Government	RM Clinical Adviser Director from ALLIANCE	
13	Emergency department guidance	NHS Tayside	Decision Support Lead (consultant anaesthetist /Clinical Governance Lead for Board) Clinical eHealth Lead and Director for Emergency Medicine. Emergency Medicine consultant	
14	Lower urinary tract infection in over 65 s	HIS/SIGN/SAPG	Lead, Scottish Antimicrobial Prescribing Group	

RM = Realistic Medicine; NSS = National Services Scotland

Healthcare Improvement Scotland

Meeting:	**Board Meeting - Public**
Meeting date:	**7 December 2022**
Title:	**Ways of Working Update**
Agenda item:	**2.2**
Responsible Executive/Non-Executive:	**Angela Moodie, Director of Finance, Planning & Governance (FP&G)**
Report Author:	**Angela Moodie, Director of FP&G**
Purpose of paper:	**Decision**

1. Situation

This paper provides the Board with an update on the ways of working (WoW) following the previous update to the Board in September-22 at the end of the six-month test of change period.

2. Background

Pre-March 2020, attempts at agile working were made, but at times were hampered by a challenging office environment and inequity of access to different working styles and space. The Covid pandemic in March 2020 forced a new way of working, with the work from home instruction applicable to most of our staff.

As the organisation emerged from the Covid pandemic and restrictions were lifted, we agreed in partnership our new WoW vision across the organisation.

Key to this was our behaviours; being collaborative, considerate, co-operative and connected.

From 1 April 2022, we reopened our offices and launched a six-month test of change period. During this period, staff had access to office space (in line with relevant restrictions), where different working styles could be implemented and learnings gained from this experience. There were no changes to staff contracts or Terms & Conditions during this time and pre-Covid policies were reinstated.

Before the commencement of the test of change period, staff were encouraged to consider their working style preference and document this as support for a conversation with their line manager on their approach to the test period. In hindsight, ambiguous definitions and uncertainty on the relevance of the form led to some staff confusion, which was subsequently resolved.

Data from the test of change period showed a low office attendance, with an average of 24 (4%) staff booking a desk[1] on a daily basis. Around 73% of staff have booked a desk at least once, leaving around 150 staff who have never booked a desk (acknowledging some groups are not required to attend one of our core office sites, such as Inspectors, Death Certification Review Service, Community Engagement staff, Improvement Advisors working in the system, etc).

3. Assessment

At the September Board, we agreed to provide guidance for staff about future working arrangements and the implications for them. This can been seen in detail in Appendix 1.

[1] The only occupancy data collated at present is via the SmartWay2 desk-booking app. This may not capture those who do not book a desk and/or only use meeting facilities.

We considered the balance between hybrid and home worker status and the future application of the previously agreed vision and whether it remained fit for purpose. We were also mindful to ensure a careful balance in maintaining a flexible and attractive workplace and meeting the needs of the organisation.

The vast majority of staff have continued to operate with the current (pre-pandemic) terms and conditions in place. Give that we have continued to work in an efficient and successful manner under these new ways of working, it was questioned whether any substantial change was actually required.

Therefore, in accordance with existing flexible working policies, it is anticipated that the majority of staff will remain of their existing office based contract. Examples and Frequently Asked Questions (FAQs) have been provided to staff in the guidance to allow practical application of the current policy. These can be seen in detail in Appendix 1.

Assessment considerations

Quality/ Care	Decisions regarding WoW may be a risk to delivery of our work programme.
Resource Implications	Decisions regarding WoW will have significant impact on our staff. There is a risk staff are unhappy with the direction and may leave the organisation, which in turn results in a loss of talent and impact on delivery.
Risk Management	A clear process, with scrutiny and governance will lower the risk of staff disengagement. Risk of staff turnover and loss of talent is covered in the risk register.
Equality and Diversity, including health inequalities	All decisions will support the Public Sector Equality Duty, the Fairer Scotland Duty and the Board's Equalities Outcomes.
Communication, involvement, engagement and consultation	This steps set out in the paper have been considered by the WoW working group, Partnership Forum and the Executive Team.

4 Recommendation

The attached guidance has been agreed in partnership and is being presented to the Board for approval.

5 Appendix

Appendix 1: Sustaining our New Ways of Working Guidance

Appendix 1

Healthcare Improvement Scotland

Sustaining our New Ways of Working

Introduction

Our vision for the way we work at Healthcare Improvement Scotland is that work is what we do, not where we do it. We need to make sure we balance the needs of the organisation as well as personal preferences of where we work so we can be a more forward-looking organisation that meets our vision.

Now we are at the end of the test of change period, we are embedding our previously so-called new Ways of Working as our future approach to how we work.

The following information has been created to help staff and their line managers review where their contractual base is and determine if any changes are required to contracts. The information has been created by reflecting on the feedback gathered during our Ways of Working (WoW) test of change period and information published by other organisations such as Unison and HMRC. It is anticipated that no contractual changes will be required for most staff.

Our findings from the test of change period

During the six month test of change period, most of our offices were re-opened and staff were asked to work in a hybrid way, balancing organisational requirements and their own personal preferences to work at both home and the office. Data collected from this period showed the vast majority of staff did visit our offices and engaged in hybrid working. It also showed that we continued to work in an efficient and successful manner under these new ways of working, with our WoW feedback channels showing that most staff saying they benefited from the new ways of working.

Therefore, it is recommended we continue to work in this way as our standard way of working. As a result, we anticipate that the majority of staff will not require a change of their employment contract. The formal adoption of this approach, underpinned by the existing policies, will give staff confidence that we are committed to supporting this in a consistent way at every level of Healthcare Improvement Scotland.

Our existing policies on flexible working and home working and can be found on The Source (or links below). The key points from these policies have been summarised for your information below.

What next?

The focus is on ensuring that everyone feels supported and has confidence that the organisation will treat them fairly, consistently and with respect.

Staff should have a conversation with their line manager to discuss if they wish to change their base location in their contract per the flexible working policy. If staff are not sure where their base location is they should check their current employment contract.

Please remember it is not guaranteed that all applications will be granted. All new home workers are subject to a six-month trial and home workers contracts are reviewed through discussion between the line manager and staff member every 12 months where a contract can be altered to become office based. Directors will also have oversight and final sign-off of all such applications to ensure a fair and consistent approach is taken across the organisation.

Remember we all need to work in a way that meets the organisational needs. Staff and managers are equally responsible in their duty to fulfil their contractual obligations. It is reasonable for line managers to ask to meet with staff in person and it is reasonable for staff to have a legitimate reason they may need to change the date and or time of a face-to-face meeting. We should embrace technology regarding hybrid meetings and be mindful of distance aware colleagues and those with underlying medical conditions.

Definitions

Office/Hybrid workers

Staff who have an office base, but work from both home and the office, are referred to as hybrid workers. This is because in an employee contract a base location must be stated, a contract cannot simply say hybrid. It is likely most staff will have an office as their base location and be hybrid workers. In the majority of cases, being a hybrid worker does not mean staff must attend an office for certain number of days per week. Hybrid working is a blended way to work drawing on the best of office and home working time. There may also be some roles that are entirely office based.

Home workers

Staff are referred to as 'home workers' when they are required in their contract of employment to have their office based in their home, even though they may attend other premises for part of their working time.

The table below is a guide intended to highlight the differences between home and hybrid working in HIS.

OFFICE BASE, HYBRID WORKING	**HOME BASE, HOME WORKING**
You have an office (e.g. Gyle Square, Delta House, Community Engagement local Office) as your contractual base.	Your home is your contractual base.
You are working under hybrid arrangements and may work from home, base office, or other location as appropriate to their own and the organisation's needs.	You may be, on a limited number of occasions, be asked to attend the office. Examples of when is reasonable to be asked to attend the office include, but are not limited to; training, annual appraisals, key team meetings and workshops and IT equipment failure.
You are required to work as part of a team, which may at times require face to face collaboration.	The role requires a high degree of personal concentrated work with very limited interaction with others, can be done at home in isolation from colleagues and is autonomous.
You are required at frequent or regular times to work in premises which are not your employers (e.g. carrying out inspections, improvement support or engagement activities).	Home working if your job requires you to live far from an office.
You are working from home on an occasional or regular basis.	Travel to the office will be by exception e.g. for team meetings/development sessions, 1:1, You would not travel to the office for a general working day.
If you are working from home for a period due to illness and are still well enough to work or other personal circumstances.	
Travel time to the contractual office base is not included as part of standard working hours.	On rare occasions when travel to office is authorised, it is included in standard working hours.
Travel expenses to be approved in advance by line manager.	Travel expenses can be claimed from home address if you are authorised and need to travel to an office or elsewhere. Travel expenses must be approved in advance by line manager
Utility expenses are not available as reimbursement from your employer.	Utility expenses are not available as reimbursement from your employer.
	You are responsible for personal tax implications, insurance and health and safety aspects.

Frequently asked questions

1. *If I am a home worker, can I attend an office whenever I like?*
   Home workers are expected to only attend the office on a limited number of occasions, which have been agreed in advance with their line manager.

2. *I am inspector and spend a lot of my working time visiting hospitals, am I a hybrid worker?*
   If you are required to work at frequent or regular times in premises, which are not your employers, this is normally deemed as a hybrid worker, with an office as a contractual base.

3. *I work in Community Engagement based at another NHS board location. Does this mean I am home or hybrid worker for contractual purposes?*
   The above guidance and table apply to Community Engagement colleagues too. Most Community Engagement colleagues will be hybrid workers. There are a few exceptions where the host NHS board is unable to provide suitable accommodation and staff normally based in these locations are considered to be home workers. Staff affected by this should discuss their working arrangements with their line manager.

4. *I have moved house since I joined HIS and I am now living nearer a different office, can I change my base location in my contract?*
   It may be possible to change your office base subject based on your circumstances and the organisational needs. You should speak to your line manager in the first instance.

5. *I have moved house since I joined HIS and I am now unable to travel to either of the central offices, can my contract be changed to home worker?*
   Moving house is not a default reason to change your employment contract under the current policy. There is still a contractual requirement for you to attend an office, but it is suggested you discuss your personal circumstances with your line manager while reviewing the current flexible working policy.

6. *I am a hybrid worker, what IT equipment and furniture can I order so I can work from home?*
   Similar to how we have been operating during the pandemic, all staff whether hybrid or home working will be required to complete an annual Display Screen Equipment assessment. The results of this will determine the need for any specific equipment, in addition to the standard IT equipment issued to staff. Where staff cease homeworking, their line manager must make the necessary arrangements to account for all items of Healthcare Improvement Scotland property. In the case of furniture, staff will normally be expected to retain the furniture and to pay an amount equal to the original cost, less 3% of the value per month of service since its purchase.

7. *Are there any tax implications for being a home or hybrid worker that I need to know about?*
   There may be personal tax implications for home workers based on their individual circumstances. Staff are responsible for contacting HMRC about any potential tax implications.

8. *Does homeworking affect my home insurance policy?*
   Staff need to notify their insurance company as home working may affect their premiums. Staff are also responsible for notifying mortgage lenders and landlords if required.

9. *I applied to be a home worker but my application was rejected, can I appeal this?*
   Appeals will follow the standard appeal process detailed in the current home working policy.

Further reading and useful links

Tax relief for working from home

Homeworking Policy

Flexible Working Practices and Procedure

Under Consultation: Flexible Working Policy

Healthcare Improvement Scotland

Meeting:	**Board Meeting – Public**
Meeting date:	**7 December 2022**
Title:	**Risk Management: strategic risks**
Agenda item:	**3.1**
Responsible Executive/Non-Executive:	**Angela Moodie, Director of Finance, Planning and Governance**
Report Author:	**Paul McCauley, Risk Manager**
Purpose of paper:	**Discussion**

1. Situation

The Board receives the strategic risk register for Quarterly review. The register as of 20 November 2022 is included at Appendix 1.

The Board is asked to review the risks presented and to consider if they reflect the risk profile of the organisation.

2. Background

The Compass database is aligned to the Risk Management Strategy and enables the management and reporting of risks across the organisation.

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 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. Assessment

The strategic risk register at Appendix 1 provides the detail behind the current risk profile and is presented for review and discussion.

The Board is asked to note that the Audit & Risk Committee reviewed the strategic risk register at its meeting on 23 November 2022.

Assessment considerations

Quality/ Care	The risk register underpins delivery of the organisation's strategy and effective risk management ensures the best outcomes from our work programmes. Discussion of the risk register and its impact on delivery of the organisation's work plan is a key part of the assurance arrangements of the organisation and in identifying opportunities.
Resource Implications	There is no financial impact as a result of this paper. Relevant financial risks are recorded on Compass and presented to the Audit and Risk Committee.
	There is no impact on staff resources, staff health and wellbeing as a result of this paper. Relevant workforce risks are recorded on Compass and presented to the Staff Governance Committee.
Risk Management	Strategic risks and their mitigations are set out in the report.
Equality and Diversity, including health inequalities	There are no equality and diversity issues as a result of this paper. An impact assessment has not been completed because this is an internal governance paper.
Communication, involvement, engagement and consultation	The risk register is an internal management tool and therefore no external consultation has been undertaken in preparing this paper.

4 Recommendation

The Board is also asked to review the attached paper to:

- Assure themselves that the risks presented are recorded and mitigated appropriately.
- To identify any opportunities that arise from the risk reports presented.

5 Appendices and links to additional information

The following appendix is included with this report:

- Appendix 1: Strategic risk register

Strategic Risk Register End October 2022

Appendix 1 Strategic Risk Register Current mid November 2022

Strategic Risk Register Current mid November 2022

Category	Project/ Strategy	Risk No	Risk Director	Risk Description	Inherent Risk Level	.	Current Update	Residual Risk Level								
								Impact	Likelihood	Current	Oct-22	Sep-22	Aug-22	Jul-22	Jun-22	May-22	Risk Assessment Response
Reputational / Credibility	COVID-19	1072	Robbie Pearson	There is a risk that the development and implementation of our strategy and the associated operational plan, will be impeded by the unprecedented combination of external factors, including economic, political and environmental pressures and the recovery from the pandemic, resulting in a negative impact on the availability, performance and priorities of HIS.	VH 25	We continue to work closely with all Boards to understand the challenges and system pressures across NHS Scotland. We are adjusting the focus and tempo of our operational activities to deal with the changing circumstances such as surges in infections. The 7 key delivery areas – agreed by the Board – will continue to provide the platform for priorities in the future and provide the basis for a more integrated response consistent with the Quality Management System. The work programme for 2022-23 has been developed with project leads/budget holders and continues to be monitored on a quarterly basis, with reporting to the Quality and Performance Committee, Board and Scottish Government (SG).The process for managing new work commissions in HIS is being reviewed and improved to ensure robust prioritisation of resources. Our financial position is regularly monitored to ensure flexibility and affordability regarding inflation. Horizon scanning, risk management and ongoing stakeholder engagement.	The economic impact and wider pressures are having a serious and growing impact on public finances. This is resulting in a detrimental impact on aspects of health and social care provision, particularly safety of care. We are ensuring our response, in a rapidly changing set of circumstances, is tailored to alleviating such pressures, especially in the context of the forthcoming winter. The development of the new strategy is supported by internal and external stakeholder engagement to ensure that HIS' priorities reflect the needs of the system. This will lead to the finalisation of the strategy in the early part of 2023. The war in Ukraine and the cost of living crisis carry huge risks for the world economy and we are continuing to monitor this closely alongside the implications arising from the Resource Spending Review.	4	3	H 12	H 12	H 12	VH 16	VH 16	VH 16	VH 16	Significant
Financial / Value for Money	Finance Strategy	635	Angela Moodie	There is a risk of financial instability because of national funding challenges resulting in changes to the organisational priorities around our work plan and strategy.	VH 20	The remobilisation and delivery plans have been shared with SG and updates are regularly provided. Meetings are held with SG policy leads and SG finance to assess and update on progress to those plans. The work plan remains agile to be able to flex to system pressures across the NHS. Scenario planning is underway following the Spending Review details and operational plans will be amended accordingly. Additional allocations are monitored closely, tracking against deliveries and budget. Management Accountants work closely with budget holders to track deviations from approved budget.	We are working to ensure financial balance in 2022-23 through the Back to Budget expenditure controls and steps continue to be made to achieve recurring financial balance in future years. We are also seeking clarity from Scottish Government regarding our additional allocations for this financial year. It is likely that the current pressures will intensify in 2023-24 and future years in light of the Emergency Budget Review.	4	3	H 12	H 12	H 12	H 12	H 12	H 12	H 12	Significant
Reputational / Credibility	ICT Strategy	923	Safia Qureshi	There is a risk that our Information Communications Technology (ICT) systems could be disabled due to a cybersecurity attack resulting in staff being unable to deliver our work and causing reputational damage.	VH 20	Controls that are in place include a suite of processes and applications which protect us across our networks and systems, including; no direct connection to the internet, firewall devices, anti-spyware and anti-virus scanning, devices protected, data backups and security updates. HIS ICT receive notifications and alerts from National Cyber Security Centre and NHS Cybersecurity Centre of Excellence regarding security exploits and vulnerabilities and act accordingly. Staff are trained on Data protection, Information Security, Cyber Security and Freedom of information before being allowed access to HIS computers. Users also sign the HIS Acceptable Use Policy.	A major supplier to the NHS across the UK was subject to a cyber attack recently. From a HIS perspective, as a non-patient facing Board we were unaffected by this incident. The project to upgrade all laptops to the latest Feature and Security release of the Windows 10 operating system is almost complete with only a few remaining. Given the current situation in the Ukraine there is a strong possibility that this risk could occur and it has happened recently to both Scottish Environmental Protection Agency (SEPA) and the Irish Health Service and should it occur HIS will experience a sustained loss of business services.	3	4	H 12	H 12	H 12	VH 16	VH 16	VH 16	VH 16	Significant
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 resulting in reduced stakeholder confidence in the organisation.	VH 16	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. Staff training and awareness; review of HIS practices against the Information Commissioner's Office (ICO) accountability framework; ongoing monitoring and advice.	The response to the information asset register update has been good with 75% of existing entries receiving an update and 37 new assets added. A new summary of how HIS handles personal confidential information was approved in Oct at IG group. Improvement activity ongoing for the remainder of 22/23 following the review of HIS processing against the ICO accountability framework. A project plan has been developed.	3	3	M 9	M 9	M 9	M 9	H 12	H 12	H 12	Acceptable

Clinical Care Governance	Making Care Better Strategy 2017-2022	1160	Lynsey Cleland	There is a risk that inspections or other assurance activity carried out by HIS fails to identify significant risks to the safety and quality of care, resulting in potential harm to patients and damage to the reputation of HIS.	VH 20	The risk is mitigated by ensuring staff are appropriately qualified and trained and have sufficient experience to carry out their role. Quality Assurance System and associated Standard Operating Process promotes a consistent and robust approach and a clear escalation policy is in place. Also Memorandum of Understandings are in place with partner agencies, including the Care Inspectorate. Risk assessments inform decisions on frequency and focus of inspections and other assurance activities and focused inspections/reviews are undertaken in response to intelligence on potential significant risks or concerns.	A strategic review process for QAD is underway to improve the quality and robustness of QAD planning processes and programme delivery. It has included targeted process improvement work, supported by the Internal Improvement Oversight Board team, on priority areas eg hospital inspection. Strengthened clinical and care governance arrangements are also being put in place. An updated Quality Assurance System, including the Quality Assurance Framework and Standard Operating Process, will be implemented across QAD programmes over the coming months.	4	3	H 12	H 12	H 12	H 12	H 12	H 12	H 12	Significant
Operational	Making Care Better Strategy 2017-2022	1131	Robbie Pearson	There is a risk that HIS is not appropriately involved in the design and development of the National Care Service (NCS) as has previously been requested by Scottish Ministers. There is a risk also of impact on our resources and capacity to support any expansion of our statutory duties as set out in the draft Bill.	VH 16	We are connecting to the SG policy team/sponsor unit / SG to ensure our voice is heard in any specific proposals regarding HIS and early opportunities for broader engagement. We have opened discussion with other national bodies around agreeing an overarching framework for improvement support and key principles about how we work together that would address the issue of a model that “practitioners at all levels can implement as a whole rather than a sum of the parts”. We also continue to work with the Care Inspectorate around a joint proposal to Scottish Government around how we can move forward on the separate plans for “improvement now” with the design of national improvement programmes to address the issues raised by the Independent Review of Adult Social Care.	The draft Bill regarding the establishment of the National Care Service introduced in the Scottish Parliament legislates for a new responsibility for HIS in supporting the quality assurance of social care services. The operational details and implications arising from this will be subject to more extended discussion over the remaining life of the Parliament. HIS will continue to contribute not only to debate and discussion of the draft Bill but also via broader engagement over the next few years. We are also contributing our perspective in relation to the independent review of the regulation of social care.	5	2	M 10	M 10	M 10	M 10	M 10	M 10	H 15	Acceptable
Reputational / Credibility	NHS Scotland Climate Emergency & Sustainability Strategy	1165	Safia Qureshi	There is a risk that HIS will be unable to achieve the Scottish Government and UN sustainability requirements or the NHS Scotland net zero target for 2040. This would be mainly due to a lack of capacity to deliver the work required resulting in reputational damage to HIS and a failure to capitalise on the financial and health & wellbeing opportunities associated with sustainable delivery of our work.	VH 16	National Sustainability Assessment Tool (NSAT) annual assessment Development of an organisational Net-Zero Route map action plan. Active Travel Adaptation Policy. Submission of an annual Sustainability Assessment Report audited by Health Facilities Scotland and Scottish Government. Collaboration with other NHS boards contributing to Climate Change Risk Assessment & Adaptation Plans, including Biodiversity reporting.	HIS have received the results of the 2021/22 National Sustainability Assessment audit which shows year on year improvement in implementing the NHS, Scottish Government and United Nations sustainability development goals. To sustain momentum on current activity we have developed a HIS sustainability and net zero action plan to deliver improvement in priority areas. We are also working collaboratively with other health boards to develop a joint biodiversity report, active travel plan and adaptation plan. While limited resources leads to constrained reporting, we are still expecting to reduced our carbon footprint as an organisation.	3	4	H 12	H 12	H 12	VH 16	VH 16	H 12	H 12	Significant
Reputational / Credibility	Regulation of Independent Healthcare	1159	Lynsey Cleland	The breadth, diversity and volatility of the independent healthcare sector, a combination of a range of financial, clinical, policy and operational risks could impact the organisation's ability to effective regulate independent healthcare services and presents risk to public safety and/or the reputation or financial stability of HIS if adequate controls and mitigations are not in place.	VH 25	The IHC Team are now at full staffing. A new approach to accessing the required clinical expertise and updating staff knowledge is being developed in partnership with the medical directorate. Work continues with the finance team to monitor the financial picture and maintain accurate forecasts. IHC now has dedicated management accountant working on forecasting, budgeting, fee setting and monthly management accounts and agreed annual baseline funding of £260K from SG. income for 2022-2023 on target. Online forum between Care Quality Commission, Regulation and Quality Improvement Authority, Healthcare Inspectorate Wales & HIS in place to discuss UK wide regulatory considerations and share emerging issues in relation to digital healthcare. IHC Clinical & Care Governance Group in place to consider clinical care governance and ensure appropriate clinical input. HIS/SG Independent Healthcare Short life working group considering the policy and financial considerations to enable effective and sustainable regulation of the independent healthcare sector in to the future.	The HIS / SG IHC short life working group is well established and the IHC team are working on wider regulatory reform proposals to close known loop holes, informed by wider discussions are also taking place with clinical leaders at SG.	4	3	H 12	H 12	H 12	H 12	H 12	H 12	M 8	Significant

Reputational / Credibility	Service Change	1163	L McNeill	There is a risk that system pressures together with regional/national planning and COVID remobilisation and recovery reduces the priority given to meaningful public involvement and engagement in service change resulting in failure of Boards to meet their statutory responsibilities with the subsequent operational and reputational risk to HIS.	VH 20	"Planning with People", Scottish Government and Convention of Scottish Local Authorities Community Engagement Guidance', Identifying options for delivery of core functions; and raising awareness through governance structures, via engagement with NHS boards, partnerships and Scottish Government. Review of Planning with People Currently taking place in Q3 of 2022 - HIS submission sent to Scottish Government on 30 September. Development of Quality Framework for Engagement to support implementation of national guidance. The Scottish Health Council Committee Service Change Sub-Committee continues to provide governance. Ongoing discussions with boards and partnerships to emphasise need for engagement and support available via HIS- Community Engagement Directorate. Involvement in regional and national planning structures is helping to highlight the importance of engagement in national and regional planning.	The current serious and sustained pressures in the health and social care system are having an impact on boards' ability to meaningfully engage around service change. There are also a range of service changes which were brought in on a temporary basis at the start of the pandemic and have now been in place for 24 months. We are reviewing on an ongoing basis the support we provide for boards and what more we can do to ensure relevant guidance is applied and the risks around failure to meaningfully engage are taken account of.	3	4	H 12	H 12	VH 16	VH 16	VH 16	VH 16	VH 16	Significant
Operational	Workforce Strategy	634	Sybil Canavan	There is a risk that we may not have the right skills at the right time, at all levels of the organisation, to deliver our work because of a skills shortage or lack of capacity resulting in a failure to meet our objectives.	VH 16	Management of workforce risks occurs through everyday management activities including business planning, role design, departure practices, organisational design, staff development, knowledge of the external labour market, attraction activities, recruitment activities, 'on-boarding', performance management and organisational culture. Workforce planning arrangements are in place. Activity and progress monitored quarterly via Staff Governance Committee and Partnership Forum. Oversight of recruitment and vacancy arrangements for the organisation are monitored via the Vacancy Review Group, alongside any structural and service requirements.	The final draft of the Workforce Plan will be shared with the Partnership Forum and Staff Governance Committee in late November prior to submission to the Board in December for publication. The plan for 2022-25 will be accompanied by a detailed action plan for this risk, including actions on workforce planning, succession planning and any identified areas of skills shortage or wider workforce market challenges. The plan will also describe opportunities for improved cross-organisational working and capacity planning around generic posts. HIS continues to deliver on required commissions and our organisational priorities.	5	3	H 15	H 15	H 15	H 15	H 15	H 15	VH 20	Significant
Clinical Care Governance	Making Care Better Strategy 2017-2022	TBC	Simon Watson	There is a risk that increasing financial and workforce pressures across NHS boards leads to a reduction in the quality and safety of patient care resulting in further demands on our planned work programmes and on our ability to deliver to a high standard across our work	VH 20	We continue to be present and influential at system wide stakeholders meetings to ensure safety is at forefront, whether that is financial or patient safety led. Initiatives include safety alerts, Scottish Patient Safety Programme and Excellence in Care. We remain mindful of the high volume of work here in an unstable system.	Work is underway to address immediate issues, with attendance at relevant stakeholder meetings, sharing intelligence work and papers on the winter response and safety concerns written and circulated. We are also supporting Boards with bespoke work in Ayrshire & Aaron and Forth Valley.	5	3	H 15	H 15						Significant

Healthcare Improvement Scotland

Meeting:	**Board Meeting - Public**
Meeting date:	**7 December 2022**
Title:	**Integrated Planning 23/24 Update**
Agenda item:	**4.1**
Responsible Executive/Non-Executive:	**Angela Moodie, Director of Finance, Planning & Governance (FP&G)**
Report Author:	**Lovepreet Singh, Finance Manager & Caroline Champion, Planning & Performance Manager**
Purpose of paper:	**Awareness**

1. Situation

This paper presents an update on the progress of the integrated planning process for 23/24. The Board are asked to acknowledge the update and endorse the next steps.

2. Background

During November 2022, budget holders compiled their five-year financial plan alongside their work programme for the forthcoming year.

The budget plan for 23/24 is to be submitted to the Scottish Government (SG) on or around 22nd February 2023, with a final submission following HIS Board approval in March 2023.

SG recently set out their planning approach for 23/24 where it is anticipated our work programme will need to reflect the realities of the financial position going into the next financial year. The planning assumptions set out were:

- **Stage 1: Maintain Current Planning Approach** where Boards will be asked to roll forward their current 22/23 plans into Q1 23/24.
- **Stage 2: Transition** where the NHS Scotland Plan will be developed reflecting the agreed direction of travel and set out the high level priorities and goals in the medium to longer term (commission due February 2023).
- **Stage 3: Implementing the New Framework** setting out how Boards will contribute to meeting the goals set out in the NHS Scotland Plan in the short (operational), medium and longer term. Plans will be updated on an annual basis.

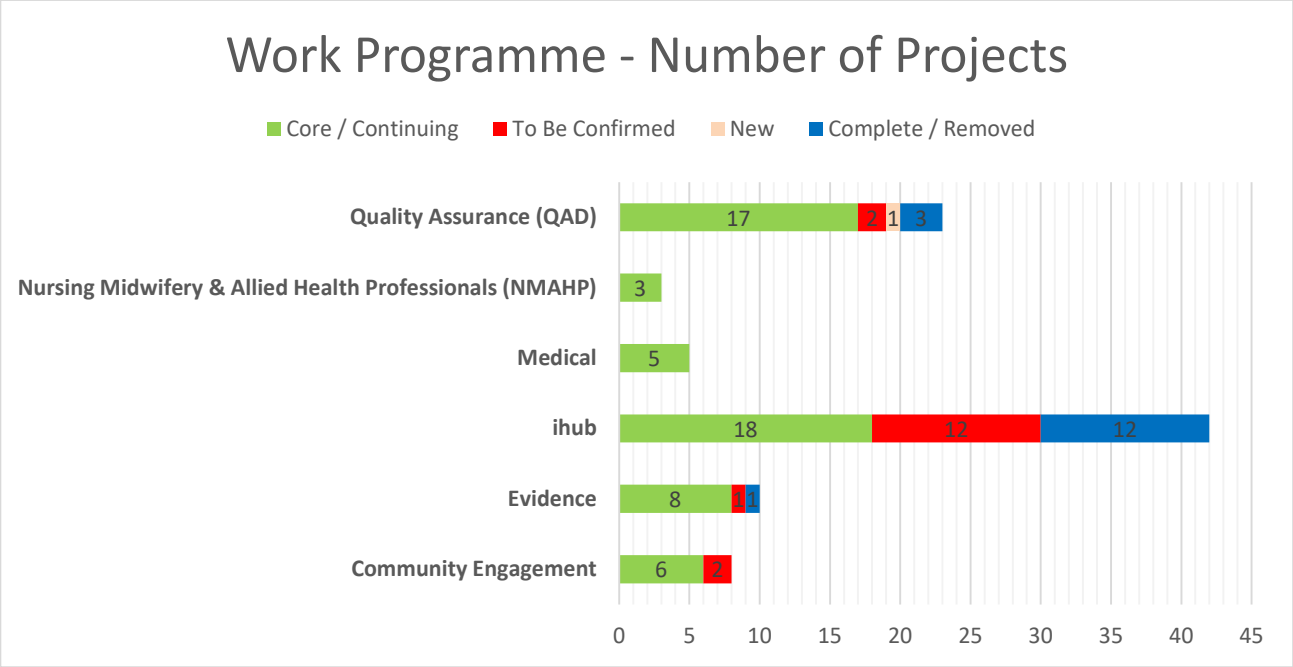
HIS' work programme 23/24 is being developed based on the above but also to ensure delivery of Leading Quality Health and Care For Scotland: Our Strategy 22-27 and within our financial planning assumptions.

3. Assessment

3.1. Work programme 23/24

The 22/23 Q2 performance report included 95 projects at the end of September and the baseline position used to prepare our operational plan for 23/24. Directorates were asked to review each project within their remit and set out clear plans for key pieces of work that must continue (these are projects that are statutory or Ministerial directed work), work that could be stopped or paused, or should cease altogether. The driver is to ensure the directorate work programme is affordable within designated funding allocations for 2023/24.

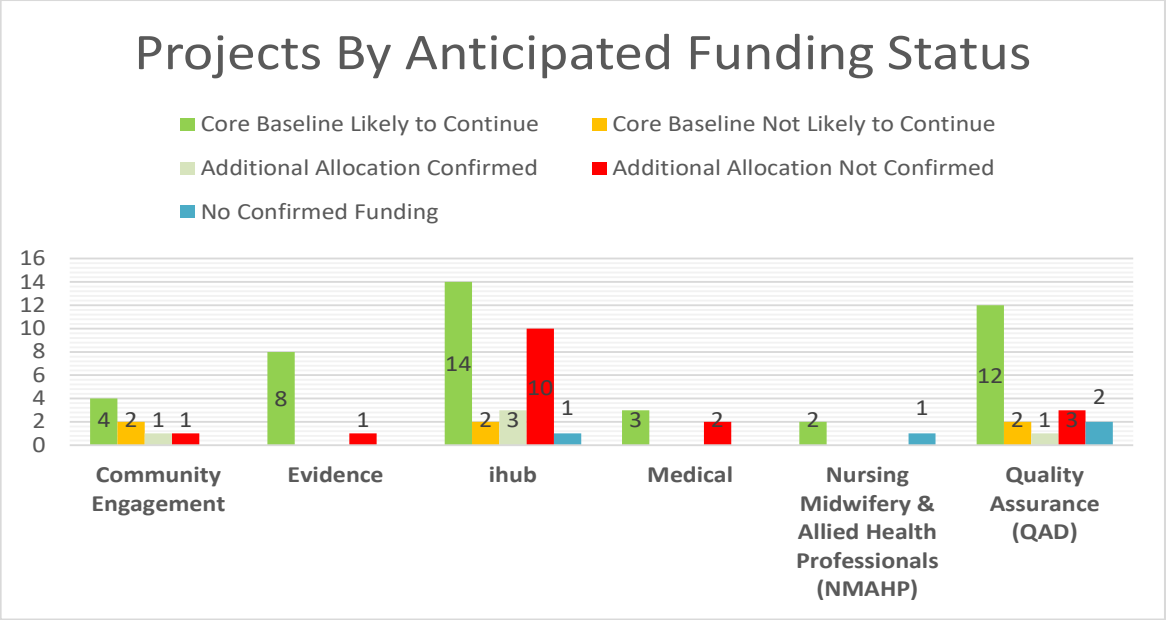
The initial draft work programme 23/24 provides an indicative number of projects that are likely to continue, those that will be completed or removed and any new commissions.



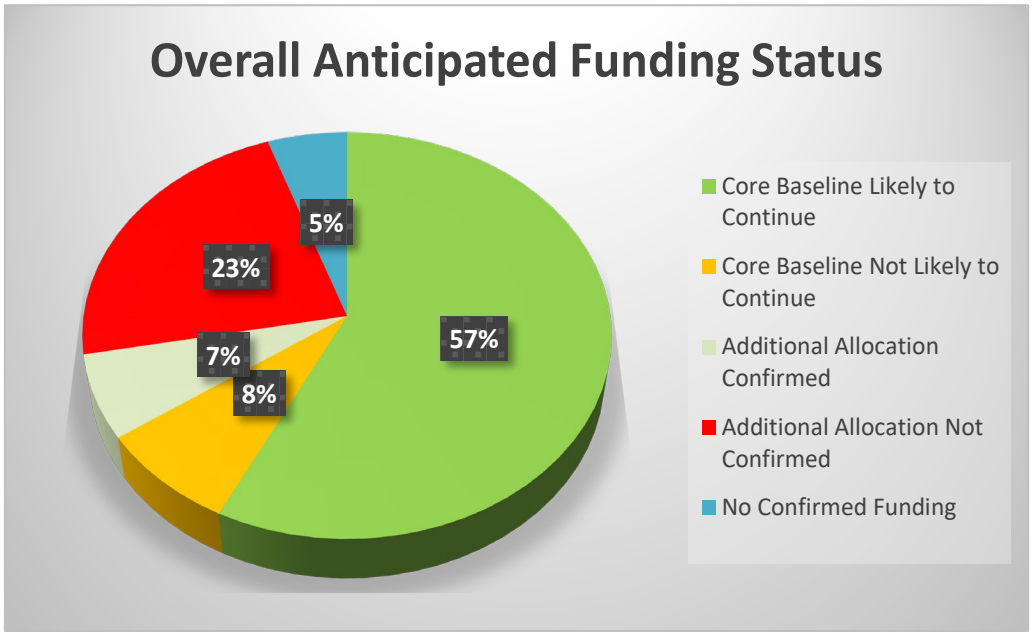
The chart above shows that at present, it is anticipated **75** projects will be included in the work programme 23/24. This represents a net movement of **-20**. There is **1** new project that has been added to the work programme and the **16** projects removed.

The work programme does not include Internal Improvement Oversight Board (IIOB) which has now become One Team and part of our internal corporate support function. At Q2, the work programme included 5 projects for IIOB.

The chart below shows the number of projects by directorate and funding type. It should be noted that this is an indicative position, reconciliation between the work programme and funding source will be an ongoing process over the next few weeks.



The chart below shows the overall anticipated funding status for all six directorates.



The indicative position will continue to be refined over the next month in response to ongoing discussion / agreement with directors before Board approval in January 2023.

3.2. Budget 23/24

Assumptions

The budget has been developed in consultation with Directors and Budget Holders and has applied planning assumptions, some of which have been discussed with SG and across the Corporate Finance Network. These include:

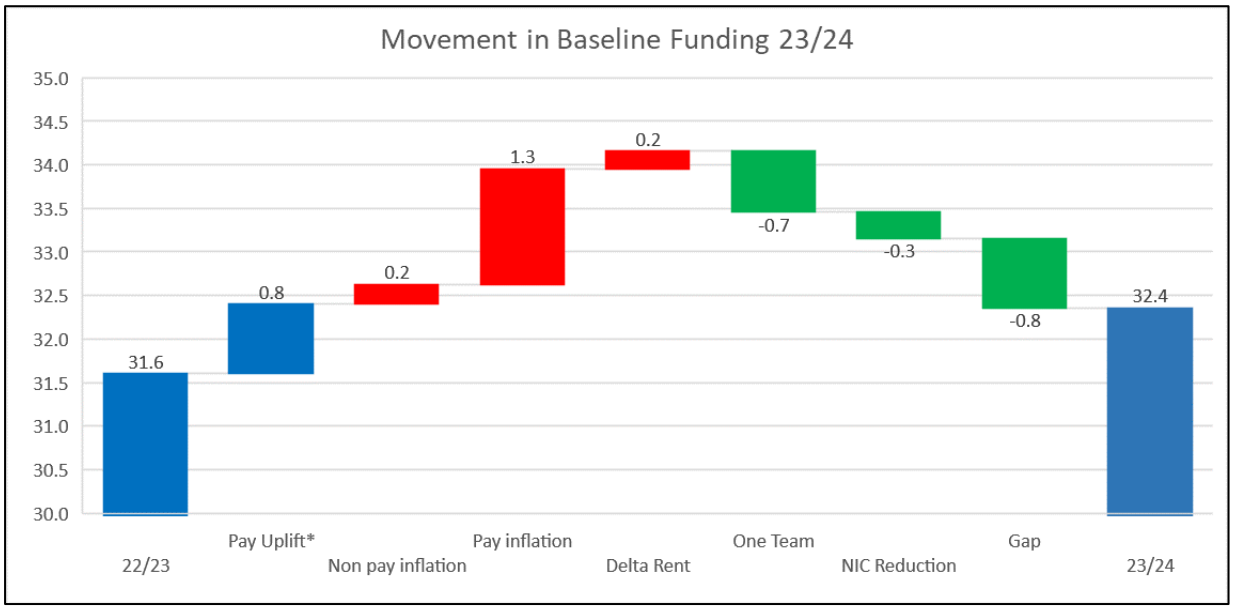
	2022/23	2023/24
Cost Price Index (CPI) Inflation	10% (10%)	6% (2%)
Agenda For Change (AfC) pay award *	5% (5%)	5% (2%)
Funding uplift**	5% (2.5%)	0% (2%)
Staff turnover rate (financial impact)***	2.5% (2.5%)	2.5% (2.5%)

*Note 1: 5% pay award in 22/23 is still subject to negotiation. The final settlement position will be flowed through the budget when known. On the assumption that this is fully funded both the targets and 2023/24 budget will be adjusted by an equal amount.

**Note2: 3 year plan funding assumption in 2023/24 had a central case of 2% but a sensitivity at 0% uplift

***Note3: Staff turnover of 10% equates to a financial impact of 2.5% due to average replacement time of 3 months

For 23/24 the baseline budget is assumed to be uplifted in line with the AfC staff pay deal in 22/23 and is cash flat for 23/24. The anticipated main movements on the consolidated HIS budget are noted below. This indicates the need to achieve around £1.8m in savings in 2023-24.



Inflationary increases on pay and non-pay and the increase in Delta House rent are partially offset by One Team anticipated savings and National Insurance Contributions (NIC) health & social care levy removal, with a requirement to reduce other costs 'the gap' to return to the anticipated £32.4m funding level.

Baseline Spend by Directorate

The budget submission for the baseline totals £32.4m, which is broadly in line with target and our anticipated funding. Although some directorates are currently budgeting an overspend, which means there will be no funding available for areas for investment next

year, which is not a tenable position. Recurring savings have been recognised within each directorate. A breakdown is provided later in the paper.

Baseline Total						
£000's	Budget 22/23	Oct-22 Forecast 22/23	Target Budget 23/24	v1 Budget 23/24	Over / (Under) target	% Over/ Under Target
Chief Executive	419	448	431	477	(47)	-11%
Communications	704	796	723	737	(14)	-2%
Community Engagement (CED)	2,649	2,667	2,725	2,664	61	2%
Corporate Provision	391	348	145	145	-	0%
Corporate Services Recharge	(904)	(895)	(750)	(750)	-	0%
Evidence	6,316	6,465	6,496	6,713	(217)	-3%
Finance, Planning & Governance (FPG)	1,111	1,192	1,170	1,170	(0)	0%
ihub	8,168	8,193	8,356	8,356	0	0%
Internal Improvement	304	301	280	286	(6)	-2%
IT & Digital	1,605	1,829	1,794	1,876	(83)	-5%
Medical	1,075	1,232	1,107	1,210	(103)	-9%
Nursing Midwifery & Allied Health Professionals (NMAHP)	1,703	1,691	1,753	1,742	11	1%
Quality Assurance (QAD)	5,292	5,197	5,444	5,444	0	0%
People & Workplace	1,007	1,037	1,033	1,033	(0)	0%
Property	1,211	1,211	1,421	1,285	136	10%
Total	**31,049**	**31,712**	**32,128**	**32,389**	**(259)**	**-0.8%**
Areas for Investment	549	237	243		243	100%
Recurring Savings	(24)	-	-		-	
Grand Total	**31,575**	**31,949**	**32,372**	**32,389**	**(16)**	

Most directorates have submitted a budget close to their target with the exception of:

Unidentified Saving Targets		
Directorate	£	Commentary
Chief Executive	(46,510)	Addtional Board costs due to more Board members.
Communications	(13,899)	Immaterial difference
Evidence	(216,511)	Reviewing structure
Internal Improvement	(5,833)	Immaterial difference
IT & Digital	(82,479)	Looking at options to reduce gap.
Medical	(103,155)	Looking at options to reduce gap.
Grand Total	**(468,386)**	

Directors who have submitted a material overspend are being asked to evaluate various options to eliminate far as possible the gap.

Staff Turnover:

The 23/24 Budget includes staff turnover currently at a value of £846k, which is in line with the current rates. Some directorate have assumed no turnover next year (CED, FPG, IIOB and NMAHP), but the following have incorporated staff turnover savings into their budgets.

Staff Turnover			
Directorate	**%**	**£**	**Equiv. WTE**
Chief Executive	2.5%	(17,815)	(0.3)
Evidence	3.0%	(198,719)	(3.0)
ihub	7.0%	(471,000)	(9.4)
Internal Improvement	2.5%	(7,201)	(0.1)
IT & Digital	2.5%	(20,827)	(0.4)
Medical	2.5%	(30,722)	(0.4)
QAD	2.5%	(74,775)	(1.1)
People & Workplace	2.5%	(24,603)	(0.4)
Grand Total		**(845,662)**	**(16.2)**

Independent Healthcare:

As part of the annual fee setting process, the 23/24 budget for Independent Healthcare has been approved by the Board. There is no change anticipated to this submission.

	Actual	Forecast		
	2021-22	**2022-23**	**2023-24**	
	£	**£**	**£**	
IHC Commercial Income	1,029,820	979,088	1,326,468	Note 1
Scottish Government Funding	150,000	260,000	260,000	
Total Income	**1,179,820**	**1,239,088**	**1,586,468**	
% movement		**5.0%**	**28.0%**	
Operating Costs- Pay	-953,139	-1,244,943	-1,194,408	
Operating Costs - Pay Management Overhead	0	-90,094	-89,271	Note 4
Operating Costs- Pay Internal Clinical experts	-21,746	-22,840	-80,133	Note 2
Operating Costs- Pay -External Clinical experts	-36,355	-55,000	-65,000	
Operating Costs- Non Pay Bad debt	3,271	-16,000	-25,736	
Operating Costs- Non Pay other	18,001	-48,791	-86,508	Note 3
Total Expenditure	**-989,968**	**-1,477,668**	**-1,541,055**	
% movement		**49.3%**	**4.3%**	
Surplus (Deficit)	**189,852**	**-238,580**	**45,413**	
Closing Reserves	**282,422**	**43,842**	**89,254**	
WTE	15.7	22.4	21.5	

Note 1: 2022-23 reduced due to prior year adjustment reflecting refund of online services registration fees of £43k

Note 2: 2023-24 includes additional existing internal staff identified as supporting IHC

Note 3: 2021-22 includes a recovery of circa £50k of prior year legal costs

Note 4: Management Overhead reflects recharge of senior staff time in QAD

Baseline Pay Costs & Whole Time Equivalents (WTE)

The baseline WTE in 23/24 is budgeted at 434, which is a decrease of -1 WTE from our expected Mar '23 position.

When budget targets were set, an average WTE figure of 410 was calculated in order to be affordable next year, subject to finalised pay awards. Whereas this figure is indicative and

should only be used as a guide, it is currently showing an additional +24 WTE. So a flat position to current WTE rather than a decrease.

Baseline WTE							
£000's	Budget 22/23	Oct-22 Forecast 22/23	Target Budget 23/24	v1 Budget 23/24	YOY Movement	Target Vs Budget	New Posts
Chief Executive	2.9	2.9	2.8	2.9	(0.1)	(0.2)	
Communications	14.7	13.7	12.7	13.1	(1.0)	(0.4)	
Community Engagement	52.6	53.4	50.2	53.2	(3.2)	(3.0)	
Evidence	97.0	91.0	85.5	93.2	(5.5)	(7.7)	
FPG	17.2	16.7	16.0	15.7	(0.7)	0.3	
ihub	108.5	103.5	98.3	105.8	(5.2)	(7.5)	
Internal Improvement	4.8	5.8	5.0	3.7	(0.8)	1.3	1.0
IT & Digital	11.5	11.5	10.8	14.0	(0.7)	(3.2)	
Medical	16.2	15.2	14.3	17.4	(0.9)	(3.1)	
NMAHP	24.2	24.3	22.8	24.7	(1.5)	(1.9)	
QAD	72.5	75.5	71.0	74.2	(4.5)	(3.2)	
People & Workplace	17.1	17.1	16.1	16.8	(1.0)	(0.7)	0.7
Areas for Investment	6.5	4.5	4.5	-	-	4.5	
Recurring Savings	1.0	-		-	-	-	
Grand Total	**446.7**	**435.0**	**410.0**	**434.8**	**(25.0)**	**(23.9)**	**1.67**

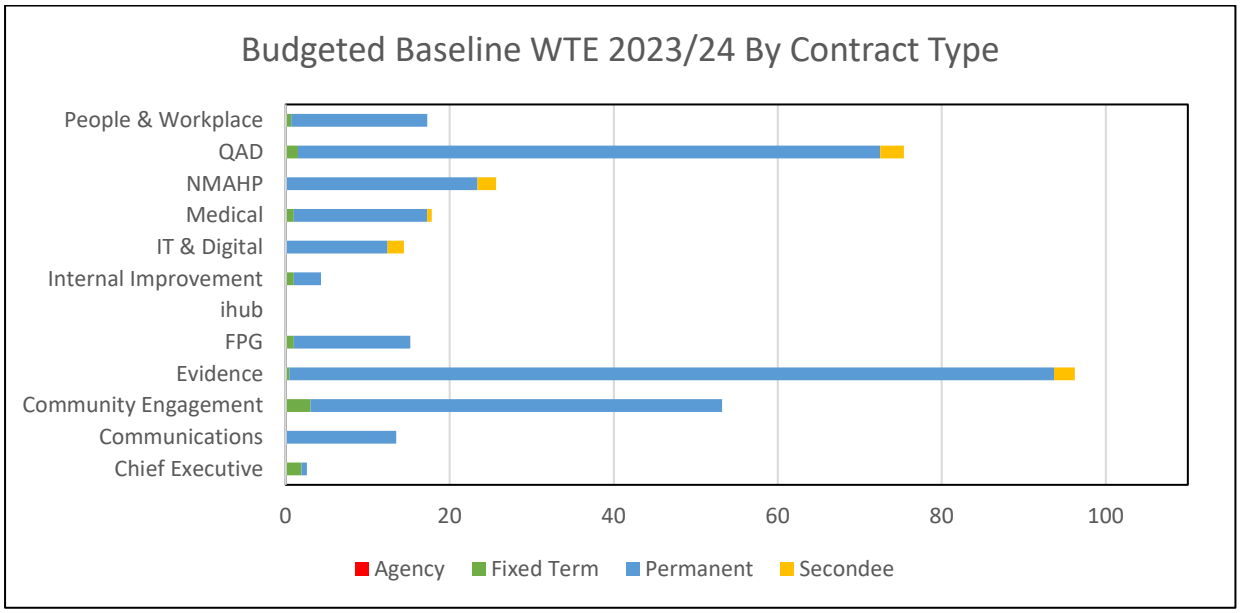
Total pays costs are over target by £408k (2%).

Baseline Pays						
£000's	Budget 22/23	Oct-22 Forecast 22/23	Target Budget 23/24	v1 Budget 23/24	YOY Movement	Target Vs Budget
Chief Executive	396	423	408	449	(15)	(42)
Communications	635	732	654	695	(78)	(41)
Community Engagement	2,530	2,597	2,606	2,736	9	(130)
Corporate Provision	(41)	103	-	-	(103)	-
Evidence	6,008	6,189	6,188	6,355	(1)	(167)
FPG	888	950	948	881	(2)	67
ihub	6,281	6,400	6,469	6,463	69	7
Internal Improvement	297	300	273	281	(27)	(8)
IT & Digital	619	715	808	812	93	(5)
Medical	1,071	1,215	1,103	1,198	(112)	(95)
NMAHP	1,671	1,671	1,721	1,715	50	6
QAD	5,073	5,084	5,225	5,257	141	(32)
People & Workplace	883	939	909	960	(30)	(50)
Areas for Investment	243	103	81		(22)	81
Recurring Savings	(24)		-		-	-
Grand Total	**26,531**	**27,421**	**27,393**	**27,802**	**- 27**	**- 408**

Baseline payroll costs year on year are increasing budget to budget by £1.3m (5%). Compared to our 22/23 outturn positon it is a smaller increase of £0.4m (1%).

The average salary costs have increased from £57k to £64k (10%) which consists of a 5% assumed pay increase, and the remainder is to due additional roles in budget being at a higher average salary and/or banding.

The split between baseline permanent roles and fixed-term roles is 88% v 12% for 23/24. The current split at Oct-22 was 80% v 20%.



Baseline Non-Pays:

Baseline Non Pays						
£000's	**Budget 22/23**	**Oct 22 Forecast**	**Target Budget 23/24**	**v1 Budget 23/24**	**YOY Movement**	**Target Vs Budget**
Chief Executive	23	25	23	28	(2)	(5)
Communications	69	64	69	42	5	27
Community Engagement	119	70	119	61	49	58
Corporate Provision	432	246	145	145	(101)	-
Corporate Services Recharge	(904)	(895)	(750)	(750)	145	-
Evidence	308	276	308	358	32	(50)
FPG	222	242	222	290	(20)	(67)
ihub	1,887	1,793	1,887	1,893	94	(6)
Internal Improvement	7	1	7	5	6	2
IT & Digital	986	1,114	986	1,064	(128)	(78)
Medical	4	17	4	22	(13)	(18)
NMAHP	32	20	32	27	12	5
QAD	219	113	219	186	106	32
People & Workplace	124	98	124	74	26	50
Property	1,211	1,211	1,421	1,285	210	136
Areas for Investment	306	134	163		29	163
Grand Total	**5,045**	**4,528**	**4,978**	**4,731**	**450**	**248**

Non-pays costs have been budgeted under target at a total level by £0.2m.

Savings have been budgeted in Corporate Provisions (due to reduction in depreciate and legal costs) and Property due to the assumed sub-let of Delta House from June-23. There is also no areas for investment as yet.

Overspent in non-pays are mainly in IT & Digital, FPG and Evidence.

Additional Allocation Funding

Additional allocations which have been formally or verbally confirmed are included in the budget. These total £3.8m. In addition, there are a number of allocations that have not been confirmed this year or do not have a letter of comfort for next year. At present, these are not included in the budget – see unconfirmed section below.

Work continues on refining this table and the status of allocations.

				22-23 Forecast P7		23-24- Budget Submission	
Cost Centre	Description		Directorate	WTE	(£)	WTE	£
QF1031	Our Voice Citizen Panel	Existing	CE	-	33,471		21,121
QT0079	Safety Programme (SP) Mental Health Substance Use	Existing	ihub	7.20	469,489	16.20	937,522
QT0082	Designing / Improving Residential Rehab Pathways	Existing	ihub	9.60	474,029	9.60	659,389
QT0083	Medication Assisted Treatment (MAT) Standards Implementation	Existing	ihub	7.20	283,749	6.70	466,197
Q10165	What Matters To You (WMTY) Scottish Government	Existing	CE	-	12,500		12,500
Q10182	Gender Identification	Existing	Evidence	1.40	32,025	0.98	51,404
	Palliative Care Guidelines	Existing	Evidence			2.10	159,892
QC0081	Scottish Medicines Consortium (SMC)	Existing	Evidence	3.10	167,324	15.08	977,999
Q10113	Sudden Unexpected Death in Infancy (SUDI)	Existing	QAD	1.40	32,679	1.30	88,275
QA0062	Police Custody (external)	Existing	QAD	4.00	186,441	4.01	239,671
QG0070	Additional Depreciation for Delta House	Existing	Corporate	-	240,411		225,000
QG0080	Corporate Services Recharge @ 15%	Existing	Corporate		848,295		
	Subtotal (Confirmed Funding)			**33.90**	**2,780,413**	**56**	**3,838,970**
QD0051	Scottish Intercollegiate Guidelines Network (SIGN) - External	Existing	Evidence	1.00	58,651	0.58	34,014
QT0065	Collaborative Communities (External)	Existing	ihub	2.85	226,000	3.85	226,000
QT0067	Early Interventions in Psychosis (EIP)	Existing	ihub	4.40	272,506	7.40	570,000
QT0080	Personality Disorder	Existing	ihub	5.40	506,117	7.40	600,000
QT0058	Maternity & Children Quality Improvement (MCQIC) external	Existing	ihub	0.40	56,244	0.40	44,000
QT0081	Unpaid Carers	Existing	ihub	3.60	211,078	3.60	211,078
Q10174	National Review Panel (NRP)	Existing	Medical	1.05	58,693	1.05	58,929
Q10176	National Cancer Medicines Advisory Programme (NCMAP)/ Scottish Anti	Existing	Medical	4.80	341,013	4.80	353,109
QM0030	Excellence in Care (EiC) - external	Existing	NMAHP	3.80	230,162	3.81	265,758
QM0040	Healthcare Staffing Programme (HSP) - external	Existing	NMAHP	10.60	964,906	8.62	1,521,172
QF2013	Volunteering systems	Existing	CE	-	20,100		20,100
Q10069	e Health / IT strategy	Existing	Services	1.00	86,810	1.00	86,810
QT0084	Dementia diagnosis	Existing	ihub	4.20	104,313	4.50	269,915
QT0085	Dementia pathway	Existing	ihub	3.00	86,517	3.04	182,485
QT0059	C-Section improvement Work	Existing	ihub	-	-	1.00	57,003
QA0053	Health	Existing	QAD	10.50	471,951	8.02	594,850
QE0034	Adult Support & Protection Inspections	Existing	QAD	4.70	234,060	3.01	328,960
QE0071	Neurological Services	Closed	QAD		37,109		
QE0072	Cervical Screening Review	Closed	QAD		81,000		
QT0076	Technology Enabled Care (TEC) Pathfinders	Closed	ihub		63,000		
QT0066	Value Management	Closed	ihub		430,843		
	Surplus brought forward.	Closed	Corporate		282,000		
	Subtotal (Unconfirmed Funding)			**61.30**	**4,823,073**	**62**	**5,424,183**
	Total			**95.20**	**7,603,486**	**118**	**9,263,153**

In addition, there are two grants being budgeted for 23/24.

				22-23 Forecast P7		23-24- Budget Submission	
Income From Other Organisations		Directorate		WTE	Forecast	WTE	£
QD0036	Accelerated National Innovation Adoption (ANIA) Pathway	Existing		3	58,000	2.70	168,000
Q10180	Barnahus standards	Existing	Evidence		100,000	-	18,500
	Total Other Organisations			**3**	**158,000**	**2.70**	**186,500**

Areas for Investment

The areas for investment fund was considered as part of the budget process. Any investment budget not spent in 22/23 was not assumed approved and is presented again for consideration in 23/24. Recurring investment approved and spent in 22/23 was transferred to the necessary directorate budget for 23/24.

In 22/23 four areas for investment in Information & Communications Technology (ICT) were approved, totalling £549k, with an annual recurring commitment of £345k. It is forecasted £237k will be spent this year, with an annual commitment of £170k. This annual commitment amount has been included in the Digital target for 23/24.

Potential areas for investment identified to date are:

- Website phase 1 costs of £105k (not spent in 23/24 and therefore rolled forward)
- Website phase 2 costs of £217k
- Cost of providing support to other Boards - tbc
- Investment in Medical directorate of c£100k
- Investment in HR skills for One Team redesign work stream of c£100k

At present there is no money available for any areas for investment unless all directorates submit a budget within target.

Recurring Savings

Given the scale of the financial challenge across the NHS for 23/24 and beyond, there is a need to focus on financial improvement and the identification of savings. A number of initiatives have been identified under the One Team programme and the following, totalling £290k, have been included in the budget.

Recurring savings				
Directorate	Process mapping		Income Generation	Other
	WTE	£	£	£
Community Engagement	(1.0)	(61,019)		
FPG	(0.5)	(27,527)		
Medical			(10,000)	
Property			(191,667)	
Total	**(1.5)**	**(88,546)**	**(201,667)**	

Process Improvement

One key area identified in 22/23 was streaming of key processes. The aim of the project was to create capacity in the organisation through process re-engineering. By documenting each process, identifying opportunities to remove wastage, efficiencies will be found resulting in pay costs savings that would be delivered through natural attrition. This Initiative, approved in last year's budget included placeholder net benefits in 2023/24 of £680k (equivalent to average of 18 WTE). To date only savings of £88k in two directorates have been identified in the budget submission. This emphasises the need to be clear about the balance between more fundamental redesign and process improvement efforts in contributing to savings.

Next Steps and Timescales

The Executive Team are asked to consider the following for a second submission on **9 December**:

- For those directorates budgeting an overspend, to consider options with the aim of submitting a revised budget to reduce the gap by 9 December.
- For those directorates which have no savings from process improvement, to identify savings for inclusion in the budget.
- All directors to consider potential areas for investment for next year.
- All directors to confirm their work position and allocation funding status included in the budget is accurate.
- All directors to consider contingency plans for a greater than 5% pay award that has to be self-funding for 23/24.

Following the consolidation of the second submission, the final budget will be prepared for Board's approval on 22 January. In addition to the information in this paper, it will include details on risks and opportunities, stress testing, the five-year plan and capital spend.

Assessment considerations

Quality/ Care	The budget enables HIS to control spending, monitor expenses, and stay focused on our strategic aims and

	objectives, which ultimately impacts on the quality of care and services.
Resource Implications	There are significant changes to WTE as result of this budget as detailed in the WTE section. The paper requires the delivery of savings to achieve a balanced position in 2023-24 and choices to be made re investment.
Risk Management	The management of the organisation's finances is covered on the strategic risk register.
Equality and Diversity, including health inequalities	This budget supports the Public Sector Equality Duty, the Fairer Scotland Duty and the Boards Equalities Outcomes.
Communication, involvement, engagement and consultation	This report has been prepared by the Finance Team and previously shared with Executive Team and Audit & Risk Committee.

4. Recommendations

The Board are asked to endorse the first draft of the integrated plan for 23/24 and next steps.

Healthcare Improvement Scotland

Meeting:	**Board Meeting - Public**
Meeting date:	**7 December 2022**
Title:	**Workforce Plan - Update**
Agenda item:	**4.2**
Responsible Executive/Non-Executive:	**Sybil Canavan, Director of Workforce**
Report Author:	**Sybil Canavan, Director of Workforce**
Purpose of paper:	**Decision**

1. Situation

This report is to provide the Board with the final draft version of the 2022-25 Workforce Plan for Healthcare Improvement Scotland.

2. Background

A copy of the draft Workforce Plan was shared with the latest Partnership Forum to enable final comments and also meetings have taken place with Trade Union colleagues in advance of the presentation of the final detail to this meeting.

The final draft will also be discussed at the Staff Governance Committee meeting on the 6th December, immediately prior to the Board meeting on the 7th December 2022.

This will enable an update in terms of any final comments from Staff Governance Colleagues for inclusion prior to publication.

3. Assessment

The work presented was compiled in line with the template issued by Scottish Government, with specific reference to the five pillars of the Workforce Strategy for health and Care, namely – plan, attract, train, employ and nurture.

To reflect recent activity and comments, further detail and updates include

- The current financial assumptions that Healthcare Improvement Scotland is operating within
- The work of the 'One Team' approach for the organisation given the impact of this work in terms of the wider workforce and service redesign
- Recognition of the health and wellbeing support in place and required for our current employee demographic

- A further updated Action plan section providing more detail in terms of activity, timelines and also where the work will be delivered

Work was also undertaken to shorten the document from the original draft. It is slightly shorter but given the diversity of the work of the organisation it is essential that Directorate detail is still included in the final document.

The finalised action plan is included and will be a 'live' document which will be reviewed and updated regularly to ensure the document remains relevant and 'live' for Healthcare Improvement Scotland

Assessment considerations

Quality/ Care	The detail provided assists in best use of resources, ensuring Healthcare Improvement Scotland's workforce is aligned to our service demand and impact on the quality of care (and services) provided.
Resource Implications	The Workforce plan will provide detail on staffing within the organisation and how they are deployed.
Risk Management	The workforce risk and mitigation activity is described in detail in the Strategic Risk register. The risk is reviewed and updated monthly.
Equality and Diversity, including health inequalities	The report is intended to inform how the workforce is developing in relation to current and anticipated workforce and financial planning across Healthcare Improvement Scotland. An impact assessment will be completed on the final document when it is available.
Communication, involvement, engagement and consultation	Partnership Forum 28th July 2022 Staff Governance Committee 3rd August 2022 Partnership Forum 24th November 2022 Staff Governance Committee 6th December 2022.

4 Recommendation

Board members are asked to

a) Review and consider the final draft of the Workforce Plan and including receipt of any further, final comment from the Staff Governance Committee meeting of the 6th December
b) Subject to these final comments, confirm members are content to ratify the plan to enable publication of the final version.

5 Appendices and links to additional information

Appendix 1 – Final Draft – Workforce Plan 2022 -25

Healthcare Improvement Scotland

Workforce Plan 2022-2025

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1. Introduction

This three year workforce plan covers 2022-2025 and is aligned to Healthcare Improvement Scotland's strategic priorities as well as to the operational and also the financially planning processes, both of which are three year plans. It also factors in the Government and Cabinet Secretary's priorities and outlines how Healthcare Improvement Scotland (HIS) will plan, attract, train, employ, retain and nurture the workforce it needs to deliver sustainable high-quality services to achieve our strategic and operational priorities in supporting better quality health and social care for everyone in Scotland.

Recognising the significant workforce pressures that NHS Boards throughout the country continue to face, the HIS workforce plan sets out the current workforce position, known future pressures and opportunities, and actions to deliver the workforce the Board needs in the short to medium-term.

The overarching aim for our workforce is to ensure HIS has the right people, in the right roles with the right skills at the right time and to maximise the potential of our people as well as attracting and retaining the best talent by offering rewarding, well designed jobs and career opportunities.

1.1 Healthcare Improvement Scotland

Healthcare Improvement Scotland was established in 2011 as a Health Body, 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. While HIS is not a special health board, it may be grouped with NHS special health boards in terms of SG initiatives such as shared services. HIS' key statutory duties are as follows:

- a general duty of furthering improvement in the quality of healthcare;
- a duty to provide information to the public about the availability and quality of services provided under the health service; and
- when requested by the Scottish Ministers, a duty to provide to the Scottish Ministers advice about any matter relevant to the health service functions of HIS.

Specifically, HIS exercises the following functions of Scottish Ministers:

- to support, ensure and monitor the quality of healthcare provided or secured by the health service;
- to support, ensure and monitor the discharge of the duty on NHS boards to encourage public involvement (through the Scottish Health Council as described in Annex 4); and
- to evaluate and provide advice to the health service on the clinical and cost effectiveness of new and existing health technologies including drugs.

Healthcare Improvement Scotland has made considerable progress since its inception in 2011, adapting to how we have been able to respond to the changing health and social environment. The organisation has recently experienced the same challenges as other NHS Boards as a result of the pandemic. We have adapted to become more

agile in how we work as well as adjusting and refocusing our efforts and priorities. At the pandemic's peak, 112 members of staff, nearly one quarter of our workforce, were deployed to a range of frontline roles including direct patient care roles, call handling as well as supporting and participating in the national vaccination programme. Healthcare Improvement Scotland also continued to ensure that health and social care services remained safe with appropriate external assurance and that the views of those who use healthcare were listened to and acted upon.

Throughout the pandemic, we have made the wellbeing of our staff central to our thinking and actions. As we move towards recovery and remobilisation and a very different way of working, based on flexibility, efficient use of resources and continuing to promote a positive work life balance, we will continue to ensure we have the strongest possible support and highest standards for our workforce within HIS.

Structured into nine directorates, Healthcare Improvement Scotland is uniquely positioned within NHS Scotland and as we move forward we will continue to build on our learning to adjust to the rapidly changing environment within Scotland to ensure that our contribution remains relevant and timely in supporting the health and social care system to recover and improve.

Work has now begun to develop the organisational 2022-2027 strategy to reflect Healthcare Improvement Scotland's ambition to ensure that the people of Scotland experience the best quality health and care services. Our strategy will seek to continue to grow on our success in embedding sustainable improvements in the quality of health and social care.

All our work has our organisational values embedded in its development and delivery, our values are:

- Care and compassion
- Dignity and respect
- Openness, honesty and responsibility
- Quality and teamwork

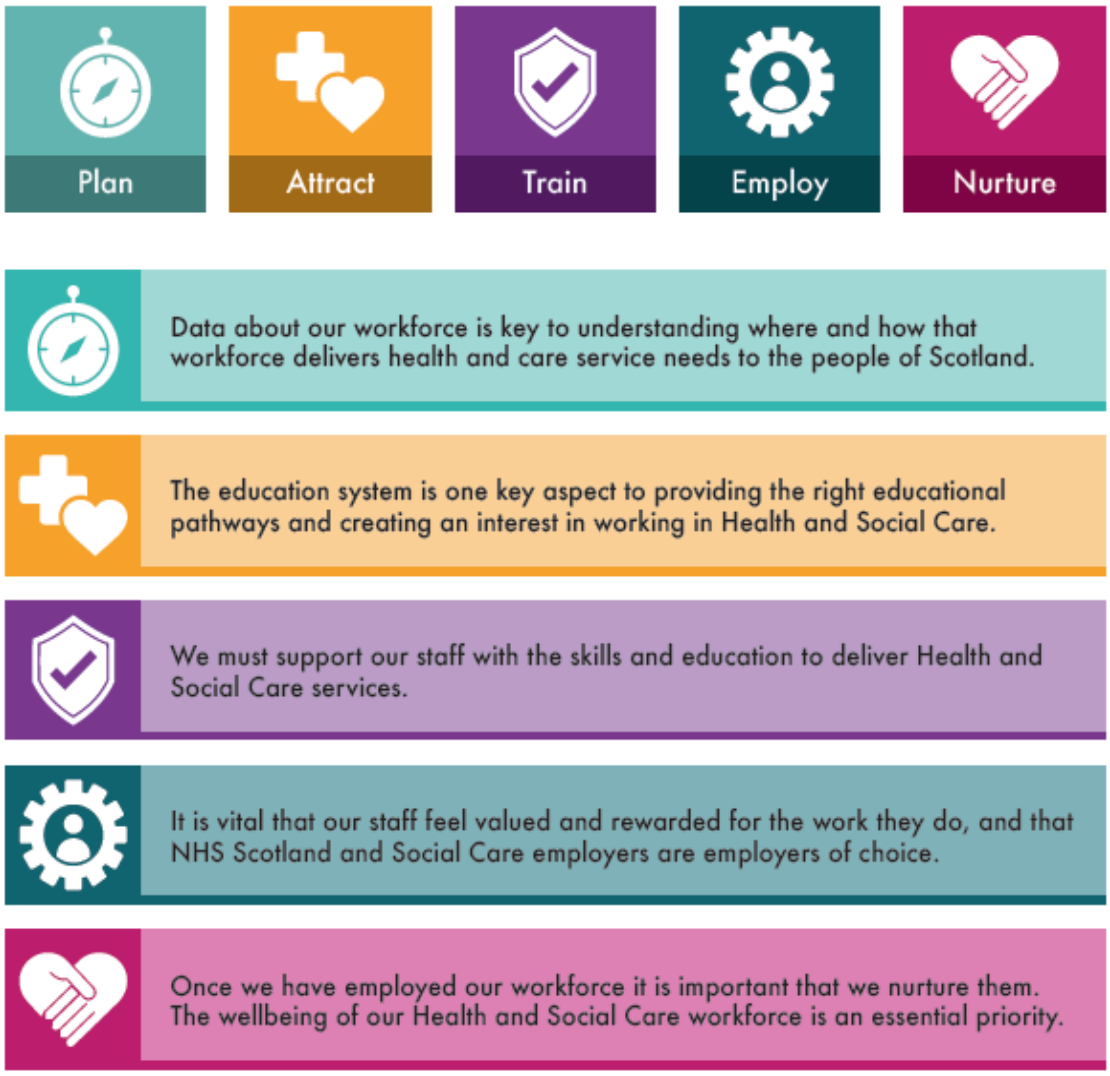
Our workforce continues to be our biggest asset and we will focus on maximising the potential of all of our people to ensure that they are engaged, well informed and effective. Our workforce is pivotal in implementing our vision as at every stage of the journey to improve the quality of health and social care we need appropriately skilled staff. Our workforce plan will support the delivery of our organisation's strategy as well as the delivery of the national workforce strategy.

1.2 Purpose and Scope of the Workforce Plan

All NHS Boards are required to develop three year workforce plans for the period 2022 to 2025 and ensure that the workforce, operational service and financial planning approaches across the board are aligned. The three year workforce plans are expected to reflect the context of the "Five Pillars of Workforce Planning" which are outlined within the National Workforce Strategy for Health and Social Care in Scotland as the basis for outlining proposed actions to secure sufficient workforce to meet local

projected short-term recovery and medium term growth requirements across our services.

The five pillars of the workforce journey are detailed below:



The workforce plan should also align with key policy commitments set out in the NHS Recovery Plan and identify short term (12 months) recovery and stabilisation, and medium term (12 to 36 months) growth and transformation service demands, risks and opportunities, and the workforce implications of these.

Guidance on the development of workforce plans was issued to NHS Boards and HSCPs via DL 2022 (09): National Health and Social Care Workforce Strategy: Three Year Workforce Plans. In accordance with the guidance, this workforce plan will provide the following:

- Information on our current workforce (comparing demand analysis with current workforce);
- our assessment of further workforce needs, including describing and analysing the

gap between projected future workforce needs and current staffing levels; and
- an action plan to address the gap and achieve the necessary changes to the workforce (based on the five pillars of workforce planning).

The National Workforce Strategy also outlines the vision within NHS Scotland for the workforce as follows:

The overarching aim for our current and future workforce is to continue to maximise the potential of our people to enable Healthcare Improvement Scotland to achieve our strategic priorities. This means ensuring we have the right people with the right skills, in the right place at the right time whilst maintaining the wellbeing of our workforce and ensuring their wellbeing and development is central to our thinking and actions.

1.3 Stakeholder Engagement and Governance

Healthcare Improvement Scotland continues to recognise the importance of effective engagement with staff, their representatives and our partners in the development and implementation of our workforce plan. We strive to engage with our workforce over decisions that affect them and ensure that they are invited to contribute to the planning and delivery of our plans and services.

Stakeholder engagement activity is an ongoing and iterative process within HIS, which reflects the dynamic nature of the working environment. The development of this workforce plan and ongoing engagement on workforce developments are regularly discussed with the Partnership Forum, Staff Governance Committee, Health and Safety Committee, One Team Programme Board and associated Work streams as well as through regular staff huddles to ensure effective engagement and collaboration.

We use other communications methods to share information via email, staff intranet and regular Chief Executive messages sent out to staff.

Any workforce risks are captured in the Board Risk Register and updated on a regular basis to the Audit and Review Committee.

An Operating Framework is in place setting out the terms within which Healthcare Improvement Scotland (HIS) and the Scottish Government (SG) will work together. Throughout each year, there are both formal set points of engagement between HIS and the sponsor division in SG as well as informal meetings, to cover emerging issues, opportunities, concerns and risks. Each programme area in HIS will also have ongoing discussions with the relevant policy leads in SG directorates to design and develop new

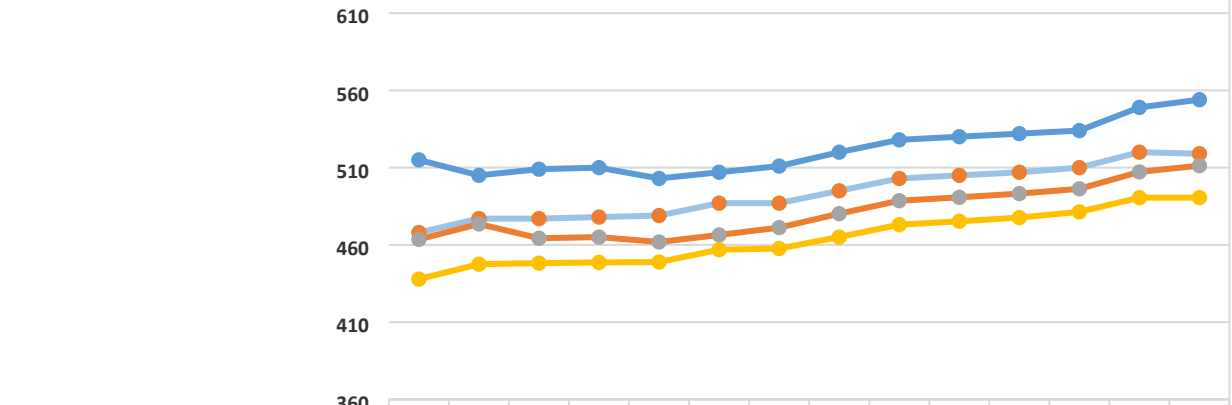
commissions and monitor and oversee delivery. There are also separate channels for escalation of issues and concerns from inspections.

2. Current Workforce Profile

Understanding our workforce is a key part of workforce planning, taking into account the changes in the numbers, turnover and vacancy numbers as well as sickness absence rates and reasons. The highlights of our workforce are captured in the following sections.

2.1 Headcount and Whole Time Equivalents

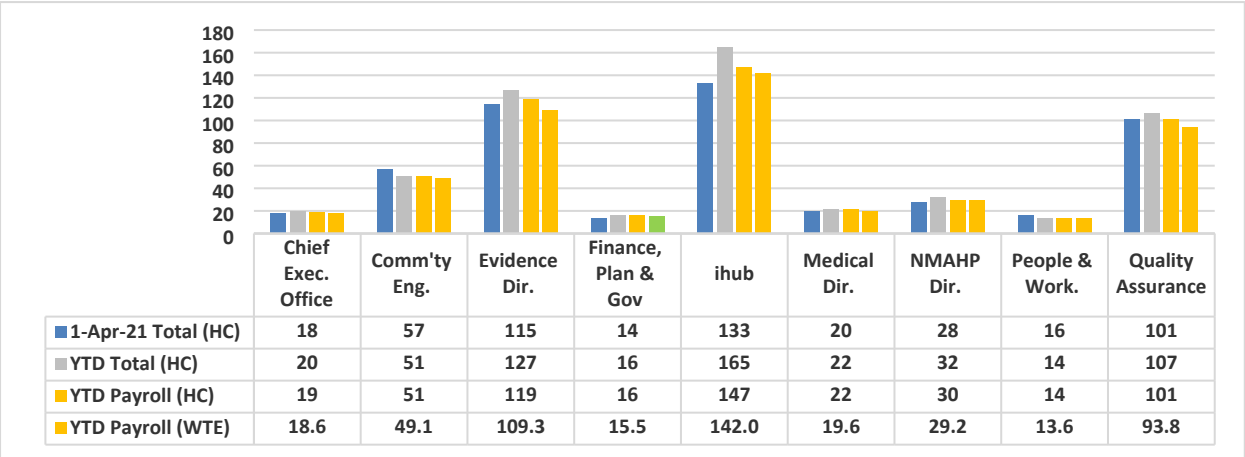
The following diagram details the trends in the workforce in 2021-22 as well as a comparator to the workforce numbers at 31 March 2020, demonstrating the increase in our workforce.



	31-Mar-20	31-Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-21	Feb-22	Mar-22
Headcount (payroll & non-payroll)	515	505	509	510	503	507	511	520	528	530	532	534	549	554
Headcount (payroll only)	468	477	477	478	479	487	487	495	503	505	507	510	520	519
WTE (payroll & non-payroll)	463.5	473.5	464.3	465.0	461.9	466.4	471.2	480.2	488.6	490.8	493.2	496.3	507.2	511.3
WTE (payroll only)	437.8	447.5	448.2	448.7	448.9	456.9	457.6	465.1	473.1	475.3	477.7	481.4	490.6	490.6

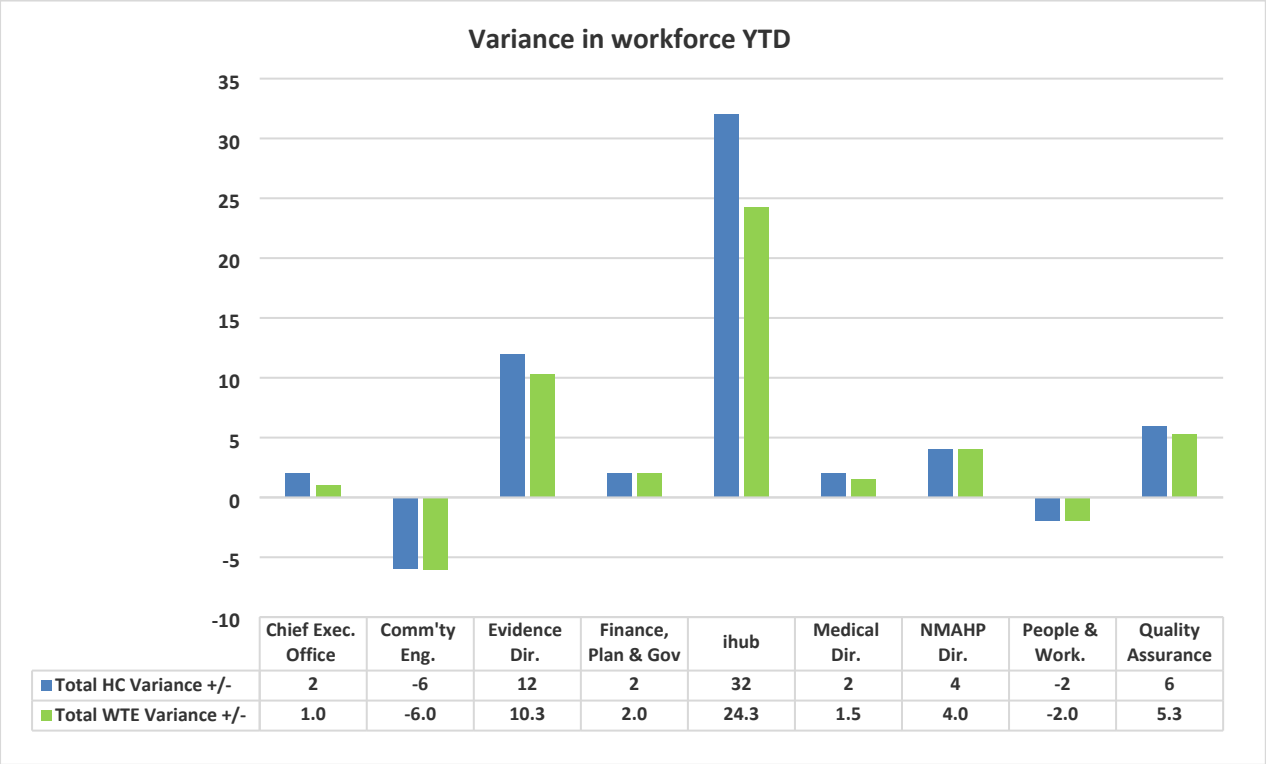
Headcount (payroll & non-payroll) Headcount (payroll only) WTE (payroll & non-payroll) WTE (payroll only)

The following chart details the workforce breakdown by directorate over 2021-22.



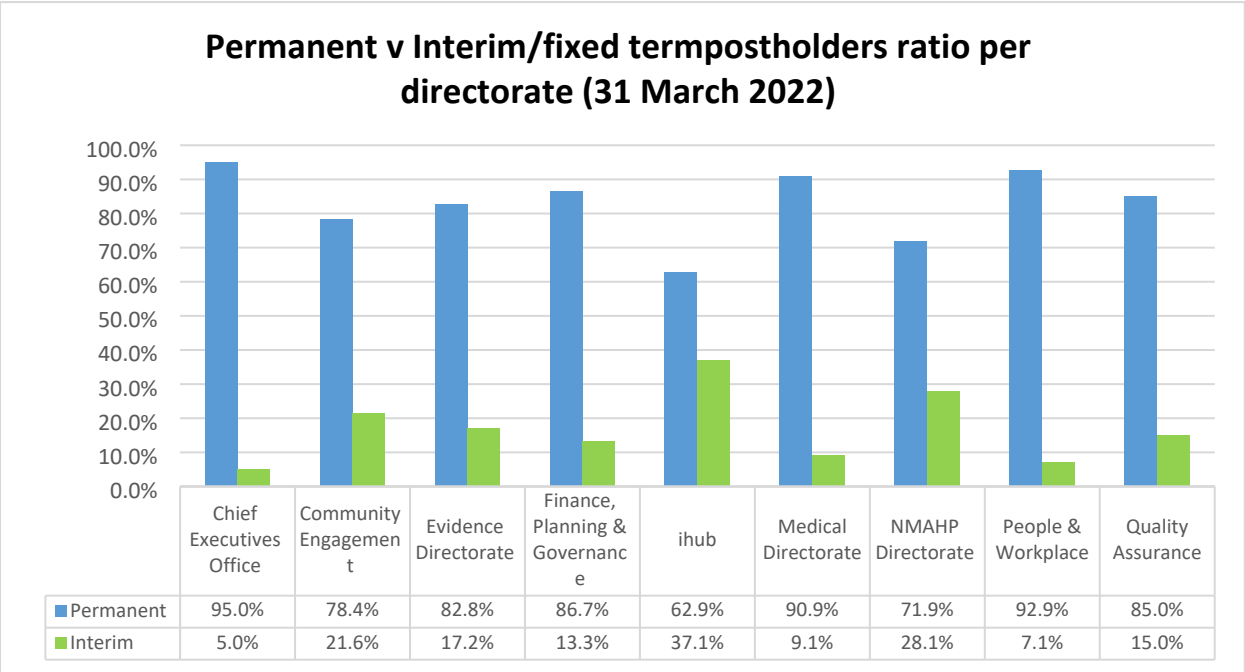
	Chief Exec. Office	Comm'ty Eng.	Evidence Dir.	Finance, Plan & Gov	ihub	Medical Dir.	NMAHP Dir.	People & Work.	Quality Assurance
1-Apr-21 Total (HC)	18	57	115	14	133	20	28	16	101
YTD Total (HC)	20	51	127	16	165	22	32	14	107
YTD Payroll (HC)	19	51	119	16	147	22	30	14	101
YTD Payroll (WTE)	18.6	49.1	109.3	15.5	142.0	19.6	29.2	13.6	93.8

At Directorate level, the key net changes due to new starts, leavers and internal moves are shown below:



	Chief Exec. Office	Comm'ty Eng.	Evidence Dir.	Finance, Plan & Gov	ihub	Medical Dir.	NMAHP Dir.	People & Work.	Quality Assurance
Total HC Variance +/-	2	-6	12	2	32	2	4	-2	6
Total WTE Variance +/-	1.0	-6.0	10.3	2.0	24.3	1.5	4.0	-2.0	5.3

Between 1 April 2021 and 31 March 2022, the overall workforce has increased by 52 staff, 40.3 whole time equivalents (wtes). The organisation has steadily increased its overall headcount and whole time equivalents (payroll and non-payroll) over the last five years to meet the increasing demand for work. The majority of the directorates have increased their workforce slightly, with ihub increasing their overall workforce numbers the most, increasing by 32 staff over the past year. This is due to the delivery of an accelerated programme of recruitment, enabling the organisation to move quickly to recruit additional resources and meet the increased demand.

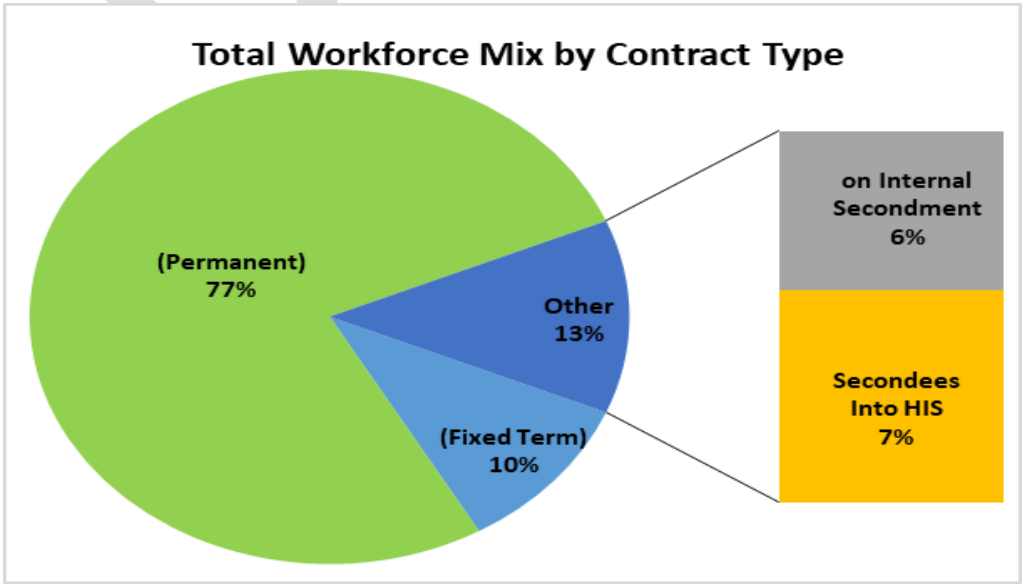


	Chief Executives Office	Community Engagement	Evidence Directorate	Finance, Planning & Governance	ihub	Medical Directorate	NMAHP Directorate	People & Workplace	Quality Assurance
Permanent	95.0%	78.4%	82.8%	86.7%	62.9%	90.9%	71.9%	92.9%	85.0%
Interim	5.0%	21.6%	17.2%	13.3%	37.1%	9.1%	28.1%	7.1%	15.0%

Both the total workforce mix and the ratio of permanent to interim postholders (fixed term contracts, secondments) across the organisation have remained broadly consistent throughout the year. At a directorate level, ihub (37.1% interim workforce) had the highest ratio of posts filled on an interim basis compared to an organisational average of circa 22.7%.

Many of the new commissions of work which come to HIS from the Scottish Government are based on fixed funding allocations which results in recruitment of a resources on a fixed term or secondment basis to support the programmes of work.

The mix of contracts within our workforce is broken down in the following chart, indicating that 77% of our current workforce are on permanent contracts whilst the remaining workforce is made up of secondments or fixed term contracts due to limited funding allocation for specific programmes of work.



2.2 Workforce Turnover 2021-22

Turnover by Directorate	Starters	Leavers	Turnover Rate
Chief Executives Office	4	2	5.4%
Community Engagement	3	9	16.8%
Evidence Directorate	19	6	5.0%
Finance, Planning & Governance	2	0	0.0%
ihub	53	21	13.9%
Medical Directorate	5	3	16.2%
NMAHP Directorate	9	5	18.5%
People & Workplace	1	3	20.0%
Quality Assurance	10	4	3.8%
Total	**106**	**53**	**9.7%**

Between 1 April 2021 and 31 March 2022, 106 people joined the HIS workforce and 53 left, representing an organisational turnover ratio of 9.7% (9.1% at the same period for the previous). The highest turnover rate was within those staff who were on a fixed term contract which saw a turnover ratio of 21.2%. The nature of the temporary allocation for funding due to the programmes of work that HIS is asked to deliver will continue to create supply challenges and additional pressures on the existing workforce and can create increased reliance on temporary staffing arraignments such as fixed term contracts and secondment arrangements. This presents us with challenges in recruiting candidates to non-permanent roles and can make our workforce vulnerable to potential high levels of turnover.

Whilst turnover rates have risen over the past two years the rate has remained lower compared to pre Covid-19 periods (12.8% in 2019-20; 10.9% in 2018-19).

2.3 Recruitment Activity 2021/22

Between 1 April 2021 and 31 March 2022, 190 campaigns were recruited to with 129 being filled - 55 by internal/NHS staff.

On an ongoing basis, as a consequence of the resource spending review and impact on workforce expectations, recruitment activity is being rigorously scrutinised in order to prioritise delivery areas. Over the next three years, we expect to see more redesign of roles and cross directorate roles being introduced in order to maximise our current resources and skillsets across the organisation as well as the best use of technology and ways of working.

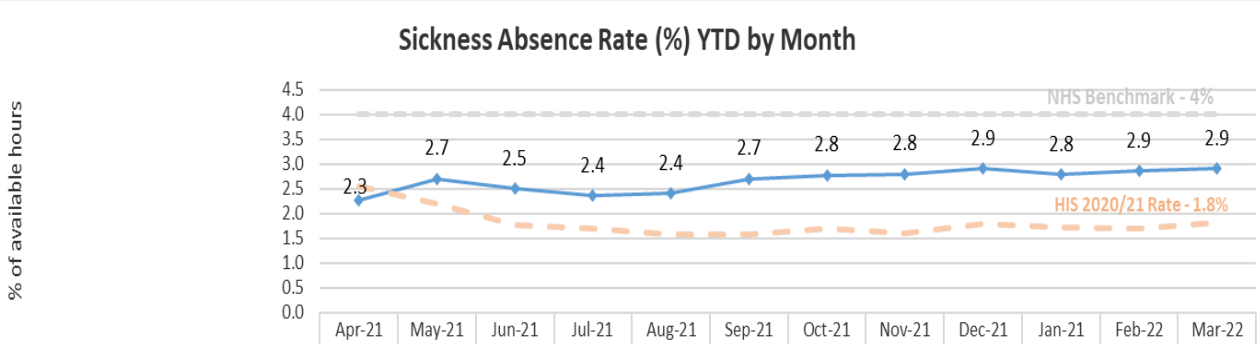
2.4 Recruitment Timelines

The recruitment data reported below captures campaigns advertised from 1 April 2021 until 31 March 2022.

The average time to hire for 2021-22 remained broadly comparable to the previous year - with the average time for campaigns to reach offer stage being 44.2 days and 72.5 days to confirm a start date. We continue to present and monitor the recruitment timelines on a monthly basis through regular HR reporting to key groups.

2.5 Sickness Absence Rate

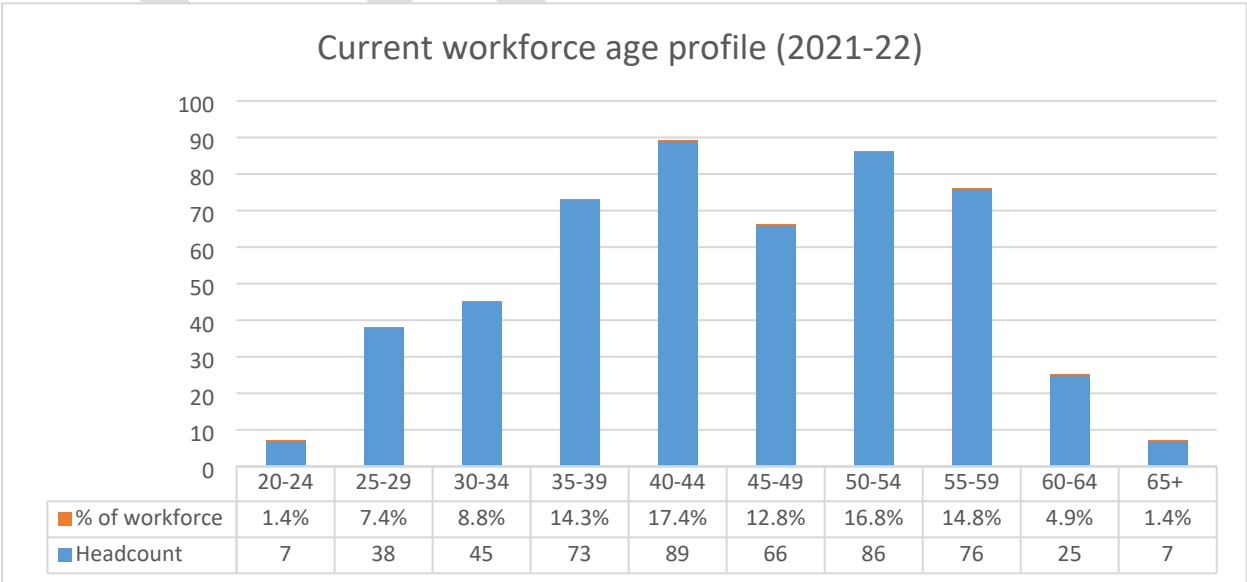
Between 1 April 2021 and 31 March 2022 a total of 29,093 hours (3,879 days) were lost due to sickness absence. This represents 2.9% of the total available workforce with 65% attributed to long term conditions. The breakdown of sickness absence rates for the full year is detailed below.



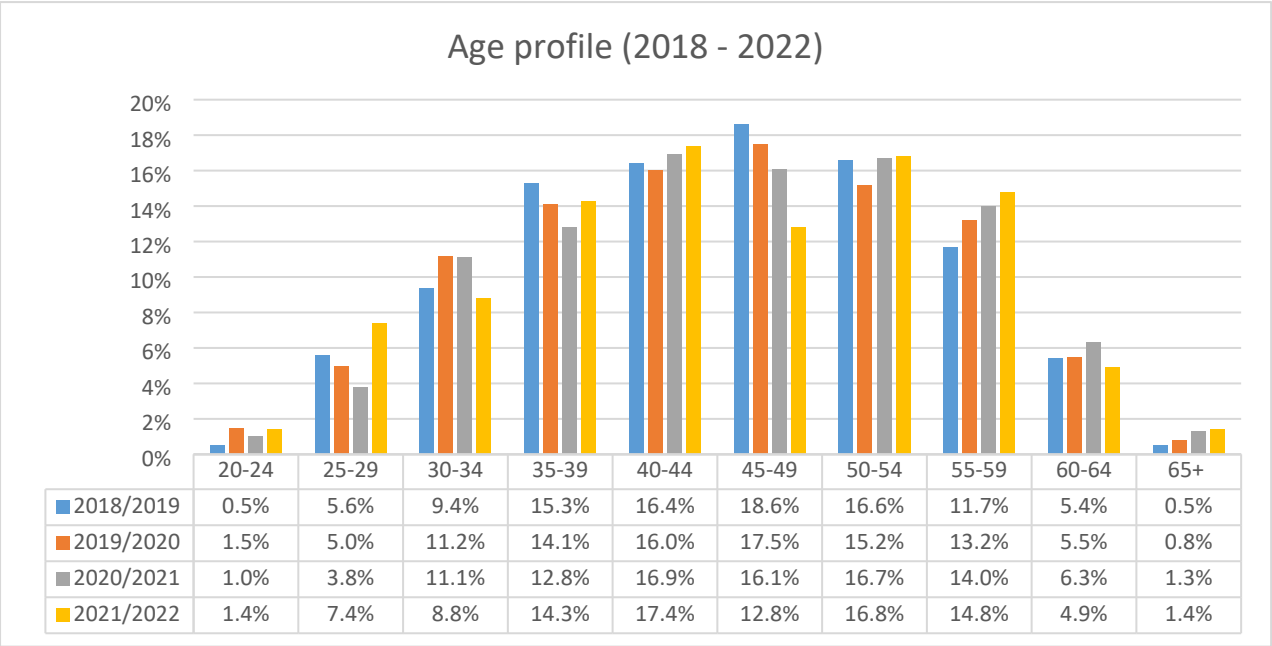
	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-21	Feb-22	Mar-22
2021/22 Sickness Absence (%) YTD	2.3	2.7	2.5	2.4	2.4	2.7	2.8	2.8	2.9	2.8	2.9	2.9
2020/21 Sickness Absence (%)	2.6	2.2	1.8	1.7	1.6	1.6	1.7	1.6	1.8	1.7	1.7	1.8
NHS Benchmark (%)	4	4	4	4	4	4	4	4	4	4	4	4

Sickness absence rates continue to sit below the NHS threshold of 4%. Whilst absence rates have increased since the previous year, the overall sickness absence rate is broadly reflective of the pre-Covid rates. We continue to monitor sickness absence levels on a monthly basis and provide support to staff and managers in conjunction with the HR team, seeking additional support from occupational health as required.

2.6 Age Profile



	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65+
% of workforce	1.4%	7.4%	8.8%	14.3%	17.4%	12.8%	16.8%	14.8%	4.9%	1.4%
Headcount	7	38	45	73	89	66	86	76	25	7



	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65+
2018/2019	0.5%	5.6%	9.4%	15.3%	16.4%	18.6%	16.6%	11.7%	5.4%	0.5%
2019/2020	1.5%	5.0%	11.2%	14.1%	16.0%	17.5%	15.2%	13.2%	5.5%	0.8%
2020/2021	1.0%	3.8%	11.1%	12.8%	16.9%	16.1%	16.7%	14.0%	6.3%	1.3%
2021/2022	1.4%	7.4%	8.8%	14.3%	17.4%	12.8%	16.8%	14.8%	4.9%	1.4%

The age demographic over the last 4 years has been broadly similar and indicates that the majority of our workforce are in the 35 to 59 age range. The proportion of our workforce aged over 60 has increased over the last 4 years as generally individuals are remaining in the workplace longer and in particular those individuals remaining in work beyond age 65 has increased by 0.9% of our overall workforce in the last four years.

It is encouraging to see an increase in the number of young people within the workforce over the last four year period in both the 20-24 age range (increase of 0.9% of the workforce) and 25-29 age range (increase of 1.8%). The majority of current staff within these age ranges are employed within Agenda for Change bands 4 to 6. Initiatives such as developing career pathways for staff, creating roles with transferable skills for cross-divisional work as well as the employability work streams referred to in section 5.3 of this plan will support retention of staff as well as attract and support new talent into the organisation.

3. Health and Wellbeing

"We will continue to provide a range of wellbeing support for our workers; we must care for them as they have cared for others"
National Workforce Strategy for Health and Social Care in Scotland

Our workforce is pivotal in implementing our visions as at every stage of our journey towards our shared aim of making care better for the people of Scotland, we need appropriately skilled staff. The health and wellbeing of our workforce is important and we offer a range of resources to support our workforce in meeting their health and wellbeing needs whether that is support for physical, psychological or financial wellbeing.

Healthcare Improvement Scotland has a history of being forward looking in terms of our support to staff. For example, we were an 'early implementer' of a Menopause Policy for our staff which has further developed following the recent review and relaunch of this work.

We maintain a positive focus on health and wellbeing by continuing to offer support through the following:

- Regular messages and reminders to managers and staff offering support and encouragement for people to pay attention to their wellbeing, via the Chief Executive's weekly newsletter, all staff huddles and staff intranet communications;
- Embedding a focus on wellbeing within the Performance, Development and Wellbeing Review (PDWR) process to include a specific discussion on wellbeing;
- Further development of our dedicated health and wellbeing page on our staff intranet site to ensure easy access to a range of resources, connect staff to each other, and promote seasonal wellbeing campaigns and opportunities;
- Continued promotion of the growing offer of resources and opportunities from the National Wellbeing Hub for health and social care staff as well as workforce specialist services;
- Recognition of the organisations' 'Engaged' status as part of the 'Carers Positive Award' in July 2021, with continuing work to progress to the further award levels.
- Development of our health promotion activity, including promoting a wide range of staff-led opportunities and activities, such as weekly staff meditation sessions, yoga sessions, wellbeing support groups and webinars and participating in Paths For All, an 8 week walking challenge;
- A network of confidential contracts for staff, with information available on the staff intranet;
- Continuing to offer support via the Occupational Health Service (NHS) or the comprehensive Employee Assistance Programme run via AXA Health. This contract is due for renewal/ retendering. This is being undertaken on a partnership basis with specific focus on support available to compliment the current wellbeing focus for staff, including Menopause and other recognised long term health conditions relevant to our staff demographics;
- Engagement with staff as part of our Ways of Working programme, to understand what else matters in relation to supporting health and wellbeing, offering mechanisms for staff to engage with us during the test of change period;
- Review and relaunching our Menopause Policy which saw two menopause awareness sessions being held in Spring 2022 with around 110 staff attending. As part of the ongoing support for menopause and menstrual health within the workplace, we plan to set up a Menopause Café towards the end of August to allow staff to discuss and support each other. The policy review group are currently looking into the feasibility of implementing a Menstrual Health Workplace policy.
- Providing tea, coffee, milk and sugar for staff within both sites;
- Completion of Display Screen Equipment Assessments (DSE) for all staff with an annual review cycle now established to run in May of each year;
- Incorporating a focus on wellbeing in the annual Performance Development and Wellbeing Review process to promote and normalise discussions on health and wellbeing;
- Access to a Cycle to Work Scheme and a range of other staff benefits; and
- Continuing to offer staff vaccination programmes via the Occupational Health Service.

Supporting staff wellbeing continues to be an organisational priority, and this is evidenced in our 2022 iMatter survey results whereby 85% of staff feel that the organisation cares about their health and wellbeing which is the same as the previous survey result for this component.

3.1 Equality and Diversity

Healthcare Improvement Scotland recognises the importance of a diverse and inclusive workplace and aims to celebrate diversity, promote equality and embed inclusion in all of our activities. We are keen to support and learn from our diverse workforce and to continue improving the experiences of our people from the day they decide to apply to join HIS.

Our latest Equality Mainstreaming Report covers the last four years of our work and describes the work we have done to embed equality into our work programmes during this time as well as setting out our equality focused priorities that we aim to achieve by April 2025.

Our recent focus has been on supporting, celebrating and learning from our diverse staff while increasing awareness about different communities. Staff equality networks have been established, meaning people from minority ethnic backgrounds, those with LGBT+ identities and those who identify as disabled or neuro-divergent have a distinct voice in the organisation and are able to actively shape a range of important activities.

We are delighted to support NHS Scotland's Pride Badge Initiative. Over 100 members of Healthcare Improvement Scotland staff, including the whole Executive Team, signed the Pride Pledge and committed to being aware of the issues experienced by the LGBT+ community, being a safe person to talk to and someone who will listen, using inclusive language and respecting identity.

Our efforts to create a safe and inclusive workplace for all has also seen us take forward our commitment to developing an organisational policy to support transgender – including non-binary – colleagues. With the expertise of our Equality and Diversity Working Group, we created an Inclusive Language Guide to support our staff. The guide details current best practice language in relation to each of the protected characteristic groups, as well as around socio-economic deprivation, homelessness and substance dependence and is already supporting colleagues to be confident and consistent in their use of appropriate, respectful and person-centred language within our publications.

Healthcare Improvement Scotland is also participating in the NHS Scotland pilot of the Equally Safe at Work Accreditation Programme. As an organisation we are committed to progressing gender equality within our workforce and across NHS Scotland

In line with The Equality Act 2010, our recruitment processes continue to be designed to ensure that all applicants are treated fairly and without favour. We work closely with the Glasgow Centre for Inclusive Living and have successfully recruited graduates from this source.

3.2 Staff Experience

Staff experience and engagement underpins a healthy organisational culture, from recruitment onwards, as part of the employee life cycle. There is continued support of staff experience through effective partnership working, measuring the experiences of staff through the use of local and national tools, such as iMatter, which supports and empower teams to improve their experiences at wor

3.2.1 iMatter

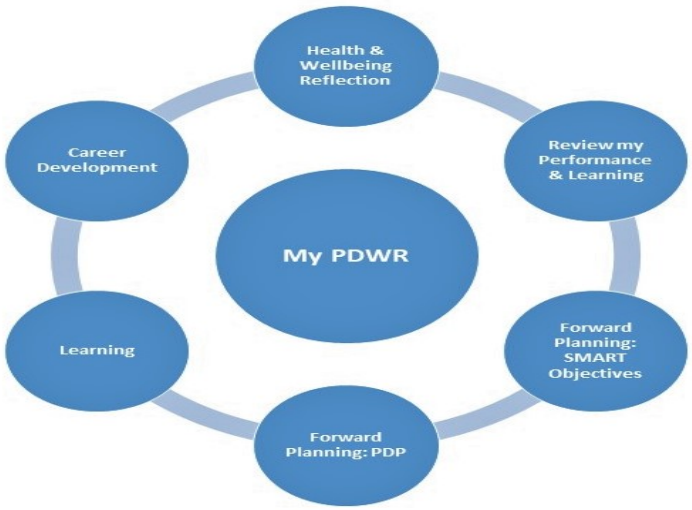
Our staff survey, iMatter is an important opportunity for all of us to share how we feel about working for Healthcare Improvement Scotland s a chance to share thoughts about our work experience and how we are being managed and provides a vital tool for us to improve the working lives of our workforce.

iMatter was undertaken in 2022 which achieved a response rate of 91%, which was the same response rate as last year, continuing to be the highest ever response rate we have received. 85% of respondents felt that the organisation cares about their health and wellbeing, suggesting that our workforce continue to appreciate the support they have had. In 2022 we have also achieved our highest ever employee engagement index score (82) which has reflected the experience of our staff during challenging times. Our response and employee engagement index rates are over the last few years is summarised below:

Response rate:	***Employee engagement index score:***
2019 90%	***2019 78***
2020 – iMatter paused	
2021 91%	***2021 81***
2022 91%	***2022 82***

At the time of writing this workforce plan, our 2022 survey results have just been reported. Over the coming weeks we will undertake a full analysis of results and continue to emphasise the importance of action planning as an opportunity for everyone to be fully involved in sharing their own team but also our organisation's future. We will share the analysis of our survey results with key staff governance groups to inform current and future work streams and priorities.

3.2.2 Personal Development and Wellbeing Review (PDWR)



Within Healthcare Improvement Scotland, our Personal Development and Wellbeing Review (PDWR) is designed to help individuals be successful in their role whilst remaining mindful of their personal wellbeing.

The PDWR provides the opportunity for individuals and their manager to reflect and discuss performance and learning and how this has been impacted by or impacts upon the individual's wellbeing; prioritise and make plans to achieve personal, corporate and wellbeing objectives; identify and commit to any new learning required to achieve any agreed objectives as well as think about future career ambitions and what support will be needed to attain them.

Effective appraisal is crucial to supporting and managing individual, team and organisational performance, ensuring everyone, irrespective of role, is able to bring their best to their work.

As at the end of July 2022, the PDWR completion rate was 80% and health and wellbeing has a significant impact on staff performance and, as such, continues to form an integral part of this dialogue. This represents a slight increase in completion rates since July 2021 (75.8%). We continue to highlight the importance of the PDWR process to individuals, managers and teams and support continues to be available via the organisational development and learning team.

4. Key Workforce Drivers

The ambitions of a more integrated health and social care system, with reducing levels of inequalities, are key drivers of our work. Understanding the evidence base and involving the people and communities who access and use services are also key drivers across our delivery areas.

Our planning also takes cognisance of how over the last couple of years the work of HIS has continued to be dominated by responding to the changing needs of the health and care system and the evolving context of COVID-19. We had to be agile, flexible and responsive, recognising the ever-changing and unpredictable state of the pandemic and its impact on frontline services and patients. Over the last year we have remained committed to ensuring a close alignment of our priorities to the National Recovery Plan and the commitments in the Programme for Government, as well as the developing health and care programmes during the year. We also continued to provide assurance to the NHS and the wider public about the safety of services and undertook core activities in relation to our statutory duties to enable us to respond to concerns.

We will continue to build on our learning to adjust to rapidly changing circumstances within the health and social care setting and accelerate the roll out of initiatives as required to ensure that our contribution remains relevant an timely in supporting the health and social care system to recover and improve.

4.1 Strategic Priorities and Ambitions: 2022–2027

Organisational Strategy

Work has begun to develop our 2022–2027 Strategy, supported by a programme of internal and external stakeholder engagement, which we will publish in the coming months to support better quality health and social care for everyone in Scotland. This will build on what we are currently working towards setting a clear vision, purpose and ambitions for Healthcare Improvement Scotland over the forthcoming years.

Our strategic priorities will aim to ensure that the people of Scotland experience the best quality health and care services and our strategy will seek to continue to grow on our success in embedding sustainable improvements in the quality of health and social care.

As Scotland recovers from the pandemic, Healthcare Improvement Scotland will be bold in its actions to improve health outcomes for people and to tackle deep-rooted inequalities. Our actions will remain firmly rooted in the ambitions of Scotland's Healthcare Quality Strategy – to deliver safe, effective and person-centred care. It is more important than ever that through our statutory duties we will work to ensure that care continues to be safe and effective and delivers improved outcomes for people and communities.

We know there are major challenges facing the health and care system in the years ahead. In redefining our strategy we have the opportunity to reflect where our organisation fits in the context of these challenges and work with stakeholders to understand for the future.

Annual Delivery Plan

The Annual Delivery Plan for Healthcare Improvement Scotland for 2022-23 confirms our continued focus on our organisational priorities as a national board. We are committed to ensuring a close alignment of our priorities to those of territorial boards, the Scottish Government's Resource Spending Review and the developing care and well-being portfolio.

The ADP is an annual plan and subject to adjustment of delivery priorities and approaches. The immediate priorities of the work of Healthcare Improvement Scotland will be to maintain the focus on the safety of quality of care in the system. This will include all of our statutory inspection and regulatory functions and monitoring the quality of care nationally as part of the Sharing Intelligence in Health and Care Group.

This focus will also be maintained at the point of delivery through a range or programmes including the Scottish Patient Safety Programme, the Essentials of Safe Care and implementation of the Health and Social Care Staffing Act.

Healthcare Improvement Scotland will also work closely with all Boards to support people to have their needs met in the right place, at the right time, and promote early intervention and prevention. We will also work with Boards to design new models of care and drive primary and community care improvement in collaboration with people and communities.

We are also looking at how our improvement activities can be applied in social care and supporting how the NHS and care homes can work together

Over the past 10 years, our organisation has grown in confidence, scale and reach. We are also learning how to blend the use of our skills and expertise to sustain longer-term improvements. All of our work will continue be underpinned by the Quality Management System and a number of key drivers.

We know there are major challenges facing the health and care system in the years ahead and the future delivery areas and services provided by HIS are influenced by a range of drivers, both internal and external which must be taken into account and will influence and affect our workforce over the short, medium and longer term.

4.2 External Drivers

4.2.1 National Workforce Strategy for Health and Social Care in Scotland

The National Workforce Strategy for Health and Social Care in Scotland sets out a national framework to achieve the vision within Scotland of a sustainable, skilled workforce with attractive career choices where all are respected and valued for the work that they do. The health and social care workforce is central to implementing the Scottish Government's vision of enabling people to live more years in good health, and reducing the inequalities in healthy life expectancy.

We need appropriately skilled health and social care staff to deliver a whole system approach to improving health and wellbeing outcomes and the combination of the Scottish Government's vision, values and outcomes is summarised in the following diagram:

Key to growing and transforming our workforce is a supportive and inclusive workplace culture. This is fundamental to providing services that will need to adapt to deliver continually improving, high quality and compassionate care. Over time, the delivery of the actions within the national workforce strategy will focus on sustaining workforce growth, continuous improvement and service transformation, all of which will support the commitments within the NHS Recovery Plan 2021-2026.

4.2.2 NHS Recovery Plan 2021-2026

Healthcare Improvement Scotland remains committed to ensure a close alignment of our priorities to the Scottish Government's NHS Recovery Plan 2021-2026. This will ensure that we play an active and visible part in integrated unscheduled care, integrated planned care, place and wellbeing and preventative and proactive care programmes which have been established by the Scottish Government.

4.2.3 National Care Service

Following a period of consultation, the Scottish Government introduced the National Care Service Bill to parliament on 20th June 2022. The legislation sets out principles for the National Care Service (NCS), with the stated policy objectives of the Bill being to 'improve the quality and consistency of social services in Scotland' and primarily providing the powers for the establishment of National Care Boards to deliver social care, social work and community health.

The document also confirms a continued emphasis on improvement and an embedded human rights approach to care support. This work will impact on the role, scope and responsibilities of Healthcare Improvement Scotland and will be reflected in future action planning as the detail of implementation becomes clearer.

4.2.4 Resource Spending Review

The Resource Spending Review, which was published on 31 May 2022, announced measures to reset the pay and workforce expectations by announcing a broad aim to freeze total pay bill costs (as opposed to pay levels) at 2022-23 levels whilst returning the size of the public sector to pre-COVID-19 levels, while supporting expansion in key areas of service delivery. The review covers the period until 2026/2027 and confirms that continued grown of the public sector workforce away from frontline services is not seen as sustainable.

To achieve this, we are assessing our recruitment expectations for the remainder of the year, scrutinising planned workforce expectations which will be overseen through the Vacancy review Group which meets fortnightly. The constitution and work of this group is being revised to reflect a wider role in 'Workforce Profile and Resourcing' We will also have to prioritise our work to deliver high quality outcomes and adjust workforce expectations accordingly as well as focusing on areas to deliver greatest benefits including how skills and resources are utilised across the directorates in line with current budget requirements.

The Finance and People and Workforce teams are working closely on monthly reports to review and assess the costs from a financial position with workforce information (sickness absence, vacancies, recruitment activity and turnover). Workforce and financial planning will align with the financial planning and reporting process over the next three years.

4.3 Internal Drivers

As we refresh our strategy and medium term planning, we are also undertaking a review of existing key delivery areas to reflect the current demands of health and social care organisations. The following key delivery areas have been developed and are proposed for implementation as a priority following discussion with the Executive Team:

- Safety
- Mental Health
- Primary and Community Care
- Urgent/unscheduled care
- Children and Young People
- Cancer
- Women's Health

Key performance indicators (KPIs) are a set of quantifiable measures used to gauge the overall performance of an organisation, specifically they help determine strategic, financial and operational achievements over a period of time. They form part of an effective assurance framework and create an analytical basis for decision making and focus attention on what matters most. Currently we are looking to develop and introduce a set of operational metrics under the following headings:

- Safe, timely, high quality care
- Evidence and intelligence underpin the design, delivery and assurance of care
- Culture of continuous learning and quality
- Voices of people and communities are at the heart of redesign
- Staff experience
- Value for money

It is intended that the range of KPIs will continue to be developed over time and are likely change to reflect the organisational priorities and drivers.

4.3.1 Remobilisation Plan

The fourth Healthcare Improvement Scotland remobilisation plan reflects the need for HIS to remain agile in our delivery and able to react to challenges as they evolve within health and social care services, ensuring that we are supporting the delivery of care in the most effective ways by stepping up or down elements of delivery in response to service needs.

The key objectives and priorities in 2021-22 have been as follows:

- Supporting the service at a national level during COVID-19;
- Focusing on safety and ensuring the quality of care;
- Promoting person centred care; and
- Engaging with people and communities

As services recover, a number of projects which were previously paused or reduced prior to 2020/21 were also restarted in 2021 which continue to remain under review and 'step up/step down' as required which is reflected in our Annual Operating Plan 2022-2023.

4.3.2 'One Team' approach

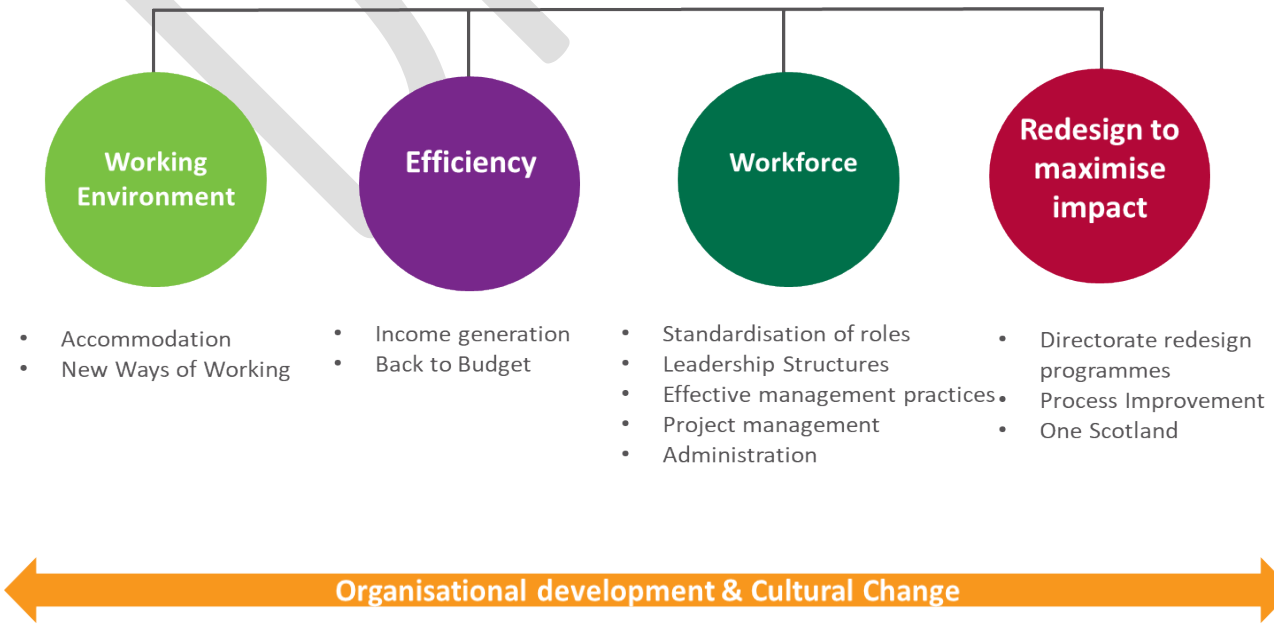
Looking forward, in recognition of the current financial and systems pressures for both Healthcare Improvement Scotland and the wider NHS Scotland system the Board and Executive Team have begun the discussion to look at four specific areas of focus, namely;

- The simplification, consolidation and repurposing of our resources as we are currently over-stretched in relation to the future funding outlook
- An explicit, visible and practical alignment of a much reduced footprint of activities to national priorities – if it doesn't fit, we will stop doing it.
- Capability to deliver tailored support in systems under pressure, and apply learning from that support
- Ability to provide national leadership in the fundamental redesign of the health and social care system to balance workforce, quality, finance and delivery – across all of our functions.

Underpinning this approach will be the **'One Team'** approach, looking at a collective future focus for the organisation which is seen as important in enabling Healthcare Improvement Scotland to

- Reinforce our national leadership role: able to evolve and flex to deliver maximum value to the wider health and care system
- Be organised to deliver with a clear operating model which enables HIS to work in an efficient, effective and value-added way, with clear lines of responsibility and investment for the delivery of external and internal activity
- With a flexible, agile and high-performing workforce with the right skills and expertise to support changing organisational and national priorities.

Working under the direction of the One Team Programme Board, will be 4 distinct work streams



Central to this work will be our core critical organisational functions or 'priority enablers' to help the organisational development and cultural change to embed this work

Developing Leaders	Enabling People	Corporate Core	Comms

Within this work the strategic focus for Healthcare Improvement Scotland will remain that

Our purpose is to drive the highest quality of health and care for all.

Our vision is that

- People who use health and care services are safe from harm
- People can access the right health and care services, at the right time
- People receive the highest quality care that is person-centred, efficient and which continuously improves.
-

4.3.3 Ways of Working (WoW)

The reopening of our buildings from April 2022 has allowed us to start to test our understanding of flexible working arrangements, with the use of the office environment for collaborative working and networking between individuals and teams, and for individual or quiet working as needed.

We embarked on a 'Test of Change' period from April to September 2022, to allow time for us to explore and offer flexibility and also understand the implications for the individual, team and the wider organisation of adopting a more flexible working model which allows our workforce to undertake their role some of their time at home or in the workplace or at another work location.

All working arrangements must balance the needs of the individual and their role with the needs of the organisation and consider:

- service delivery and service capacity
- staff experience, and
- patient or service user experience.

As we have moved through the test of change, a clearer definition of working style preferences is being established. The test of change period has allowed all teams and directorates to experience flexible working and to evaluate what aspects of flexible working have helped them to work together better and more efficiently, whilst supporting individual flexible working preferences where possible. This period has been a learning opportunity for individuals, teams, directorates, and the whole organisation to gain experience of flexible working.

During the test of change period experiences, our workforce have shared their experiences through the following:

- Tuesdays @ Two drop-in sessions - these sessions are an opportunity to engage with each other and the WoW team, share any learning or ask a question.
- WoW vision survey - a fortnightly survey, created against the different dimensions of the WoW vision to gain understanding on the specific benefits and challenges of our new Ways of Working for staff.
- 'Tell us More' feedback forms - 'Tell us More' boxes and feedback forms have been available on site and for those staff who are working in more remote locations, this can be submitted online.

We are committing to sharing insights from across the organisation on a regular basis through the experiences fed back to us as these insights will help us all understand how staff are feeling at an organisational level, which will help inform decisions locally and across the organisation.

Throughout the test of change period, we have continued to make the best use of flexible working policies that support work life balance and the health and wellbeing of our workforce. We have also promoted the need for managers to have regular discussions with team members and put in place reasonable adjustments to working practices as required as the health and wellbeing of our workforce remains a priority.

During the continuing Test of Change period 60% of our staff have been in an office at least once and nearly 80% of respondents in a recent survey found the new ways of working effective and 92% do not have concerns around Covid-19 under the new ways of working. Office attendance averages 40 colleagues per day at 29% usage of bookable office space.

Workforce Drivers

A continuing feature of the workforce within Healthcare Improvement Scotland is the combination of our core, permanently funded workforce which continues to be supplemented with a compliment of fixed term staff working within a range of our service programmes for new work commissions which are funded on an additional allocation basis. This requires the ability to develop a suitable workforce and business plan to ensure recruitment and response to the service ask.

As a relatively small organisation with a range of very specialist roles, this in turn requires close management of our contractual obligations on an annual cycle to ensure that engagement with our staff partners and individual employees is timely and relevant to individual circumstances.

As a national board with a diverse range of specialist services, Healthcare Improvement Scotland also employs a range of specialist and singular roles that are not necessarily replicated or found in other boards within NHS Scotland. In recognition of this we continue to work to be seen as the employer of choice within the public sector. In turn this also requires close and careful management and planning in terms of turnover.

Implementation and testing of the revised New Commissions process will support continued oversight and close working between Workforce, Finance and Directorate colleagues on a transparent basis to ensure the appropriate strategic fit and resource capacity within the organisation.

The following sections detail the key drivers for each of the directorates within HIS.

4.3.4 NMAHP

As NHS Scotland moves forward with recovery, in line with the Health and Care (Staffing) (Scotland) Act 2019, NHS Scotland boards will be legally required to be appropriately staffed in order to provide safe, high quality care which improves outcomes for services users and puts patient safety at the fore. The legislation will also provide a focus on the engagement and wellbeing of staff. The application of the act will encourage innovation and creativity and encourage the use of a variety of structures and tools to support workforce planning with a range of different settings.

Healthcare Improvement Scotland is supporting NHS boards to improve workload and workforce planning to ensure that they have the right people, with the right skills, in the right place at the tight time to meet the obligations of the act. HIS assists boards in meeting their obligations through education and training, providing staff tools, including self-assessment and methodology development as well as tailored support and guidance in preparation for implementing the act and its reporting requirements.
The Healthcare Staffing Programme (HSP) within the NMAHP directorate will, over 2022/23, focus on supporting the Health Boards and the care sector to prepare for the enactment of the Health and Care (Staffing) (Scotland) Act 2019.

The Excellence in Care (EiC) programme provides access to nursing and midwifery sensitive assurance and improvement data at ward, NHS board, health and social care partnership and national level. The programme seeks to improve, integrate and coordinate the way quality care services are delivered, no matter where treated is

received within NHS Scotland. The EiC programme within HIS has developed a refreshed vision and framework and 3-year Strategy as part of the relaunch of the programme to inform and support Board engagement and implementation. The Framework and Strategy has received the support of the SEND (Scottish Executive Nurse Directors) and was endorsed by the EiC Programme Board ahead of the planned relaunch event in June 2022.

The relaunch of the programme will be complemented by communication and programme delivery plans that target all levels of the health boards. A proposal is also being developed for the development of an education programme aimed at Team Leaders / Senior Charge Nurses. The contents, requirements and desired learning outcomes of the programme will support boards to incorporate the elements of the framework into their practice promote the delivery of assured person-centre, high quality care.

The EiC programme is a collaboration between the Scottish Government, HIS, NHS National Services Scotland, NHS Education Scotland and public partners.

4.3.5 Quality Assurance Directorate (QAD)

The directorate delivers a range of inspections, reviews and compliance functions of which some are known and planned for in advance, and others which are commissioned by the Scottish Government, often at short notice in response to emergent issues in relation to quality of care. QAD works in partnership with a range of stakeholders, and carries out a significant amount of joint work with external organisations. As such, they have to be very reactive to other organisations' timetables and planning requirements. The directorate's workplan includes a number of current commissioned reviews, ongoing review programmes, current inspections and it also regulates independent healthcare services in Scotland.

The directorate current has a programme of transformational change underway to ensure that QAD remains fit for the future. As part of this, consideration is being given to the strategic approach, resources, structure and ways of working needed to enable the ongoing delivery of robust, fair and proportionate assurance in a rapidly changing health and care landscape. The work includes:

a) **Strategy:** Developing long term assurance strategy which meets stakeholders' requirements.
b) **Change management:** Identifying a delivery plan to ensure realistic implementation of change within the directorate.
c) **Communication**: Establishing regular staff engagement to galvanise and consolidate culture change and new working practices.
d) **Structure:** Identifying appropriate structure and role requirements for QAD to deliver future assurance strategy.
e) **Learning & development:** Undertaking a skills gap analysis to identify and address immediate requirements to meet business needs and develop longer term leadership and development programme.
f) **Process:** Undertaking an internal review of policies, procedures and working practices with a view to streamlining and removing bureaucracy, and implementing consistent templates.

g) **Technology:** Undertaking a digital / technology gap analysis in terms of process efficiency, linking in with wider organisational digital developments.
h) **Operations / management / finance:** Implementing a more robust directorate operational planning and budgeting which will allow for more stabilised staffing structure that is able to be flexible and responsive to changing assurance requirements and external commissions.
i) **Stakeholder engagement:** Implementing quarterly newsletters to stakeholders to highlight lessons learned, best practice in action, and offering annual conferences for knowledge sharing.

The directorate also have to plan for potential changes to legislation in relation to independent health care such as inclusion of private ambulance service and independent medical agencies.

The directorate aims to be in a position to conduct thematic inspections / reviews across all health-related sectors in Scotland, which is proportionate, robust and fair. The outcome of all of its work should be independent assurance of safe delivery of health services in Scotland, which gives confidence to everyone who access the various services.

All of the above factors and areas of growth may result in a significant amount of additional resource and the directorate plan to undertake a restructure of their workforce, within the existing financial budget allocation, to become more robust in relation to the work accepted from the Scottish Government whilst looking to make current processes and ways of working more efficient.

4.3.6 ihub directorate

The directorate undertakes key programmes of work to support the health and social care system with recovery and remobilisation to include increasing focus on supporting redesign that improves outcomes and reduces costs. The key priority areas which have been identified by the Scottish Government are:

- Primary Care
- Drugs
- Alcohol
- Hospital at Home
- Dementia
- Mental Health
- Adult Social Care
- Safety

The key workforce drivers are:

- Approximately 35% of staff in the directorate are employed on fixed term or secondment arrangements. This is due to the nature of the work which is commissioned from the Scottish Government that are based fixed term allocations which impacts on type of contract we are able to offer. This results in high turnover due to staff moving on to permanent roles or new contracts which in turn means a significant amount of management time is spent in recruitment and induction;

- The impact of turnover in key senior roles due to individuals who leave for promoted posts; the directorate provides excellent development of staff which means they are attractive candidates for more senior posts elsewhere;
- Balancing the demands attached to designing and setting up new programmes of work alongside continued delivery of more established programmes of work. Due to the nature of the work being focused on supporting front line teams to engage in redesign and improvement, the directorate also has to continually adapt what it does so it remains focused on the most pressing improvement challenges. This requires a workforce that is able to rapidly adapt;
- Redesign work requires input from a range of different change professionals which has required the directorate to both develop its change methodologies and implement multidisciplinary improvement teams which combine a range of change professionals. As with clinical services, leadership of multidisciplinary teams requires an enhanced set of team management skills;
- A shortage of supply of individuals with the skills and experience to undertake the more specialist advisor roles, particularly improvement and design; and
- The need to rethink roles and skill sets needed to deliver redesign and improvement support in a hybrid context.

These issues have resulted in the following workforce development priorities

- Reviewing the project/programme management infra-structures across the directorate including assessing what skill sets are needed to effectively and efficiently provide support to improvement delivered in a hybrid context;
- Testing the development of a new Band 6 role that will be an entry point to the improvement facilitator career pathway;
- Supporting to managers to understand how to effectively lead multidisciplinary improvement teams where key specialist input may not sit within the team line management arrangements; and
- Reviewing the level of acceptable risk around the balance of fixed and permanent contracts.

4.3.7 Medical Directorate

The Medical Directorate ensures that everything HIS does is supported by the best possible clinical leadership and expertise from the medical, pharmacy and associated clinical professions. This is vital to ensure that all HIS work is relevant, correct and impactful, and that HIS are continuously improving their contribution to the quality of health and care. The responsibilities are summarised below:

1. External leadership, expertise and influence: the Medicines and Pharmacy team's work in this area is well established and extensive and the team must constantly prioritise what to take forward in terms of what will have the most impact. This team is responsible for connecting HIS to the medical and pharmacy profession to support all of its work.

2. HIS-wide leadership, expertise and governance: the Medical Director and Chief Pharmacist have professional responsibility for all medical and pharmacy staff employed by HIS across the organisation which involves providing assurance that

professional management arrangements are in place, staff are sufficiently supported, trained and developed in their roles and ensuring their impact at HIS is maximised.

3. Medical Directorate deliverables (Medicines and Pharmacy programmes, Safety Key Delivery Area): the Medicines and Pharmacy Team deliver a number of bespoke programmes of work, commissioned by Scottish Government, to drive improvement in high risk patients, settings and/or medicines. These include patients with cancer, Health and Justice including the Prison population, Controlled Drugs and the Area Drugs and Therapeutics Committee (ADTC) Collaborative, which supports health boards with their medicines governance arrangements. All programmes of work have agreed workplans for 2022-23 detailing key deliverables, outputs and achievements that illustrate the ongoing demands of NHS Scotland. The directorate is also responsible for leadership of the Safety Key Delivery Area which is integral to how HIS will operate and deliver its strategy.

Key drivers for the directorate are as follows:

- High demand for urgent medical/technical advice;
- Demand for continued external engagement with Directors of Pharmacy, Area Drugs Therapeutic Collaborative and beyond;
- Clinical and Care Governance (CCG) risks whereby many of the mitigations rely upon input from the clinical directorates;
- Safety Key Delivery Area underpins all of HIS' work and represents an area where HIS has the greatest potential CCG risk;
- Continued development and delivery of active engagement with the clinical community will lower our risks and will also result in a greater demand on the directorate; and
- Continued success of the current work and increased profile of CCG within HIS via CCG Development Programme will increase demand for advice, support and partnership from the clinical directorates.

In respect of the workforce drivers within the directorate, there is a need to have the right clinical leadership, influencing and expertise in the right place at the right time. The development of the 'medical model' within HIS can help to ensure this by creating high quality and effective medical leadership and expertise across the work. The directorate have also identified improvements with regards to the training and development of doctors and are piloting new initiatives via a bespoke development programme.

The number of programmes within the Medicines and Pharmacy Team has grown which creates additional demand on the leadership within the directorate where there is limited capacity.

The majority of the medical workforce sits outwith the Medical Directorate however there is a strong case to revisit the model through which we currently employ and engage medical expertise across the organisation. The current approach potentially encourages silo working, with most medical practitioners currently employed within tightly defined programmes. There is a strong argument to make more of the broader range of technical, leadership and other skills of the medical profession.

The directorate, and wider organisation, will also play its part in the national professional agenda on education, training and career development framework for pharmacists. This will be essential to ensure that we both recruit and retain pharmacists with the right skills by providing rewarding roles in a highly competitive market.

The directorate workforce continues to rebuild after additional resource was redistributed across the organisation in in 2019 and continues to require investment into key posts to support the directorate's core work and responsibilities. Having the right project and administrative support wrapped around the clinical expertise and leadership is key to success and an area requiring growth and development in the directorate.

4.3.8 Evidence Directorate

The Evidence Directorate is a knowledge function that has several shared goals which have implications on the workforce:

- developing outputs that meet the needs of stakeholders
- investing in our teams
- delivering work using methodologies that are fit for purpose
- investment in digital
- adjusting according to impact/learning.

The main driver for the work of the directorate is the provision of "Once for Scotland" advice that is based on the best available evidence. Advice is sought to support the improvement of national clinical services and reduce variations that impact on patient outcomes; increasingly, advice has been sought to support the pandemic recovery.

There has been increasing demand from both internal work programmes and external requestors for the work of the directorate, including a relatively new offer of bespoke rapid evidence reviews. Further process and method development work in this area is required to make sure that the directorate is being efficient and responding as best it can to changing NHS Scotland demands.

In our second year of working from home, we continue to evolve into an agile and digitally-enabled organisation. The directorate have created a Digital Services Group which has brought together the ICT Team, the Systems Development team and the Digital Transformation Programme as one group to meet the digital needs of the organisation and its stakeholders. There is a drive resulting from the efficiencies from being more digitally enabled across the directorate and wider organisation.

Throughout the response to COVID-19, the Scottish Intercollegiate Guidelines network (SIGN) produced a number of rapid guidelines to support clinicians and people using services. This urgent work was delivered with priority and trying new ways to produce guidance in a short amount of time. As we move into recovery from the pandemic, it is important to reassess processes and methodology to ensure they are fit for purpose and are meeting the needs of our stakeholders.

The directorate has experienced a significant increase in core business for Scottish Medicines Consortium (SMC) due to the strong global pharmaceutical pipeline that is expected to continue over the foreseeable future. Submission workload for 2021 was around 30% greater than the average of the previous 3 years. In addition, submissions are more complex and require both novel methodology as well as being more resource

intensive to evaluate. From 2022 onwards, SMC will be re-assessing some medicines that have been accepted for interim patient access while additional clinical evidence is acquired (e.g. ultra-orphan medicines). Consequently, additional highly specialised staff will be needed to manage the workload which is increasing in both volume and complexity.

HIS continues on a path to become a more sustainable organisation. In January 2021, we were one of five health boards selected by Scottish Government to pilot and help establish the NHS Scotland net zero baseline, resulting in the development of our first net zero baseline route map. We have ambitious plans to reduce our carbon footprint by 15% by March 2023, by focussing on energy, transport and waste.

4.3.9 Community Engagement Directorate

The Community Engagement directorate supports the engagement of people and communities in shaping health and care services in Scotland. Its local presence and national reach enables the directorate to work in a variety of ways, gathering evidence and best engagement and equalities practice from across Scotland. It also allows for collaboration with a wide range of individuals, groups and organisations with common interests and objectives.

Staff within the directorate provide subject matter expertise, advice and support via locally based engagement staff across Scotland and also community based support where there is collaboration with other organisations, particularly within the third sector. The directorate also provides guidance on service changes and has a statutory role to help ensure high quality engagement. It is expected that this will be an increasing area of activity for the directorate as the Scottish health and care system continues to undergo significant re-design. The directorate also provides web-based support across Scotland and digital resources have been, and continue to be, developed to support those both working in health and care, and members of the public to help understand what good community engagement and equalities practice looks like.

The Governance for Engagement process provides a supportive scrutiny environment for HIS directorates to identify and celebrate success while also exploring areas for improvement. This enables the directorate to target its available resources to internal improvement work. In addition, a package of sustainable support has been developed to deliver quality engagement and equalities practice within HIS' defined key delivery areas. The team also provides expert advice and leadership to the network of Volunteering Managers across NHS Scotland, as well as hosting a database for the safe recording and reporting of volunteer information. Work is underway on developing a new strategy (2022-2027) for NHS Scotland volunteering taking full account of experiences gained during the pandemic.

The directorate also conducts research and evidence gathering at local, regional and national levels to directly inform health and care policy. This is usually done in conjunction with the Scottish Government, but also can include other stakeholder partners. This has delivered products such as the national Citizens' Panel, Gathering Views exercises and our People's Experience Volunteers and it is expected that there will continue to be increased demand for these products over the next three years as a

reliable method of engagement and feedback to directly influence health and care policy.

The current service demands are evolving given the health and care system's operating context of change and it is anticipated that demand for the directorate's services will continue to increase, particularly as a number of NHS boards seeking to make significant pandemic related changes, while other service developments have resulted from national or regional policy decisions which are now being implemented often in the absence of meaningful engagement. Financial pressures are also likely to result in proposed service changes across NHS Scotland boards which are likely to lead to increased demand for the directorate's services and support.

The directorate will continue to develop existing positive relationships with NHS boards and integration authorities to provide support and advice on how meaningful engagement with people and communities can have a transformative effect on service redesign plans.

4.3.10 People and Workplace Directorate

The role of the People and Workforce Directorate is to provide comprehensive strategic and operational workforce management, Organisational Development and learning, Health and Safety, workforce planning, resourcing and recruitment services and Facilities management.

The Directorate operates as a single system service for all Directorates and services within Healthcare Improvement Scotland, delivering all aspects of professional workforce support. This includes providing governance assurance to the Executive Remuneration Committee, Staff Governance Committee, the Partnership Forum and the Board of Healthcare Improvement Scotland.

Within the Directorate there has been continued focus on the use of appropriate data for workforce and financial planning purposes, as well as continued reporting to the organisation. The need for a robust and responsive recruitment service has also been very apparent in the last 12 months.

As part of our return to a more regular working arrangement within Healthcare Improvement Scotland the importance of a safe, secure and appropriately equipped working environment has been at the forefront of our Health and Safety and Facilities activity.

Organisational Development and Learning colleagues have undertaken significant work in both the Learning needs analysis for the organisation but also ensuring that staff engagement and access to learning opportunities and systems continues for all. The continued high levels of staff engagement as part of the iMatter survey process are as a result of planning and hard work from the team and a real achievement for the organisation.

4.3.10 Finance, Planning and Governance Directorate

The Finance team supports the organisation in relation to annual budgeting, in year re-forecasting, finance reporting for internal use and Scottish Government reporting as

well as supporting directorates with the financial analysis of new business cases. Their work is driven by the number of new business cases to support requests for additional allocation funding and the importance of delivering recurring savings. Within the current financial setting across NHS Scotland, the team continue to support the directorates to meet the demands placed on them and their financial planning processes based on the spending review as well as ongoing transactional work.

Within the team, management accountants have completed training modules on finance business partnering with the aim to move towards a changed role whereby they will be a more expansive key member of directorate teams as well as lead and work more proactively alongside directorate colleagues.

The Planning and Governance team provides corporate support to the wider organisation, specifically in relation to Executive and Governance support, risk, planning and performance. The workload and demands on the team are varied and tend to increase in line with growing demands on the work of the organisation, the roles of the Chair, Chief Executive and Directors, and any developing governance and performance reporting requirements as directed by Scottish Government which can be challenging within an expanding organisation.

5. Future Workforce Profile and Influencing Factors

5.1 Transformational Change

As we move from recovery into growth and transformation of our services, we continue to focus on creating organisational stability within an evolving landscape whilst continuing to support our workforce and ensure that they are actively shaping the process and outcomes of change. We will focus on supporting the levels of cultural and organisational change that will need to be introduced to support our future ambitions, set within the context of the wider health and social care system.

As HIS builds plans to support the future services within health and social care within Scotland, a number of resources and programmes are being developed to support the directorates and their staff through this transformation. As services recover and remobilise, the directorates within HIS are continuing to have to flex resources in order to effectively deliver a wide range of existing functions as well as requests for new commissions to meet the demands of the health and social care services. HIS will need to review and, where necessary, revise existing work programmes and workforce numbers in order to balance the range of competing priorities as well as focus on a range of remaining workforce challenges including a shortage of available workers for some roles within HIS resulting in higher than normal level of vacancies.

As previously mentioned, the ‘One Team’ approach across the organisation is key to both the immediate and medium term transformational change approach for the organisation.

The key areas of impact will emerge from the work of two of the central workstreams, namely;

Workforce

Redesign to maximise

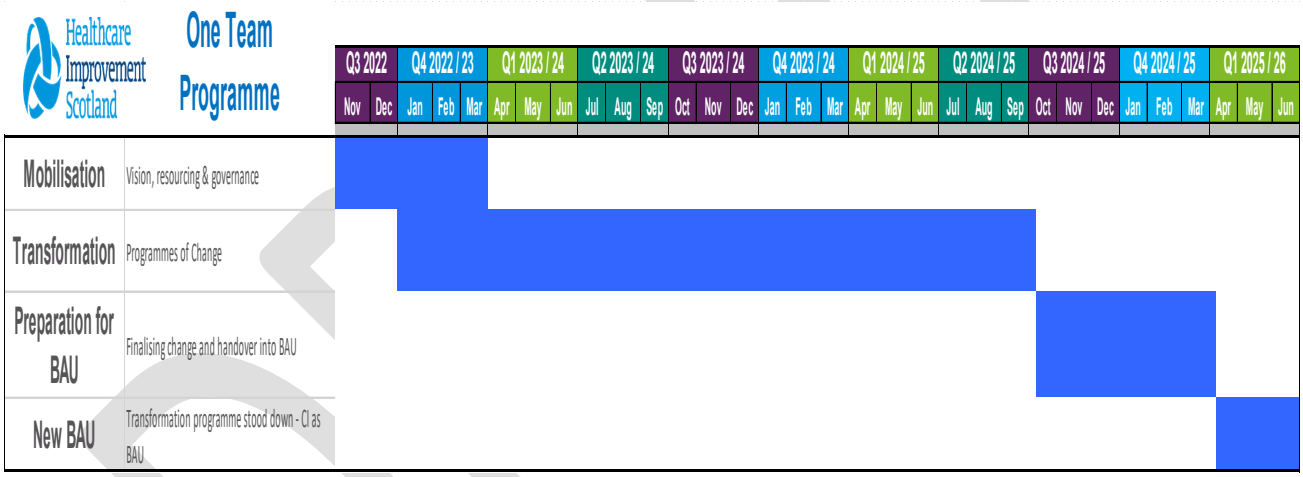
Assess options for change

- Job roles
- Skillsets
- Support workforce change during One Team programme

Optimum operating model

- Agile, Resilient & Efficient
- Iterative steps
- Improving processes and structure

Proposed timescales



Areas of service specific redesign and transformation that have been identified in addition to the work of 'One Team' across the organisation are –

ihub Directorate –	Project support infrastructures Potential improvement trainee role(s) Multidisciplinary change team working
Community Engagement Directorate –	Interim Structure Arrangements
Medical Directorate -	Strategic Medical Lead arrangements
Quality Assurance Directorate -	Service/ Organisational review and transformation
Evidence Directorate -	ICT Infrastructure
People and Workplace Directorate	Completion of Organisational review

A range of this work will be completed within 2022/23 and other items will continue implementation into 2023/24.

5.2 Financial Assumptions

This information is subject to change whilst the organisation awaits final confirmation of our funding position. Additional allocations staffing is not included at this time and will be provided as part of ongoing updates to the Board, Staff Governance Committee and the Partnership Forum for discussion.

Work has been undertaken on financial modelling to support the three year workforce plan with a view that staffing levels will not increase above budgeted levels.

Key financial assumptions regarding WTE for next year include:

	2022/23	2023/24
AFC pay award *	5%	5%
Funding uplift**	5%	0%
Staff turnover rate (financial impact)***	2.5%	2.5%

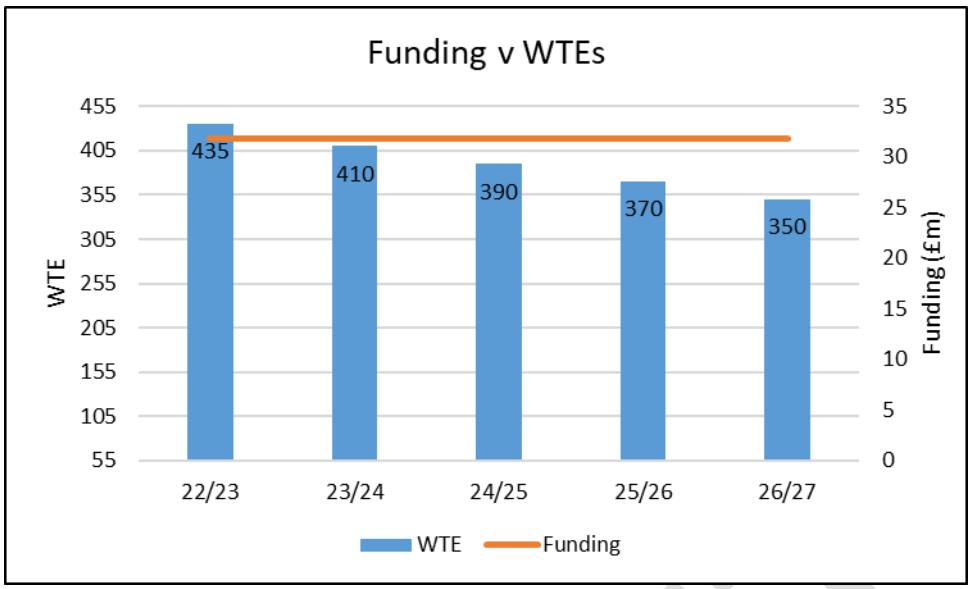
*Note 1: 5% pay award in 2022/23 is still subject to negotiation. The final settlement position will be flowed through the budget when known. On the assumption that this is fully funded both the targets and 2023/24 budget will be adjusted by an equal amount.

**Note2: 3-year plan funding assumption in 2023/24 had a central case of 2% but a sensitivity at 0% uplift

***Note3: Staff turnover of 10% equates to a financial impact of 2.5% due to average replacement time of 3 months

The 2023/24 budget also removes the additional 1.25% Employer's National Insurance charge reflecting the removal of the Health & Social Care Levy. It should be noted that we have informal notification from the SG that they will fund up to a 7% pay award in 2022/23 on a recurring basis, however a risks exists should pay negotiations go above the 7% this may not be funded on a recurring basis.

The graph below shows at a high level the whole time equivalent levels required to remain within the pay bill freeze based on modelling at 5% uplift in 2023/24.



Whilst the 2022/23 pay award is assumed to be funded, no funding uplift is assumed for 2023/24. Based on flat funding, a reduction of c.25 WTE (6%) in baseline WTE is required to be affordable on a recurring basis from 1 April 2023.

Based on a decrease in additional allocation funding to £5m in 2023/24, a reduction of 25% in additional allocation WTE is required from our 2022/23 position (c. 24 WTE).

Indicatively, total average WTE numbers, including those assigned to additional allocations, would be required to fall from 556 to 500 to be affordable in 2023/24.

It is estimated our total WTE position would reach pre pandemic levels around 2026/27.

Pay awards higher than 5% require further WTE reductions.

Uncertainty remains on how much of future the pay awards SG will fund.

Scrutiny over the level of the workforce, including succession plans will be monitored through the Workforce Strategy Group / Workforce Profile and Resourcing Group.

The following sections describes the plans within our Directorates for the short and medium term.

5.2.1 NMAHP

The Healthcare Staffing Programme (HSP) team is working to redevelop some of the existing workload tools and develop a suite of real time staffing resources that will enable health and care practitioners to better capture their staffing needs and requirements, escalate staffing risks and support decision making. Access to these tools will support the Boards in working towards their legislative duties and a set of educational materials targeting four different levels of expertise in this area is being developed by the team, as an additional resource.

The Safe and Effective staffing learning system developed by the HSP team continues to be accessed by practitioners around the country and a knowledge and skills framework, co-produced with NES, will be ready for launch in 2022/23. Also over this timescale, real time staffing tools been agreed for development and several existing real time staffing tools will be moved to the TURAS platform.

A communications plan has been developed and the team within HIS are in regular contact with the Scottish Government to ensure any key messages are included and communicated as well as highlighting the benefits for patient outcomes, staff wellbeing and the support HSP can provide.

Considering the multi-disciplinary nature of the legislation, the HSP is starting to increase stakeholder engagement amongst the non-nursing and midwifery communities, who are less familiar with the tools, educational materials and programme support.

5.2.2 Quality Assurance Directorate (QAD)

Due to the areas of growth identified in 4.3.5, the directorate require to undertake a systematic organisational review to support and meet the demand. The directorate plans to deliver the following to support the future service needs:

Role Re-Design (Short Term)

- Streamline the senior leadership structure;
- Create consistent line management across the directorate, with clear vision and deliverables;
- Ensure equal spans of responsibility and accountability in terms of number of staff in teams, as well as budget responsibility; and
- Create a clear directorate workforce plan, which highlights development needs, succession planning and effective resource deployment.

Process Re-Design (Short Term next 12 months)

- Review work processes in conjunction with Internal Improvement Oversight Board (IIOB) to apply lean thinking and transform working practices; and
- Look at making sure that there is appropriate use of digital technology to enhance / assist with workload / activities.

Service Re-Design (Medium Term 12 – 36 months)

- Evaluating what QAD does overall, what individual teams deliver, and constructively challenge what work is being done, how it is being done and whether it is still required;
- Challenge requests for new work;
- Develop directorate to be proactively horizon scanning for new areas of development, and to be in position to advise SG what work will be required;
- Establish better dialogue with customers (public, patients) to make sure QAD are delivering what they need to;

- Establish better dialogue with service providers (recipients of inspections / reviews) (NHS boards and health and social care providers) to make sure QAD are delivering additional value added activities that are possible for QAD to deliver; and
- Proactively share learning from inspections and reviews to highlight lessons learned, opportunities and showcasing excellent practice.

Skills Gap (Short Term and Medium Term)

- Core job requirements for administrators / project officers / inspectors / reviewers (i.e. report writing / minute taking / inspection & audit skills / data analysis)
- Programme / project management skills
- Line management training (operational)
- Leadership development programme

5.2.3 ihub

The directorate experiences ongoing high level of vacancies, a number of factors feed into this. The directorate houses a greater number of interim posts than the organisational average, in part due to a number of programmes attracting additional allocation funding which provides challenges around attraction and retention of staff. Interim posts are not as attractive in the marketplace and furthermore, a number of boards are restricting approvals for staff to go out on secondment and for internal staff securing secondments. This leaves a backfill gap which feeds the cycle. The work of the directorate also requires a number of specialist skill sets for which there is a limited talent pool across the UK, at the same time as these posts being in high demand. These skills include quality improvement, service design and strategic planning. The directorate also regularly responds to new commission requests which inherently come with the resource needed to support delivery.

In order to meet the current challenges and demands the directorate are committed to the following actions to support service growth and transformation:

Short term:

- Explore the development of a range of new/different approaches to recruit staff. This will involve gathering information and the latest evidence about how to attract talent and how to effectively assess capabilities and requirements for a role (ensuring that the job descriptions and person specifications are clear in outlining the skills and qualities required for the role);
- Analysis of harder to fill posts to better understand both barriers and enablers by gathering data on what attracted recently appointed staff;
- Consider alternative ways to engage people to work with/for us including expanding the use of faculty/associate models;
- Undertake a review of the current project/programme management infrastructures to reduce unwarranted variation between programmes and ensure effective skill mixing. As part of this look at potential for the introduction and integration of Band 2 and Band 3 roles and also create a new Band 6 role that is a combined programme manager/QI trainee role; and
- Review the directorate senior leadership structure to ensure sufficient leadership capacity for the breadth and complexity of planned work.

Medium term:

- Review the approach to clinical and care assurance and clinical/professional engagement across the directorate including consideration of alternative models for providing both that are not just reliant on paid clinical leads; and
- Development of effective approaches to designing and leading multidisciplinary improvement teams.

5.2.4 Medical Directorate

The directorate have identified a number of future service drivers and developments to support the increased demand and service growth.

Next 12 months:

- Expand the Medical Directorate Senior management team by recruiting to and investing in new roles to ensure that the team has the tools and systems to operate effectively. This, along with further training and development of the medical workforce, will require additional investment and will create more capacity for the Medical Director for increased external engagement. It will create a more strategic and connected medical workforce at HIS.

- Address the shortfall in project staffing for the directorate work streams. This will include cross organisational scoping and enable the directorate to take a more agile approach to resource and capacity planning across projects.
- Progress the scoping and co-design of a new 'medical model' across HIS which will involve role redesign.
- Pilot a bespoke development programme for doctors working for HIS which will align to the five pillars of workforce planning (Plan, Attract, Train, Employ, Nurture) and will be part of the end-to-end cycle having positive impact across all five pillars.
- Developing intelligence on the clinical workforce. In order to get the most out of our clinical workforce and to provide the best experience possible, it is necessary to continue to develop and use intelligence to inform our deployment, engagement and support of our clinical workforce. This supports the pillars of workforce planning and will be valuable for attracting and retaining future talent.

12-36 months:

- Transition to new medical model approach across organisation;
- Embedding of developments from the first 12 months e.g. senior management team, bespoke development programme.
- Responding to organisational clinical and care governance needs;
- Addressing the growing demand within the organisation for support as the CCG Development Programme delivers its work to inform and engage staff regarding their CCG responsibilities;
- Impacts of increased external engagement such as increased demand for work and partnerships, as well as increased access to various types of support and expertise and better links to support recruitment of the best talent.

In order to achieve the above demand, the following factors will need to be considered:

- Current demand outweighs capacity within the team which will impact delivery. If unable to meet demand, this could result in insufficient clinical leadership, expertise

and influence to inform and support HIS's work which could have consequences not only for the organisation, but for those receiving care in Scotland.

- Internally, if the necessary improvements to CCG are not delivered via the CCG Development Programme there would be an increase in likelihood of CCG risks across HIS programmes of work, and a risk of inconsistency and inefficiency across HIS.
- There are both reputational and workforce risks attached to being unable to deliver the best experience possible for clinical staff working with HIS (including the pilot of our bespoke development programme) – i.e. it could affect our ability to attract the best talent to HIS for these integral roles that provide expertise to inform our work, and could negatively impact our reputation in the wider professional communities.
- The development of the directorate team would upskill the team and develop and nurture a new skill set which will support the directorate to be as successful and impactful as possible.

5.2.5 Evidence Directorate

The following section summarises the future service drivers and developments to support service growth and transformation to meet future service needs through the development of skills and expertise in the directorate.

The directorate have identified that building stronger links with academia would cover its skills and capacity gap and allow the directorate, and organisation, to keep its position at the forefront of evidence methodology developments while also generating an expert workforce for the future.

The Scottish Health Technologies Group's (SHTG) strategic plan references new areas of work with implications for workforce planning, including the provision of early health technology assessment (HTA) scientific advice, the assessment of digital technologies and artificial intelligence, the assessment of remote health pathways and closer input to new regulatory processes. Numerous service demands in these areas have increased pressure on SHTG's work programme and leadership and support roles will require to be developed to support these new areas of work.

For the Data, Measurement & Business Intelligence team, a workforce priority for 2022-23 is to further develop knowledge, skills and experience of using R – a free (open-source) code based software for processing, analysing and visualising data. The team has committed to adopting R as one of its primary analytical tools, as this will ultimately enable the team to be more efficient, further improve quality of analyses, and expand its capabilities.

The need for measurement and intelligence related support across HIS now exceeds the capacity of the data, measurement & business intelligence team who are carrying out an assessment of this situation in order to make proposals for how to respond to this need, including workforce implications.

The Digital Services Group (DSG) have an ambitious programme of work ahead for 2022-2023 in the areas of information and communications technology (ICT) Architecture and Cybersecurity as well as building more capacity for business as usual. This will also include the website redevelopment. This investment in infrastructure comes with the agreement to expand the size of the team with the addition of new roles such as resilience programme managers, digital project officer, ICT helpdesk manager, ICT security manager, ICT administrative assistant and an additional ICT analyst.

The volume of evidence review work requested from the service outstrips demand and there is also limited time and resource available for process and method development and as such, this would benefit from the development of stronger links with academic groups. There is a need to establish stronger partnership and collaborative working arrangements with other organisations and academic institutions, and where there is mutual benefit formalising these arrangements.

There are also support roles that need to be explored across the teams such as project or admin support roles to support the ongoing work of the directorate in particular areas such as guideline development.

The directorate is introducing a new system for managing the evidence that underpins our work, EPPI-Reviewer, which will standardise processes, introduce automation and prevent duplication. Implementation requires training and adaption of existing ways of working and will take time to roll out.

5.2.6 Community Engagement Directorate

The Community Engagement directorate is currently operating with an interim structure managing and leading national teams and regionally-based resources across Scotland. The directorate has also had a number of vacancies at Engagement Officer and Administrator level during the pandemic, and recruitment to these posts recommenced during the first months of 2022/23. Due to the nature and location of some of the roles, there have been delays in recruitment to some of the posts which leaves some regions (e.g. South & East Scotland) low in numbers.

The directorate's interim structure arrangements will continue in the short term until March 2023. This recognises the considerable and continuing demands and pressures and the importance of ensuring the directorate has a sustainable and resilient structure going forward. We will continue to engage with staff and trade unions about the implications of this proposal and how we ensure leadership and service continuity.

5.2.7 People and Workplace Directorate

For the short to medium terms, the Directorate will complete the outstanding work to complete the outstanding Organisational and service change for the Directorate.

Of particular importance is the need to ensure that all roles are updated and reflect the full, current requirements for the organisation. This will include the detail of the One Team approach and requirements, whilst ensuring the structure sits within the future budget arrangements for the Directorate.

The workload of the Directorate is challenging and varied. Capacity is an area for focus to ensure resilience and appropriate skills and experience at all levels of the organisation along with the ability to be flexible and able to navigate the changing requirements of Healthcare Improvement Scotland moving forward

5.2.8 Finance, Planning and Governance Directorate

Over the short to medium term, the finance team will continue to support the directorates to balance the challenge of the public spending review whilst maintaining high quality work and work alongside senior managers to prioritise what the directorates will be delivering, the financial implications of this, including the workforce costs. The finance team will continue to work alongside the People and Workforce directorate to ensure consistency in the creation, management and reporting of the workforce numbers and costs. Over the coming year, the team will focus on using the reporting tools available to enable the smooth and easy creation of relevant financial information with one source to satisfy disparate reporting requirements and to reduce the reliance on excel as a management tool.

In the short to medium term, the finance team plan to explore and expand their knowledge of lean improvement and process mapping, which is supported by colleagues within the organisation, to drive forward improvements in financial planning and directive decision support. This should enable to directorate financial support to be in a better place to continue to deliver its service standards over the next year as well as embed fast, agile and flexible responses focusing on the right level of detail.

Within the Planning and Governance team, the main challenge is balancing the workload of the fixed nature of the support to the services within the organisation versus the expansion of the wider organisation and demands on the services. As a result the team are planning to explore more flexible ways of providing greater business continuity during periods of high demand and activity, including the option to explore the ability for more cross organisational working and secure additional support from the other directorates during periods of high activity. . As previously stated the team provides corporate support to the wider organisation, specifically in relation to Executive and Governance support, risk planning and performance .The team will continue to provide the central support to the board and executive team to deliver the current demands, including the delivery of the future board strategy to ensure the continued emphasis on risk, prioritisation, effective commissioning and clinical and care governance.

5.3 Organisational Development and Learning

In the last year we have undertaken a Learning Needs Analysis across the organisation to identify the range of organisational learning needs.

5.3.1 Organisational Development Strategy

Discussions have recently been initiated in relation to the development of an Organisational Development Strategy for HIS, within the context of ever changing health and social care services, the development of the new (draft) HIS Strategy and the One Team approach. Whilst currently in outline form, it recognises the role and value of organisational development as a strategic function, which works with and across the organisation to prepare the organisation for the future, mobilise people towards shared business goals, and develop capacity and capability for change and evolution.

Five inter-dependent themes are proposed to create a unifying approach, and these are subject to further consideration and engagement:

1. Employer Brand

Within the context of the HIS Strategy, initial research to support our ambition 'to be the best public service organisation to work for' has been commissioned and is underway. Creating a focus on brand is a foundational element of the Organisational Development strategy. The purpose of this is to help think about the definitive Employer Brand we want to create, so that we have the right people in the right place, at the right time, and that we are focusing our efforts on the right things. It is likely that the outcome of this research will uncover areas which need further exploration, e.g. establishing the organisational position on succession planning, employability programmes and employer accreditations etc.

2. Culture and Leadership

The new (draft) HIS strategy creates an opportunity to bring a collective focus to how our organisational culture and leadership needs to evolve to support the difference we are aiming to make in the system within which we operate. This theme aims to drive collective attention on culture in a way which includes and goes beyond our NHS values, and connects to the delivery of the new HIS strategy. Given the operating context, culture and leadership will be progressed as a priority in collaboration with the Internal Improvement Oversight Board (IIOB) and Corporate Development colleagues.

3. Learning

The new (draft) HIS strategy confirms that 'we prioritise the learning and development of our staff, recognising that the skills and experience gained with us can be deployed in a wide range of health and care settings'. Since 2021, we have been transitioning to a new model of corporate learning and development which has three key features;

- available corporate budget benefits maximum numbers of people across HIS;
- investment is aligned with business need; and
- better user experience with all learning and development opportunities (of corporate interest and value) being promoted and accessed via a single channel.

The new model is known as HIS Campus, and more information on progress to date is provided at 5.2.2.

4. Corporate Core

Given the scale of change, and requirement to work as efficiently and effectively as possible, it is likely to be helpful that corporate services engage in collective planning, so that available resources and investment can be prioritised and focused around the delivery of agreed corporate priorities.

5. Teaching Organisation

This theme focuses on the growth opportunity to develop an external version of HIS Campus, which supports people working in the wider NHS system to spend time in HIS, participating in practical and experiential learning. This idea connects to the HIS brand,

seeking to strengthen our National Leadership role and create a point of differentiation and added value.

5.3.2 Corporate learning and Development/HIS Campus

In light of organisational ambitions to develop a flexible and agile workforce, a Learning Needs Analysis was conducted during the summer of 2021, using information gathered via the PDWR process. This process enabled for the first time the identification of learning needs at scale, and subsequently, shaped the development of a planned and costed programme of learning opportunities.

At the start of 2022, it was possible to deliver the following;

- Resilience Awareness Workshops (attended by 103 colleagues)
- Menopause Awareness Sessions (attended by 110 colleagues)
- Managing Successful Programmes (23 delegates)
- Introduction to Project Management (22 delegates)
- Certified Online Learning Practitioner (12 delegates)
- Certificate in Designing online Learning (12 delegates)

In addition, a further four courses were piloted and positively evaluated: Agile Programme Management, Project Management with MS Project, and Lean Sigma for Managers.

The implications of the financial plans within the organisation, along with the detail of the Spending review will have some impact on the planned delivery and approach of the HIS Campus. This will be underpinned by engagement and discussion with the Executive Team on how the corporate approach to learning and development will be developed based on available funding and also the recognised continued prioritisation of learning and development in the organisational strategy

5.4 Encouraging Employability

5.4.1 Career ready

Career Ready is a social mobility charity who wants every young person in Scotland, regardless of background, to progress to a positive post-school destination and prosper in work and life. They work with a range of industry partners to offer young people in S5/6, who face barriers in education and employment due to their socio-economic-cultural background, a chance for their talents to be uncovered and potential fulfilled.

Working in partnership with employers and their employee volunteers, local authorities and schools, together they provide targeted young talent in S5/6 with a structured, impactful, two-year programmes that empowers, boosts social capital and develops their work skills. Each young individual works with a mentor from the world of work and attends a series of skills masterclasses combined with workplace visits, culminating in a four-week paid internship with their mentor's organisation, with the aim that the young people leave school more confident, knowledgeable, and ready to follow their chosen career path.

Career Ready were keen to collaborate with Healthcare Improvement Scotland and we were offered the opportunity to partner with the Career Ready Charity to support the programme which will run until March 2023.

Each student receives:

- A mentor within HIS to act as a guide, sounding board and critical friend, who will help shape their programme experience in readiness for their future beyond school;
- The chance the develop employability skills, social skills and confidence/self-esteem through real world work immersion; and
- Increased awareness of jobs and career pathways.

We had identified volunteers within HIS who were keen to act as mentors, internship supervisors and masterclass facilitators and have been mentoring three young people who undertook their four week paid internship with us at the end of June 2022. During their time with us the students gained an insight into the work we do and we provided them with practical experience in applying for jobs, interview experience and also the career opportunities that are available to them. At the end of the four week internship each young person will prepared and delivered a 15 minute presentation on their experience to an audience made up of HIS mentors, management from HIS and Career Ready.

The collaboration between HIS and Career Ready provides an excellent and exciting opportunity to identify potential talent for the future whether it be for after they have completed their university education or for those for whom university is not a desire there may be opportunities to join HIS through the Modern Apprenticeship programme.

5.4.2 Modern Apprenticeships

We have gained experience of using the modern apprenticeship scheme to support youth employment and to attract staff into a career with NHS Scotland, and more specifically, HIS over the last few years. We will continue to develop modern apprenticeship initiatives and are committed to exploring future opportunities which become available through suitable posts within the workforce.

5.4.3 Glasgow Centre for Inclusive Living (GCIL)

The GCIL Graduate programme is a two-year traineeship which is part-funded by the Scottish Government whereby trainees are placed in a role at a level equating to Agenda for Change band 5. The programme offers graduates a traineeship and as an employer we benefit from the experience of gaining a trainee from a pool of talented, motivated disabled graduates. We work closely with GCIL to support traineeships and have supported two trainees from 2020, working closely with the trainee and their placement co-ordinator to support them and provide development opportunities for them.

This programme presents an excellent opportunity to identify and develop talent for the future and support trainees to gain valuable skills and experience for their chosen career path.

5.4.4 Graduate Career Advantage Scotland (GCAS)

NHS Education for Scotland have co-ordinated an intake of graduate interns pas part of a national initiative via the Young Person's Guarantee Unit within the Scottish Government. The ethos of GCAS is support Covid recovery whilst providing an opportunity for underemployed graduates to further their career.

HIS have been fortunate in being able to support two young people through the graduate scheme through internships within the Organisational Development and Learning department and also the Finance team from May until November 2022.

This is an excellent opportunity to support a graduate to further their career and at best progress their career into the wider NHS workforce.

5.4.5 NHS Scotland Management Training Scheme

Healthcare Improvement Scotland are currently hosting an NHS Scotland Management trainee within our Finance function. Whilst the scheme is currently under review, the organisation will continue to support and participate in the development and placement of these individuals as part of the wider succession planning arrangements in place across NHS Scotland.

5.5 Supporting Staff Physical and Psychological Wellbeing

We will continue to support our workforce through actively promoting the range of support and resources available to support physical and psychological wellbeing by enhancing the support services available.

We plan to continue to provide campaigns and support for staff to support their financial and social wellbeing through ongoing awareness raising of the range of staff benefits as well as ongoing promotion of focused sessions and resources to support money worries and wellbeing.

Over the short, medium and longer term, we will continue to maintain a positive focus on wellbeing and we are looking to re-introduce the following activity with support from the Health Promotion Group:

- Massage/holistic therapies within our Delta House office
- Online Yoga / movement classes
- Weekly meditation sessions which are run on a rota basis by a number of colleagues
- Drop in Wellbeing sessions
- Promotion of Cycle to Work day on 4 August along with our Cycle to Work Scheme
- Delta House are looking to re-apply for the Cycle Friendly Award. Details awaited to establish if Gyle Square are still registered, this is undertaken by NSS as Landlords.
- Ensuring the health and wellbeing pages on the staff intranet are kept up to date with ongoing and future activities for staff to become involved in.

Our Staff Governance Committee will receive quarterly updates on our health and wellbeing activities and programmes.

6. Action Plan

The following plan details the actions that HIS will take over the next three years to plan, attract, train, employ, and nurture staff to help us to deliver the future workforce.

Area	One Team	Action	Timeline	Expected Outcome	Pillar
Recruitment – youth employment	Workforce Work Stream	Review and evaluate the Career Ready Programme	From August 2022 – March 2023	Review and evaluation of the programme, including internship, will lead to learning for all partners to enhance future programmes. By securing future placements for young people through the programme it will enhance their skills and create a future pipeline for careers within the NHS. This will also increase awareness for young people about jobs and career pathways within the NHS. Opportunities created for staff to volunteer to mentor the career ready students, providing a new skillset for current staff.	Attract Employ Nurture
	Workforce Work Stream	Refresh modern apprenticeship opportunities	By March 2023	Increase opportunities to develop the young workforce through employability routes such as modern apprenticeship opportunities. This will increase the number of young and emerging talent in the workforce to support succession planning.	Attract Employ
Recruitment – labour market supply	Workforce Work Stream	Review of the specialist posts within HIS, look at alternative methods to attract candidates with the right skillset to roles within HIS such as:		Create a more agile and flexible workforce across Scotland, maximising the opportunities of agile and hybrid working as well as the use of technology to	Attract Employ

Area	One Team	Action	Timeline	Expected Outcome	Pillar
		• Continue recruitment on a Scotland wide basis rather than focus on the central belt areas for recruitment to specialist roles, recognising the benefits of hybrid working. • As part of the 'One Team approach' look at standardisation of roles across directorates • Work with the communications team to explore opportunities to reach a wider audience (social media, linked in, podcasts, "a day in the life" blogs, virtual job fairs etc.)	By March 2023 By March 2024 By August 2023	support current working practices. As a national board, we will commit to work more sustainably and offer more flexibility and choice as an employer in terms of how and where people work. The use of a wider range of social media platforms to reach wider audiences and positively market HIS jobs as well as HIS as a great place to work.	
Recruitment – employability and talent management	Redesign work stream Organisational Development approach	Through the work of the HIS Campus Group and also One Team Construct, continue the work to increase awareness of HIS as an employer of choice and opportunities to attract and recruit our future workforce.	By March 2024	Establish HIS as the most desirable NHS employer to work for, defining our unique cultural differentiators, influencing positive employee experience within a diverse and inclusive workforce.	Attract Recruit
Recruitment – employability	Redesign Work stream Workforce Work stream	Ensure continued establishment of consistent and effective management practices and leadership structures as part of the One Team construct	By September 2025	Consistent approach to organisational change to enable flex and resilience for all staff in the organisation. Security of future leadership capacity and capability via investment in individuals who demonstrate the potential to	Attract Nurture

Area	One Team	Action	Timeline	Expected Outcome	Pillar
				develop into senior leadership roles.	
	Redesign work stream	Continued support for clinical undergraduate placements within the organisation – AHP, Nursing and Medical	Ongoing		Attract Nurture
Recruitment – workforce strategy and vacancy review Workforce Data and Planning	Redesign work stream Workforce work stream	Review the workforce strategy group (Workforce Profile and Resourcing Group) – terms of reference and membership. Ensure that level of scrutiny on vacancy requests is robust and in line with department establishments. Review staffing profile by exploring role redesign, standardisation of roles and opportunity for collaboration of roles. Workforce Data & Planning - Continued reconciliation and accuracy - Consistency of roles and reduction of duplication across organisation - Cross-organisational capacity Implementation and monitoring of New Commission arrangements	By March 2023 By March 2024	Vacancies that are filled are cost effective and fit the best needs of the current service requirements and deliver the greatest benefits and impact for the people of Scotland. Improved focus on workforce design and collaboration with other directorates within HIS as well as with other services within the health and social care services.	Plan Attract employ
Recruitment	Workforce work stream	Review recruitment process to reduce average timelines for new appointments/recruits to HIS. Review timelines for key points in recruitment journey ie advert closing	By March 2023	Process mapping of current recruitment procedures and processes to identify areas for improvement. Vacancies are filled in a timely	Attract Employ Plan

Area	One Team	Action	Timeline	Expected Outcome	Pillar
		to shortlisting, shortlisting to interview taking place. Agree and adopt local timelines for key stages in process.		manner to support better retention and the reputation of HIS as an employer of choice.	
Recruitment	Working Environment work stream	Continued close working with Equality Network colleagues to reflect on learning and opportunities in line with Equality Mainstreaming objectives in relation to future shape of the workforce	By March 2024	Continued retention and reputation as employer of choice	Attract Nurture Employ
Health and wellbeing		Provide a range of information and resources to support mental, physical and financial health and wellbeing. E.g. • Regular staff messages, all staff huddles, wellbeing support sessions; • Yoga and meditation sessions available for staff; • Fitness challenges for staff; • Continue with focussed discussions between managers and staff via PDWR process; • Promoting resources on the national wellbeing hub including self-help techniques; • Active promotion of activities i.e. cycle to work day (4 August) and cycle to work scheme; • Ongoing promotion of staff benefits schemes accessible online; • Continued support available via Occupational Health Service and Employee Assistance programme. • Complete review and retendering of EAP arrangement	Ongoing By March 2024	Strengthened approach to supporting staff health and wellbeing in key areas that will make the biggest difference to health and wellbeing as well as aligned to the ambition of becoming a Fair Work Nation. HIS becoming an attractive employer for candidates due to the suite of resources available to support the workforce.	Nurture Attract

Area	One Team	Action	Timeline	Expected Outcome	Pillar
		Review implementation arrangements of Pastoral Care provision for staff. Complete implementation of 'Dying to Work' Charter arrangements.	By September 2024 By March 2023		
Health and Wellbeing		Provide information and resources to support menstrual health and the menopause	By March 2023	Wide promotion of the current menopause policy and establish a Menopause Café (August 2022), providing the opportunity for staff to discuss and support one another. Promotion and raised awareness of the Once for Scotland Menopause Policy once launched.	Nurture
New ways of working	Working Environment work stream	Review and evaluate the test of change programme to further develop our approach to agile and flexible working across HIS.	By December 2022	Assurance around resilience and safety of the workforce and processes in place to address any concerns and reduce any risk on ways of working.	Nurture
Service redesign and transformation	Redesign work Stream	Build capability and resilience within directorates (evidence, ihub, community engagement, quality assurance, people and workplace) through organisational review. Review skill mix across teams and portfolios and opportunities for cross functional working.	Directorate Specific Review progress via PF and SGC meetings.	Redesign and organisational review will enable HIS to meet requests for demand with the necessary capability to build a strong, optimised and resilient infrastructure to deliver operational priorities.	Plan Attract Train Employ
Funding allocation	Workforce Work stream Redesign Workstream	Review funding arrangements for the organisation in particular the use of fixed term contracts to support the	Ongoing/ By March 2023	HIS becoming a great place to upskill staff and maximise skills in different programmes across the directorates.	Plan Attract Nurture Train

Area	One Team	Action	Timeline	Expected Outcome	Pillar
		provision of specific pieces of work. Review the current use of fixed term contracts and explore benefits, opportunities and capacity within permanent roles which can work across the directorates due to transferable skills.		Retention of staff who leave HIS due to their fixed term contract coming to an end. Opportunity to offer prospects to potential candidates for roles where there are better opportunities for career advancement and skills development opportunities. Reduced vulnerability of areas with high levels of fixed term posts and funding.	Employ
Skills development	Workforce Work stream Redesign work Stream	Encourage multi-disciplinary working across the directorates and organisation by supporting the development of transferable skills across organisation and promoting cross directorate working. Explore opportunities for supporting skills development through the One Team approach. Further develop skills framework across the organisation to encourage retention of staff through cross organisational career pathways becoming available. Explore the options to create infrastructure around leadership development, succession planning and talent management.	One Team – By September 2025	A more structured approach to supporting staff within the organisation and creating a more resilient workforce. Create more stability within the workforce as well as upskilling the current workforce and fully utilising the current skills and capability within the workforce to enable HIS to respond to demand. Create internal pipeline through upskilling internal staff. Support the NHS Scotland Management Training Scheme by supporting placements.	Plan Attract Nurture Train Employ
Equality and Diversity – Equally Safe at Work NHS pilot programme	Workforce Work Stream Redesign Work Stream	Participation in NHS Scotland pilot programme and gain expert advice and guidance to help understand any gender disparities in the workplace as well as develop initiatives and	From July 2023	HIS gaining support to understand how gender inequality and gender-based violence affect women in the workforce and address areas such as leadership, data,	Nurture Attract

Area	One Team	Action	Timeline	Expected Outcome	Pillar
		policies, supported by training to enhance our current resources and support available. This would involve submitting an application as part of the employer accreditation programme as part of NHS Scotland pilot.		flexible working, occupational segregation and workplace culture within HIS. Assurance that current initiatives, policy and processes support women in the HIS workforce as best as possible, including in relation to experiences of gender based violence and equity in work opportunities.	

7. Risk Analysis

HIS maintains an overview of the main risks that impact the achievement of our organisational objectives, including the workforce risks ensuring that our risk register captures the significant risks for the organisation as well as ensuring that appropriate control measures and mitigations are in place. These are monitored and updated via the Board's Audit and Risk Committee.

The workforce risk which is identified on the risk register is that we will not be able to deliver our work due to a skills shortage or lack of capacity resulting in a failure to meet or deliver our objectives.

Furthermore, should we not be able to meet future staffing capacity and capability, there may be a further risk to our organisational credibility if we are unable to deliver on expectations and requirements. Within the current financial environment, the organisation will face the challenge of supporting improvement, maintaining the high quality of our work and the prioritising the resources we will need to do that against the requirements of the public spending review.

The workforce capacity and capability as well as planned recruitment activity which are captured in the action plan associated with this workforce plan will continue to be monitored via the Staff Governance Committee.

8. Review of Workforce plan

Our workforce data is monitored on a regular basis and data is presented on a monthly basis to the Executive Team and also to the appropriate board committees.

Our three year workforce action plan and associated activity will be monitored on a quarterly basis via our Staff Governance Committee. Further scrutiny and review of the action plan will also take place via the Partnership Forum.

In accordance with the guidance in DL (2022)09, HIS will review and update our workforce plans annually in the years between the publication of our full three year plans. This will be reflected through our updated actions and workforce planning assumptions.

Healthcare Improvement Scotland

Meeting:	**Board Meeting - Public**
Meeting date:	**7 December 2022**
Title:	**Performance Report, Quarter 2 2022/23**
Agenda item:	**4.3.1**
Responsible Executive:	**Angela Moodie, Director of Finance, Planning & Governance (FP&G)**
Report Author:	**Caroline Champion, Planning & Performance Manager**
Purpose of paper:	**Assurance**

1. Situation

This performance report provides the Board with a high-level progress summary against Healthcare Improvement Scotland's (HIS) Operational Plan.

2. Background

The performance report on progress against the key work programme deliverables covering the quarter 2 (Q2) period, July - September 2022 was provided to the Quality and Performance Committee at its meeting on 2nd November. This in in line with the Board's Terms of Reference which includes 'scrutiny and monitoring of operational performance having received recommendations from the Quality and Performance Committee on this'.

3. Assessment

Key Performance Indicators (KPIs)

KPIs (see Appendix 1) have been developed under a number of headings, which align to our draft Strategic Plan and are likely to be changed to reflect organisational priorities over time. They are not intended to be a measure of our impact or outputs at this stage.

The areas behind target Q2 are:

- **Inspections.** The number of inspections per quarter is not equal across the year due to a number of factors including testing of new methodologies in the first half of the year and new inspection staff undergoing training. There has also been an increase in the number of follow up inspections and escalations that are prioritised over any new inspections. An increase in the number of inspections is expected later in the year.
- **Independent Healthcare (IHC) inspections** are currently 76 cumulative inspections behind schedule (Q1: 76) arising from the delays experienced over the last two years through the pandemic. The IHC team continue to experience

significant staffing challenges however mitigating actions are in place to tackle the backlog.

- **Scottish Medicines Consortium (SMC) advice published.** Due to the delay in approval of the business case from Scottish Government (SG) and increasing volume of new medicines, this KPI is behind at Q2. Recruitment of essential posts is now underway, being funded from the baseline and therefore at a risk of overspend.
- **Baseline spend year to date** of £15.8m is £0.3m over budget at Q2 (2%), reducing from an 8% overspend at Q1. The overspend continues to be driven by lower staff turnover than budgeted and higher Whole Time Equivalents (WTE). The 'back to budget' plans enacted during Q2 have seen a reduction in the overspend, but more work is required over the next quarter to ensure a balanced budget by year-end.

Work Programme Status Summary Report

95 projects were active including Internal Improvement Oversight Board activities at the end of Q2, which is a net movement of **-3** since Q1 2022 / 23. **66** projects were on target, **25** were running behind plan / 'repositioned', and **4** projects are now reported as late. **1** project was completed and **2** projects were removed from the work programme as no longer active.

The main reasons for the number of projects 'behind' is due to the ongoing pressures within Health Boards preventing progress. In addition, as the health and care system continues to remobilise following the pandemic and prepare for winter, we are prioritising / 'repositioning' our work where we believe we can best deliver the support that the system needs. This is taking place within the context of increased funding constraints across the health and care system in Scotland,

Forward Look into Q3

System wide pressures are continuing to impact on the capacity of staff in NHS Boards and Health & Social Care Partnerships to engage with our programmes. Adaptations continue to be made to enable higher levels of engagement than might otherwise have been anticipated. For our improvement support, we are also taking on work that would traditionally have been carried out by staff in services; this is in common with experiences of regional and national support organisations across the UK. However, this transfer of workload centrally does affect the pace and scope of what we are able to cover.

The current financial pressures continue to impact on our additional allocation funding from SG, with some projects having already been cut, including Access Quality Improvement (QI) and Value Management Collaborative. Further funding reductions are anticipated and hence recruitment against any additional allocations without award letters has been paused. There are currently four directorates impacted by "at risk" additional allocations with the majority of the resource and staffing sitting against ihub directorate. At the end of September there was £4.0m allocation funding unconfirmed, with 44 WTE working on these projects.

With regards to Access QI, which is a joint programme with NHS Education for Scotland (NES), the executive teams of both organisations agreed that this work is of significant strategic importance to Scotland given the current long waits to access elective care services, and all the associated risks to quality of care and increased costs due to increasing failure demand. Consequently, both organisations have jointly agreed to reprioritise existing resources to continue supporting participating ear, nose and throat, gynecology and urology services to improve their waiting times with a reduced programme

of support until March 2023. The future of Access QI beyond March will be reviewed as part of each organisations planning for next financial year and the ihub directorate have been asked to identify options for refocusing existing core resource to enable this work to continue.

There are also a significant number of paused core vacancies due to the current financial position with the majority of these sitting against ihub due to staff turnover. This has already reduced capacity affecting delivery and it is likely that more programmes will be reporting as "behind" or "repositioned" in Q3 and beyond. Work to re-scope and reprioritise our work plans will continue to manage the current financial pressures.

Operational Risks

At Q2, there were **17** 'high' operational risks and **6** 'very high' operational risks, which is a net movement of **+5** from Q1. The 6 very high risks relate to Information & Communications Technology (ICT) server resilience, shortage of Microsoft 365 licences, and hardware failure, Early Intervention Psychosis recruitment delays, Internal Intelligence Sharing manual system, and the increasing volume of new medicine submissions for review by the SMC. The Committee reviewed these risks and their mitigations.

Annual Delivery Plan 2022 / 23 Q2 Update

HIS' Annual Delivery Plan (ADP) 2022 – 23 Q2 update covering the period July to September 2022 was submitted to the SG on 28th October 2022. The update was based on the Q2 Organisational Performance Report and HIS' Work Programme 2022 / 23 which was approved by the Board on 23rd March 2022.

In October, we received a response from the sponsors in SG regarding the ADP Q1 update. This noted the potential risks to delivery of HIS' work plan, particularly in relation to workforce, and recognised the pressures in the system and ongoing budget review. There were some requests within the feedback on specific programmes of work and we will be working with the sponsors over the coming weeks to develop our reporting against the ADP ahead of Q3 to maximise the value of this and the feedback process for both HIS & SG.

New Commissions

During Q1, **1** proposal for new commissions was received and taken forward, and **4** prospective commissions remain under active discussion. **8** potential commissions were received and subsequently declined, primarily because the work may fit better within the remit of other organisations or lack of capacity within HIS.

Quality and Performance Committee Q2

At the Quality and Performance Committee meeting on 2nd November 2022, the following points were discussed in relation to Q2 performance report and the responses:

- Overall performance shows a worsening position since Q1 but this had been anticipated and understandable given the wider context
- Noted a few KPIs remain outstanding, the Committee was given assurance the aim is to have these fully developed for Q3
- Baseline spend year to date (YTD), Committee was assured back to budget discussions are ongoing and noted the higher proportion of vulnerable non-recurring funding within ihub

- Committee agreed the importance of highlighting 'repositioned' projects and noted the proactive role in managing these with ongoing governance meetings / discussions with the sponsors to re-negotiate baseline outcomes, and shared risks
- Format for reporting strategic risks has been further developed and the intention is to do something similar for operational risks in due course, the Committee welcomed this
- Committee noted HIS' response to NHS Ayrshire & Arran request for support following a recent inspection where a number of concerns were identified. Committee stated this was an excellent example where the organisation can actively be involved in supporting the implementation of required improvements in the safe delivery of care

Assessment Considerations

Quality/ Care	The performance report is a key part of corporate governance, which in turn ensures the best outcomes in services we deliver
Resource Implications	Workforce constraints are highlighted in various programmes of work where applicable
Risk Management	The performance report is complied with reference to programme risks and key risks on the organisational risk register
Equality and Diversity, including health inequalities	There are no equality and diversity issues as a result of this paper
Communication, involvement, engagement and consultation	The detailed Q2 performance report was approved by the Quality and Performance Committee on 2nd November 2022

4 Recommendation

The Board is asked to gain assurance from this performance report about progress against the delivery of the HIS Operational Plan.

5 Appendices and links to additional information

Appendix 1: Q2 Performance Dashboard

APPENDIX 1

Q2 2022 - 23 PERFORMANCE DASHBOARD

Operational KPIs

Strategic Area	KPI	2021 - 22	2022 - 23	2022 - 23 Outturn By Quarter				Full Year
		Actuals	Target	Q1	Q2	Q3	Q4	To Date
Safe, timely, high quality care	Inspections	41	60	10	9			19
	IHC Inspections	135	187	28	42			70
	Death Certification Review Service	12%	12%	12%	12%			12%
Evidence & intelligence underpin care	SIGN guidelines	9	10	1	5			6
	SMC advice published	81	96	19	21			40
	Research & Information Service (RIS)	132	120	48	53			101
	SHTG reviews	11	10	2	6			8
	Standards & Indicators published	5	21	4	3			7
	Scottish Antimicrobial Prescribing Group		*	*	*			*
Culture of continuous learning & quality	Logic model & measurement strategies	43	*	*	*			*
Voices of people & communities are at the heart of redesign	Service change monitored & advised on	53	48	34	10			44
	Engagement	6	8	1	3			4
	Equality assessment		*	*	*			*
Staff Experience	iMatter	81	81	82				82
	Sickness absence	2.9%	4.0%	2.6%	2.2%			2.4%
	Mandatory training		100%	*	*			*
Value for Money	Baseline spend (£m)	30.6	31.6	8.0	7.8			15.8
	Recurring savings (£k)	0	24.0	0	0			0

** Target and / or outturn figures remain outstanding and under development.*

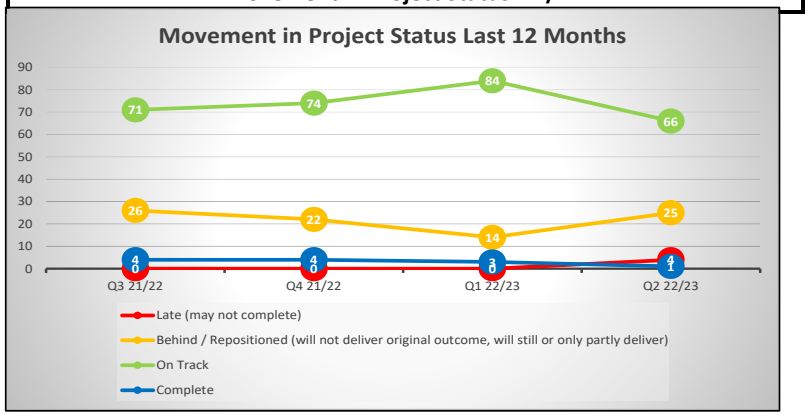
Note: The 22/23 target for SIGN, SMC and S&I have been amended since Q1 to accurate reflect the target for the year.

Commissions Still Under Discussion Q2 2022 - 23
Transfer of Decision Support Programme to HIS
Scottish Drug Deaths Taskforce report recommendations
Audiology - evidence / engagement for new model of community care
Excellence in Care (EiC) additional objectives

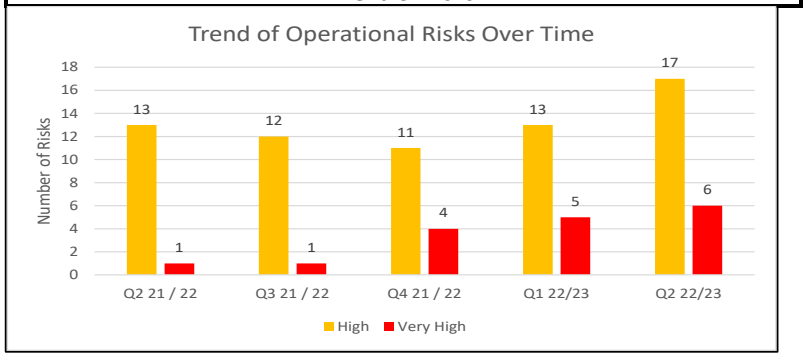
Commissions in Development Q2 2022 - 23
Standards & Indicators for Gender Identity Services

Programmes of Work Completed Q2
Covid-19 Guidance /Evidence Review

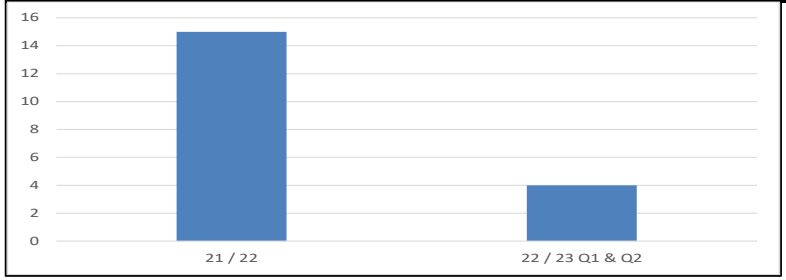
Movement in Project Status 21 / 21



Trend of Risks



Number of New Commissions



Healthcare Improvement Scotland

Meeting:	**Board Meeting - Public**
Meeting date:	**7 December 2022**
Title:	**Financial Performance Report 31 October 2022**
Agenda item:	**4.3.2**
Responsible Executive/Non-Executive:	**Angela Moodie, Director of Finance, Planning & Governance (FP&G)**
Report Author:	**Lovepreet Singh, Finance Manager**
Purpose of the paper:	**Awareness**

1. Situation

This report provides the Board with a summary of the financial position at 31 October 2022. A detailed version of this report was discussed in detail at the Audit & Risk Committee on 23 November 2022.

2. Background

The Financial Performance Report details the financial position against baseline and additional allocations funding. The report measures financial performance against the Board approved budget and includes a prediction of full-year outturn.

3. Assessment

Overview of Financial Performance

	Year to Date			Full Year		
	Budget £000's	Actual £000's	Variance £000's	Budget £000's	Forecast £000's	Variance £000's
Baseline Funding	18,170	18,441	(271)	31,575	31,959	(384)
Expenditure on additional allocations	3,352	3,938	(586)	6,068	7,445	(1,377)
Revenue Resource Limit Expenditure	**21,522**	**22,379**	**(857)**	**37,643**	**39,404**	**(1,761)**
IHC Income	(603)	(568)	(35)	(1,429)	(1,239)	(190)
IHC Expenditure	821	794	27	1,429	1,478	(49)
IHC deficit / (surplus)	**218**	**227**	**(8)**	**0**	**239**	**(239)**
Net Revenue Expenditure	**21,741**	**22,606**	**(866)**	**37,643**	**39,643**	**(2,000)**
Capital Expenditure	338	72	266	579	279	300
Baseline staff count (WTE)	453	437	16	444	435	9
Non recurring allocations staff count (WTE)	77	97	(19)	87	97	(10)
IHC staff count (WTE)	21	23	(1)	21	21	0
Total WTE	**551**	**556**	**(4)**	**552**	**553**	**(1)**

IHC = Independent Healthcare
WTE = Whole time equivalent

At the end of October, total spend was £22.6m, which was a £0.9m (4%) overspend against a budget of £21.7m.

Baseline Spend by Directorate

Total baseline spend year to date was £18.4m, which was a £0.3m (2%) overspend against the budget of £18.2m. Pay costs continue to be overspent, partly offset by an underspend in non-pays.

At this stage in the year, Directors are taking collective responsibility with regards to the overspend. This means that some Directorates may be within budget, but constraints will remain until the overall organisational position has been achieved.

Baseline WTEs at the end of October was 437, which was 10 WTE lower than budget. However, WTE numbers need to fall for the remainder of the year to ensure a balanced pay budget by year-end.

Additional Allocations Non-Recurring Spend

Total additional allocations either received or requested from Scottish Government (SG) for this financial year was originally £6.1m, rising to £8.7m with the inclusion of new allocations approved post budget.

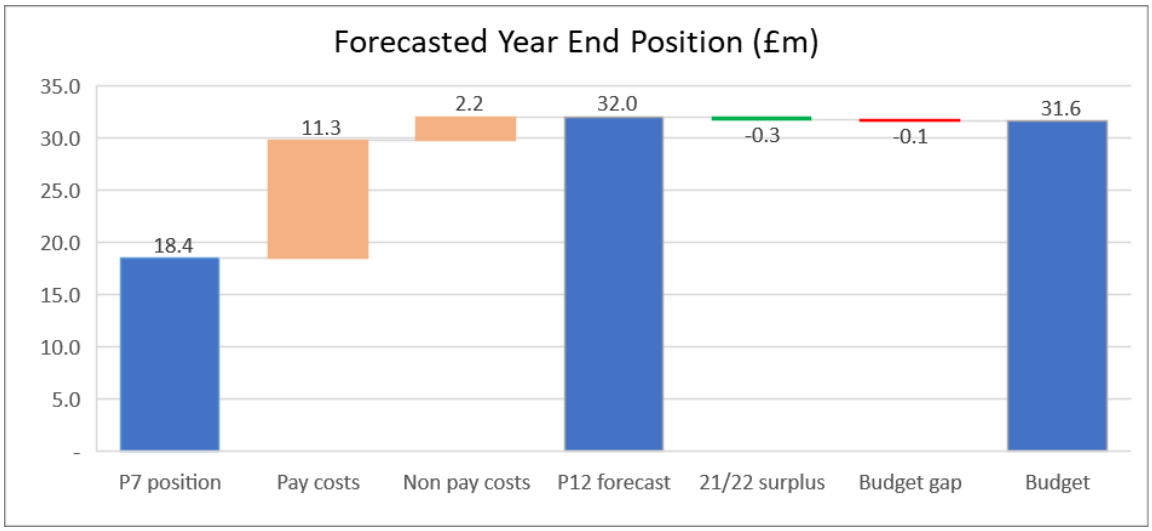
At the end of October, funding of £3.6m had been received and a further £2.7m confirmed through formal award letters. This leaves £2.5m in unconfirmed funding at P7. There were 21 WTE allocated to these unconfirmed allocations and spend to date of £1.3m. Given the pausing or vacancy freeze in most of these unconfirmed allocations, we do not require the full £2.5m outstanding, but funding in the region of £0.8m - £1.3m. A review of this position is ongoing and SG are being kept informed.

Since the emergency budget in November, additional funding has been received, but some uncertainty remains, specifically on our mental health and dementia funding. This uncertainty has been escalated with SG, highlighting the risk to delivery and staff, alongside the potential inability to achieve any forthcoming funding reductions.

Outturn Prediction for 31 March 2023

Back to budget meetings for Q2 have taken place and show a smaller underspend than presented at Q1, with more Directorates committing to a balanced position by year-end.

At a high level, we are currently forecasting a baseline outturn position of £31.7m, which is a £0.1m overspend but within in the SG tolerance of 1%.



NHS Scotland Financial Update

In November, the SG announced an emergency budget review in response to the autumn statement. Additional cuts to funding of £560m were identified, with £400m being within health, taking the total 'savings' to £1bn for 23/24.

The 22/23 pay award negotiations remain ongoing, with 7.5% being presented to Unions. Although SG have not yet confirmed, we are working on the assumption this pay award will be fully funded by SG on a recurring basis.

The consolidated NHS Scotland forecasted outturn position for 22/23 is a £270m deficit (falling from £360m in August). 18 out of the 22 Boards are forecasting a deficit by year-end, with HIS being one of the four Boards committing to a breakeven position by year-end. SG have asked all Boards to develop plans setting out how they will deliver previously agreed savings and operate within COVID resources and planned care allocations. Any brokerage required from SG will be repayable and future years funding will be adjusted.

Update from Audit & Risk Committee (ARC)

ARC considered this report on 23 November 2022 and discussed the following points:

- The Committee noted that a balanced budget is expected to be delivered by year-end but there remains risks in relation to a number of additional allocations that are still unconfirmed, the outcome of the 22/23 pay award and directors achieving their back to budget plans.

- The Committee noted the importance of continuing to invest at this time to ensure a long-term sustainable financial environment.

Assessment considerations

Quality/ Care	The delay and uncertainty in the funding is resulting is programmes of work being paused, stopped or repurposed. This impacts on the initiatives we can deliver with the aim of improving quality of care in Scotland.
Resource Implications	We have higher resource than is affordable at present and plans to ensure we remain in budget is likely to impact resource levels.
Risk Management	The management of the organisation's finances is covered on the strategic risk register.
Equality and Diversity, including health inequalities	No impact on equality and diversity.
The Finance Team has prepared this report	The Finance Team has prepared this report.

4 Recommendation

The Board are asked to consider this for **discussion**.

Healthcare Improvement Scotland

Meeting:	**Board Meeting - Public**
Meeting date:	**7 December 2022**
Title:	**Workforce Report**
Agenda item:	**4.3.3**
Responsible Executive/Non-Executive:	**Sybil Canavan, Director of Workforce**
Report Author:	**Sybil Canavan, Director of Workforce**
Purpose of paper:	**Discussion**

1. Situation

This report is provided to inform the Board of the current workforce position and pertinent workforce detail within the organisation.

2. Background

The full standard report is provided on a monthly basis to Executive Team colleagues. This report provides Board members with a number of high level details of key workforce metrics across the organisation.

3. Assessment

Our current workforce comprises of a headcount of 608 as at the end of October 2022, of which 566 are payroll staff, a whole time equivalent of 531.6 (WTE).

During the current financial year 50 people have left the organisation, representing an overall turnover rate of 8.3% to date. 101 individuals have joined Healthcare Improvement Scotland which represents a net increase of 51 to our overall workforce headcount since April 2022.

Current absence levels are 2.1%, as compared to 2.8% for the same period last year. The majority of long term absence continues to be attributed to anxiety, stress or depression. This is within the 4% target for NHS Scotland.

Since April there have been 76 new recruitment campaigns, of which 47 have been filled. 22 of these have been filled by internal appointments or exiting NHS staff.

The full report also includes Gender Pay gap detail as a new addition and this detail is included in the attached appendix to ensure this is available to Board members.

Assessment considerations

Quality/ Care	The detail provided assists in best use of resources, ensuring Healthcare Improvement Scotland's workforce is aligned to our service demand and impact on the quality of care (and services) provided.
Resource Implications	Whilst staffing within the organisation and how they are deployed, has major operational and financial implications, the report is not intended to be a detailed financial reporting tool.
	The attached appendix describes some of the resource position within the organisation including, current staffing, changes/turnover throughout the year and sickness absence which is reflective of staff health and wellbeing.
Risk Management	The workforce risk and mitigation activity is described in detail in the Strategic Risk register. The risk is reviewed and updated monthly.
Equality and Diversity, including health inequalities	The report is intended to inform how the workforce is developing in relation to previous periods and track our skill mix across the organisation. An impact assessment has not been completed because this information is from one of a series of regular monthly management information.
Communication, involvement, engagement and consultation	N/A

4 Recommendation

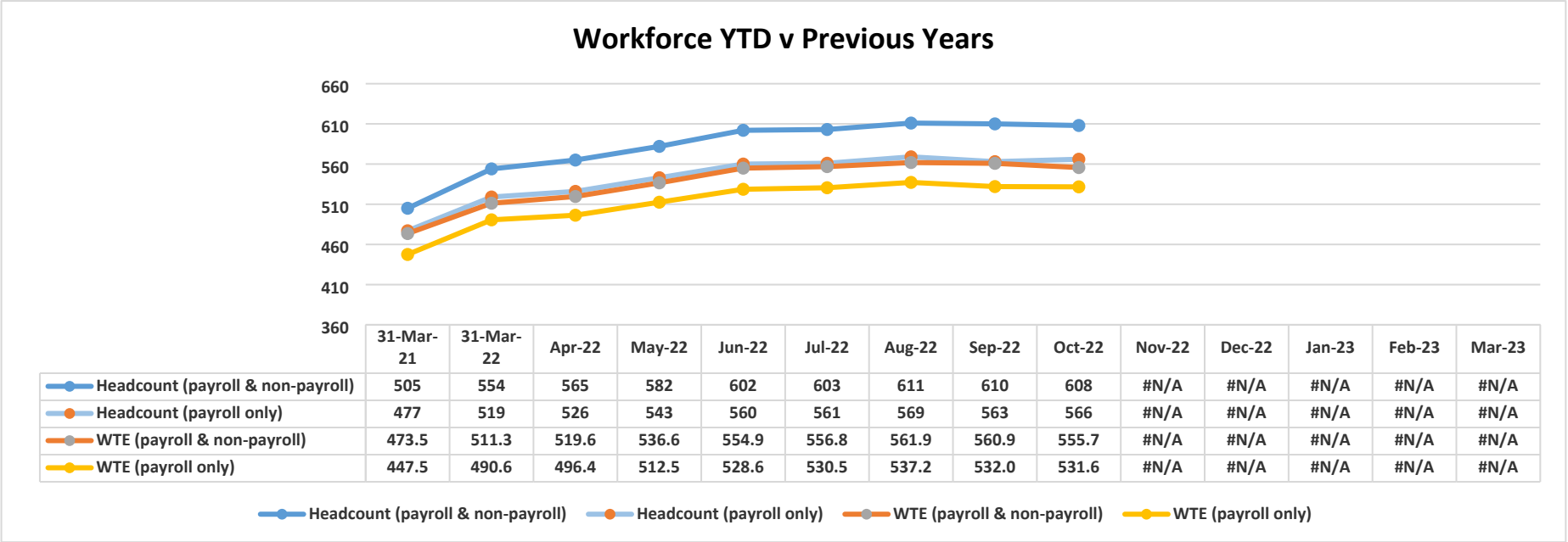
Board members are asked to review the detail of the enclosed appendix and provide further comment or questions as necessary

5 Appendices and links to additional information

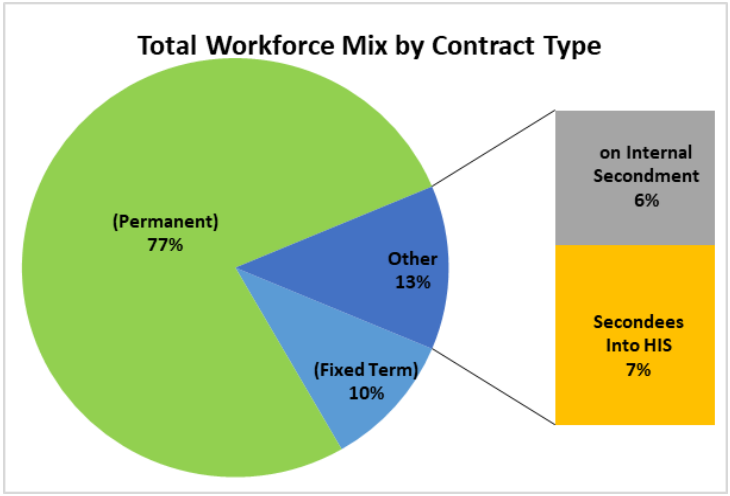
The following appendices are included with this report:

- Appendix No 1 Workforce Metrics

Appendix 1 – Workforce Report



	31-Mar-21	31-Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Headcount (payroll & non-payroll)	505	554	565	582	602	603	611	610	608	#N/A	#N/A	#N/A	#N/A	#N/A
Headcount (payroll only)	477	519	526	543	560	561	569	563	566	#N/A	#N/A	#N/A	#N/A	#N/A
WTE (payroll & non-payroll)	473.5	511.3	519.6	536.6	554.9	556.8	561.9	560.9	555.7	#N/A	#N/A	#N/A	#N/A	#N/A
WTE (payroll only)	447.5	490.6	496.4	512.5	528.6	530.5	537.2	532.0	531.6	#N/A	#N/A	#N/A	#N/A	#N/A



Workforce Equal Pay Data (quarterly)

In line with a request from the Equally Safe at Work pilot group, periodic Gender Pay data will be included as part of the regular workforce reporting for a trial period. As this data is unlikely to change significantly month-to-month, it will be updated quarterly.
Consistent with previously reported Equality Monitoring data, the male workforce is shown to have higher mean and median pay than female staff (14.3% mean and 14.9% median pay gaps) as detailed below.

Workforce Gender Pay Gap	Jun-22	Sep-22	Dec-22	Mar-23
Mean Female Pay	£21.43	£21.38		
Mean Male Pay	£25.03	£24.93		
Mean Pay Gap (M to F comparison)	**14.4%**	**14.3%**		
Median Female Pay	£20.83	£20.83		
Median Male Pay	£24.47	£24.47		
Median Pay Gap (M to F comparison)	**14.9%**	**14.9%**		

Whilst current pay differentials are broken down further by job family and pay band below, some categories may contain smaller numbers of staff than others and therefore be more sensitive to changes as a result. The breakdown indicates that higher mean and median pay gaps exist for males particularly across band 6, 8c, Medical & Dental and Senior Manager categories and for females across band 5 and Other Therapeutic categories.

Gender Pay Gap breakdown	Ave Hourly Pay		Mean Pay Gap (%)	Median Hourly Pay		Median Pay Gap (%)
By Job Family/Band	Female	Male		Female	Male	
ADMINISTRATIVE SERVICES	**£20.20**	**£22.76**	**11.2%**	**£20.83**	**£21.47**	**3.0%**
Band 3	£12.07			£12.07		
Band 4	£12.76	£12.77	0.1%	£13.29	£13.29	0.0%
Band 5	£15.14	£14.64	-3.4%	£14.34	£13.35	-7.5%
Band 6	£18.52	£19.70	6.0%	£17.71	£20.83	15.0%
Band 7	£22.93	£22.86	-0.3%	£24.47	£24.47	0.0%
Band 8A	£27.08	£26.78	-1.1%	£26.06	£26.06	0.0%
Band 8B	£32.80	£32.71	-0.3%	£33.76	£33.76	0.0%
Band 8C	£38.57	£39.54	2.5%	£37.59	£40.51	7.2%
Band 8D	£46.23	£47.27	2.2%	£46.23	£47.27	2.2%
MEDICAL AND DENTAL	**£55.11**	**£57.22**	**3.7%**	**£55.11**	**£58.28**	**5.4%**
OTHER THERAPEUTIC	**£33.38**	**£29.31**	**-13.9%**	**£33.76**	**£28.71**	**-17.6%**
SENIOR MANAGERS	**£47.96**	**£65.59**	**26.9%**	**£47.78**	**£65.59**	**27.2%**
Overall Workforce	**£21.38**	**£24.93**	**26.9%**	**£20.83**	**£24.47**	**14.9%**

*Pay gaps shown as a % of Male to Female (i.e. positive indices show a higher ratio in relation to males and negative show a higher ratio in relation to females)

Healthcare Improvement Scotland

Meeting:	**Board Meeting - Public**
Meeting date:	**7 December 2022**
Title:	**Committee Annual Reports Action Plan Update**
Agenda item:	**6.1**
Responsible Executive/Non-Executive:	**Angela Moodie, Director of Finance, Planning and Governance**
Report Author:	**Pauline Symaniak, Governance Manager**
Purpose of paper:	**Awareness**

1. Situation

To present an update to the actions identified by Governance Committees in their annual reports for 2021-22.

2. Background

The Code of Corporate Governance requires that each Governance Committee produces an annual report which summarises its activities during the course of year, how it has met its remit and what future actions are proposed based on the learning of the Committee during the year.

3. Assessment

All Committees of the Board prepared an annual report for 2021-22 which included actions they agreed to take forward in 2022-23. Those actions were reported to the Board meeting on 29 June 2022. In keeping with normal practice, the Board receives a progress report at its quarter three meeting for each action set out in the Committees' annual reports. The progress updates are provided in the final column of the table at appendix 1.

Assessment considerations

Quality/ Care	In completing their annual reports, the Committees are considering their effectiveness throughout the year and the contribution which they make to good corporate governance. This in turn ensures the best outcomes for the services we deliver.

Resource Implications	The Audit and Risk Committee annual report included an action related to financial sustainability and a progress update has been provided for this.
	Progress updates have been provided for the actions from the Staff Governance Committee's annual report which include actions related to workforce.
Risk Management	There are no risks on the risk register related to this paper.
Equality and Diversity, including health inequalities	The Staff Governance Committee considers matters concerning equality and diversity. The Scottish Health Council Committee also has a role in the context of our work with stakeholders. Their actions have been updated at appendix 1.
Communication, involvement, engagement and consultation	Each Committee and its lead director considered its annual report for 2021-22 and agreed the actions. The Board received the annual reports at its meeting on 29 June 2022.

4 Recommendation

The Board is asked to note the progress updates against the actions identified in the 2021-22 committee annual reports.

5 Appendices and links to additional information

The following appendices are included with this report:

- Appendix No 1: Committee Annual Reports Action Plan Update

Appendix 1: Summary of key actions for 2022-23 from the Governance Committee Annual Reports 2021-22

Committee	Action	Lead Director	Status (to be updated during 22-23)
Audit and Risk	1. Continued enhancement and refinement of HIS' Risk Management Strategy.	Director of Finance, Planning and Governance	This work continues, with refinement of the strategic risk register in Q1, clinical and care risk workshops underway and planning for the Board risk appetite session.
	2. Oversee delivery of a balanced budget for 22/23 and the overall financial sustainability.		Outturn forecasting remains a key priority, especially due to the changing position on funding, with much uncertainty remaining even at this late stage in the year.
	3. Oversight of new Counter Fraud Services standards.		Work on new standards continue, with update being provide by Head of Counter Fraud Services at November Audit & Risk Committee.
	4. Continued oversight of HIS' evolving digital strategy and Information & Communications Technology resilience.		The Digital Services Group (DSG) continue to report regularly to the Executive Team and Audit & Risk Committee. The National Information Systems Regulations audit response for 2022 was submitted to Scottish Government on 11 November 2022. DSG and other staff from across the organisation took part in a Cybersecurity exercise run by the Scottish Business Resilience Centre. This was beneficial for organisational resilience, with some key learning for the participants.
	5. Consideration of Independent Healthcare Fees.		Annual fee setting process completed and signed off by Board in September.

Executive Remuneration	1. Maintaining oversight of Executive appointments to the organisation.	Director of Workforce	All Executive appointments continue to be overseen by Executive Remuneration Committee. Most recently the appointment of Director of Community Engagement.
	2. Review of objectives and performance against objectives throughout the annual cycle.		Included in the business cycle for the meeting. The December meeting includes the mid-year review process for all Executive Directors.
	3. Continued overview of senior leadership structures and any planned or potential arrangements to these arrangements.		This is currently a standing item on every meeting agenda for discussion as per the business cycle plan.
Quality and Performance	1. Receive regular updates on the implementation of the Clinical and Care Governance (CCG) Framework, including regular updates from the CCG Management Group.	Medical Director	The Committee has received regular updates on the implementation of our CCG framework. It was agreed to make CCG more explicit in Committee Terms of Reference. Detail of CCG elements has been included in programme updates. The Committee has received updates on the work and evolving remit of the CCG Management Group.
	2. Receive updates on agreed Key Delivery Areas, in addition to core programmes and commissions.		Updates are being incorporated into our business planning cycle going forward.
	3. Contribute to the development and assurance of the new HIS organisational strategy.		The Committee has had the opportunity to review early versions of the strategy and contribute to its ongoing development.
Scottish Health Council	1. Service Change -further action to ensure meaningful engagement as the NHS remobilises and recovers from the pandemic.	Director of Community Engagement	As part of the 'Reconnections' work which is being undertaken, the Engagement Programme Managers are re-establishing relationships with Boards to understand what they require from HIS-Community Engagement (HIS-CE) going forward, and gaining insight into individual Boards' plans. The wider team have been approached for guidance and support in a number of situations, and all activity is reported to the Service Change Sub Committee for oversight and relevant decision making on major service changes.

	2. Restart work on the Quality Framework for Engagement which was paused due to the impact of the pandemic.		There has been significant work undertaken to reinvigorate this work, which aims to support NHS boards and Integration Joint Boards to carry out effective community engagement and demonstrate how they are meeting their statutory duties for public involvement. Four partners are continuing to work with us to test the use of the draft materials and the proposed approach and it is the intention to use the learning from the test sites to finalise and publish the final materials in line with the publication of revised Planning with People early in 2023.
	3. Consider what advice and support is required to be provided to boards and partnerships around major service change and large-scale national projects such as National Treatment Centres.		We are now represented on the Capital Investment Group, which allows early insight into planned large scale national projects. This means that we are in a position to offer advice and support from an early stage. With regard to major service changes, these are generally highlighted through current working relationships with the Boards, and reflects the changing nature of service delivery in fluctuating operating climates and pressures.
	4. Maximise the opportunities presented by COVID-19 to work in a different and more effective way.		The directorate adapted well during the pandemic, and maximised the opportunity to review the ways in which we worked. The use of hybrid working has made attending meetings more efficient, and has allowed HIS-CE staff to contribute more effectively into the workings of HIS.
	5. Ensure that the new member and new Committee Vice Chair are supported to provide continuity of expertise and scrutiny.		The senior team within the directorate are included in the new Non-Executive induction process, and will be giving presentations to raise awareness of the wider work of Community Engagement. In terms of providing continuity of expertise and scrutiny, there is ready access to the team, and Committee Papers to the Scottish Health Council and its Sub Committees are all explained in depth at meetings. There are also opportunities to meet in advance of meetings to answer any queries on specific papers if that is requested.

Staff Governance	1. Receive and review the draft of the organisational Workforce Plan for 2022-25.	Director of Workforce	This has been ongoing during the first half of 2022/23 and the final draft will be considered for ratification at the December Staff Governance Committee and Board meeting.
	2. Oversight of iMatter process and learning.		Ongoing reporting and most recently an update in terms of the NHS Scotland Staff Experience report issued in November.
	3. Continued overview of workforce data, reporting and recruitment trends.		Every meeting – standing business item.
	4. Ensure Directorate level compliance with the Staff Governance Standard.		Ongoing – Annual Staff Governance Monitoring return completed for consideration at the December Staff Governance Committee prior to submission to Scottish Government.
	5. Continued overview of implementation of Ways of Working and the Test of Change process.		Ongoing – standing business item.
	6. Oversight of effective Exit Interview processes.		Revised and updated process shared with Committee at December meeting in line with business planning schedule and Audit requirements.
	7. Ongoing scrutiny and reporting of staffing and workforce levels in recognition of the need to maintain overview of organisational risk.		The strategic risk register includes detail of the Workforce risk and is reviewed on a monthly basis as part of risk management arrangements.
Succession Planning	1. Consider ways to engage with our stakeholders to understand better the barriers to recruitment.	Head of Corporate Development	During 2022 we ran a campaign to raise awareness of the role of HIS and the non-executive opportunities. We profiled a couple of existing board members using video and social media. We also targeted organisations in the HIS network and in the third sector to share the opportunity with their own networks and to share our social media activity.
	2. Review and update the Skills Matrix.		This work is underway led by the Head of Organisational Development & Learning and is being considered again by the committee in January 2023. A session with the Board on 15 November has contributed to this work.

	3. Review and update the Board development plan to include opportunities in relation to increasing knowledge and understanding in relation to equality and diversity.		The Board development plan has been reviewed and during 2022, a number of masterclasses have been arranged to support Board Development, as follows: *Equality and Diversity* (6 April 2022), *Clinical and Care Governance* (1 June 2022); An *Improvement* Masterclass is scheduled for 7 December and an Evidence Masterclass is proposed for the New Year. The recent Board Development event (15 November) provided an opportunity to begin further planning of Board Development experiences framed around changes in membership, the overall work of the Board, and importantly, the collective responsibility to ensure greater oversight of safety in the wider NHS system. It is intended that this approach will be reviewed within committees, offering a clear view of areas to be addressed in the coming year.

SUBJECT: Governance Committee Chair's Meeting*:* key points

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1. Purpose of the report

This report provides the Healthcare Improvement Scotland Board with an update on key issues arising from the Governance Committee Chairs' meeting on 14 November 2022.

2. Recommendation

The Healthcare Improvement Scotland Board is asked to receive and note the key points outlined, and review any areas escalated by the Committee to the Board.

a) Governance Arrangements for the Internal Improvement Oversight Board and On Team

The Director of Finance, Planning and Governance joined the meeting to update chairs on the governance route for the One Team workstreams. She explained that the Internal Improvement Oversight Board (IIOB) predominantly reported to the Audit & Risk Committee and the Staff Governance Committee. However, IIOB is now absorbed by the One Team programme and different elements of the One Team workstreams will report to different committees. Initially this will be Audit & Risk Committee in respect of efficiencies and Staff Governance Committee in respect of workforce. Alongside committee reporting, there will be a high level update to the Board. The Chairs were content with this approach and noted that linkages across committees will also be picked in cross-committee discussions in this forum.

b) Committee Terms of Reference

The Chair of the Quality & Performance Committee advised that the committee will review its terms of reference to more clearly articulate the membership status of those who attend. It was agreed that all the committees would benefit from undertaking this exercise. Chairs noted that it is normal practice to provide the terms of reference for review alongside the committee annual reports at the quarter 4 meetings. This will provide the opportunity to review how the membership is described.

Carole Wilkinson
HIS Chair/Chair of the Governance Committee Chairs

SUBJECT: Audit and Risk Committee: key points

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1. Purpose of the report

This report provides the Healthcare Improvement Scotland Board with an update on key issues arising from the Audit and Risk Committee meeting on 23 November 2022. The approved minutes of the Audit and Risk Committee meeting on 7 September 2022 can be found here.

2. Recommendation

The Healthcare Improvement Scotland Board is asked to receive and note the key points outlined, and review any areas escalated by the Committee to the Board.

a) Financial Performance

A financial update was provided to the Committee as at the end of October 2022. We noted that the current prediction is that a balanced budget is expected to be delivered by year end but there remain risks in relation to a number of additional allocations which are still unconfirmed, the outcome of the 22/23 pay award and directors achieving their back to budget plans. In discussing the importance of reaching a balanced budget, the Committee asked about the areas for investment that were approved for this year. We were advised that these would be reviewed as part of the 23/24 budget process to ensure that they represented the best use of resources in the current challenging operating context.

b) Sustainability Update

The Committee received its regular update on the organisation's progress towards meeting Scottish Government sustainability and climate change targets. We discussed the significant resource needed to meet the reporting and implementation requirements, especially in light of being unable to recruit dedicated programme managers to deliver this. The Committee were keen that the response is proportionate to the small size of our Board and were pleased to hear that the National Board Directors of Finance will soon meet with Sustainability Leads to identify options for a shared approach.

c) Internal Audit

Internal Audit provided the meeting with two reports for the Committee's review, one of which covered the regulation of Independent Healthcare. The scope of this audit had covered evaluating the adequacy of internal controls, specifically registration, complaints and inspections. Given the complexity of this area of the organisation's work and the risks associated with its delivery which this Committee has applied some focus to over recent years, we were pleased by the reasonable assurance rating given to the audit.

Gill Graham
Committee Chair

SUBJECT: Quality and Performance Committee: key points

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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 2 November 2022. The approved minutes of the Quality and Performance Committee meeting on 17 August 2022 can be found here.

2. Recommendation

The Healthcare Improvement Scotland Board is asked to receive and note the key points outlined, and review any areas escalated by the Committee to the Board.

a) Bespoke support to NHS Ayrshire and Arran (A&A)

The committee received a briefing from Claire Mavin (ihub) on the work being led by the ihub to help NHS A&A address concerns raised in a recent Safe Delivery of Care review by HIS. The support will be for a short period and will end around Christmas 2022. The priority areas for improvement support are a) hospital huddles and b) real time nursing workforce indicators. The tools and approaches being developed in NHS A&A are likely to have wider application in NHS Scotland. The committee was pleased to learn of very positive endorsement of the work from the NHS A&A senior leadership team.

b) Health Technology Group Deep Dive –Scottish Antimicrobial Prescribing Group

Dr Andrew Seaton, Scottish Antimicrobial Prescribing Group (SAPG) Chair gave the committee and in depth presentation of SAPG role, work and impact. Numerous examples of the group's pivotal role in national antimicrobial stewardship programme in Scotland were shared. This was illustrated against the backdrop of the major global health risk associated with antimicrobial resistance. The committee noted the risks associated with the small size of the core team and hence vulnerability to fluctuations in staff and workload. The committee agreed to return to the issue of team sustainability at a subsequent meeting when plans for SAPG were clearer.

c) Healthcare within Justice

The committee received information around the significant healthcare inequalities experienced by those within the prison system. The importance of inspections to identify and address specific issues was emphasised. The role HIS plays in strong supportive partnership with HM Inspectorate of Prisons was explained. Quality Assurance Directorate colleagues also explained that the scale of the workload had been significantly underestimated. Some additional funding to support the work came from the Constabulary but the funding model was not tenable long term. There was medical assurance for the programme. The committee agreed to receive further updates on this work and particularly its sustainability in an increasingly constrained fiscal environment.

Evelyn McPhail
Committee Chair

SUBJECT: Scottish Health Council Committee*:* key points

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1. Purpose of the report

This report provides the Healthcare Improvement Scotland Board with an update on key issues arising from the Scottish Health Council Committee meeting on 17 November 2022. The approved minutes of the Scottish Health Council Committee meeting on 15 September 2022 can be found here.

2. Recommendation

The Healthcare Improvement Scotland Board is asked to receive and note the key points outlined, and review any areas escalated by the Committee to the Board.

a) Volunteering

The Committee was updated on a number of initiatives which are underway within the Volunteering Programme, including the launch of the *Discharge Support Volunteering* pilot in Ninewells Hospital, and the planned Volunteering Management System, a new digital platform to support the transformation of NHS volunteering. The Committee heard that there was a wide call for the use of volunteers to assist with winter pressures across the wider system and agreed that a strategic approach needs to be taken with the focus on ensuring volunteering is safe and sustainable requiring long term investment. It must not be seen as backfill for paid workforce and important that the volunteer contribution is seen as offering something very different. The Committee welcomed confirmation that there are currently around 2,300 volunteers involved in the volunteering programme across NHS Scotland each month, equating to 30-35,000 hours.

b) Citizens' Panel

The Committee considered an update on recent Citizens Panels (Numbers 8-10), the planned content of Citizens Panel 11, and the current refresh programme which is underway to attract new members to the Panel. The Citizens Panels have a high profile within Scottish Government, with Ministers and the Cabinet Secretary taking a particular interest and recognising their role in informing policy. They cover a broad range of issues, and it is encouraging to note the commitment to ensuring diversity of panel members.

c) Reporting

The Committee were asked to consider new reports designed to assist in discharging its duties effectively, and to ensure that Members are kept updated on the change programme underway within the Directorate. The introduction of a visual one-page dashboard highlighted engagement levels within each NHS Board, supported by internal metrics such as budget utilisation, key work programme progress, operational risks and monthly key achievements. It was agreed that this revised format helps the Committee to understand where there are areas of excellent practice which can be shared on a national level, whilst also being able to ask for additional resource to be directed to programmes which may need support. These reports will link directly in to the 're-connecting' work which is currently underway with all NHS Boards and will continue as a tool to help inform regular engagement with them.

d) Equality Impact Assessments (EQIA)
The importance of corporate ownership of EQIAs was discussed by Committee following a recent internal audit. This was followed up with a request for wider HIS Executive Team discussion, through the HIS-Community Engagement Director.

Suzanne Dawson
Committee Chair